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HOME-BASED CHILD CARE

A Conceptual Model for Quality in Home-Based Child Care

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Purpose

The purpose of this brief is to provide a conceptual model for quality in home-based child care that can be used to inform state and local efforts in developing quality improvement initiatives that engage and sustain home-based child care participation. We developed this model to articulate a vision of quality that demonstrates how home-based child care can enhance outcomes for children, families, and providers. The model offers a foundation for improving professional development and quality improvement, building on the strengths and opportunities in home-based child care for facilitating children's development and providing family support. It also offers new directions for research and measurement strategies that examine home-based child care effectiveness. The model is intended to promote conversations among researchers, policymakers, providers, and other stakeholders about potential steps for updating existing tools, measures, and resources for home-based child care.

Throughout this brief, the term "home-based child care" is used to describe any regular non-parental child care that takes place in a home. The term "family child care" is used to refer to licensed or regulated family child care settings where one provider (with or without additional staff) cares for multiple children and receives payment.

Background

In 2012, 3.8 million home-based child care providers in the United States cared for more than 7.1 million children (National Survey of Early Care and Education [NSECE] Project Team, 2016). The 3.8 million home-based child care providers represent a diverse group including large and small licensed family child care programs along with family members, friends, and neighbors who regularly care for children. Home-based child care providers tend to care for children from birth to age 12 (Porter et al., 2010) and care for more infants and toddlers in total than center-based settings (Brandon, 2005). The majority of home-based child care providers do not receive payment for providing care (NSECE

Project Team, 2016); many of them also offer care during nontraditional hours such as evenings and weekends (Brandon, 2005). Among those who are paid, home-based child care providers report different primary motivations for providing care, with some viewing it as their career or calling and others viewing it as a way to help children's parents (NSECE Project Team, 2016). Some report using a curriculum and participating in professional development activities while others do not. Across home-based child care providers, there is considerable variability in their characteristics, experience, and formal participation in the workforce that has implications for the experiences children have in their care.

Over the last decade, the landscape for home-based child care providers and the children they serve has shifted in important ways. The first shift is the increasing focus and investment at the state and federal levels on promoting quality across all early care and education settings. In 2017, state and local Quality Rating and Improvement Systems (QRIS) operated in 44 locations (states and local areas), with all but one including standards for licensed family child care programs (Build Initiative and Child Trends, 2017). This represents a nearly 70 percent increase in QRIS from 2010, when 26 QRIS were operating or being piloted (Tout et al., 2010). Nationally, nearly half (44%) of eligible family child care programs in the United States have obtained a quality rating (Friese et al., 2019). The reasons for lower QRIS engagement among more than half of family child care providers are likely multifaceted; recent state studies of family child care nonparticipants have cited challenges related to navigating multiple systems (including QRIS, licensing, and the Child and Adult Care Food Program), feeling that not all of the QRIS standards were appropriate for family child care programs, encountering cultural and language barriers, and not needing QRIS participation to attract families to the program (Bradburn & Dunkenberger, 2011; Cleveland et al., 2016; Hallam et al., 2017). In addition to QRIS participation, both licensed and license-exempt home-based child care providers who accept a subsidy are now required to meet additional standards as part of the 2014 reauthorization of the Child Care and Development Block Grant, such as annual health and safety inspections (Office of Child Care, n.d.).

A second shift in the home-based child care landscape is a recent and steady decline in the number of licensed family child care providers and subsidy-receiving, license-exempt providers. Between 2011 and 2014, the number of licensed family child care providers declined by 15 percent nationally (National Center on Early Childhood Quality Assurance, 2015). From 2006 to 2015, the proportion of all subsidy recipients who are license-exempt providers decreased from 25 percent to 10 percent (Mohan, 2017). Individual state data confirm this national trend (Child Care Resource Center, 2018; Edie, 2017; Minnesota Department of Human Services, 2016; Mohan, 2017). No single cause of the family child care decline has been identified; instead, it has been attributed to a combination of factors, including an improved economy with different options for more stable wages, costs associated with running a family child care, changes in family demographics, declining enrollment, and increased regulations for providers (Child Care Resource Center, 2018; National Center on Early Childhood Quality Assurance, 2015). Resources such as family child care networks, shared services, and business supports have been identified as promising for retaining providers and incentivizing new providers to become licensed; to date, no evidence has been collected to document the effectiveness of these strategies.

The trend toward engaging home-based child care providers in quality improvement initiatives while also addressing the decline in home-based child care providers presents an important backdrop for state and federal efforts. At the core of implementing these efforts successfully is a need to understand the unique characteristics of home-based child care providers and the approach they take in their work with children and families. Though progress has been made in documenting certain features and variations of home-based care, research on the full array of home-based care is still more limited than research on child care centers (Hallam et al., 2017). Given the relatively sparse literature that documents the features of quality across a full range of home-based child care settings,

additional research about the features of home-based child care that are associated with positive outcomes for children and their families is needed. Similarly, few, if any, existing definitions of quality were created with the distinctive features and strengths of home-based child care in mind. We compiled this conceptual framework to stimulate additional thinking and measurement involving the essential features of quality, particularly in home-based child care.

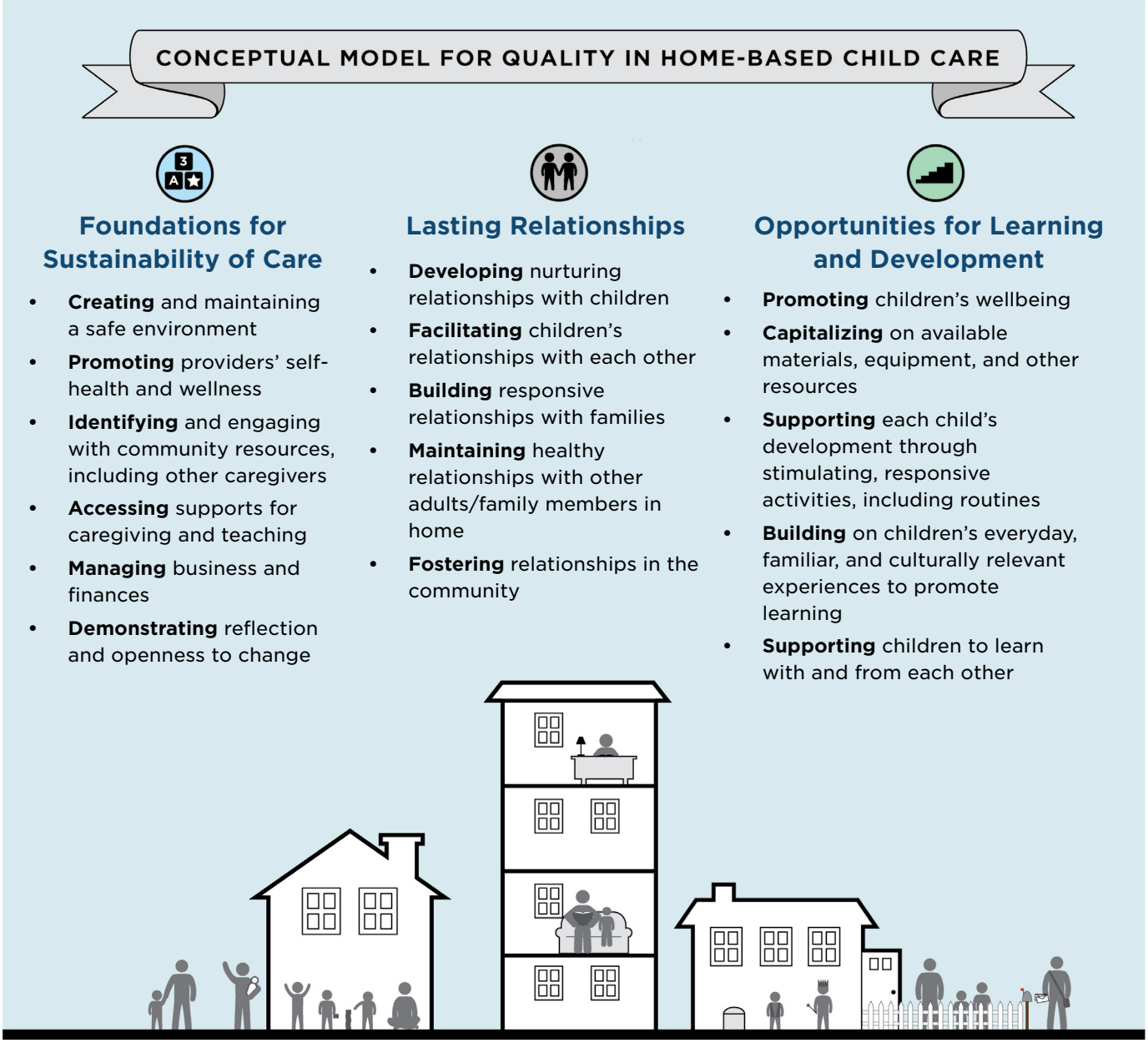
The conceptual model described in this brief offers a new, structured approach for understanding, defining, and supporting quality in home-based child care settings. The purpose of the model is to highlight both features of home-based child care and facilitators of these features that are linked to outcomes for children, families, and providers. The model is intended to generate dialogue among researchers, practitioners and policymakers; it is a working model that will be improved over time as evidence accumulates from research and practice.

A conceptual model of quality in home-based care is particularly helpful given concerns that quality measures for family child care are incomplete in their coverage (Goodson & Layzer, 2010; Paulsell et al., 2010; Tonyan, 2017; Tonyan, Paulsell, & Shivers, 2017). A growing body of research suggests that home-based child care has distinctive characteristics that are not often taken into consideration by existing measures or captured in quality rating standards (Forry et al., 2013; Lipscomb et al., 2017; Porter et al., 2010; Susman-Stillman & Banghart, 2011; Tonyan, 2017). These features include the home environment itself, the neighborhood and community context, mixed-age groups, relationships between providers and families that might extend beyond the caregiving relationship, and shared culture between providers and families. Although not completely unique to home-based settings, these features may look different or be less pervasive in a child care center. For example, a center may have a mixed-age classroom of children within a one- or two-year age range, but they are typically less likely to combine children of different age groups (infants, toddlers, preschoolers, school-aged children) than home-based settings. Similarly, the environments of both home-based child care and centers are important for children's development, but the equipment and materials in a classroom may be more specialized than those found in a home. For example, some centers might provide cooking activities in the classroom, but children may not have regular access to a full kitchen like they do in a home-based setting. Depending on how these experiences are framed, children may learn different concepts and develop different relationships in home-based settings. The conceptual model can be used to assess existing measures and identify options for capturing elements of quality not currently covered by existing measures.

Approach to Developing the Model

To address growing questions about the conceptualization and measurement of quality in home-based child care settings, Child Trends convened a group of experts in August 2016 for an in-person meeting on behalf of the Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services (Blasberg et al., 2016). One result from the meeting was a recommendation to develop a conceptual model. Starting in January 2017, Child Trends facilitated regular meetings with a group of experts (the authors of this brief) to engage in this work. Several resources informed the initial conversations, including a list of quality features generated during the in-person meeting, the National Association for Family Child Care accreditation standards (National Association for Family Child Care Foundation, 2013), existing comprehensive literature reviews on quality in home-based child care (Porter et al., 2010; Susman-Stillman & Banghart, 2011), and *Quality Measurement in Early Childhood Settings* (Zaslow, Martinez-Beck, Tout, & Halle [Eds.], 2011).

The model is organized into three broad components: Foundations for Sustainability of Care, Lasting Relationships, and Opportunities for Learning and Development. These components were drawn from the foundational resources on quality in home-based care (National Association for Family Child Care Foundation, 2013; Porter et al., 2010; Susman-Stillman & Banghart, 2011; Zaslow, Martinez-Beck, & Tout [Eds.], 2011). Within each component are elements. Although the elements are described separately, they are interrelated and not intended to be mutually exclusive. Each element is supported by available evidence from the body of research on home-based child care and research that has been conducted in center-based child care settings. Because certain aspects of high-quality child care transcend the setting in which the care is provided (e.g., adult-child interactions), the research cited throughout this brief is not limited to studies that were conducted in home-based child care settings. Some elements lack a strong research base that shows associations with child, family, or provider outcomes, and these elements warrant further examination. In instances where there is insufficient evidence to support an element, the authors offer a hypothesis about how that element might influence outcomes.



Foundations for Sustainability of Care

The first set of elements are those that create conditions for providers to maintain a quality home-based child care setting over time, which is particularly salient for home-based providers who may identify as small business owners. These elements are essential precursors for the elements within Lasting Relationships and Opportunities for Learning and Development. Although they are not explicitly features of quality, they can be thought of as facilitators of quality, meaning they help create conditions that support quality practices. When these elements are present, we expect providers will have the foundation for responsive relationships and interactions that facilitate their support of families and ultimately promote children's learning and development. We hypothesize that some foundational elements (e.g., managing business and financing) are less proximal to child outcomes than others (e.g., creating and maintaining a safe environment). Similarly, not all foundations need to be provided within each home as long as each provider has access to them. We recognize that providers may need outside supports to maintain a quality setting, just as they may need supports to enhance their interactions with children and families.

Creating and maintaining a safe environment. This element refers to the practices providers have in place to create a safe environment that complies with local regulations (including licensing and the health and safety provisions required for legally operating non-licensed providers serving children receiving subsidies) and the strategies they use to ensure that safety is maintained and attended to every day (Susman-Stillman & Banghart, 2011; Tout & Zaslow, 2006). Some examples of maintaining a safe environment might include child-proofing areas with toxic materials, keeping outlets covered, and ensuring there are plans in place in case of an emergency. Note that elements relating to children's health are captured under Opportunities for Learning and Development to emphasize that the physical domain is as much a part of children's development as the cognitive or social-emotional domains (Hegland et al., 2011; Porter et al., 2010).

Promoting providers' self-health and wellness. Individuals in caring professions need to maintain their health and wellness so they can be emotionally available and responsive to the needs of those in their care. There is some evidence that provider well-being is related to both observed quality and child outcomes; therefore, it is important to consider provider well-being as a feature of quality (Forry et al., 2012; Forry et al., 2013; Østbye et al., 2015; Porter et al., 2010; Whitaker, Dearth-Wesley, & Gooze, 2015; Whitebook, Phillips, & Howes, 2014). Given that home-based child care providers typically work alone and earn low wages (NSECE Project Team, 2016; Whitebook et al., 2014), and many struggle with feelings of isolation, fatigue, and job-related stress (Layzer, Goodson, & Brown-Lyons, 2007; Porter et al., 2010), it is important for providers to access resources as needed to support self-care, including physical and mental health. These resources are hypothesized to be necessary to sustain the work of caring for children and families over time.

Identifying and engaging with community resources, including other caregivers. Providers' awareness and use of resources outside of their programs have the potential to connect them and the families they serve to valuable supports. These may include direct services such as developmental screenings, health screenings, and social services (e.g., food stamps, housing assistance, and domestic violence supports) for children and families. The resources may also include opportunities for networking with other providers, which can reduce the isolation of caring for children alone at home as well as enhance social support. The literature suggests these resources are associated with quality (Doherty et al., 2006; Forry et al., 2013; Raikes, Raikes, & Wilcox, 2005) and self-efficacy (Gray, 2015; Lanigan, 2011; Porter & Reiman, 2015; Susman-Stillman & Banghart, 2011).

Accessing supports for caregiving and teaching. Research suggests that high-quality caregiving hinges on provider access to a range of supports related to caring for and teaching young children. Staffed family child care networks or systems, early learning hubs, and child care resource and referral agencies may offer providers support that research suggests is associated with improved quality (Bromer et al., 2009; Porter & Reiman, 2015). Research identifies the potential of specific supports to positively shape quality caregiving in family child care (Bromer & Korfmacher, 2017). Such supports include coaching or consultation focused on quality caregiving, coaching linked to training and professional development, and facilitated training groups (Bryant et al., 2009; Porter et al., 2010; Shivers, Farago, & Goubeaux, 2015; Shivers, Farago, & Yang, 2016). While some research suggests that providers who access these types of supports may offer higher quality caregiving (Abell et al., 2014; McCabe & Cochran, 2008; Shivers, Farago, & Goubeaux, 2015; Shivers, Farago, & Yang, 2016), few studies have examined the relationship between specific combinations of supports and aligned outcomes for providers, children, and families.

Demonstrating reflection and openness to change. Providers' capacity for self-reflection and willingness to examine their own practices creates the potential for change and improvement in the quality of their care (Heffron, Ivins, & Weston, 2005; Peterson & Cairns, 2012; Peterson, 2013). For example, providers who are ready to reflect on what is going well and where there is room for change are hypothesized to be more likely to accept support around quality caregiving and teaching or may be more likely to implement new practices, activities, or strategies with children and families (Schon, 1983). Reflective providers are also regularly looking for ways to improve their own practices and integrate their knowledge of child development and children's approaches to learning into everyday routines and activities (Gilkerson & Kopel, 2005; Isner et al., 2012).

Managing business and finances. Providers' capacity to develop and maintain the business aspects of their programs is essential for several reasons. For many providers, steady income from their child care program is a necessary financial resource for the household; without it, they may face serious challenges offering care and education to children (Helburn, Morris, & Modigliani, 2002) or close their programs altogether. Good business practices such as managing time well, keeping records, preparing taxes, and developing contracts can contribute to a more sustainable child care program. Lack of knowledge about these practices and the skills to use them may create stress (Østbye et al., 2015) that could influence the provider's capacity to engage in positive relationships with families, as well as positive interactions with children (Lovejoy et al., 2000).

Lasting Relationships

Relationships are a central component of any early childhood setting and are hypothesized to be particularly salient in home-based child care settings. The word "lasting" demonstrates the importance of continuity of relationships, something that is not unique to home-based child care but that may be more central when children can stay with the same adult for many years. "Growing up" in the care of a primary provider is a distinct aspect of home-based child care. The continuity of the child-provider relationship typically differs substantively from center-based child care, where children are often cared for by multiple adults within one day and are grouped according to age, moving to new classrooms each year or based on certain developmental milestones.

Developing nurturing relationships with children. The interactions children experience with their caregivers can have a lasting impact on many aspects of their later cognitive, language, and social-emotional development (Atkins-Burnett et al., 2015; Howes, 2016; Layzer, Goodson, & Brown-Lyons, 2007; Schaack, 2011; Shivers, 2006; Weisner, 2016), such as school readiness and success, empathy, and positive behaviors (Elicker et al., 2013; Halle et al., 2011; Hyson et al., 2011; Li & Julian, 2012; Pianta,

1997; Shivers, 2003; Shivers, 2008; Shivers, & Farago, 2016; Susman-Stillman & Banghart, 2011). This element emphasizes the term "relationships" although the available evidence focuses on day-to-day interactions. The authors hypothesize that over time, positive interactions will lead to healthy relationships. The word "nurturing" reflects the warmth of the relationships between providers and children. Nurturing relationships will look different as children grow and develop. For infants, caregivers may demonstrate warm and nurturing relationships by holding babies when they cry or tickling a baby to make him laugh. For toddlers, caregivers will serve as a secure base as children start exploring the environment on their own. And for preschoolers, nurturing relationships may involve rich conversations where children share their ideas about the world with their child care providers.

Facilitating children's relationships with each other. In addition to providers developing nurturing relationships with children, providers also play a critical role in facilitating children's relationships with each other (Coppens et al, 2014; Clopet & Bulotsky-Shearer, 2016; Howes, 2016; Layzer, Goodson, & Brown-Lyons, 2007). In home-based child care, providers support interactions among children who are same-age peers, as well as those who are older and younger, to foster a positive emotional tone among all children in the setting. Mixed-age settings offer an opportunity for older children to learn how to interact with younger children, particularly those who do not have younger siblings at home (Derscheid, 1997; Katz, 1995). For children who do have siblings, mixed-age settings offer the opportunity to be cared for in the same space without being separated. Home-based child care settings also provide opportunities for children to form lasting friendships with each other without the potential disruption of being placed in different classrooms.

Building responsive relationships with families. There is a significant body of literature on the importance of provider-family relationships on outcomes such as positive parenting practices, family well-being, work-life balance for parents, and child development (Bromer et al., 2011; Forry et al., 2012; Kim et al., 2015; Porter et al., 2012; Shivers et al., 2004). "Responsive" relationships indicate the importance of flexibility and sensitivity in the ways providers relate to and support families. For example, home-based child care providers are more likely to offer logistical supports such as care during non-traditional hours and flexible payment schedules that accommodate families who work in low-wage jobs with unpredictable schedules and pay (Ang, Brooker, & Stephen, 2017; Bromer et al, 2011; Bromer & Henly, 2009; NSECE, 2015).

Maintaining healthy relationships with other adults/family members in the home. Other individuals, in addition to the provider and the children being cared for, may be present in home-based settings. For example, the provider may work with an assistant or have family members (adult and/or children) who are in the home when care is provided. Although less proximal to children's developmental outcomes, providers' interactions with others in the setting are hypothesized to affect the emotional tone children and their families experience. Positive interactions may create a feeling of warmth for children while negative interactions with other adults may create a hostile environment for children. Relationships with other adults and family members in the household may have an impact on provider well-being as well (Swartz, 2013; Thoits, 2011; Turner & Turner, 2013).

Fostering relationships in the community. Home-based child care providers are likely to have relationships with people in their immediate neighborhoods or larger communities. Research suggests that communities with greater social cohesion and trust among neighbors lead to positive child outcomes (Frost, Wortham, & Reifel, 2012; Sampson, Morenoff, & Earls, 1999). Home-based child care providers may develop these trusting relationships with community members, including neighbors, the mail carrier, the librarian, and the school crossing guard. Regular contact with these individuals is hypothesized to create opportunities for children to develop positive relationships with other adults in the community and to enhance their connection to their neighborhood. These relationships may also serve as additional resources for providers who may not have access to professional supports for literacy development or their own outdoor play spaces, thereby enhancing children's experiences

in home-based child care (O'Donnell et al., 2006, Bassok et al., 2016). Lastly, relationships in the community may contribute to neighborhood safety for children and families (Bromer, 2002; Bromer, 2006).

Opportunities for Learning and Development

The elements in this domain focus on the actions providers take and the practices they engage in to ensure children are learning and growing while in their care and less on the materials or layout of the environment itself. This focus on actions and practices is based on the wide body of research demonstrating the importance of adult-child interactions for children's development (Birch & Ladd, 1998; Burchinal et al., 2010; Mashburn et al., 2008; Pianta, 1997).

Promoting children's well-being. When interacting with children in their care, it is important for providers to intentionally support children's health and well-being. In play and in daily routines, interactions that support children's physical and mental health are a critical element of high-quality home-based care (Hegland et al., 2011; Hepburn et al., 2013; Østbye et al., 2015; Perry et al., 2010; Perry et al., 2011). Examples of supporting physical health might involve following guidelines about food safety, encouraging proper handwashing habits, and following best practices for diapering. Supporting mental health may involve promoting social-emotional development or incorporating trauma-informed care practices to support children who have been exposed to adverse childhood experiences.

Capitalizing on available materials, equipment, and other resources. Another distinguishing characteristic of home-based child care is that it takes place in a home with familiar and everyday objects used for a variety of purposes in spaces that are used in a multitude of ways by children across a wide span of ages. Children's development may be most positively affected if the provider employs creative strategies to help them use and learn from objects such as toys, books, or art materials (Rabitti, 1994). The wording of this element stresses *available* materials, including common items in the home such as pots and pans, "found" materials such as juice or milk cartons, and home equipment such as couches and the kitchen table (Edwards & Springate, 1995). Providers are not expected to have a specific number of toys for each age group, but instead to demonstrate that the same equipment can be used in multiple ways to engage children of different ages or provide a range of open-ended materials such as blocks, water play, or non-toxic art supplies that can be used in multiple ways. Open-ended materials may also encourage mixed-age group interactions because children at different developmental levels can use these materials in a variety of ways.

Supporting each child's development through stimulating, responsive activities, including routines. Home-based providers typically serve children in various stages of development, from infancy through school-age. They may also serve children with special needs. It is important for providers to differentiate activities for each child depending on where they are in their own development (Ang, Brooker, & Stephen, 2017; DeBaryshe, Gorecki, & Mishima-Young, 2009; Spiker, Hebbeler, & Barton, 2011) and embed learning into planned activities and routines such as diapering or mealtime (Shivers, Farago, & Goubeaux, 2015; Shivers, Farago, & Yang, 2016; Tonyan, 2017; Tout & Zaslow, 2006). These activities may be particularly important for home-based providers, who balance their own household routines with routines that directly involve the children. This element implicitly requires that the provider has a deep knowledge of child development and of each individual child in her care and uses that knowledge to organize daily activities and routines. This element also touches on the fact that children learn in different ways and providers should take that into consideration by differentiating their own strategies to maximize children's daily learning experiences (Copple & Bredekamp, 2009).

Building on children's everyday, familiar, and culturally relevant experiences to promote learning. Learning that occurs in the context of familiar experiences, which has been hypothesized to have certain advantages, is more likely to occur for children attending a home-based setting than a center-based setting. For example, children may see the provider watering plants, washing dishes, or writing grocery lists just as they see their own parents doing these everyday household chores. Concepts like matching, sorting, sequencing, and measuring are embedded into everyday activities such as "setting the table, preparing food, sorting the mail, cooking, gardening, and playing games" (National Association for Family Child Care Foundation, 2013, p. 17). In other words, familiar experiences are hypothesized to serve as the foundation for learning key concepts. Cultural relevance is also embedded into this element. There is some evidence that home-based providers may live in the same community as the children in their care, which may make them well-situated to integrate cultural practices to promote learning, particularly if there is a cultural or language match between the provider and the children in her care (Howes, 2009, 2016; Shivers & Farago, 2016; Shivers, Sanders, & Westbrook, 2011; Shivers et al., 2007; Tonyan, 2017; Wishard et al., 2003).

Supporting children to learn with and from each other. Caring for children of mixed ages, especially when there is a wide age range, requires providers to understand how to facilitate and promote positive multi-age interactions among children (Porter et al., 2010). However, this element differs from the element *facilitating children's relationships with each other*, because the focus is on learning and development rather than simply building positive relationships. Mixed-age settings provide an opportunity for older children to model behaviors for younger children and younger children to learn from older children (Coppens et al., 2014; Edwards, 2000; Guo et al, 2014; Hartup, 1976; Henry & Rickman, 2007; Rogoff, 2003; Rogoff, Morelli, & Chavajay, 2010; Winsler et al., 2002). For example, providers may involve older children in simple caregiving practices such as bringing a toy to an infant who isn't mobile or asking them to read to a younger child. When done in a developmentally appropriate way, these interactions are hypothesized to support the leadership skills of older children. Younger children in mixed-age settings have the opportunity to watch older children model skills such as eating, hand washing, and engaging in more involved levels of play. This element reflects the hypothesis that providers' intentional efforts to create a community of learners, including knowing how to encourage multi-age learning opportunities, is essential to quality.

Informing Research, Policy and Practice

The purpose of the conceptual model is to spark conversations about quality in home-based child care among researchers, policymakers, and practitioners. This section offers additional thoughts on how the model can inform these discussions.

Research on home-based child care

The model is the first iteration of a research-based approach to understanding the key facilitators and features of quality in home-based child care. We expect it to be refined and elaborated on over time as more research and evaluation is conducted on these settings. As a first step, researchers can use the model as a frame for designing studies on quality improvement and examining the elements of quality that are most important for supporting outcomes for children, families, and providers. Additional evidence may reinforce the inclusion of certain elements and lead to removing others from the model.

A second research activity is to discuss the wider application of the model beyond home-based child care to include center-based settings. The model could promote a dialogue about quality across settings, which would identify common supports and features of quality and those that are distinct to

particular program types, including different types of home-based child care. Some features may be exclusive to family child care settings (e.g., "managing business and finances"), some may be universal across settings (e.g., "developing nurturing relationships with children"), and some may exist on a continuum. For example, "creating and maintaining a safe environment" could range from having a few informal procedures with little monitoring to having many formalized procedures and being highly monitored. Researchers could also use the model to develop surveys of providers to gather their input on the elements and the relative priorities providers place on the elements described in the model.

A final and critical research activity is to consider the implications of the model for improving existing quality measures. This early stage of the model focused on defining the elements but not on the availability of measures to capture the elements. Presentations of our preliminary work at national conferences and meetings (Blasberg et al., 2018; Blasberg & Tonyan, 2018; Blasberg & Bromer, 2018) indicate an interest from the field in how the model's elements might be operationalized. One next step might be to develop guidelines for how the elements could be measured in home-based child care settings based on input from existing measures in early childhood and other fields.

Policies to support home-based care providers

The model can raise awareness among policymakers of the specific features of quality in home-based child care across the spectrum of informal (family, friend, and neighbors caring for children) to formal (licensed family child care providers maintaining a business) providers. Early care and education stakeholders may be unaware of basic characteristics of home-based child care and how these characteristics may differ in home-based child care as compared with center-based settings. Gaining a deeper understanding of quality that is grounded in research can help policymakers as they consider how to acknowledge and reward providers' progress toward quality caregiving.

Practice and program development

As described in the introduction to the brief, the current context for home-based child care includes an increased emphasis on quality improvement and quality rating, and also a decline of home-based child care. One goal of the conceptual model is to inform efforts to support and retain home-based providers. By outlining the elements of quality, the model offers practitioners and program developers a new tool to support their work and raise awareness of the distinct features of home-based child care.

Program developers who design and implement QRIS and other improvement initiatives can use the model to review and assess alignment of the elements with their quality standards and quality improvement activities. If gaps or areas of redundancy are identified, implementation teams can assess potential solutions and opportunities to strengthen existing structures by piloting new indicators or measures of quality.

The model can also promote a strength-based approach to engagement and inclusion of home-based care providers in QRIS and other quality improvement initiatives. State QRIS studies indicate that nonparticipating providers may not trust that the QRIS rating represents their program or may not believe it is feasible to meet the quality standards (Hallam et al., 2017; Minnesota Department of Human Services, 2016). The model may help providers see themselves on the quality spectrum and also encourage them to engage with quality improvement efforts. These applications of the model require coaches and family child care network staff who have experience working with home-based child care providers to develop meaningful and motivating incentives for participation.

With each of these efforts to use the conceptual model, it will be important to gather feedback from stakeholders about the usefulness of the model and opportunities to continue refining it.

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