Investigating the Need for a Shared Services Organization for Child Care Providers in Three Communities

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Prepared for the SWFI Child Care Learning Community

by

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Introduction

The Strengthening Working Families Initiative (SWFI) Child Care Learning Community hired Augenblick, Palaich and Associates to conduct a market research survey identifying barriers preventing child care providers from entering the market or from expanding their services to serve more children. One of the Learning Community's initiatives is to explore the creation of a shared services organization to address gaps in available care for areas with significant populations of low-income families that are considered child care deserts. This report reviews the data collection and data analysis work APA conducted to examine those barriers and to consider whether a shared services organization would meaningfully address or ameliorate those barriers. It provides recommendations for how the SWFI Child Care Learning Community might implement a shared services organization in terms of organizational and funding structure and the content of services provided. The recommendations also discuss what barriers might persist even with the assistance of a shared services organization.

Founded in 1983, Augenblick, Palaich and Associates, Inc. (APA) is a privately owned, Denver-based consulting firm that specializes in education policy research, design, and analysis. The company, which has worked in all 50 states, is a federally-recognized small business that focuses on research and evaluation of pre-kindergarten, K-12, and postsecondary education policies and programs. APA employs 10 professional staff members and collaborates with many other research organizations and institutions from around the country, including the federal regional education laboratory for the central region of the country, the National Center for Education and the Economy, the U.S. Administration for Children and Families' Office of Child Care, and local and national philanthropic organizations. In the early childhood education field, APA has recently conducted multiyear evaluations of the Denver Preschool Program, the Nebraska statewide Step Up to Quality program, and the town of Breckenridge early childhood education support program.

The Strengthening Working Families Initiative (SWFI) grant from the United States Department of Labor is an initiative to offer students extra supports and skills to complete training and find employment. The SWFI group determined that child care was a significant barrier for young parents pursuing postsecondary education and training and for those who had graduated and were pursuing employment. The SWFI Child Care Learning Community aims to identify systemic barriers to child care – including cost, quality and service capacity - for low-income parents in the Denver-Adams-Arapahoe region seeking employment and career advancement, and to ascertain potential solutions. In considering solutions, the Learning Community takes a focused

look at program coordination, resource leveraging and policy changes needed across agencies and systems serving low-income parents and their children, including higher education, workforce and human services.

In examining systemic barriers to child care, the SWFI Child Care Learning Community focuses on a specific geographic area of the Denver metro region, encompassed by 56th street to the north, Federal on the west, Mississippi on the south, and Tower Road on the east. This area is illustrated in Map 1.

Map 1

SWFI Focus Area

Boundaries

North: 56th Street   East: Tower Road   South: Mississippi Street   West: Federal Boulevard
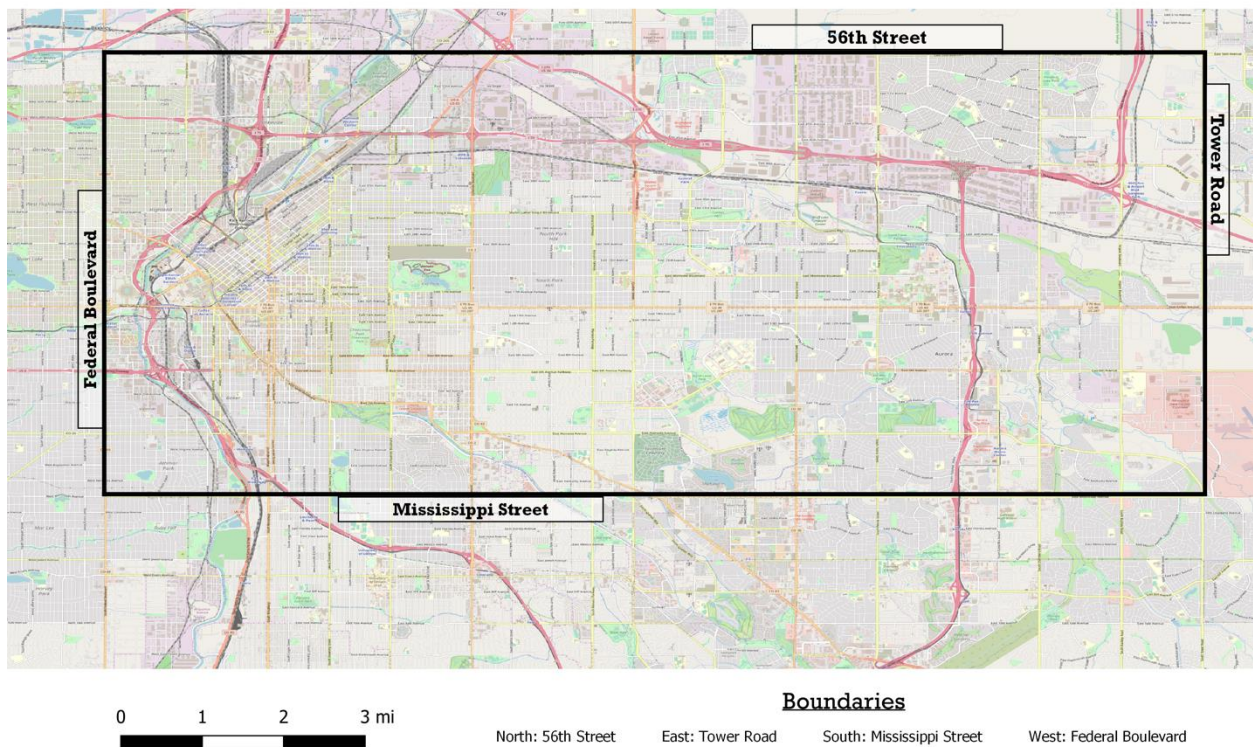
This area was also the focus of APA's data gathering and analysis. Within this area, the SWFI Learning Community focuses on areas that are child care deserts, defined by the Center for American Progress as a census tract with at least 50 children under the age of 5 where the ratio of children under age 5 to the cumulative child care capacity is more than three to one. This means that there are at least three children under age 5 for every available child care slot.

APA's analysis of census data found that virtually every census tract in the above geographic area of focus for the Learning Community qualifies as a child care desert. In fact, the area as a whole would need to add 2,150 child care slots to get to a 3:1 ratio. This analysis indicates a severe lack of available child care slots.

To explore the barriers preventing early childhood education providers from entering the child care marketplace in this region, as well as barriers preventing existing providers from expanding their services, APA convened a number of focus groups and conducted interviews with both licensed and unlicensed providers. The rest of this report describes the process of data collection, the overall findings, and the resulting recommendations.

The first section of the report reviews the methodology that APA used to identify geographic areas of focus and to conduct data collection efforts within those areas. The report then describes the findings from that data collection, divided into sections for unlicensed and licensed providers, because the feedback from those two groups was very different and tied to their licensure status. The report then reviews existing shared services models in existence, including their cost and membership structures and the content of the services they offer to providers. Finally, the report concludes with recommendations for the SWFI Child Care Learning Community about how implementation of a shared services organization could benefit providers, what cost and membership structures might be most feasible, and the content of services of most meaningful use to providers. It also contains cautions about the types of existing barriers and challenges for providers that could be difficult to meaningfully address through a shared services organization and could likely persist even if a shared services organization existed.

Methodology

Geographic Areas

The first step of APA's data collection effort was to collaborate with the SWFI Child Care Learning Community to identify specific neighborhoods/communities to study within the overall geographic area of focus. APA and the Learning Community jointly identified three communities that qualify as child care deserts and also have some other demographic indicator of need. This included areas with relatively high child poverty levels, fast-growing numbers of young children, or specific immigrant populations. The three communities identified by APA and the Learning Community included: Montbello, Sun Valley, and Windsor. These communities are illustrated in Map 2.

Map 2

Targeted Areas: Montbello, Sun Valley, and Windsor

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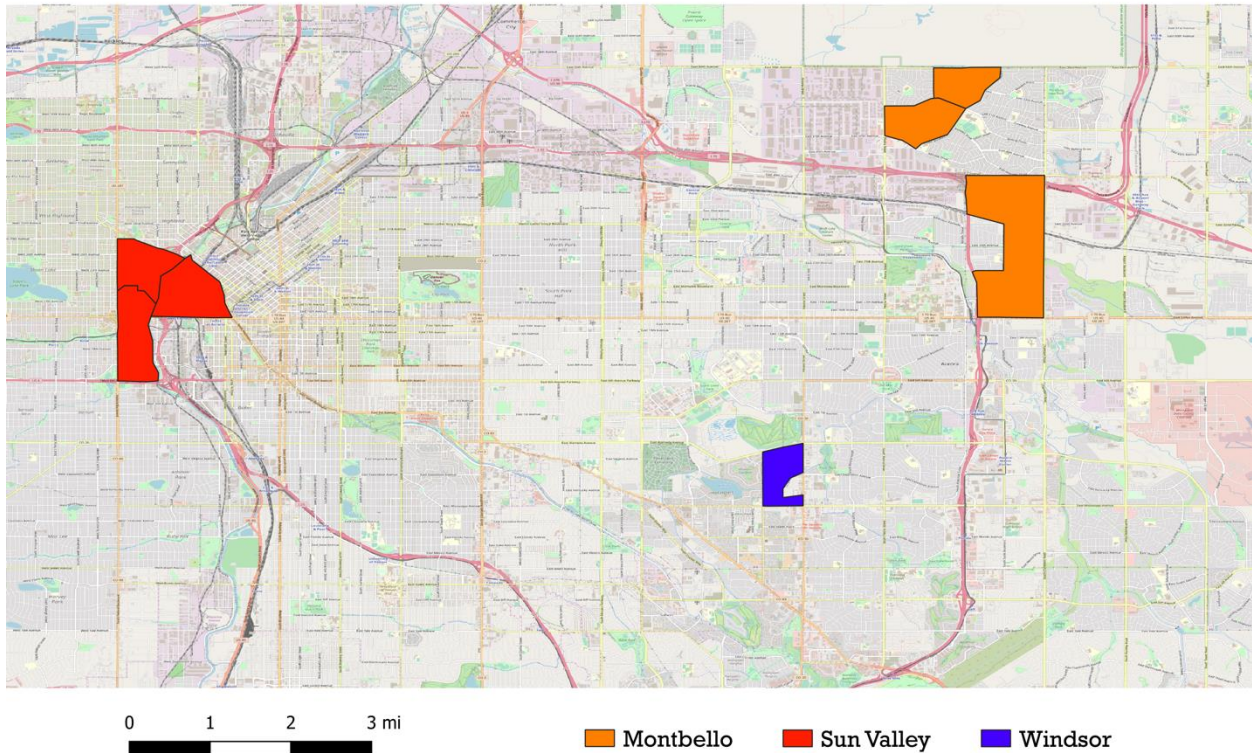
Montbello

The Montbello community is in the northwest corner of Denver. The child poverty rate of 40% is relatively high for the area. There are an average of 6 children for every available child care slot. The residents of the area are relatively young and poor. Residents are more likely to be homeowners than other areas of Denver with similar poverty rates, but the home values tend to be relatively low. Parents have relatively low educational attainment. The majority of families speak Spanish at home and there are relatively high rates of immigrants in the community. The Montbello community tends to be a close-knit area where residents have lived in the area for a long time. Because the area is separated from Denver by industrial and commercial areas, Montbello tends to have its own specific community groups and services.

Sun Valley

The Sun Valley area lies between Mile High Stadium and downtown Denver. This area has an extremely high child poverty rate, with one census tract having 87% of children living in poverty. Residents tend to be relatively young and poor. There is a significant immigrant population, and about half the residents are from Latin America and speak primarily Spanish at

home, while others come from Asia and Africa. The residents in this area are almost exclusively renters.

Windsor

The Windsor area is geographically smaller, encompassing only one census tract. It covers the area between Mississippi and Alameda, between Dayton and Havana. The area contains only 330 children, but 66% of them live below the poverty line. There are zero child care slots in the census tract. The residents of this area tend to be poor young people with a relatively high birth rate, meaning that the number of children in the area is growing quickly. They are primarily renters. This area has a relatively high immigrant population but, unlike other areas of Denver, the immigrants in Windsor are primarily African immigrants, including a significant Ethiopian population.

Focus Groups and Interviews

APA conducted both focus groups and interviews with unlicensed and licensed providers in the three identified geographic areas.[1] A uniform protocol was created in order to ensure consistency in the content addressed during all focus group and interview discussions.

Unlicensed Providers

The majority of the unlicensed providers in the three identified geographic areas are Spanish-speaking, many of them immigrants. It can be difficult to locate these providers because they are not listed with a licensing agency and often do not advertise but are known only by word-of-mouth. These providers can also be difficult to contact because some of them or some of their family members may be undocumented immigrants, making them suspicious of outsiders and unwilling to share personal details. In order to help locate these providers and gain their trust, APA worked with the PASO program, operated by the Colorado Statewide Parent Coalition.

The PASO program is a community-based intervention that trains and supports family, friend, and neighbor child care (FFN) providers in low-income Latino communities in the Denver metro area. Over nearly a decade of operations, PASO has developed extensive experience in locating and recruiting such providers though intensive community outreach efforts. Once these providers are located and recruited, PASO provides research-supported training over the course of a year through a series of group trainings on topics such as literacy, numeracy, health, and safety in the child care setting.

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[1] The interview protocols for licensed and unlicensed providers are included in the appendix.

For this project, PASO staff conducted outreach to unlicensed providers and convened focus groups in the three identified geographic areas. In order to facilitate the highest quality data collection, PASO staff facilitated the focus group discussions because providers were more comfortable sharing information with PASO staff, who are native Spanish speakers and who live and work in those communities. PASO staff also provided consultation during the development of the focus group protocol, contributing expertise and insight into the barriers encountered by prospective providers in low-income Latino neighborhoods. Such barriers pertain to these providers' capacity to offer additional child care slots, pursue licensure, and to stay in business while serving parents in high need communities.

APA and PASO conducted one focus group in each of the three targeted geographic areas, interviewing a total of 19 unlicensed providers.

Licensed Providers

To contact and convene licensed providers, APA worked with the Early Childhood Councils in the respective counties for each geographic area. The Councils assisted in identifying providers in the identified geographic areas, sending introductions to identified providers, and, in some cases, hosting provider focus groups. Because these providers are listed in public licensing data, it is much easier to identify licensed providers in an area and access their contact information.

Although it was relatively easy to identify and contact these providers, there were still barriers to gathering information from them. These providers, both in family care homes and in centers, are extraordinarily busy during the day and it is often difficult for them to find time to attend a focus group during business hours. It is also challenging to recruit these providers to attend focus groups on weekends or during evening hours, because they use such times to rest and recuperate. For these reasons, while locating licensed providers contact information was easier than locating unlicensed provider contact information, gaining their attendance at evening focus groups proved more challenging without the assistance of an organization deeply embedded in the targeted communities. As a result, APA largely shifted from a focus group-based data collection strategy to individual phone interviews with licensed providers. This change in strategy not only allowed for one-on-one conversations to occur, but also allowed licensed providers to select a time before, during, or after their working day that was most convenient for them without traveling to a focus group site.

This means that instead of conducting two focus groups with licensed providers, APA interviewed 12 providers from across the three geographic areas. Four of the providers were interviewed in two, two-person focus groups and the remaining were interviewed in individual phone interviews.

Findings

APA reviewed all focus group and interview data received to identify any trends or patterns in the data. In particular, APA examined the data to see if any differences or similarities existed by:

1) Provider location (in the three targeted communities);
2) Provider type (home-based versus center-based); and
3) Licensing status (licensed versus unlicensed).

Overall, when interview and focus group data were reviewed by geographic area, APA found very little variation in feedback from providers across the three targeted communities. This was somewhat surprising, as Montbello is sometimes seen as a distinct and separate community from Denver as a whole. However, neither the unlicensed or licensed providers from that area raised unique or different issues than those raised by providers from Windsor and Sun Valley. For that reason, the below findings combine most feedback received from providers across all three geographic areas.

There was similar consistency in focus group and interview input when the data were reviewed based on whether providers were home- or center-based. Where there are differences, primarily in the types of services that home- and center-based providers wanted to receive from a shared services organization, they are noted below.

The only meaningful difference that APA observed in feedback received from providers was a strong distinction between unlicensed and licensed providers. Those two groups had very little overlap in their feelings and experiences on the barriers, needs, and desired supports. In fact, the feedback from licensed providers strongly suggested that a shared services organization would be strongly beneficial to them in sustaining and expanding their child care services, while the barriers and issues raised by unlicensed providers were much less amenable to being addressed by a shared services organization. Because of this distinction and the differentiation in the findings for the two groups, the following findings are presented separately for the licensed and unlicensed providers.

Unlicensed Providers

Motivations for Being Care Providers
Each focus group with unlicensed providers started by asking them why they had chosen to enter the child care services profession and about their motivation to provide child care. The primary motivations cited by providers were a need for income, the convenience of

employment in their homes (for home-based providers). A secondary motivation for providers was a perception that the children in their communities and the communities as a whole would benefit from high quality child care that would prepare children for when they entered school. This goal of addressing kindergarten-level achievement gaps was seen as benefiting not only the children who received the care, but the community as a whole. All of the providers reported significant enjoyment in caring for children, with several describing it as a calling or a vocation.

Considering Licensing

Unlicensed providers were also asked if they were considering moving towards licensure. The majority of providers reported that they did not intend to pursue licensure, either immediately or in the future. One focus group of providers was unable to pursue licensure because they lacked legal immigration status, which inherently precluded them from obtaining a child care license. Others who were eligible for potential licensure were uninterested because of the high cost of the licensing process. This cost issue was cited by a number of unlicensed providers, several of whom had done financial calculations and concluded that the increased income available to them as licensed providers was not large enough to outweigh the cost and difficulty of the licensure process. Another group of providers expressed that the space issues of their houses would make it difficult or impossible to qualify for licensure and to pursue it would require significant remodeling or even moving to a new house more appropriate for licensure requirements.

The biggest barrier to licensure, however, was described by providers as race- and language-based discrimination. Multiple providers said it would be impossible for them to navigate the licensure process as Spanish-speakers. Even if language accommodations were available, the majority of providers had a deeply ingrained distrust of government institutions and arranged their lives around minimizing or preventing contact with those institutions in any way. For these providers to affirmatively approach a governmental licensing body and ask them to enter their homes and evaluate their livelihood was considered unthinkable.

Multiple providers reported a fear that initiating an interaction with the licensing body would trigger an investigation into themselves, their families, and their friends, endangering themselves and their loved ones, regardless of their immigration status. In fact, the one potential benefit of licensure that providers mentioned was the potential for added protection when interacting with other institutions, such as medical institutions. For instance, some unlicensed providers believed that being licensed could better protect them from negative repercussions if they needed to take a child in their care to the doctor or an emergency room.

Barriers to Expanding Capacity

The fear of negative repercussions from interacting with institutions also limited the unlicensed providers' desire and ability to expand the number of children they served. Many were already serving the maximum number of children they could while legally operating as an unlicensed provider. These providers had consistent fears that they would be reported to the licensing agency, even though they are operating legally within the limits on unlicensed providers. Even if they were able to accept more children, they felt limited to accepting children from parents in their communities who spoke the same language. This prevented these providers from reaching out to parents in their communities from different cultural groups or with different home languages, even if those parents needed care for their children.

A strong theme raised by providers was their intense fear of having a child in their care who needed urgent or emergent medical treatment. One provider related a story of having a child in her care who began choking. She called 911 for assistance but there were no Spanish-speaking 911 operators available. She described the 911 staff as "yelling at her," unable to provide any clear medical instruction, and telling her that "if the child was hurt or died, it would be her fault." Eventually, a Spanish-speaking 911 operator came to the phone and helped the provider treat the child, but this experience convinced her that if anything happened to a child in her care, she would be held responsible, likely criminally, even if the harm was due to the inability of the medical system to adequately respond and treat the child. This sentiment was raised and echoed in each of the three unlicensed provider focus groups and was clearly a fear that resonated strongly with the majority of unlicensed providers. As a result, most of the providers only felt comfortable caring for children in their immediate family or friend group, where they could inherently trust parents to believe them and "have their back" in a medical crisis situation. They often felt that taking children outside that immediate group could expose them to criminal liability outside of their control. Again, this meant that these unlicensed providers are not willing to expand their services to other parents in their communities, even if those parents need care for their children.

Unlicensed providers also raised other barriers to expanding the number of children they serve. For instance, providers raised the financial difficulty of buying sufficient materials to serve additional children. Providers also discussed the additional difficulty and expense of caring for children age 3 and younger, making it difficult to add more slots to serve such children, even though there may be a pressing need for parents of such children in these communities. Overall however, these practical difficulties were much less important to the providers than the issues of distrust of governmental institutions and their need to protect themselves from potential racism, language-based discrimination, or government interference or intrusion.

Desired Supports and Assistance

Unlicensed providers expressed their desires for supports and assistance that would help them sustain their existing child care provision and create the potential for capacity expansion. Their primary desire was for information; primarily Spanish-language information, because they had difficulties accessing existing sources of information which tend to be only in English. Providers requested access to information on licensing requirements and benefits, child development and how to support it, and kindergarten readiness. Several also requested more in-depth support and feedback to improve their child care and teaching skills, including observation and coaching from child care experts. As described above, organizations such as PASO provides many of these supports and resources. However, providers described the current demand for support as exceeding PASO's capacity, saying that it can be difficult to enroll in PASO classes because of space limitations. Providers explicitly requested expanded or additional avenues for professional development aimed at Spanish-speaking unlicensed child care providers.

Another group of providers requested assistance obtaining and paying for health insurance. The lack of insurance was perceived as a serious barrier that prevented providers from fully committing to being child care providers, rather than searching for hourly employment that would provide access to consistent health benefits. The providers did not have clear suggestions for what type of assistance would be most beneficial to them in obtaining health insurance.

Another significant need described by many unlicensed providers across the three focus groups was assistance getting parents to pay as agreed. The providers felt that parents accessing their services were often struggling financially and often lacked the funds to pay the agreed rate of care on time. This meant that on the day payment was due, many parents would evade the provider or otherwise attempt to avoid paying the full amount due to the provider. The providers felt they spent significant time and energy trying to find parents to request the agreed payment. Providers also expressed that such payment instability threatened the overall financial stability of their business to meet its own bills on time.

Role of a Shared Services Organization

PASO and APA discussed with providers the potential of a shared services organization to help support them, first providing information about how shared services organizations work and the range of services they can offer. While the unlicensed providers were not generally familiar with the idea of a shared services organization, they understood the information and carefully considered their potential participation and the services they wished to receive.

An initial concern heard from the majority of unlicensed providers was how they would pay for membership in a shared services organization. While providers understood that participation might be able to save them money, they were concerned that the savings afforded by participation in a shared services organization would not be sufficiently large to offset both the cost and time of participation. They were also worried that the cost-savings of participation would be time delayed, forcing them to front membership costs that would not be offset for several months. These financial concerns were compounded by the general lack of technological access and comfort among the providers. A significant number of providers did not have consistent access to a computer and could access the internet only through their smartphones. Several reported a general lack of familiarity and comfort with the internet and were worried about relying on it to access the benefits of a shared services organization. The providers regarded both the cost and technology and time of participating in the organization as significant barriers and were somewhat skeptical that the cost savings would be large enough to justify participation.

Putting aside the logistical complications of participating in a shared services organization, the unlicensed providers offered a list of services that would be helpful to sustaining and potentially expanding their services. The primary request voiced by providers was a pooled referral service. As mentioned above, it can be difficult to locate these providers because they operate through word of mouth. As a result, parents new to the area or who are newly seeking care can have difficulty contacting a number of providers before they find one who has space available. A central listing and referral service could help parents more easily find providers with available space, especially if such a service could account for and address the language needs of parents and providers. However, some providers cautioned that this kind of referral service might not be successful given the reasons discussed above (particularly involving distrust of any government-related or oversight organizations) motivating providers to limit services to people in their trusted, close personal circles.

Other shared services of interest to unlicensed providers included:
- Bulk purchasing for materials;
- Seeking payment from and invoicing parents (as discussed above);
- Training and support for teacher development, especially in Spanish;
- Transportation for kids and parents;
- Food provisions;
- Access to qualified substitute teachers, or other temporary coverage if the provider needs to run an errand during the day;
- Ways to take field trips;
- General translation help; and

- Support groups for providers.

Unlicensed providers expressed that these supports would primarily assist with sustaining their *current* child care operations, rather than expanding any of their existing capacity. Providers did not feel that the barriers to becoming licensed or to expanding capacity, discussed above, would or could be meaningfully addressed by a shared services organization. It was also unclear whether providers felt they could overcome the practical barriers of cost and technology limitations to participate in a shared services organization.

Licensed Providers

Feedback from the interviewed licensed providers was very different from that offered by the unlicensed providers. The barriers to sustainability and expansion expressed by the licensed providers were in general much more amenable to being addressed by a shared services organization.

Barriers to Expansion

Licensed providers cited two overarching barriers to expanding their capacity to serve more children: 1) access to quality staffing; and 2) limitations related to facility size. The majority of providers indicated that the difficulty of finding high quality and reliable staffing was the primary barrier to expanding their capacity. Even those providers who had unused rooms available in their facilities were unable to open new classrooms because of the difficulty of finding and retaining qualified teachers and other staff members.

This difficulty was compounded by the providers' inability to increase wages and benefits for their staff members. Several providers mentioned that potential employees could go get jobs at Costco or similar retail stores for $15 an hour and accompanying health benefits. It was difficult for providers to compete with that compensation, even if they could locate and recruit qualified staff members, meaning that they consistently lost staffers even after hiring and onboarding them. The cost of these losses is significant not only in terms of maintaining consistency for the children served, but also in terms of the lost time spent by the director or other coaches who invest significant effort into onboarding and training new teachers, only to see this investment lost through constant turnover.

The second significant barrier to expanding the number of children served by a provider was limits on facility size. Several providers talked about the need to expand the number of classrooms in their building or to do facilities improvements, such as adding sinks to existing rooms in order to increase the number of children served. While major capital investments were rare, one provider talked about the need to move to an entirely new facility in order to double the existing capacity of the center. Several providers mentioned that it was more difficult to add infant classrooms than classrooms for older children because the lower staffing ratios made the cost of operating these classrooms higher and it was often impossible to pass on those increased costs to parents.

Licensed providers expressed strong interest in a shared services organization, which they felt would be effective in providing services that would both support and sustain their current operations and allow for further expansion.

As suggested by the barriers to expansion listed by these providers, the primary area in which licensed providers desired support from a shared services organization was with staffing. First, providers requested assistance with creating and operating a reliable and affordable substitute teacher pool. Providers reported great difficulty in obtaining reliable substitutes, which they indicate contributes significantly to time and effort required from directors and to staff fatigue and burnout.

Although substitute pools exist, providers expressed concern about the credentials held by the substitutes provided by those pools. Providers also described existing sub pools as both too expensive and unreliable, which made them functionally useless. If a shared services organization could allow licensed providers access to a reliable and affordable substitute pool with credentialed substitutes, it would be a very strong inducement for these providers to join. Licensed providers consistently indicated that having access to a reliable substitute pool would produce significant time savings and stress reduction for both center- and home-based directors as well reductions in burnout for other employees and teachers.

Licensed providers also requested assistance and support in recruiting, hiring, and onboarding new permanent staff, including all levels of teachers and especially in hiring center directors and infant teachers. Providers suggested that the shared service organization create a pool of pre-screened and pre-approved candidates that a provider could use during the hiring process. This pre-screening could include background checks and fingerprinting. Providers reported that access to such a pool would create significant time savings and an extremely valuable resource.

Providers also consistently expressed that a shared service organization could also play a valuable role in offering additional supports after permanent staff are hired. In particular providers requested assistance in onboarding new staff, including the preliminary training, fingerprinting, and background checks. These processes create a significant cost for providers in terms of both time and money to pay for these steps.

Providers also requested that a shared services organization provide assistance with credentialing teachers, such as providing a clear and reliable pathway to credentialing for new staff. The availability of these resources would allow providers to more efficiently recruit and

onboard qualified permanent staff, allowing them both to sustain their current operations and to more easily find the additional staff needed to expand the number of children served. Because these services directly address the primary barrier – access to qualified staff – that prevents providers from expanding their capacity, such services should be a high priority for any new shared services organization serving these communities, as they could have a significant impact on the number of child care slots available.

Another area of support requested by providers that would assist with expanding child care slots was improved benefits for staff. Like the unlicensed providers, the licensed providers experienced difficulty finding and paying for health insurance. Providers and directors also requested assistance with other staff benefits, such as access to a 401k structure to facilitate saving for retirement. Providers and directors felt that offering this type of compensation would help both with recruitment and retention of qualified staff, which would assist in maintaining high quality services and expanding services to additional children. Increased retention was also mentioned as a way of producing savings to directors in terms of the time they must spend recruiting, interviewing, hiring, and training staff members over time, since the number of staff slots to fill each year could be reduced with higher retention rates.

Assistance with fundraising was another area of interest mentioned by a number of licensed providers in APA's interviews and focus groups. Several providers talked about the need for shared grant writing services, especially for new or smaller providers without the staffing capacity to devote to grant writing. Some of the larger providers mentioned a concern that an outside person would have difficulty effectively telling the story of the provider and their unique characteristics, but providers universally believed that smaller and newer providers would definitely benefit from this service. Even larger providers requested assistance in identifying potential grant opportunities. Providers also suggested that a shared services organization could assist in grouping providers together to apply for bigger grants. Providers who talked about facility limits being a barrier to expanding the number of children they served specifically requested assistance with grant writing, loans, or other fundraising mechanisms to generate funding for facilities improvements.

Another area of interest raised by a number of providers was special education support. Providers described difficulties in meaningfully serving students with individualized education plans. Existing staff often feel undertrained in working with these students and unable to provide proper assistance. Access to drop in help or consultations to support teachers in working with students with IEPs would increase their confidence and the quality of their work with those children. Additionally, providers requested help with consultation in identifying whether children who have not yet been identified for special services or an individualized

education plan should be screened for additional services or assistance. Providers indicated that drop-in help or consultations as well as support with conducting screening were all appropriate and valuable roles for a shared services organization to play.

Providers also suggested several possibilities for how a shared services organization could specifically support the current administration and management of their businesses. These included:

- Keeping providers up to date on **changes in state rules and regulations**. Providers reported significant difficulty and stress associated with trying to track and follow all of the changes in provider licensing requirements. They suggested that a regular newsletter informing them of those changes would be helpful and save time and energy both for providers in family home and center settings. Providers requested that such a newsletter contain not just information about changes in requirements, but also examples and guidance on effective and cost-efficient ways to meet those requirements.
- Providing support or advice with **accounting, especially taxes**.
- Access to a **business support specialist** in case a provider was losing money or wanting to improve profitability. The specialist could provide consultation and guidance in strategic planning and business planning. The providers noted they did not need assistance with marketing strategies because their centers are already full, many with waiting lists.
- Maintaining **a list of reliable contractors** for capital improvement and grounds maintenance.
- Organizing and facilitating **a director support group**, either in person or online. Directors mentioned that those who work at franchised centers often have this type of support and that they find it very helpful. Such a support group could allow directors to crowdsource information, learn from each other, and share concerns and ideas for addressing those concerns.

Providers also discussed shared service assistance or supports that would have been helpful for them when first becoming providers. Providing such assistance, they indicated, could help entice more new providers to enter the child care arena, thereby expanding the number of slots available for children. The types of supports suggested to support new or prospective providers included:

- Information, guidance, and counseling on **how providers can obtain initial financing** and resources to get off the ground. Providers noted that it was difficult to gather any useful information from existing providers, who are often competitive and less willing to

assist new or prospective providers who might compete with them for future customers.

- **Guidance on the rating process** for early childhood education providers in Colorado. Providing such guidance early on to new or prospective providers could help reduce or eliminate their fear or anxiety about entering the system and what it takes to become a high-quality early childhood education.
- Guidance on opening, especially offering a walkthrough and feedback on physical space arrangements. While facilities arrangements and physical space are very important for licensing reviews, existing training focuses only on staff issues, not on space issues.

Additional services suggested by providers included:
- Bulk purchasing of materials;
- Family support services, including connections to food pantries or clothes donations;
- CCCAP guidance and support for families to ensure they understand the requirements and maintain their vouchers; and
- Assistance for teachers in pursuing additional training for certification. This could include lists of classes or even subsidized training for teachers.

Desired Shared Services Structure

In general, it was challenging for any of the providers interviewed to suggest what an acceptable fee or "cost" should be to participate in a potential shared services organization. This is especially true since it is not yet clear what specific services and supports, if any, a hypothetical shared service organization would provide.

Providers did offer information on the type of financial membership structure they would prefer to have for a potential shared services organization. The vast majority of providers indicated that they preferred a flat membership fee to a tiered membership structure. Providers reported that it was difficult for them to anticipate their future needs over a year, so flat membership fees would ensure they had access to whatever services were needed most when needs arose. There were, however, a few providers who reported that they would prefer a tiered membership structure.

Unlike the unlicensed providers, who were primarily concerned with whether membership in a shared services structure would save them money, the licensed providers were more concerned with saving time. Both licensed family home providers and center directors reported that saving time could be more valuable than saving money. Interestingly, several providers reported that a perceived benefit of a shared services organization was "professionalizing" child

care providers. This was perceived both as a marketing benefit to convey the quality of the center to parents and as a confidence-raising benefit for the providers themselves.

Existing Shared Services Models

Before presenting recommendations for how the SWFI Child Care Learning Community should construct a shared services organization to meet the provider needs discussed above, APA reviewed the research background on shared services organizations and a number of existing shared services models across the country. This review included five organizations:

- the Home Network of the Pikes Peak Region (HNPPR) in southern Colorado;
- Early Learning Ventures (ELV), serving the state of Colorado;
- the San Francisco Early Learning Alliance (SFELA);
- Sound Child Care Solutions (SCCS) in Seattle, Washington; and
- SharedSource Pennsylvania (SSP), which serves the state of Pennsylvania.

Overall, these five shared services organizations reviewed by APA target one or both of two goals: 1) reducing or sharing costs for providers; and 2) increased capacity-building for providers. These shared services organizations also emphasize the goal of recognizing and honoring the individualized and tailored approach of each provider, since such tailored approaches are generally in response to specific and localized community or parent needs. The shared services organizations reviewed by APA therefore each seek to preserve provider individuality while also reducing costs and/or improving services.

There are a wide variety of structures and funding supports for shared services organizations, which can operate at the federal, state, or local level. The models discussed below focus on state and local level organizations. There is also significant variation in the level of intensity of supports and services provided by shared services organizations, which range from offering services to individual centers through a web platform, to aggregating centers into a single non-profit and using shared staff for management and administration.

Structures of Shared Services Organizations

Each of the shared services organizations reviewed by APA had a dramatically different organizational and funding structure. Two of the organizations – ELV and SSP – are web-based platforms that serve a large number of providers in the state in which they operate. SCCS is a single nonprofit made up of participating centers who share a board of directors but who have their own advisory board and staff. The structure of SCCS means that the participating providers give up a level of independence to work collaboratively with the other providers in

the SCCS structure, akin to the difference between an independent center and a center that is a franchise of a national chain. HNPPR and SFELA are both independent organizations who serve participating providers on an individual basis. Although all of the centers have staff with extensive experience with child care providers, none of the organizations are housed in or associated exclusively with a single center.

As implied by the range of organizational structures for the existing shared services groups, there is a wide variety of funding structures. HNPPR does not charge the home-based providers who participate in the shared services organization for the services they receive. HNPPR believes that the home-based providers cannot meaningfully afford the services. Instead, it is fully financially dependent on the Early Connections Learning Center and its fundraising. SCCS, which is a single nonprofit formed by the center providers who are members, gets most of its funding from collecting all of the tuition fees received by each of the participating centers, but also receives a portion of funding from contributions and grants, primarily the City of Seattle.

The other three shared services organizations charge fees to participating providers. SFELA charges providers fees that cover approximately 85% of the cost of providing services. The organization believes that asking for payment from providers is essential for providing meaningful services, because it gives providers a stake in the game and an incentive to submit correct and verified data. SFELA does not believe that providers will ever be able to afford fees that would cover the entirety of the cost of services. The remainder of the funding comes from ongoing foundation support, including a foundation that has guaranteed to provide funding in perpetuity.

The two web platforms, ELV and SSP, both charge providers a tiered enrollment fee based on the scope of services they receive. Providers who pay a base amount have access to the basic array of services, while higher levels of membership fees provide access to a broader range of services. Still, the majority of ELV funding comes from federal grants and grant revenue, rather than the earned income through provider fees. Because SSP is not a nonprofit organization, there is less publicly available information about their funding sources, but they do report that they are supported by both grants and government funding.

Services Provided by Shared Services Organizations
Similar to the variety in organizational and funding structures, there is significant variance in the types and range of services provided by the shared services organizations. This section reviews and describes the services provided by each of the five organizations.

HNPPR Services

This organization focuses on capacity-building and development for the home-based providers who receive services. It does not provide any financial or administrative services such as accounting or bill-pay. Instead, it focuses on coaching early childhood educators to enhance a child's experience and education. It also provides support in navigating the licensing process, including access to a library of materials required to meet licensing requirements. It also provides coaching and support for the owner/director to reduce time on administrative tasks, including goal-setting and coaching towards goals in that area. Lastly, HNPPR provides curriculum support and access to ongoing professional development.

SFELA Services

In contrast to HNPPR, SFELA provides exclusively business services and does not provide services related to capacity-building or professional development. The customized business services offered to participating providers are focused on administrative components like accounting, human resources, and data management and reporting. This includes specific services like enrollment management, recordkeeping, accounting services, financial reporting, audits and tax returns, and human resources compliance. It also includes assistance with the complicated state subsidy system. A perceived benefit of the services is that they are performed by trained and specialized staff who know the relevant and complex rules and regulations and produce reliable reports.

SCCS Services

As a nonprofit that provides an overhead umbrella for all of the participating providers, SCCS provides both financial services and capacity-building services. The nonprofit handles the entirety of the business functions of the participating providers, including payroll, enrollment and wait list management, computer technology support, and human resources. It also provides a substitute pool and recruitment support to assist with center staffing. In addition to those administrative services, SCCS provides capacity-building services to the participating centers, including professional development and coaching.

ELV Services

Through its web-based platform, ELV provides a variety of services focused on administrative and financial services in three tier levels of increasing support. ELV offers several services focused on cost savings, including bulk purchasing and discounts on classroom resources. There is also a web application for record keeping and compliance and financial services for billing, reporting, and payroll. At the highest tier level, back office financial services, accounting, and business operations are provided. Finally, ELV does offer some capacity-building services, especially training to complete licensing.

Also through a web -based platform, SSP offers primarily information and resources for providers to access, download, and incorporate into their practice. The available information includes classroom resources, resources for family interaction, information and documents for human resources operations, templates for marketing and program administration, and information and training on quality rating services and federal regulations.

Recommendations

APA presents two sets of recommendations: one for unlicensed providers and one for licensed providers. APA has separate recommendations for these two groups because of the significant differences between the barriers reported by the two groups and the role that a shared services organization could play in meeting the expressed needs of the two groups of providers.

Recommendations for Unlicensed Providers

APA's findings indicate that there are clearly significant barriers for any shared services organization to effectively service unlicensed providers in these communities. It is difficult for a shared services organization to meaningfully address the most significant barriers to sustaining or expanding capacity expressed by this group of providers, which are rooted in fears of coming into contact with existing mainstream institutions, including the licensing agency, the police, and the medical establishment. Although there are supports and services desired by these unlicensed providers that could be provided by a shared services organization, it is unclear whether they could provide meaningful support to these providers if the major barriers remain unaddressed. This is a difficult situation because the unlicensed providers expressed significant need for support and guidance just to sustain their child care operations, much less expand them.

One possible solution would be to focus the operations of a potential shared service organization on addressing or ameliorating the major barriers of race-and language-based discrimination experienced by this group. These unlicensed providers report a desire to stay "under the radar" which strongly limited their ability to become licensed providers or even to expand their services as unlicensed providers, because they primarily felt safe and secure when serving children of close family and friends. These powerful fears, which were reported by literally every unlicensed provider across the focus groups in the three targeted geographic areas, may be barriers that can be meaningfully addressed by a shared services organization. However, a shared services organization could provide translation help, both by providing translated documents such as licensing information and by making interpreters available for

when unlicensed providers need spoken language assistance. It could also include work to change or improve policies affecting this group, for example by ensuring an adequate supply of Spanish-speaking 911 operators. It is unlikely that the shared service organization could remove every existing race- or language-based barrier affecting unlicensed providers, but any assistance in this area would likely be welcomed.

The unlicensed providers did express a desire for specific child care-focused support from a shared services organization. They were primarily interested in a referral service that would help parents find a local unlicensed provider with available space, as well as assistance invoicing parents and securing payment from them. While these services were important to unlicensed providers, it was unclear whether they would assist them in expanding their existing number of child care slots. Additionally, the unlicensed providers highlighted two significant barriers preventing them from meaningfully participating in a shared service organization: a lack of ability to pay and a lack of technological access and comfort. The majority of providers were doubtful that the cost savings of participating in a shared services organization would be sufficient to outweigh the cost of participation. This means that any attempt to service unlicensed providers through a shared services organization would likely need to be heavily subsidized so that only a nominal fee would be collected. Also, any outreach to unlicensed providers to participate in a shared services organization should include specific info on payment flexibility for membership, on the specific benefits that membership provides, of the concrete cost savings associated with benefits, and on the amount of time it would be expected for the cost savings/benefits to accrue to the provider. Finally, it was clear that without addressing the racism and language-based discrimination that caused unlicensed providers to be wary of interacting with mainstream institutions, the services they requested from a shared services organization were unlikely to be meaningful supports for these marginalized providers.

For these reasons, APA recommends that the SWFI Child Care Learning Community does not initially focus its efforts on developing a shared service organization primarily for unlicensed providers. The Learning Community could consider focusing on licensed providers in the initial stages of a shared services organization and expanding services to unlicensed providers in the future after laying the groundwork to encourage unlicensed providers to participate by partnering with organizations such as PASO and by expanding translation and Spanish-speaking emergency support.

Recommendations for Licensed Providers
In contrast, creating a shared services organization for licensed providers could address and reduce a number of barriers that make it more difficult for them to maintain or expand existing services. APA recommends that a single shared services organization serve the entire

geographic area. Rather than aggregating participating providers into a single, non-profit structure, it likely makes most sense to have a separate, free-standing organization providing shared services through a membership structure. This allows each participating provider to retain sole ownership and control of their individual center or home. While some of these services could be delivered through a web platform, others will require in-person services and direct access from providers. Unlike the unlicensed providers, the licensed providers did not raise any concerns about technological barriers and had both access to and comfort with the internet.

The funding structure for this organization should be based on a monthly membership fee. Interviewed providers were prepared to pay monthly fees and did not expect to receive these services for free. Providers preferred a flat monthly fee to a tiered membership structure so they did not have to anticipate what service needs might arise for them. Based on the examined models discussed above, it is extremely unlikely that the membership fees from participating providers would be sufficient to cover the operating costs of the shared services organization. Instead, supplemental grant, foundation, or donation funding is likely necessary.

The organization could likely contain some costs by leveraging services from existing organizations and institutions, including ELV and the Early Childhood Councils. Those potential opportunities for collaboration are noted below where relevant.

Staffing

One of the most consistent requests for assistance was for a substitute pool that providers could access for reliable and affordable substitutes. Creation of such a pool is newly possible due to a change in Colorado state regulations that allows for an organization, rather than an individual provider, to be the institution associated with an individual teacher's license. This means that a teacher could be licensed through a sub pool administered by the shared services organization, rather than through an individual provider. There is an existing model for an organization-operated substitute pool in Nashville, Tennessee, organized by the Community Foundation.[2] In that model, providers who pay a small monthly fee can post a request for a substitute via a phone application at any time, day or night. That request is immediately distributed to available teachers in the sub pool, who can review the request on a computer or on a phone app, including hours and location, and choose whether to accept. The substitute can also print out all necessary paperwork from the app to bring to the substitute posting. This model still requires that the shared service organization be able to recruit and maintain a

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[2] For more information on the Nashville model, see: https://www.cfmt.org/community-leadership/community-initiative/childcare-tennessee/childcare-tennessee-substitute-service/

sufficient and consistently up-to-date pool of qualified substitute teachers. However, the technology offers the potential for such a maintained pool of substitutes to be much more accessible to providers with much less work than current models.

Another request for staffing assistance was help with recruiting and hiring. Through the recruiting efforts necessary to maintain the sub pool, described above, a shared services organization could create and maintain a list of potential candidates interested in a full-time placement. The organization could also explore the possibility of conducting background checks, fingerprinting, and other initial screenings so that any candidate on the list was pre-screened and pre-approved. Providers could then consult that list when searching for new staff. The organization could also help centralize and distribute job postings from participating providers to ensure the greatest possible exposure.

Benefits for Staff
Unfortunately, it may be prohibitively complicated and expensive for the shared services organization to offer health insurance benefits directly or to help member providers join together in one insurance pool. Feedback from providers and staff, in this study and others APA has conducted with early childhood educators, indicates that measures that provide some level of health care access without providing full-scale health insurance, while helpful, will ultimately remain unsatisfying for staff. For example, a program in Breckenridge, Colorado, provided free clinic access for staff for preventative care and routine visits, but did not cover catastrophic care, pregnancy, or other more serious health needs. While Breckenridge staff appreciated an available resource if they had a cold or other minor health issue, they were concerned that the coverage fell well short of needed protection and health care access. It is likely that the most helpful way a shared services organization could assist with health insurance needs is providing information and guidance for staff in navigating the health care exchanges to purchase their own health coverage.

However, it would be relatively easy for the organization or individual providers to create 401K structures to allow their staff a vehicle for retirement investment. Many banks allow businesses to open 401K accounts, which would be free for providers. The organization could consider creating and administering accounts for staff from member providers or could provide guidance and support to individual providers in creating their own, provider-specific accounts.

Fundraising
There are two models for how a shared services organization could approach supporting grant writing and fundraising for member providers. First, the organization could identify and pursue relevant grants, then distribute funds to member organizations. Second, the organization could

identify grants available to individual providers and notify providers of those opportunities and support them in their own grant writing. There are benefits and challenges to each of the models. In the first model, providers have significant time savings while still receiving grant funding, and the organization can access grants not targeted at individual providers. However, funding may not be as well tailored to the individual needs of each provider. In the second, providers invest more time and effort, but begin to develop their own grant writing expertise. This would require more staff time from participating providers, but could also generate grant funds that are more tailored to their specific needs. It is likely that some combination of the two models would best meet the needs of providers, some of whom lack the bandwidth to meaningfully participate in grant writing efforts but others of whom wish to expand their internal capacity. These identified grants could include a specific focus on facilities improvement funding.

Special Education Support

To assist participating providers with identifying students with special education needs and adequately meeting those needs, the shared services organization could hire or contract with specialists. Those specialists could be available to participating providers to help with screening students for specialized needs. They could also be available to visit the providers to observe and provide coaching to teachers in working with students with identified special needs. A less costly alternative could be to connect participating providers to existing resources in these areas, such as classes and written resources.

Administrative support

The shared services organization could leverage the existing resources of the Early Childhood Councils to give member providers information about changes in rules and regulations. The Councils already track this information, but it appeared that few providers were aware that Councils could help them in this area. The shared services organization could work with the Councils to obtain their information about changes in rules and regulations, supplement that information with specific guidance about effective and efficient ways that providers could comply with new requirements and send it to providers in a newsletter. Providers universally expressed support for receiving such a newsletter, which would provide the dual benefits of giving providers access to essential information and of re-introducing them to the services provided by their local Early Childhood Council.

Similarly, the shared service organization could assist providers with back office financial services by leveraging the availability of services from existing programs, which provide access to financial services including accounting, billing, and program administration. Rather than

redevelop systems for providing those services to member providers, the shared services organizations could connect them with existing resources for that assistance.

Director Support

It would be relatively easy and cost effective for the shared services organization to provide directors access to an online support group and message board. This could be as easy as creating a closed Facebook group to which only directors of member providers had access. This group could be used by directors to vent and share emotional support as well as to crowdsource practical information on addressing issues arising in their centers and family homes. To enhance the degree to which such a forum is accessed and used, however, the shared services organization should consider providing some type of support group facilitation, especially during the first year of operation. This facilitation could help recruit and point providers to the site, could research and plan activities or online convenings through the site to encourage its use, and could train selected providers, as needed, to gradually take over the facilitator role so that it is maintained and kept fresh over time by the participating providers themselves.

Other Services

Initially, it is likely most productive and efficient for the shared services organization to focus on the priority support areas discussed above as requested by providers in APA's focus groups and interviews. Over time, however, the needs of providers may change and evolve, especially as they receive support with this first tier of pressing needs. In responding to these newly raised or developed needs, the organization should first determine if it is possible to meet the needs by leveraging existing resources, for example by connecting providers to services already offered by the Early Childhood Councils or by accessing services already offered through existing support organizations or other shared service providers. APA recommends that the new shared services organization focus initially at least on the blocks of needs outlined above, as those were identified by providers as the most significant barriers to sustaining or expanding their operations.

Conclusion

Overall, APA's research indicates that licensed providers throughout the metro area have a strong desire to participate in a shared services organization. This desire was true regardless of the specific community in which the provider was located or whether the provider was a family home or a center. Interviewed unlicensed providers identified significant barriers to sustaining or expanding their services that focused on systemic racial bias and fear of interacting with

mainstream institutions. These are challenges that may be difficult for a new shared services organization to address and overcome. By contrast, licensed providers indicated that a shared services organization could help them remove not only maintain and greatly improve their existing services, but could potentially also help them expand the number of available child care slots they are able to offer.

Based on feedback from providers participating in this study, APA therefore recommends establishing a single shared services organization that focuses initially on five key areas:

1. Providing **staffing assistance**, including a pool of pre-screened qualified teachers from which participating providers can choose and access to training or other supports to help existing teachers improve their credentials;
2. Creating and maintaining a **substitute teacher pool**, including exploration of the use of technology through computer and smart phone applications to facilitate providers ability to rapidly locate and secure reliable substitute teacher support;
3. Assistance with **establishing 401K plans** for staff of participating providers;
4. **Fundraising assistance**, including potentially support in identifying appropriate grant opportunities, training to help providers respond to appropriate opportunities, and direct support in writing grant applications as needed; and
5. **Supports for administrators and directors**, including:
   a. Creation of an online discussion forum,
   b. Support in keeping providers up to date on all developments and changes in state early childhood education regulations and requirements, through a newsletter; and
   c. Access to different levels of financial and business planning and support.

Some of these services, especially the sub pool, should be administered directly by the shared services organization, while others could be offered to providers by leveraging existing resources and shared service organizations in the Denver metro area. However, focusing at least initially on the provision of these high-priority requested supports to licensed providers will help ensure that a new shared services organization gets off to the strongest start possible. Such a strong start can help build strong word-of-mouth support among providers in the community which will help grow membership and participation. As such membership grows, the shared services organization could begin to address other challenges identified by participating licensed providers, while at the same time beginning to lay the ground work to help meet the pressing needs of unlicensed providers in the future. In this way the shared services organization can set itself up to be a solid support for

existing providers as well as a mechanism to help fuel expansion of child care slots in the targeted communities.

Appendix: Focus Group and Interview Protocols

Questions for Shared Services Focus Groups – Licensed Providers

On Becoming a Child Care Provider
- Why did you choose to become a child care provider?
- What are the best parts of being a child care provider?
- What is the hardest, most challenging part of being a child care provider?
- Did you believe it would be difficult to become a provider? How did the process of becoming a provider compare to your expectations?

On Becoming a Licensed Provider
- What aspects of the licensing process were most difficult for you?
- Is there anything you wish you knew prior to pursing your license?
- What advice would you give to others considering becoming a licensed provider about the licensing process?

On Increasing the Number of Available Child Care Slots
- Would you be interested in increasing the number of children you can serve?
- Are there specific barriers preventing you from being able to increase the number of children you can serve?
- Are you aware of barriers preventing other providers from increasing the number of children they can serve?
- What factors are most important in preventing new providers from opening in the community? (eg., Space, knowledge of how to set up a business, navigating the economics of operating)

On Overcoming Existing Barriers
- What are the biggest challenges in managing/operating your child care service? What are the challenges that are most distracting to your work day? How do you deal with those challenges?
- What resources do you find to be the most helpful in overcoming those challenges (internal to your business or external resources)?
- What challenges do you believe you don't have good resources to assist with?
- *What resources, services or supports would be most helpful to help you overcome these challenges*?
- *Which would be your highest priority*?
- *Do you currently pay for any business or quality building support services*? (Examples, accounting, bookkeeping, coaching, enrollment services, etc.)

Specific Shared Services Questions (if they don't come up earlier)

- *(First explain shared services model)*
- *What services/functions do you think could/should be shifted from internal provider management to a shared services model?*
- *Which of these services would you be most likely to want to use through a shared services model? Are certain functions of child care operations particularly suited to a shared services model?*
- *Are there any of the services mentioned you would want to keep in-house and would not consider a shared services model for?*
- *What are some of the time and cost savings providers might see as a result of using a shared services model?*
- *How might a payment system be structured for participating in shared services?*
  - *If a shared service was shown to be able to save providers time, would you be willing to pay a fee to participate, or would it also have to save in direct cost to a provider?*
  - *What level of savings in time would you need to see to make joining a shared service appealing to you.*
  - *How should providers each pay for the participation in the shared services model (examples include flat rate, variable rate based on number of slots, number of children enrolled, etc.)?*

Questions for Shared Services Focus Groups – Unlcensed Providers

On Becoming a Child Care Provider
- What motivated you to become a child care provider?
- What are the best parts of being a child care provider?
- Did you believe it would be difficult to become a provider? How did the process of becoming a provider compare to your expectations?
- What aspects about becoming a provider were easier than you expected? What aspects were more difficult?

On Being a Prospective (unlicensed) Provider
- Why might you consider becoming a licensed provider?
- What do you see as the key benefits of being licensed?
- What are the challenges to becoming licensed?
    - What are the most important factors that are keeping you from becoming licensed?
- If you are interested in becoming licensed, what guidance or support would be helpful to you as you begin the process?

On Increasing the Number of Available Child Care Slots
- Would you be interested in increasing the number of children you can serve?
- Are there specific barriers preventing you from being able to increase the number of children you can serve?
- Are you aware of barriers preventing other providers from increasing the number of children they can serve?
- What factors are most important in preventing new providers from opening in the community? (eg., Space, knowledge of how to set up a business, navigating the economics of operating)

On Overcoming Existing Barriers
- What are the biggest challenges in managing/operating your child care service? What are the challenges that are most distracting to your work day? How do you deal with those challenges?
- What resources do you find to be the most helpful in overcoming those challenges (internal to your business or external resources)?
- What challenges do you believe you don't have good resources to assist with?
- *What resources, services or supports would be most helpful to help you overcome these challenges*?
- *Which would be your highest priority*?

Specific Shared Services Questions (if they don't come up earlier)
- *(First explain shared services model)*

- *What services/functions do you think could/should be shifted from internal provider management to a shared services model?*
- *Which of these services would you be most likely to want to use through a shared services model? Are certain functions of child care operations particularly suited to a shared services model?*
- *Are there any of the services mentioned you would want to keep in-house and would not consider a shared services model for?*
- *What are some of the time and cost savings providers might see as a result of using a shared services model?*
- *How might a payment system be structured for participating in shared services?*
  - *If a shared service was shown to be able to save providers time, would you be willing to pay a fee to participate, or would it also have to save in direct cost to a provider?*
  - *What level of savings in time would you need to see to make joining a shared service appealing to you.*
  - *How should providers each pay for the participation in the shared services model (examples include flat rate, variable rate based on number of slots, number of children enrolled, etc.)?*