EXECUTIVE SUMMARY

MAPPING THE FAMILY CHILD CARE NETWORK LANDSCAPE

Findings from the National Study of Family Child Care Networks

JANUARY 2019

W. Clement & Jessie V. Stone FOUNDATION

PRITZKER Children's Initiative

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The full technical report with examples from qualitative interviews and appendices are available to download at:
https://www.erikson.edu/research/national-study-of-family-child-care-networks/

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OVERVIEW

Millions of children, ages birth through five and not yet in kindergarten in the U.S., are cared for in home-based child care (HBCC). These settings include regulated family child care (FCC) as well as family, friend, and neighbor (FFN) caregivers who may or may not be legally-exempt from regulations. More infants and toddlers are cared for in HBCC than any other child care arrangement (NSECE, 2013) and children from low-income families are disproportionately cared for in HBCC arrangements (Laughlin, 2013). Many school-age children are also cared for in these settings (NSECE, 2016).

Concerns about the quality of HBCC care, especially for infants and toddlers, have led to the development of several recent federal policy initiatives. The 2014 re-authorization of the Child Care and Development Block Grant (CCDBG), the primary federal source of funding for reimbursement for providers who care for children from eligible families, included new regulations to enhance children's health and safety, to increase access to care, and to improve child care quality (Office of Child Care, 2016). In the same year, the federal Offices of Child Care and Head Start launched the Early Head Start-Child Care Partnership program, an effort to increase the supply of high-quality infant-toddler child care that included family child care (U.S. Dept. of Health and Human Services, 2018).

Implementing quality improvement initiatives for HBCC at the state and community levels, however, has been elusive because the research base to inform policy and program directions is limited (Bromer & Korfmacher, 2017). Most studies have focused on the background and perspectives of HBCC providers (e.g. Layzer, Goodson, & Brown-Lyons, 2007; Morrissey, 2007; NSECE, 2013; 2015; Porter & Kearns, 2005; Susman-Stillman & Banghart, 2008; Thomas, Johnson, Young, Boller, Hu, & Gonzalez, 2015).

The current study examines a specific quality improvement approach – family child care networks. For this study, we define a "staffed family child care network" as an organization that offers HBCC providers a menu of quality improvement services and supports including technical assistance, training, and/or peer support delivered by a paid staff member (Bromer & Porter, 2017). This report describes findings from a survey-based scan of the landscape of staffed family child care networks across the U.S. and draws on examples from in-depth interviews with a sub-sample of network directors. Findings from this study contribute new information about the types of services networks offer to providers and families and set the stage for future examination of network effectiveness.

STAFFED FAMILY CHILD CARE NETWORKS

STAFFED FAMILY CHILD CARE NETWORKS *are organizations that offer HBCC providers a menu of quality improvement services and supports including technical assistance, training, and/or peer support delivered by a paid staff member.*

In 2016, the Office of Child Care, an office in the Administration for Children and Families in the U.S. Department of Health and Human Services, singled out family child care networks as a quality improvement strategy for helping HBCC providers comply with the 2014 federal CCDBG standards for improving quality (Office of Child Care, 2016). Yet evidence of network effectiveness in improving HBCC quality is sparse. Only two studies, the 2009 evaluation of networks in Chicago (Bromer, Van Haitsma, Daley, & Modigliani, 2009) and the 2014 evaluation of All Our Kin, a network which is based in New Haven, CT (Porter & Reiman, 2016), have examined this issue. Both found that network-affiliated providers offered higher quality care than those who were not affiliated with networks.

STUDY DESIGN & METHODS

Erikson Institute's National Study of Family Child Care Networks aims to address the gap in the knowledge base about staffed family child care networks. Launched in 2017, with support from the Pritzker Children's Initiative, a project of the J.B. and M.K. Pritzker Foundation, and the W. Clement and Jessie V. Stone Foundation, the project intends to inform policy and programs about network models that support HBCC providers. The three-year exploratory study consists of four primary components: 1) a national survey of staffed family child care networks; 2) in-depth interviews with a sub-sample of directors about service implementation; 3) surveys of a sub-sample of providers and staff across networks; and 4) in-depth case studies of two promising networks.

This report presents findings from the national survey and examples from in-depth director interviews that sought to answer the following research questions:

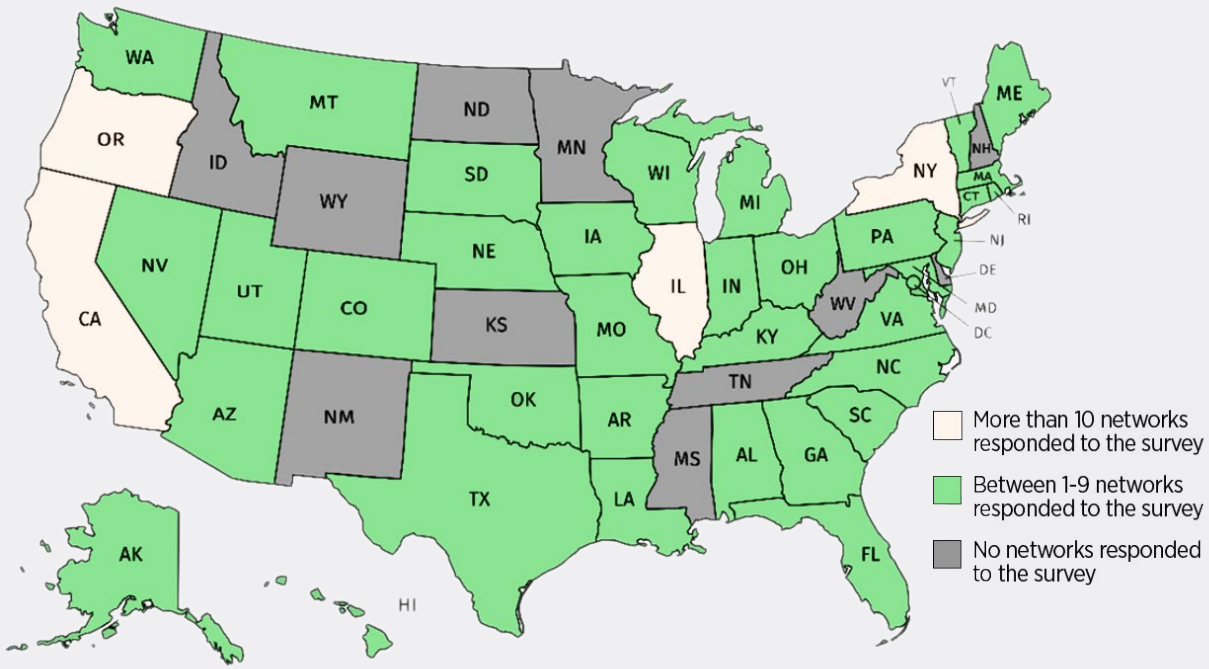
1. What is the range of organizational platforms, geographic areas served, types of providers served, and funding of staffed networks?
2. What types of services and supports do networks offer providers and how are these services and supports implemented?
3. How does implementation of services vary across types of staffed networks?

We sought to identify a wide variety of organizations that offer a menu of supports and services to HBCC providers through paid staff including child care resource and referral (CCR&R) agencies, Head Start and Early Head Start programs, child care centers, and a variety of other social service agencies.

SAMPLE DESCRIPTION

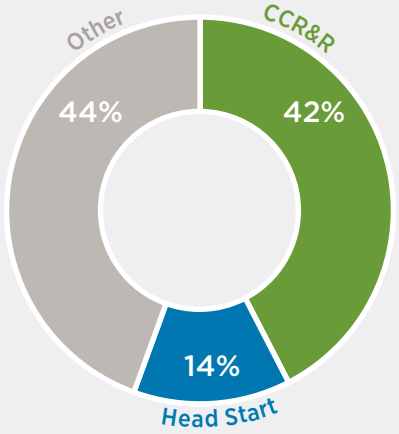
The sample included 156 organizations from 39 states and the District of Columbia that met our definition of staffed family child care networks (SFCCN): organizations with paid staff who offer a menu of quality improvement services to providers (see Figure 1).

FIGURE 1: LOCATION OF STAFFED FAMILY CHILD CARE NETWORKS (N=156)



The sample of SFCCNs consisted of three sub-samples: 1) CCR&R agencies; 2) Head Start, Early Head Start, or Migrant Head Start programs that delivered services through FCC providers; and 3) other SFCCNs that did not identify as CCR&Rs or Head Start (see Figure 2). The majority of Head Start networks were Early Head Start-Child Care Partnership initiatives. Many of the SFCCNs were housed in larger umbrella organizations such as social services agencies, institutions of higher education, and school districts. Some were free-standing organizations focused on serving home-based child care.

FIGURE 2. TYPES OF STAFFED FAMILY CHILD CARE NETWORKS (N = 156)

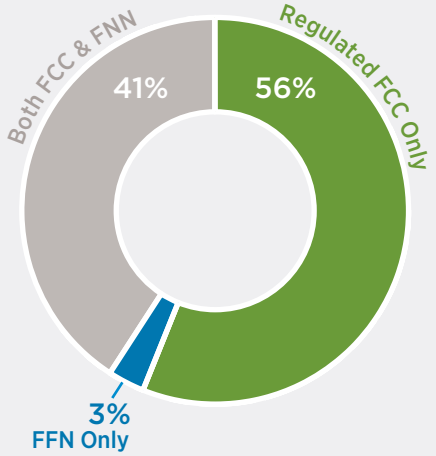


KEY FINDINGS

SFCCNS SERVE A RANGE OF HOME-BASED CHILD CARE PROVIDERS.

Two fifths of the SFCCNs in our sample indicated a long-term commitment to serving HBCC providers, reporting that they had been providing services for at least 20 years. Most served regulated FCC providers and 44% served FFN caregivers, although only a small number served FFN caregivers exclusively (see Figure 3).

FIGURE 3. HOME-BASED CHILD CARE PROVIDERS SERVED BY SFCCNS (N=153)

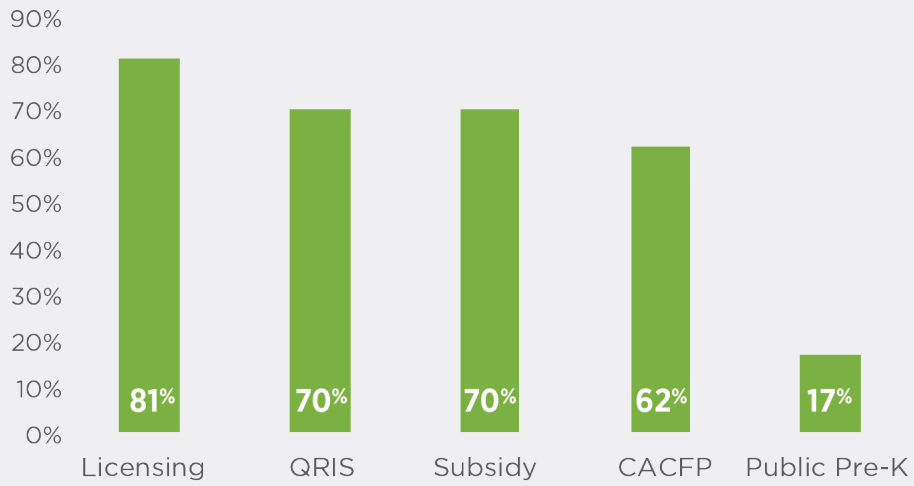


SFCCNS HELP PROVIDERS NAVIGATE PUBLICLY-FUNDED SYSTEMS.

SFCCNs have the potential to increase the supply of regulated family child care by helping providers navigate licensing and subsidy systems. Nearly all the SFCCNs in our sample reported funding from public sources including state contracts through child care assistance programs, QRIS, and federal Head Start. Many SFCCNs operate in states such as California, New York, and Oregon that have policies and public funding that support family child care networks.

The three most commonly-reported types of systems support in our sample were: 1) help with licensing; 2) help with the child care subsidy program and; 3) help with participation in quality rating and improvement systems (QRIS). Nearly two-thirds of the SFCCNs also reported helping providers participate in the federal Child and Adult Care Food Program (CACFP) (see Figure 4). In addition, 34% of SFCCNs reported helping providers with accreditation from the National Association for Family Child Care (NAFCC) that may or may not be part of publicly-funded systems. Much of the training that SFCCNs reported offering providers focused on topics such as child development, curriculum planning, and child care environments which are required by licensing, subsidy systems, and QRISs.

FIGURE 4. PUBLICLY-FUNDED SYSTEMS THAT SFCCNS HELP PROVIDERS NAVIGATE (N=156)

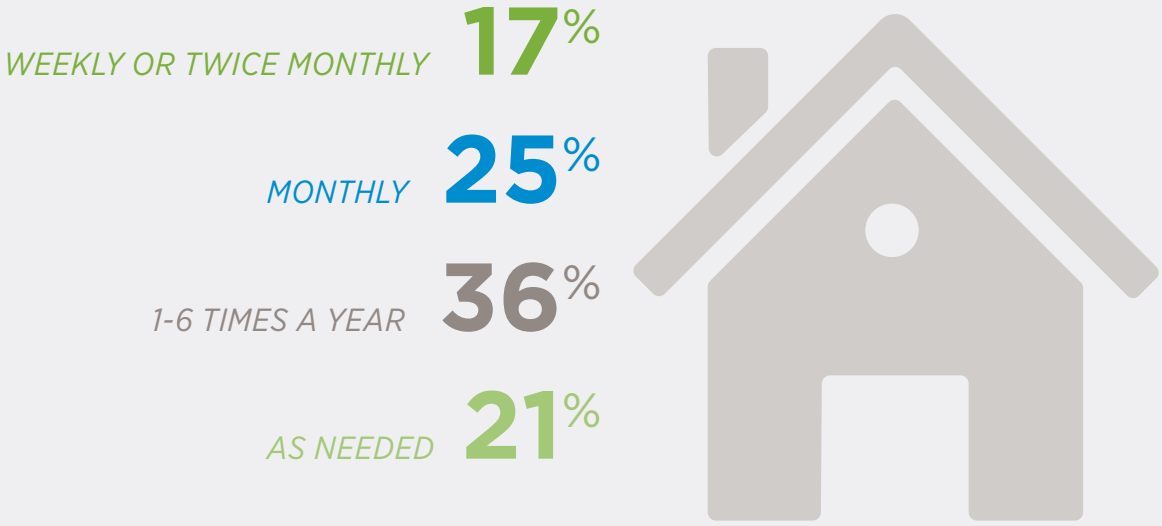


SFCCNS OFFER LIGHT-TOUCH SERVICES TO PROVIDERS.

SFCCNs have the potential to improve HBCC quality, but their effectiveness may be limited by the light touch that many of them offer to providers. A majority of SFCCNs in our sample offered minimal dosage and intensity of services. For example, only 17% offered high-frequency visits—two or more times a month (see Figure 5). A fifth of the SFCCNs did not report a specific visiting schedule, but instead reported conducting visits on an "as needed" basis. Only half indicated they offered at least one visit to most (75% or more) of their affiliated providers, and only 28% reported having long-term relationships with providers that involved making repeated visits to homes for over a year.

Visits and training workshops were the most commonly reported services for providers. Yet training workshops and infrequent visits may not lead to improved quality in family child care homes. Research suggests that intensive coaching and technical assistance that are aligned with training content have a greater likelihood of shaping positive quality outcomes than stand-alone training workshops (Moreno, Green, & Koehn, 2015).

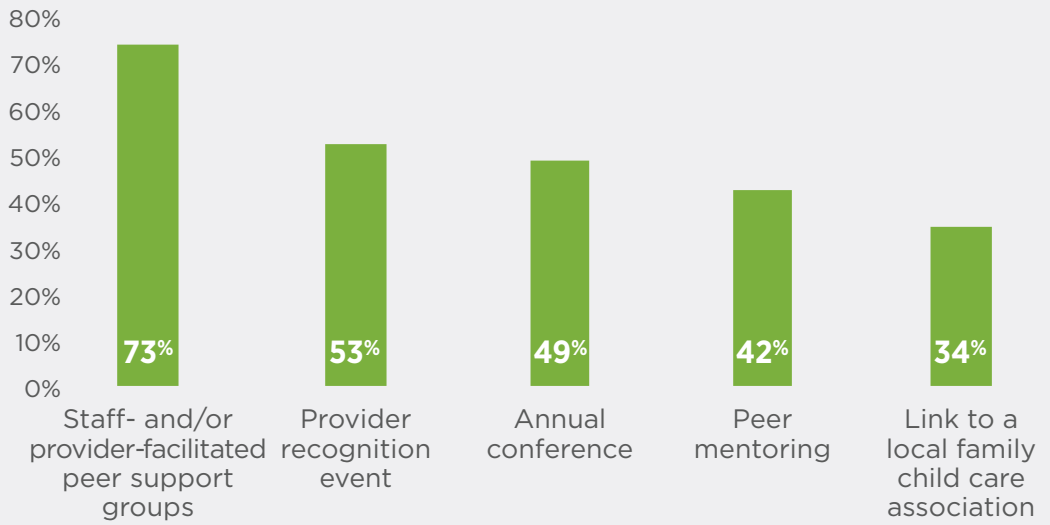
FIGURE 5. VISITS TO PROVIDER HOMES (N=151)



SFCCNS OFFER PROVIDERS OPPORTUNITIES FOR PEER SUPPORT.

Most SFCCNs offered opportunities for providers to share and learn from each other, although more offered support groups for providers than one-on-one peer-to-peer mentoring opportunities (see Figure 6). Some SFCCNs offered support groups for providers that were facilitated by network staff. Others supported provider leaders in forming and facilitating their own peer groups where providers set the agenda and shared common concerns. Individualized peer-to-peer mentoring was less common and included pairing experienced providers with newer providers.

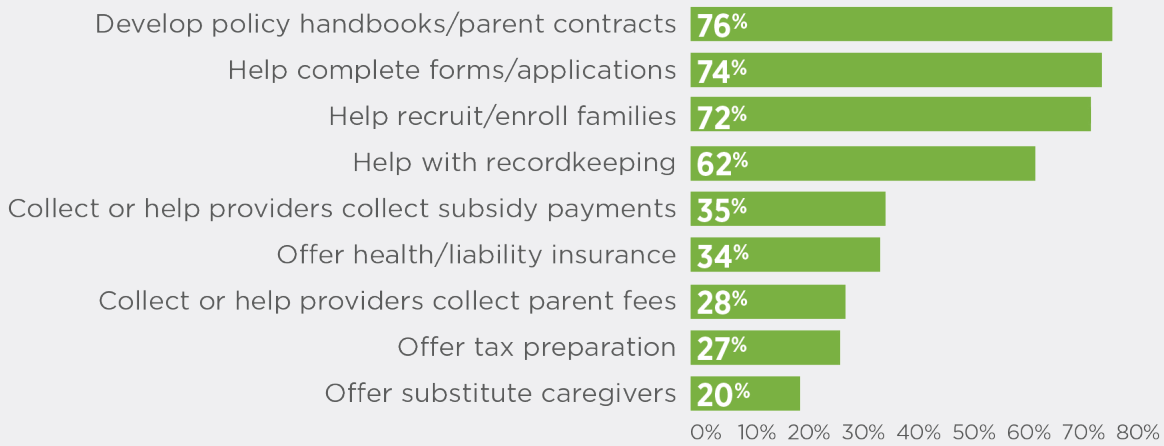
FIGURE 6. PEER SUPPORT SERVICES (N=154)



SFCCNS SUPPORT PROVIDERS' BUSINESS PRACTICES.

Two-thirds of SFCCNs in our sample reported helping providers with basic administrative and business tasks such as developing contracts and handbooks, completing required paperwork, and recruiting potential families (see Figure 7). Fewer reported specific business supports such as health or liability insurance, helping providers collect parent fees, tax preparation, or substitute care.

FIGURE 7. BUSINESS AND ADMINISTRATIVE SERVICES (N= 156)



FEW SFCCNS OFFER RESEARCH-BASED SUPPORTS SUCH AS CURRICULUM OR COMPREHENSIVE SERVICES FOR FAMILIES AND CHILDREN.

Only a quarter of SFCCNs in our sample reported that they required providers to use a specific evidence-based curriculum, and most used the Creative Curriculum™ (Ruddick, Colker, & Trister Dodge, 2009). More than half reported that they helped providers develop their own curriculum. Fewer than half of SFCCNs reported directly offering comprehensive services such as early childhood mental health consultation, developmental screening, and/or health services to families and children through network staff (see Figure 8). Slightly higher proportions reported helping families link to these services in the community.

FIGURE 8. COMPREHENSIVE RESOURCES FOR CHILDREN AND FAMILIES (N=151)

DEVELOPMENTAL SCREENING OF CHILDREN **49%**

HEALTH & NUTRITION SERVICES FOR CHILDREN **46%**

EARLY CHILDHOOD OR INFANT MENTAL HEALTH CONSULTATION **35%**

FAMILY COUNSELING **19%**

SFCCNS REPORT STAFFING PATTERNS THAT REFLECT THE NEEDS OF HBCC PROVIDERS.

More than two-thirds of SFCCNs reported having dedicated staff who work with FCC providers, and 60% of organizations that house SFCCNs reported that all of their staff worked with HBCC providers. Two-thirds of SFCCNs reported offering services to providers in languages other than English, although a fifth did not provide a linguistic match for non-English speakers.

SFCCNS REPORT LOW EDUCATIONAL REQUIREMENTS FOR STAFF TO WORK WITH HBCC AND FEW OPPORTUNITIES FOR STAFF SUPERVISION OR TRAINING AROUND WORKING WITH ADULTS.

Working with HBCC providers may pose unique challenges including resistant attitudes towards change, provider hesitancy around opening their home to observers, and logistical challenges around visiting provider homes. The work may require specialized training in working with adults and understanding child development (Bromer et al., 2009). Only half of the SFCCNs in our sample reported that they require staff who work with HBCC providers to have a minimum of a bachelor's degree and only six required staff who work with providers to hold a master's degree. Lower education levels required for staff suggest that many SFCCNs in our sample may not have staff with the clinical training and/or deep knowledge of child development that may be needed to work effectively with providers and children.

Fewer than half of the SFCCNs reported offering staff training on working with adult learners (e.g. home visiting, organization and case management, communication and listening, and adult learning styles) and the family child care context (e.g. working with mixed ages and managing a child care business). Although most SFCCNs reported conducting some type of group or individual supervision with staff who work with HBCC providers, fewer than a quarter reported conducting weekly team meetings or weekly individual supervision with staff.

FEW SFCCNS COLLECT DATA ON OUTCOMES FOR PROVIDERS, CHILDREN, AND FAMILIES.

Most SFCCNs in our sample reported collecting process data on service delivery and provider satisfaction with services received. Far fewer reported collecting evaluation data on quality outcomes, and even fewer collected child or family outcomes data. The majority of SFCCNs used the Family Child Care Environmental Rating Scale (Harms, Cryer, & Clifford, 2006) as a quality assessment tool with providers.

DIFFERENCES ACROSS SFCCN TYPES

CCR&R networks offer services related to publicly-funded systems engagement and business supports.

CCR&R networks were most likely to help providers participate in a QRIS. Training for providers on systems participation (e.g. CCDF-required health and safety topics and licensing regulations) and having QRIS specialists on staff were more common across CCR&R networks. CCR&R networks were also more likely than other types of SFCCNs to focus services on helping providers with their administrative practices such as development of policy handbooks and completion of required forms and applications.

Head Start networks offer a combination of high-intensity, research-based services.

Consistent with Head Start Performance Standards, Head Start networks were most likely to offer high-frequency visits to family child care homes, require providers to use a specific evidence-based curriculum, and offer comprehensive services for families and children.

SFCCNs that are not housed in CCRRs or Head Start programs offer services that may respond to provider needs.

SFCCNs that were not housed in CCR&Rs or Head Start programs were more likely to offer peer support opportunities where providers could share and learn from each other in peer support groups or through peer-to-peer mentoring.

TABLE 1. COMPARISON OF SERVICES OFFERED TO HBCC PROVIDERS ACROSS SFCCN TYPES

	CCR&R SFCCNS	HEAD START SFCCNS	OTHER SFCCNS
Helps providers participate in a QRIS	+		−
Conducts high-frequency visits (more than monthly)	−	+	
Conducts visits 1-6 times a year or on an as-needed basis	+	−	
Offers training on CCDF-required health/safety topics & licensing regulations	+		−
Offers any peer support (peer groups and/or provider-to-provider peer mentoring)			+
Requires providers to use an evidence-based curriculum	−	+	
Helps providers develop policy handbooks	+	−	
Helps providers complete forms & applications	+		−
Offers comprehensive services for families & children through SFCCN staff	−	+	
Offers community linkages to comprehensive services for families & children	+	−	
Offers a combination of research-based services (visits, curriculum, & resources)	−	+	−

Differences shown are both statistically significant at the p≤.05 level and have a medium or large effect size based on calculation of Cramer's V as a proxy for effect size.

KEY

+ indicates a higher proportion of SFCCNs in this category

− indicates a lower proportion of SFCCNs in this category

RECOMMENDATIONS FOR PROGRAM, POLICY, AND RESEARCH

IMPLICATIONS AND RECOMMENDATIONS FOR SFCCNS

- Build on family child care peer-to-peer connections that naturally occur during training workshops to create formal peer mentoring opportunities, learning communities, and cohorts.
- Explore innovative solutions such as the use of technology (social media, texting, and video-conferencing) to increase contact with and support for providers.
- Integrate support services for HBCC as an agency-wide priority.
- Enhance training for staff who work with HBCC providers to include adult learning principles.
- Increase the frequency of individual and group supervision of SFCCN staff who work with HBCC providers.

IMPLICATIONS FOR STATE AND LOCAL POLICY MAKERS

- Support SFCCNs as a mechanism for increasing child care supply and strengthening provider attachment to the field. Use local SFCCNs to encourage providers to become licensed, participate in the subsidy system, and engage in QRIS.
- Use SFCCNs as community hubs to link and strengthen organizations that touch HBCC providers and expand access to supply-building and quality improvement services.
- Establish standards for SFCCNs that receive public support, looking to high-touch models such as Head Start and Early Head Start to guide service delivery quality and intensity.

FUTURE RESEARCH DIRECTIONS

- Articulate network model specification, including theories of change and clearly defined approaches for increasing supply, improving quality, and enhancing child outcomes.
- Examine the effectiveness of different types of SFCCNs, particularly the services or combinations of services that relate to positive provider, child, and family outcomes as well as to higher program quality.
- Move beyond descriptive data and include evaluation methods such as rapid cycle testing and randomized control trials to increase understanding about SFCCN effects on provider, child, and family outcomes.

CONCLUSION

The federal government has endorsed SFCCNs as a strategy for improving the quality of HBCC for infants and toddlers, and, as a result, the interest in this approach has increased. Across the country, policy makers and program administrators are seeking information about models of SFCCNs that they can implement in their states and localities. Yet, the research about SFCCNs is limited, and there is little systematic evidence to inform these policy decisions.

This study of the national landscape of staffed family child care networks begins to fill that gap. The findings provide insights into the kinds of organizations that operate SFCCNs, the services they offer to HBCC providers, and their staffing components. SFCCNs have the potential to increase HBCC supply and improve its quality, and different types of SFCCNs may have promise for achieving these goals. Additional findings from our qualitative interviews with SFCCN directors and case studies of two SFCCNs will enhance our understanding of services implementation, the challenges SFCCNs face in serving providers, and their perceived successes.

Further research on SFCCNs is clearly needed. We do not yet fully understand the fit between SFCCN services and provider needs, nor do we have evidence about the services or combinations of services that are effective in increasing supply or improving quality. In addition, we lack data on the impact of SFCCNs on the outcomes of children or families. This study begins to lay the groundwork for examining these issues.

REFERENCES

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 for Children and Social Policy, Erikson Institute. Retrieved from https://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf

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

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 Quality Assurance, Office of Child Care, Administration for Children and Families, U.S Department of Health and Human Services. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/fcc_networks_brief_0.pdf

Harms, T., Cryer, D., & Clifford, R.M. (2006). *Family Child Care Environment Rating Scale-Revised Edition.* NY: Teachers College Press.

Laughlin, L. (2013). *Who's minding the kids? Child care arrangements: Spring 2011. Current Population Reports,* P70-135. Washington, D.C.: U.S. Census Bureau.

Layzer, J. I., Goodson, B. D., & Brown-Lyons, M. (2007). *National study of child care for low-Income families: Care in the home: A description of family child care and the experiences of the families and children that use it: Final report.* Washington, DC: U.S. Administration for Children and Families.

Moreno, A.J., Green, S., & Koehn, J. (2015). The effectiveness of coursework and onsite coaching at improving the quality of care in infant-toddler settings. *Early Education and Development, 26,* 66–88. https://doi.org/10.1080/10409289.2014.941260

Morrissey, T. (2007). *Family child care in the United States.* New York: Child Care & Early Education Research Connections. Retrieved from http://www.nccp.org/publications/pdf/text_720.pdf

National Survey of Early Care and Education Project Team (NSECE; 2013). *Number and characteristics of early care and education (ECE) teachers and caregivers: Initial findings from the National Survey of Early Care and Education, NSECE Research Brief, OPRE Report 38.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/nsece_wf_brief_102913_0.pdf

National Survey of Early Care and Education Project Team (NSECE; 2015). *Who is providing home-based early care and education? OPRE Report No. 2015-43.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/hb_providers_fact_sheet_toopre_041715_508.pdf

National Survey of Early Care and Education Project Team (NSECE; 2016). *Characteristics of home-based early care and education providers: initial findings from the National Survey of Early Care and Education, OPRE Report #2016-13.* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2016). *Overview of the 2016 Child Care and Development Fund final rule.* Retrieved from https://www.acf.hhs.gov/sites/default/files/occ/ccdf_final_rule_fact_sheet.pdf

Porter, T., & Kearns, S. (2005). Family, friend, and neighbor care: Crib notes on a complex issue. In R. Rice (Ed.), *Perspectives on family, friend, and neighbor child care: Research, programs, and policy* (Occasional Paper Series No. 15, pp. 5-13). New York: Bank Street College of Education. Retrieved from https://educate.bankstreet.edu/occasional-paper-series/vol2005/iss15/2

Porter, T., & Reiman, K. (2016). *Examining quality in a family child care: An evaluation of All Our Kin.* New Haven, CT: All Our Kin. Retrieved from http://www.allourkin.org/sites/default/files/ExaminingQualityinFCC2016.pdf

Ruddick, S., Colker, L.J., & Rrister Dodge, D. (2009). *Creative curriculum for family child care.* Bethesda, MD: Teaching Strategies®.

Susman-Stillman, A. R., & Banghart, P. (2008). *Demographics of family, friend, and neighbor child care in the United States.* New York: Child Care & Early Education Research Connections. https://doi.org/10.7916/D8C53VJT

Thomas, J., Johnson, C., Young, M., Boller, K., Hu, M., & Gonzalez, D. (2015). *Moving forward together: How programs can support informal caregivers and parents.* Princeton, NJ: Mathematica Policy Research. Retrieved from https://www.mathematica-mpr.com/our-publications-and-findings/publications/moving-forward-together-how-programs-can-support-informal-caregivers-and-parents

U.S. Department of Health and Human Services. (2018, Dec. 13). *Head Start Timeline.* Retrieved from https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-timeline