Center for
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RESEARCH REPORT

Housing Support and Family Child Care Stability: Provider Perspectives on Two Approaches



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Background

Home-based child care (HBCC), which includes licensed family child care (FCC) and license-exempt family, friend, and neighbor (FFN) providers, serves nearly 6.4 million children ages 0-5 years and supports the workforce participation of millions of parents, particularly in rural and low-income communities (Fretwell, 2022; House et al., 2022; LISC, 2025; NSECE, 2021). However, providers of HBCC may face challenges offering care in their homes due to housing-related challenges such as zoning regulations or homeowners' association (HOA) rules that limit providers' ability to operate child care businesses in their homes (Brown & Phillips, 2024; LISC, 2025). A provider's home is both a family home and a place of business. Insecure housing arrangements may lead to business closure, disruption of child care for families, and loss of income for the provider. National data from Stanford's RAPID-EC survey (2023) indicate that 83% of HBCC providers who rent aspire to homeownership, yet 66% identify an inability to afford a down payment and 58% cite a lack of available affordable housing options. In addition, 42% of HBCC providers worry about meeting their rent or mortgage payments. These challenges occur alongside a nearly 50% decline in licensed FCC programs since 2005, highlighting the need to better understand housing stability as a potential factor in the retention of home-based child care providers (Baylor, 2025; Pinnacle Prevention, 2025).

Recent initiatives are addressing these challenges through innovative housing-focused strategies designed to stabilize FCC businesses and preserve and increase child care supply. Strategies include development of rental housing for FCC provision, as well as direct grants to cover down payments, property taxes, and home modifications (Brown & Phillips, 2024; Fretwell, 2022). Additionally, some communities are exploring the co-location of FCC programs within affordable housing developments to integrate child care directly into community infrastructure (Baylor, 2025).

Significant gaps remain in understanding how current housing initiatives may influence long-term business stability and tenure of FCC settings as well as the quality of care and caregiving environments provided (Baylor, 2025; Pinnacle Prevention, 2025). There is also a lack of research on targeted housing initiatives to support the stability of license-exempt FFN care settings, which may meet the needs of many families (Brown & Phillips, 2024).

THE CURRENT STUDY

This brief describes findings from a descriptive study of two distinct strategies for supporting housing stability for licensed FCC providers. The study addressed the following research questions:

- How do housing initiatives support the stability of licensed FCC providers?
- What are the experiences of economic stability and quality caregiving among licensed FCC providers who receive housing support?

PROGRAM BACKGROUND

Two housing initiatives with distinct approaches to supporting HBCC providers were identified through a scan of programs across the United States. The scan identified initiatives focused on rental assistance, homeownership assistance, and related supports such as home repairs, child care incubators, or facility improvements. Only two programs were identified that were specifically designed to help HBCC providers move into new homes. Both programs aim to increase the supply of licensed FCC in specific urban communities, but they operate in different state contexts (i.e., one in Nevada and one in California) and use distinct approaches to promoting provider housing stability.

Mission Driven Finance's CARE Nevada (CARE): A Rental Model

CARE functions as an FCC-friendly landlord in the city of Las Vegas and surrounding jurisdictions, offering stabilized leases and pathways to eventual homeownership for licensed FCC providers and FFN caregivers interested in becoming licensed. The program acquires residential properties that can be renovated to support large FCC licenses (up to 12 children in Nevada). Renovations are intended to facilitate provision of high-quality care and include development of large dedicated child care spaces within the home, outdoor play areas, and natural light. The CARE program recruits providers with at least two years of child care experience who demonstrate an interest in offering large group FCC for 7-12 children. This includes licensed FCC providers seeking to expand, FFN caregivers pursuing licensure, and center-based educators interested in opening FCC programs. Providers who enter CARE without a license are required to pursue state licensure. To support business stability, the model offers one-year leases with guaranteed renewals as long as providers are meeting the lease criteria of paying rent and operating

a licensed FCC program in the home. A graduated rent structure offers reduced rents during the early stages of FCC business development, followed by predictable increases as providers' businesses become more established. Participating providers are also connected to local partners offering financial coaching, business support, and professional development opportunities (Baylor, 2025).

The CARE program has a shared-appreciation pathway to homeownership built into the model. After at least two years of successful tenancy, providers may become eligible to purchase the home, creating a pathway from tenancy to homeownership. At the time of the study, no providers in the program had successfully moved to homeownership. CARE is funded through private investments and rental income from properties.

Low Income Investment Fund's (LIIF) Facility Acquisition Fund for Family Child Care: A Homeownership Initiative

LIIF provides $100,000 down payment assistance grants to licensed FCC providers seeking to purchase homes for child care provision in San Francisco. Eligible providers must be first-time homebuyers, operate in designated neighborhoods with shortages in infant care, and accept child care subsidies. Participating providers must also be rated in San Francisco's Early Learning for All quality improvement system. In addition to direct financial assistance, LIIF offers wraparound support such as budgeting and financial planning, assistance navigating regulatory requirements (e.g., fire department approvals), and connections to Federal Home Loan (FHL) banks that offer low-interest mortgage products (Baylor, 2025). Providers may also access additional funds for home repairs, facility renovations, and equipment purchases to prepare their homes for child care operations. The Facility Acquisition Program is funded by San Francisco's Department of Early Childhood.







Table 1. Child Care Policy Context for Nevada and California

REGULATORY POLICIES AND CRITERIA	NEVADA	CALIFORNIA
State allows multiple types of licensed home-based child care settings	Yes; Family Home and Group Home	Yes; Small and Large FCC
Maximum licensed capacity	Family Home: 5-6 children Group Home: 7-12 children	Small FCC: 6-8 children Large FCC: 12-14 children
License-exempt care is an option when caring for non-relative children	Yes	Yes
State regulation about license-exempt threshold	Can care for up to four unrelated children without a license	Can care for children from one unrelated family without a license
License-exempt providers eligible to participate in the state's child care subsidy program	Yes	Yes
Payment mechanism for child care subsidies	Provider payment through child care scholarship/ assistance program	Parent payment through voucher-based program
State has Quality Rating and Improvement System (QRIS)	Silver State Stars QRIS	Quality Counts California & County-based QRIS
State's QRIS includes FCC	Yes	Yes

Sources. California: CDSS (2022), *Title 22, Division 12, Chapter 3: Family Child Care Homes*; CDSS (*Child Care and Development Programs*, n.d.); CDE (*Quality Counts California; Quality Rating and Improvement System*, 2025–2026). Nevada: Nevada Department of Health and Human Services (2024), *Child Care and Development Fund (CCDF) State Plan for FFY 2025–2027*; Nevada Legislature (*Nevada Revised Statutes, Chapter 432A: Services and Facilities for Care of Children*, n.d.); Nevada Division of Social Services (*Silver State Stars Quality Rating Improvement System*, n.d.).

Methods and Approach

This study used a multi-site qualitative design to examine select state-specific housing initiatives intended to support the stability of FCC businesses. The study focused on two initiatives that address housing-related challenges faced by FCC providers: CARE, a rental model in Las Vegas, Nevada, and LIIF's Facility Acquisition Fund for Family Child Care, a homeownership model in San Francisco, California. Sites were selected based on the numbers of HBCC providers served and the establishment of a housing support model. Other programs were explored, but they did not serve more than two or three HBCC providers. The study examined providers' experiences with housing stability, business operations, economic health, and HBCC environments following participation in these initiatives.

To provide additional context regarding the development, implementation, and goals of each initiative, the study also included interviews with program staff at each site.

RECRUITMENT

HBCC providers who had completed the program and were successfully housed in new homes were invited to participate at each site. Providers were recruited through community-based programs responsible for implementing each housing initiative. The study team collaborated with program partners to develop recruitment materials and to conduct outreach and facilitate introductions to potential participants. This approach leveraged trusted relationships between providers and program staff and helped facilitate provider participation in research activities (Schlieber & Bromer, 2025; Tran et al., 2025).

DATA COLLECTION PROCEDURES

A total of five virtual focus groups were conducted, three with providers from CARE and two with providers from LIIF. Each focus group only included providers from one of the two sites to ensure familiarity around the program. With participants' permission, focus groups were audio-recorded for transcription and analysis and lasted approximately 75 minutes. The semi-structured protocol facilitated discussions exploring providers' experiences with housing-related challenges, participation in the housing support initiative, and perceived impacts on business stability and enrollment, economic health, quality child care environments, and family support. Following the focus group, participants were invited to complete a short online survey about their individual and program characteristics and their perceptions of economic stability.

To provide additional context regarding program design, implementation, and goals, two semi-structured virtual group interviews, one at each site, were conducted with staff members from each program. Interviews were audio-recorded with permission, and focused on program history and goals, eligibility requirements, implementation strategies, provider supports, and perceptions of program successes and challenges.

ANALYTIC PLAN

Focus group recordings were transcribed, de-identified, and analyzed using a thematic analytic approach informed by collaborative qualitative methods (Richards & Hemphill, 2017). The first author conducted the primary analysis through iterative review of transcripts, identification of emergent codes, memo writing, and theme development (Saldaña, 2013). Analysis first examined provider perspectives within each site and then compared findings across sites to identify common and distinct experiences across the two housing approaches. Emerging findings were reviewed and refined through ongoing discussions with study team members and external partners, allowing multiple perspectives to inform interpretation and enhance analytic rigor (Lewinski et al., 2021).

Survey data were analyzed using descriptive statistics to characterize participating providers and programs. Frequencies and percentages were calculated to summarize individual characteristics, program characteristics, and provider-reported measures of business and economic stability. See Appendix for additional methods detail.

SAMPLE DESCRIPTION

Thirteen FCC providers participated in the focus groups, including nine from CARE and four from LIIF. Providers varied in years of experience, enrollment, and participation in publicly funded child care and early education programs. Among the 11 providers who completed the post-focus group survey, participants ranged in age from 22 to 55 years ($M = 40.73$, $SD = 8.83$), reported between 8 and 28 years of early childhood experience ($M = 16.45$, $SD = 6.28$), and had been licensed for 0 to 23 years ($M = 7.09$, $SD = 7.70$), with some providers newly licensed or in the process of becoming licensed. Additional provider and program characteristics can be found in Table 2.

Table 2. Provider Individual and Program Characteristics *(N = 11)*

	CARE *(N = 8)*	LIIF *(N = 3)*
Education		
Some college credit	3	0
Associate's degree	4	2
Bachelor's degree	1	1
Race/Ethnicity		
Black or African American	6	1
Hispanic or Latino/a	1	2
White	1	0
Ages of children in care *(check all that apply)*		
Infants	6	3
Toddlers	7	3
Preschoolers	7	2
School-agers	3	3
At least one child in care has a diagnosed disability or developmental delay		
Yes	6	1
No	2	2
Hours of child care offered *(check all that apply)*		
Early mornings, including before school (open between 4 AM and 7 AM)	6	0
School day hours (open between 7 AM and 4 PM)	8	2
After school (open between 4 PM and 6 PM)	7	1
Evenings (open between 6 PM and 8 PM)	3	1
Late nights or overnight (open between 8 PM and 4 AM)	2	0
Emergency care (e.g., sick care, drop-in, as needed)	2	2
Weekends	3	1
In the last 5 years, which agencies or government programs have you received payments from? *(check all that apply)*		
Child care subsidy program/Child Care & Development Program	5	1
Child and Adult Care Food program	6	0
Head Start/Early Head Start	2	1
State preschool program	0	2
Tribal Child Care	1	0

Note. Frequencies may not add up to total subsamples due to participants selecting multiple responses.

Table 3 shows providers' reports of their economic stability. Providers were asked to rate their level of agreement on a scale of 1 (Strongly Disagree) to 5 (Strongly Agree). While approximately half of providers collectively reported that they contribute to savings or retirement, only one provider reported paying themselves an annual salary and a smaller proportion of participating providers from CARE reported that their child care income was stable from month to month compared to the proportion of providers reporting this from LIIF.

Table 3. Provider Reports of Economic Stability – Agree/Strongly Agree *(N = 11)*

	CARE *(N = 8)*	LIIF *(N = 3)*
I pay myself an annual salary	1	0
My child care income is stable month to month	1[a]	2
I contribute to a savings, retirement, or investment account	3	2

[a] Two providers from CARE reported they "neither agree nor disagree" that their child care income is stable month to month.

Findings

Findings are presented in two sections: 1) themes related to opportunities for building FCC stability; and 2) themes related to persistent challenges to building FCC stability. The findings below primarily reflect providers' self-reported experiences and perceptions of participating in the two housing initiatives. Staff interviews were used to provide additional context for program design and implementation. Accordingly, findings describe providers' perceived experiences and changes associated with their housing arrangements rather than independently verified changes in business, financial, or caregiving outcomes.

OPPORTUNITIES FOR BUILDING FCC BUSINESS STABILITY

The following themes describe providers' perspectives on how the two housing initiatives supported FCC stability and business development, quality caregiving environments, publicly funded program participation and support, and work-family balance.

Housing as a Platform for Business Growth, Economic Stability, and Asset Building

Providers connected their new housing to their own broader financial stability and long-term economic security. Participants in both programs described their new housing arrangements as creating greater predictability and strengthening the long-term foundation of both their businesses and their families. Providers across both programs described their new housing as

creating opportunities to grow their FCC businesses by increasing licensed capacity to serve more children. They also talked about experiencing fewer hassles with unfriendly landlords and homeowner associations when they moved into their new housing arrangements.

CARE

CARE participants discussed stability through predictable tenancy and future ownership as a gradual process. One provider talked about how the rent-to-ownership model helped her with long-term financial planning: *"I'm able to start a path to creating generational wealth for my family."*

For providers who moved into rental homes that were larger than their previous living spaces, they reported that the size of their housing removed some of the physical limitations they had experienced in prior FCC spaces. They described their new homes as creating opportunities to pursue larger-scale FCC operations, increasing enrollment and broadening the reach of their care, as this provider explained:

> ***"I joined the program ultimately so that I can reach more families. I want to provide quality care. I wanted to create a beautiful environment where children can come and learn and grow and be safe and healthy and loved. I wasn't able to do that in my apartment."***

CARE supports providers' moving their HBCC from smaller or informal arrangements into larger licensed FCC settings. As a CARE staff member explained, *"These group FCC houses … become an intermediate step that allows somebody … to take an appropriate and measured step forward into a bigger operation."* Since CARE allows unlicensed FFN providers interested in operating an FCC program to participate, the program was able to reach its goal of expanding the supply of FCC in the Las Vegas area by allowing existing FCC providers to care for more children in larger homes and by facilitating the opening of new FCC programs.

Another benefit of program participation for CARE providers was reduced hassles with landlords and homeowner associations that providers perceived as creating barriers to operating home-based child care businesses.

LIIF Facility Acquisition Fund for Family Child Care

LIIF supports providers' expansion of their FCC businesses through homeownership and provider-led plans for continued growth. Providers who became homeowners through the LIIF initiative described their experience with running larger HBCC programs. One provider described her experience of hiring additional staff:

> ***"Before it was just me, but I would generally work with an assistant for a short period, like two hours … But now that I was able to expand and have my license doubled, logically, I provided an opportunity to two more people to work with me."***

LIIF providers also described homeownership as creating autonomy following difficult rental experiences. They characterized earlier housing arrangements as unpredictable and disruptive: *"I was always under stress. The landlord would call licensing on me. The inspector would come. Everything was fine, but it happened again and again. I almost closed because it was not healthy for the children or for me."*

Child Care-Ready Housing and Caregiving Environments

Providers in both programs described having larger and dedicated child care spaces as changing the day-to-day experience of offering child care.

CARE

CARE providers described how moving into rental homes that were license-ready and prepared for child care operations helped reduce start-up costs, as this provider explained:

> ***"Before I even got into the home, they did renovations on the home to make it licensed-ready. Those were things that I did not have to pay for, in addition to all the other fees and things that they paid for to make the process easier for me."***

In addition to large indoor and outdoor spaces, CARE rental homes include dedicated classroom areas and layouts designed to support operation of group FCC and meet licensing requirements, as this provider who participated in the rental program described: *"When they did the renovations, they did it with group child care in mind … they made sure that they did all the measurements and everything correctly so that we would pass all of our inspections."* Providers also described these preparations as reducing the work and costs associated with getting homes ready for child care. Another provider similarly described much of the initial preparation as already completed: *"We didn't have to find insurance. We didn't have to look for anything. Most of the work had already been done for us."*

LIIF Facility Acquisition Fund for Family Child Care

LIIF providers reported that additional indoor and outdoor space created opportunities for children's movement, play, and learning while reducing constraints that had previously limited these activities as this provider recalled: *"In our old house … we were bumping into each other … Kids weren't really able to ride the cars … we didn't have space for all of that. Now that we have more space … there's more stuff for them to do."*

LIIF providers described adapting their newly purchased homes over time for their FCC businesses. Purchasing a home was the first step in a long process of getting their large FCC businesses up and running. They talked about a process of gradually adapting and improving their newly purchased homes to support future FCC expansion: *"Once I remodel the backyard, then I can get my large license."*

Connecting to Broader Child Care Programs and Publicly Funded Supports

Providers in both programs described the housing initiatives as facilitating access to broader systems of support that extended beyond housing.

CARE

In CARE, providers discussed connections to publicly funded early childhood programs such as quality initiatives, Head Start, and the Child and Adult Care Food Program. A provider explained: *"One of the biggest opportunities I have been given is the opportunity to partner with Early Head Start … and I would not have been able to do that if I wasn't in a [CARE] home."* These partnerships with publicly funded programs were described as part of the housing program itself rather than as separate professional supports. They also shaped the material supports available to families as this CARE provider explained:

> ***"Because I have access to more resources having a group child care, the families have access to the resources that they need. The different partnerships that we're given, just because we have a group child care, benefits the parents in so many ways. The diapers, wipes, formula, food, all of that is covered."***

LIIF Facility Acquisition Fund for Family Child Care

LIIF providers also described access to additional grants and housing-related supports through the initiative, which was funded through public dollars. These included supports tied to facility improvements and home stabilization. For example, one provider explained that *"I got another grant from [LIIF] to help me remodel my backyard. I'm working on that."* She went on to describe how the program offered her access to broader home repair assistance, noting that *"they also have another program where you can get a brand-new water heater and change your furnace and things like that … They help with your appliances too."*

Provider Health, Work-Family Balance, Professionalism, and Community Connections

Providers attributed positive experiences related to their personal and family health to their new housing. Participants described how larger homes and more clearly defined child care spaces created stronger boundaries between FCC work and their own families and/or home life.

CARE

Some providers in CARE reported that their new housing enabled them to create more organized work environments for themselves. These providers talked about how the stability and intentionality of rental homes that were designed for FCC provision contributed to greater confidence in their own professionalism and sense of legitimacy as business owners, as this provider explained:

> ***"Everything's not so cluttered and on top of each other. Because I'm in a home and the environment is so beautiful … I can walk with my head held high and my chest poked out when I tell someone, 'I'm a child care provider.'"***

According to providers who moved from rental apartments to rental homes, this change created new opportunities for connecting to their local communities:

> ***"Living in an apartment, I did not know my neighbors at all. We barely even saw each other in passing. Now, I know my neighbors. They know that we provide child care. They tell their friends about us. Some of their children grow out of toys. Before they put it in the trash, they'll come ask us if they could donate to us first."***

LIIF Facility Acquisition Fund for Family Child Care

LIIF providers described how having separate personal spaces in their home reduced their stress and improved their psychological and physical health: *"Me being able to go upstairs to my room and just decompress and have a separate space … that really made a big difference for me mentally and physically. I didn't always feel like I'm just at work."* Some providers described how previous housing arrangements had blurred the boundaries between child care and their own families, with child care taking place in shared family spaces:

> ***"My kids would get annoyed sometimes because they wanted their own space. They didn't want kids looking at them or kids touching their stuff … Now, we have a two-story house. The whole bottom floor is for the daycare. Then the top floor is just for us."***

PERSISTENT CHALLENGES RELATED TO FCC BUSINESS STABILITY

The following themes examine challenges that providers in these two housing programs reported, including enrollment, regulatory demands, and financial challenges associated with establishing and stabilizing FCC businesses in their new homes.

Enrollment Stability During Relocation

Although new housing created opportunities for growth, moving into new homes often disrupted enrollment for providers and families. Some providers described moving to new neighborhoods or communities for their new housing. CARE providers talked about the uncertainty of whether existing families would follow them to their new locations and the difficulty of rebuilding enrollment after relocation. For one provider, relocation resulted in substantial losses: "*We lost every single parent that we provided care for but one. We literally had to start over from ground zero.*" LIIF providers described slower rebuilding processes after losing families and establishing themselves in new neighborhoods. "*I had six, and four of them moved … It was a struggle to get my name out there … I've been in this house for about a year, and I'm just now getting two new enrollments.*"

Licensing and Regulatory Requirements

Providers described child care licensing and regulatory requirements as ongoing challenges associated with operating FCC businesses in their new homes. These included inspections, facility modifications, and compliance with local requirements. CARE providers described challenges accessing guidance during licensing or expansion as described by this provider:

> ***"The surveyor that I was given, when I called her for initial help, she told me not to call her back until I was ready for her to come out and do the inspection … I had no help there at all."***

LIIF providers discussed the financial burden of meeting facility requirements tied to homeownership: "*The fire department requires a fire bell … that was expensive.*"

Financial Costs of New Homes and Large FCC Provision

Providers described substantial financial demands after securing housing. Some of these expenses were not anticipated during the process of participating in the housing programs. Larger homes created new expenses related to maintenance, equipment, furnishings, and ongoing business operations. A CARE provider described the dual challenge of low income from child care provision and high housing costs:

> ***"It's hard for the child care industry to thrive, especially in-home providers, because we don't even get paid that much because people can't afford to pay, and we're putting everything that we make into just paying rent … It's a labor of love because we work long hours for pennies. We're basically going to work every day just so that we can afford the house that we're living in."***

LIIF providers described homeownership as requiring significant upfront financial sacrifice, but one that had potential for creating lasting security, as explained by this provider:

> ***"One of the challenges is having invested everything you have in the house. Yes, I know that [LIIF] gives you a part of it, but you give even twice as much as that. So, I said, 'Let's go all the way with everything I have.'"***

LIIF providers also described the costs of furnishing and building child care spaces over time: *"Now that I have my house … I want a sandbox. I want a slide. I want a house outside. All that is expensive too."*

Discussion

This study examined FCC providers' experiences with two housing-focused initiatives intended to support their home-based child care (HBCC) businesses. Although housing-focused supports have been less common and understudied within HBCC, providers' experiences suggest that housing may function as a core part of FCC infrastructure rather than simply a backdrop for care. Providers described housing as contributing to business growth, increasing the quality of their caregiving environments, reducing stress and improving work-family balance, and enhancing opportunities for long-term economic stability and self-sufficiency. However, more research is needed to understand whether and how housing support contributes to these outcomes over time.

Providers described their experiences moving into larger and more stable housing as creating opportunities to expand enrollment, improve caregiving spaces, and strengthen the structure of their businesses. These findings provide insight into how housing stability for these participants may contribute to increased availability of licensed child care for children in a community by reducing physical space constraints that can limit providers' ability to pursue licensure or for licensed FCC providers to expand their licenses to care for more children. For some providers in this study, housing support also facilitated their access to broader public programs and professional opportunities; these connections may have further expanded providers' capacity to serve families. Future research could examine whether findings from this study are replicable and apply to different communities of HBCC providers and families.

At the same time, findings suggest that housing support alone is not sufficient to address the full range of challenges providers face. The housing programs examined in this study are designed to support HBCC quality and stability. Participants described ongoing financial strain, enrollment and income instability following relocation, and continued regulatory and administrative burdens, which may have been beyond the scope and capacity of these housing programs to address. Moreover, provider challenges around enrollment because of relocation

may also contribute to families' experiences and challenges finding and securing child care that meets their needs. This study did not examine family experiences or perspectives, and this may be a direction for future research on housing and HBCC. Together, findings from this exploratory study position housing as a promising but partial strategy for supporting HBCC stability, one that may be most effective when paired with broader business, financial, and public program supports.

LIMITATIONS

Several limitations warrant consideration. First, this study included a small sample of providers participating in one of two housing-focused initiatives and is not intended to be representative of all HBCC providers or housing support models. Providers' experiences may vary across populations, housing markets, program designs, and policy contexts, limiting the transferability of findings beyond these specific program settings. Relatedly, both housing initiatives were implemented in large urban areas. The experiences of housing stability for HBCC providers living in rural areas could not be addressed in this study. Second, although provider interviews were complemented by staff interviews to provide program context, findings are based primarily on providers' self-reported experiences and perceptions. As a result, the study is unable to verify changes in business outcomes, financial stability, or caregiving quality. Finally, data were collected at a single point in time and cannot assess how housing initiatives influence business stability, caregiving environments, or provider health over time. Some providers were still adapting to new homes, rebuilding enrollment, or making renovations, suggesting that longer-term effects may not yet be fully realized. Future research could use longitudinal designs, larger samples, and multiple data sources to better understand the long-term effects of housing support on business stability, caregiving practices, provider health, and child outcomes.

IMPLICATIONS

Although housing-focused initiatives for HBCC providers are emerging and vary in design, this study suggests they may represent a promising and underexplored strategy for maintaining and increasing the supply of licensed FCC as well as expanding capacity within FCC settings. By examining two distinct programs, a rental initiative and a homeownership initiative, this study identifies ways in which providers perceived housing support as contributing to FCC business capacity, caregiving environments, and provider health and self-sufficiency.

Findings from this study point to several policy and practice implications. First, housing initiatives for FCC providers may be strengthened by integrating business support and technical assistance with housing assistance. Second, reducing upfront facility preparation costs through child care-ready housing, renovation supports, or flexible capital may ease barriers to FCC entry and expansion. Third, policymakers may consider investing public funding for housing

support as part of broader child care workforce and supply-building strategies, particularly in communities experiencing shortages of high-quality child care.

More broadly, the findings suggest that housing may be an important but underrecognized part of child care infrastructure. Efforts to stabilize and expand HBCC supply may benefit from stronger alignment between housing programs and child care policies, particularly as policymakers seek solutions to persistent child care shortages and economic instability in the sector.

Given the limited empirical evidence currently available, this study also underscores the need for additional research on housing-based approaches to HBCC provider support. Future studies could examine whether these models improve provider retention, economic self-sufficiency for both providers and families, caregiving quality, and child and family outcomes over time, and whether they can be adapted across different housing markets and policy contexts.

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