Building Comprehensive Home-Based Child Care Networks: Evaluation Toolkit

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HOME GROWN

Home Grown is a national collaborative of philanthropic leaders committed to improving the quality of and access to home-based child care. We use numerous strategies to better understand and support various forms of home-based child care including regulated family child care, regulation-exempt care, and family, friend and neighbor care. Learn more on our website.

Erikson Institute

Erikson Institute educates, inspires, and promotes leadership to serve the needs of children and families. Founded in 1966, Erikson's mission is to optimize the healthy development of very young children and their families. In addition to a graduate school, Erikson institute offers a depth of academic programs, clinical and community services, policy and leadership initiatives, and development of original scholarship and research that shapes the field.

Purpose

This Toolkit is intended to help you evaluate your Home-based Child Care (HBCC) network. It includes tools that you can use to collect data to assess your initiative's progress towards meeting your goals. The instruments have been selected because researchers have used them in evaluations of network initiatives. Some of these tools are surveys that you can use to understand the characteristics of the providers, staff, or families who participate in your initiative. Others will help you understand their experiences in the initiative. Still others are instruments that you can use to assess the effects of your initiative on the quality of HBCC programs as well as on HBCC providers, children, and families.

The Toolkit begins on page 10 of this document and is divided into six areas for evaluation: 1) implementation; 2) provider outcomes; 3) quality outcomes; 4) sustainability outcomes; 5) child outcomes; and 6) family outcomes. Each category includes links to the relevant instruments.

In the following sections, we present issues for you to consider as you think about evaluating your initiative. The five sections address the following questions:

1. Why evaluate: The purpose of evaluation
2. Using a theory of change logic model to guide your evaluation
3. Who are you studying and what are their characteristics
4. Guiding questions for evaluation
5. Using the Toolkit

Section 1: Why evaluate?

1. **Assess Impact:** Evaluations can document your initiative's accomplishments, which is important for funders—whether they are public or private—who want to know whether their investment has been worthwhile. Your data can demonstrate how and whether you have met the goals you have established.

2. **Continuous Improvement:** Evaluations can help you understand the strengths and weaknesses of your initiative's approach or model. It can show the aspects that worked and those that did not, which is important for course correction as you move forward.

3. **Case Making:** Evaluations can help you make the case for HBCC networks like yours that aim to support HBCC providers. Your results can provide evidence that policy makers and funders want and need to invest in HBCC, which represents such a significant proportion of the early care and education (ECE) workforce.

4. **Building Evidence:** Your data can also contribute to the limited knowledge that researchers have about HBCC providers, who have been often overlooked in ECE studies. Evaluations can fill a gap in what we know about HBCC providers, their strengths and experiences, and approaches for supporting them.

Section 2: Developing a Theory of Change Logic Model

Defining your HBCC network is the foundation for your evaluation. Developing a theory of change or logic model is a useful approach for specifying the long-term outcomes you want to achieve, the **intermediate- and short-term outcomes** that will lead to these **long-term outcomes**, and the **implementation strategies** you will use to make these differences (Figure 1).

Creating a theory of change model requires you to consider the **target population** you want to reach. This is important because engaging family child care (FCC) providers may warrant different approaches than engaging family, friend or neighbor (FFN) providers. You may also want to specify the characteristics of your target population: providers' cultural, racial and linguistic identities and the communities in which they live; the characteristics of their programs; and the characteristics of the children and families they serve. All of these characteristics are important because they will influence your service delivery content and strategies.
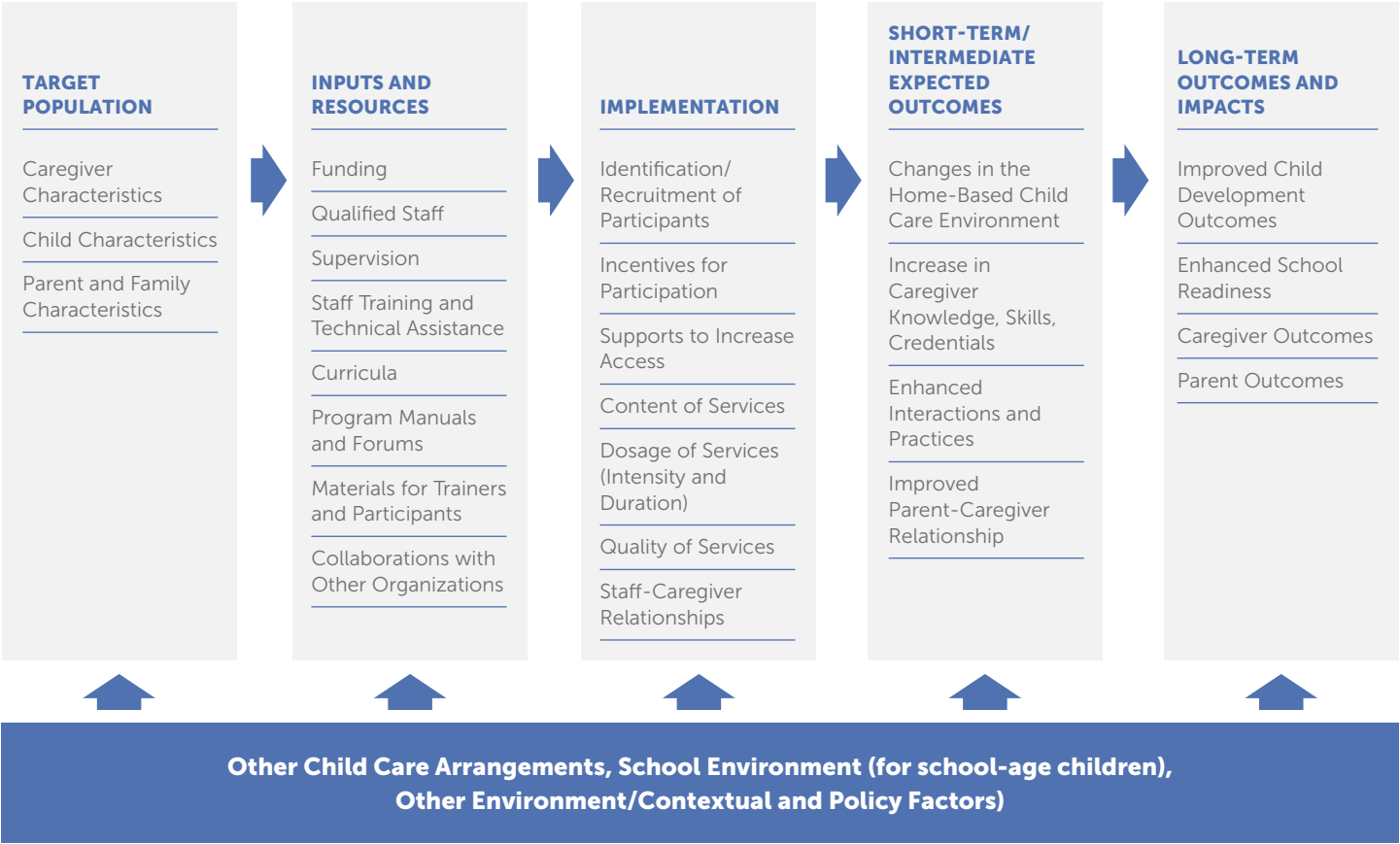
Theory of change models also specify the **components** of the initiative: the specific recruitment strategies you will use, the service delivery strategies you will

offer and their dosage (intensity and duration); the quality of staff-provider relationships; incentives for participation; and other supports that participants may need. These components are the core of your network—the approaches that you assume will lead to your anticipated outcomes.

Theory of change models also specify the **inputs and resources** you will need to implement the model, which will depend on your network's budget.

These include the number, roles, qualifications, and characteristics of the staff; staff supervision and training; the materials staff will need, including curriculum (if any), and other supports such as equipment and incentives for participants; and collaboration with other organizations in the community which can provide needed supports. Considering these inputs is important because they will influence the implementation of service delivery.

Figure 1. Illustrative Logic Model for a Home-Based Child Care Initiative

TARGET POPULATION	INPUTS AND RESOURCES	IMPLEMENTATION	SHORT-TERM/ INTERMEDIATE EXPECTED OUTCOMES	LONG-TERM OUTCOMES AND IMPACTS
Caregiver Characteristics	Funding	Identification/ Recruitment of Participants	Changes in the Home-Based Child Care Environment	Improved Child Development Outcomes
Child Characteristics	Qualified Staff	Incentives for Participation	Increase in Caregiver Knowledge, Skills, Credentials	Enhanced School Readiness
Parent and Family Characteristics	Supervision	Supports to Increase Access	Enhanced Interactions and Practices	Caregiver Outcomes
	Staff Training and Technical Assistance	Content of Services	Improved Parent-Caregiver Relationship	Parent Outcomes
	Curricula	Dosage of Services (Intensity and Duration)		
	Program Manuals and Forums	Quality of Services		
	Materials for Trainers and Participants	Staff-Caregiver Relationships		
	Collaborations with Other Organizations			

Other Child Care Arrangements, School Environment (for school-age children), Other Environment/Contextual and Policy Factors)

Adapted from Paulsell, D., Porter, T., Kirby, G., K. Sama Martin, E. Burwick, A. Ross C., & Begnoche, C. (2010). Supporting quality in home-based child care: Initiative design and evaluation options. Princeton, NJ: Mathematica Policy Research.

Section 3: Who are you studying and what are their characteristics?

In an evaluation of your network, it is important to document the characteristics of participating HBCC providers to better understand whether and how an HBCC network makes a difference (Table 1).

Providers across backgrounds may bring diverse strengths, interests, and needs to the network and may experience network services differently. For example,

providers whose first language is not English may benefit from bilingual service delivery options. Providers who hold a college degree in early care and education or child development may seek different levels of training and professional development than providers who have had less access to higher education. Similarly, it is important to document the characteristics of the HBCC setting. For example, regulated family child care

(FCC) providers may want to learn about different topics than family, friend and neighbor (FFN) caregivers or legally-exempt providers.

The same reasoning applies to documenting the ECE systems in which HBCC providers participate. System participation such as state subsidy or Quality Rating and Improvement Systems can create challenges for HBCC providers. Understanding providers' experience with systems, including the barriers providers may face in interacting with them as well as the benefits they obtain from them, can help you examine the ways in which network services are responsive to provider needs.

In addition to examining HBCC providers who participate in your network, you may also want to examine the characteristics of HBCC providers who do not participate in your network in order to better understand the potential barriers and benefits associated with network participation.

Table 1. Characteristics of HBCC providers and settings to consider in network evaluations

Provider demographic characteristics	HBCC setting characteristics	Provider systems participation
• Race/ethnicity • Primary language • Immigration status (documented/undocumented) • Household composition • Marital status • Annual household income after taxes • Income from child care business • Second job • Highest education level • Professional development credentials • Professional organization membership (family child care association) • Own/rent home • Years of experience caring for children • Age of provider	• Regulated family child care (FCC): holds a license, or is registered/certified by the state; paid for services; smaller capacity than centers • Year in which regulatory status was obtained • Family, friend or neighbor (FFN) care: care for children informally, likely without a license or other regulatory status depending on the state; paid or not paid for services • Legally-exempt child care: Not required to be regulated under state regulations; paid; small number of children • Capacity • Number/ages of children enrolled • Hours of operation • Has a paid assistant	• ECE (e.g., state regulatory and licensing systems, state subsidy systems funded by the federal Child Care Development Fund, Quality Rating and Improvement Systems (QRIS), the federal Child and Adult Care Food Program (CACFP), Universal pre-kindergarten initiatives, Early Head Start-Child Care Partnership initiatives) • Participation in network activities (training, visits/coaching, support groups, Play and Learn groups) • Access to comprehensive services • Use of comprehensive services • Satisfaction with services (instrumental and emotional support) • Providers' experiences with HBCC network staff • Unmet needs • Improvement of network services

Section 4: Guiding questions for evaluation

Box 1: Equitable child and family outcomes

All children and families should have opportunities to achieve the same long-term outcomes. Yet pathways towards these outcomes may look different depending on access to resources and experiences with systemic racism and economic inequities. A focus on equitable child and family outcomes recognizes that historically marginalized groups of providers, families, and children may not have equal access to resources and opportunities. A focus on equity intentionally includes strategies to support providers, families, and children living in Black, Latinx, Indigenous, immigrant, and rural communities.

- **What specific outcomes do you want to achieve? For whom?**
  - **HBCC networks:** Engagement in and satisfaction with services
  - **HBCC providers:** Increased knowledge, practices, professionalism, income; improved health and mental health; increased access to community resources and social support
  - **HBCC programs:** Improvements in quality or sustainability
  - **Equitable child outcomes:** Improved social-emotional, cognitive, language and literacy , and physical development; positive racial/ethnic identity and socialization
  - **Equitable family outcomes:** Improved work and family balance, and workforce attachment; reduced stress and improved mental health; improved satisfaction and relationship with the provider; increased knowledge of child development and parenting practices

- **What kind of evaluation design will you use?**
  - Point in time: to assess the experiences of your network's participants as a snapshot during one period
  - Retrospective: to assess the past experiences of your network's participants
  - Pre/post: to assess changes over time
  - Quasi-experimental: to compare the experiences of your network's participants with a comparison group who have not received the services
  - Experimental: random control design to assess the impacts of the network on providers who have received the network services versus providers who have not participated in the network but share the same characteristics as those who have.

- **What kinds of tools can you use to answer these questions?**
  - Administrative data on service delivery: number and content of components
  - Participant recruitment, attendance, and completion rates
  - Surveys
  - Qualitative data: Interviews and focus group discussions
  - Observations of service delivery such as home visits

- **Who should you collect data from?**
  - Providers: current and past FCC and FFN providers; HBCC providers who have not participated in your network
  - Staff: administrative staff and direct service staff
  - Children
  - Families
  - Collaborating partners

- **Other questions to consider**
  - Are the tools you use aligned with the anticipated outcomes that you aim to achieve?
  - Are the tools culturally- and linguistically-sensitive to your target population?
  - How have these tools been used in other evaluations?
  - Are the tools available for free or is there a cost?
  - What is the time burden for staff training and use of the tools?
  - What is the time burden for participants?

Section 5: Using the Toolkit

Each of the seven sections of the Toolkit includes specific tools you can use in your evaluation. Information about each tool includes:

- A direct link to the tool
- Its purpose
- The target population for which it is intended
- The kind of tool

- Its availability (no cost or cost)
- Required training to use
- Availability in languages other than English

What kinds of questions does each tab help you answer?

SECTION 5.1: IMPLEMENTATION TOOLS

Documenting the inputs and resources you use in your network, and how your approach or model is implemented, is a basic step in any evaluation. Table 2 provides an overview of the implementation issues you may want to consider. Specific tools can be found in the Toolkit.

Understanding how your network is implemented is important because these data describe the organizations that provide services, the providers they serve, and the services they offer. This information is useful for understanding the strengthens and weaknesses of your your network and enables you to make necessary improvements. Tracking your recruitment strategies, for example, can help you identify those that are effective at reaching the providers you aim to serve; evaluating provider satisfaction with services can help you make changes to better meet their needs.

Documenting implementation will also help you understand whether your network model or approach is delivered in the way you intended. This is important because you will want to be able to show that you can produce the same effects again if your model or approach is implemented faithfully or that the model or approach has fidelity. Establishing fidelity is usually undertaken after you have solid evidence of results. It requires creating operations manuals that detail exactly what you do and how you do it.

- **Questions to consider about implementation of HBCC network services:**
  Organizational characteristics

  - What type of organization houses your network? What are the organizational characteristics? (e.g., years in operation, budget and funding sources, capacity, connection to ECE systems such as licensing, subsidy, QRIS, CACFP)

  - What is your network's organizational culture? To what extent is there an openness to change and continuous quality improvement at the leadership level? To what extent is there a commitment to equity at the leadership level? To what extent do staff and providers feel they can try new approaches?

  - What types of HBCC settings does your network work with? (e.g., FCC, FFN, legally-exempt, relative or non-relative caregivers, large or small FCC)

  - What type of staffing structure does your network utilize? (e.g., specialized staff for visits versus administrative tasks, caseload size)

  Service delivery

  - What services does your network offer?
  - How are services delivered and implemented?
  - What is the frequency, dosage, and content of services?

  - What recruitment strategies does your network use? Which ones are most effective for engaging providers?

  - To what extent does your network engage families of children in HBCC?

  - To what extent are relationship-based approaches used in service delivery?

  - To what extent are services delivered in culturally and linguistically-responsive ways?

  - How are services combined and integrated? (e.g., do home visits connect to/follow up training sessions?)

  Staffing and supervision

  - Who are the staff that work with HBCC? What are their qualifications? Prior experiences?

- What is the cultural, linguistic, and/or racial match between network staff and providers served?
- What kind of reflective supervision and in-service training is offered to staff?

Participation and satisfaction

- Do providers participate in services? Which services do they use? Are some services used more than others? Why?
- What are providers' experiences with support from your network? Are providers satisfied with

the services they have received? What changes would they suggest?
- What are providers' experiences with staff?
- What is the staff's experience working at your network? Are staff satisfied with the organizational characteristics of your network? What changes would they make?
- What are the experiences of families who engage with your network?

Table 2. Implementation of services to examine in an HBCC network evaluation

Organizational characteristics	Service delivery	Staffing and supervision	Participation and satisfaction
• Type of organization • Years in operation • Budget and funding sources • Organizational culture • Number/type of HBCC settings served • Number/type of staff	• Types of services (visits, training, peer support, business support, comprehensive services, system support) • Frequency of activities • Dosage of activities • Content of activities • Recruitment strategies • Family engagement strategies • Approaches to service delivery (relationship-based, culturally-responsive)	• Staff roles • Staff qualifications • Experience as former/current HBCC providers • Staff supports (pre-service/in-service training) • Staff experiences of organizational culture • Staff experiences with engaging providers • Type of supervision (reflective; individual; group) • Frequency of supervision	• Provider experiences • Staff experiences • Family experiences

SECTION 5.2: DECIDING ON THE OUTCOMES YOU WANT TO MEASURE

Your theory of change will specify the long-term outcomes you want to achieve and the intermediate- and short-term outcomes that will lead to them. The long-term outcomes are your ultimate goals. Typically, these outcomes relate to positive changes in children's development and changes for families because that's where your network wants to make a difference.

Table 3 provides an overview of the types of outcomes you may consider measuring. Specific tools can be found in the Toolkit.

One important consideration is the feasibility of achieving these long-term outcomes: whether your network can make these differences within your timeframe and with your resources. Improving children's language development, for example, will logically relate to providers' knowledge about how children develop language, which you can enhance through training workshops. Putting this knowledge into practice—helping providers learn how to talk with children or read to them—may result from one-on-one coaching or consultation visits. Providers may also need access to books or other materials to improve the quality of their

environment. In this case, you could identify changes in knowledge as a short-term outcome, changes in practice or quality as an intermediate outcome, and changes in children's literacy development as a long-term outcome on the assumption that improving this aspect of quality will have a positive effect on children's language development.

Another important consideration is the direct link between the outcomes you aim to achieve and your service delivery components and inputs. For example, if one of your long-term goals is to improve children's access to screenings, you may identify provider referrals to assessments as an intermediate outcome, which would be preceded by enhancing providers' knowledge of available supports and how to use them. The focus here would be on children, but changes in family outcomes might be included as well, if you assume that the network's support for these comprehensive services will reduce parental stress. Improving provider sustainability practices is another example of aligning your outcomes with your network. In this case, you might logically consider providers' increased income and enrollment as a long-term outcome. The intermediate child outcome might be improved marketing and recordkeeping practices or participation in ECE systems that provide reimbursements; the short-term outcomes might be improved knowledge about these practices and systems. Outcomes for children would not fit here, because the link between these kinds of program improvements and effects on children is indirect. Nor would there necessarily be a direct effect on families. Rather, the link may be indirect because improved income may enable the provider to keep her program open.

PROVIDER OUTCOME TOOLS

- How, if at all, has provider knowledge about child development changed over time?
- How, if at all, has provider knowledge about families changed over time?
- How, if at all, have provider child-rearing attitudes and beliefs changed over time?
- How, if at all, has provider mental health and stress changed over time?
- How, if at all, has providers' access to social supports changed over time?
- Other outcomes to consider where we did not find specific tools:
  - Cultural and social capital

- Physical health
- Experiences with trauma

HBCC QUALITY TOOLS

- How, if at all, has the overall quality of the program changed?
- How, if at all, has the safety and health of the environment changed?
- How, if at all, have provider-child interactions to support children's developmental domains changed?
- How, if at all, have providers' support for children's language, literacy, and numeracy changed?
- How, if at all, have providers' relationships with families changed?
- How, if at all, have providers' culturally and linguistically responsive interactions with children and families changed?

HBCC SUSTAINABILITY TOOLS

- How, if at all, have providers' practices for increasing income and benefits changed?
- How, if at all, have providers' business practices changed?
- For FCC providers who have paid assistants, how, if at all, have employment practices changed?
- Other outcomes to consider where we did not find specific tools:
  - Provider-family agreements about the child care arrangement
  - Provider financial management strategies
  - Provider access to sustainability supports in the community

EQUITABLE CHILD OUTCOMES

- How has the network influenced children's access to high-quality child care?
- How has the network influenced children's positive outcomes across developmental domains?

EQUITABLE FAMILY OUTCOMES

- How has the network influenced families' access to affordable and high-quality child care?
- How has the network influenced families' economic and job stability and sustainability?
- How has the network influenced families' well-being and reduction of stress?
- How has the network influenced families' positive relationships with their own children and support for children's learning and development at home?

Table 3. Outcomes to examine in network evaluations

Provider outcomes (page 16)	Quality outcomes (page 17)	Sustainability outcomes (page 21)	Equitable child outcomes (page 22)	Equitable family outcomes (page 23)
Changes in knowledge Changes in practice Increased social supports Improved self-efficacy Improved well-being Increased access to/use of comprehensive services	Health and safety Environment (materials, space, arrangement) Interactions with children (support for children's cognitive, language, social-emotional, and physical development) Interactions with and relationships with families Cultural, linguistic, and racial responsiveness	Improved business practices Increased income/enrollment Access to business supports Diversified child enrollment of both relatives and non-relatives	Participation in high-quality, culturally- and linguistically-responsive child care Child health status / Access to developmental, health, mental health, nutrition, screenings Child development across developmental domains (cognitive, language, social-emotional, physical) Equitable outcomes required to reach developmental milestones (e.g. positive racial, ethnic, gender identity and socialization; biculturalism)	Access to affordable and high-quality, culturally- and linguistically-responsive child care Access to health and mental health screening Family satisfaction with child care Family economic/ employment stability and sustainability Family well-being/ reduction of stress Positive family-child relationships and family support for children's learning and development

Section 6: Studies of HBCC networks

Table 4 details studies that have examined network implementation as well as studies that have examined quality, provider, child, and/or family outcomes associated with networks.

Table 4. Studies of networks and associated outcomes*

Citation	Implementation	Provider Outcomes	Quality Outcomes	Sustainability Outcomes	Child Outcomes	Family Outcomes
Abell, E. Arsiwalla, D.D., Putnam, R.I., & Miller, E.B. (2014). Mentoring and facilitating professional engagement as quality enhancement strategies: An overview and evaluation of the Family Child Care Partnerships Program. *Child & Youth Care Forum*, 43(5), 569-592.			X			
Bromer, J. & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Network*. Chicago, IL: Herr Research Center, Erikson Institute.	X					
Bromer, J., Ragonese-Barnes, M., & Porter, T. (2020). *Inside family child care networks: Supporting quality and sustainability*. Chicago, IL: Herr Research Center, Erikson Institute.	X		X			
Bromer, J. & Korfmacher, J. (2012). *Evaluation of a relationship-based training pilot for agency specialists working with home-based child care providers*. Chicago, IL: Herr Research Center, Erikson Institute	X	X				
Bromer, J., Weaver, C. & Korfmacher, J. (2013). *Evaluation of Erikson Institute Family Child Care Specialist Training Program Phase II*. Chicago, IL: Herr Research Center, Erikson Institute	X	X				
Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2009). *Staffed support networks and quality in family child care: Findings from the family child care network impact study*. Chicago, IL: Herr Research Center, Erikson Institute.	X		X			
Buell, M.J., Pfister, I., & Gamel-McCormick, M. (2002). *Caring for the caregiver: Early Head Start/family child care partnerships*. Infant Mental Health Journal, 23(1-2), 213-220.	X	X				
Burris, G. & Fredericksen, A. (2012). *Training makes a difference: The experience of unionized family, friend, and neighbor child care providers in Washington State*. Seattle, WA: Economic Opportunity Institute.		X				
Chase, R. & Valorose, J. (2012). *Family child care associations in Minnesota: Report of the 2011 statewide survey of local associations*. Saint Paul, MN: Wilder Research.	X	X				
Corr, L., Davis, E., Cook, K., Mackinnon, A., Sims, M., & Herrman, H. (2014). *Information-seeking in family day care: Access quality and personal cost*. European Early Childhood Education Research Journal, 22(5), 698-710.		X				
Del Grosso, P., Akers, L., & Heinkel, L. (2011). *Building partnerships between Early Head Start grantees and family child care providers: Lessons from the Early Head Start for family child care project*. Princeton, NJ: Mathematica Policy Research.	X	X				
Del Grosso, P., Thomas, J. Makowsky, L., Levere, M., Fung, N., & Paulsell, D. (2019). *Working together for children and families: Findings from the national descriptive study of Early Head Start-child care partnerships*, OPRE Report #2019-16. Washington, D.C.: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.	X	X				

Reference						
Douglass, A., Taj, K., Coonan, M., & Friedman, D.H. (2017). Lessons from an urban school readiness initiative: Including family, friend, and neighbor care providers. *Early Education and Development, 28*(6), 640-654.	X	X				
Etter, K. & Capizzano, J. (2018). *Early Learning Ventures Early Head Start-Child Care Partnership model: Final evaluation report.* **The Policy Equity Group.**	X		X	X		X
Forry, N., Anderson, R., Banghart, P., Zaslow, M., Kreader, J.L., & Chrisler, A. (2011). *Linking Home-Based Child Care and State-Funded Preschool: The Community Connections Preschool Program (Illinois Action for Children). Evaluation Phase 1– Implementation Study.* **Prepared for Illinois Action for Children, Chicago, IL.**	X	X	X			
Lanigan, J.D. (2011). Family child care providers' perspectives regarding effective professional development and their role in the child care system: A qualitative study. *Early Childhood Education Journal, 38*, 399-409.	X					
Larner, M. & Chaudry, N. (1993). *Promoting professionalism through family day care networks: A study of Child Care Inc.'s Neighborhood Child Care Initiatives project*. New York City, NY: Columbia University, National Center for Children in Poverty.	X	X				
McCabe, L. & Cochran, M. (2008). *Can home visiting increase the quality of home-based child care? Finding from the caring for quality project. Research Brief*. **The Cornell Early Childhood Program.**	X	X	X			
Muenchow, S., Daly Pizzo, P., Zhang, C., & Harper, T. (2020). *California's family child care networks: Strengths, challenges, and opportunities*. San Mateo, CA: American Institutes for Research.	X					
Osgood-Roach, I. & Wevers, K. (2018). *"Everybody benefits": Family child care providers' perspectives on partnering with Early Head Start*. Washington, DC: Zero to Three.	X	X				
Paulsell, D., Mekos, D., Del Grosso, P., Rowand, C., & Banghart, P. (2006). *Strategies for supporting quality in kith and kin child care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation*. **Princeton, NJ: Mathematica Policy Research.**	X	X	X			
Porter, T. & Bromer, J. (2020). *Delivering services to meet the needs of home-based child care providers: Findings from the director interviews sub-study of the National Study of Family Child Care Networks.* **Chicago, IL: Herr Research Center, Erikson Institute.**	X	X				
Porter, T. & Reiman, K. (2015). *Examining quality in a family child care network: An evaluation of All Our Kin*. **New Haven, CT: All Our Kin.**	X	X	X			
Rosenthal, M.S., Franco-Labarga, A.E., Jeon, S., Ma, T., & Crowley, A.A. (2020). Health and safety in a family child care network: An analysis of violation data of routine, full unannounced inspections. *Maternal and Child Health Journal, 24*, 1019-1027		X				
Shivers, E., Farago, F., & Goubeaux, P. (2016). *The Arizona kith and kin project evaluation brief 1: Improving quality in family, friend, and neighbor (FFN) child care settings*. **Phoenix, AZ: Indigo Cultural Center.**		X	X			

*Bold indicates that the evaluation used a tool listed in the HBCC Networks Evaluation Toolkit

Additional articles and papers on networks and other supports for quality and sustainability in HBCC

Avellar, S., & Paulsell, D. (2011). *Lessons Learned from the Home Visiting Evidence of Effectiveness Review*. Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Washington, DC

Bromer, J., & Korfmacher, J. (2017). Providing high-quality support services to home-based child care: a conceptual model and literature review, *Early Education & Development*, 28,745-772.

Bromer, J. & Porter, T. (2017). *Staffed family child care networks: A research-informed strategy for supporting high-quality family child care.* Washington, DC: National Center on Early Childhood.

Coffey, A. & Isaacs,J. (2019). *Evaluating Training and Professional Development for Home-Based Providers: A Brief for CCDF Lead Agencies and Researchers*, OPRE Report #2019-11, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Dunphy, L., & Stoney, L. (2021). *Staffed family child care networks: An opportunity to reimagine the Kentucky child care landscape*. Opportunities Exchange.

Early Learning Challenge Technical Assistance. (2016). *Shared services as a strategy to support child care providers.*

Engage R+D. (2020). *Scaling programs for family, friend, and neighbor caregivers: Learnings from the Packard Foundation's informal care strategy.*

Hatfield, B. & Hoke, K. (2012). *Improving the quality of family, friend, & neighbor care: A review of the research literature.* Oregon's Early Learning Division.

Paulsell, D., Porter, T., Kirby, G., Boller, K., Martin, E.S., Burwick, A., Ross, C., & Begnoche, C. (2010). *Supporting quality in home-based child care: Initiative design and evaluation options.* Princeton, NJ: Mathematica Policy Research.

Evaluation Toolkit

Implementation Tools

Name of instrument	Purpose	Description	Target Population					Type				Publicly Available	Proprietary/Cost	Training Needed	Available in languages other than English	Study Citation
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ focus group	Observational	Assessment					
National Study of Family Child Care Networks: Director survey (2017-2018)	Overview of network models	Providers served; funding sources; types of services offered; dosage and content of services; types of comprehensive services for families and children; staffing and qualifications; staff supervision; network evaluation strategies					X	X				Yes				Bromer, J., & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks.* Chicago, IL: Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape_Technical-Report_Erikson-Institute_Jan2019.pdf
National Study of Family Child Care Networks: Director interview (2018-2019)	In-depth examination of network models and approaches	Mission, budget, logic model, recruitment & engagement, network services (home visits, training, peer support), staffing, data collection					X		X			Yes				Porter, T., & Bromer, J. (2020). *Delivering services to meet the needs of home-based child care providers: Findings from the director interviews sub-study of the National Study of Family Child Care Networks.* Chicago, IL: Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2020/04/Delivering-Services-to-Meet-the-Needs-of-HBCC-National-Study-of-Family-Child-Care-Network.pdf
National Study of Family Child Care Networks: Staff survey (2018-2019)	Network staff roles, activities, and experiences					X		X				Yes				
National Study of Family Child Care Networks: Provider survey (2018-2019)	HBCC provider experiences receiving support from networks		X					X				Yes			Spanish	

Implementation Tools

Name of instrument	Purpose	Description	Target Population					Type				Publicly Available	Proprietary/Cost	Training Needed	Available in languages other than English	Study Citation
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ focus group	Observational	Assessment					
Relationship-Based Support for Home-Based Child Care Assessment Tool (RBS-HBCC, Bromer et al., 2020)	Assesses the quality of network staff-provider relationships	Examines network staff and provider perspectives on relationship-based support including: knowledge, attitudes, and practices.	X			X		X				Yes			Spanish	Bromer, J., Ragonese-Barnes, M., Korfmacher, J., & Kim, K. (2020). *The Relationship-Based Support for Home-Based Child Care Assessment Tool Manual*. Chicago, IL: Herr Research Center, Erikson Institute. https://www.erikson.edu/research/rbs-hbcc/
Early Childhood Work Environment Survey (ECWES) 1985													Yes			Bloom, P.J. (2010). *Measuring work attitudes in the early childhood setting: Technical manual for the Early Childhood Job Satisfaction Survey and the Early Childhood Work Environment Survey*. Wheeling, IL: McCormick Center for Early Childhood Leadership, National Louis University.
Early Childhood Job Satisfaction Survey (ECJSS) 2010	Assesses the organizational climate of ECE organizations.	Collegiality, innovativeness, opportunities for professional growth	X			X		X				Yes				Bloom, P.J. (2010). Measuring work attitudes in the early childhood setting: Technical manual for the Early Childhood Job Satisfaction Survey and the Early Childhood Work Environment Survey. Wheeling, IL: McCormick Center for Early Childhood Leadership, National Louis University.
Home Visiting Rating Scales (HOVRS)	Assesses the quality of visits to FCC or FFN provider homes with a focus on network staff-provider relationships and facilitation of positive provider-child interactions.	Relationship building Responsiveness to strengths Facilitation of provider-child interaction Collaboration with provider Provider engagement Provider-child interaction Child engagement	X	X		X				X			Yes			Roggman LA, Cook GA, Innocenti MS, et al. (2019).The Home Visit Rating Scales: Revised, restructured, and revalidated. *Infant Mental Health Journal,* 40, pp. 315–330 Adapted HOVRS for FCC networks: Bromer, J., Weaver, C. & Korfmacher, J. (2013). *Evaluation of Erikson Institute Family Child Care Specialist Training Program Phase II*. Erikson Institute

Implementation Tools

Name of instrument	Purpose	Description	Target Population					Type				Publicly Available	Proprietary/Cost	Training Needed	Available in languages other than English	Study Citation
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ focus group	Observational	Assessment					
Family child care network impact study: Provider questionnaire* (2009)	Provider experience with network services and FCC associations	Provider background (training, income, etc.), services received, benefits of participation						X				Yes				Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2009). *Staffed support networks and quality in family child care: The family child care network impact study.* Chicago: Erikson Institute, Herr Research Center for Children and Social Policy.
Family child care network impact study: Network and Association Leader Interview guide* (2009)	Understand the role of networks and FCC associations in supporting FCC providers	History, staffing, funding, services, recruitment, providers served					X					Yes				Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2009). *Staffed support networks and quality in family child care: The family child care network impact study.* Chicago: Erikson Institute, Herr Research Center for Children and Social Policy.

* many of the questions in these protocols were used and updated in the National Study of Family Child Care Network protocols although some of the questions about associations may be unique

Provider Outcomes Tools

Name	Specific Purpose	Description	Target Population					Type				Publicly Available	Proprietary/Cost	Training Needed	Available in languages other than English	Study Citation
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ Focus group	Observational	Assessment					
Child Development Pre- and Post-Test (Ocampo & Ortiz, 1999)	Assesses provider knowledge pre and post program participation	Changes in knowledge about child development and child safety	X					X				Contact Eva Shivers Pre-Survey Post-Survey			Spanish	Ortiz, C. (2018). Arizona Kith and Kin Project Pre-/ Post-Knowledge Measure. Association for Supportive Child Care.
All Our Kin Evaluation Family Child Care Provider Questionnaire (Porter & Reiman, 2015)	Assess provider outcomes from participation in network services	Examines provider motivation, self-efficacy, social support, job stress, psychological well-being, and caregiving beliefs	X					X				Yes				Porter, T. & Reiman, K. (2015). Examining quality in a family child care network: An evaluation of All Our Kin. Larchmont, NY: Early Care and Education Consulting. http://allourkin. org/sites/default/files/ Examining%20Quality%20 in%20AOK%202.25.16.pdf
Stage of change scale for early education and care (Childrens Institute, University of Rochester)	Assess readiness for professional development of early childhood professionals including FCC educators	Examines dimensions of readiness to engage in professional development opportunities	X					X					Yes			

Quality Tools

Name	Broad Purpose	Specific Purpose	Target Population					Type				Publicly Available/ No Cost	Proprietary/Cost	Training Needed	Measure cite
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ Focus group	Observational	Assessment				
Family Child Care Environment Rating Scale (FCCERS-3; Harms et al. 2019)	Global quality	7 sub-scales: Space and Furnishings Personal Care Routines Listening and Talking Activities Interaction Program Structure Parents and Provider					X			X			Yes	Yes	Harms, T., Cryer, D., Clifford, R.M., & Yazejian. N. (2019). Family Child Care Environment Rating Scale (FCCERS-3). Third Edition. New York, NY: Teachers College Press.
Classroom Assessment Scoring System (CLASS; Pianta et al., 2008)	Provider-child interactions	Emotional, organizational, and instructional supports					X			X			Yes	X	Pianta, R. C., La Paro, K. M., & Hamre, B. K. (2008). *Classroom Assessment Scoring System™: Manual K-3.* Paul H Brookes Publishing.
Caregiver Interaction Scale (CIS; Arnett 1985)	Provider sensitivity	4 sub-scales: Sensitivity Detachment Harshness Permissiveness					X			X		Yes			Arnett, J. (1985). *Caregiver Interaction Scale.* Princeton, NJ: Educational Testing Service.

Quality Tools

Name	Broad Purpose	Specific Purpose	Target Population				Program	Type				Publicly Available/ No Cost	Proprietary/Cost	Training Needed	Measure cite
			Provider	Child	Family	Staff		Self-administered survey	Interview/ Focus group	Observational	Assessment				
Child Care Assessment Tool for Relatives (CCAT-R; Porter et al., 2006; 2007)	Global quality with focus on provider-child interactions	4 sub-scales: Engagement Bi-/uni-directional communication Nurturing Health and Safety Checklist Materials Checklist					X			X			Email Author	X	Porter, T., Rice, R. & Rivera, E. (2006). *Assessing quality in family, friend and neighbor care: The Child Care Assessment Tool for Relatives.* New York: Bank Street College of Education, Institute for a Child Care Continuum.
The Child/Home Environmental Language and Literacy Observation (CHELLO; Neuman et al., 2007)	Provider support for child language	language support: literacy activities					X	X		X			Yes	Manual available at cost	Neuman, S. B., Koh, S., & Dwyer, J. (2008). CHELLO: The Child/Home Environmental Language and Literacy Observation. *Early Childhood Research Quarterly, 23(2),* 159–172.
Parenting Interactions with Children Checklist of Observations Linked to Outcomes (PICCOLO; Roggman et al., 2013)	Provider-child interactions	4 sub-scales: Affection Encouragement Teaching Responsiveness					X			X			Yes	Kit available	Roggman, L. A., Cook, G. A., Innocenti, M. S., Jump, V. K., Christiansen, K., & Anderson, S. (2013). *Parenting Interactions with Children: Checklist of Observations Linked to Outcomes* (PICCOLO). Baltimore: Paul H. Brookes Publishing.
NAFCC Accreditation quality benchmarks (2020)	Global quality	Relationships The Environment Learning Activities Safety & Health Professional & Business Practices	X					X		X		Yes			NAFCC (2020). *Benchmarks to quality: Using the Quality Standards for NAFCC Accreditation to Measure Provider Progress and Identify Recognition Milestones*

Quality Tools

Name	Broad Purpose	Specific Purpose	Target Population					Type				Publicly Available/ No Cost	Proprietary/Cost	Training Needed	Measure cite
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ Focus group	Observational	Assessment				
Family-Provider/ Teacher Relationship Quality Measures (FPTRQ; Kim et al., 2015)	Assesses the quality of provider-family relationships in child care settings	Examines the knowledge, attitudes, and practices of providers in their relationship-building with families; examines family experiences interacting with their child care providers	X		X			X		X		Yes			Kim, K., Atkinson, V., Brown, E., Ramos, M., Guzman, L., Forry, N., Porter, T. and Nord, C. (2015). *Family and Provider/Teacher Relationship Quality Measures: User's Manual Brief*. OPRE Report 2015-54. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
Competencies of Infant and Toddler Teachers and Caregivers: A Compendium of Measures (Shah et al., 2020)	Lists information about measures that assess competencies of infant and toddler teachers, including HBCC providers.		X					X		X	X	Yes			Shah, H., K. Niland, M. Kharsa, P. Caronongan, and E. Moiduddin. (2020). *Competencies of Infant and Toddler Teachers and Caregivers: A Compendium of Measures*. OPRE Report 2020-21. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
Infant and Toddler Child Care Quality Measures Bibliography (Ferguson, 2016)			X					X		X	X	Yes			Ferguson, D. (2016). *Infant and Toddler Child Care Quality Measures Bibliography*. Research Connections.

Quality Tools

Name	Broad Purpose	Specific Purpose	Target Population					Type				Publicly Available/ No Cost	Proprietary/Cost	Training Needed	Measure cite
			Provider	Child	Family	Staff	Program	Self-administered survey	Interview/ Focus group	Observational	Assessment				
Family-provider relationship quality: Review of existing measures of family-provider relationships (Porter et al., 2012)	Reviews measures that examine provider's relationships and engagement with families of children in care		X		X			X	X	X	X	Yes			Porter, T., Guzman, L., Kuhfield, M., Caal, S., Rodrigues, K., Moodie, S., Chrisler, A., & Ramos, M. (2012). *Family-provider relationship quality: Review of existing measures of family-provider relationships*, OPRE Report #2012- 47, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
Coming soon! A new compendium of measures for home-based child care quality from OPRE.										X		Yes			

Sustainability Tools

Name	Specific Purpose	Description	Target Population					Type			Publicly Available/ No Cost	Proprietary/Cost	Training Needed	Study cite
			Provider	Child	Family	Staff	Program	Self-administered survey	Observational	Assessment				
Business Administration Scale for Family Child Care (BAS)	Measures the administrative and business practices of family child care.	Qualifications and Professional Development Income and Benefits Work Environment Fiscal Management Recordkeeping Provider–Family Communication Family Support and Engagement Marketing and Community Relations Provider as Employer	X					X	X			Yes	Yes	Talan, T.N. & Bloom, P.J. (2018). *Business Administration Scale for Family Child Care. Second Edition.* Teachers College Press

Child Outcomes Assessments

Name	Specific Purpose	Publicly Available	Study Cite
ECEI Technical Report: A Compendium of Current Infant-Toddler Measures	Describes measures that assess outcomes for children under 36 months of age.	Yes	Horm, D., Swain, B., Farris, S., Gonzalez, B., Perrine, A., Smith, L., & Averill, M. (2021). *ECEI Technical report: A compendium of current infant-toddler measures.* Early Chilhood Education Institute.
Early childhood developmental screening: A compendium of measures for children ages birth to five.	Lists and describes measures for children ages 0 to 5 years.	Yes	Moodie, S., Daneri, P., Goldhagen, S., Halle, T., Green, K., & LaMonte, L. (2014). *Early childhood developmental screening: A compendium of measures for children ages birth to five* (OPRE Report 2014-11). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Family Outcomes Tools

Name	Broad Purpose	Specific Purpose	Target Population					Type			Publicly Available	Proprietary/Cost	Training Needed	Study cite
			Provider	Child	Family	Staff	Program	Self-administered	Observational	Assessment				
The Family Outcomes Survey (Bailey et al., 2011)	Assesses ways parents support children	Understanding your strengths Knowing your rights Helping your child develop and learn Having support systems Accessing the community			X			X			Yes			Bailey, D. B., Raspa, M. R., Olmsted, M. G., Novak, S. P., Sam, A. M., Humphreys, B. P., Nelson, R., Robinson, N., & Guillen, C. (2011). The development and psychometric validation of the Family Outcomes Survey-Revised Version: Findings and recommendations for early intervention. Journal of Early Intervention, 33, 6–23.
Family involvement questionnaire (FIQ; Fantuzzo et al., 2000)	Examines family involvement in their children's learning and development and family's involvement in an ECE program/school	Home-Based Involvement: active promotion of a learning environment at home for children, such as providing a place in the home for learning materials and creating learning experiences for children in the community. School-Based Involvement: activities and behaviors parents engage in at school with their children, such as volunteering in the classroom, going on class trips, and meeting with other parents in or out of school to plan events or fundraisers. Home-School Conferencing: communication between parents and school personnel about a child's educational experience and progress, including talking with the teacher about a child's difficulties or accomplishments at school and educational activities to practice at home			X			X				Yes		Fantuzzo, J., Tighe, E., & Childs, S. (2000). Family involvement questionnaire: A multivariate assessment of family participation in early childhood education. Journal of Educational Psychology, 92 (2), 367-376

Family Outcomes Tools

| Name | Broad Purpose | Specific Purpose | Target Population | | | | Program | Type | | | Publicly Available | Proprietary/Cost | Training Needed | Study cite |
			Provider	Child	Family	Staff		Self-administered	Observational	Assessment				
Head Start Parent, Family, and Community Engagement Framework	Interactive framework offers resources around different family outcomes	Family well-being Positive parent-child relationships Families as lifelong learners Family engagement in transitions Family connectoins to peers and community Families as advocates and leaders	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Yes			