# Family Friend and Neighbor (FFN) Final Report

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# Background

The purpose of this report is to develop a policy framework and set of recommendations to support Family Friend and Neighbor (FFN) Care in North Carolina. The North Carolina Early Education Coalition partnered with the Child Care Resource Center, a participant in a FFN project in Forsyth County that is a component of the Great Expectations initiative, funded by the Kate B. Reynolds Foundation. Leaders in the FFN project identified that the majority of children in Forsyth County, over 70%, are served outside the formal licensed child care system in FFN care.  Given the research that demonstrates the value of quality early care and education for children's school readiness and school success, particularly for disadvantaged children, the high percentage of children served outside of the licensed, quality child care system is concerning. There are no state-level financial resources available to ensure that the children served by the informal FFN network are adequately prepared for kindergarten. Consequently, this project focused on exploring how North Carolina can support FFN care and in turn, children, and families in Forsyth County.

This report provides an overview of FFN care, estimates of the prevalence of FFN nationally and in North Carolina, as well as an overview of research and best practices in supporting FFN providers. The North Carolina Early Education Coalition worked across sectors to ensure that all voices were heard. The team conducted 7 focus groups and key informant interviews with a total of 44 participants, including parents, licensed child care providers, early care and education systems leaders, advocates, and state department leaders in both child development and early education and child abuse and neglect. The purpose of these input sessions was to gain a deeper understanding the attitudes, biases, perspectives, and openness to systems change in North Carolina as it relates to FFN care. Quotes from these input sessions are included throughout the report and the input was used to inform the policy recommendations included at the end of this report.

# Defining Family, Friend and Neighbor Care

Family, friend, and neighbor care (FFN) and terms such as "informal care," "kith and kin care," "relative care," "license-exempt care" or "unlicensed care" are typically used to describe regular, non-parental care that is based on an existing relationship with the child's family either as a relative, a friend, a neighbor or other unrelated adult. While this type of care is often legally exempt from licensing requirements (particularly when it is a relative caregiver), the exempt status differs by state. Some states provide exemptions from licensing based on where the care is provided (the provider's home or the child's home), the number of children cared for, the relationship of those children to the caregiver, whether the provider is paid, the number of hours per day or per week care is provided, or the ages of the children. Most FFN caregivers do not receive any financial compensation for the care they provide, and those that do receive compensation may or may not receive public subsidy payments for serving low-income or otherwise eligible children (R. Chase 2020). Unlike most states, North Carolina does not allow children receiving child care subsidies to be cared for by FFN providers (Urban Institute 2018). Because the regulations change from one state to another, the lines between FFN care and licensed Family Child Care are often unclear-- one type of care may be regulated in one state and not in another (Susman-Stillman and Banghart, 2008).

FFN care in North Carolina refers to informal (unregulated/unlicensed) care provided by relatives as well as care that is provided by friends or neighbors. While cooperative arrangements among parents to provide care for their own children as a convenience, rather than for employment, is exempt from

licensing in North Carolina[1], other types of regular, unlicensed care for more than two unrelated children for more than 4 hours a day, is illegal in the state.

## How Common in FFN Care?

FFN care is the most common type of home-based child care and is the largest group of caregivers in the country (HomeGrown 2020). Although some states may collect data on those FFN providers who receive subsidy or are regulated/registered/certified, there is no comprehensive database that provides state-by-state numbers on the number of FFN providers and their demographics. However, the National Survey of Early Care and Education (NSECE) provides data that can be used to estimate the number of FFN providers. The survey provides nationally representative estimates of all home-based care to children under age 13 (but does not provide state-by-state estimates). The survey data classifies providers into three categories: listed, unlisted paid, and unlisted unpaid. Listed home-based child care providers were sampled from state or national administrative lists of early care and education services (i.e., primarily licensed, or regulated family child care as well as some license-exempt providers and Early Head Start child care partners). Unlisted home-based providers were drawn from an address-based sample of housing units screened for the presence of an adult in the household who cared for children not his or her own at least five hours per week in a home-based setting. Most children under age 13 cared for in home-based child care settings are in unlisted and unpaid home-based child care (65%), followed by unlisted and paid (28%) and then listed (7%). The number of unlisted home-based providers is often used as a proxy for estimating the FFN providers population but since FFN providers may appear on lists if they receive subsidies, the unlisted category does not provide a full estimate of FFN providers.

### Estimates of FNN Care in North Carolina

The supply of licensed child care in North Carolina is insufficient to meet the need of all working parents, as shown in the table below. ***There are over 80,000 children under age 6 in North Carolina who need child care because their parent(s) or primary caregiver(s) work, but there are not enough licensed spaces to meet their need.*** Given that the parents of these young children are working, it is likely that they are being cared for by FFN.

| Licensed Supply in North Carolina is Insufficient to meet the Needs of Working Parents | |
| --- | --- |
| **Need:** Total number of children (under 6) with all parents in the workforce | 459,527 |
| **Licensed supply:** Total licensed spaces/slots in centers and FCCs | 377,425 |
| **Unmet Need:** Number of children (under 6) in need of care but do not in licensed care | **82,102** |
| Source: Child Care Aware of America State Fact Sheets 2020, North Carolina | |

As shown in the table below, there is a significant discrepancy between the number of licensed family child care homes (FCCH) and centers (N=6,275) and the number of IRS reported child care businesses (N=12,990) in North Carolina. This difference of 6,715 represents child care businesses that are not

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[1] NCDHHS, Division of Child Development and Early Education Child Care Licensing Requirements
https://ncchildcare.ncdhhs.gov/Services/Licensing/Child-Care-License-Overview

licensed. A substantial proportion of these are likely to be FFN providers who are operating illegally or are otherwise "under the radar."

| State | State Population | # licensed FCC Homes | # of licensed Centers | % Child Care Spaces in licensed FCC | Potential Supply (IRS reported child care business) |
|---|---|---|---|---|---|
| North Carolina | 9,748,364 | 1738 | 4537 | 4% | 12,990 |
| Michigan | 9,882,519 | 4624 | 4429 | 9% | 17,539 |
| Virginia | 8,186,628 | 3,718 | 1305 | 27% | 14,022 |
| Minnesota | 5,379,646 | 8410 | 1742 | 44% | 14,434 |
| Iowa | 3,155,070 | 3703 | 1554 | 22% | 10,746 |
| Illinois | 12,671,821 | 7928 | 3109 | 23% | 37,958 |
| Connecticut | 3,565,287 | 2134 | 1412 | 11% | 6,931 |

Source: Child Care Aware of America State Fact Sheets 2018 CED Child Care Impact State Fact Sheets 2019

## Why Do Parents Choose FFN Care?

While many families prefer center-based care, many families face barriers to accessing this type of care, including cost and availability of a space when they need it. It is also true that many families simply prefer having their child in a smaller, home-based setting with a provider they trust and who can provide individualized care for their children when their family needs it. **Given that only 4 percent of child care spaces are in licensed family child care homes in North Carolina, these families who either prefer a home-based setting or cannot access a center-based one must rely on FFN care for their child care needs.**

Affordability - While all types of families rely on FFN care as a primary or secondary source of care, certain family characteristics are associated with greater use of FFN care. Families earning low or very low incomes are more likely to rely on FFN care than in licensed family child care or center-based care and it is often the only care they can afford and that is accessible (Chaudry, et al. 2011, National Survey of Early Care and Education Project Team 2016).

> *"I use family. I use my mom and my dad. I'm lucky that they are retired, and they are able to watch my daughter. I'm pregnant so I'm planning for them to watch our second child as well. The big factor for the reason I chose family is the cost. For me, I struggle, it's really hard financially. There's no way I could afford it. My mom lives pretty far away too, but truthfully the cost that I pay my mom compared to what I would be paying a child care center is like less than half."*
>
> *– Parent Focus Group Participant*

Availability - In some communities there is limited space available in licensed settings. This is particularly true for infants and toddlers. In North Carolina, only 18.7% of the infant-toddler population can be served by the current supply of licensed infant-toddler programs, yet 62% of parents of infants and toddlers are working (North Carolina Early Education Coalition n.d.)

*"There is limited childcare, so you have to wait on waiting lists…and you know, like at certain points in time in life, you can't really wait so it's like do you continue working, or do you leave your job to, you know, account for your child?"*

*– Parent Focus Group Participant*

Flexibility - For children whose parents work irregular shifts or who work in the early morning, evening, weekend or overnight, center-based care is often not an option because few centers are open during nonstandard hours, and they often are unable to enroll children who need care at various times depending on their parents' changing work schedules. According to national data from the NSECE, only 8 percent of child care centers offer care during evenings, weekends, or overnight, whereas over 80 percent of "unlisted" and unpaid home-based settings (a proxy for FFN care) offered care during evenings, weekends or overnight (National Survey of Early Care and Education Project Team 2016). Due to this, parents with nontraditional work hours are disproportionately more likely to use FFN care or rely on multiple care arrangements to cover their work schedules because centers cannot meet their needs.

*"I felt like she [FFN provider] was always there to support us if we had to drop off the kids earlier, it was just very warm and very responsive to the needs of my children and the needs of my family. And it was such a positive experience."*

*– Parent Focus Group Participant*

In North Carolina, over half (61%) of low-income children younger than age 6 have parents who work some non-traditional hours (Urban Insitute 2018). Many of these families are likely relying on FFN care since it is typically the most flexible type of care, allowing parents to work irregular hours and have care for their children even when they are sick (Chaudry, et al. 2011).

*"My aunt takes care of my children. I work second shift so most day cares they get out between 5 and 6 and I don't get out of work until 10:30 at night so I had to take that into consideration." – Parent Focus Group Participant*

Trust, Warmth and Familiarity - Many families choose FFN care because the provider is someone that they know and trust and who often shares their cultural and/or linguistic background. Even if families have other options available to them, many choose FFN care because they want a caregiver that they trust and who will provide their child with individualized attention and in a way that is consistent with their own childrearing values and practices. For many parents, they prefer to have their children with a relative because they trust that person and feel like their child will be safe and attended to more than in another setting.

*"My oldest daughter, she's six and I had her in three different day cares. At one of the day cares, I would pick her up and she would have a full diaper like it had been on her for a minute, and another one with the bruises and I would say, "hey where did she get this mark on her face?" and no one knew where it came from. I like for my kids to be attended to as much as the other kids. So, I now have my aunt watching my daughter who turned 10 months yesterday and I also have a 3-year-old that she watches for me." – Parent Focus Group Participant*

This is particularly true for infants and toddlers – parents often prefer a more intimate and familiar home-based setting for their infant or toddler and as the child gets older, they understand there is a greater need for them to interact with peers in order to develop strong social and emotional skills. For immigrant families there can also be a preference for FFN care because formal center-based child care settings may not offer culturally or linguistically relevant services, and there is often a distrust particularly if they are seen as associated with government funding or oversight *(Park and Pena 2021)*.

> *"…we work with Latino families, we see a lot of that, particularly when the child is young, the younger the child, the less you trust a system to take care of them."*
>
> *– Provider Focus Group Participant*

## Quality of FFN Care

Over the past decade or so there has been increased focus on supporting FFN providers given the numbers of children who are in this type of care as well as the increased acknowledgement of the importance of quality early learning experiences in preparing children for success in school. Despite many families' preference for FFN care, it is often assumed to be lower quality than other types of care. The research on the quality of FFN care is mixed and is often dependent upon the measures and methodology used (Susman-Stillman and Banghart, 2011). For instance, when the Family Day Care Environmental Rating Scale (FDCRS) or its updated version the Family Child Care Environmental Rating Scale (FCCERS) is used to assess quality, FFN care is often rated as poor to moderate. However, when Child Care Assessment Tool for Relatives (CCAT-R) is used, FFN settings are generally deemed safe and healthy and the caregiver-child relationship is found to be nurturing and responsive (Porter, et al. 2010). In terms of the strengths of FFN care, studies report that low adult to child ratios, positive and nurturing adult-child interactions, and stability of care over time are often characteristic of FFN care (Susman-Stillman and Banghart, 2011). This stability is not only important for children to establish strong bonds with their caregiver, but also for parents to feel connected and trusting of their child's caregiver.

More work needs to be done to understand the quality of FFN care – particularly those aspects of FFN care that are associated with positive outcomes for children. To date, studies have been limited by measures of quality that were developed for licensed settings and often capture variables that are not relevant for evaluating FFN care such as adult-to-child ratios and group size (Maher 2007) and these measures do not account for the different locations in which FFN care often takes place (e.g., libraries, parks, community centers).  FFN caregivers often rely more on these community settings than other types of early learning and care providers for day-to-day activities and enrichment since, unlike licensed family child care homes or licensed centers, FFN do not typically have an established curriculum or a robust set of learning materials in their homes, so they use libraries or other community resources to access them. Typical measures of quality are also not as sensitive to cultural and linguistic connections that FFN providers often share with the families they serve and the importance of these in establishing trust with parents and in reinforcing children's positive self-concept and pride in their heritage. To begin to address this gap in the research, Blasberg and colleagues (Blasberg, et al. 2019) have created a conceptual model to help define what quality looks like in home-based settings, keeping in mind the unique aspects of FFN caregivers. The model includes three components:  foundations for sustainability of care, lasting relationships, and opportunities for learning and development. Within each component

is a set of elements. For example, within foundations for sustainability of care, there are elements that represent the providers ability to maintain a quality home-based setting over time (safe environment, providers' health, and wellness, engaging with community resources, accessing supports for caregiving and teaching, demonstrating reflection and openness to change, and business and fiscal management). This new model will hopefully spark a new generation of research on the quality of care within FFN settings and lead to a deeper understanding of the quality of care in these settings and how best to support this critical part of the early learning system.

## Characteristics of FFN Providers

Research has found that the vast majority of FFN providers are relatives, and most relative caregivers are grandparents – typically grandmothers (Paschall and Kathryn 2021, Susman-Stillman and Banghart, 2008). Not surprisingly, most FFN providers tend to share characteristics with the families they serve, including race, ethnicity, and language (Susman-Stillman and Banghart, 2008).

Some FFN providers are interested in becoming licensed, but often do not know what is required or how to navigate the system to become licensed (First 5 LA 2012) (Chase, et al. 2006). Most FFN providers, particularly relative caregivers, are motivated to care for children because they want to help the child's family and they have an attachment to the child (Bromer 2005), yet most do not see themselves as part of the child care workforce.   Relative caregivers, particularly those who are grandparents, focus on benefits other than getting paid--like getting to spend time with grandchildren on a regular basis, getting the opportunity to have an impact on their early experiences, and making sure their grandchild gets the best care (Zero to Three 2021).

> *"We had the opportunity to run into lots of families who were caring for children in unlicensed settings, and they were doing that not because they woke up one day and said, 'Hey, we're just going to care for kids', but because the majority of them were in lower income communities, lots of them were in Black communities that had lower incomes, so they had no other choice but to rely on their community and their family, their village, so that they could go to work and be able to pay their bills and feed them." – Provider Focus Group Participant*

Yet both relative and non-relative FFN caregivers are motivated to improve the quality of care they provide and to learn how to best support the children in their care. For example, FFN providers report wanting to learn more about child development and how to support children's learning, health/safety, as well as free and low-cost resources and activities in their community (Susman-Stillman and Banghart, 2011). Both relative and non-relative FFN caregivers are motivated to improve the quality of care they provide and to learn how to best support the children in their care (Susman-Stillman and Banghart, 2011). A recent study of grandparent caregivers by Zero to Three (2021) also found that while most grandparents feel confident in their caregiving, forty percent agree that new research about child development can help them do a better job and thirty percent are interested in learning more about children's brain development. Zero to Three (2021) also found that grandparents who provide regular child care are most interested in ideas for things to do with the children in their care like educational activities, local activities, and places to go with children. They are also interested in learning how to reduce challenging behavior, how to foster self-control and social skills, effective discipline, and helping a toddler become ready for school. Connecting grandparents to one another and creating opportunities

for them to share information and advice as well as supporting dialogue between grandparents and parents about child rearing are also important for these caregivers (Zero to Three 2021).

## FFN Caregivers' Barriers to Accessing Supports

One of the barriers for FFN providers to access resources and supports in North Carolina that was mentioned by a number of focus group participants is the implicit, and sometimes explicit, bias towards licensed center-based care. Even greater than the negative stigma associated with home-based child care, are the potential legal consequences faced by a home-based provider if they are caring for more than two unrelated children for more than four hours a day. This theme came up in several of the focus groups and is captured well in the quote below from one participant.

> *"…we don't value family, friends and neighbor care in our community, from my perspective. It's not valued, it's demonized, it's criminalized without having any background knowledge of what's happening with those particular children."*
>
> *– Provider Focus Group Participant*

Despite the fear that FFN providers may feel when 'coming out of the shadows,' focus group participants did mention that there have been some successful efforts to support FFN providers to become licensed. However, the burdens associated with becoming licensed and becoming a quality rated provider in the state prevent many FFN providers from going down that pathway and even cause some to let go of their license and go back to providing unlicensed care.

> *"Part of my responsibility was helping centers to become licensed and helping homes to become licensed and there were lots of folks who transitioned from family, friend and neighbor care into an actual family child care home or center in a residence…but some of them realized very quickly that they had to spend so much of their time with the way that child care is managed and governed and overseen in North Carolina that it took away from them actually providing the care and giving the children what they were giving them prior to becoming licensed. They just decided, 'you know what? Do what you want, say what you say, but I'm going to give this thing back. I don't want it because I can't focus on my children and my families, and we will just fly under the radar if we have to."* - Provider Focus Group Participant

## Supports for FFN Caregivers

Initiatives to support home-based providers, including FFN caregivers, have increased significantly over the past couple of decades and continue to grow. While the research on these strategies has also grown, outcome evaluations are less common. Most evaluations of initiatives to support FFN caregivers have focused on implementation and process rather than outcomes. They have also relied on descriptive or correlational designs, with some pre-post assessments but very few with a comparison or control group. Thus, very few evaluations have been able to isolate the effects of different strategies or models on diverse types of home-based child care providers, making it difficult to draw conclusions about the which strategies lead to the best outcomes for FFN caregivers and the children in their care. Nonetheless, the existing research does provide useful information about the types of strategies and

models that have been successful in engaging FFN providers and those that have demonstrated positive changes for the participating caregivers. The following section provides an overview of the strategies and includes examples of models that have been evaluated and the results of those evaluations.

## Common Strategies - The following are the most common strategies studied in evaluations of FFN initiatives.  Most initiatives use multiple strategies – like workshops combined with support groups or training and coaching combined with resource distribution.

*Trainings and Workshops* Initiatives that provide training and workshops typically involve focus on improving caregiver knowledge and skills and are either offered as a series or as stand-alone workshops. This is the most common approach to supporting quality in FFN care settings and covers a range of topics including health and safety, child development, nutrition, behavior management, and language and literacy. It may also include trainings that are required to become certified, registered, or licensed (these terms vary depending on the state).

*Support Groups and Peer Networks* Although most initiatives to support FFN providers do not rely solely on support groups or peer networks as the primary service delivery strategy, a number of them include this strategy in combination with other strategies listed below.

*Play and Learn Groups* Play and Learn models (also referred to as "family interaction" models), bring together children and their caregivers in a facilitated group setting, typically in a familiar community site, to engage in fun and educational activities with one another. These groups typically include a trained facilitator who models interactions and supports caregivers with tips and resources to support activities in the home (Porter, 2007).

*Resources and Incentives* Providing materials, supplies, videos and other incentives is another strategy to support FFN providers. Depending on the goal of the effort, the materials are sometimes focused on health and safety, learning materials, developmentally appropriate activities for parents and caregivers to engage with children, or practical guidance and resources to support FFN providers to become licensed.

*Home Visitation* Initiatives that provide home visits typically involve an early childhood education professional visiting the providers' home to support them in real-time as they interact with children. The home visitor provides coaching and support on specific topics like child development, language and literacy, nutrition, and daily schedule planning.

## Examples and Evaluation Results- The following are some examples of models designed to support FFN providers and the results of the evaluations.  Some of these models are still being implemented, while others are not.

**Arizona Kith and Kin** project offers services through groups of between 20-25 participants. Groups are convened in various locations within the community and the program provides transportation and on-site child care and each session is 2 hours and runs approximately 14 weeks.  The groups include workshops on specific topics such as health and safety, nutrition, language and literacy, behavior management, and child development.  The program also shares information about how to become licensed, how to run a child care business, balancing work and family and other topics of interest to the specific group of providers. Home visits are also conducted in some counties. The evaluation used pre- and post- observations of quality and

found statistically significant improvement on all areas of quality measured by the CCAT-R. Providers also showed significant improvement in knowledge of child development (Shivers, Farago and Yang 2016).

**All Our Kin (AOK) Toolkit Licensing Program in Connecticut** provided four boxes of materials to support FFN providers in becoming licensed. The boxes include materials, paperwork as well as vouchers for required health and safety trainings. In addition to the toolkit, participants also received a home visit at the beginning to introduce the project and after the licensing inspection. Between 2004 and 2011, over 200 FFN became licensed through the program and study showed that 87% of graduates were still operating FCCs. 66% reported increase in income, with an average increase of $23,000 per year. Over half of the graduates went on to achieve an AA degree or CDA credential (Carstensen, et al. 2011).

**Caring for Quality Program in New York** focused on improving quality of care in FFN settings by providing two home visits using the Parents as Teachers' (PAT) "Supporting Care Providers Through Personal Visits" curriculum each month and monthly small group meetings with other providers to provide social support and are facilitated by home visitors. For the evaluation, providers were randomly assigned to a program group and a comparison group. The program group received the full program (home visits and networking meetings) whereas the comparison group received one home visit. Program group participants showed a significant improvement in all dimensions of quality except basic care space and furnishings. FFN providers in the program group showed less of an improvement than the registered/licensed FCCs and those with the least experience showed the greatest improvement (McCabe and Cochran 2008).

**Community Connections in Illinois** was designed to encourage preschool enrollment for low-income children in home-based care (both FCC and FFN) and to support quality improvement within those settings. The program connects children with public prekindergarten programs and supports the home-based provider through trainings, home visits, field trips, and by providing books and activities (Forry, et al. 2011). The Evaluation included self-reported benefits of participation and observations of quality using CCAT-R. Participants reported improved connections among parents, centers, and home-based providers, perceived improvements in the home-based care setting, perceived increases in children's learning. Observed quality was in the good range for caregiver-child engagement and language interaction but was poor on the nurturing dimension (Forry, et al. 2011).

**Kaleidoscope Play & Learn groups** are open to all family caregivers (parents and FFN providers) and are weekly, facilitated groups that teach activities that adults and children can do together at home to support children's learning and development. This model began in Washington State and is also being implemented in several other states, including parts of California. The model encourages peer learning and hands-on experience so that providers learn new ways of interacting and engaging with the children they care for and build connections with other families and caregivers in their community (ORS Impact 2016). An evaluation in 2016 found that over 80% of participants reported increases in knowledge and understanding related to providing quality care and increases in engaging in behavior that supports positive child development. Nearly all participants reported feeling more supported as a caregiver in their community and they use community resources more frequently (ORS Impact 2016). An evaluation in California found that group facilitators observed

increases in caregivers' interest in learning new activities to engage children and caregiver self-reports found the same. Both parents and FFN participants reported observing improvements in children's social interaction with other children, fine motor skills, and verbalizations (California Child Care Resource & Referral Network and Engage R+D 2018).

## Challenges to Supporting FFN

One of the primary challenges in designing initiatives to support FFN providers is that they are a heterogeneous population, and a one-size-fits-all approach does not work. Most initiatives utilize multiple modes of service delivery to meet the needs of providers and achieve the goals they set out to accomplish. Assessment of the unique needs, strengths and interests of the specific target population is needed to ensure that the services provided are appropriate for the diverse types of FFN providers (e.g., grandparents, immigrants, dual language learners).

Recruitment is often a challenge with this target population because unless they are a part of the subsidy system, they can be hard to find. Since North Carolina requires that all subsidized child care providers are licensed, identifying unlicensed providers is an even greater challenge. Common types of recruitment strategies in the initiatives reviewed were word of mouth, advertisements in local businesses and announcements at other training events for home-based child care providers, partnering with community organizations like Head Start, community and family resource centers, and public schools to recruit participants or getting referrals from state agencies, churches, schools, and non-profit groups. Retention strategies typically focus on offering resources and materials, as well as other incentives such as increases in reimbursement rates for completing a certain number of hours of training.

# Recommendations

Reduce the stigma associated with FFN care so that they are more willing to seek support and "come out of the shadows." Revise licensing regulations to allow for some FFN providers to be exempt from licensing. Changes to consider to current regulations:

- Allow for a maximum of 3 children instead of 2
- Allow for full day care instead of 4 hours per day maximum
- Exempt relative caregivers from licensing

Identify and address barriers for providers to become licensed, maintain a license and to operate a sustainable business.

- Partner with DCDEE to hear from home-based providers about the perceived and real challenges in the process of becoming licensed and identify solutions to make the process more FCC friendly.
- Revise licensing regulations to allow FCCHs to hire additional staff and serve more children so that they can have a sustainable business model while maintaining appropriate child: staff ratios.

Expand pre-licensing support services for individuals seeking a Family Child Care Home (FCCH) license, such as start-up grants, free training, specialized and dedicated support staff, online toolkits and training videos.  Expand on current models in the state like the following examples:

- Southwest Child Development Commission –resources to help local CCR&Rs support Family Child Care
- Smart Start of Forsyth County -- grant from the City of Winston-Salem to create 5 new FCCH in targeted areas for low-income families
- Smart Start of Transylvania County –Early Care Capacity Specialist staff focusing on Family Childcare Homes
- Forsyth County CCRC Stars and Beyond Program – offers a suite of supports (pre-licensing + quality rating) for home-based care
- Watauga Children's Council Pathways to Accreditation Program – offers training, mentoring, evaluations, and professional development as well as financial incentives to meet local quality standards and criteria

Expand existing family support and family strengthening programs to intentionally outreach to FFN providers who may not be interested in becoming licensed but could benefit from supports.

- Provide services to FFN providers that enhance their understanding of child development, provide them with tools and practices to support children's development, and connect FFN providers to one another to strengthen their protective factors. For example, training, workshops, peer support networks, play and learn groups, and home visiting.
- Continue to support other systems to support FFN, particularly through Smart Start Partnerships, Public Schools, public libraries, etc.
- Engage in conversations with organizations in North Carolina that work with families using the Strengthening Families ™ Protective Factors Framework (e.g., Prevent Child Abuse North Carolina, North Carolina Department of Social Services) to explore potential opportunities for FFN providers to be intentionally included in family strengthening efforts.

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