FROM VISION TO EXECUTION

Implementation & Continuous Improvement

The "HOW"

Implementation, Staffing, Recruitment & Continuous Improvement Outcomes

Introduction to HBCC Network Toolkits

Home-based child care (HBCC) networks play a critical role in strengthening early care and education (ECE) systems by supporting the large number of families who rely on home-based care arrangements. In the United States, home-based providers—including licensed family child care (FCC) and family, friend, and neighbor (FFN) caregivers—serve a significant proportion of young children, particularly infants and toddlers. These settings often provide flexible schedules, culturally responsive care, and smaller group environments that meet the needs of many families. Despite their importance, HBCC providers frequently operate in isolation and have historically had limited access to professional development, coaching, and system supports compared with center-based programs (Bromer & Porter, 2019; National Center on Early Childhood Quality Assurance [NCECQA], 2020).

Home-based child care networks have emerged as a promising strategy to strengthen the HBCC sector and improve both provider support and program quality. Networks typically connect groups of providers with coaching, professional learning, peer communities, and shared services such as business supports and regulatory guidance. Research suggests that relationship-based supports offered through networks—particularly coaching and peer learning—can improve instructional practices, strengthen provider knowledge of child development, and reduce professional isolation. In addition, networks can contribute to provider retention and sustainability by supporting both the educational and business aspects of family child care (Bromer & Porter, 2019; Tout et al., 2018).

As states, communities, and intermediary organizations increasingly invest in HBCC networks, there is a growing need for practical tools that translate research-informed benchmarks into actionable guidance. While emerging research highlights key components of effective networks—including strong relationships, provider leadership, and coordinated services—leaders often need concrete resources to operationalize these principles in practice. Translating research and policy benchmarks into accessible guidance can help network leaders strengthen implementation, support providers more effectively, and ultimately improve the quality, stability, and equity of early care and education systems (HomeGrown, 2021; Tout et al., 2018).

Toolkit Overview

What is a Toolkit?

A toolkit is a collection of practical resources, strategies, and guidance designed to help people apply knowledge or research to real-world practice. Unlike a traditional report or academic article, a toolkit focuses on action—it provides step-by-step supports, templates, examples, and tools that help users implement ideas, solve problems, or improve their work.

In professional fields such as early childhood education, a toolkit typically translates research, policies, or best practices into accessible, user-friendly materials that practitioners can use in their daily work. Toolkits often include items such as checklists, reflection questions, planning templates, case studies, worksheets, and implementation guides. These resources help bridge the gap between theory and practice by giving early childhood providers and leaders concrete ways to apply new strategies in their programs or organizations.

HBCC Network Toolkits

Three toolkits were developed to operationalize the Home-Based Child Care Network Benchmarks and make them usable for strategic planning, service design, and implementation. While the benchmarks articulate a comprehensive vision for high-quality networks, they are conceptual and aspirational in nature. The purpose of these toolkits is to help networks move from principles to practice, clarifying how to establish strong organizational foundations, design coherent service models, and build the infrastructure necessary for sustainable impact.

To support practical application, the benchmarks have been organized into three complementary toolkits:

- **Toolkit 1 (The Why)** focuses on organizational culture, equity commitments, and shared governance.
- **Toolkit 2 (The What)** focuses on service design, quality practices, and provider and family outcomes.
- **Toolkit 3 (The How)** focuses on implementation systems, staffing, recruitment, and continuous improvement.

Each toolkit centers a distinct lever of change, while acknowledging that high-quality networks require alignment across all three domains. The benchmarks are interconnected by design. The framework itself makes clear that the benchmarks operate as a system, not as isolated categories. Equity and provider voice are intentionally embedded across all domains, not confined to a single benchmark. For example, equity influences governance structures, service design, recruitment strategies, staffing models, and data collection practices. Similarly, provider voice shapes decision-making, evaluation, and continuous quality improvement. These toolkits preserve that interconnectedness while offering clear entry points for planning and action.

Networks may choose to use the toolkits sequentially, beginning with foundational values and governance before refining services and strengthening implementation, or they may engage with a single toolkit based on current priorities and capacity. The tools are designed to support reflection, strategic planning, alignment, and continuous improvement. They are not intended as compliance checklists or rating instruments, but as guides for building coherent, equitable, and sustainable HBCC network strategies.

Used together, the three toolkits provide a structured yet flexible pathway from vision to execution to measurable impact, strengthening outcomes for providers, children, and families while honoring the unique role of home-based child care within the early care and education system.

From Vision to Execution: Implementation & Continuous Improvement

This toolkit supports networks in translating strategy into effective, high-quality implementation. Grounded in the "How" benchmarks, it helps networks operationalize their vision through relationship-based service delivery, data-informed decision-making, intentional staffing structures, and strategic provider recruitment and engagement.

Through this toolkit, networks will:

- Implement relationship-based coaching and technical assistance that is responsive to provider strengths, needs, and cultural context.
- Develop data systems and continuous improvement processes that inform service delivery, measure progress, and support shared accountability.
- Build and sustain a skilled, culturally responsive workforce equipped to support HBCC providers through coaching, reflection, and partnership.
- Design and execute recruitment and engagement strategies that expand provider participation and strengthen long-term network retention.
- Align implementation practices with clearly defined outcomes for providers, children, and families.

Core Implementation Questions

The resources and materials within this toolkit focus on how services are delivered, how decisions are made, and how systems operate in practice. This toolkit helps networks answer core implementation questions:

- How are we building and sustaining trusting, strengths-based relationships with providers?
- How are we using data to inform decisions, adapt services, and demonstrate impact?
- How do we ensure staff are prepared, supported, and reflective in their work with providers?
- How are we recruiting and engaging providers in ways that are culturally responsive and community-informed?
- How do our implementation practices ensure consistency, quality, and continuous improvement across the network?

By strengthening implementation systems and practices, networks move from intention to execution—delivering services with fidelity, adapting to provider needs in real time, and building a cohesive, responsive model that advances equity, strengthens HBCC sustainability, and improves outcomes for children and families.

Toolkit Three Table of Contents

HBCCN Benchmark Reflection

The "HOW" Benchmarks

Purpose of Engaging in Reflection

By reviewing each benchmark and indicator through a self-evaluation process, network leaders can better understand where their network currently stands and select the resources that will be most relevant and impactful. This reflective approach ensures that the toolkit is used not simply as a set of activities, but as a guide for continuous improvement that strengthens services for providers and ultimately enhances outcomes for children and families.

How to Use this Reflection Tool

The HBCCN framework provides a comprehensive list of 11 benchmarks which are each organized into indicators and descriptors to provide a clear and structured way to understand expectations and guide implementation. Indicators represent the broad areas of practice that define what strong home-based childcare network supports should include. They highlight the key components of effective network design and functioning and provide a high-level view of what quality looks like within each benchmark area.

Each indicator is further divided into descriptors, which break the broader concept into more specific actionable elements of practice. Descriptors help clarify the different parts of the indicator and make complex concepts more manageable. By separating the indicator into smaller components, network leaders can more easily identify which specific practices are already in place and which may need further development.

Directions:

- Review each benchmark and its corresponding indicators carefully.
- Then read the descriptors provided and select “Yes,” “No,” or “Sometimes” to indicate the extent to which each practice is currently implemented within your network.
- Your responses will help identify current strengths, areas for growth, and opportunities for improvement as you work through the toolkit.

Benchmark H: The network uses research evidence to inform how services are implemented including a focus on relationship-based approaches to service delivery.

H1: Has a respectful process in place to learn about and increase awareness and knowledge of providers' experiences, goals, interests, needs, expectations, circumstances, and strengths.

Descriptors	Y	N	S
Emphasizes learning about providers' experiences, goals, interests, needs, expectations, circumstances, and strengths from providers themselves as a first step in establishing relationships.	☐	☐	☐
Network staff spend time getting to know providers in their caseload.	☐	☐	☐
Network staff know about providers' time constraints and schedules when arranging visits or technical assistance.	☐	☐	☐

H2: Grounds network staff interactions and relationships with providers and families in respectful, strengths-based attitudes about HBCC providers that value their expertise and lived experiences.

Descriptors	Y	N	S
Network staff actively consider provider and family perspectives when offering support and guidance.	☐	☐	☐
Network staff are respectful of provider and family beliefs and values that may differ from their own.	☐	☐	☐
Network staff strive to establish an emotionally supportive connection with HBCC providers and families (e.g., staff ask providers how they are doing before giving advice).	☐	☐	☐

H3: Builds successful collaborations with providers and delivers supports to providers that acknowledge and build on provider strengths.

Descriptors	Y	N	S
Maintains respectful two-way, reciprocal communication between staff and providers that includes active listening, regular meetings, telephone help, and formal means for giving feedback to the network.	☐	☐	☐

Descriptors	Y	N	S
Network staff consistently minimize power differentials in all interactions with providers and families.	☐	☐	☐
Emphasizes collaborative goal-setting between staff and providers.	☐	☐	☐
Maintains a process for reaching out to providers to offer timely follow-up and reflection on successes, goals, topics, timelines, and challenges.	☐	☐	☐
Offers providers relevant and useful information.	☐	☐	☐

H4: Designs services that address the logistical realities that providers experience including consideration of scheduling, location, and access to technology.

Descriptors	Y	N	S
Offers training, technical assistance and/or peer support activities that take place outside the HBCC setting on days and times and in locations that are convenient for providers.	☐	☐	☐
Facilitates access to or offers transportation or child care so providers can attend professional development workshops, formal peer support activities, and events.	☐	☐	☐
Helps providers access and use technology and offers virtual technical assistance and professional development activities that providers can use from home.	☐	☐	☐
Uses a variety of communication modes that are responsive to providers' preferences and schedules.	☐	☐	☐

H5: Tailors content and/or approach of trainings, technical assistance, and/or peer support activities to providers' level of experience, circumstances, and needs, acknowledging that there are many "right" ways and that a one-size approach does not work for all providers.

Descriptors	Y	N	S
Uses adult learning principles in group training activities.	☐	☐	☐
Offers services with differentiated content that deepens provider knowledge.	☐	☐	☐
Offers providers a menu of services that honor HBCC providers' individual choices and experience.	☐	☐	☐
Incorporates culturally-relevant and community-embedded content and approaches.	☐	☐	☐

H6: Uses coaching and technical assistance in the provider's home environment to help providers put content and knowledge into practice.

Descriptors	Y	N	S
Uses visits to provider homes to follow-up with providers after they attend a training workshop.	☐	☐	☐

H7: Designs service frequency and duration to meet provider needs and interests and to meet anticipated outcomes.

Descriptors	Y	N	S
Establishes the frequency and duration of services based on provider needs, interests, and the outcomes the network aims to achieve.	☐	☐	☐

H8: Establishes caseload sizes for one-on-one technical assistance visits and coaching that enable staff to offer ongoing relationships and timely support to providers.

Descriptors	Y	N	S
Establishes differentiated caseloads and compensation structures for staff depending on provider needs and goals in their caseloads.	☐	☐	☐
Enhances staff retention to ensure maximally positive coaching relationships and continuity of caseloads.	☐	☐	☐

Benchmark I: The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery.

I1: Co-creates a theory of change (TOC) logic model with providers to ensure successful implementation of the network model.

Descriptors	Y	N	S
Articulates how service delivery components and inputs lead to specific long-, intermediate-, and short-term outcomes.	☐	☐	☐
Articulates equitable provider, child, and family outcomes and provider program outcomes (e.g., quality and sustainability) for the identified target population.	☐	☐	☐
Engages all network providers and families in the development of the TOC and its ongoing revisions.	☐	☐	☐

I2: Collects meaningful data on network operations that are driven by the TOC and provider voice.

Descriptors	Y	N	S
Ensures that providers and families are involved in the development of data collection strategies and tools and that data collection decisions are clear and transparent.	☐	☐	☐
Uses data tools that are culturally and linguistically responsive, easy to understand and complete, and available in languages spoken by providers, families, and children in the network.	☐	☐	☐
Uses data collection strategies that minimize the burden on providers' and families' time for completion and that minimize repeated entry of the same information.	☐	☐	☐
Uses multiple modes for data collection including qualitative and quantitative tools to capture accurate and meaningful information; uses observational measures of quality that are appropriate for HBCC settings.	☐	☐	☐
Collects demographic data (including racial and ethnic identity, gender, and preferred language) from providers and families that can help the network develop equitable policies and supports.	☐	☐	☐
Has capacity to track meaningful administrative data based on what is important for providers, families, and network staff, including establishing an integrated data management system and maintaining skilled personnel to coordinate data.	☐	☐	☐

I3: Has policies and procedures in place to ensure data security, respect the privacy of providers and families, and maintain confidentiality when relevant.

Descriptors	Y	N	S
Maintains policies and procedures that ensure data security, respect the privacy of providers and families, and maintain confidentiality when relevant.	☐	☐	☐

I4: Engages in internal or external evaluation to examine implementation of network services and aligned outcomes for providers, quality, children, and families that are articulated in the TOC model.

Descriptors	Y	N	S
Conducts evaluation that assesses fidelity to model implementation including whether services are delivered as intended and/or whether services need to be modified.	☐	☐	☐

Descriptors	Y	N	S
Conducts evaluation activities to identify meaningful changes over time that align with outcomes articulated in the TOC.	☐	☐	☐
Highlights provider experiences and strengths in evaluation activities.	☐	☐	☐
Ensures all data analysis decisions are clear and transparent and involve providers and families in the development of data analysis strategies.	☐	☐	☐

I5: Uses data about network operations for purposes of continuous quality improvement of the network.

Descriptors	Y	N	S
Engages staff in how to use data to guide their own continuous quality improvement and goal setting.	☐	☐	☐
Demonstrates use of data in refining policies and service delivery, in staff performance systems, in reporting, and in accountability to the board and provider governance structures.	☐	☐	☐

I6: Shares findings from data with providers, families, staff, and external stakeholders in clear and easy to understand ways and maintains opportunities for regular feedback loops.

Descriptors	Y	N	S
Disseminates findings from data collection and evaluation activities with external stakeholders.	☐	☐	☐
Uses data to highlight the case for HBCC and related policy directions.	☐	☐	☐

Benchmark J: The network uses intentional staffing strategies to support providers.

J1: Recruits and hires program staff to specifically work with HBCC providers and who bring an understanding and respect for HBCC.

Descriptors	Y	N	S
Staff have a deep respect and understanding of HBCC settings as an essential component of an equitable early care and education system.	☐	☐	☐

Descriptors	Y	N	S
Staff have direct knowledge about HBCC through their own past experience as HBCC providers, as family members who have used or been cared for by an HBCC provider, or have extensive experience working with HBCC providers.	☐	☐	☐
Staff have relevant education or training in child development and/or ECE education.	☐	☐	☐
Staff have skills or experience in working with adults and/or adult learning, adult education, family systems and dynamics, and family support.	☐	☐	☐
Staff are willing to pursue continuing professional development around working with providers and families.	☐	☐	☐

J2: Recruits and hires staff who reflect the cultural, ethnic, and linguistic backgrounds of HBCC providers in the network.

Descriptors	Y	N	S
Recruits and hires staff who reflect the cultural, ethnic, and linguistic backgrounds of the HBCC providers served by the network.	☐	☐	☐

J3: Offers orientation, training, and mentorship for new staff as well as in-service training and opportunities for continuing professional development for network staff, including providers who are hired as staff or consultants.

Descriptors	Y	N	S
Offers training on the unique features of HBCC, development and care across the age span, adult learning styles, relationship-based practice, reflective practice, perspective-taking, developing partnerships and team building, conflict resolution, and cultural competency and responsiveness.	☐	☐	☐

J4: Offers individual and group reflective supervision for network staff.

Descriptors	Y	N	S
Offers opportunities for network staff to meet, formally or informally, to share perspectives, ideas, challenges, questions, supports, and successes.	☐	☐	☐
Uses provider feedback about interactions with network staff for continuous learning and improvement.	☐	☐	☐

J5: Helps staff set professional boundaries in their relationships with HBCC providers to prevent staff burnout.

Descriptors	Y	N	S
Provides work phones to network staff so they do not have to rely on their own phones for communication with providers.	☐	☐	☐
Helps staff establish clear boundaries around work hours and availability, and professional and personal relationships.	☐	☐	☐

J6: Offers wages and benefits commensurate with the skill level of staff and offers staff opportunities for career advancement.

Descriptors	Y	N	S
Offers wages and benefits commensurate with the skill level of staff and provides opportunities for career advancement.	☐	☐	☐

Benchmark K: The network uses recruitment strategies that result in ongoing provider participation.

K1: Collaborates with trusted community partners such as schools, Head Start programs, FCC associations, and faith-based organizations to reach out to HBCC providers.

Descriptors	Y	N	S
Engages in community events to recruit providers.	☐	☐	☐

K2: Tailors recruitment strategies that are culturally and linguistically responsive to the ways providers may access information and that incorporate different messages for FCC and FFN providers.

Descriptors	Y	N	S
Recruits and engages providers in their preferred language. Translations of trainings and materials are developed by native speakers.	☐	☐	☐
Recruits and engages providers in ways that take provider educational and literacy levels into account.	☐	☐	☐
Uses personal outreach strategies such as telephone calls to recruit new providers.	☐	☐	☐

Descriptors	Y	N	S
Engages providers in recruiting other providers through direct outreach or through a provider advisory council.	☐	☐	☐

K3: Markets the network as a place where providers can learn from other providers and there are opportunities for provider-to-provider sharing and learning.

Descriptors	Y	N	S
Offers providers opportunities to shadow more experienced providers as a way to learn about HBCC work.	☐	☐	☐
Engages providers in offering staff development for network staff when appropriate.	☐	☐	☐

K4: Recruits providers who are members of the cultural and demographic characteristics of HBCC in the region.

Descriptors	Y	N	S
Recruits providers who reflect the cultural and demographic characteristics of HBCC in the region.	☐	☐	☐

K5: Offers incentives such as materials or cash to providers for joining the network.

Descriptors	Y	N	S
Offers incentives such as materials or cash to providers for joining the network.	☐	☐	☐

HBCCN Benchmark Reflection Analysis

The "HOW" Benchmarks

Use your benchmark data to guide this reflection. Be specific — reference the data points, trends, or patterns you noticed. Honest reflection is the foundation of meaningful growth!

Strengths

One area where my data shows clear growth or strength is...

Point to a specific metric, score, or trend as your evidence.

I believe this strength developed because...

Consider your practices, strategies, or intentional focus this term.

A strategy or practice I want to continue and build on is...

Be specific — what will you keep doing, and why does it work?

Areas of Growth

An area where my data indicates I have room to grow is...

Name the specific benchmark, standard, or data point that stands out.

I think this area is a challenge because...

Reflect honestly — what factors (internal or external) may be contributing?

One concrete step I will take to improve in this area is...

Focus on an action within your control. What will look different next cycle?

Designing Coaching Systems Rooted in Trust, Partnership, and Equity

Overview

Strong implementation begins with strong relationships. Providers are more likely to engage in coaching and technical assistance when they experience interactions that are respectful, strengths-based, culturally responsive, and grounded in partnership rather than compliance.

This planning tool helps network leaders intentionally design coaching systems that build trust while ensuring providers receive individualized support aligned to their goals. It draws directly on Benchmark H, which calls for relationship-based approaches to service delivery that honor provider expertise and lived experience.

This tool helps you

- ✓ Design a relationship-centered coaching system
- ✓ Create consistent coaching practices across staff
- ✓ Individualize supports to each provider's goals
- ✓ Strengthen provider partnerships and trust
- ✓ Reflect on equity in coaching relationships

When to use this tool

- ☐ Before launching a new coaching or technical assistance model
- ☐ During annual planning or program design
- ☐ When onboarding new coaches or technical assistance staff
- ☐ During continuous quality improvement (CQI) meetings
- ☐ When redesigning or refreshing technical assistance

Step 1 | Understand Your Current Coaching System

Begin by taking an honest look at how coaching currently works in your network. The questions below are meant to surface patterns, not to evaluate individuals. Consider gathering input directly from providers as you reflect.

Reflection Questions

- How do providers currently experience coaching (as support, as oversight, or as something in between)?
- How are coaching visits scheduled and prioritized? Who decides?
- How much choice and voice do providers have in their own coaching goals?
- When a provider struggles, what is our staff's first response?
- What assumptions do staff sometimes make about providers, and where might those come from?
- If we asked providers to describe our coaching in three words, what would they say?

Strengths Inventory

What already works well in your coaching relationships? Name specific practices and the evidence that tells you they are working.

Current Strength	Evidence

Opportunities for Growth

Area for Growth	Why is this important?

Step 2 | Designing Relationship-Based Coaching

Relationship-based coaching rests on a set of conditions that must be intentionally built—they rarely happen by accident. Use the prompts below to plan how your network will cultivate each one.

The Five Conditions of Effective Coaching

Trust

How will trust be intentionally built and protected?

Consider: regular communication, reliable follow-through, confidential conversations, consistency over time, and shared decision-making.

Network Notes:

Partnership

How are providers viewed in the coaching relationship?

Rate where your network currently sits, then reflect on what would move you toward partnership.

Mostly Expert-Driven 1 2 3 4 5 Mostly Partnership-Driven

Reflection

Culturally Responsive

How will coaches learn about providers' cultures, identities, languages, communities, and experiences without making assumptions?

Action Ideas

Individualization

How will coaching adapt to each provider's experience level, goals, and setting?

There is no single “right” way to provide high-quality care. Coaching should deepen each provider's own strengths.

Action Ideas

Follow-Through

How will the network ensure coaching leads to sustained support, not one-time visits?

Consider home visits after trainings, timely check-ins, and reflection on goals and progress.

Action Ideas

Step 3 | Coaching Planning Template

Use this template to co-create goals so that providers see their own priorities reflected.

Provider Goal:

Provider Strengths	Coaching Strategies	Resources Needed	Timeline

Provider Goal:

Provider Strengths	Coaching Strategies	Resources Needed	Timeline

Provider Goal:

Provider Strengths	Coaching Strategies	Resources Needed	Timeline

Centering Provider Voice

How will providers co-create their coaching goals? Choose the methods your network will use:

- ☐ Reflective conversation at the start of the coaching cycle
- ☐ Collaborative goal-setting meeting
- ☐ Provider self-assessment
- ☐ Provider survey or interest inventory
- ☐ Other: _____

Step 4 | Reflective Supervision Prompts

Reflective supervision helps coaches notice their own assumptions, regulate their reactions, and stay grounded in partnership. Use these prompts before and after provider visits.

Before a Visit

- What assumptions am I bringing into this visit?
- What do I already know about this provider's strengths and context?
- What don't I know—and how can I learn it respectfully?
- How can I stay curious rather than corrective?

After a Visit

- What did the provider teach me today?
- How did I demonstrate partnership?
- Where, if anywhere, did I unintentionally take control?
- What provider strengths emerged that I can build on next time?

Step 5 | Coaching in Action

Example: Beginning with Strengths

Maria operates a bilingual family child care program. Her coach has noticed some missing documentation and could open the visit there. Instead, the coach begins with a question: “What are you most proud of this month?”

Maria shares that family engagement has improved—parents are staying longer at pickup and asking about their children's learning. Together, the coach and Maria build coaching goals around expanding early literacy in both languages, rather than around correcting deficiencies. The documentation is addressed later in the visit, in a way that strengthens trust rather than eroding it.

Reflect on the Example

- How did this interaction build trust?
- What relationship-based coaching practices are evident?
- How could this approach strengthen Maria's long-term engagement with the network?

Step 6 | Action Plan

Identify three concrete actions your network will take to strengthen relationship-based coaching. Keep them specific and time-bound.

Action We'll Take	Person Responsible	Timeline	How We'll Know It's Working

Action We'll Take	Person Responsible	Timeline	How We'll Know It's Working

Action We'll Take	Person Responsible	Timeline	How We'll Know It's Working

Review date for this plan: _____

Using Data and Improvement Science to Strengthen Your Network

Overview

Continuous quality improvement (CQI) turns data into action. Rather than collecting information that sits in a report, networks that practice CQI use small, structured cycles of learning to test changes, study results, and improve over time. This tool supports Benchmark I by helping networks build intentional, collaborative data practices that inform service delivery.

This tool helps you

- ✓ Understand the basics of improvement science
- ✓ Select data that is meaningful and not burdensome
- ✓ Interpret data with providers, not just about them
- ✓ Find root causes instead of treating symptoms
- ✓ Run structured Plan-Do-Study-Act (PDSA) cycles

Step 1 | Understanding Improvement Science

Improvement Science (Carnegie Foundation, n.d.) is a disciplined approach to getting better at what you do. It assumes that every system is perfectly designed to get the results it currently gets. Improving results means changing the system, not blaming the people in it.

Three Questions at the Heart of Improvement

1. What are we trying to accomplish? (A clear, specific aim.)
2. How will we know that a change is an improvement? (Meaningful measures.)
3. What changes can we make that will result in improvement? (Ideas to test.)

Key Idea: Start Small

Test changes on a small scale first—one coach, one cohort, one month—before spreading them across the network. Small tests reduce risk, surface problems early, and build momentum through quick wins.

Step 2 | Selecting Meaningful Data

Good data is useful, feasible, and respectful of providers' time. Before adding any new measure, ask whether it will actually inform a decision. Use the planner below to choose a small set of measures tied to your aim.

OUR LEARNING & DATA PLAN

Use this organizer to plan what you want to learn, where the data comes from, who is responsible, and how often it is collected.

What We Want to Learn	Data Source	Who Collects It	How Often
1			
2			
3			
4			

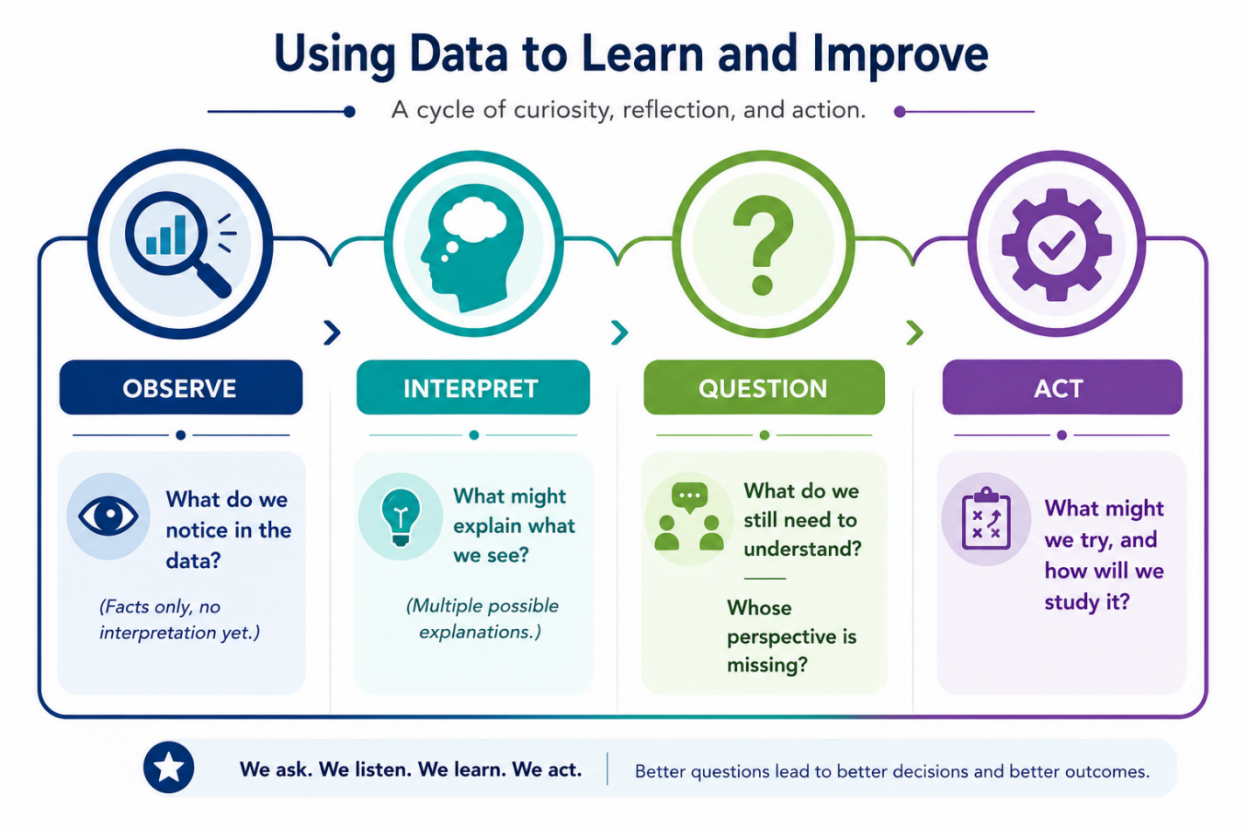
Equity Check

Whose voices does this data center, and whose might it miss?

Disaggregate data by provider language, race, ethnicity, and setting type where possible, so that improvement efforts reach the providers who have been least served by traditional systems.

Step 3 | Interpreting Data Together: A Simple Protocol

Data interpretation is where meaning is made—and where bias can creep in. Involve providers and staff in making sense of what the data shows before jumping to solutions.



Observe	Interpret	Question	Act

Step 4 | Root Cause Analysis

Before testing a change, dig beneath the surface. Two simple tools help teams move from symptoms to underlying causes.

The Five Whys

Start with a problem statement and ask “why?” up to five times, each answer feeding the next question, until you reach a cause you can actually act on.

Ask	Response
Problem	
Why? (1)	
Why? (2)	
Why? (3)	
Why? (4)	
Why? (5)	

Fishbone (Cause-and-Effect) Categories

List possible contributing causes under each category to see the full picture before choosing where to act.

People	Process	Resources	Environment

Step 5 | Plan-Do-Study-Act Cycle

(Institute for Healthcare Improvement, n.d.)

Plan

What change are we testing, and what do we predict will happen?

Who, what, when, where? What data will we collect?

Do

What actually happened when we tested the change?

Note any surprises or problems encountered.

Study

What did the data show? How did results compare to our prediction?

Act

Will we adopt, adapt, or abandon this change? What's our next cycle?

Step 6 | Continuous Quality Improvement Meeting Agenda

A predictable agenda keeps improvement meetings focused and inclusive. Adapt this template to your network's rhythm.

Agenda Item	Time	Lead
Welcome & connection	5 min	
Review aim & current data	10 min	
Interpret together (protocol)	15 min	
Review last PDSA cycle	10 min	
Plan next test of change	15 min	
Decisions, owners, next steps	5 min	

Step 7 | Example: A Completed Cycle

Aim:
Increase the share of providers who complete a coaching goal each cycle from 55% to 75% within four months.

Change tested:
Coaches co-created goals with providers in a dedicated 20-minute conversation, instead of assigning goals during a regular visit.

What the data showed:
Among the eight providers in the test group, goal completion rose to 7 of 8, and providers reported feeling more ownership of their goals.

Decision:
Adopt the co-creation conversation network-wide, and test a simple shared goal-tracking sheet next.

Implementation Consistency Framework: Balancing Fidelity and Flexibility Across Your Network

Overview

Networks deliver services through many people (coaches, trainers, family support staff) and often across multiple communities. Without shared structures, quality can become inconsistent and dependent on which staff member a provider happens to work with. This tool helps networks define what should stay consistent (fidelity) and where staff should adapt to context (flexibility), so that every provider receives high-quality, equitable support.

This tool helps you

- ✓ Distinguish core practices from adaptable ones
- ✓ Audit consistency across staff and sites
- ✓ Calibrate staff to a shared standard of quality
- ✓ Make transparent decisions about adaptation
- ✓ Build a shared network implementation plan

Step 1 | Fidelity vs. Flexibility

Fidelity means delivering the essential elements of a practice as intended, so that providers can count on a consistent experience. Flexibility means adapting the way those elements are delivered to fit each provider's culture, language, setting, and goals. High-quality networks need both consistency in what matters most, and responsiveness in how it is delivered.

Key Idea: Consistent Ends, Flexible Means

Decide together which outcomes and core practices are non-negotiable (the “what”), and give staff room to adapt their approach (the “how”) to honor provider context. Consistency should never come at the cost of cultural responsiveness.

Step 2 | Defining Core Implementation Practices

List the practices your network considers essential to quality, then mark which elements must stay consistent and which can flex. Revisit this together as staff so the distinctions are shared, not assumed.

Core Practice	Must Stay Consistent	Can Flex to Context

Step 3 | Consistency Audit

Use this audit to gauge how consistently core practices are experienced across staff and sites. Rate each area, then note evidence and gaps.

Practice Area	1 = Inconsistent 3 = Consistent	Evidence / Notes
Onboarding & relationship-building	1 2 3	
Goal-setting with providers	1 2 3	

Practice Area	1 = Inconsistent 3 = Consistent	Evidence / Notes
Coaching frequency & follow-up	1 2 3	
Use of data & feedback	1 2 3	
Cultural & linguistic responsiveness	1 2 3	
Documentation & communication	1 2 3	

Step 4 | Staff Calibration Activity

Calibration helps staff develop a shared understanding of what quality looks like in practice. Use this activity in a team meeting or professional development session.

How to Facilitate

1. Present a realistic coaching scenario or short video to the whole team.
2. Each staff member independently notes how they would respond and why.
3. Share responses and look for patterns and differences.
4. Discuss: Where do we agree? Where do we diverge? What does our shared standard require?
5. Capture agreements so they can guide future practice.

Facilitation Note

Calibration is about building shared judgment, not enforcing uniformity. Treat differences as learning opportunities, and protect space for staff to question and refine the standard together.

Step 5 | Case Studies for Discussion

Case Study A: When to Adapt

A coach is expected to complete a structured observation during each visit. One provider, recently arrived and still building trust, becomes visibly anxious when the coach takes notes. The coach sets the form aside for the first two visits, focusing on relationship-building, then reintroducing the observation once trust is established.

Discuss:

Did the coach maintain fidelity to what matters most?

What core element was preserved, and what was flexed?

Case Study B: When to Hold the Line

A network commits to co-creating goals with every provider. One coach, pressed for time, begins assigning goals instead. Providers in that caseload report feeling less ownership and engagement drops.

Discuss:

Why is goal co-creation a core practice rather than a flexible one?

How could the network support this coach to maintain fidelity?

Step 6 | Decision-Making Matrix

When staff face a judgment call about adapting a practice, this matrix helps them decide transparently and consistently.

Question to Ask	If Yes...	If No...
Does this element drive the outcome we promised providers?	Hold to fidelity	Adaptation may be fine
Would adapting it better honor this provider's context?	Consider adapting the “how”	Keep current approach
Can we document the reason for the adaptation?	Proceed and record it	Pause and consult a peer

Step 7 | Network Implementation Plan

Summarize the agreements from this framework into a shared plan that guides staff and can be revisited during Continuous Quality Improvement.

Core Practice	Shared Standard	Allowed Adaptations	Review Date

Workforce Readiness & Reflective Supervision Guide

Overview

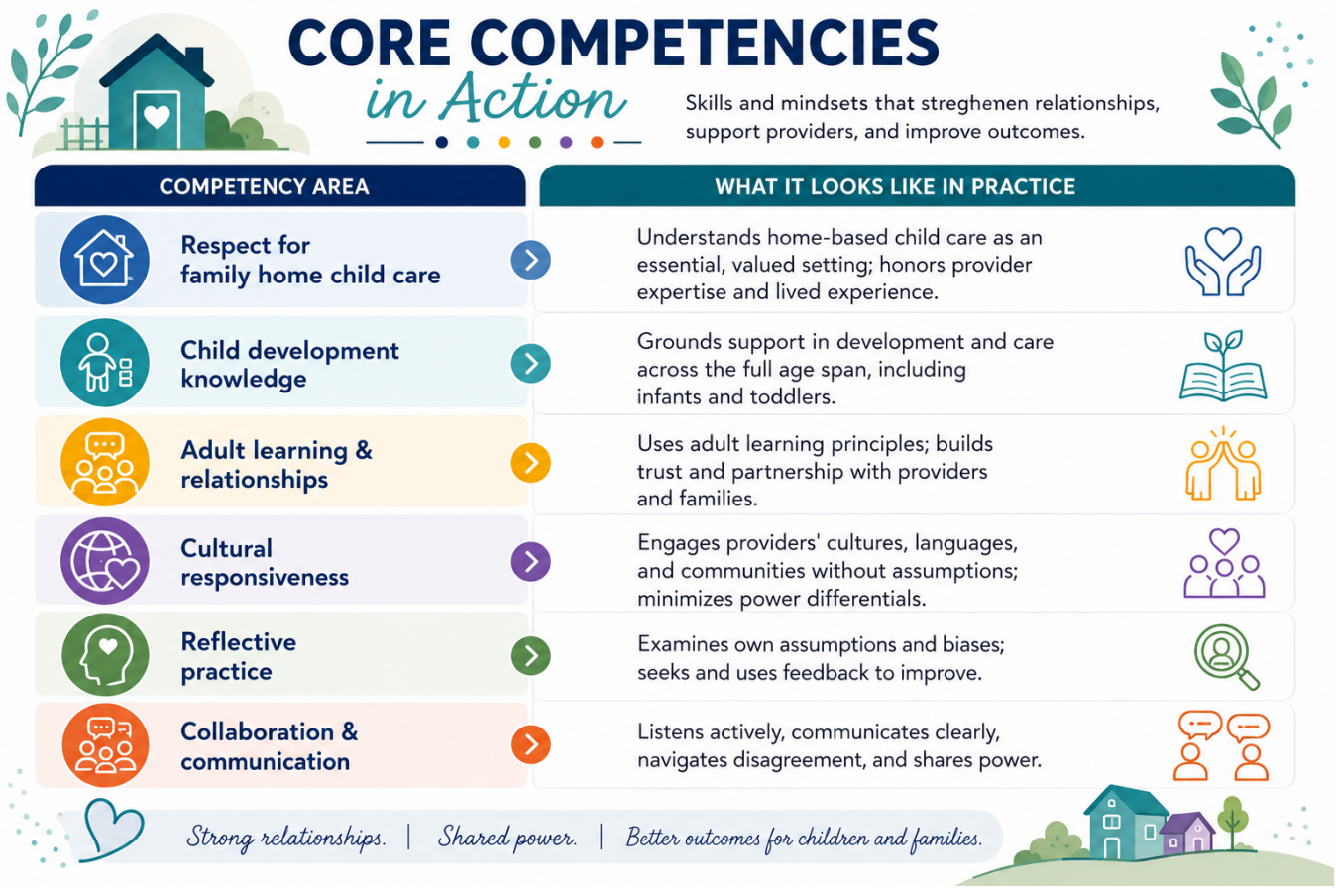
A network is only as strong as the people who deliver its services. This guide supports Benchmark J by helping networks define staff competencies, support reflective practice, plan professional growth, and protect staff well-being—so that coaches and technical assistance providers are prepared, supported, and able to sustain relationship-based work overtime.

This tool helps you

- ✓ Define the competencies network staff need
- ✓ Support staff self-assessment and growth
- ✓ Structure reflective supervision
- ✓ Plan individualized professional learning
- ✓ Attend to staff wellness and prevent burnout

Step 1 | Competency Framework

Strong SCFFN network staff bring a distinct blend of knowledge, skills, and dispositions. Use this framework to clarify expectations and guide hiring, onboarding, and development.



Step 2 | Staff Self-Assessment

Invite staff to reflect on their own practice across the competency areas. Self-assessment works best when it is used for growth, not evaluation.

Competency Area	1 = Developing 3 = Strong	A strength I bring	A growing edge
Respect for family home childcare	1 2 3		
Child development knowledge	1 2 3		
Adult learning & relationships	1 2 3		
Cultural responsiveness	1 2 3		
Reflective practice	1 2 3		
Collaboration & communication	1 2 3		

Step 3 | Reflective Supervision Protocols

Reflective supervision is a regular, relationship-based space where staff can think about their work, process challenges, and stay grounded. It mirrors for staff the same strengths-based partnership we ask them to offer providers.

A Structure for Reflective Supervision Sessions

Connect: Check in as people before turning to work.

Describe: The staff members share a situation or relationship they are thinking about.

Explore: The supervisor asks open, curious questions rather than offering quick fixes.

Reflect: Together, surface assumptions, feelings, and possible meanings.

Plan: Identify next steps the staff member feels ownership of.

Reflective Supervision Prompts

- What has been on your mind since we last met?
- Tell me about a relationship that is going well and one that feels stuck.
- What might be going on for this provider beyond what we can see?
- Where did you feel most effective? Where did you feel uncertain?
- What do you need from me, or from the network, to do this work well?

Step 4 | Professional Growth Planning

Use self-assessment and supervision insights to co-create a growth plan with each staff member.

Growth Goal	Why It Matters	Learning Activities	Support Needed	Timeline

Step 5 | Learning Pathways

Offer staff differentiated ways to build skill over time. A mix of formats honors different learning preferences and schedules.

- Mentorship and shadowing with experienced staff or provider-leaders
- Communities of practice for coaches and technical assistance staff
- Targeted training on adult learning, reflective practice, and cultural responsiveness
- Coaching-the-coach observation and feedback
- External coursework, credentials, or conference learning

Step 6 | Staff Wellness Check

Relationship-based work is meaningful and demanding. Protecting staff well-being is essential to retention and to the continuity of provider relationships.

Wellness Area	How are we doing?	What would help?
Manageable caseloads		
Clear boundaries (hours, availability)		
Tools & supports (e.g., work phones)		
Reflective supervision access		
Recognition & growth opportunities		

Key Idea: Sustain the People Who Sustain Providers

Helping staff set professional boundaries—around work hours, availability, and the line between professional and personal relationships—prevents burnout and keeps coaching relationships stable over time.

Step 7 | Example Supervision Conversation

A coach tells her supervisor she feels frustrated that a provider “isn't following through” on a shared goal. Instead of problem-solving immediately, the supervisor asks, “What do you think might be getting in the way for her?”

As they talk, the coach realizes the provider has been caring for an ill parent. The conversation shifts from compliance to support. The coach leaves with a plan to revisit the goal collaboratively and to ask the provider what would actually be feasible right now.

Step 8 | Development Plan

Summarize each staff member's priorities into a simple, living development plan revisited in supervision.

Focus Area	Next Step	Support	Review Date

Provider Recruitment & Engagement Playbook

Overview

Recruitment is not a one-time campaign—it is an ongoing, relationship-based practice. This playbook supports Benchmark K by helping networks reach providers through trusted partners, tailor outreach to be culturally and linguistically responsive, and engage providers in ways that lead to lasting participation. Strong recruitment is inseparable from strong retention.

This playbook helps you

- ✓ Map community assets and trusted messengers
- ✓ Plan culturally responsive outreach
- ✓ Apply an equity lens to recruitment
- ✓ Design a welcoming provider journey
- ✓ Plan for long-term retention

Step 1 | Community Asset Mapping

Providers are most likely to engage when they hear about the network from someone they already trust. Map the people, places, and organizations connected to home-based providers in your community, especially FFN caregivers who are often missed by traditional outreach.

Asset / Partner	Who They Reach	How They Can Help	Contact
Schools & Head Start programs			
FCC associations & provider groups			
Faith-based organizations			
Libraries, clinics, cultural centers			
Trusted provider-leaders			

Step 2 | Recruitment Planning Template

Plan recruitment as a set of intentional, trackable actions rather than scattered efforts.

Audience	Message	Messenger / Channel	Timeline	Owner

Step 3 | Equity Recruitment Lens

Equitable recruitment means intentionally reaching providers who have historically been underrepresented in early care and education systems, including Black, Latinx, Indigenous, immigrant, and rural caregivers, and FFN providers.

Ask Before You Launch

- Whose participation are we missing, and why might that be?
- Are our materials available in the languages providers actually speak, translated by native speakers?
- Do our messages reflect respect for FFN caregivers as well as licensed FCC providers?
- Do our outreach methods account for providers' literacy levels and the ways they access information?
- Are we using personal outreach—calls, trusted messengers—not just flyers and forms?

Step 4 | Outreach Message Planner

Craft messages that lead with what matters to providers—support, community, and respect—rather than with program requirements. Plan distinct messages for FCC and FFN audiences.

Audience	What They Care About	Our Core Message	Language(s)
Licensed FCC providers			
FFN caregivers			
Prospective new providers			

Step 5 | Provider Journey Map

Picture the experience from the provider's point of view, from first hearing about the network to becoming an engaged member. Identify what builds trust—and what creates friction—at each stage.

Stage	What the Provider Experiences	What Builds Trust Here
First contact / hears about us		
Initial conversation		
Onboarding / first services		
First few months		
Ongoing membership		

Step 6 | Retention Strategy Planner

Providers stay when they feel valued, supported, and connected. Plan deliberate retention practices, recognizing that retention begins at the very first interaction.

- Provider-to-provider learning, shadowing, and peer community
- Meaningful incentives (materials, stipends) for participation
- Opportunities for providers to lead, advise, and shape the network
- Regular, low-burden check-ins that show providers they are seen
- Responsive follow-through on provider feedback

Retention Practice	Owner	How We'll Know It's Working

Step 7 | Example Campaign

Goal:
Recruit FFN caregivers in a neighborhood where few have engaged with the network.

Approach:
The network partnered with a trusted community center and a bilingual provider-leader, who hosted an informal gathering in the caregivers' primary language. Rather than leading with paperwork, the gathering centered on a shared meal, peer connection, and a simple offer of support.

Result:
Nine caregivers attended; six joined the network over the following month, and two later became peer recruiters themselves.

Outcomes Alignment & Shared Accountability Guide: Connecting Implementation to the Outcomes That Matter

Overview

Implementation should never be an end in itself. This guide helps networks connect what they do day to day with the outcomes they seek for providers, children, and families—and to hold that work accountable in a shared, transparent way. It brings together the threads of Benchmarks H through K by aligning relationship-based services, data, staffing, and recruitment around a common theory of action.

This tool helps you

- ✓ Articulate a clear theory of action
- ✓ Build a simple, shared logic model
- ✓ Map activities to outcomes
- ✓ Select meaningful, equitable indicators
- ✓ Share accountability with providers

Step 1 | Theory of Action Worksheet

A theory of action states, in plain language, how your network believes change happens: if we do these things, then these outcomes will follow, because of this reasoning. Draft yours with providers, not just for them.

Our Theory of Action

If we... (key implementation practices)

Then... (changes for providers, children, families)

Because... (the reasoning that connects them)

Step 2 | Logic Model Template

A logic model lays out how resources and activities lead to results. Keep it simple enough that staff and providers can actually use it.

Inputs	Activities	Outputs	Short-Term Outcomes	Long-Term Outcomes

Co-Creation Reminder

Benchmark I calls for co-creating the theory of change with providers and families. Build and revise this model together, so that the outcomes reflect what providers and families actually value.

Step 3 | Outcomes Mapping

Connect each major activity to the outcome it is meant to produce. This surfaces activities that aren't tied to any outcome—and outcomes that no activity supports.

Activity	Intended Outcome	Who Benefits

Step 4 | Indicator Selection Guide

Indicators are the signals that tell you whether an outcome is being achieved. Strong indicators are meaningful, feasible to collect, and equitable. Choose a small number you will actually use.

Outcome	Indicator	Data Source	Disaggregate By

Equity in Measurement

Disaggregating indicators—by provider language, race, ethnicity, setting type, and region—reveals whether the network is serving all providers equitably, or whether some groups are being left behind by well-intentioned services.

Step 5 | Shared Accountability Matrix

Accountability works best when it is mutual and transparent. Clarify who is responsible for what—including the network's responsibilities to providers.

Commitment	Network Will…	Providers Will…	How We'll Check In

Step 6 | Provider Feedback Integration

Closing the loop—showing providers how their feedback shaped decisions—builds trust and keeps the network responsive.

What We Heard	What We Changed	How We Told Providers

Step 7 | Annual Review Protocol

Once a year, step back to study the whole picture and set priorities for the year ahead.

1. Revisit the theory of action and logic model—do they still hold?
2. Review indicators, disaggregated, with providers and staff.
3. Celebrate progress and name what is working.
4. Identify two or three priorities for improvement.
5. Update the implementation roadmap accordingly.

Step 8 | Implementation Roadmap

Translate priorities into a clear, time-bound roadmap that connects implementation back to outcomes.

Priority	Key Actions	Owner	Timeline	Linked Outcome

Toolkit Three Conclusion

How a network delivers its services determines whether its vision and values ever reach providers, children, and families. Toolkit Three has centered the “How” of high-quality home-based child care networks—the implementation systems, relationships, and routines that turn good intentions into consistent, equitable practice. Grounded in Benchmarks H through K, the resources in this toolkit are designed to help Connecticut networks build implementation that is intentional, relationship-based, data-informed, and sustainable.

Across these four benchmarks, a common thread emerges: implementation is not a set of isolated procedures but an interconnected system in which each part strengthens the others. When a network grounds its services in relationship-based approaches that honor provider expertise (Benchmark H), it earns the trust that makes every other support possible. When it uses data and continuous improvement collaboratively (Benchmark I), it learns and adapts rather than guessing. When it staffs intentionally and invests in reflective, well-supported staff (Benchmark J), it builds the human capacity on which quality depends. And when it recruits and engages providers in culturally responsive, community-informed ways (Benchmark K), it ensures that the providers who most need support are reached and retained. Together, these practices form an implementation system that is greater than the sum of its parts.

This toolkit is not a compliance checklist or a rating instrument. It is a guide for reflection, planning, and continuous improvement. The planning tools, protocols, and reflection prompts included here are meant to meet your network where it is—whether you are designing implementation systems for the first time, strengthening relationships and routines that already exist, or identifying the gaps to address next. Some networks will engage every tool; others will focus on the benchmarks and indicators most relevant to their current priorities and capacity. Both paths are valid. What matters is that implementation is intentional, responsive to provider voice, and aligned with clearly defined outcomes for providers, children, and families.

As you move forward, consider how the way you implement connects back to the purpose and governance explored in Toolkit One and the services designed in Toolkit Two. High-quality networks require alignment across all three domains—vision, services, and execution. The work of strengthening implementation is ongoing, iterative, and shaped by the providers and families you serve. By approaching it with intention, humility, and a commitment to continuous improvement, your network can move from vision to execution to measurable impact—delivering not just isolated activities, but a coherent, equitable, and sustainable system of support that strengthens family child care homes across Connecticut.

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