



# Using the Home-Based Child Care Network Benchmarks: Three Use Cases

September 2025

**Authors:** Marina Ragonese-Barnes,<sup>a</sup> Juliet Bromer,<sup>a</sup> and Toni Porter<sup>b</sup>

<sup>a</sup> Erikson Institute, <sup>b</sup> Early Care and Education Consulting

## Introduction

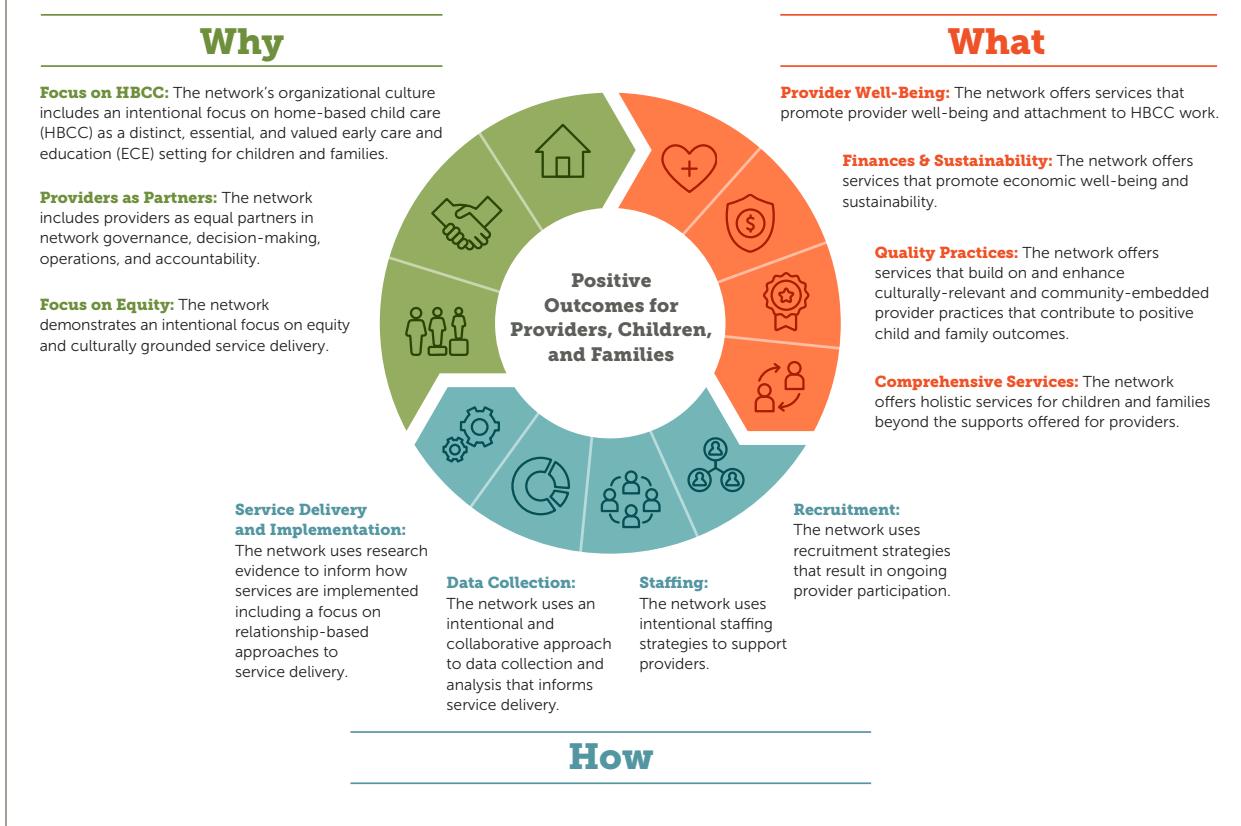
In 2022, Erikson Institute and Home Grown developed the Home-Based Child Care Network (HBCCN) Benchmarks, an evidence-based framework for high-quality home-based child care networks (See Figure 1, Erikson Institute & Home Grown, 2022). The framework consists of 11 benchmarks with related indicators that help HBCCNs assess and enhance the ways they support home-based child care (HBCC) providers. HBCCNs are interconnected groups of HBCC providers, including family child care educators and family, friend, and neighbor caregivers. They can include provider-run organizations, such as family child care associations and peer groups of providers who meet regularly; not-for-profit organizations that solely support HBCC providers; and groups that serve HBCC providers as part of a larger organization such as a child care resource and referral agency or an early childhood agency that works with HBCC providers.

HBCCNs offer a promising strategy for promoting provider well-being and sustainability, and for enhancing the quality of HBCC for children and families (Ragonese-Barnes, Bromer, & Porter, 2022). Networks can vary widely in their structure, services, and

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**Figure 1 | Home-Based Child Care Network Benchmarks**



Erikson Institute & Home Grown. (2022). *Strengthening home-based child care networks: An evidence-based framework for high-quality*.

approach (Ragonese-Barnes, Bromer, Ku, et al., 2024). Given this variability, a shared understanding of what high-quality network operations and support looks like is essential.

To understand how organizations have applied the benchmarks and indicators, and to create practical resources for those interested in using them, we developed a series of case studies.

**Use Case 1:** Michigan's Family Child Care Networks Initiative, a publicly-funded initiative administered by the Child Care Innovation Fund

**Use Case 2:** The Hands Connected Provider Network, a publicly funded family child care network in Michigan

**Use Case 3:** The Montana Family Childcare Network, a provider-run family child care association

## Methods

The research team conducted three case studies to explore how different organizations use the benchmarks. Sites were selected to represent diverse organizational types and use cases. Data collection methods were tailored to the site context and included semi-structured interviews, focus groups, document reviews, and ongoing check-in meetings, with core questions asked across all sites to understand how they learned about and applied the benchmarks and indicators in practice. See Appendix A for additional information about the methods used in each use case.

## Highlights

Across the three use cases, network staff, leaders, and providers described ways they have used the Home-Based Child Care Network Benchmarks to inform and guide their work supporting the HBCC sector. The following cross-cutting themes point to implications and recommendations.

- 1. Intentional use of the benchmarks as a framework for network implementation.** The case studies underscore the importance of using the benchmarks intentionally as a guiding framework for planning network initiatives and implementation. Initiatives that integrate the benchmarks throughout the network development process can help ensure alignment across planning and implementation. Using the benchmarks as a framework can support sustained commitment to specific practices, such as provider voice and data collection, that otherwise might be set aside during busy periods.
- 2. Organizational capacity and the support to do this work.** The case studies highlight the critical role of organizational capacity as well as support, such as funding and technical assistance, to effectively implement the benchmarks and indicators. The combination of dedicated funding and technical assistance around the benchmarks may be especially effective in making this work possible. Networks with limited internal capacity, no technical assistance, and no funding will likely face barriers in their ability to engage with the benchmarks.
- 3. The “Why” benchmarks can build a foundation but take time and often resources for networks to meaningfully engage in the work.** Findings from the case studies support beginning with the “Why” benchmarks, focusing on core values of commitment to HBCC, HBCC providers as equal partners in decision making and governance, and equity as network goals. Meaningful engagement from providers and organizations new to this work requires time, trust, and shared effort. Similarly, equity-focused efforts, like language justice, can be resource intensive and may compete with other priorities when resources are limited.

## Recommendations

The use cases describe how the benchmarks and indicators may be used as a framework for network implementation as well as a guide for broader statewide network initiatives that seek to support a thriving HBCC sector. The following implications and recommendations are based on the experiences across the three sites described in this report.

### Government entities and public-private partnerships

- Use the benchmarks as a framework to develop requests for proposals for funding for new and existing networks
- Use the benchmarks as a framework to assess network implementation and outcomes
- Provide technical assistance to help new and existing networks understand the benchmarks and how to use them
- Allocate sufficient funding to cover the full cost of implementing the benchmarks, including equity considerations such as language justice, data systems, and staffing

### HBCCNs including provider-run networks

- Use the benchmarks as a framework to assess network operations, including governance, a focus on equity, and an approach to data collection
- Use the benchmarks as a framework to enhance provider engagement in decision making about all aspects of network operations
- Use the benchmarks as a framework to advocate for increased funding to enhance their internal capacity to meet the needs of HBCC providers
- Use the benchmarks as a framework to reach out to other community organizations to implement a coordinated strategy for supporting HBCC providers

## Use Case 1

# Michigan's Family Child Care Networks Initiative, Child Care Innovation Fund

### Background

In 2022, Michigan passed legislation to develop and fund family child care networks (FCCNs). Following this legislation, the Early Childhood Investment Corporation's (ECIC) Child Care Innovation Fund (CCIF) was selected as the partner to lead the FCCN initiative as a one-year pilot program (**Box 1A**).

During this time, the Home-Based Child Care Network Benchmarks were published.

*"When I saw the benchmarks, my immediate thought was, they're critically important to what we're doing."*

—CCIF team

To make the case for using the benchmarks as a framework for the FCCN initiative, the CCIF team cross-walked the legislation with the benchmarks. The purpose of the crosswalk was to show that using the benchmarks and indicators as a framework for the initiative would not only *"cover all the same things that are in the legislation,"* but would set up the initiative for the long run. ECIC needed approval from the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) and the state's child care administrator to move forward with the benchmarks and indicators as the framework for the FCCN initiative. As the CCIF director explained:

*"From that day forward, we made the benchmarks the framework for this project. They were the framework for the request for proposals. They were the framework for the project plan. [They were the framework for] how we described what we were trying to do, what the goals for this initiative were going to be."*

### Box 1A

#### Goals of the Family Child Care Networks Initiative from CCIF's Request for Proposals

1. Connect and support home-based child care (HBCC) programs in the delivery of essential services to improve program quality and strengthen HBCC.
2. Build the capacity of FCCNs to support HBCC providers through technical assistance, educational and engagement opportunities with decision-makers and policymakers, and connections to additional local and state resources.
3. Improve the policy, economic, and regulatory environments for HBCC in Michigan.

In conjunction with the benchmarks, the CCIF team also drew on Home Grown's Comprehensive Network Strategy as a structural framework (Home Grown, n.d.). The CCIF funds network hubs that, in turn, operate individual FCCNs. A network hub may operate one or more FCCNs. Network hubs are defined as organizations that receive public funding and deliver or coordinate services to providers and families (Erikson Institute & Home Grown, 2022). FCCNs are defined as interconnected groups of providers and families that come together to enhance supports for HBCC through formal or informal mechanisms (Erikson Institute & Home Grown, 2022). The CCIF team partnered with Home Grown, a national collaborative of funders, caregivers, and providers. Home Grown offered technical assistance and shared resources throughout the pilot year and served as an important resource for this initiative.

## Request for Proposals for the Pilot

In April 2023, the CCIF team released a request for proposals (RFP) for the FCCNs grant opportunity. The RFP and application were organized around the benchmarks and indicators. In addition, the application process reflected the principles outlined in Benchmark B (Providers as equal partners) and Benchmark C (Focus on equity).

Organizations across the state were invited to apply, with the goal of encouraging a diverse range of applicants, including provider-led networks and culturally specific, community-based organizations (**Box 1B**). The CCIF team explained:

*“What I wanted us to be able to do was to write a request for proposals that would allow different types of organizations [to apply] up to and including provider-led networks that already existed that had been informal but would see this as a chance to become formalized.”*

To support this goal, the CCIF team ensured that the RFP, the authorizing legislation, and the benchmarks and indicators were available in multiple languages, such as Spanish and Arabic. They also conducted outreach to organizations across the state to ensure that a wide variety of groups knew about the RFP. Additionally, to offer support for organizations that were considering applying for funding, the CCIF team provided a pre-applicant webinar as well as on-demand office hours (i.e., “a pre-application conversation”) for individual consultation.

The CCIF team and a group of individuals representing a wide range of roles, including state agency staff and representatives from local early childhood organizations, used a rubric-based assessment process for selecting the networks. To prepare them for this work, CCIF offered required training on the process, which included anti-bias training to ensure that applications were reviewed fairly. After individual reviews, the reviewers met in small groups to reach consensus about each applicant’s total score.

The CCIF team developed a recommended list of organizations based on the overall scores of their applications. The team sent the list to MiLEAP, which had final approval of all selected grantees.

### Box 1B

#### Target Population Described in the RFP

“Family Child Care Networks composed of and serving Black, Latino, Indigenous, immigrant, refugee, and rural communities, **are strongly encouraged to apply.**

Applications to start up new family child care networks will be considered, though *preference will be given* to groups and informal networks of providers that already work together toward the Goals of this grant opportunity, as this is a very time limited funding opportunity.”

#### Reflections on Provider-Led Groups

The CCIF team was successful in encouraging some provider-led groups to submit applications to serve as grantees or hubs for the pilot initiative. However, none of the applications from these groups were strong enough to receive funding to be grantees. The provider-led groups that applied had insufficient internal capacity to manage the federal funding that supported this initiative, including the ability to meet the stringent requirements associated with receiving federal dollars. Additionally, because this pilot required quick results to secure continued funding, participating network hubs needed to be ready to operate immediately.

Looking ahead, there may be opportunities to better understand the capacity these largely informal networks need to qualify for federal funding. This could help tailor support to enable them to submit stronger, more competitive applications in the future.

All grantees, regardless of whether they included provider-run networks, were required to include provider voice in governance, which was a key piece of the grant application. As the CCIF team explained, *“The RFP was very specific about provider leadership, and so that could happen in a few different ways. Some of them are just entirely provider-run at the network level.”*

This model, in which existing informal networks of providers can partner with a community-based organization that has the internal capacity to accept federal funding, may be a promising approach to supporting provider-led groups.

## Pilot Year

Nine hubs with 22 networks were selected for the pilot. Thirteen out of the 22 networks existed in some form before this new initiative, whether they were established as a formal network or an informal network. Throughout the implementation of the pilot year, CCIF offered technical assistance framed around the benchmarks and indicators to help the network hubs implement the actions outlined in their project plan. The technical assistance included monthly peer learning communities, guidebooks, and individual progress meetings, as well as individual consultation through office hours as needed.

### Peer Learning Communities

Throughout the pilot year, the CCIF team held peer learning communities for the network hubs. These learning communities occurred once a month for 90 minutes and were centered on implementing the benchmarks. Learning community sessions were held virtually and were designed to support grantees to:

1. Develop a foundation in seeing FCCN implementation through a lens of the “Why” benchmarks with providers as equal partners and a strong focus on equitable service delivery
2. Explore adoption and implementation strategies of the “What” benchmarks to highlight services that meet the goals of providers, children, and families in HBCC settings, specific to their networks

Each learning community meeting focused on a different benchmark and touched all benchmarks over the year because the network hubs, as the CCIF team said, “*were going to make some run at all the benchmarks in one way or another over the scope of the pilot*” (Box 1C). At each learning community, hub representatives would talk about what they were doing to meet the benchmarks and “*what providers are asking for and then how they’re meeting that and assessing whether they’re meeting that need*.”

### Box 1C

#### Peer Learning Calendar

- **September:** Introduction
- **October:** Why—Provider Governance (Benchmark B)
- **November:** Why—Equity (Benchmark C)
- **December:** What—Provider Well-Being (Benchmark D)
- **January:** What—Finances and Sustainability (Benchmark E)
- **February:** 6-Month Check-In
- **March:** What—Quality Practices (Benchmark F)
- **April:** What—Comprehensive Services (Benchmark G)
- **May:** How Learnings (Benchmarks H–K)
- **June:** Celebrating Accomplishments

*“The benefit of the pilot was that we have different hubs and 22 networks that are operating [and] figuring out what works best in a very diverse range of circumstances. There was a lot of sharing and finding commonalities, but also finding those differences. Something that would work in a city would not really work well in a rural setting. But we had another network in another part of the state that was also rural, who said, ‘Oh, wait a minute. We work with [organization], let me put you in contact with so and so.’ So, there is a lot of organic learning that takes place in those peer learning communities. To bring it back to the question, all of that is based around the benchmarks.”*

—CCIF team

In addition, CCIF provided policy updates and advocacy training at each meeting that included “[technical assistance] on how to access local lawmakers/policymakers and strategies to educate on the importance of home-based care in their communities.” The CCIF team also worked with Home Grown and others to identify key speakers on each focus topic.

Each learning community session followed the same structure. The session would include **community building**, which consisted of sharing success stories, “aha-moments,” and challenges. In addition, there was a **knowledge-building** component, which might include a presentation or expert panel on the focus of the session. Each session would include **peer-to-peer learning** that might occur during small-group breakout discussions. Finally, the session included an **elevation-of-needs** component, such as identifying challenges or technical assistance needs.

### Guidebooks

Each month, the hubs would receive a guidebook, which focused on reflection about a benchmark. The hub would select an indicator within the given benchmark and then reflect on:

1. What the hub was currently working on related to that indicator
2. What was going well and what is standing in the way of fully implementing the benchmark

These guidebooks provided a form of required qualitative reporting. They informed the peer learning communities and the CCIF team’s understanding of the hubs’ progress.

### Bimonthly Progress Meetings

CCIF also held individual bimonthly progress meetings with each hub. These meetings were *“designed to keep track of progress and to identify as early as possible if people are struggling in any way.”* CCIF also continued to hold office hours, either via email, phone, or Zoom depending on what was most helpful to the hubs. The CCIF team took a facilitative and flexible approach, asking participants: *“What do you need? And how can we show up for you?”*

## Data Collection and Making the Case for Continued Funding

Throughout the pilot year, the CCIF team employed several data collection strategies, gathering qualitative and quantitative data. The purpose of data collection was to:

1. Inform the continuous quality improvement of the networks and the networks initiative
2. Assess larger impact and make the case for continued funding

The CCIF team learned about the progress of the networks during the pilot year through the written guidebooks, as well as notes from the learning communities and bimonthly progress meetings with the hubs. CCIF was able to track trends in network membership through collection of bimonthly network membership rosters. Throughout the pilot year, the CCIF team identified the high-level themes that emerged from this qualitative data. This informed a continuous quality improvement process.

The network hubs (grantees) also completed a survey that was adopted from a survey shared by Home Grown. This survey was conducted at baseline, in the midpoint, and at the end of the pilot year and was intended to examine the impact of the network initiative over the course of the pilot year. The survey asked questions about network activities, numbers and types of providers served, demographics of children and families in network-affiliated HBCC settings, and child care business income of network-affiliated HBCC providers.

## Sharing Findings

### Sharing Findings with State Stakeholders

Throughout the pilot year, CCIF regularly met with a cohort of other organizations that were funded as part of the Caring for MI Future Initiative, a \$100 million investment that helps Michigan families find quality, affordable child care in their communities. Throughout this period, CCIF shared the progress and findings from the pilot. At the end of the period, MiLEAP proposed to continue the \$4 million Child Care Development Fund block grant investment in statewide networks. The legislature appropriated the funding to MiLEAP, which released another competitive RFP. ECIC’s CCIF won the RFP to continue this initiative for another five years, with up to five additional years of renewal.

*“So, we are very fortunate. We have a very strong champion in our state child care administrator. She’s been a longtime believer in networks, and really, really wants to make a difference for home-based child care, including license exempt providers”*

—CCIF team

## FCCN Roundtable

An additional reporting mechanism was the FCCN Roundtable. The goal of the roundtable was to “elevate” the “*impact stories*” of HBCC business owners and “*to strategically demonstrate the capacity of FCCNs to build the strength of HBCC across Michigan.*” The roundtable began with a presentation from MiLEAP to explain “*how networks came to be*” and featured experiences of the hubs, networks, and providers in the initiative. The audience for the FCCN Roundtable included key stakeholders in Michigan’s early childhood education system, including policymakers, funders, and community-based organizations.

Twelve providers participated in the FCCN Roundtable, and each hub had at least one representative. Across the board, providers reported that “*their experience as a business owner had improved dramatically*” and that they had increased confidence as a result of participating in an FCCN. Providers shared how participating in their network helped them:

1. Improve their quality through use of a curriculum
2. Increase their licensed capacity
3. Interface with families in new ways as license-exempt providers
4. Successfully navigate Great Start to Quality by offering language support
5. Improve their home-based child care businesses
6. Improve their confidence related to having assessors in their home

## External Evaluation of Pilot Year

The CCIF team engaged an external organization to evaluate the pilot year of the initiative. A report on the findings, titled Family Child Care Networks Pilot Implementation Report and Recommendations (Caldwell et al., 2024), was released in fall 2024. The evaluation identified several key priority areas for improvement, including: (a) implementing the full range of evidence-based practices, (b) expanding FCCNs as a cohesive statewide strategy, and (c)

embedding and sustaining the work. These findings will help guide the next phase of the initiative. As one team member noted, “*We are taking their recommendations seriously and already working to implement them in the work that we’re doing, going forward.*” A webinar that reviewed the results was also held in December 2024.

### Box 1D. Overview of Use Case 1: Michigan’s Family Child Care Networks Initiative, The Child Care Innovation Fund

<b>Organization type</b>	Public-private partnership
<b>Scope</b>	Statewide
<b>Dedicated funding for benchmarks work</b>	Yes
<b>Purpose of engagement with the benchmarks</b>	As a guiding framework for a statewide pilot initiative supporting FCCNs
<b>How benchmarks were used</b>	<ul style="list-style-type: none"><li>• Integrated into the RFP, project planning, and implementation</li><li>• Used to structure technical assistance and peer learning communities</li></ul>
<b>Focus areas</b>	All benchmarks
<b>Successes</b>	<ul style="list-style-type: none"><li>• 9 hubs and 22 networks funded</li><li>• Increased provider confidence and business improvements</li><li>• Continued funding for 5 years</li><li>• External evaluation conducted and shared with stakeholders</li></ul>
<b>Challenges</b>	Provider-led groups lacked capacity to manage federal funding
<b>Key findings</b>	Government entities can use benchmarks to align funding, assess outcomes, and promote equity in network development

# The Hands Connected Provider Network

### Background

The Hands Connected Provider Network was created in 2011 in Grand Rapids, Michigan. Funded through the federal Office of Refugee Resettlement, the network began as a micro-enterprise initiative. At that time the network's goals were twofold:

1. Provide culturally and linguistically responsive child care slots for families in the community.
2. Provide employment opportunities for “new Americans,” primarily women who had recently arrived in the United States with low English-language proficiency.

Over the years, the network adapted to meet the needs of HBCC providers. The opportunity to apply to be part of Michigan’s FCCN initiative aligned with its goals, and the network applied.

The network was aware of Home Grown and the Home-Based Child Care Networks Benchmarks before the funding opportunity but had not used the benchmarks *“in any official capacity.”* The FCCN initiative offered an opportunity to formally use the benchmarks to guide its work.

### Using the Benchmarks

The network’s engagement with the benchmarks started with the FCCN initiative’s RFP and application process. The FCCN initiative used the benchmarks and indicators as a framework for the RFP. To apply for this funding opportunity, the network needed to consider how its work aligned with the benchmarks. (See Use Case 1: Michigan’s Family Child Care Networks Initiative, Child Care Innovation Fund, page 4.)

Once the network received funding, it continued to explore the benchmarks, reviewing and aligning its current and historic activities with the benchmarks and indicators. This helped identify areas for improvement. Because it was already a network, it described looking “*backwards*” to see how past activities aligned with the benchmarks.

This process was facilitated by the FCCN peer learning community hosted by the Child Care Innovation Fund, which manages the FCCN initiative. This learning community was *“helpful”* and *“valuable”* because the network was able to connect with other networks across the state. As a network staff member described it, *“Prior to that opportunity, we felt very isolated in the work we’re doing. That what we were doing was unique. We really didn’t know of any other organizations that were supporting a network like we were.”* In the FCCN learning community, the network was able to share *“wins and challenges”* and *“brainstorm.”*

While the network felt its activities were mostly aligned with the benchmarks, participation in the FCCN learning community helped identify several new areas for improvement including:

1. Formalizing provider voice and the development of a provider advisory group
2. Developing formal processes for ongoing data collection

## Provider Voice

Before the FCCN initiative, the network had regular interactions with providers but had not included them as key partners in network decisions and operations (**Box 2A**). Being part of the FCCN initiative motivated it to establish a provider advisory committee.

### Box 2A

#### Benchmark B: Provider Voice

**“The network includes providers as equal decision-making partners in network governance, operations, and accountability.”**

## Advisory Committee Structure and Logistics

The network formed an advisory committee of six licensed child care business owners, who intentionally reflected the diversity of providers in the network. This included varying years of experience, small- and large-group homes, and providers from different cultural and linguistic backgrounds.

Advisory committee members were initially invited to join based on recommendations from network staff, who identified them as strong candidates. Early on, the advisory committee established a one-year term for membership. One provider explained that when the term expires, they can apply again if they are still interested in being on the committee.

Providers cited several motivations for joining the advisory committee, including the opportunity to share ideas and experiences, help others, problem-solve, and learn from others. One provider summed it up: *“You learn more, and you feel proud when you help others.”*

The advisory committee meets every three months. When it was first formed, members met more frequently as they determined what would work best for the network and the providers on the committee. At each meeting, the group decides when the next meeting will occur.

Advisory committee members are compensated for the time they spend attending committee meetings.

As one staff member explained, *“We do pay them for their time in attendance at the advisory committee meetings. ...That was something that was informed by the benchmarks.”* Before this funding opportunity, the network lacked the resources to offer such compensation. The combination of dedicated funding and the benchmarks framework made this approach possible.

## Advisory Committee Activities

During advisory committee meetings, network staff may bring specific questions to the group. For example, in response to a staff person’s question about how to engage providers in activities that would help their businesses, the advisory committee recently organized an open house where committee members invited network providers into their homes to showcase how they set up their child care environments. Attendees toured each home and later gathered for lunch to reflect and share ideas. Both staff and committee members described the event as a success.

Committee members also bring forward concerns they hear from providers in the community. Together, the committee discusses how to address these issues. As one provider explained, *“We hear a lot of problems in our communities, then we sit down as [an] advisory committee, and we see how we can solve [the] problems.”* These concerns may include internal network operations, such as convening the two monthly meetings at different times—one in the morning and one in the evening—to fit providers’ schedules, to broader systemic challenges.

Other concerns that providers discuss may relate to broader issues, such as how to support providers who are navigating public systems, including the state child care assistance program. One member shared that when a provider in the network raises an issue with receiving payments through the child care assistance program, *“We sit down, we see which people we can reach out [to], how we can solve this as a committee.”*

Beyond the meetings, advisory committee members serve as trusted resources for others in the network. Providers know who the committee members are and often reach out to them with questions or challenges. For example, while the network consistently hires

interpreters for monthly meetings, there are times when an interpreter may be unavailable. In those cases, providers know they can follow up with committee members—many of whom are multilingual—for clarification. As one member described:

*"You'll find everybody's busy, yes, we are busy, but because we are committed to do this job as an advisory committee, we have to be available for the community, we have to be ready to help. When they call us, we explain everything. We keep getting a lot of feedback like, 'Oh my goodness, thank you so much. Before [we] had this committee, I [did] not know anything after the meeting. ...Now after the meeting, I know whom to call'. Stuff like that. ...I keep getting a lot of phone calls, thanking us as advisory committee [members]."*

In addition to one-on-one support, committee members have also facilitated training sessions. For example, one member facilitated a training on KidKare, a child care management system that includes reporting functionality for the Child and Adult Care Food Program. As one provider explained:

*"Some people ... use paper instead of online. Sometimes, even if they hire somebody to come and teach the group of the providers, you find some people are not really catching up so fast. As an advisory committee, sometimes they ask us if we can ... go show people who did not understand. One of the advisory committee [members] can say, 'OK, I'm able to go and show our providers how to do [it] online instead of paper reporting.' We help a lot by helping the providers. We are committed to help."*

Committee members also serve as role models within the network. Those pursuing their Child Development Associate (CDA) credential inspire and encourage others who are considering that path. As one staff member explained, *"We have some of them that also, in the advisory committee, that are pursuing their CDA. And they bring it back to other providers that are in our network to see how beneficial it is."*

## Outcomes of Participation in Advisory Committee

Providers and network staff articulated three outcomes of participating in the advisory committee: engagement in advocacy efforts, educational advancement, and building a community that fosters learning together.

As an example of engagement in advocacy efforts, some committee members stepped into leadership opportunities across the state based on information they learned from network staff: *"We were able to present those opportunities to the advisory committee, and then they volunteer to participate."* For example, a couple of advisory committee members joined state committees focused on supporting HBCC businesses and influencing licensing rule changes. Another provider joined an advisory committee of a local nonprofit focused on supporting a shared services model for local child care business owners.

Beyond taking on additional leadership roles, one provider explained that becoming a network leader as part of the advisory committee motivated her to pursue her CDA:

*"First of all, I learned in order to be a leader, I have to be an example. Of course, I am in [the] network and I'm a provider, and so I'm like, 'Yes, so how am I going to be giving other people ideas on things I don't know?' When I joined this committee, I got committed and I'm like, 'Hey, I have to take CDA,' and then I'm like, 'Let me do it.' ... To be a committee member you have to be an example; other people have to look at what you're doing. ... I saw a lot of benefits. Since I graduated, I saw a lot of providers wanting to do CDA, to learn more about early childhood education, and then I felt so happy."*

Lastly, committee members spoke about learning from one another, gaining deeper self-awareness, building a sense of community, and learning to work across cultural and linguistic differences. As one provider explained, *"We have a different background, different culture, different ideas, but we're sharing them together. I can learn from people [who speak] Kiswahili, people from Burundi, people from America here. We come as one community, and that is the big benefit for all of us."*

## Challenges and Lessons Learned

Network staff emphasized that development of the advisory committee takes time, patience, and a willingness to adapt. Establishing the right expectations requires balancing the demands on providers' time with the responsibilities of committee participation. It also takes time for members to grow into their roles and feel confident contributing. As one staff member reflected, *"It has been a challenge to implement the advisory committee, to get them to feel like they have a voice and can participate, and even, you know, taking the time, additional time to be able to do that."*

Staff reported that the benchmarks framework played a critical role in helping them stay intentional and focused. As the same staff member explained:

*"So, you really have to be intentional. I think the benchmarks help you to be intentional about [provider engagement in decision making] and understanding the importance of it. Otherwise, it would be easy to [say], 'We're too busy. We're just going to keep going with what we're doing.'"*

## Data Collection

The FCCN initiative not only prioritized data collection but also provided the funding necessary for networks to meaningfully engage in this work (Box 2B).

Before participating in this initiative, the network had relied on a cumbersome database system involving multiple spreadsheets. With FCCN support, it was able to partner with a third party to develop a centralized database tailored specifically to the network's needs. This system now allows it to collect and track data required by funders as well as data needed for quality improvement for supporting providers.

Beyond meeting reporting requirements, the database enables the network to tailor its support. As one staff member explained:

*"We have an understanding from month to month of how many new children in care there are, how many total children in care across the network, and what the primary languages are. It also allows us to see which providers are fuller, or which ones may be struggling with enrollment to help provide support in that way."*

## Box 2B

### Benchmark I: Data Collection

*"The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery."*

## Box 2C

### Benchmark C: Focus on Equity

*"The network demonstrates an intentional focus on equity and culturally grounded service delivery."*

The system also helps the network monitor providers' progress toward licensing requirements—a key area of support. As a staff member shared, *"It's allowing us to track when they've had the various inspections complete. When we've done a home visit. First aid and CPR complete. You know, physicals. All of that, we're able to track in our database."*

Lastly, network staff also described shifting some support away from individual home visits to group training and workshops. Based on feedback from providers, *"that was a lower priority to have the home visits. ...They didn't want it to go away entirely, but it wasn't as high a priority as some of the other things."*

## Challenges and Lessons Learned

While there are clear benefits of this new database, staff members acknowledge that it took time to set up, and incorporating new data elements continues to require time and effort. As this network staff member explained, *"And then, as the different data collection requirements are coming out, we are going back to that team, and again, [a] very slow process. But you know, building that, those collection capabilities into that database."*

## Focus on Equity

While the network always had a commitment to equity, staff members reflected on how the benchmark offers a valuable framework for describing their work (Box 2C).

A central focus for the network is providing services in providers' preferred languages. The network serves a diverse group of providers, many of whom are immigrants and refugees who are English language learners. Languages spoken among providers include Swahili, Kinyarwanda, Burmese, Arabic, and Dinka, among others. To support this diversity, the network employs multilingual staff members and hires interpreters for meetings, trainings, and events. Additionally, many essential documents are translated into multiple languages. One advisory committee member emphasized the importance of this commitment:

*"One of the best ways that we felt like they helped and know that their community is large with diverse people is the fact that they understand that English is a struggle for a lot of people. They go out and beyond their way to provide interpreters. They also hold meetings and events where we share our culture together and have food here and there, basically providing community for everyone, building community and making us stronger together so we can help each other more. That's one of the best ways they've done it."*

### Challenges and Lessons Learned

Despite the clear benefits, network staff acknowledge that this work is resource intensive. They emphasized that truly equitable funding must account for the costs of providing linguistically and culturally responsive services. The benchmarks provide a framework for advocating for the resources needed to sustain this essential work:

*"I don't think the benchmarks have informed our work in [equity] because we always prioritize that. But I, you know, it's encouraging to see that that is the focus, on equity, and in terms of language, amongst many other things, but that that was prioritized in the benchmarks. And again, we always have the limits of funding. It's very expensive, and I think even, I've pushed back on that within our FCCN, and with our funding. That when you're looking at networks, and you're given the same bucket of funding, but you have a network that has to pay ... thousands of ... additional dollars*

*for translation and interpretation into multiple languages, that you suddenly have a much smaller bucket of funding to do everything else and prioritize all of these other benchmarks."*

### Box 2D. Overview of Use Case 2: Hands Connected Family Child Care Network

<b>Organization type</b>	Publicly funded, community-based network
<b>Scope</b>	Multi-County
<b>Dedicated funding for benchmarks work</b>	Yes
<b>Purpose of engagement with the benchmarks</b>	To improve on existing work
<b>How benchmarks were used</b>	<ul style="list-style-type: none"> <li>Guided RFP application and post-award reflection</li> <li>Informed creating of a provider advisory committee</li> <li>Supported development of centralized data systems</li> </ul>
<b>Focus areas</b>	<ul style="list-style-type: none"> <li>Provider voice and leadership</li> <li>Data collection</li> <li>Equity through language access</li> </ul>
<b>Successes</b>	<ul style="list-style-type: none"> <li>Advisory committee formed and compensated</li> <li>Providers engaged in advocacy and professional development</li> <li>Improved data systems and service delivery</li> </ul>
<b>Challenges</b>	<ul style="list-style-type: none"> <li>Resource-intensive equity work</li> <li>Time and effort required to build provider leadership and confidence</li> </ul>
<b>Key findings</b>	Engaging providers as partners and equity-focused efforts are meaningful and important but can also be time- and resource-intensive

## Use Case 3

# The Montana Family Childcare Network

### Background

The Montana Family Childcare Network (MFCN) was established in 2022 as an affiliate of the National Association for Family Child Care (NAFCC). MFCN is a family child care association with the vision to *“promote high quality, professional family child care and early education systems to support children, families, and thriving communities.”* The network primarily supports members' NAFCC accreditation through a mentorship program focused on development, curriculum planning, and business management.

In fall 2024, the state contracted with a new Child Care and Development Fund regulatory and quality technical assistance provider, Shine Early Learning. As part of this change, MFCN and the Montana Association for the Education of Young Children (MTAEYC) were identified as partners to support providers through accreditation. This created a unique opportunity for associations serving center-based child care and HBCC to work together and support the accreditation of family child care providers and centers in the state.

As MFCN was going through these changes, it aimed to use the Home-Based Child Care Networks Benchmarks to guide its work. Network leadership had learned about the benchmarks through convenings held by the National Center on Early Childhood Quality Assurance and felt that the benchmarks provided a framework to develop *“into a high-quality network, which is necessary for survival.”* Erikson Institute followed MFCN's efforts to use the benchmarks and indicators through winter 2024 and spring 2025. Although the formal partnership with Shine Early Learning and the accreditation work did not officially begin during this time, we were able to learn about MFCN's process for incorporating the benchmarks and indicators into its work as a whole.

### Box 3A

#### Benchmark F: Quality Practices

*“The network offers services that build on and enhance culturally relevant and community-embedded provider practices that contribute to positive child and family outcomes”*

### Box 3B

#### Benchmark I: Data Collection

*“The network uses an intentional and collaborative approach to data collection and analysis that informs service delivery.”*

### Using the Benchmarks

MFCN used the benchmarks and indicators primarily as an informal self-assessment to think about its work. Between fall 2024 and spring 2025, network leadership took stock of current initiatives, thinking about how they aligned with the benchmarks.

- **Accreditation initiative:** During this time, MFCN started planning for the new accreditation initiative with MTAEYC. It shared the benchmarks and indicators framework with MTAEYC and reflected on how this initiative was primarily aligned with Benchmark F (Box 3A).
- **Annual conference:** In this period, MFCN also planned and held its third annual family child care conference. As part of the process, it considered how the conference content aligned with the benchmarks, primarily Benchmark F, by including sessions on topics such as accreditation and trauma-informed care. MFCN also wanted to gather data from conference attendees, and it used Benchmark I (Box 3B) to guide the development of

the survey that was distributed to learn more about barriers to participation and to gather information necessary for planning the next conference.

- **Future activities:** MFCN also found the Network Benchmarks and Indicators Toolkit useful (Erikson Institute, 2024). Learning what other networks were doing sparked new ideas. It plans to incorporate some of these new ideas into the new MFCN website, including adding a resources page so that educators are able to easily connect with statewide services and information.

## Limitations and Next Steps

MFCN leadership was familiar with the benchmarks and indicators before this work began. However, knowledge gaps remain—particularly in understanding how to apply the benchmarks and indicators to guide decision making and where to locate relevant information, which has limited the network's ability to select the tools and resources best suited to its needs.

Grassroots organizations like MFCN are often led by providers who continue to run their own HBCC programs. In this case, the leaders manage to care for children as well as lead their network and engage in related advocacy work at the state and sometimes national levels. Playing these multiple roles is intensive and time-consuming. It also involves different skill sets, and, in some cases, new knowledge. Our discussions with MFCN suggest that provider-run networks that aim to use the benchmarks need additional support to understand how to use them and how to access associated resources.

While MFCN has spent considerable time thinking about how its work aligns with the benchmarks and indicators, the next step is to apply what its leaders have learned to shape future efforts.

## Potential Next Steps for MFCN

1. From this process, MFCN has learned that much of its work is centered on Benchmark F. MFCN may consider whether there are other benchmarks that would meet the needs of the providers in the network.

2. When planning the new accreditation initiative, MFCN could draw on the “Why” and “How” benchmarks to guide its approach. The “Why” benchmarks prompt questions such as: Who is the target population for this initiative? How can additional provider voices be meaningfully included in the planning process? How can the initiative be designed to promote equity and address the diverse needs of providers across the state? The “How” benchmarks prompt questions such as: How will services be delivered? How can the initiative collect meaningful data? How will the initiative be staffed? How can the initiative recruit providers?

### Box 3C. Overview of Use Case 3: The Montana Family Child Care Network

<b>Organization type</b>	Provider-run family child care association
<b>Scope</b>	Statewide
<b>Dedicated funding for benchmarks work</b>	No
<b>Purpose of engagement with the benchmarks</b>	To inform planning and self-assessment for future initiatives
<b>How benchmarks were used</b>	<ul style="list-style-type: none"><li>Used informally for self-assessment</li><li>Guided planning for accreditation and annual conference</li><li>Inspired ideas for future website and resource development</li></ul>
<b>Focus areas</b>	<ul style="list-style-type: none"><li>Quality practices</li><li>Data collection</li></ul>
<b>Successes</b>	Increased awareness of benchmarks-aligned practices and tools
<b>Challenges</b>	<ul style="list-style-type: none"><li>Limited internal capacity and time</li><li>Need for support in applying benchmarks and accessing resources</li></ul>
<b>Key findings</b>	Provider-led networks may need support to apply benchmarks effectively and build internal capacity

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# Appendix A: Methods

The research team identified sites using the benchmarks through prior engagement with the sites and responses to earlier data collection efforts. The objective was to capture a diverse range of organization types applying the benchmarks for various purposes, such as funders, publicly funded networks, and provider-led networks or associations, to illustrate distinct use cases. While data collection was tailored to each site's context, a set of core questions was consistently explored across all case studies. These included how the site became aware of the benchmarks, the motivations behind their adoption, and how the benchmarks have been used to inform practice.

## Use Case 1

Data for this use case were collected through a semi-structured group interview with staff from the CCIF, as well as through document review. The interview lasted approximately one hour and included three staff members. It was recorded and transcribed. We also reviewed relevant documents, including the Family Child Care Networks Request for Proposal, documents pertaining to the structure of the learning community, and the final report from the evaluation of the pilot year.

## Use Case 2

Data for this use case were collected through a semi-structured group interview with network staff and a semi-structured focus group with providers serving on the advisory committee. Each session lasted approximately one hour, was conducted in English, and was recorded and transcribed. Three staff members participated in the group interview, and five providers took part in the focus group. Although the providers spoke multiple languages, the site recommended conducting the focus group in English, as that is the language typically used in the advisory committee meetings. One participant joined with the support of an interpreter, which is also common in their regular convenings. At the site's request, quotes were lightly edited for readability while preserving their original meaning.

## Use Case 3

Data for this use case were collected through regular monthly check-in meetings with the site, reflecting the early stage of their work with the benchmarks. At the time of engagement, the site was just beginning its work with the benchmarks. This presented the opportunity to capture their evolving process; therefore, the research team opted for ongoing meetings rather than a single retrospective interview. Between January and April 2025, the team met with the site four times.

## Appendix B. Use Case Summaries

	Use Case 1: Michigan's Family Child Care Networks Initiative	Use Case 2: The Hands Connected Provider Network	Use Case 3: The Montana Family Child Care Network
<b>Organization type</b>	Public-private partnership	Publicly funded, community-based network	Provider-run family child care association
<b>Scope</b>	Statewide	Multi-County	Statewide
<b>Dedicated funding for benchmarks work</b>	Yes	Yes	No
<b>Purpose of engagement with the benchmarks</b>	As a guiding framework for a statewide pilot initiative supporting FCCNs	To improve on existing work	To inform planning and self-assessment for future initiatives
<b>How benchmarks were used</b>	<ul style="list-style-type: none"> <li>Integrated into the RFP, project planning, and implementation</li> <li>Used to structure technical assistance and peer learning communities</li> </ul>	<ul style="list-style-type: none"> <li>Guided RFP application and post-award reflection</li> <li>Informed creating of a provider advisory committee</li> <li>Supported development of centralized data systems</li> </ul>	<ul style="list-style-type: none"> <li>Used informally for self-assessment</li> <li>Guided planning for accreditation and annual conference</li> <li>Inspired ideas for future website and resource development</li> </ul>
<b>Focus areas</b>	All benchmarks	<ul style="list-style-type: none"> <li>Provider voice and leadership</li> <li>Data collection</li> <li>Equity through language access</li> </ul>	<ul style="list-style-type: none"> <li>Quality practices</li> <li>Data collection</li> </ul>
<b>Successes</b>	<ul style="list-style-type: none"> <li>9 hubs and 22 networks funded</li> <li>Increased provider confidence and business improvements</li> <li>Continued funding for 5 years</li> <li>External evaluation conducted and shared with stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>Advisory committee formed and compensated</li> <li>Providers engaged in advocacy and professional development</li> <li>Improved data systems and service delivery</li> </ul>	Increased awareness of benchmarks-aligned practices and tools
<b>Challenges</b>	Provider-led groups lacked capacity to manage federal funding	<ul style="list-style-type: none"> <li>Resource-intensive equity work</li> <li>Time and effort required to build provider leadership and confidence</li> </ul>	<ul style="list-style-type: none"> <li>Limited internal capacity and time</li> <li>Need for support in applying benchmarks and accessing resources</li> </ul>
<b>Key findings</b>	Government entities can use benchmarks to align funding, assess outcomes, and promote equity in network development	Engaging providers as partners and equity-focused efforts are meaningful and important but can also be time- and resource-intensive	Provider-led networks may need support to apply benchmarks effectively and build internal capacity

# About Us

## Home Grown

[homegrownchildcare.org](http://homegrownchildcare.org)

Home Grown is a national collaborative of funders, caregivers, and providers working together to advance an inclusive child care system where home-based child care is visible, valued, and well-resourced.

We work in partnership with the diverse array of family child care providers and family, friend and neighbor caregivers who comprise the home-based child care sector.

## Home-Based Child Care Research Initiative at Erikson Institute

[www.erikson.edu/hbcc](http://www.erikson.edu/hbcc)

Since 2008, the Home-Based Child Care (HBCC) Research Initiative at Erikson Institute has conducted rigorous and actionable research to inform early care and education policy and program design and decision-making. Through national, multistate, and local projects and participatory approaches, the HBCC Research Initiative partners with professionals and communities to highlight promising strategies for supporting equity for the home-based child care workforce and quality for children and families who use home-based child care.

## Acknowledgements

We thank the staff and home-based child care providers who participated in these case studies. We also want to acknowledge and thank the home-based child care providers and home-based child care network leaders who reviewed the report and provided thoughtful feedback.

This report was made possible by generous support from Home Grown.

## Learn More

For a companion brief, please see: [Using the Home-Based Child Care Network Benchmarks: A Tip Sheet for Funders and Networks](#)

For more information and related resources, please see: [www.erikson.edu/research/building-home-based-child-care-networks-research-resources-for-the-field](#)

## Suggested Citation

Ragonese-Barnes, M., Bromer, J., and Porter, T. (2025). *Using the Home-Based Child Care Network Benchmarks: Three use cases*. Home Grown and Erikson Institute.