



A FRAMEWORK *for*
EXPANDING FAMILY
CHILD CARE NETWORKS
IN MICHIGAN

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INTRODUCTION

Setting the Context

In the national landscape of early care and education (ECE), family child care (FCC) is an essential component. Families seek out and choose FCC for their young children for a variety of reasons. FCC is a central part of the infant and toddler care system, as families recognize the benefits of small, home-like settings for their youngest children. This is especially important to consider as states across the country grapple with an inadequate supply of infant and toddler care.¹ For children and families of color, those who have immigrated, and those for whom English is not their primary language, FCC often enables families to choose a provider who shares racial, cultural, or linguistic characteristics with the family—leading to more cultural responsiveness in the care of young children and more peace of mind for families.² For lower- to middle-income families—particularly those whose income disqualifies them from access to child care subsidy but who still struggle to make ends meet—FCC is often a more affordable option than center-based care, due to lower overhead and operating costs. And even as COVID-19 reaches “endemic” stages, FCC continues to be a preferred choice among families hoping to limit their young children’s contact with others and avoid frequent disruptions to their child care schedule.³

Despite their obvious benefits, FCC and other home-based providers and settings are too often overlooked in the national conversation about supporting the ECE field. The specific needs and realities of these essential providers are frequently not considered in the design

of professional development and workforce support systems. Compared to center-based child care settings, FCC and other home-based providers often do not get equal or equitable access to quality supports and resources and are penalized for this in quality rating systems. These same benefits to children and families, as well as systemic barriers, also hold true, to an even larger extent, family, friend, and neighbor (FFN) care, in which children are regularly cared for “informally” by neighbors, family members, and other trusted members of their communities. Although state systems and legislation meet FFN care with varying attitudes, ranging from modest gestures of support to lack of recognition to outright criminalization, this sector is nonetheless a critical part of the ECE system—representing the resilience of communities that step up and care for their young children when more formal systems fail to present affordable, accessible, and culturally responsive options.⁴

Indeed, the home-based child care sector demonstrates innumerable strengths and an irrefutable right to a “seat at the table” in the ECE conversation. It has come to the attention of early childhood decision-makers nationwide that the ECE system is plagued by systemic racial and social inequities that have, for decades, kept high-quality, beneficial ECE opportunities out of reach for many young children. Recognizing this, states have increasingly worked to create more inclusive and equitable policies and practices surrounding FCC. Furthermore, it has long been evident that the lack of affordable ECE settings is a barrier to employment and a drain on the

workforce economy—with an outsized impact on women.^{5,6} Especially as states contend with historic closure rates of both center-based and FCC settings during the COVID-19 pandemic—exacerbating both the global issues of low supply and instability and also their unique impacts on low-income communities and communities of color—innovation to increase supply has been recognized as an invaluable building block in economic rebuilding efforts.⁷ Targeted efforts to strengthen and expand FCC have risen to the top as promising strategies for state early childhood systems and have been gaining increasing momentum within state ECE systems in recent years.

However, increasing the presence and capacity of FCC has proven to be a complex undertaking for states. Having been historically underserved in workforce professionalization and quality improvement initiatives has contributed to disparate messaging surrounding the strengths and contributions of FCC providers, inconsistencies in program quality, and undue barriers for these individuals who must act in the roles of caretaker, educator, administrator, and business owner all at once. Meanwhile, the general and perpetual underfunding of ECE systems and the high cost of providing quality care mean that many FCC providers are operating their businesses on razor-thin margins and are highly impacted by

fluctuations in enrollment and staffing or delays in reimbursement. Under these conditions, FCC providers have struggled and often failed to start and sustain programs, meet state-determined quality benchmarks, and thrive as small businesses within their local and state economies.

Many states have recognized that an equitable and effective ECE stabilization agenda must extend specific resources to FCC and other home-based care settings—and many have done so by establishing family child care networks (FCCNs). FCCNs are organizations that exist to connect and support FCC programs within a state or local community. They deliver essential services to improve program quality, create efficiencies through economies of scale, and strengthen FCC homes as small businesses. While specific offerings vary according to network capacity and community need, services typically include technical assistance, training, peer support, and business expertise delivered by paid staff. FCCNs have shown great promise—enabling states to provide broad and consistent support to FCC programs, while creating flexibility and responsiveness to varying community needs.



The Opportunity

The Michigan Department of Education, Office of Great Start has an opportunity to explore FCCNs as a potential strategy toward its commitment to *being one of the best states in which to raise a child*.⁸ Among other benefits, the recent infusion of federal funding through the American Recovery Plan Act (ARPA) has created pathways for states to address key issues surrounding ECE, including stabilization and supply-building activities for the sector. As such, in 2021, Michigan lawmakers introduced legislation (see [The Family Child Care Networks Act](#)) to leverage ARPA funds to establish a series of locally operated FCCNs serving every region of the state. Drawing from national discourse about effective FCCNs and the specific challenges facing Michigan providers and communities, the legislation specifies six essential components for a statewide FCCN strategy. According to the legislation, FCCNs must offer the following to FCC providers:

- 1. Business supports**, including tax preparation, policies and procedures, and human resources support
- 2. Connections to peers**, including opportunities to share effective practices, reduce isolation, and access peer mentorship
- 3. Operational supports**, including assistance with licensing, subsidy billing, and recruiting families
- 4. Program quality support**, which could include access to materials, resources, and professional development
- 5. Training and technical assistance**, including supporting developmental screenings, health and nutrition, program quality, and early childhood mental health consultation
- 6. Engagement of new providers**, including outreach and support for individuals to establish new FCC programs





Defining Key Terms and Concepts⁹

- **What is a staffed family child care network?**

An FCCN is an organization that offers family child care providers a menu of quality improvement services and supports including technical assistance, training, and/or peer support delivered by a paid staff member. FCCNs address the most common challenges faced by FCC providers through training, home visits, financial assistance, connecting providers to peer support, business development, and systems navigation.

- **Why are FCCNs important to the ECE field?**

FCCNs are part of an overall approach to supporting and stabilizing the FCC sector. If implemented well, FCCNs are well positioned to address the major issues facing the FCC/home-based child care sector, including building supply, improving program quality, and retaining existing high-quality operators. They can also play a critical role in connecting providers to one another and to larger system infrastructure, including funding and policy opportunities.

- **What types of ECE providers can receive support from FCCNs?**

FCCNs typically focus on the needs of family child care and group home providers and are not limited to only serving licensed programs. In this report, the term “family child care provider” refers to Michigan’s licensed programs that provide care for fewer than six young children in a private home where the licensee permanently resides, and the term “group home provider” refers to Michigan’s licensed programs that provide care for seven to 12 young children in a private home.

- **What is meant by FFN and license-exempt providers?**

Informal care settings, also referred to as family, friend, and neighbor care, involve unlicensed providers who can offer child care for up to six children at a time in their own home or the child’s home if they are related by blood, marriage, or adoption (e.g., a grandparent, aunt, or uncle). These providers must apply to become a license-exempt provider, meeting certain state requirements, in order to receive child care subsidy assistance payments for children in their care.

- **Are providers required to participate in FCCNs?**

No, FCCNs are typically offered as optional program quality and peer learning supports to eligible providers in a given region and are not mandated as part of state child care licensing regulations.

Building upon these essential components, OGS has taken the lead to establish a statewide pilot FCCN effort by administering start-up grants to regional or local entities seeking to operate FCCNs.

To inform this effort, OGS has partnered with School Readiness Consulting (SRC) to (1) gather lessons learned nationally and locally about innovative strategies and successful implementation of FCCNs; (2) identify opportunities for FCCNs to support Michigan’s ECE system through equity-informed policies and practices; and (3) inform an impending initiative to fund FCCNs as a pillar of support for the FCC community.

Over the course of several months, OGS and SRC worked collaboratively on a series of activities designed to engage key stakeholders, elevate community voice, and set directions for Michigan's FCCN pilot initiative:

- 1. The literature scan.** SRC conducted a comprehensive scan of extant research and reports focused on staffed family child care networks and drew from an analysis of findings to develop a list of research-informed best practices.
- 2. The national scan.** SRC reached out to early childhood systems leaders in Wisconsin, Connecticut, New Mexico, Minnesota, and California with experience and a state perspective on the implementation of FCCNs. Leaders offered key insights on effective strategies, lessons learned, and recommendations for Michigan's emerging FCCN approach.
- 3. The Michigan state scan.** SRC spoke with local leaders in various Michigan communities to seek out existing community-based efforts to organize FCCN resources and supports and to hear their perspectives on key challenges and opportunities for Michigan's FCC community. SRC also held listening sessions with FCC providers representing all four regions of the state to better understand their strengths, perspectives, and most urgent needs for support.
- 4. Workgroup meetings.** SRC worked with OGS to seat a workgroup that included leaders from within various state agencies, statewide and regional early childhood organizations, FCC providers, and parents of young children currently utilizing FCC. During these meetings, SRC presented findings from the state and national scans and collaborated with the workgroup to inform final recommendations.
- 5. Developing the report.** Synthesizing all information from these activities and grounding in SRC and OGS's shared commitment to building an equitable and sustainable ECE system that is fully inclusive of FCC settings, SRC developed this report to discuss the findings and present recommendations for the forthcoming request for proposals (RFP) and the overall strategy for establishing and sustaining a statewide FCCN approach.



How to Read This Report

Building on initial efforts by OGS and its partners to translate key components of the legislation into a draft RFP, this report affirms and expounds upon four essential criteria for organizations seeking funding to participate in the FCCN pilot:

- 1.** Organizational experience, expertise, and capacity to successfully implement prioritized service delivery strategies
- 2.** Capability to design, oversee, and manage the day-to-day operations of an FCCN
- 3.** Capacity to provide ongoing FCCN staff development
- 4.** Capability for cross-sector and cross-system collaboration

For each of these criteria, this report introduces related findings from the state and national scans and insights from the workgroup leading to recommendations to strengthen the RFP. These recommendations are presented alongside considerations for OGS and public policy leaders, licensing staff, system-level experts, and other stakeholders in the ECE system to create and sustain a vibrant and responsive FCCN approach for the state. Table 1 provides an overview of the key findings and considerations for the Michigan FCCN RFP.

Table 1. Key Considerations for Michigan Regional Family Child Care Network Request for Proposals

1. Organizational experience, expertise, and capacity to successfully implement prioritized service delivery strategies	
Key Findings from Scan and Stakeholder Interviews	Considerations for Michigan FCCN RFP
<p>What matters most to family child care providers:</p> <ul style="list-style-type: none"> • The most pressing needs for Michigan’s FCC and group home providers are in the areas of training and technical assistance, connections to peers, and access to operational and business supports. • Michigan stakeholders emphasized the importance of relationship-based (versus mandatory) approaches. 	<p>Organizations applying to administer FCCNs should:</p> <ul style="list-style-type: none"> • Demonstrate the organization’s capacity—or current memorandums of understanding (MOUs) or formal agreements with community partners that have the capacity—to address each of the six key components indicated in the legislation. • Describe a plan to establish and administer formal platforms for connection and communication between providers, and between the FCCN and the regional FCC community. • Describe a plan to offer training and technical assistance that meets the content, scheduling, and delivery needs of FCC providers in the region.



Table 1. Key Considerations for Michigan Regional Family Child Care Network Request for Proposals (cont'd)

Key Findings from Scan and Stakeholder Interviews	Considerations for Michigan FCCN RFP
<ul style="list-style-type: none"> • There is a need for FCCNs to reach and engage new providers, particularly in the start-up phase. 	<ul style="list-style-type: none"> • Describe a plan to offer tiered supports to providers and prospective providers and leverage the capacity of seasoned providers to support newer ones. • Describe a proposed approach to building trusting and collaborative relationships with providers and ensuring a nonpunitive culture of service delivery. • Describe a plan to extend key services to FFN and license-exempt providers in the region.
2. Capability to design, oversee, and manage the day-to-day operations of an FCCN	
Key Findings from Scan and Stakeholder Interviews	Considerations for Michigan FCCN RFP
<p>What matters most to FCC providers:</p> <ul style="list-style-type: none"> • Streamlined and timely bidirectional communication between the local FCC community and the state. • The ability to provide care in ways that are in keeping with their cultural norms and the values they share with families served. • Adequate staff capacity and organizational scale to offer meaningful and individualized contributions. 	<p>Organizations applying to administer FCCNs should:</p> <ul style="list-style-type: none"> • Demonstrate their capacity for culturally responsive outreach, engagement, and oversight. This would involve specific approaches according to the racial, linguistic, geographic, and other characteristics of the organizations’ regions/communities—including but not limited to considerations for racial, linguistic, and cultural match of FCCN leadership, key staff, and the community of FCC providers served. • Articulate a clear theory of change to describe the design, priorities, and anticipated outcomes of the FCCN and associated FCC providers. This would include specific indicators of meaningful progress in implementing the FCCN (e.g., reach, dosage, intensity of services). • Demonstrate the capacity to collect, analyze, and communicate data to describe the experiences, challenges, and successes of the FCC community. This could include gathering provider and family stories that highlight the importance of the sector and its impact on the community, the challenges facing providers, and the value of the FCCN to meet those challenges and scale/reinforce the strengths of FCC providers. • Demonstrate the capacity to manage and execute multiple funding streams while looking ahead toward sustainability. This could include experience managing blended or fluctuating funding for organizational operations, managing public-private partnerships to meet varied funder-specific benchmarks, and seeking innovative solutions/nonfinancial resources to meet organizational goals when funding is limited.

Table 1. Key Considerations for Michigan Regional Family Child Care Network Request for Proposals (cont'd)

3. Capacity to provide ongoing FCCN staff development	
Key Findings from Scan and Stakeholder Interviews	Considerations for Michigan FCCN RFP
<p>What matters most to the staff who support FCC providers:</p> <ul style="list-style-type: none"> • Having the knowledge, experience, and personal characteristics that enable FCCN staff to address needs of FCC providers. • Supportive supervision and performance management structure, including a scope of work and standards of performance. • Ongoing training and technical assistance to network staff with early childhood practice and systems expertise. • Opportunities for networking and peer support. 	<p>Organizations applying to administer FCCNs should:</p> <ul style="list-style-type: none"> • Articulate a staffing plan that ensures appropriate capacity to meet the needs of providers in the region. • Describe an approach to supervision and performance management that engenders a culture of support and continuous quality improvement. • Demonstrate the capacity to provide access to regular professional development and technical assistance for FCCN staff. • Articulate a plan for facilitating connections between FCCN staff within and across regions.
4. Capability for cross-sector and cross-system collaboration	
Key Findings from Scan and Stakeholder Interviews	Considerations for Michigan FCCN RFP
<p>What matters most to FCC providers:</p> <ul style="list-style-type: none"> • Being connected within the existing regional/local birth-to-5 support networks. • Access to partnerships that offer resources and support to FCCNs and the FCC programs in their regions. 	<p>Organizations applying to administer FCCNs should:</p> <ul style="list-style-type: none"> • Describe current partnerships with state-supported and community-based organizations in their regions, and describe how leveraging these partnerships will expand access to the full range of birth-to-5 supports that children and families need. • Describe a plan to build efficiency and capacity in FCC programs. • Demonstrate capacity to support the sustainability and development efforts of FCC programs. • Articulate a plan to support the ongoing professionalization and integration of FCC in the regional and statewide early care and education landscape.

A young child with dark skin and curly hair is shown in profile, looking intently at a colorful abacus. The child's hair is styled in two buns, each secured with a different colored hair tie: a pink one with a flower-like shape and a green one with a textured, beaded appearance. The child is wearing a white dress with a vibrant floral pattern in shades of blue, green, and pink. The abacus in front of them has several horizontal rods with colorful beads in shades of purple, pink, orange, yellow, and green. The child's right hand is positioned near the purple beads, as if about to move one. The background is a soft, out-of-focus indoor setting with light-colored walls and a window with sheer curtains.

RESEARCH APPROACH AND TIMELINE

RESEARCH APPROACH AND TIMELINE

To inform development of a Michigan FCCN framework, SRC conducted a national FCCN scan and a Michigan FCCN scan with an equity lens. The scans were guided by four research questions:

1. What are the main components, activities, and models of FCCNs?
2. What are the goals or intended impacts of FCCNs?
3. What are the realized impacts of FCCNs?
4. What systems should be in place to increase the effectiveness, stability, and equity of FCCNs?

Both scans involved the review of existing research-based literature and rigorous qualitative data collection and analysis. The national scan sought to identify common elements in effective FCCNs, according to national experts and current literature, as well as to examine exemplary FCCNs in states other than Michigan in order to draw key considerations for the development of FCCNs in Michigan. The Michigan scan explored the landscape of FCCNs in Michigan to identify the needs, assets, and potential of FCCNs—with a particular focus on local innovation and the development of regional FCCNs in Michigan.

Equity-oriented stakeholder engagement was a cornerstone of our research approach. The SRC team intentionally sought to hear from historically marginalized communities, to engage stakeholders in a variety of roles and geographic regions, and to work with Great Start to Quality (GSQ) Resource Centers and child care licensing staff to identify local stakeholders for participation in this project. Michigan FCCN stakeholders (providers, families, and system leaders) were offered opportunities to share their insights by facilitating a statewide workgroup and conducting regional listening sessions with FCC providers and other key stakeholders. Participation across all forms of data collection was voluntary, and participants were allowed to withdraw consent at any time. In total, SRC collected insights from 43 Michigan FCCN stakeholders. Table 2 outlines the number of participants included in each type of data collection. Additional information about data collection procedures and the sample is available in Appendix A.



Table 2. Summary of Data Collection

Data Source and Timeline	Participants (N = 43)
<p>28 Individual interviews (November 2021–January 2022)</p>	<p>3 National experts on family child care networks</p>
	<p>5 Leaders of successful FCCNs in other states (CA, CT, MN, NM, WI)</p>
	<p>7 Michigan state-level system leaders</p>
	<p>4 Michigan GSQ Resource Center leaders</p>
<p>3 Listening sessions/group conversations (February 2022)</p>	<p>11 Michigan family child care/group home providers from the Eastern, Western, Northern, and Southeastern regions</p>
<p>4 Workgroup sessions (December 2021–March 2022)</p>	<p>3 FCC providers</p>
	<p>4 Group home providers</p>
	<p>2 Parents</p>
	<p>4 Michigan system leaders (Michigan Association for the Education of Young Children, Department of Licensing and Regulatory Affairs, Child and Adult Care Food Program, Early Childhood Support Network)</p>

The qualitative data were analyzed deductively, following a coding scheme that reflected the research questions and the themes identified from the national and local scans. The quantitative data were analyzed by generating descriptive statistics. Qualitative and quantitative data sources were triangulated to identify and corroborate the key study findings.



A woman with dark hair tied back, wearing a bright green polo shirt, is smiling warmly. She is holding two young children in a grassy field. The child in the foreground is a young boy with dark hair, wearing a white t-shirt, laughing joyfully. Behind him is a young girl with dark hair, wearing a pink and yellow top, also smiling. The background shows a blurred landscape with green grass and a blue sky with light clouds.

CURRENT FAMILY CHILD CARE LANDSCAPE IN MICHIGAN

CURRENT FAMILY CHILD CARE LANDSCAPE IN MICHIGAN

The Michigan child care landscape mirrors trends seen across the country, including the urgent need to stabilize and build the supply of the overall ECE sector. Even before the COVID-19 pandemic, Michigan's FCC and group home providers have experienced a steady decline in overall supply, with seasoned providers retiring without a sufficient pipeline of new providers to replace them, and many new providers unable to remain open due to challenges with starting or sustaining their programs. Stakeholder interviews attributed this decline to several factors, including the lack of state efforts to specifically build the supply of FCC and group home providers, insufficient business supports for new providers starting their programs, and higher costs associated with providing infant and toddler care.



“Our gap . . . that we had before COVID is still large. Most of that [gap] though is infants, toddlers, because we don’t have those spaces for the babies. It’s expensive to run, we know. But there’s also been this huge and steady decline in home-based and family-based programs over decades now.”

— *Michigan Systems Leader*

Since the onset of the COVID-19 pandemic, Michigan's family child care providers have experienced greater levels of risk and instability in terms of program enrollment and staff retention; additional costs for cleaning supplies, paper supplies, and food items; and changes to federal and state rules and regulations. While many center-based programs were forced to close their doors, many FCC/home-based providers remained open to meet families' needs, sometimes functioning as neighborhood “pods.” Unfortunately, as centers reopened, home-based providers found it hard to stay in business because of the increased costs and risks associated with operating. The vast majority of the 1,971 licensed family homes and 1,468 licensed group homes currently operating in the state applied for child care stabilization grants (83% and 89%, respectively), with nearly half of the child care stabilization grants distributed to family child care and group home providers (2,931 out of 5,910 total grants).

Despite the decline in supply and ongoing challenges of the COVID-19 pandemic, FCC and group home providers continue to play a critical role in meeting the demand for high-quality care options for Michigan families with young children. These settings are often preferred by families facing unpredictable work schedules or those seeking a closer option or a better cultural or linguistic match than what is offered by the center-based child care options in their community. Wait lists were reported in 55% of the group home applications and 44% of family child care applications received by MDE for child care stabilization funds in 2021.¹⁰ In addition, the gap between supply and demand for child care is significant in rural communities, where families face long wait lists for care.¹¹ In addition, many young children whose families are receiving subsidies are also served by the state's license-exempt programs and informal care settings—also referred to as family, friend,

CURRENT FAMILY CHILD CARE LANDSCAPE IN MICHIGAN

and neighbor care—where providers offer child care for up to six children at a time in their own home or the child’s home if they are related by blood, marriage, or adoption (e.g., a grandparent, aunt, or uncle). In 2020, reports indicate that more than 20% of Michigan children receiving the child care subsidy were served by license-exempt providers.¹² Strategies to help these programs have access to supports and services to improve program quality and better serve children in their care should be considered as part of the state’s child care supply-building efforts.

Stakeholders interviewed for this study highlighted several current priorities and emerging needs facing the FCC sector in Michigan. Among the top needs identified were stabilizing the sector, building supply to meet the demand of families, and increasing staff capacity (e.g., with substitute pools). In addition, stakeholders spoke about the need for FCC and group home providers to access networking opportunities with peers, business supports (e.g., tax preparation and human resources), technology equipment and training, and comprehensive services for children (e.g., physical and mental health services). More detail on each of these needs is provided later in this report.



“We’re allowing these businesses to start up, fundamentally insecure and . . . it’s doomed almost from the beginning. They don’t start out with the right economy of scale. They don’t really understand how they’re going to pay their bills from the beginning.”

— *Michigan Systems Leader*



A close-up photograph of two hands being held together in a supportive gesture. The hands are positioned in the lower half of the frame, with one hand resting on top of the other. The background is a warm, golden-brown color, suggesting a sunset or sunrise, with a bright sun visible in the upper right corner. The overall mood is one of care and support.

RESEARCH-BASED SOLUTIONS TO FAMILY CHILD CARE PROVIDER NEEDS

As part of the national scan, the research team compiled and reviewed existing documents—such as national reports, policy briefs and reports from other states— to deepen understanding of current best practices and key elements of effective FCCNs. What follows is an overview of the research-based solutions identified for each of the components outlined in the state legislation (i.e., business supports, operational supports, program quality support, connections to peers, engagement of new providers, training and technical assistance).

Business Supports and Services

- **What we know from research and best practice:**

Studies identify the entrepreneurial work of starting and operating a small business as a fundamental element of child care program quality. Without sound business practices and access to financial tools and resources, FCC and group home providers struggle to sustain and grow their businesses. FCC providers who cannot sustain their programs may ultimately leave the ECE field altogether due to the stress of balancing program revenues and expenses. Such stress may also shape a provider's capacity to offer responsive and sensitive care to the young children in care.

- **Potential role of FCCNs:** Networks can play an essential role in helping existing providers to stay in business while encouraging newer providers to continue in the ECE field by providing business supports, including assistance with tax preparation, human resources support, and payroll management. These supports can allow program staff to devote less time to maintaining the necessary business aspects of their program and free up more time for other aspects of program quality, including caring for children. In addition, networks can establish and support shared services resources, thus creating economies of scale and streamlining access to services that may otherwise be cost-prohibitive for individual providers—including back-office accounting supports, bulk purchasing agreements, and help securing materials such as business supplies and appropriate technology at a discounted rate. Networks can also help programs maximize funding streams and explore strategies to improve staff compensation and benefits in FCC programs.





Shared Services Efforts in Michigan

Shared services organizations are already operating in some areas of Michigan, providing key business supports and other services to child care providers.

For example, **Battle Creek Shared Services Alliance** offers a range of business services to center-based providers, including revenue management, payroll services, centralized enrollment and wait list management, and third-party billing. In addition, participating providers get access to professional staff development opportunities, such as pedagogical coaching, mentoring, and networking opportunities.

First Steps Kent is also operating a 3-year shared services pilot program that offers support and back-end services to child care centers and family homes. Through this effort, they work with community partners and consultants to meet providers' needs related to tax preparation, technology support, human resources, and applying for loans and grants. The First Steps Kent staff offer guidance for translation/interpretation, elevate provider voice in the decision-making process, and organize a provider ambassador group, which includes seasoned providers who are compensated for participating in the project as independent project consultants or network advocates.

Operational Supports

- **What we know from research and best practice:** Operational supports, such as access to online resource platforms, are considered a best practice and help to reduce duplication of effort in developing materials such as parent or employee handbooks, tracking forms, and other materials needed by FCC providers.
- **Potential role of FCCNs:** Networks support home-based and family child care providers through assistance with licensing, child care subsidy reimbursement, and navigating state regulations and requirements associated with starting or maintaining a child care program. Networks can also offer support with recruiting families and achieving full enrollment, maximizing public and private funding streams, subsidy billing, providing shared resource platforms, and offering substitute pools.





Wisconsin Early Education Shared Services Network—Enabling Pooled Resources and Economies of Scale

The Wisconsin Early Education Shared Services Network (WEESSN) brings together family and center-based early care and education programs to pool resources and leverage economies of scale. The network serves 135 programs in 11 counties through a three-tiered support system.

Services impacting business and operations include:

- A dedicated **business and operations coach** with deep lived experience in home-based family child care delivers customized and sustained support to providers to help them achieve individual financial goals. Each coach helps providers set goals and works with them over time to assure they have the support they need to reach their goals. Providers also have access to a coaching hotline.
- A **shared resources online knowledge platform** (Wisconsin Shared Educational Resources, or WISER) serves as a one-stop shop for accessing customizable tools and templates to support operations and business. Tools focus on policy and procedure, professional development, health and safety, emergency preparedness, human resource management, savings opportunities, and financial and program administration.
- Access to an online **child care management system** offers support for operations such as record keeping, tracking attendance, child care licensing compliance, enrollment management, tuition invoicing, and payment tracking. Access to the system varies across levels (tiers) of service, with full access available at Tier 3.
- Access to a **substitute pool** through the WEESSN Relief Squad enable providers flexibility to be away from their programs to attend training or attend to personal needs. Substitutes are screened, participate in extensive training, and shadow providers in home-based family child care programs.

For more information, visit: <https://wisconsinearlychildhood.org/programs/weessn/>

Program Quality Supports

- **What we know from research and best practice:** Coaching or consultation visits with providers that focus on quality caregiving may be an effective and promising approach for improving quality. Studies also find that the dosage of visits is related to quality, with frequent visits associated with higher-quality care.
- **Potential role of FCCNs:** Network staff can provide supports for participating in state quality rating and improvement systems, engaging in workforce registries, or pursuing additional professional qualifications or accreditation. In addition, FCCNs provide one-on-one consultation and coaching in appropriate and culturally responsive ways to improve teaching practices and provide effective strategies for engaging families. Effective pedagogical supports can help programs plan and implement curriculum, meet the developmental needs of the children they serve, and track a child's progress on milestones and learning goals.





Credit: All Our Kin, <https://allourkin.org/Provider-Showcase>

All Our Kin's Provider Showcase in Connecticut

All Our Kin's Provider Showcase is an incentive-based program that works to raise the quality of family child care programs in three Connecticut communities. Providers receive training, support, and mini-grants designed to enhance the quality of care. Educators progress through three levels of quality, which are aligned with standards set by the National Association for Family Child Care (NAFCC). As providers advance through these levels, they gain critical knowledge, training, and individualized consultation from All Our Kin. The highest level represents NAFCC accreditation, the highest indicator of quality that a family child care program can achieve. Once programs demonstrate they have reached program standards, they are "showcased" to families on the All Our Kin website.

All Our Kin, in partnership with the Connecticut Children's Museum, also developed a Child Care Licensing Toolkit, which provides materials, mentorship, and support to help new providers meet health and safety standards, fulfill state licensing requirements, and become part of a professional community of child care providers.

For more information, visit: <https://allourkin.org/Provider-Showcase>

Connections to Peers

- **What we know from research and best practice:** Peer connections improve program quality and support home-based and family child care providers by increasing social supports, reducing isolation, enhancing self-efficacy, and increasing providers' sense of professionalism.
- **Potential role of FCCNs:** Network staff may host network meetings to increase provider opportunities for peer and professional connections, use meetings and communication to share information on community resources, and gather input on provider needs to support future network services.





Credit: **Candelen's Kith and Kin**, <https://candelen.org>

Candelen's Kith and Kin -- Supporting Friends, Families, and Futures

Peer support opportunities offered through FCCNs can take several different forms, including staff-facilitated peer learning, provider-led peer networking, and peer-to-peer mentoring. The following is an example of a staff-facilitated peer learning program.

Candelen's Kith and Kin uses a facilitated support group approach to improve the quality of FFN care in Arizona. The support groups aim to meet the needs of an “isolated population whose desire for support is huge.” The sessions, lasting 14 weeks for 2–4 hours per week, are offered in schools, community centers, and Head Start programs at the times that the partners indicate work best for the providers. Trained bilingual Spanish-speaking staff facilitate the sessions with an interactive approach intended to help providers “process what’s working and what’s not working in their homes . . . through supporting each other.”

Source: Bromer, J., & Porter, T. (2019). *Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks*. Chicago, IL: Herr Research Center, Erikson Institute. For more information, please visit <https://candelen.org/kith-kin/>

Engaging New Providers

- **What we know from research and best practice:** Outreach and recruitment strategies need to be developed based on provider input and knowledge of the current community context, including cultural and linguistic characteristics and other unique needs based on geographic location (urban versus rural). In order to effectively engage new providers, experience and expertise should also include an understanding of current state licensing regulations, ability to provide supports and training for navigating the licensing process, capacity to serve as a trusted advisor to answer start-up questions, and expertise with training tools designed to support the licensing process.
- **Potential role of FCCNs:** Network staff can support efforts to increase access to family child care and home-based programs by conducting outreach and recruitment, offering training and support for licensing, and helping new and existing providers to navigate state systems.





Infant Toddler Family Day Care in Virginia

Infant Toddler Family Day Care (ITFDC) is a freestanding, staffed FCCN in Fairfax, Virginia. ITFDC uses a structured peer-to-peer mentorship approach to help individuals through the approval process, from the initial paperwork and background checks through the visit from the licensing agency: “It’s all about relationships.” The process begins with an initial home inspection by the Work Force Development Director. Then the mentees attend classroom training. Mentees spend 40 hours in the mentor’s home. During their time in a mentor’s home, providers learn health and safety routines such as handwashing and proper sleep safety, and they participate in activities with the children, with a least one visit to observe drop-off and pickup. At the end of the process, the mentor will conduct a home inspection of the new provider’s home before the formal licensing visit.

For more information, visit: <https://www.infanttoddler.com/>

Training and Technical Assistance

- **What we know from research and best practice:** While specialized early childhood training is associated with higher-quality care in family child care, provision of “light-touch” training does not impact quality. Research also finds that training combined with coaching or individualized technical assistance is more likely to affect quality outcomes than training workshops alone.
- **Potential role of FCCNs:** Network staff support access to learning opportunities that best suit their unique professional learning needs and workplace conditions. Specialized training topics might include implementing research-based curricula, teaching, and learning in mixed-age group settings or working with families.





Credit: Illinois Action for Children, <https://www.actforchildren.org>

Illinois Action for Children

Illinois Action for Children uses cohort-based training: “We are moving away from one-time trainings . . . because we really do see the impact, not only the impact of cumulative learning, but also the relationships that get built.” Training cohorts are offered over three consecutive Saturdays. Cohorts bring providers together around specific training topics: “providers that have an interest in a particular topic area and are willing to be a part of a training series for an extended period of time.” Action for Children also offers computer labs where providers can complete paperwork, coursework, and other administrative tasks.

For more information, visit: <https://www.actforchildren.org/development/professional-training>



KEY FINDINGS AND CONSIDERATIONS



As part of this study, the research team conducted a scan of national research, other state models for family child care networks, and engagement with key stakeholders at the system, region, and program levels in Michigan. Key findings from the scan and stakeholder conversations along with considerations for the FCCN RFP are outlined in this section.

1 Organizational experience, expertise, and capacity to successfully implement prioritized services delivery strategies

What matters most to providers?

The most pressing needs for Michigan’s FCC and group home providers are in the areas of training and technical assistance, connections to peers, and access to operational and business supports. FCC providers expressed strong need for training and technical assistance (TA)—specifically tiered and tailored to their level of experience—to improve their quality rating, learn more about child development, and receive support with credentialing. Many FCC providers spoke about their struggles with finding and retaining quality staff members and with the larger implications of staff turnover on the providers’ adult-to-child ratios, along with the potential threat to their licensing status and funding. FCC providers emphasized the need for reliable access to staffing coverage (e.g., substitute pools) to be able to access training and TA outside of their program, and additional staff capacity to support family outreach and intake processes on a regular basis to keep them fully enrolled. There was also a significant interest in learning more about business management, obtaining help with navigating online systems, and accessing relevant technology equipment and training to help providers manage their programs more efficiently.



“I begged to [Great Start to Quality] for a training for four years, finally got the training. It was so vague I could have not even taken that class. So, I was very frustrated with that. I like to see something in action, exactly kind of what it lists, and then I’m like, oh, okay. I can definitely go back. I know it doesn’t have to be exactly like that, but it gives me a baseline of where I’m going to go with that. And just a good example of what a day would be by implementing that. And just like I said, some of the trainings and classes, it’s like an overview of what it does, but it’s not exactly what it is.”

— *Provider*

KEY FINDINGS AND CONSIDERATIONS

Michigan stakeholders emphasized the importance of relationship-based approaches. FCC providers expressed the need for a safe and positive space to receive guidance and support that will improve program quality, including the use of technical assistance, coaching, one-on-one consultation, or mentoring.

There is a need for FCCNs to reach and engage new providers, particularly in the start-up phase.

By offering timely and continuous support to new providers, FCCNs can promote retention and stabilization of the sector. New FCC providers would greatly benefit from a convenient, one-stop resource with tools and guidance on how to get started, including templates of commonly needed documents and supports for navigating the state child care licensing process.



“When a new person comes into our area and says, ‘Hey, I want to start a day care. Can you give me an idea of what I’m looking at?’ I will tell them all what they need. When you start telling them all this, they’re like, ‘Whoa, wait, all I want to do is take care of kids. I don’t want all the rest of this stuff.’ But if you want to be licensed, this is what you’re looking at. I think it overwhelms most people and they’re like, ‘Okay.’ I think that’s why I ended up being the only one. At first when I first started this, that we had at least five family day care homes that I knew of, that were licensed. Since then, well, they’re not here anymore. They’re here, but they’re not in day care anymore.”

— *Provider*

To effectively support family child care programs and allow them the time to focus on what matters most—caring for young children in a high-quality environment—entities serving as regional FCCNs should have the appropriate levels of experience, expertise, and capacity to successfully deliver services in ways that address the most pressing needs of the FCC community, including training and TA, connections to peers, and business and operational supports.



What efforts can we build on?

Regional Great Start to Quality Resource Centers offer a variety of services for child care providers. Stakeholders reported that supports and services are available to providers in some regions, including the GSQ Resource Centers, which provide information and assistance to providers who want to participate in the state quality rating and improvement system or expand from a family home to a group home program. However, these entities are also able to assist providers outside of the GSQ system, and many offer networking and professional learning opportunities connected to the state professional development registry (MI Registry), training and technical assistance, coaching, and business supports. Free resources are made available for both license-exempt/FFN and licensed child care programs through lending libraries.

Local and statewide opportunities to access resources that are specific to FCC providers. There is a need to provide specifically tailored content for the FCC provider community that acknowledges the important and distinct role these providers play as part of the ECE landscape. Recently, FCC and group home providers in Michigan have seen increased availability of conferences and training specifically tailored to their needs and priorities. For example, the Michigan Association for the Education of Young Children offered a virtual Home-Based Child Care Conference in 2021 that was designed for family child care providers, group home owners, and employees of home-based child care programs. The live sessions were offered on a Saturday to better accommodate providers' schedules and were available for on-demand viewing for one month following the event.

FCC providers have demonstrated the will to connect and support one another through the establishment of informal networks. These networks and structures are designed to share information and provide peer support (e.g., social media groups). These informal networks have been important as a way for providers to reduce isolation, communicate relevant information impacting their business, share practices and tools, and more. These networks create a regional/local culture that allows FCC providers to collaborate on challenges that are specific to their regions and be more responsive to the needs and priorities of their communities. The networks also create spaces and opportunities for leadership, with more seasoned providers playing the role of mentor to newer providers.

There is an opportunity to learn from and build upon what is currently working well in the existing informal network structures that many providers trust and rely on for support as Michigan formalizes its FCCN infrastructure to expand access and meet the needs of more FCC and group home providers. For example, there is value in preserving the peer-to-peer relational aspects of informal networks and offering training, oversight, and compensation to those organizations and partners that are already facilitating these spaces for support and service delivery at the local level.

What are the gaps and opportunities?

Services currently offered through the Great Start to Quality Resource Centers may not be consistent in the types and quality of services offered and may not be widely accessible to all FCC and group home providers across the state. Services provided by the Resource Centers are seen as valuable, but there are inconsistencies across the state regarding the types of services offered and to what extent they are tailored to the needs of FCC programs. Gaps in access and outreach remain for many providers that are not licensed/FFN providers or that are not currently participating in GSQ. Research on effective methods of supporting the FCC sector finds that sustained, one-on-one, relationship-based connections have the greatest impact on quality. However, most Resource Centers do not offer that level of support on a consistent basis to programs outside of the GSQ, and one commonly available resource—lending libraries—has been shown to be a low-impact strategy.



“When I first got signed up with Great Start to Quality, [the GSQ staff person] was telling about, that they have like two centers that you can go when you can actually get materials from and borrow them and this and that. I’m like, oh my gosh, that sounds so cool. It’s so far away from me . . . So, I was like, oh, well, that’s not something I’d be able to take advantage of because that’s an hour drive and you know, it’s Monday through Friday.”

— *Provider*

Stakeholders also raised the need for standardization across the state in terms of ensuring resources are truly accessible and delivered efficiently to FCC providers. For example, some providers expressed frustration with inconvenient hours or a lack of awareness that providers are eligible to receive Resource Center training and services if they are not already part of the GSQ system. Others expressed a general mistrust or apprehension around a state-supported organization that may shut down providers’ programs if they are not following regulations. Rural providers reported that, even if they were aware of available services from a Resource Center, they often faced challenges with accessing services and supports due to lack of proximity. This limited reach of supports to rural areas was also raised by several Resource Center staff members, who expressed the desire to expand their geographic reach to rural programs but lacked the sufficient staff capacity to do so.



“I don’t have any support day-to-day, except my own staff . . . We basically pull up our bootstraps and do it alone. I mean, there’s really nobody out here to help me on a day-to-day basis for anything. Your licensing consultant is not your friend, so yeah, you’re on your own pretty much.”

— *Provider*

Other stakeholders raised the issue of needing to offer more training and services that are culturally and linguistically responsive to the providers in the community, particularly in the design and delivery of services. For example, FCC providers may benefit from access to language interpretation services, dual language development curricula, or training on topics tailored to their specific questions and needs. Particularly when delivering services related to program quality improvement, it is critical for FCCNs to approach the work of coaching and delivering TA to providers with a shared cultural understanding and language.

These issues present an important opportunity for FCCNs to consult with the FCC provider community on their most pressing needs and hiring appropriate staff before designing appropriate service delivery strategies, particularly around training and TA. Table 3 outlines some of the training preferences shared by FCC and group home providers in this study.

Table 3. Training Preferences Expressed by Michigan’s Family Child Care and Group Home Providers

Training is most effective when the following considerations are taken into account:	
<ul style="list-style-type: none"> • It includes new content and does not duplicate other available training. • It is specific, continuous, and intentional. • It is not always tied to licensing compliance or Great Start to Quality participation. • It is tailored to the needs and realities of FCC/group home providers. • It is offered in languages other than English (e.g., by providing translations for materials and live interpreters). • It reflects diverse cultural practices. 	<ul style="list-style-type: none"> • It is relationship-based. • It provides opportunities for peer learning. • It is held at times that are convenient for providers’ schedules (e.g., Saturday mornings or weekday evenings). • It is free or low-cost. • It is delivered via video conference (e.g., Zoom) or by phone or a hybrid option. • If held in-person, it features refreshments and on-site child care services, and the event is held near where providers are located (minimize the travel distance required).

KEY FINDINGS AND CONSIDERATIONS

There is an opportunity to build on and formalize information-sharing platforms. While informal support networks are important and highly valued by providers, they are largely unstructured spaces that may unintentionally spread misinformation. FCC and group home providers are looking for a single, trusted source of guidance, information, and resources, particularly regarding changes to state child care policies and regulations. FCCNs, as extensions of OGS, are responsible for quality control and correcting misinformation. And while many seasoned FCC providers demonstrate the capacity for leadership and the will to support their peers, these providers are not compensated for applying their time and expertise to this role. There is a need for FCCNs to build off these existing relationships and roles, with more structured opportunities for professional development and peer connections on topics of interest, as well as dissemination of accurate information.

There is value in providing support to programs outside of the GSQ and licensing system to raise program quality across settings. While most of the state’s current support and training structures focus on serving programs that are already licensed or hoping to participate in GSQ, it is also worth noting the potential to serve programs well before this point—in the pre-licensure stage—to introduce them to the network’s services and encourage them to start an FCC program with the right tools at their disposal. Networks can consider a tiered structure of support to ensure more seasoned, licensed programs continue to receive more intensive supports and TA, while the services offered to pre-licensed programs can be more “light-touch.” These investments in the program quality of new programs, including those in family, friend, and neighbor care settings, can potentially lead to greater sustainability and an increase in high-quality programs from the start.



“We offered training. We offered resources that were in alignment with the training, and it was strong. That group was strong and we didn’t push Great Start to Quality. It was a part of the conversation but really it was about building the relationships with the providers and having the providers build relationships with each other. And we increased our home provider [GSQ] participation rate in [our] county by 57%. So, we know that relationship is everything. And that kind of combination of having a staff member to support the formal connection of the providers with each other, having training that is specifically tailored to those providers’ needs.”

— *Michigan Systems Leader*

Considerations for FCCN RFP

Organizations applying to administer FCCNs should:

- **Demonstrate their organization’s capacity—or current MOUs/formal agreements with community partners that have the capacity—to address each of the six key components indicated in the legislation.** For each of the components, applicant organizations and/or their partners should describe how they will ensure services reach and are responsive to the specific needs of FCC providers.
- **Describe a plan to establish and administer formal platforms for connection and communication between providers and between the FCCN and the regional FCC community.** Such platforms should be designed to build on the strengths of existing informal networks—preserving the provider-driven, peer-to-peer qualities that providers value, while ensuring a reliable, widely accessible source of information.
- **Describe a plan to offer training and technical assistance that meets the content, scheduling, and delivery needs of FCC providers in the region.** This should include special considerations according to the characteristics of FCC providers and communities served—for example, strategies to overcome challenges of proximity and transportation in rural communities or to ensure cultural/linguistic responsiveness.
- **Describe a plan to offer tiered supports to providers and prospective providers and leverage the capacity of seasoned providers to support newer ones.** This would create efficiency for the network by channeling substantial resources to support new providers, while still meeting the needs of existing providers—for example, developing a toolkit for all providers and offering training and peer mentorship surrounding the use of the toolkit for providers who are just starting out.
- **Describe a proposed approach to building trusting and collaborative relationships with providers and ensuring a nonpunitive culture of service delivery.** This could include considerations for cultural humility and cultural/linguistic match between network staff and providers, services delivered by staff with lived experience as home-based providers, open-door policies encouraging providers to seek support when needed, and opportunities to build interpersonal connections among FCC providers and between providers and network staff.
- **Describe a plan to extend available services to FFN and license-exempt providers in the region.** FFN providers could be included in communication platforms to enable connection to the broader community of home-based providers; they could participate in existing training or be offered specific training—including but not limited to targeted supports for attaining licensure as desired or appropriate.



Minnesota Department of Human Services— Supporting FFN Networks for Providers Serving Culturally Diverse and Immigrant Communities

The Minnesota Department of Human Services (MNDHS) recognizes the important role that family, friend, and neighbor care plays in the broader child care ecosystem. FFN is a frequent choice of care for parents with infants and toddlers, parents in diverse ethnic and cultural communities, and parents working nonstandard hour jobs. During the COVID-19 pandemic, many more families turned to FFN care. In response, MNDHS initially leveraged federal CARES (Coronavirus Aid, Relief, and Economic Security) Act funding to help agencies develop new FFN networks and strengthen existing ones. Priority was given to agencies and existing networks serving the Somali, Latinx, American Indian, and immigrant communities. Funds were used to offer training and materials to providers and connect providers to services and resources. To ensure sustainability, in 2021, MNDHS partnered with the Department of Education to convene a FFN learning community to explore how the state, in partnership with its philanthropic partners, could better support FFN.

When additional federal funds were received from the Coronavirus Response and Relief Supplemental Appropriations (CRRSA) and American Rescue Plan (ARPA) Acts, MNDHS allocated an additional \$4.5 million to support FFN providers, with \$2.9 million of that funding package allocated to issue grants to community-based organizations throughout the state to support FFN providers, targeting BIPOC and rural communities. The remainder of the funding package is being used to support a full-time FFN project manager, launch a FFN outreach and communications campaign, and conduct a FFN environmental scan study to gather quantitative data summarizing the current state of FFN care in Minnesota.

2 Capability to design, oversee, and manage the day-to-day operations of an FCCN

What matters most to providers?

Streamlined and timely bidirectional communication between the local FCC community and the state. There is value in improving the channels used by providers to communicate with the state-level ECE decision-makers around their key needs and priorities. By building a reliable infrastructure of FCCNs that have built trust with the FCC provider community, opportunities increase for authentic dialogue and bidirectional feedback loops through a trusted intermediary.



“Communication is everything. I think sometimes just keeping us in a loop, whether it be a quick email or something of that sort, just to let us know, ‘Hey you have, we have these resources available. These are what we’re looking at doing’ . . . But that doesn’t happen too often. It’s ‘Okay, this is a new rule. You have to follow it. That’s that.’”

— *Provider*

The ability to provide care in ways that are in keeping with their cultural norms and the values they share with families served. Many families prefer to enroll their children in FCC settings because the staff provides a certain cultural familiarity and/or language preferences that are not available in other types of programs. At the same time, it should be noted that research and “best practices” are typically grounded in dominant cultural norms. It is important for FCCNs not only to focus on getting providers to adhere to mainstream practices, but also to build effective systems that honor cultural differences and to apply standards flexibly, including through culturally competent service delivery via community-based networks.



“My star rating does not reflect me . . . I have a three-star rating, but it’s because I don’t do parent-teacher conferences. I don’t have a specified curriculum. I don’t do all the notes because I can’t. So, I feel like that’s one of the ways that I feel like a home provider is compared to a center. While at a center you can get all that stuff done and still take really good care of the kids because there’re more adults. And, also, I don’t feel like if I were to get a five-star rating, it might look good on paper, but I would not be taking care of the kids as well as I do now. And that’s what matters to me. I don’t care what it looks like on paper, the stars are nice, but if it means that I’m not doing what I need to do on a daily basis with the kids who are charged to me, then I’m not doing a good job and the stars don’t mean anything.”

— *Provider*

Adequate staff capacity and organizational scale to offer meaningful and individualized contributions. FCCNs must have the capacity and reach to translate important information about requirements, resources, and other timely changes to FCC providers and provide a feedback loop for the state to hear about the needs, concerns, and innovations of FCC programs to inform policy and funding decisions. To serve this function well, FCCNs should have adequate capacity to collect the right types of data from the provider community and then communicate key findings and priorities to the state.

In order to successfully build these communication channels and feedback loops, FCCNs can look to a number of existing efforts in Michigan to better understand the unique needs of the FCC landscape and the lessons learned from the flexibilities associated with state-to-local governance strategies.

What efforts can we build on?

Recent systems-building efforts have sought to elevate the unique role that FCC providers play in the early childhood landscape and the specific challenges they face. Most significantly, throughout the needs assessment and strategic action planning processes supported by the Preschool Development Grant (PDG B-5), FCC providers have been asked to offer their perspectives surrounding quality enhancement, opportunities to expand their businesses to meet the needs of their communities, interactions with GSQ and other structures, compensation, and more. Thus, this FCCN effort builds upon and responds to the voices of FCC providers captured in *Michigan's Collective Early Childhood Action Plan*—which has elevated FCC issues to the consciousness of stakeholders at all levels of Michigan's early childhood system. The current opportunity benefits from the momentum for implementation of the action plan, as well as the recent influx of funding from ARPA.

Michigan's early childhood system is highly localized, with significant capacity for implementation and leadership at the regional and local levels. As a leader and national model in state-to-local governance for early childhood, Michigan is well positioned to identify capacity regionally and/or locally to administer FCCNs. In particular, the Early Childhood Support Networks (ECSNs)—a sustainable entity supported through the Child Care and Development Fund (CCDF)—have been developed to oversee and link the Great Start Network. Within each of the state's four regions, the ECSN works to build capacity within the Great Start Collaboratives, Parent Coalitions, and Resource Centers and to create alignment within and across regions. Each of these structures contains significant early childhood expertise and perspective on the specific challenges and pathways to progress for each region. Regional and local implementation also has powerful implications for cultural responsiveness—as the leaders of these implementing bodies share in many of the lived experiences and challenges experienced by their served communities. Efforts to situate FCCNs can build the state's commitment to resourcing and empowering regional and local entities to implement statewide initiatives flexibly.

FCCNs that participate in the regional pilot must ensure they are well positioned from a financial, planning, and staffing perspective to deliver meaningful supports with potential to have long-lasting impacts on the quality and stability of the state's FCC provider community.

What are the gaps and opportunities?

Networks need strong fiscal policies, including business and sustainability plans. It will be important that networks involved in the FCCN pilot are geared toward becoming self-sustainable in the long term. As part of their business plan, they should look into diversifying funding sources, including resources from local and regional philanthropic efforts. The state can support both providers and FCCNs in funding diversification by streamlining funding application requirements and opening up opportunities for public-private partnerships and braiding funding sources. The state can also play a role in helping FCCNs connect with existing regional resources and can explore state strategies to provide ongoing public support to FCCNs. For example, there are examples of states sustaining FCCN efforts through the strategic use of CCDF funds, including contracts for child care services (e.g., Massachusetts, California, New York, and Puerto Rico).¹³ FCCNs should also be able to demonstrate that they have some capacity to create sustainability over time and continue to support the local FCC community in their role.

Networks need to incorporate planning and evaluation metrics in order to plan and design effective services and supports for their community. Planning and evaluation metrics are essential for the purposes of oversight/monitoring and ongoing implementation, but also for the purposes of elevating the voices/realities of providers and the measurable impacts of successful FCC programming. Collecting data on provider outcomes is considered one essential component of an effective multidimensional evaluation strategy. To that end, to ensure provider experience and feedback are being authentically incorporated, it will be important for networks to clearly define and demonstrate how provider voice will be captured and integrated into gathering ongoing feedback and information with regard to the delivery of services and supports. In addition, given that good planning begins with the development of a theory of change, it will be equally important for FCCNs to include considerations for how providers will be engaged in the initial stages of defining the network, specifying long- and short-term outcomes, and designing implementation strategies to achieve them.

Regional FCCNs need to have adequate staffing to build and maintain effective outreach and engagement strategies, particularly for new or underserved providers. Networks that are successfully reaching FCC providers in their area are often limited in terms of scope and reach due to insufficient resources or staff capacity. In order to successfully reach all potential providers who can benefit from FCCN supports, including those who speak a primary language other than English or those located in rural parts of the state, it is important that FCCNs are resourced and staffed appropriately to conduct effective outreach and ongoing engagement with local FCC providers. FCCN implementing entities can also draw on their relationships with place-based organizations that are trusted and well known within certain communities to support outreach. For example, there are often centers that focus on supporting immigrant/linguistic groups in a variety of ways (see Spotlight: Bethany Christian Services—Serving Refugee Populations in Grand Rapids).



Bethany Christian Services—Serving Refugee Populations in Grand Rapids

Bethany Christian Services in Grand Rapids, in collaboration with the Office of Refugee Resettlement, created a program to help providers with refugee backgrounds and diverse culture and language needs to start their own licensed home-based child care businesses through a business start-up program and ongoing technical assistance, with a focus on helping providers through the state child care licensing process. The social services organization provides one-on-one consultation to new, refugee/immigrant providers to identify their needs and offer individualized training and support as they start their new business. Priority is placed on familiarizing network staff with the culture of the local providers they are working with and to offer interpreters to speakers of languages other than English across their TA and communications strategies, including videoconference meetings, consultations, and trainings.

Opportunities to strengthen local/regional entities. While the state-to-local governance structure creates an ideal environment to apply a regional approach to the FCCN pilot, there is also an opportunity to strengthen those local/regional entities so they are more consistently implemented across the state. In order to do this effectively, additional guidance, including resources and tools, will be needed from OGS to give regional/local leadership the right balance of guidance and support so that all providers across the state are reached and served consistently.

Considerations for FCCN RFP

Organizations applying to administer FCCNs should:

- **Demonstrate their capacity for culturally responsive outreach, engagement, and oversight.** This would involve specific approaches according to the racial, linguistic, geographic, and other characteristics of their respective regions/communities—including but not limited to considerations for racial, linguistic, and cultural match of FCCN leadership, key staff, and the community of FCC providers served.
- **Articulate a clear theory of change to describe the design, priorities, and anticipated outcomes of the FCCN and associated FCC providers.** This would include specific indicators of meaningful progress in implementing the FCCN (e.g., reach, dosage, intensity of services).
- **Demonstrate the capacity to collect, analyze, and communicate data to describe the experiences, challenges, and successes of the FCC community.** This could include gathering provider and family stories that highlight the importance of the sector and its impact on the community, the challenges facing providers, and the value of the FCCN to meet those challenges and scale/reinforce the strengths of FCC.
- **Demonstrate the capacity to manage and execute multiple funding streams while looking ahead toward sustainability.** This could include experience managing blended or fluctuating funding for organizational operations, managing public-private partnerships to meet varied funder-specific benchmarks, and seeking innovative solutions/nonfinancial resources to meet organizational goals when funding is limited.



3 Capacity to provide ongoing FCCN staff development and supervision

What matters most for the staff who support FCC providers?

The knowledge, experience, and personal characteristics that enable FCCN staff to address needs of FCC providers. FCC providers value staff who are relatable, knowledgeable, and accessible. Many providers mentioned the value of building trusting, supportive relationships with support personnel who look and talk like the providers and have similar experiences. Ideally, network staff members would be former FCC providers with lived experience of managing a program—ensuring that they have experience interacting with systems such as licensing and GSQ and can offer supportive solutions grounded in lived experience. In addition, to offer effective supports, staff need to have time and capacity to build trust relationships with providers—meaning that staffing levels within the FCCN should accommodate reasonable caseloads, so that all providers can have adequate contact with FCCN staff and FCCN staff are not stretched too thin. Finally, effective network staff members should be invested and care deeply about FCC providers and the communities they serve.



“There has to be that ongoing support and it is built on trust and relationships, and that takes time to build. I think going in with that understanding and setting your expectations accordingly, and knowing that that initial two, three years, that’s not in vain, you’re actually building those relationships and building trust in the community. Through that, we’ve just been able to do much.”

— *Michigan Systems Leader*

Supportive supervision and performance management structure, including a scope of work and standards of performance. Although supported by research and best practice, setting performance standards or identifying staff competencies for working with FCC providers has not been broadly addressed in the field. Approaches currently being utilized with some success include requiring FCCN trainers and coaches to acquire state certification for technical assistance providers and engaging all new staff in antibias and cultural responsiveness training. Staff supervision that includes opportunities for reflective supervision has proven to be highly effective for FCCN staff (such as coaches) whose work with FCC providers is intensive or sustained over time.

Ongoing training and technical assistance to equip network staff with early childhood practice and systems expertise. Staff working with FCC providers need both foundational skills and knowledge in ECE content and working with adults as well as more specialized skills and knowledge needed to meet the unique needs and contexts of FCC providers. Specialized supports include those focused on building program quality in FCC settings, such as teaching and learning in mixed-age groups, implementing curricula, and working with parents and caregivers, and on operational supports, such as building technology skills and implementing business practices. FCCNs often offer a mix of required/foundational staff training as well as opportunities for network staff to pursue individual interest areas that align with their work with providers. In addition to their ability to promote quality and research-based solutions across programs at the local level, FCCN staff can also play a role in championing the unique strengths and priorities of the FCC sector while helping to elevate and address emerging issues over time.



“You definitely have to have somebody that understands the early childhood and all its components . . . and so, somebody that really is invested in early childhood and really does understand it and is willing to speak to the providers, to hear them and to hear what they have to say.”

— *Resource Center Staff*

Opportunities for networking and peer support. FCCN staff can benefit from having dedicated time to meet as a peer group to exchange experiences and engage in joint problem-solving. Networks that encourage and integrate peer learning opportunities into their overall staff management systems can increase overall job satisfaction as well as boost the efficacy and quality of interactions with FCC providers. Across multiple networks, there has been some success in establishing peer learning communities for network operators that can serve to ensure more consistent and equitable service delivery across networks.

FCCNs can draw from strong existing models of staff supervision, management, training, and TA as they develop their internal structures in ways that foster a supportive environment with opportunities for continuous quality improvement.

What efforts can we build on?

There are strong models of supervision and performance management in Michigan that FCCNs can draw on. The Michigan Home Visiting Initiative includes a strong focus on standards-based performance management and supervision. A set of core competencies for all home visitors in the state represents the foundation for developing and sustaining an effective home visiting workforce. Competencies explicitly address the need for staff to engage in reflective practice and supervision and to “regularly examine their own thoughts, feelings, experiences and biases, understand the impact these may have in their working relationships, and recognize the importance of being culturally sensitive, responsive and respectful.”¹⁴ Given the close alignment between the work of home visitors and that of FCCN staff, creating a similar set of competencies tailored to working with FCC providers could help ensure that networks can set consistent and appropriate expectations for staff working most closely with FCC providers.

There are also strong models for standards-aligned training and technical assistance to build on. Examples of current state efforts to address the training needs of staff include those incorporated in both the state’s Home Visiting Initiative and its Early Literacy Essentials/State Literacy Plan. Regarding home visiting, Public Act 291 of 2012 requires programs to “employ well-trained and competent staff and provide continual professional development relevant to the specific program model being delivered,” and the home visiting core competencies stipulate that all home visitors have an understanding of the critical importance of continued learning and of actively pursuing training and education to further their knowledge and skills. Similarly, the Early Literacy Task Force, established in 2015, created the Essential Instructional Practices in Early and Elementary Literacy documents, which provided instructional, coaching, and school-level guidance for practitioners and educational stakeholders. The MI Early Literacy Model created by MDE is the backbone of a statewide early literacy coaching initiative that includes training and TA for literacy coaches across the state. The proven effectiveness of these two initiatives demonstrates the importance of integrating rigorous training and TA into programs focused on capacity building for early childhood educators as well as parents and caregivers.¹⁵



“With the licensed home-based providers that we now have, many of them are leaders in their community. Now it’s not us coming in and saying, ‘This is what you should be doing with your children.’ It’s those individuals who are the ones interacting with the communities.”

— *Michigan Systems Leader*

Given the importance of providing relationship-based services to effectively meet the FCC community’s needs, it will be essential for regional FCCNs to establish clear expectations for staff qualifications and competencies that are aligned with the values and priorities of the community. These expectations not only should be communicated during the recruitment and onboarding stages for FCCN staff, but also should be reinforced through regular opportunities for professional development, training, and peer learning across regional networks.

What are the gaps and opportunities?

For FCCNs to offer equitable, accountability-driven, relationship-based services, the management of FCCN staff must be consistent with these values. While networks will necessarily be designed and operated within the context of the communities and providers served, there is also a need for some consistency in approaches being implemented to select, manage and support network staff. It is important to note that there is a role for all actors, from the top down, to create a culture of supervision and support that roots out bias; reduces punitive oversight; and leads to effective, relationship-based services. As the network selection process is developed, it will be important to include expectations for staff qualifications and staff management systems that are consistent with the key values expressed here and appropriately balance accountability with staff support. By ensuring that all staff working directly with FCC providers to deliver antibias, relationship-based services possess a common set of skills and knowledge and receive consistent quality training and support, the state can promote FCCN staff management practices that are equitable and lead to positive outcomes for providers.



“We [providers] are all leery of anybody coming into our homes first off. And I think why our region is so good at what they do, is they come in without any judgment whatsoever. They’re welcoming. They never have judged or said you’ve done anything wrong. They’re totally only there to make sure that you become a better provider, and the kids that you care for. So, if any of these supports are going to happen, you will need to find those type of people if you want anything to succeed in child care.”

— *Provider*

FCCNs need specialized training to be effective in meeting FCC sector needs. Research indicates there are gaps in the range of topics covered in in-service training for staff, especially in the areas of adult learning principles, case management, and equity and cultural responsiveness. Both FCC providers and agency staff working with FCC providers recognize that a key to overcoming these gaps is a focus on intentional preparation of staff to deliver key services to FCC providers. This includes both building expertise around content and topics of relevance to providers and building capacity for leadership, management, and supervision. As such, the state should consider opportunities to offer consistent guidance to FCCNs surrounding network staff preparation. Examination of staff support and management systems in other states points to the importance of providing network staff with access to emerging research and an opportunity to build new skills and knowledge in the context of a network of their peers. The state can leverage the existing regional network structure to create these opportunities for FCCN staff on a regular basis.

Considerations for FCCN RFP

Organizations applying to administer FCCNs should:

- **Articulate a staffing plan that ensures appropriate capacity to meet the needs of providers in the region.** This should include considerations for overall staffing levels according to the overall presence and distribution of FCC providers. This should also include considerations for the characteristics and experiences of network staff and strategies for recruiting and retaining an appropriately diverse, well-prepared network staff.
- **Describe an approach to supervision and performance management that engenders a culture of support and continuous quality improvement.** This should include the development and use of competencies and performance standards that offer transparency and accountability surrounding the expectations of staff. This should also include a commitment to relationship-based, strengths-oriented supervision (e.g., reflective supervision) with the expectation that the culture of support and continuous quality improvement extends to the FCC providers in the network.
- **Demonstrate the capacity to provide access to regular professional development and technical assistance for FCCN staff.** This could include workshops, professional learning communities, coaching, and other opportunities to engage with their peers in learning activities. Topics for professional learning should include research-based child development, best practices, and other content that can inform or be “turn-keyed” for provider training, as well as strategies such as relationship building and adult learning to inform staff’s approach to engaging and supporting providers.
- **Articulate a plan for facilitating connections between FCCN staff within and across regions.** These opportunities should be available to FCCN directors as well as direct service staff and should provide a platform to collaborate, share best practices and lessons learned, and build knowledge and skills within role-alike groups.



4 Capability for cross-sector and cross-system collaboration

What matters most for organizations implementing FCCNs?

Being connected within the existing regional/local birth-to-5 support network. A key theme that emerged across stakeholder conversations was the importance of not creating a new parallel system for providers to navigate, but instead leveraging the existing ECE infrastructure and reliable points of connection within the state-to-local early childhood system. While it is not essential for the FCCNs to be housed within these entities, it is valuable for any community-based organizations serving as FCCNs outside of this infrastructure to form connections with these state-funded efforts and keep abreast of changes in the state ECE landscape impacting their work and the work of FCC providers.



“If we don’t have the Office of Great Start really leading out on how crucial these networks are to ensuring that all kids in Michigan have equitable access to high-quality environments regardless of where they receive child care, I think that we’re going to see really segmented impact across the state where some communities . . . who already have infrastructure built and this work will become a part of the greater work that they’re doing around early childhood . . . and other communities that, maybe, don’t have that infrastructure.”

— *Michigan Systems Leader*

Access to partnerships that resource and support FCCNs and the FCC programs in their regions. A key benefit of a coordinated regional/local birth-to-5 network is the opportunity to access a range of services and supports. Awareness and connection to service providers, community-based organizations, and collaborative bodies across multiple sectors can reduce duplication of efforts and streamline the delivery of essential services for FCCNs and their affiliate FCC programs—and ultimately reach young children and their families.

It is important to acknowledge and build on the existing landscape and relationships at the local level as part of the implementation of Michigan’s regional FCCN infrastructure. There are several cross-system linkages that can be reinforced by state leadership to improve connections and strengthen collaboration of FCCNs across the state.

What efforts can we build on?

A number of local and ECE structures already exist in Michigan and should be leveraged as points of connection to the full range of services and supports for children and resources for programs.

Some potential leverage points at the regional and local levels include the following.

- **Great Start to Quality Resource Centers:**

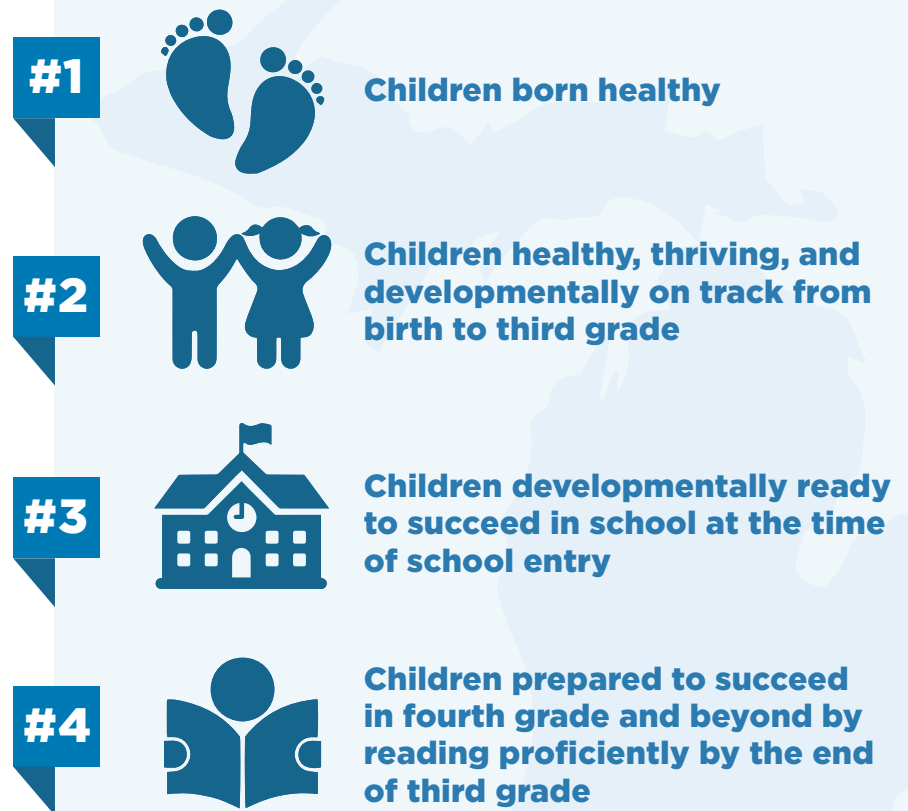
There are 10 GSQ Resource Centers across 11 regions throughout Michigan. Each Resource Center provides resources and support to programs (including those not participating in GSQ), providers, and families aimed at improving access and quality.

- **Great Start Collaboratives (GSCs):**

GSCs are locally driven systems-building bodies bringing together multiple stakeholders to work at the local level to advance Michigan’s four child outcomes (see Figure 1). GSCs are embedded within the intermediate school districts and typically engage businesses, philanthropy, faith-based communities, Health and Human Services, Community Mental Health Services, private health care including mental health, juvenile and family court, elementary education staff, preschool including Head Start and Great Start Readiness Program (GSRP), child care providers, elected officials, and community-specific nonprofits.

- **Great Start Parent Coalitions (GSPCs):** GSPCs are groups of parents and caregivers who work in connection with GSCs to provide their voice to the larger early childhood systems efforts and strive to engage more families in early childhood services and programs. The GSPCs provide a customer/beneficiary perspective for the Great Start Collaborative; educate community members about the importance of early childhood; support the GSC’s work toward achieving Michigan’s early childhood outcomes; and provide information, education, and resources to parents raising young children.

Figure 1. Michigan’s Four Child Outcomes



KEY FINDINGS AND CONSIDERATIONS

- **Early Childhood Support Network:** The ECSN comprises four regions throughout the state and works to facilitate cross-sector collaboration within the region for maximum utilization of federal, state, and local resources to promote quality child care provision and equitable access to early childhood support and services. The ECSN provides systems development, professional learning, and technical assistance for the Great Start Network, which includes the GSQ Resource Centers, GSCs, and GSPCs.
- **Coordinated eligibility and enrollment (CEE) efforts:** The Michigan Department of Education is currently funding a set of community partnerships focused on CEE implementation around the state. These teams are developing strategies to improve local coordination and delivery of key early childhood services to better meet the needs of young children and their families in their community.
- **Caregiving Conversations Head Start monitoring visits:** Originally developed with the Race to the Top—Early Learning Challenge funds, Caregiving Conversations is an effort to help providers and families build their capacity to work as partners in the care of children. As part of the state’s response to the COVID-19 pandemic in 2020, Michigan relaunched Caregiving Conversations as one of the initiatives funded by PDG B-5 renewal funds to support intensive family engagement across a range of early childhood program settings. MDE worked with the Early Childhood Investment Corporation to adapt the series to a virtual format and recruit licensed and license-exempt providers to participate.¹⁶

Each of these entities brings valuable resources, institutional advantages, and connections that FCCNs and their affiliate providers can benefit from. In particular, the ECSNs and Resource Centers may possess the capacity and statewide reach to oversee or convene the FCCN strategy. Meanwhile, FCCNs can add critical capacity to the regional/local system writ large, by bringing issues and resources specific to FCC to the table in a more robust way.



“You see advertisement for public schools all the time. You see the advertisement for the GSRP programs, free preschool. Where’s the advertisement about Great Start to Quality and your Resource Centers in your local community. I mean, there just isn’t that. You see other advertisement for nonprofits. Local Salvation Armies, things like that. They have funding for advertisements. They advertise on TV. They advertise. We don’t have any of that.”

— *Resource Center Staff*

What are the gaps and opportunities?

Despite existing structures, limited resources and lack of coordination in support of FCC providers perpetuate program inefficiencies. Providers mentioned the undue burdens of creating resources like handbooks and applications from scratch, maintaining individual connections with community partners, and seeking out additional services needed for the children and families in the providers' care. Networks can play a potential role in creating more efficiencies that reduce the pressure on providers to identify what is available to them on their own. For example, there is a need to establish some standardized materials—either through OGS or through regional networks with OGS guidance—using the strengths and lessons learned from existing networks to inform these materials. The state can look to the Head Start networks model, for example, which offers the most intensive services that research indicates are most likely to shape quality outcomes, including frequent visits to homes; use of a curriculum; and developmental, mental health, and health resources for children and families.¹⁷ In addition, networks should have the capacity to build awareness of their role and the availability of FCC programs in the region across the larger community, including linking families to MiKidsMatter and other sources of information about child care options in their communities.



“I am so appreciative of all the grants that we’ve been receiving. It is tremendous of what we’ve been able to have. But the only downfall with that is again, a clear expectation . . . I know Great Start to Quality is there, but they don’t even know really . . . So, when you’re working with the state and the government, we need clear, just like our rules and regulations. We need clear things of what is allowed, what is not allowed.”

— *Provider*

Funding silos and lack of connection to existing resources leads to missed opportunities to fully support children and families. There is a need for collaboration and consistency across state-funded efforts and organizations, including blending funding streams and coordinating with cross-sector efforts focused at the local/regional level. For example, there are several early learning resources and materials available through Michigan’s intermediate school districts, including potential opportunities for shared training with FCC providers on topics such as early literacy, health, nutrition, and other content areas; school transition planning and support; *Talking Is Teaching* and other locally implemented parent engagement strategies; and access to referrals for early childhood mental health, behavioral health, and special education services. In addition, many FCC providers may not be aware of the range of community-based resources available to child care programs and could benefit from having a liaison to help them connect and establish these relationships, cover or negotiate fees, and provide other forms of assistance.



“I want to say more funding opportunities and more support. I know the stabilization grant just came, but, more opportunities for family home providers. It seems as if it’s more for center-based and not the smaller providers. So that is definitely a niche that I think that they’re forgetting about, is they’re focusing on more of the center base.”

— *Provider*

There is also limited awareness of the existing services for children and families being served by the FCC sector. For example, not all FCC providers are aware of Early On® Michigan—a program that offers early intervention services for infants and toddlers with developmental delays and/or disabilities, birth to 3 years of age, and their families. Yet these programs are serving a significant portion of young children and could play a role in helping providers to identify and address children’s delays as early as possible. Similarly, FCC providers should be able to connect the families in their programs to wellness checks for their children, including oral health visits and vision and hearing screenings.



“I think one of the big things that kind of stuck out for me was that early childhood mental health consultation. I’m like actually, in a situation right now where I’m looking for somebody to talk to [and] pick their brain that is in early childhood. Like, I have this situation with this little girl and it’s not like a cut and dry situation. Like, I need somebody who’s an expert who is, a child psychologist or whatever, just to pick their brain on it. And I’m kind of having a hard time finding somebody. I think I just found somebody that said, ‘Oh, I know somebody, you can call her’ . . . but to have like a network . . . it’s just we need that little bit of support there because we have some knowledge ourselves.”

— *Provider*

Specific resources needed for materials and facilities improvements. As part of supply-building efforts in Michigan, it is important to address the quality of the facilities that are used for child care, including the home-based settings used by FCC providers. The provider community can benefit from access to resources and support specifically focused on improving the physical space and environment of their programs. Not only could these improvements help them to expand their program capacity (i.e., number of slots), but minor renovations and upgrades can also help programs to meet higher benchmarks of program quality. For example, IFF Learning Spaces is an organization that works to increase capacity and improve access to quality ECE by offering grants and technical assistance to ECE providers, including home-based providers, to renovate and upgrade their facilities. As part of their role, FCCNs can help to identify and connect FCC providers with such organizations and offer support with grant applications by providing relevant data, financial match, and other

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necessary information. Where organizations do not yet exist, FCCNs could play more of an advocacy role, raising the need for resources and supports and encouraging providers to use their collective voice to highlight their facilities challenges as part of the discussion about rebuilding child care supply for economic recovery.



“I feel like nobody ever really knows everything that they’re supposed to have ready for their state licensing rep or for training hours or for maybe just a solid concrete, informational training, like a checklist, like this is what you need, all the way down from training hours to whatever. Just all in one spot.”

— *Provider*

There is a need to more fully integrate FCC as part of the state and local ECE system. Providers spoke about the need to “professionalize” the FCC field and expand general awareness of the critical role that FCC providers play in Michigan’s ECE system. Programs emphasized the desire to be viewed as “more than just babysitters” and afforded the same level of support given to center-based providers. While many networks are focused on building the leadership capacity of the FCC community, these strategies can be elevated to the state level to ensure the FCC and group home perspective is adequately incorporated into key decision-making across the system.



“Make sure that this just doesn’t become just another part of the system . . . [Some state initiatives] just seemed like another thing that we’re supposed to do. And so, in a lot of spaces, we’re checking off the box rather than really leveraging the capacity of those partners who are around those tables to truly influence systems change.”

— *Michigan Systems Leader*



Considerations for FCCN RFP

Organizations applying to administer FCCNs should:

- **Describe current partnerships with state-supported and community-based organizations in their regions and how leveraging these partnerships will expand access to the full range of birth-to-5 supports that children and families need.** For example, FCCNs can maintain listings of service providers in the region and, building off their deep relationships with the community, can lead or partner with other organizations in the community to help children and families gain access to comprehensive services such as screening and early intervention, mental health and physical health services, and other social services.
- **Describe a plan to build efficiency and capacity in FCC programs.** This could include efforts such as connecting FCC providers with existing cross-sector opportunities for relevant professional learning and networking, generating or curating templates for common documents to reduce duplication of efforts, strengthening existing systems or creating new systems that advertise FCC programs to families, and acting as a liaison for community partnerships to benefit FCC programs regionally.
- **Demonstrate capacity to support the sustainability and development efforts of FCC programs.** For example, FCCNs can offer data, fiscal sponsorship, and matching funding for providers seeking additional funding for individual programs—or can take the lead to seek and respond to larger-scale funding opportunities benefiting FCC programs across the region.
- **Articulate a plan to support the ongoing professionalization and integration of FCC in the regional and statewide ECE landscape.** This could include seeking out opportunities and preparing FCC providers to have a voice in ongoing strategic planning and implementation efforts that impact them, while leveraging providers' reach and influence to advocate for additional support for FCC and FFN as essential components of the ECE system.



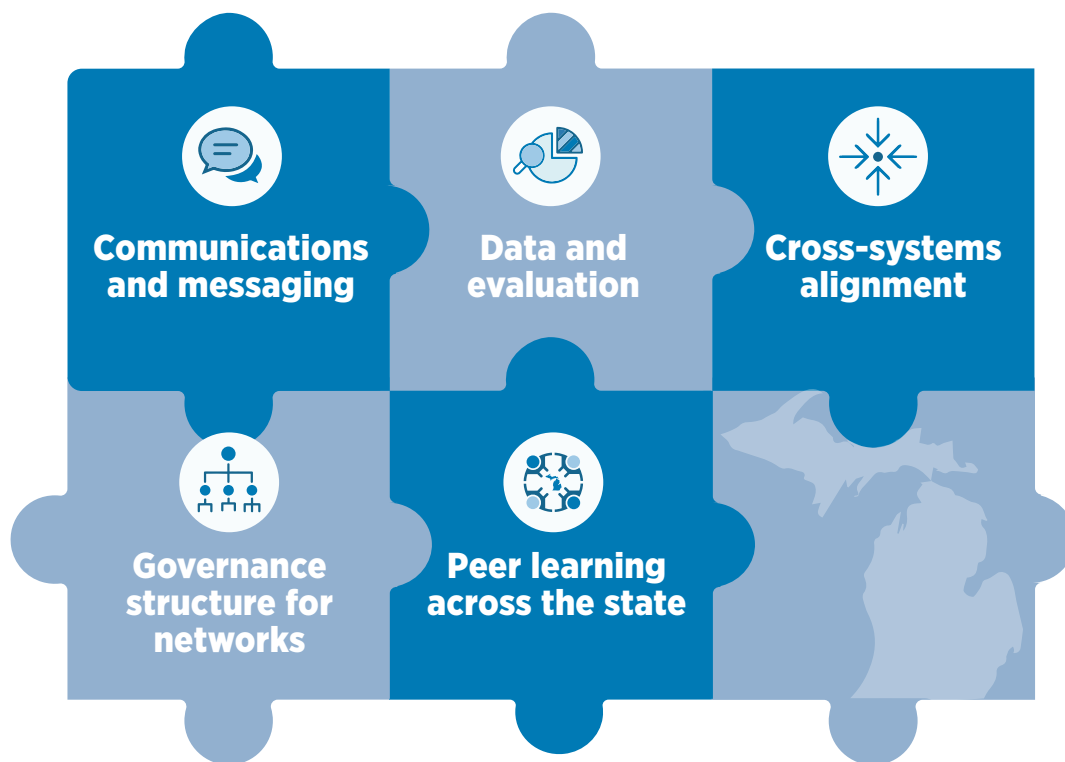
A young child with curly hair is looking down at a wooden abacus. The abacus has several rows of colorful beads (red, blue, green, yellow, white) on wooden rods. The child is wearing a blue and white striped shirt. The background is a plain white surface.

ENABLING CONDITIONS FOR SUCCESSFUL IMPLEMENTATION

Considerations for FCCN RFP

While the primary purpose of this report is to provide Michigan’s Office of Great Start with a research- and stakeholder-informed framework to guide the RFP process to expand regional FCCNs, the findings revealed several actions that can be undertaken at the systems level to promote the successful implementation of expanded FCCNs. It will be important to create certain enabling conditions (represented in Figure 2) in conjunction with the funding opportunity to ensure regional FCCNs are expanded in a way that is effective, equitable, and ultimately sustainable.

Figure 2. Enabling Conditions for Successful FCCN Implementation



Communications and messaging: For the networks pilot to be successful, the provider community should see the immediate value of participation and view the networks as a reliable source of support rather than another requirement or hurdle to overcome. This may be achieved through the identification of “FCCN ambassadors,” members of the FCC and group home provider community who can offer clarification about the purpose and role of the networks. It will be important for OGS to communicate that the FCCNs are not playing the role of overseeing compliance or monitoring for licensed programs and that participation is not mandatory or tied to child care funding for providers. Instead, it should be clearly articulated that networks are part of an overall supply-building strategy in Michigan and are available as an option for FCC and group home providers who feel they would benefit from additional services and supports.



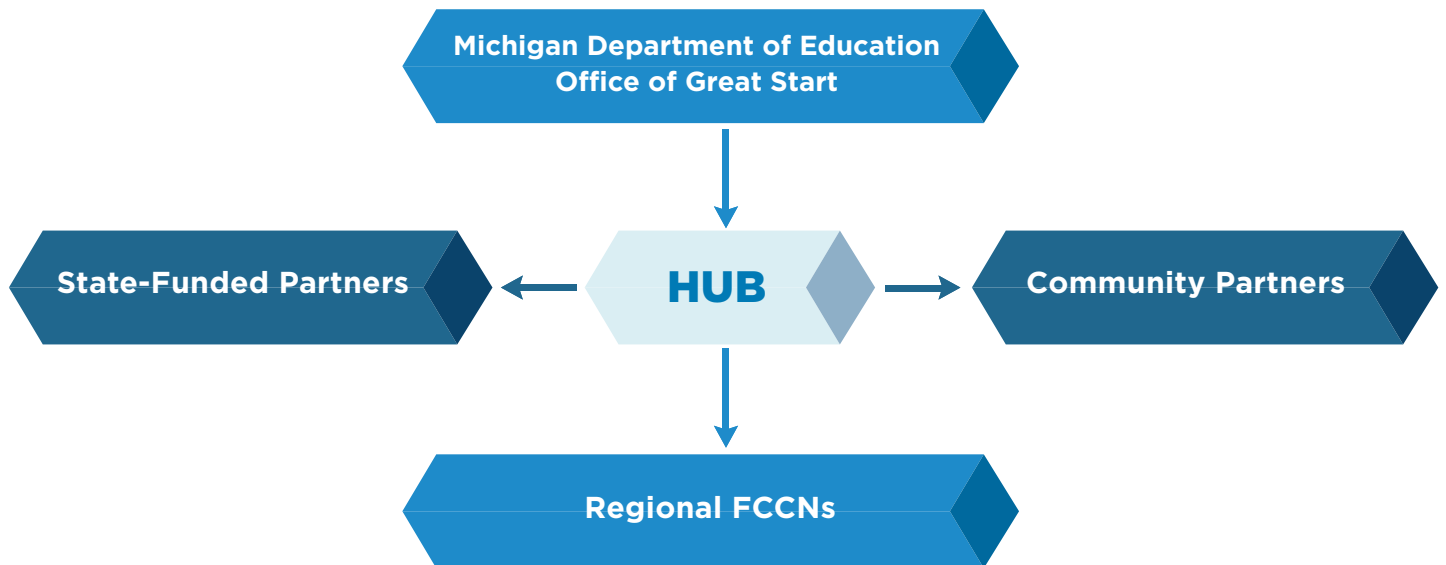
HomeGrown's Leading from Home—Building Home-Based Child Care Leaders to Raise Visibility and Inform Change

Recognizing that current systems do not routinely include the voices of providers/ caregivers and families in making key decisions for the home-based child care sector, HomeGrown launched the Leading from Home Initiative. The initiative seeks to invest in and strengthen providers and families to inform policy decisions and actions. The aim is to build and support community leaders and their goals to influence policy and systems. Leaders from the provider community participating in Leading from Home work toward the following goals:

- Connecting with state and local leaders to increase support for home-based child care
- Encouraging leaders to use a cost-of-care model to set and increase subsidy rates
- Seeking equal language access for materials and resources

ENABLING CONDITIONS FOR SUCCESSFUL IMPLEMENTATION

Governance structure for networks: The national research points to the value of a flexible and localized governance structure that allows the delivery of services and supports to be adapted to meet local needs, while providing some level of oversight at the state level. It will be important to clearly outline which decisions related to network governance rest with the state, with network leadership, and with individual FCC providers. One model for consideration is Connecticut’s use of an intermediary organization outside of the state government to serve as a “superstructure” or hub to the cohort of local networks (see more information in Spotlight: Connecticut Family Child Care Hub—Developing an FCCN Coordinating Superstructure). This entity plays a role in the strategic coordination and communication across local networks as well as ensuring more equitable quality and access to services. If a similar approach is taken in Michigan, the intermediary organization could support the FCCN infrastructure by providing implementation leadership and engaging networks in continuous quality improvement processes to ensure services are delivered with fidelity and in ways that honor the unique needs of the community, while also being aligned with national research and best practices.





Connecticut Family Child Care Hub—Developing an FCCN Coordinating Superstructure

Since 2018, the Connecticut Office of Early Childhood (OEC) has contracted with local nonprofit organizations to organize and operate regional community-based family child care networks. Regional networks operated independently of one another, which over time led to differences in the quality and availability of services. To address variations and ensure consistent and equitable growth between networks, the OEC funded the Connecticut Staffed Family Child Care Network Hub, an intermediary organization overseeing the state's regional networks. The hub is responsible for augmenting, scaling, and coordinating the services of the regional staffed FCCNs and for managing the performance of this system and the individual networks. The hub will also convene a community of practice for network operators designed to provide a cross-regional, statewide structure for identifying common challenges and the dissemination of promising solutions. Connecticut's example shows that the intermediary superstructure enables the state to deliver a more consistent set of services and collect needed data on outcomes while retaining the ability of individual networks to maintain relationships and support the unique needs of providers they serve.

Data and evaluation: The proposed legislation requires networks to participate in data collection and evaluation to measure success and improve their responsiveness to providers. OGS, along with a potential state-level intermediary organization, can play a role in establishing common metrics across regional FCCNs to better understand and document their impacts on the FCC sector, including on the supply and quality of programs in each region. Key trends and lessons learned from the pilot can be compiled in an annual report. Given the relationship-based nature of this work, it is recommended that pilot networks be able to operate for at least 24 months to allow sufficient time to form connections and demonstrate measurable impacts on FCC providers and the larger community.



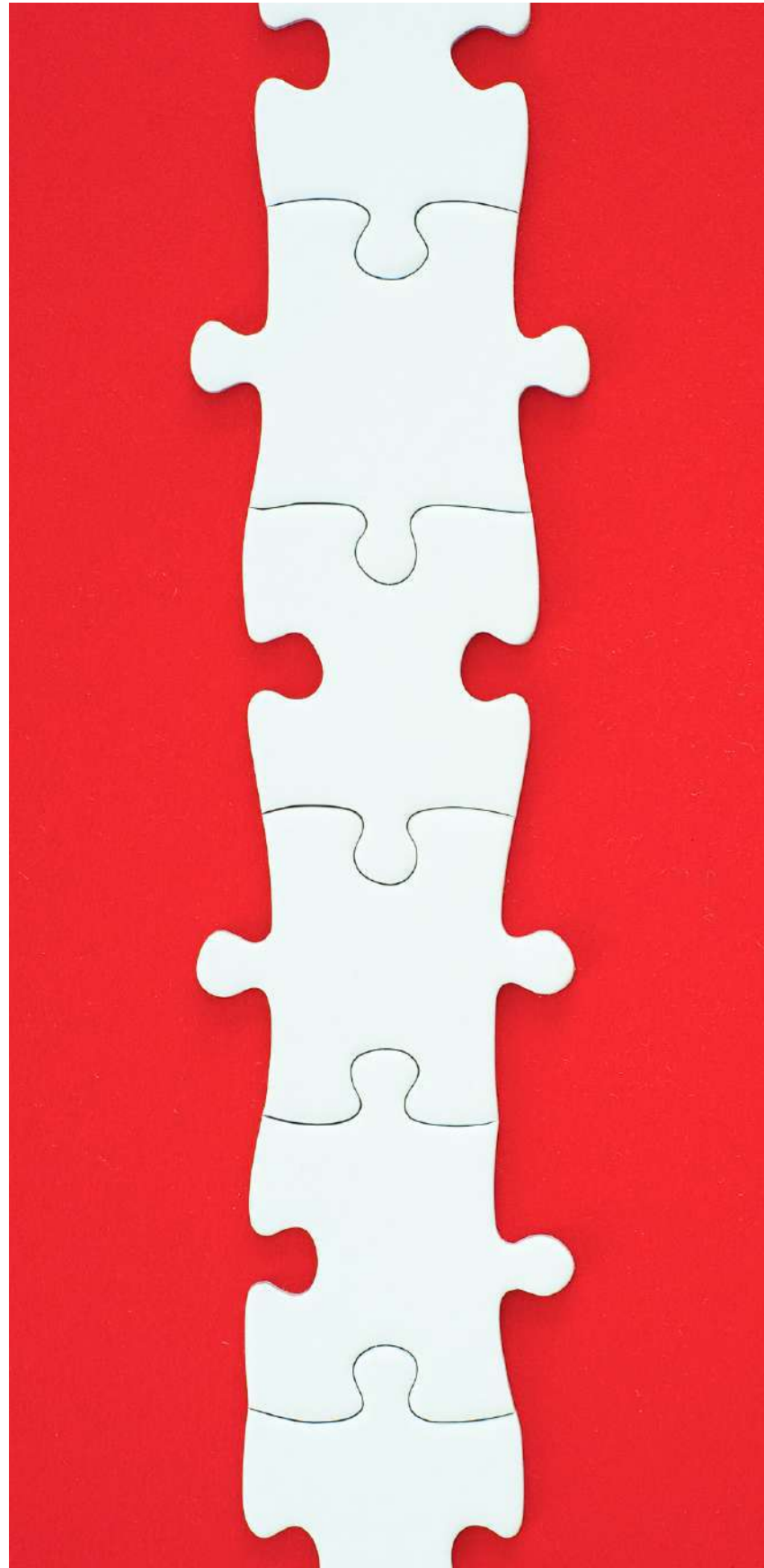


Wisconsin Early Education Shared Services Network—Strengthening FCCNs Through Evaluation

Wisconsin Early Education Shared Services Network (WEESSN) started small, working in just a few communities. To ensure what the network was proposing for a community was “wanted and helpful,” WEESSN invested time up front to build important relationships with key stakeholders and develop an accurate understanding of local needs. Through surveys and feasibility studies, staff worked to explore what would be most likely to address challenges and offer services relevant to providers. The initial data and studies informed the development of WEESSN, which brings together family and center-based early care and education programs to pool resources and leverage economies of scale.

As WEESSN has grown, so has the need for evaluating its efforts. With 135 programs in 11 counties, WEESSN recognized the need to take a deeper look at program outcomes, undertaking a proof-of-concept evaluation to build understanding of the impacts of the WEESSN using a two-cycle approach. In the first cycle, questions asked included: What do staff members recognize as the most important impacts of the work? What do staff members recognize as the components that most contribute to those impacts? The second cycle focused on the following questions: What inputs does WEESSN need, and how they will change as the network grows? Who are the users of WEESSN, and how do they engage with the network? Findings will be used to inform decisions about how the organization will need to change as it grows.

Cross-systems alignment: OGS can encourage connections with networks across all state-funded ECE efforts by embedding strategic collaboration with FCCNs into the goals or scope of work for Early Childhood Support Networks, Resource Centers, and Great Start Collaboratives. In addition, it will be important for the state to outline how the regional networks will align with current plans to use \$100 million in ARPA funds to support several supply-building activities across the state, including resources for enhancements to early learning spaces, wraparound services, and start-up grants.





Growing Up New Mexico's Transforming Child Care Initiative—Connecting FCC Stakeholders and Investing in FCC Providers

Through its Transforming Child Care Initiative, Growing Up New Mexico is creating local home-based child care networks designed to increase access, improve quality, and inform policy. To promote those goals, the initiative connects families to home-based providers, offers providers tools and resources that increase the provision of quality early education and care, and utilizes lessons learned to improve policy. Recognizing the importance of taking a comprehensive approach to supporting both providers and families, the initiative seeks to “activate connections between families, caregivers and available resources.” Work will begin by identifying common needs of providers and families as well as potential resources, barriers, and activities that could be deployed to provide wraparound support in communities including “state and federal programs, business development, food banks, local libraries, local nonprofits, child care centers, and community colleges.”

Growing Up New Mexico is also strengthening cross-sector conversations about FCC needs and offering microgrants to providers. Growing Up New Mexico hosts events where local providers, state leaders, and government officials concerned with child care (e.g., licensing and fire personnel) discuss the needs and barriers relevant to home-based care. In return for participating in the local discussions and completing a survey, providers receive a \$200 microgrant. In addition, licensed and unlicensed FCC providers can obtain a \$1,000 stipend for participating in a Statewide Business Accelerator training cohort, in which they have opportunities to attend expert talks, learn from one another, and obtain individual coaching. The microgrants and the stipends ensure that providers obtain the quality supports that they need and that the network gathers data to inform policy efforts, which in turn shape cross-sector coordination.

For more information, visit: <https://growingupnm.org/policy/transforming-child-care/>

Peer learning across the state: Since the legislation also requires regional networks to participate in a statewide community of practice, it will be important for OGS or another statewide entity to plan and facilitate regular learning opportunities between network coordinators and key staff members around the state to ensure their work is informed by the latest research and changes in child care licensing and policy. It will also be important to consider ways that state-funded networks can connect and learn with their peers in privately funded networks that focus on supporting the state's FCC sector, particularly at the community level.



MOVING FORWARD



MOVING FORWARD

The strategic expansion of family child care networks has potential to deliver broad and consistent support to Michigan’s family child care sector while allowing for customized community-based solutions. By applying a research-based framework for expanding family child care networks outlined in this report, Michigan can build the presence and capacity of FCC providers across the state. As OGS moves into the implementation stage for the regional pilot, it will be important for the state to communicate its long-term vision for FCCNs and how they fit into the state’s ECE system. OGS can ensure there are clear lines of communication about how the results from the FCCN pilot will be used to inform the larger goals of child care sector stabilization and supply-building efforts, including any ongoing financing possibilities for the pilot to be sustained and additional networks to be formed in the future.



APPENDIX A: Study Methodology

The SRC team examined both quantitative and qualitative data to better understand Michigan's FCC landscape and the conditions for developing effective and equitable FCCNs. The study drew on existing, publicly available quantitative data and on existing literature on FCC and FCCNs in Michigan and other states. The SRC team also collected data through individual interviews with key informants from Michigan and other states, listening sessions with FCC providers, and multi-stakeholder workgroup sessions. These complementary data sources were analyzed simultaneously and later triangulated to increase the validity of the findings. Figure 3 illustrates the data collection process and timeline. In the following sections, we describe the data collection and analysis processes.

Figure 3. Data Collection Process and Timeline



Data Collection and Sources

Data for this study came from existing documents, interviews with individual interviews with key informants from Michigan and other states, listening sessions with FCC providers, and multi-stakeholder workgroup sessions. All data collection efforts were online. Interviews, listening sessions, and workgroup sessions unfolded via Zoom and were video recorded and transcribed verbatim. All data were stored and used according to best practices for usage confidentiality. Below, we provide additional details on each data source.

- **Existing documents and data.** As part of the national FCCN scan, the SRC team reviewed documents and national reports about FCCNs, national policy briefs about FCCNs, reports and briefs from other states' FCCNs, and policies concerning FCCNs in states other than Michigan. For the Michigan FCCN scan, the team examined existing Michigan state-level policies about FCCNs, documents about prior efforts to establish FCCNs in Michigan, and information about current Michigan FCCNs. We also reviewed publicly available data and reports to better under-

stand Michigan's child care system landscape as well as the needs and assets of FCC providers in Michigan. The document review process occurred between October and November 2021, and it informed the design of the protocols for the interviews, listening sessions, and workgroup sessions.

- **Individual interviews with key informants.** The SRC team facilitated 28 individual interviews with key stakeholders from Michigan and across the country between November and December 2021. The interviews with national FCCN experts and FCCN leaders from states other than Michigan centered on discussing the key factors in the successful design and implementation of FCCNs. Interviews with Michigan's ECE system leaders, state agents, and local FCC leaders included questions about the current FCCN landscape in Michigan and key considerations in developing Michigan's regional FCCNs (based on the legislation's requirements).
- **Statewide workgroup.** The SRC team organized four 90-minute meetings with a select workgroup to review and discuss findings of the national FCCN scan, complement learnings from stakeholder conversations, and collaborate on key components of the recommendations and report. The workgroup meetings were held virtually between December 2021 and March 2022.
- **Listening sessions (or guided group conversations).** The SRC facilitated three group conversations with Michigan's FCC providers from three regions—Eastern, Western, Southeastern, and Upper Peninsula and Northern Lower Peninsula. The sessions were held virtually in February 2022. The sessions focused on gathering FCC providers' perspectives on their main needs, support systems, and FCCN components.

Participant Recruitment and Selection

SRC's commitment to equity and partnerships was reflected in our team's recruitment and selection strategies. The SRC team partnered with OGS staff, including staff from Great Start to Quality Resource Centers and child care licensing, to identify and connect with potential project participants. The team also aimed to select a sample of participants who represent the racial and geographic diversity of the state and the country. To have a full picture on Michigan's FCCN landscape, we enlisted both state-level leaders and community-level leaders and stakeholders. To incentivize study participation and acknowledge participants' contributions, the SRC team offered a \$40 Visa gift card to listening session participants and a \$100 Visa gift card to workgroup members.

Data Analysis

The SRC team employed multiple analytic methods to examine and corroborate data sources. We analyzed the transcripts of provider listening sessions and interviews with Michigan state-level leaders and resource center staff deductively, using a directed content analysis approach. More specifically, the team derived potential codes and categories from the questions that guided this study and from existing literature. To facilitate the analysis process of the interview

and listening session transcripts, the team used Dedoose, qualitative data analysis software that enabled us to directly label (or code) specific statements or transcript fragments and analyze categories in the light of our research questions. The analysts of those data sources identified patterns (or themes) across the transcripts and drew connections to other data sources—namely, workgroup sessions, key informant interviews, and publicly available documents. The SRC analysts examined the transcripts of the key informant interviews and workgroup sessions and identified key cross-cutting themes. We supplemented the qualitative data by reviewing publicly available documents and data sources. And we used descriptive statistics to examine the quantitative data we could access. The SRC team met several times to discuss and refine the themes and findings emerging across multiple different sources. The use of multiple data sources (i.e., documents, interviews, listening sessions, and workgroup meetings with various FCCN stakeholders) and the involvement of multiple ECE specialists allowed us to corroborate the themes that arose during the analysis and to conduct a robust analysis.

Importantly, all data analysis processes were grounded in equity. During the data triangulation and reporting processes, the SRC team monitored that we were uplifting the voices and perspectives of communities that have historically been marginalized within the early childhood systems. The SRC team also conducted a Racial Equity Impact Assessment (REIA) of possible FCCN models and practices; the REIA helped identify how different racial and ethnic groups could be affected by Michigan’s policies and investment strategies. During both analysis and reporting, we examined the racial equity implications of our findings and proposed recommendations. Figure 4 summarizes how SRC equity commitment shaped recruitment, data collection, data analysis, and reporting.

Figure 4. SRC's Equity Commitments



APPENDIX B: Interview Protocol for National Experts

INTRODUCTION AND CONSENT (5 minutes)

Thank you for joining us today. My name is _____, and I represent School Readiness Consulting (SRC), a consulting firm that focuses on supporting young children’s development. SRC is partnering with the Michigan Office of Great Start (OGS) to conduct a scan of statewide and national family child care network (FCCN) practices and a series of conversations with stakeholders. This conversation will be used to inform the development of a request for proposals (RFP) for Michigan communities seeking resources to develop and expand FCCNs.

In this session, we want to hear your thoughts on successful models of FCCNs, in terms of both design and implementation. To make sure that we are all on the same page, first let me share some guidelines and get your consent for participation.

Guidelines and Consent

- Your participation is *voluntary*. You can stop participating at any time or skip questions you don’t feel comfortable answering.
- There are *no right or wrong answers*. We just want to know your honest opinion.
- This conversation will last *45 minutes* (approximately).
- We want to be respectful of your time. At times, I may need to interrupt and move on to the next topic so that we can end on time. Please, don’t take it personally; I just want to make sure we cover all the topics on the agenda.
- We will *record* today’s session to ensure we capture everything. The recording will be accessible only to our research team.

Do you have any questions or concerns about what I just shared? [PAUSE]

[After all the questions have been addressed:] Thank you for agreeing to participate in this conversation. I am going to start recording soon. When you get the recording notification, please select “got it.”

PARTICIPANT INTRODUCTION (1 minute)

Please introduce yourself by sharing:

- Your name and preferred pronouns
- Your job title and the name of your organization

QUESTIONS ABOUT FCCNs

1. What are the “key ingredients” or components of effective FCCNs?
 - a. *Probe:* Can you give me an example of an effective FCCN and its key ingredients?
 - b. *Probe if needed:* What considerations should FCCNs keep in mind about their **theory of change**?
 - c. *Probe if needed:* What considerations should they keep in mind about **service delivery strategies**?
 - d. *Probe if needed:* What considerations should they have about **staff training and support**?
 - e. *Probe if needed:* What considerations should they have about **staff-provider relationships**?
 - f. *Probe if needed:* What are the main challenges that FCCNs face? [Or:] What factors reduce the effectiveness of FCCNs?
2. Overall, what are the key roles that FCCNs play in supporting the family child care (FCC) sector (what are the major goals that define their work)?
 - a. *Probe if needed:* Quality improvement, access, and sector stabilization are three common goals associated with FCCNs; how are they addressing these goals?
 - b. *Probe if needed:* Specifically, what strategies are FCCNs using to support sector stabilization?
 - c. *Probe if needed:* How have FCCNs modified their approach, given the pandemic, to best meet the needs of providers?
3. How do FCCNs define success and measure success?
 - a. *Probe if needed:* What metrics or indicators do they use to measure success?
4. From your perspective, how are FCCNs impacting the FCC provider community (what needs are they successfully addressing and how)?
 - a. *Probe if needed:* What **services** are most frequently offered through staffed FCCNs?
 - b. *Probe if needed:* How are they delivered? Are there certain **service delivery strategies** that have the biggest impact on providers? What are they and what makes them most effective (i.e., light-touch versus intensive or ongoing)?
 - c. *Probe if needed:* How are effective FCCNs improving outcomes for providers? Specifically:
 - i. What are some innovative or essential ways FCCNs increase FCC providers’ financial stability, early care and education (ECE) knowledge, and technical skills?
 - ii. What are some innovative or essential ways FCCNs support effective business practices and navigating systems and regulations?
 - d. *Probe if needed:* In what ways do networks play a role in bridging FCC providers with mainstream ECE systems and supports?

APPENDIX B: INTERVIEW PROTOCOL FOR NATIONAL EXPERTS

- e. Probe if needed: How are networks connecting providers to other community resources and services?
- 5. To what extent do or could FCCNs address, increase, or reduce social inequities?
 - a. *Probe if needed:* What current practices and innovations of FCCNs demonstrate a focus on equity?
 - b. *Probe if needed:* What is the potential for FCCNs to address or reduce social inequities?
- 6. What are the key operational or governance elements that should be in place?
 - a. *Probe:* Can you talk about network models that are state-run or locally run? What are the cost and other operating implications?
 - b. *Probe if needed:* What are or should be the most important considerations networks make with regard to leadership, staffing, and staff support?
 - c. *Probe if needed:* What additional structural or operational elements are necessary to operate an effective network?
- 7. What systems should a state put in place to increase FCCNs' effectiveness, stability, and equity?
 - a. *Probe if needed:* What funding structures should be in place?
 - b. *Probe if needed:* How should the state and the regions collaborate? What role should regional and state-level entities play?
 - c. *Probe if needed:* Besides funding, what specific type of support should the state provide?
 - d. *Probe if needed:* What policies should be instituted?
 - e. *Probe if needed:* What supply-building and stabilization efforts should the state deploy?

CLOSING QUESTIONS

- 8. What advice would you give to Michigan as they design and implement a framework for a system of regional FCCNs?
 - a. *Probe if needed:* What are the key state-level considerations for implementing staffed FCCNs (staffing models, cost management, funding, etc.)?
- 9. Is there anything we have not asked about that you would like to share?

THANK YOU

Thank you for talking with me today! This conversation helped us have a better understanding of the national FCCN landscape. Your insight will support the state of Michigan in developing an FCCN and offering better opportunities for providers and families.

APPENDIX C: Interview Protocol for FCCN Leaders in Other States

INTRODUCTION AND CONSENT (5 minutes)

Thank you for joining us today. My name is _____, and I represent School Readiness Consulting (SRC), a consulting firm that focuses on supporting young children’s development. SRC is partnering with the Michigan Office of Great Start (OGS) to conduct a scan of statewide and national family child care network (FCCN) practices and a series of conversations with stakeholders. This conversation will be used to inform the development of a request for proposals (RFP) for Michigan communities seeking resources to develop and expand FCCNs.

In this session, we want to hear your thoughts on your state’s FCCN(s), in terms of both design and implementation. To make sure that we are all on the same page, first let me share some guidelines and get your consent for participation.

Guidelines and Consent

- Your participation is *voluntary*. You can stop participating at any time or skip questions you don’t feel comfortable answering.
- There are *no right or wrong answers*. We just want to know your honest opinion.
- This conversation will last *45 minutes* (approximately).
- We want to be respectful of your time. At times, I may need to interrupt and move on to the next topic so that we can end on time. Please, don’t take it personally; I just want to make sure we cover all the topics on the agenda.
- We will *record* today’s session to ensure we capture everything. The recording will be accessible only to our research team.

Do you have any questions or concerns about what I just shared? [PAUSE]

[After all the questions have been addressed:] Thank you for agreeing to participate in this conversation. I am going to start recording soon. When you get the recording notification, please select “got it.”

PARTICIPANT INTRODUCTION (1 minute)

Please introduce yourself by sharing:

- Your name and preferred pronouns
- Your job title and the name of your organization

QUESTIONS ABOUT FCCNS IN OTHER STATES

For interviewees who are FCCN directors in another state:

1. Can you tell me about your network? Is it a state-led or locally led model?
 - a. *Probe if needed:* What are the cost implications associated with your governance structure?
 - b. *Probe if needed:* What are some of the advantages and disadvantages associated with your structure?
2. What are the main goals of your network (FCCN)?
3. What services or supports does your network offer to FCC providers?
 - a. *Essential probe:* How are services delivered? What delivery strategies work well? What strategies have the biggest impact on providers?
 - b. *Probe if relevant:* Can you describe any equity issues providers in your network face and how you have addressed them?
4. How is success defined and measured within your FCCN?
 - a. *Probe if needed:* How is your FCCN evaluated?
 - b. *Probe if needed:* How does your organization measure the impact of the FCCN on quality improvement, access, and sector stabilization?
5. What benefits or impacts do your services and supports have on providers? On families?
 - a. *Probe if needed:* What's working for providers and how? (e.g., financial stability, early care and education knowledge, technical skills)
 - b. *Probe if needed:* What's working for families? (e.g., access, cost, quality)
6. What equity-related practices and policies do you have in place?
7. Tell us about your organizational structure and operations:
 - a. How is your network staffed?
 - i. *Probe if needed:* Please describe staff qualifications and past experience.
 - ii. *Probe if needed:* What roles do they play? What has worked well? What has been challenging in terms of staffing for your network?
 - iii. *Probe if needed:* What supports and training do you provide for your staff? What supports do they need most?
 - b. How is your FCCN funded?
 - i. *Probe if needed:* What funding sources do you rely on?
 - ii. *Probe if needed:* What is the state's role and contribution to your network?

- c. What are your major operational costs?
 - i. *Probe if needed:* How are they impacted by your governance structure?
- 8. What makes your organization's work successful, and what makes it challenging?
 - a. What have you learned along the way? What have been your greatest accomplishments or innovations with regard to the following:
 - i. Building peer connections?
 - ii. Supporting network staff and provider relationships?
 - iii. Developing and using service delivery strategies?
 - iv. Providing operational supports? (business practices, navigating regulatory systems, etc.)
 - b. What have been your biggest challenges, and how have you addressed them?
- 9. What systems are in place to support your network's effectiveness, stability, and equity?
 - a. *Probe if needed:* In addition to funding, what other supports does your network receive from the state?
 - b. *Probe if needed:* What supply-building and stabilization efforts are being successfully deployed by the state? What role are you able to play in stabilizing the FCC sector?
 - c. *Probe if needed:* What policies have been enacted that support your work and operation?
 - d. *Probe if needed:* How does your organization collaborate with state-level leaders/agencies or with regional leaders/agencies?

CLOSING QUESTIONS

- 10. What advice would you give to Michigan as the state designs and implements a framework for a system of regional FCCNs?
- 11. Is there anything we have not asked about that you would like to share?

THANK YOU

Thank you for talking with me today! This conversation helped us have a better understanding of the national FCCN landscape. Your insight will support the state of Michigan in developing an FCCN and offering better opportunities for providers and families.

APPENDIX D: Interview Protocol for Michigan State-Level Leaders

INTRODUCTION AND CONSENT (5 minutes)

Thank you for joining us today. My name is _____, and I represent School Readiness Consulting (SRC), a consulting firm that focuses on supporting young children’s development. SRC is partnering with the Michigan Office of Great Start (OGS) to conduct a scan of statewide and national family child care network (FCCN) practices and to hold a series of conversations with stakeholders. This conversation will be used to inform the development of a request for proposals (RFP) for Michigan communities seeking resources to develop and expand FCCNs.

In this session, we want to hear your thoughts on the landscape of FCCNs in Michigan, in terms of both what is currently in place and also what could be developed to better support the family child care (FCC) provider community. To make sure that we are all on the same page, first let me share some guidelines and get your consent for participation.

Guidelines and Consent

- Your participation is *voluntary*. You can stop participating at any time or skip questions you don’t feel comfortable answering.
- There are *no right or wrong answers*. We just want to know your honest opinion.
- This conversation will last *60 minutes* (approximately).
 - » We want to be respectful of your time. At times, I may need to interrupt and move on to the next topic so that we can end on time. Please, don’t take it personally; I just want to make sure we cover all the topics on the agenda.
- We will *record* today’s session to ensure we capture everything. The recording will be accessible only to our research team.
- Your information will be *anonymous*. We may include your quotes in future reports or presentations, but we won’t include your name or potential identifiers.

Do you have any questions or concerns about what I just shared? [PAUSE]

[After all the questions have been addressed:] Thank you for agreeing to participate in this conversation. I am going to start recording soon. When you get the recording notification, please select “got it.”

PARTICIPANT INTRODUCTION (1 minute)

Please introduce yourself by sharing:

- Your name and preferred pronouns
- Your job title and the name of your organization

QUESTIONS

Section 1: Current Michigan FCCN landscape and state systems

Facilitator says: Thank you for the introduction. The first set of questions we want to ask you is related to the current landscape of family child care networks in Michigan.

1. How are FCC providers doing in Michigan?
 - a. *Probe if needed:* What are FCC providers' greatest strengths and needs at the moment?
 - b. *Probe if needed:* How has the COVID-19 pandemic affected Michigan's FCC providers?
 - c. *Probe if needed:* How are FCC providers being integrated into Michigan's mixed delivery system?
 - d. *Probe if needed:* What state-level policies could help strengthen the FCC sector in Michigan?
2. How are you currently supporting home-based FCC and group child care homes?
 - a. Are you providing any supports or services for unlicensed providers in your area?
3. Can you describe the family child care networks that currently exist in Michigan? In your region?

Note to facilitator: Use the following probes with an interviewee who may be very familiar with Michigan FCCNs.

- a. *Probe if needed:* What are the main functions or purposes of FCCNs in Michigan?
 - b. *Probe if needed:* What kinds of services or supports do Michigan's FCCNs typically offer?
 - i. *Probe further if needed:* To what extent are they providing business management supports (including tax preparation and human resources support), operational supports (including licensing and billing), networking opportunities for FCC providers, and training and professional development opportunities (including coaching)?
 - ii. *Probe if needed:* Can you describe the level, intensity, or duration of services provided?
 - c. *Probe if needed:* How are these networks led and staffed?
 - d. *Probe if needed:* How are FCCNs funded and supported?
 - i. *Probe if needed:* What are the main operational costs and funding sources of Michigan's FCCNs?
 - e. *Probe if needed:* How are FCCNs currently supported by or connected with the state of Michigan?
4. In general, how do Michigan's FCCNs define and measure success?
 - a. *Probe if needed:* What outcomes are currently being tracked?
 - b. *Probe if needed:* What data are being collected?

- c. *Probe if needed:* How are Michigan’s FCCNs evaluated or monitored?
- 5. From your perspective, what are the main impacts of Michigan’s FCCNs?
 - a. *Probe if needed:* What benefits do FCC providers get from being part of these networks?
 - i. *Probe if needed:* To what extent do these networks help increase FCC providers’ financial stability, early care and education knowledge, and technical skills?
 - b. *Probe if needed:* How do these networks impact families?
 - i. *Probe if needed:* To what extent do the networks help improve the cost and quality of services and access to services?
 - c. *Probe if needed:* How do these networks impact local communities? What connections do these networks have to other services and programs in the community?
 - d. *Probe if needed:* How do FCCNs contribute to equity?

Section 2: Suggestions and considerations for the future of FCCNs in Michigan (based on the RFP)

Facilitator says: Thank you for sharing your insights on the current Michigan FCCN landscape. Now, we want to shift gears. As you may know, SRC is supporting OGS in developing a possible grant opportunity for FCCNs. The next set of questions will help us identify the criteria for that grant and request for proposals.

- 6. What “key ingredients” or components do Michigan’s FCCNs need to be most effective?
 - a. *Probe if needed:* What should be included in their theory of change?
 - b. *Probe if needed:* What service delivery strategies would be most appropriate for FCC providers?
 - c. *Probe if needed:* What approaches to building staff-provider relationships would you expect to see?
 - d. *Probe if needed:* What network staff development and support would you expect to see?
 - e. *Probe if needed:* What other innovative or important components should be considered?
- 7. What approaches should networks be using to address COVID-related issues such as sector stabilization, quality, and access?
- 8. What services or supports should FCCNs prioritize in their service delivery, and how should these services be delivered?
 - a. *Probe if needed:* Based on your comments on the needs of FCC providers, what types of services should networks be delivering to meet those needs, and how should they be delivered to have the greatest impact?
 - b. *Probe if needed:* The state legislature has already outlined a number of services and supports that FCCNs must implement. Ideally, how should FCCNs provide the following supports:
 - i. business management support,
 - ii. operational supports,
 - iii. peer networking opportunities for FCC providers,
 - iv. quality improvement supports and services,
 - v. training and professional development opportunities,

- vi. coaching? [Facilitator will copy the supports in the Zoom chat so the interviewee can see them.]
 - vii. *Probe if needed:* What considerations should be kept in mind about the dosage and intensity of services (i.e., light-touch versus intensive/ongoing)?
 - c. *Probe if needed:* The state legislature has outlined a number of services and supports that FCCNs must implement; are there others that you believe should be considered?
- 9.** What organizational experience, expertise, and capacity should FCCNs in Michigan possess?
- a. *Probe if needed:* What connections to the larger community should networks be able to demonstrate?
 - b. *Probe if needed:* What experience or areas of expertise should networks have in order to address the supports and services providers need most?
 - c. *Probe if needed:* What qualities, credentials, or professional experience would you expect staff to have?
 - d. *Probe if needed:* How should networks be addressing the equity-related challenges FCC providers face?
 - e. *Probe if needed:* What sustainable funding and financing strategies should networks be able to demonstrate?
- 10.** What's the best way to measure or evaluate the success of FCCNs?
- a. *Probe if needed:* What data should FCCNs be required to collect?
 - b. *Probe if needed:* How can the state of Michigan assess whether FCCNs are being responsive to FCC providers?
 - c. *Probe if needed:* What outcomes should FCCNs be prioritizing and tracking?
- 11.** What supports should Michigan's Office of Great Start offer to FCCNs to increase their effectiveness, stability, and equity?
- a. *Probe if needed:* How should the state fund or finance the FCCNs?
 - b. *Probe if needed:* What's the best way to incorporate the FCCNs in Michigan's child care infrastructure?
 - c. *Probe if needed:* What policies or practices should be in place so that FCCNs can effectively collaborate with local or state agencies and entities?
 - d. *Probe if needed:* What supply-building and stabilization efforts should be deployed?
 - e. *Probe if needed:* What type of professional development opportunities or training should be offered to FCCNs?

CLOSING QUESTION

- 12.** Is there anything we have not asked about that you would like to share?

THANK YOU

Thank you for talking with me today! This conversation helped us have a better understanding of the Michigan FCCN landscape. Your insight will support the state of Michigan in developing an FCCN and offering better opportunities for providers and families.

APPENDIX E: Protocol for FCC and Group Home Provider Listening Sessions

INTRODUCTION AND CONSENT (5 minutes)

Thank you for joining us today. My name is _____, and I represent School Readiness Consulting (SRC), a consulting firm that focuses on supporting young children’s development. SRC is partnering with the Michigan Office of Great Start (OGS) to conduct a scan of statewide and national family child care network (FCCN) practices and to hold a series of conversations with stakeholders. This conversation will be used to inform the development of a request for proposals (RFP) for Michigan communities seeking resources to develop and expand FCCNs.

In this session, we want to hear your thoughts on the needs and priorities of family child care (FCC) providers in Michigan. To make sure that we are all on the same page, first let me share some guidelines and get your consent for participation.

Guidelines and Consent

- Your participation is *voluntary*. You can stop participating at any time or skip questions you don’t feel comfortable answering.
- There are *no right or wrong answers*. Just share your honest opinion and respect others’ ideas.
 - » If there are times when you don’t feel comfortable sharing verbally, please write your thoughts in the chat and send them to me or to the whole group.
- This conversation will last approximately one hour.
 - » We want to be respectful of your time. At times, I may need to interrupt and move on to the next topic so that we can end on time. Please, don’t take it personally; I just want to make sure we cover all the topics on the agenda.
- We will *record* today’s session to ensure we capture everything. The recording will be accessible only to our research team.
- Your information will be *anonymous*. We may include your quotes in reports or presentations, but we won’t include your name or potential identifiers.
- To thank you for your time and participation, we will send you a gift card via email within the next 2 weeks.

Does anybody have any questions or concerns about what I just shared? [PAUSE]

[After all the questions have been addressed:] By staying on this call, you are agreeing to participate in this session. If you don’t want to participate, please exit the call now.

PARTICIPANT INTRODUCTION (8–10 minutes)

We will begin with introductions. When it is your turn, please take 1 minute to tell us:

- Your name and pronouns
- The name of your program/role
- Your geographic location
- Your program and the families you serve
 - » *Probe if needed:* Do you have any stories that show how you work with families?
 - » *Probe if needed:* What strategies do you use to connect and work with families?

DISCUSSION ABOUT THE NEEDS AND PRIORITIES OF FCC PROVIDERS (30–40 minutes)

1. What are the main needs of the families and children you are serving?
 - a. *Probe if needed:* What types of supports would they find helpful?
2. What are your main needs, as a Michigan FCC/home-based provider?
 - a. *Probe, if clarification is needed:* In your role at your program, what do you need support with?
 - b. *Probe, ONLY if additional clarification is needed:* For example, what are your needs in areas such as operating your program, recruiting or communicating with families, seeking funding, improving quality, seeking or implementing professional development, or running a small business?
3. As a Michigan FCC/home-based provider, what supports have helped you run or improve your program?
 - a. *Probe if needed:* How useful are the existing supports for you, as a provider?
 - i. What makes those supports useful or unique to you (e.g., location, people who deliver them)?
4. As a Michigan FCC/home-based provider, what additional supports would you like to have that are not currently available?
 - a. *Probe if needed:* What difference would those supports make for you as a provider and for the families you serve?
 - b. *Probe if needed:* In what ways or areas do existing supports for providers fall short?
5. As we said earlier, the state of Michigan is seeking to create additional staffed networks of family child care providers. These networks may offer the following supports [*facilitator shows slide with examples and launches Zoom poll*]: **business supports** (e.g., tax preparation, human resources support), **operational supports** (e.g., help with licensing, billing, and recruiting families), **connections to peers** (e.g., networking opportunities), **training and technical assistance** (e.g., supporting developmental screenings, health and nutrition, early childhood mental health consultation), **program quality support** (including coaching), and activities to **engage new providers**. Out of those supports, which ones would you find most helpful to your work, and why?
 - a. *Probe if needed:* Are you already accessing any of these supports? If so, which ones?
 - b. *Probe if needed:* What organizations do you rely on to access these supports?
 - c. *Probe if needed:* Which of these supports are not currently available to you or are challenging to access in your community/region?

APPENDIX E: PROTOCOL FOR FCC AND GROUP HOME PROVIDER LISTENING SESSIONS

- d. *Probe if needed:* What difference would those supports make for you as a provider and for the families you serve?
 - e. *Probe, if clarification is needed:* How would those supports help you provide better services to the families you serve?
 - f. *Probe if needed:* What other types of support or services would you add to the list?
- 6.** What can be done to ensure that you and other family child care providers are aware of and use those supports?
- a. *Probe if needed:* What would be the best way to offer you those services/opportunities (virtually or face-to-face)?
 - b. *Probe if needed:* What else would you need in order to take full advantage of the network's services/opportunities? (e.g., time, compensation, staff, technology)
- 7.** Is there anything else that a network or the state could do to help you improve your program?

THANK YOU

Thank you for participating in this session! This conversation will help strengthen the supports offered to Michigan's family child care providers and the children and families they are serving.

APPENDIX F: Additional Tools and Resources

Planning and Implementing Staffed Family Child Care Networks

Opportunities Exchange: Staffed Family Child Care Network Implementation Guide

The purpose of this guide is to provide potential staffed FCCN stakeholders—network hub organizations, family child care providers, funders, and intermediary organizations—with a general outline of the work required to develop a staffed FCCN. The guide addresses the following key steps for planning and launching a successful start-up:

- Understanding provider needs
- Identifying network hubs
- Determining Hub services and metrics
- Implementing technology solutions
- Creating a budget and staffing plan
- Recruiting members
- Developing a business plan

Each section provides background information, key considerations, and downloadable tools.

National Center on Early Childhood Quality Assurance: Developing a Staffed Family Child Care Network: A Technical Assistance Manual

This manual is written for leaders and stakeholders at the state, regional, and local levels who are planning to offer supports to the FCC provider community through staffed FCCNs. The manual provides key considerations and questions necessary to effectively implement networks. The content addresses key elements of effective networks, including the following:

- Logic models and theories of change
- Service delivery strategies
- Relationship-based approaches
- Network staff training and support

The manual also includes a description of a stage-based framework for implementing staffed family child care networks.

Estimating Costs

National Center on Early Childhood Quality Assurance: Staffed Family Child Care Network Cost Estimation Tool User's Guide

The staffed FCCN cost estimation tool (CET) is designed to assist state, regional, and local organizations in better understanding the costs associated with operating a staffed FCCN. Those seeking to expand an existing network or collaborative partners pooling resources to meet the needs of family child care providers may also find the tool helpful. The CET guides the user in assigning costs to essential elements by translating them to services delivered by the network.

Evaluating Progress

HomeGrown and the Erikson Institute: Home-Based Child Care Networks: Evaluation Toolkit

HomeGrown partnered with the Erikson Institute to create the Home-Based Child Care Networks: Evaluation Toolkit. This toolkit is intended to help evaluate home-based child care (HBCC) networks. It includes tools that can be used to collect data to assess an initiative's progress toward meeting its goals. Utilizing this toolkit can help assess a network's impact, promote continuous improvement, support case making, and provide evidence and data concerning HBCC providers.

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