Identifying practices and features of high-quality home-based child care networks: A review of the research evidence

AUTHORS:

Marina Ragonese-Barnes, Juliet Bromer, Toni Porter
Erikson Institute, 2021

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.

Introduction

This brief presents findings from a targeted literature review on home-based child care (HBCC) networks that support HBCC providers, including regulated family child care (FCC) providers, and/or family, friend, and neighbor (FFN) providers who are legally-exempt from regulation. The review was conducted to inform the development of the set of benchmarks and indicators for HBCC networks that are described in a [companion brief](#) (Erikson Institute & Home Grown, 2022). To align with the organizational structure of the benchmarks, this literature review presents evidence to support three broad categories of HBCC network practices that are hypothesized to be linked to positive outcomes for providers, children, and/ or families: 1) underlying values and goals of HBCC networks, including organizational culture, provider role, and focus on equity; 2) HBCC network services, including a focus on provider well-being, economic sustainability, quality caregiving, and holistic supports for families and children; and 3) implementation practices, including relationship-based approaches, logistical considerations for service delivery, data for improvement and evaluation, staffing, and provider recruitment strategies.

We reviewed selected literature to identify potential indicators of high-quality HBCC networks. The review included articles with direct evidence from studies of HBCC networks as well as literature reviews of initiatives with HBCC providers. We reviewed a total of 26 empirical articles and 9 literature reviews and/ or conceptual papers. Studies in our review were primarily published between 2009 and 2021; however, we included some additional studies of HBCC networks that were published prior to 2009. For areas where we lack research on HBCC networks, we looked to literature on broad principles in the early care and education (ECE) field such as equity, holistic supports, and continuous quality improvement.

In addition to the literature review, we conducted a secondary data analysis of network directors' interviews from the National Study of Family Child Care Networks (NSFCCN) (Bromer & Porter, 2019; Porter & Bromer, 2020) about benefits of network participation for providers and methods for recruiting providers to the network. These previously unreported data come from interviews with 47 HBCC Network directors.

Underlying values and goals of HBCC networks

Organizational culture

Prior research suggests that an organization's intentional focus on HBCC may be related to more responsive service delivery outcomes for providers. A review of research on HBCC suggests that the goals and mission of an organization whose focus is on HBCC providers, particularly FFN providers, may influence the kinds of messages and, in turn, the extent of engagement among HBCC providers (Porter et al., 2010). An evaluation of an FCC specialist training program found that specialists at organizations that "embraced FCC providers as an integral part of the organization's mission" reported more responsive support and supervision than staff at organizations that did not intentionally focus on FCC (Bromer et al., 2013, p. 10).

Providers as equal partners

There is limited research on including providers as equal partners in HBCC network design and operations. Porter et al. (2021) found that many

licensed FCC providers stressed the importance of including providers at state and local policy and program discussions about child care investments. A study of center-based administrators' and HBCC providers' perspectives on policy changes concluded that policies may not have the intended outcome, or could even have unintended consequences, without input from providers (Shdaimah et al., 2018). Lessons learned from a quality improvement initiative with HBCC networks lends additional evidence that engaging providers in the design of quality improvement strategies may be beneficial to an organization such as an HBCC network in achieving its goals (Bromer, Molloy, et al., 2020).

Equity considerations

Recent conceptual papers have emphasized the need to take an intentional approach to transform our ECE systems in order to ensure that all children have equitable opportunities (Meek et al., 2021; Meek, Iruka, et al., 2020; Meek, Smith, et al., 2020). Limited research findings suggest that an equity focus may be

an essential aspect of HBCC network effectiveness. Prior research suggests that tailoring a program's approach and content to specific caregiver needs, including language and cultural relevance, may be a strategy for sustaining participation (Paulsell et al., 2010). There is also some evidence that a cultural and linguistic match between staff and providers may increase the effectiveness of support. An evaluation of a 14-week training and support group initiative for FFN caregivers found that the program's culturally

responsive strategies, including hiring bi-lingual and bi-cultural specialists and staff who share the same cultural heritage of the majority of participants, contributed to the program's high participation rates and increases on quality indicators (Shivers et al., 2016). A literature review of HBCC supports also that found evidence in home visiting research that an ethnic/racial match between home visitors and parents may contribute to greater program effects (Bromer & Korfmacher, 2017).

HBCC network services

Services that promote provider well-being

Research suggests that HBCC networks have the potential to positively influence providers' social-emotional well-being, sense of professionalism, and access to professional resources. Networks may reduce provider feelings of isolation and increase their access to social support through offering opportunities for peer support and networking. A descriptive study of professional development networks for FCC providers found that providers valued the relationships they formed with each other (Lanigan, 2011). Most providers in the study, over 80%, reported that participation in a network led to increased connections with other providers. Similarly, in a study on building Early Head Start partnerships for FCC providers, partnership teams reported that mentoring by peers reduced FCC providers' isolation and was one of the key successes of the program (Del Grosso et al., 2011). A case study of two HBCC networks found that network affiliation mitigated isolation among participating FCC providers based on provider and staff reports (Bromer, Ragonese-Barnes, & Porter, 2020). Network directors in the NSFCCN also reported that opportunities for providers to connect with other providers was a potential benefit of network affiliation (Erikson Institute, 2022).

Descriptive research has also related network supports to other provider outcomes, including greater self-efficacy, increased satisfaction with FCC work, enhanced professionalism, and access to expanded professional supports. An older study of networks found that network affiliation overall increased FCC providers' sense of professionalism (Larner & Chaudry, 1993). FFN providers in a study of a union-organized training program reported increased satisfaction around their work caring for children as well as expanded networking opportunities (Buris & Fredericksen, 2012).

A quasi-experimental study of the relationship-based Circle of Security training for licensed FCC providers found that participating providers reported greater self-efficacy related to managing children's challenging behaviors compared to providers who had not participated in the program (Gray, 2015).

Services that promote economic sustainability

HBCC networks have the potential to support the economic and financial sustainability of HBCC providers through business and financial management support, direct financial assistance, and support around navigation of systems that could increase provider income and financial wealth.

Several studies suggest that a range of HBCC network business supports, particularly around recruitment and enrollment of children, can contribute to HBCC providers' economic sustainability. Business supports and training may help providers manage revenue and expenses, collect parent fees, and manage subsidy payments. Support with recruitment of families and child enrollment may enhance the potential for income from an FCC business. Etter and Capizzano (2018) found that FCC providers affiliated with a shared services network that offered business supports improved their business practices from baseline to follow-up. A case study of two networks found that enrollment supports such as placing families with providers through state contracts and having dedicated network staff who help with referrals and enrollment may have contributed to affiliated FCC providers' full enrollment and business sustainability (Bromer, Ragonese-Barnes, & Porter, 2020). A study of an Early Head Start program that partnered with FCC providers found that maintaining a waitlist and providing support around recruiting families and enrolling children contributed to affiliated providers' income stability

(Osgood-Roach & Wevers, 2018). Providers in this study also reported that the network improved their financial stability by increasing the consistency of child care payments and allowing providers to hire a licensed substitute or assistant. Still another study on networks in Chicago found that a majority of network-affiliated FCC providers surveyed reported that help from networks around recruitment of families improved their businesses (Bromer et al., 2009).

Research also suggests that providers value and appreciate the direct financial and material supports they may receive from an HBCC network. No research has examined the link between financial assistance offered by networks and providers' economic or financial sustainability outcomes. FCC providers in a study of an Early Head Start-Family Child Care initiative reported that a stipend for program materials and/or training allowed them to engage in educational advancement activities (Buell et al., 2002). FFN providers in an Early Head Start home visiting pilot reported that free materials and equipment were the most important benefits they received from the initiative (Paulsell et al., 2006). Other studies have found that FCC providers appreciate the free supplies and grants they receive from networks (Bromer et al., 2009; Bromer & Korfmacher, 2017; Erikson Institute, 2022; Paulsell et al., 2010).

In addition, HBCC networks may help HBCC providers navigate publicly-funded systems such as licensing, quality improvement systems (QIS), the federal Child and Adult Care Food Program (CACFP), and the child care subsidy program. Participation in these programs may help providers attain economic sustainability for themselves and the children and families in their care. A handful of studies have examined how networks help providers navigate systems. Network directors in the NSFCCN reported that supports around compliance with policies and regulations is a benefit to participating in a network (Erikson Institute, 2022). Some networks specifically focus on helping providers become licensed, which may offer a gateway to increased compensation (Larner & Chaudry, 1993).

Services that support high-quality provider practices that contribute to positive child and family outcomes

Prior research indicates that network affiliation is associated with quality caregiving practices and environments. In a landmark study of Chicago metropolitan area staffed FCC networks and quality, Bromer and colleagues (2009) found that FCC

providers affiliated with networks demonstrated significantly higher global quality caregiving compared to unaffiliated FCC providers. Other studies of local networks have reported similar results, finding that FCC providers affiliated with a network demonstrated higher observed quality than providers who were not affiliated with a network or did not receive network services such as home visiting, consultation, monthly meetings, and trainings (McCabe & Cochran, 2008; Porter & Reiman, 2015). Additionally, one study found that FCC homes that were affiliated with a network had fewer licensing violations than FCC homes who were not affiliated with the network (Rosenthal et al., 2020). Still other studies of statewide comprehensive support initiatives for HBCC (not necessarily networks) have found increases in quality scores over time among participating providers (Abell et al., 2014; Shivers et al., 2016).

Studies of how networks support quality improvement have examined specific approaches to network support including home visiting, coaching and consultation, mentoring, and group training. Many studies have found that supports such as home visits and training workshops are correlated with increases in HBCC providers' knowledge and child-centered attitudes around caregiving and caregiving quality (Bromer et al., 2009; Bromer & Korfmacher, 2017; Buris & Fredericksen, 2012; Hatfield & Hoke, 2016; Osgood-Roach & Wevers, 2018; Paulsell et al., 2010).

In addition to the service delivery strategies that are associated with positive quality, there is some evidence that the content of services matters for quality outcomes. A review of literature on HBCC initiatives concluded that the content of service delivery should be tied to the goals and aims of the initiative (Porter et al., 2010). A literature review and conceptual model on high-quality HBCC supports also identified the content of services, including a focus on provider-child interactions, as an important component of high-quality support (Bromer & Korfmacher, 2017). Bromer et al. (2009) found that network-affiliated providers who received high-frequency home visits focused on working with children or talking with parents demonstrated higher quality and more sensitive caregiving compared to network providers who did not receive visits focused on children and families. FFN providers who participated in an initiative which aimed to reduce child injuries in child care through facilitated training and peer support sessions reported increases in their knowledge of child development (Shivers et al., 2016). In a study of FCC providers who offered Early

Head Start, researchers found that providers benefitted from receiving information about curriculum development especially for infants and toddlers (Buell et al., 2002). Networks that support providers around how to work with families may help increase families' engagement in their children's learning, a key dimension of quality ECE programming (Bromer & Korfmacher, 2017; Osgood-Roach & Wevers, 2018).

Networks that offer direct financial and materials supports to providers may also improve quality outcomes in HBCC settings. Descriptive studies in our review suggest that financial and material supports and resources may help providers offer higher quality environments for children in care (Buell et al., 2002; Del Grosso et al., 2011; Osgood-Roach & Wevers, 2018; Paulsell et al., 2006). For example, FCC providers in a study of an Early Head Start-Family Child Care initiative reported that receiving materials and equipment helped them improve their programs for

children (Buell et al., 2002). Financial and materials supports for FFN providers in an Early Head Start Pilot were linked to increases in caregiver engagement in reading to children (Paulsell et al., 2006).

Supports for holistic services for children and families

Delivery of comprehensive services through Head Start and other ECE programs has demonstrated mixed and modest effectiveness, including enhancement of children's academic and behavioral outcomes, parenting practices, home environment quality, and parents' educational attainment (Gardner et al., 2017). There is limited research on comprehensive services in HBCC networks. Some networks employ professional staff such as a social worker or family engagement specialist whose job is to connect families to resources (Bromer, Ragonese-Barnes, & Porter, 2020).

Implementation strategies that are most likely to lead to intended outcomes

Relationship-based approaches to service delivery

Multiple studies suggest that the use of one-on-one strategies, where a relationship between a network staff person and an HBCC provider may develop, is a promising approach to quality improvement (Bromer & Korfmacher, 2017). The specific dimensions of relationship-based practice have been described in recent work on measuring high-quality support for HBCC providers (Bromer, Ragonese-Barnes, Korfmacher, et al., 2020). Drawing from related fields of home visiting, family engagement, and mental health consultation, this research suggests that positive, two-way communication, active listening, goal setting, trusting relationships, emotional support and collaborative partnerships are potential aspects of high-quality support (Bromer et al., 2009; Bromer, Ragonese-Barnes, Korfmacher, et al., 2020; Buell et al., 2002; Forry et al., 2012). Many studies indicate that individualized approaches to training, including coaching in combination with group training workshops, are more likely to be effective for providers than trainings alone (Bromer & Korfmacher, 2017; Porter et al., 2010).

Differentiation and tailoring of services based on provider needs and interests are also part of

relationship-based practice and responsive support (Porter & Bromer, 2020). Several studies in our literature review found that the effectiveness of supports may vary by provider characteristics such as a provider's experience level, level of engagement, or level of quality. In a study of FCC networks, researchers found that experienced FCC providers who received home visits focused on helping them work with children demonstrated higher quality care compared to less experienced providers, perhaps indicating their readiness to reflect on their practices with children (Bromer et al., 2009). In contrast, a study of a home visiting program with FCC providers found that the least experienced providers as well as those who demonstrated more interest in the program's services showed the greatest increases in quality (McCabe & Cochran, 2008). In a study of a statewide mentoring program, lower quality-rated FCC programs demonstrated more improvements compared to higher quality-rated FCC programs that engaged in supports (Abell et al., 2014).

A literature review of initiatives that support HBCC providers concluded that tailoring supports to caregiver's learning needs, such as "reading level, language, and cultural relevance of the materials" may increase participation in supports (Paulsell et al., 2010, p. 45). A study of an Early Head Start home

visiting pilot with FFN providers found that higher attendance was correlated with activities that were tailored to the interests of caregivers (Paulsell et al., 2006). Adult learning principles are also a component of a relationship-based approach to support. Two statewide training initiatives that were found to be effective in increasing provider knowledge and quality, one focused on FFN and the other on FCC, both included adult learning principles in their training models (Abell et al., 2014; Shivers et al., 2016).

Logistical considerations for service delivery

Logistical considerations, caseload size, and frequency and duration of supports may be important for effective service delivery implementation (Bromer & Korfmacher, 2017). A review of initiatives that support HBCC providers identified several strategies to increase or sustain participation, including offering transportation or child care so providers can attend supports outside of the home, and scheduling events at times that are convenient for caregivers (Paulsell et al., 2010). Descriptive research also suggests these strategies, along with several others, that networks can use to meet HBCC providers' circumstances. A study of Early Head Start-Child Care Partnerships reported providing substitute care so providers could attend events and using technology so providers could access training workshops from home, in addition to scheduling events during evenings and weekends (Del Grosso et al., 2011). Another study found that providing participation incentives as well as transportation and child care was related to greater attendance of FFN providers in an Early Head Start pilot (Paulsell et al., 2006). A third study found that providing transportation and on-site child care for FFN providers during training workshops contributed to the success of the project (Shivers et al., 2016).

Caseload size and frequency and/or duration of supports may also relate to the effectiveness of HBCC networks. Research from related fields cites smaller caseloads as an important component of responsive service delivery (Bromer & Korfmacher, 2017). Smaller caseloads are hypothesized to be important for the time-intensive one-on-one in-home visits that networks engage in with HBCC providers (Bromer & Korfmacher, 2017). Studies find high-frequency supports for HBCC providers are associated with higher quality caregiving. A study of staffed family child care networks found that providers who received high-frequency visits from the network (at least 10

times in 6 months) demonstrated higher quality and more sensitive interactions with children compared to providers who received fewer visits from their network (Bromer et al., 2009). An evaluation of a statewide mentoring program, however, had more equivocal findings around duration of supports (Abell et al., 2014). This study found that provider time spent in the mentoring program predicted positive changes in quality, but a subsequent analysis found that duration was not a significant predictor of program quality.

Use of data for quality improvement

Data collection and use are a crucial component of a robust organization, including HBCC networks. HBCC networks that have an intentional approach to using data for improvement of service delivery may be more likely to reach their intended goals. The development of a theory of change or logic model that articulates inputs and implementation strategies linked to intended outcomes is a recognized best practice to ensure successful implementation and intended results (Paulsell et al., 2010). Evidence from research on home visiting programs suggests that a logic model to guide service delivery is a key component of program success (Bromer & Korfmacher, 2017). The evidence for how HBCC networks plan, collect, and use data for improvement purposes is limited. A pilot of a quality improvement learning collaborative for FCC networks found that engaging providers and network staff together in data collection to inform continuous quality improvement "increased their discussion, sharing, and engagement around trying new approaches to meeting the needs of toddlers in their programs" (Bromer, Molloy, et al., 2020, p. 14).

Intentional staffing strategies

Training and support for network staff is an essential element of organizational structure. Prior research suggests that network staff should have relevant content knowledge such as knowledge about child development and understanding of adult learning principles to deliver services that will meet providers' needs (Porter et al., 2010). Few studies have focused on the relationship between the quality of services or outcomes for providers and staff characteristics, preparation, and/or training.

Findings from a study of networks indicated that FCC providers affiliated with networks which had staff who had participated in a specialized training program focused on child development and working with FCC were more likely to demonstrate higher

quality care compared to providers who were not part of a network that had staff with this specialized training (Bromer et al., 2009). A follow-up evaluation of a relationship-based training program for network staff found that intensive and HBCC-specific training helped network staff improve their support of HBCC providers (Bromer & Korfmacher, 2012).

Research from the early intervention field has found that reflective supervision is associated with reduced stress, increased professionalism, and enhanced skills around working with families (Watson et al., 2014; Watson & Gatti, 2012). Bromer et al. (2013) found that individual supervision of network staff varied and that staff who worked with HBCC providers needed particular guidance around how to set professional boundaries when working with HBCC providers. A survey of 156 staffed family child care networks found that 85% offered individual (one-to-one) supervision; fewer than a quarter of networks, however, reported that this individual supervision occurred weekly (Bromer & Porter, 2019).

Provider recruitment strategies

Recruitment, engagement, and sustained involvement of HBCC providers is a prerequisite for networks to deliver services. Almost no research has been conducted on how networks recruit providers. A review of literature on HBCC concluded that outreach through individuals or organizations that are trusted in the community is a promising recruitment strategy (Porter et al., 2010). In the NSFCCN, network directors reported that building a trusting relationship with providers in the community was a common recruitment strategy that often led to recruitment for the network by word of mouth among peers (Erikson Institute, 2022). They also pointed to other strategies such as mailings, phone calls, and social media. An evaluation of a 14-week training and support group initiative with FFN caregivers found that conducting outreach based on natural connections, including going to places such as schools, libraries, and faith-based institutions where FFN caregivers congregate, contributed to the success of the project (Shivers et al., 2016).

Conclusion

Our review of the literature on HBCC networks and initiatives was intended to inform the development of a set of benchmarks that articulated standards for high-quality networks. We sought to identify evidence of network practices and approaches that were most likely to lead to positive outcomes for providers, caregiving quality, children, and families. The body of research on HBCC networks is small and largely descriptive. Many of the studies rely on provider or staff reports of their experiences (e.g., providers reported that their quality of care improved after participating in a network). Other studies simply describe network practices that have not been examined in the research. We found only a small number of correlational studies that examine links between network features and outcomes such as child care quality or provider knowledge. Most of these studies use quasi-experimental, pre/post, or comparison designs. In addition, we found that most of the research on HBCC networks and HBCC initiatives focus on licensed FCC providers rather than FFN providers.

The majority of research on networks focuses on the services networks offer. Findings indicate that specific network services, such as training and home visiting, but also network services in general are associated with increased provider knowledge

and greater caregiving quality. Descriptive research, based primarily on provider self-report, indicates the potential of network services for improving provider outcomes such as provider well-being and economic sustainability. We found no studies on the relationship between network services and improved child and family outcomes. Our review of the literature also underscores the importance of how networks operate and implement the services they offer. Evidence from the research suggests that specific strategies may increase provider engagement and satisfaction with network services as well as network effectiveness, which may lead to improved outcomes. These strategies include responsiveness to provider individual characteristics and circumstances, relationship-based practice, training and support for network staff, and articulation of service delivery linked to articulated outcomes. We also found that the underlying values and goals of a network matter. The body of research on this component of network quality is small and primarily descriptive. Available evidence suggests that focusing the organization's mission on HBCC providers, engaging providers as equal partners in network design and operation, and an intentional focus on equity are essential elements for networks.

Our literature review points to many promising network practices and approaches. It also identifies

gaps in the research. Most studies reviewed focus on services that networks offer rather than intentional approaches for network operations that are important components of network quality. We found few studies on the use of data for quality improvement in HBCC networks or the ways that HBCC networks offer holistic services for children and families. Additionally, there is limited research on the relationship between service delivery and associated outcomes for providers, children, and families.

References

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. https://doi.org/10.1007/s10566-014-9254-1

Bromer, J., & Korfmacher, J. (2012). *Evaluation of a relationship-based training pilot for agency specialists working with home-based child care providers: Final report summary*. Herr Research Center, Erikson Institute.

Bromer, J., & Korfmacher, J. (2017). Providing high-quality support services to home-based child care: A conceptual model and literature review. *Early Education and Development*, 28(6), 745–772. https://doi.org/10.1080/10409289.2016.1256720

Bromer, J., Molloy, P., Porter, T., & Margaret, R. (2020). *Erikson Institute's family child care quality improvement learning collaborative pilot: Lessons learned*. Erikson Institute. https://www.erikson.edu/wp-content/uploads/2020/02/Lessons-Learned-Brief-2020.pdf

Bromer, J., & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks*. Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2019/01/FCC-Network-Landscape_Technical-Report_Erikson-Institute_Jan2019.pdf

Bromer, J., Ragonese-Barnes, M., Korfmacher, J., & Kim, K. (2020). *The Relationship-Based Support for Home-Based Child Care Assessment Tool Manual*. Herr Research Center, Erikson Institute. https://www.erikson.edu/research/rbs-hbcc/

Bromer, J., Ragonese-Barnes, M., & Porter, T. (2020). *Inside family child care networks: Supporting quality and sustainability*. Erikson Institute, Herr Research Center. https://www.erikson.edu/wp-content/uploads/2020/12/Inside-FCC-networks-Case-Studies-2020.pdf

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*. Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf

Bromer, J., Weaver, C., & Korfmacher, J. (2013). *Evaluation of Erikson Institute Family Child Care Specialist Training Program Phase II*. Erikson Institute, Herr Research Center.

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), 213–230. https://doi.org/10.1002/imhj.10013

Buris, G., & Fredericksen, A. (2012). *Training makes a difference*. Economic Opportunity Institute. http://www.opportunityinstitute.org/research/post/training-makes-a-difference/

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: Final report*. https://www.researchconnections.org/childcare/resources/22733

Erikson Institute. (2022). *National Study of Family Child Care Networks: Network director interviews. [Unpublished]*. Herr Research Center.

Erikson Institute, & Home Grown. (2022). *Strengthening home-based child care networks: An evidence-based framework for high-quality*.

Etter, K., & Capizzano, J. (2018). *Early learning ventures: Early Head Start Child Care Partnership model*. https://earlychildhoodframework.org/wp-content/uploads/2018/11/ELVEHS-CCP-Evaluation_Report.pdf

Forry, N., Bromer, J., Chrisler, A., Rothenberg, L., Simkin, S., & Daneri, P. (2012). *Family-provider relationship quality: Review of conceptual and empirical literature of family-provider relationships* (OPRE Report #2012-46). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/sites/default/files/documents/opre/fprq_literature_review.pdf

Gardner, M., Brooks-Gunn, J., & Chase-Lansdale, P. L. (2017). The two-generation approach to building human capital: Past, present, and future. In E. VortrubaDrzal & E. Drearing (Eds.), *The Wiley handbook of early childhood development programs, practices, and policies* (p. 330).

Gray, S. (2015). Widening the circle of security: A quasi-experimental evaluation of attachment-based professional development for family child care providers. *Infant Mental Health Journal*, 36(3), 308–319. https://doi.org/10.1002/imhj.21513

Hatfield, B., & Hoke, K. (2016). *Improving the quality of family, friend, and neighbor care: A review of the research literature*. https://health.oregonstate.edu/sites/health. oregonstate.edu/files/occrp/pdf/improving-the-quality-of-family-friend-and-neighbor-care-2016.pdf

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(6), 399–409. https://doi.org/10.1007/s10643-010-0420-2

Larner, M., & Chaudry, N. (1993). Promoting professionalism through family day care networks: A study of Child Care, Inc.'s Neighborhood Child Care Initiatives project. *Columbia University. National Center for Children in Poverty*. https://www.researchconnections.org/childcare/resources/10336

McCabe, L., & Cochran, M. (2008). *Can home visiting increase the quality of home-based child care?: Findings from the Caring for Quality Project*. https://www.researchconnections.org/childcare/resources/15562

Meek, S., Iruka, I. U., Allen, R., Yazzie, D. A., Fernandez, V., Catherine, E., McIntosh, K., Gordon, L., Gilliam, W., Hemmeter, M. L., Blevins, D., & Powell, T. (2020). *Start with equity: 14 priorities to dismantle systemic racism in early care and education*. Children's Equity Project. https://childandfamilysuccess.asu.edu/sites/default/files/2020-12/14-priorities-equity-121420.pdf

Meek, S., Iruka, I. U., Catherine, E., Yazzie, D. A., Gilliam, W., McIntosh, K., Fernandez, V., Blevins, D., Jiminez, O., & Garcia, E. (2021). *Start with equity: Advancing equity in early care and education systems with the American Rescue Plan Act*. Children's Equity Project. https://childandfamilysuccess.asu.edu/sites/default/files/2021-06/CEP-equityARP-052821.pdf

Meek, S., Smith, L., Allen, R., Catherine, E., Edyburn, K., Williams, C., Fabes, R., McIntosh, K., Garcia, E., Takanishi, R., Gordon, L., Jimenez-Castellanos, O., Hemmeter, M. L., Gilliam, W., & Pontier, R. (2020). *Start with equity: From the early years to the early grades: Data, research and an actionable child equity policy agenda. Children's Equity Project, Bipartisan Policy Center*. https://childandfamilysuccess.asu.edu/sites/default/files/2020-10/CEP-report-101320-FINAL_0.pdf

Osgood-Roach, I., & Wevers, K. (2018). *"Everybody benefits" family child care providers' perspectives on partnering with Early Head Start. All Our Kin.* https://www.researchconnections.org/childcare/resources/37328

Paulsell, D., 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. *Mathematica Policy Research*. https://www.acf.hhs.gov/sites/default/files/opre/supporting_options.pdf

Paulsell, D., Mekos, D., Del Grosso, P., & Rowand, C. (2006). *Strategies for supporting quality in kith and kin child care: Findings from the Early Head Start Enhanced Home Visiting Pilot evaluation*. https://files.eric.ed.gov/fulltext/ED496388.pdf

Porter, T., & Bromer, J. (2020). *Delivering services to meet the needs of home-based child care providers: Findings from the National Study of Family Child Care Networks*. 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

Porter, T., Paulsell, D., Grosso, P. D., Avellar, S., Hass, R., & Vuong, L. (2010). *A review of the literature on home-based child care: Implications for future directions.* Mathematica Policy Research. https://www.mathematica.org/publications/a-review-of-the-literature-on-homebased-child-care-implications-for-future-directions

Porter, T., Ragonese-Barnes, M., Melvin, S., & Bromer, J. (2021). *Family child care educators speak out: A research-to-policy brief from the Multi-State Study of Family Child Care Decline and Supply.* Herr Research Center, Erikson Institute. https://www.erikson.edu/wp-content/uploads/2021/11/FCCEducatorsSpeakOut_2021_BRIEF.pdf

Porter, T., & Reiman, K. (2015). *Examining quality in a family child care network: An evaluation of All Our Kin.* Early Care and Education Consulting. https://www.researchconnections.org/sites/default/files/pdf/rc30810.pdf

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(8), 1019–1027. https://doi.org/10.1007/s10995-020-02939-x

Shdaimah, C., Palley, E., & Miller, A. (2018). Voices of child care providers: An exploratory study on the impact of policy changes. *International Journal of Child Care and Education Policy*, 12(1), 4. https://doi.org/10.1186/s40723-018-0043-4

Shivers, E. M., Farago, F., & Goubeaux, P. (2016). *The Arizona Kith and Kin Evaluation, Brief #1: Improving quality in family, friend, and neighbor (FFN) child care settings*. http://indigoculturalcenter.org/wp-content/uploads/2016/02/Indigo-ASCC-Kith-and-Kin-Evaluation-FNL-2016.pdf

Watson, C., & Gatti, N. S. (2012). Professional development through reflective consultation in early intervention. *Infants & Young Children*, 25(2), 109–121.

Watson, C., Gatti, N. S., Cox, M., Harrison, M., & Hennes, J. (2014). Reflective supervision and its impacts on early childhood intervention. In E. Nwokah & J. A. Sutterby (Eds.), *Early childhood and special education: Advances in early education and daycare* (Vol. 18, pp. 1–26). Emerald Group.