Public Policy Associates

The License-Exempt Child Care Option

THE CURRENT STATE OF REGULATED INFORMAL CHILD CARE IN MICHIGAN

September 2025

Public Policy Associates is a public policy research, development, and evaluation firm headquartered in Lansing, Michigan. We serve clients in the public, private, and nonprofit sectors at the national, state, and local levels by conducting research, analysis, and evaluation that supports informed strategic decision-making.

Prepared by

Public Policy Associates
publicpolicy.com

Authors

Rebecca Frausel, Ph.D.
Nathan Burroughs, Ph.D. (AIR)
Craig Joseph Van Vliet
Colleen Graber

This project is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award (Award #: 90YE039) totaling $770,235.00 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACF/HHS or the U.S. Government. For more information, please visit the ACF website, Administrative and National Policy Requirements.

Contents

Introduction

Licensed child care does not always fit a family's needs or preferences. Instead, some turn to friends, family, or neighbors to provide care for their children (Powell et al., 2023). The Michigan Child Development and Care (CDC) Scholarship Program allows for these caregivers to apply and be approved as license-exempt providers (LEPs) so families can receive child care payments from the State.

LEPs make up about half of the providers paid through the CDC Scholarship Program. With their popularity, LEPs have begun to get more recognition in the state's formal groups for child care networking, including Family Child Care Networks (Bromer & Porter, 2017).

Criteria for approval as an LEP varies by the provider's relationship to the child, but the core requirements are a background check, completion of a pre-service training, and annual ongoing completion of a two-hour health and safety training refresher course.

LEPs are paid differently by the CDC Scholarship Program than licensed providers. For instance, they are currently not eligible for time-block reimbursement or billing by enrollment instead of attendance; instead, they are paid by the exact hours of care provided. In addition, while licensed providers are issued payment directly from the State via direct deposit, the program issues payments for LEPs to families, who then pay LEPs.[1]

Though there are two payment tiers based on the number of professional-development hours completed each year by LEPs, they are not part of the state's quality recognition and improvement system, Great Start to Quality. Providers at Level 2 receive a higher hourly rate ($4.40-$4.95/hour, depending on child age) than providers at Level 1 ($2.95/hour for all child ages) (MiLEAP, 2025).

Study Overview

Public Policy Associates (PPA) and the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP) are partnering for a five-year study of the role of license-exempt child care in Michigan's mixed-delivery system in order to support quality improvement efforts. A provider and parent advisory group offers additional perspectives to the research team. The study includes analysis of administrative records and other secondary sources, as well as insights from LEPs and families who have LEPs. Where applicable, data are also collected from families using licensed family home child care and those providers for comparison.

1 Michigan set this payment policy for license-exempt providers in July 2013.

This brief explores the current state of license-exempt care in Michigan. It sets a baseline for further study of LEPs' quality improvement needs, LEP and family motivations and preferences, and ways the State could better support child care access and quality through the CDC Scholarship Program.

METHODS

For this baseline analysis, the research team used CDC Scholarship payment records to examine the prevalence of license-exempt care from 2013 to 2023, the characteristics of children and families who use license-exempt care, and settings where license-exempt care is provided. Most analyses are descriptive, with more detailed comparisons between the years 2019 and 2023 (pre- and post-pandemic). Data from the state's early childhood professional development system, MiRegistry, were used to look at the types of training taken by LEPs. See the technical appendix for additional details on data sources and analyses.

Results

LEPs are playing a major role in delivering child care to children with CDC Scholarships. Most LEPs are relatives of children in their care, which is notable, as is the changing configuration and scope of who receives license-exempt care.

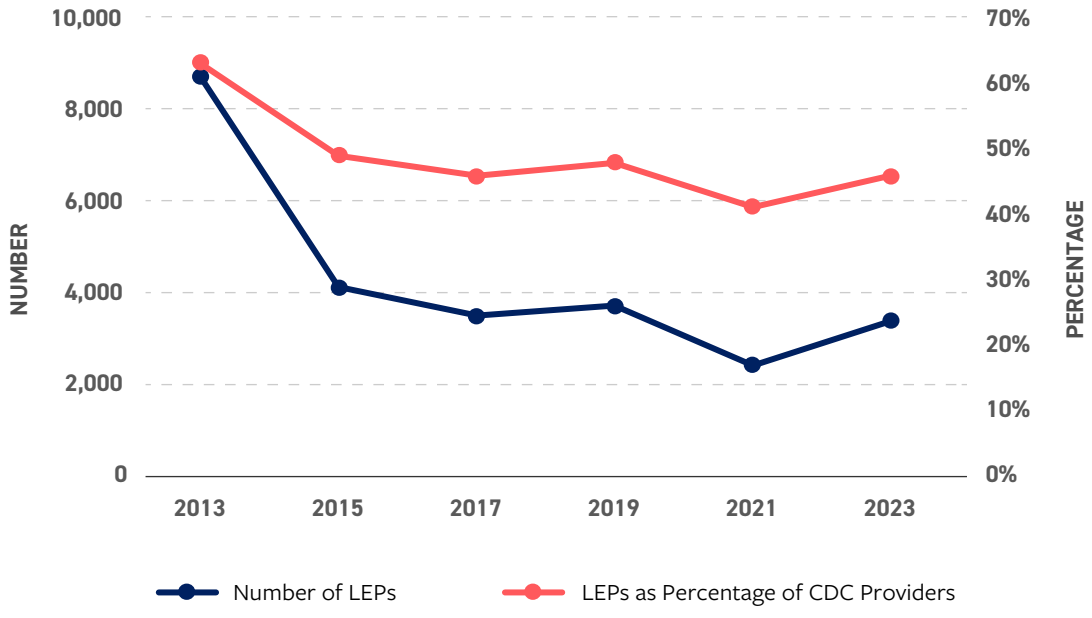
POPULARITY OF LICENSE-EXEMPT CHILD CARE

Although there were pandemic-related declines, the number of LEPs is starting to recover.

In 2013 and 2014, LEPs made up more than half of all providers in the CDC Scholarship Program. Between 2013 and 2015, the number of LEPs fell by more than 50%, from 8,753 to 4,131. The reasons for this reduction are unknown. No major policy changes affecting LEPs occurred during this period to explain this decline.

The number and relative share of LEPs stabilized over the next four years and increased to 3,719 providers in 2019 (48% of all providers with the program) before experiencing pandemic-related declines from 2020 to 2022. After the pandemic (2023), LEP program participation remained lower than it was in 2019 but is trending upward.

FIGURE 1. PREVALENCE OF LEPS IN MICHIGAN, 2013–2023



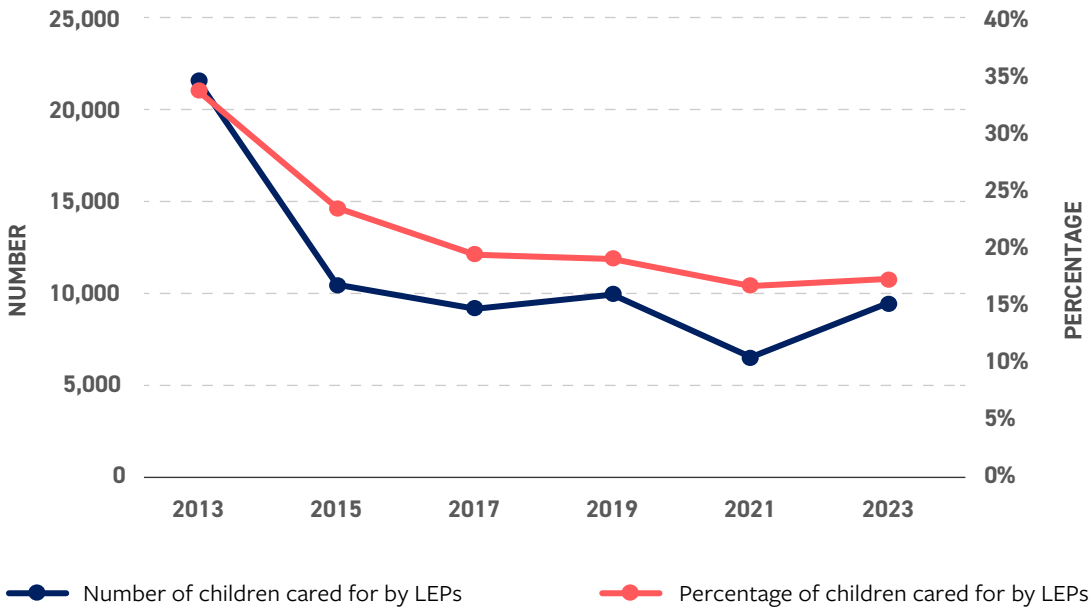
During this same period, the number of center-based providers remained relatively stable (around 2,000 per year), but the share of centers as CDC providers more than doubled from 14% in 2013 to 29% in 2023. Around one-quarter of CDC providers are consistently licensed home-based (including family homes and group homes), though the absolute number fell by 40% between 2013 (3,083 licensed home-based providers) and 2023 (1,842 licensed home-based providers).

The number of children with LEPs declined during the pandemic but appears to be rebounding.

Between 2013 and 2023, the share of children with CDC Scholarships cared for by LEPs dropped by 17 percentage points, from 34% to 17%. This reflects an increase in the use of licensed care by children using CDC Scholarships (including centers, group homes, and family homes).

As shown in Figure 2, the total number of children cared for by LEPs declined from 2013 to 2015 by more than 50% (2013: 21,670 children; 2015: 10,467 children). As with the number of LEPs, starting in 2018, the number of children cared for by LEPs began ticking back up, but declined again in 2020 and 2021 due to the pandemic. Since 2022, recovery has been slowly but steadily increasing. Similar numbers of children received LEP care in 2018 (9,583) and 2023 (9,438).

FIGURE 2. CHILDREN WITH CDC SCHOLARSHIPS RECEIVING CARE FROM LEPS, 2013–2023



More children with scholarships received care in licensed centers over the ten-year period, increasing from 42% in 2013 to 61% in 2023. Along with declines in license-exempt care, slightly fewer children received care in licensed home-based settings, from 24% in 2013 to 21% in 2023.

CHILD CARE HOURS AND LOAD

As in the case of licensed providers, the number of hours billed by LEPs per pay period increases during the summer months.

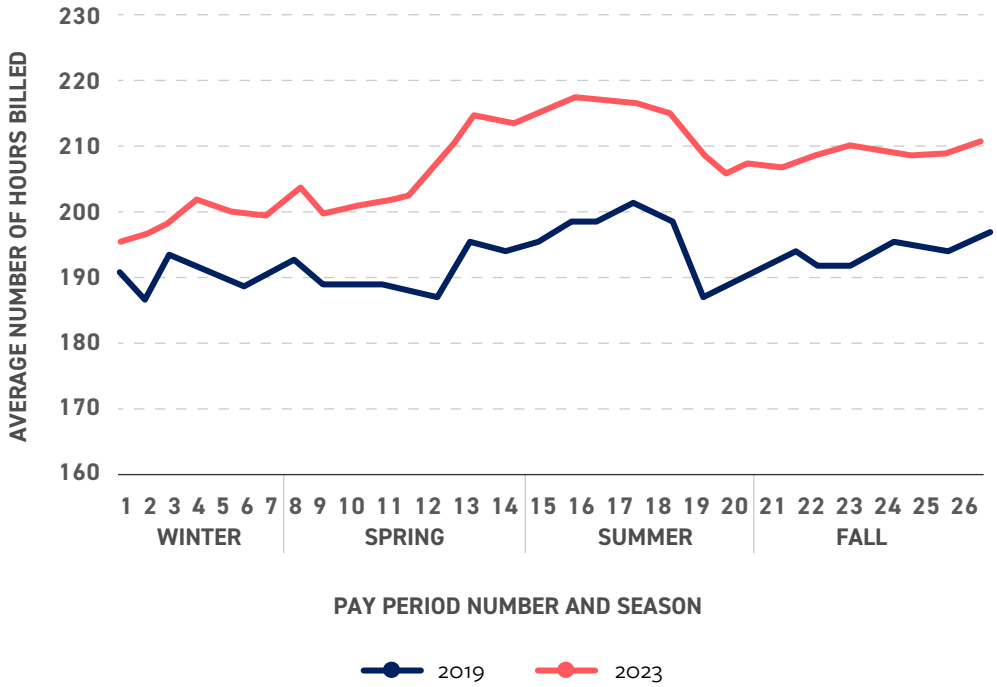
To examine seasonal variation in LEP program participation, the research team took a closer look at data from 2019 and 2023. The number of LEPs who billed care hours for each of the 26 two-week pay periods in 2019 is relatively stable (ranging from 2,344 to 2,539). While similar to the number of LEPs billing hours in 2023, that year saw more variability over the 26 pay periods (ranging from 2,000 to 2,600).

The seasonal nature of license-exempt child care is more evident when examining the average number of care hours billed per LEP per pay period, as shown in Figure 3. LEPs tend to care for children for 15-20 hours more per pay period during the late spring and summer months than at other times of the year. This is likely due to the school calendar, as children are out of school and require more care during these months. The "summer bump" is also evident in hours billed by licensed child care providers, particularly centers.

LEPs billed more hours per pay period in 2023 compared to 2019.

As can also be seen in Figure 3, the average number of hours billed by LEPs is consistently higher in 2023 than in 2019, by about 15 hours per pay period. This may be due to an increase in the average number of children cared for by each LEP (discussed below). Licensed providers are also billing more hours in 2023 compared to 2019, which may be due to new billing policies (e.g., billing based on child enrollment rather than attendance). LEPs are not covered by these billing rules.

FIGURE 3. CARE HOURS PER LEP PER PAY PERIOD, 2019 AND 2023[2]



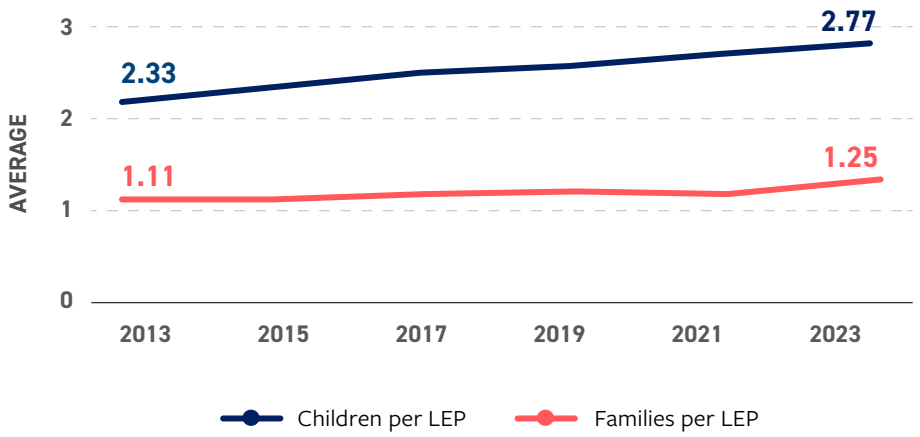
Increasingly, LEPs are caring for more children on average and for children from multiple families.

Since 2013, both the total number of children cared for by a given LEP, on average, and the total number of families with the same LEP, on average, have increased (Figure 4). Two patterns seem to be driving this increase: (1) fewer LEPs care for only 1-2 children (56% in 2013 compared to 53% in 2023), and (2) more providers care for 5 children or more (12% in 2013 compared to 17% in 2023).[3] Likewise, LEPs are increasingly caring for children from multiple families. In 2013, 16% of LEPs cared for children from two or more families, compared to 21% of LEPs in 2023.

2 Winter generally includes January-March; spring is April-June; summer is July-September; fall is October-December.

3 Like family child care providers, LEPs can only care for up to six children at a time but those children can come from different sibling groups (e.g., they might work part-time for two different families). This policy went into effect in 2016.

FIGURE 4. NUMBER OF CHILDREN AND FAMILIES PER LEP PER PAY PERIOD, 2013–2023[4]



Like LEPs, other provider types are also caring for more children each pay period; centers increased from 8.22 children per pay period on average in 2013 to 9.75 in 2023; group homes increased from 4.63 to 5.37; and family homes increased from 2.85 to 3.78. In addition, licensed providers are also caring for children from more families each pay period on average. In general, children with CDC Scholarships are becoming increasingly concentrated with the same providers.

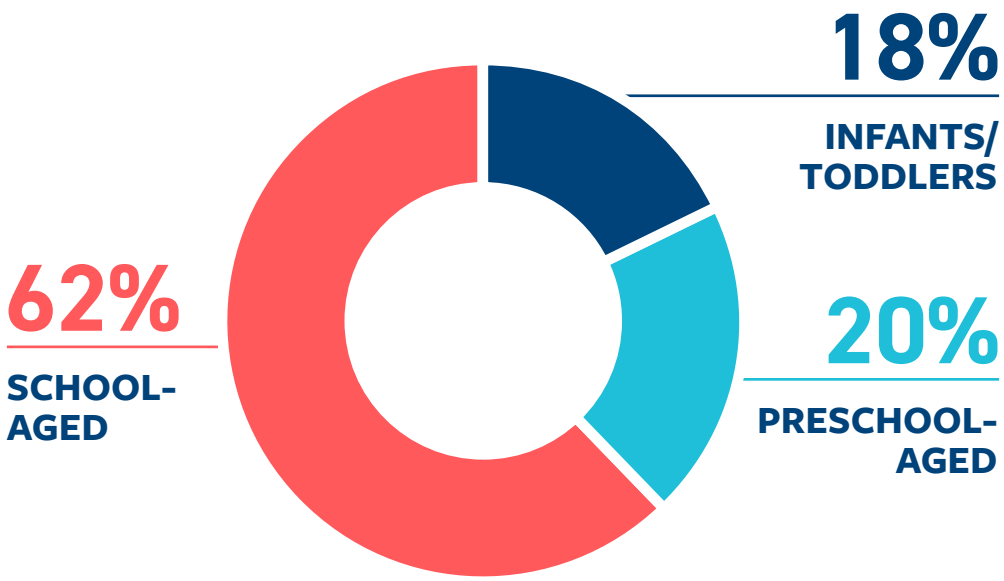
4 Calculated as the average of the 26 pay periods in each calendar year.

CHARACTERISTICS OF CHILDREN SERVED BY LEPs

The majority of children served by LEPs are school-aged.

The background characteristics of children in LEPs were virtually identical in 2019 and 2023. The majority of children cared for by LEPs (62%) were school-aged children (5 years or older), with infants and toddlers (birth to 2 ½ years) and preschoolers (2 ½ to 5 years) each representing around a fifth of all children. Among licensed providers, the share of school-aged children is far lower, with this age group making up about 38% of children across licensed centers, group homes, and family homes in 2023.

FIGURE 5. AGES OF CHILDREN CARED FOR BY LEPS, 2023



Families' backgrounds and household composition influence their preference for LEPs or licensed providers.

Certain groups of children with CDC Scholarships are more often cared for by LEPs. Eighty percent of children cared for by LEPs (both related and unrelated) come from single-parent households. This is higher than the share of children in licensed settings who come from single-parent homes, although this household type was common across all care settings. In 2023, 72% of children with a CDC Scholarship who received care in centers came from single-parent homes, as did 68% of the children in group homes and 75% of the children in licensed family homes.

CARE SETTINGS

The majority of children served by LEPs receive care from a relative.

Information on the relationship between LEPs and children, as well as care location for related LEPs, is only available for 2023. During this year, program payment records show that most LEPs (88%) are related to the children in their care.

Among related LEPs, child care usually occurs in the provider's home.

Records from 2023 show that most related LEPs (69%) elect to provide care in their own home. From the child's perspective, 61% of the children that related LEPs cared for received care in the provider's home.

Related and Unrelated License-Exempt Providers

As defined by the CDC Scholarship Program, related LEPs are related to the child by blood, marriage, or adoption as a (great) aunt or uncle, (great) grandparent, or sibling (with a different residence). Related LEPs can provide care in their home or the child's home.

Unrelated LEPs are all other types of family relations (e.g., cousin, relative relationship that ended through divorce) or individuals entirely unrelated to the child (e.g., friend, neighbor). Unrelated LEPs must provide care in the child's home.

LICENSE-EXEMPT PROVIDER LOCATIONS

Most LEPs and the children served by LEPs live in densely populated and urban counties.

In both 2019 and 2023, an overwhelming proportion (90%) of license-exempt providers are located in urban counties.[5] As with provider-level data, this data shows that most children served by LEPs are in urban areas (92%), a figure that did not change between 2019 and 2023.

The density of LEP location varies widely across parts of the State, both in terms of the number of LEPs and the reliance of families on LEPs. As might be expected, LEPs are concentrated in the most populous regions of the State, with 48% living in the Southeast and only 3% living in northern Michigan or the Upper Peninsula.

5 Urban counties are Berrien, Calhoun, Clinton, Eaton, Genesee, Ingham, Jackson, Kalamazoo, Kent, Lapeer, Livingston, Macomb, Midland, Monroe, Muskegon, Oakland, Ottawa, Saginaw, Saint Clair, Washtenaw, and Wayne. All other Michigan counties are rural. County classifications are established by the Michigan Department of Health and Human Services based on definitions by the Census Bureau.

FIGURE 6. PERCENTAGE OF CHILDREN CARED FOR BY LEPS BY EARLY CHILDHOOD SUPPORT NETWORK REGION

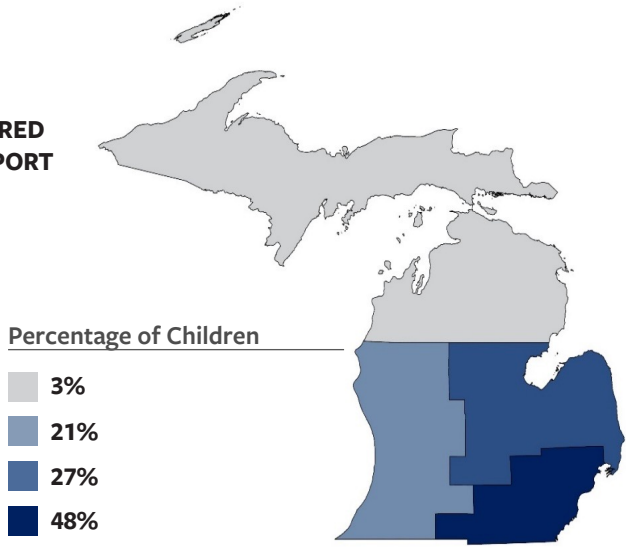


FIGURE 7. LEPS AS A PROPORTION OF CDC-PARTICIPATING PROVIDERS BY COUNTY

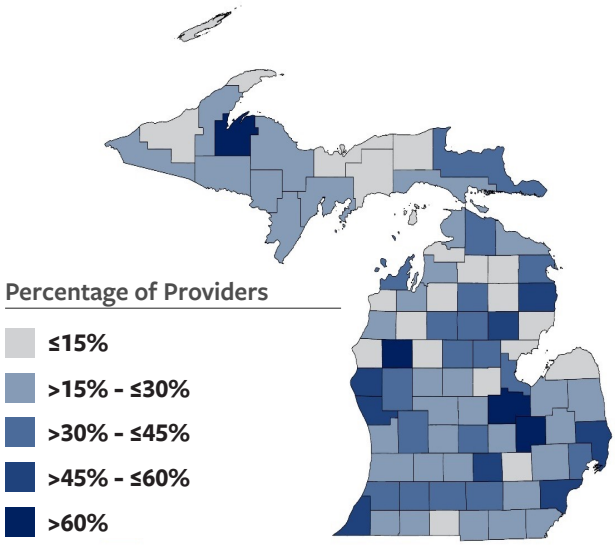
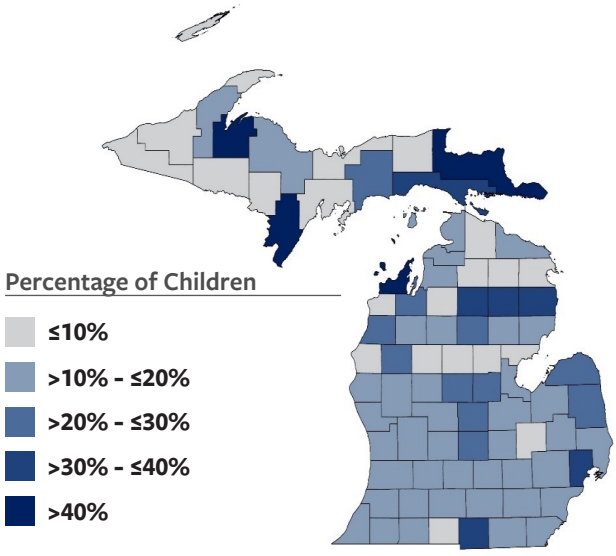


FIGURE 8. CHILDREN CARED FOR BY LEPS AS A PROPORTION OF ALL CHILDREN WITH CDC SCHOLARSHIPS



The importance of LEPs in the CDC Scholarship Program varies among both urban and rural counties.

Statewide, 17% of all children with a CDC Scholarship in 2023 had an LEP. The reliance on LEPs ranged from 0% in Alger, Arenac, Montmorency, and Ontonagon counties (i.e., there were no children with CDC Scholarships cared for by LEPs) to 79% in Baraga (i.e., nearly all children with CDC Scholarships were cared for by LEPs). All of these are rural counties. However, as indicated in Figure 7, the importance of LEPs in the CDC Scholarship Program does *not* track neatly on a regional or urban-rural divide. Some of the counties in which LEPs play a critical role in providing child care were in areas of higher population density: for example, 31% of all children with CDC Scholarships who live in Macomb County were cared for by LEPs.

TRAINING LEVELS AND PROFESSIONAL DEVELOPMENT

As noted in the introduction, individuals interested in being an LEP must complete training requirements to be approved by the State, in addition to other requirements. New enrollees must complete the License Exempt Provider Preservice Training (LEPPT) (formerly the Great Start to Quality orientation), which includes two hours of health and safety training. LEPs must complete a refresher Health and Safety course annually. LEPs who complete the minimum training are placed at Level 1. LEPs who go beyond the required training and take a further 10 hours of training in a year qualify as Level 2, which earns them a higher payment rate from the program.

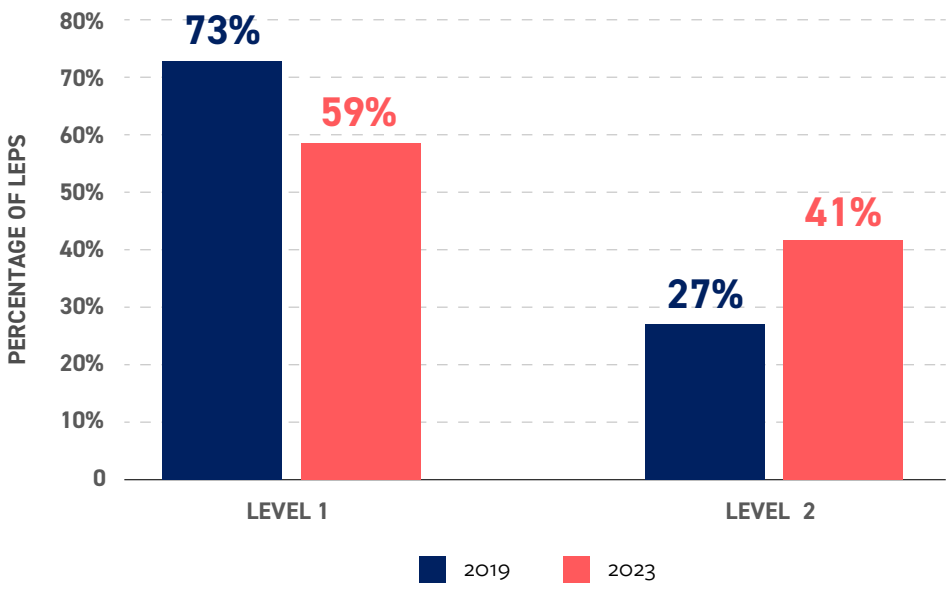
The pipeline from the pre-service training to payment is robust.

In June 2023, 74% of an estimated 3,107 approved LEPs were linked to a payment in the CDC Scholarship Program dataset. Sixty percent of these were first enrolled before March 2022. This suggests that most LEPs who are approved end up receiving payment through the program. Further study will be needed to understand LEPs' longer-term participation in the program.

More LEPs are reaching the optional higher training tier than in the recent past.

The average level of training by LEPs who received CDC payments increased considerably between 2019 and 2023 (Figure 9). While most providers remain at Level 1, the share of LEPs that have completed Level 2 (10 additional hours of training) increased from 27% in 2019 to 41% in 2023.

FIGURE 9. TRAINING LEVEL OF LEPS, 2019 AND 2023



Of the active LEPs in June 2023, about 50% pursued more hours of training beyond the required courses available through MiRegistry.[6] Of those who completed the basic training, 77% obtained Level 2 at some point thereafter.

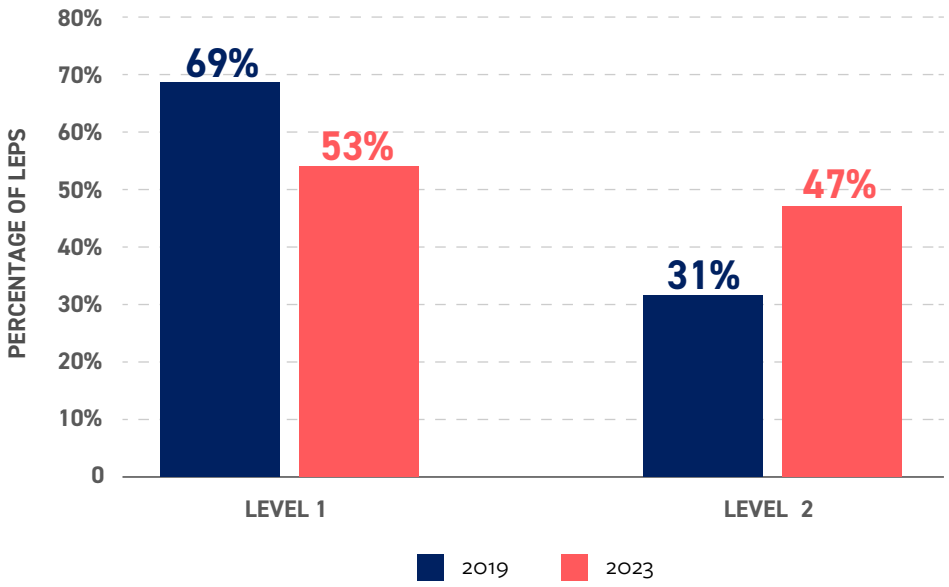
LEPs who took further training averaged about one class every three months, for an average of just over six classes each, which translates to about 17 hours of training. That amount exceeds the number required for Level 2.

More children are being served by LEPs at Level 2.

In line with the increased share of providers reaching Level 2, the share of children cared for by Level 2 providers is growing, reaching nearly half of all children in 2023 (Figure 10).

6 This group includes the nearly 2,000 individuals who completed their initial training before 2022.

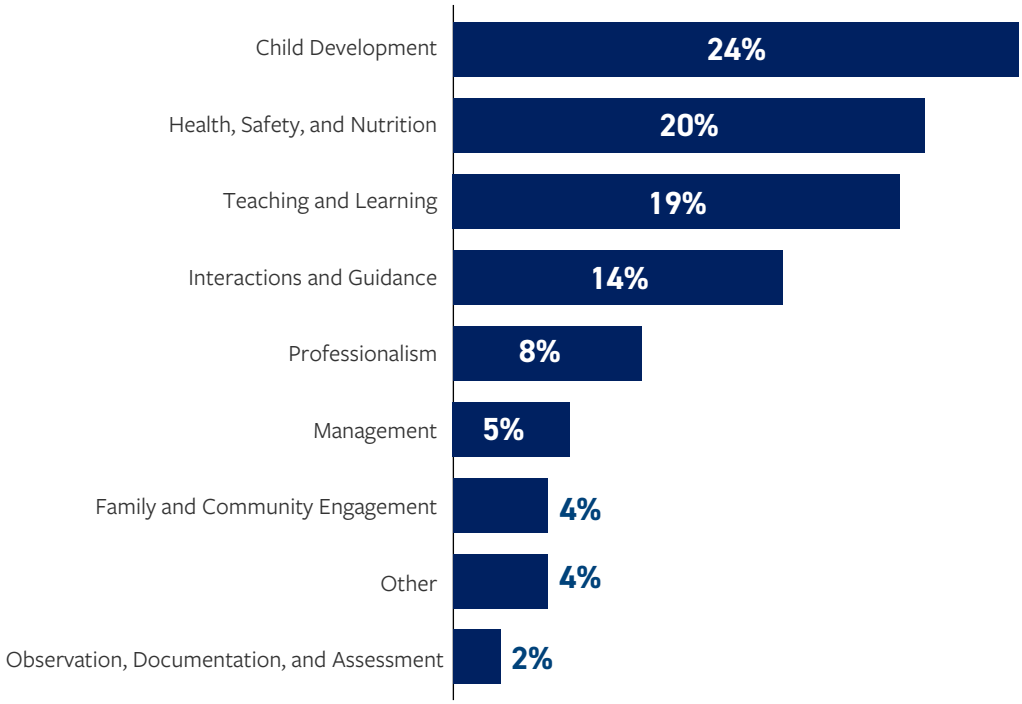
FIGURE 10. TRAINING LEVEL OF ACTIVE LEPS, 2019 AND 2023



LEPs taking additional training are most interested in child development.

As shown in Figure 11, LEPs spent more of their time on trainings related to child development and health, safety, and nutrition than other categories, with teaching and learning a close third. The LEPs completed nearly all of their classes online (92%).

FIGURE 11. PERCENTAGE OF TRAINING HOURS SPENT BY TRAINING CATEGORY



License-exempt providers rarely become a licensed provider.

Only four providers in the program data from June 2023 were linked to future licensing data. However, using files from MiRegistry, 123 (3%) of LEPs were linked to a licensed child care provider. Without certain identifiable information, the research team cannot determine whether these people were owners or employees, so it cannot be determined whether they moved from being license-exempt to having a licensed child care business, they provided license-exempt care in addition to employment in a licensed setting, or they transitioned from being a license-exempt provider to a licensed child care employee.

Discussion and Implications

LICENSE-EXEMPT CARE RECOGNITION

License-exempt child care is important to a mixed-delivery system for care and education for several reasons and is particularly prominent in Michigan (Dwyer & Adams, 2024). Absent child care assistance, family, friend, and neighbor child care is more affordable for families than licensed care (Hanson et al., 2024).

With so many LEPs related to the children in their care, they build on pre-existing relationships with the parents and children, offering assurance of familiarity with child routines, culture, and values. The popularity of license-exempt care among families may also speak to parental concerns about child safety, work-life balance, or transportation issues, according to the study's advisory group of providers and parents. In addition, license-except care offers greater flexibility for families when it comes to hours, transportation, and caring for sick children, particularly for single parents. That makes this type of care arrangement a likely source of non-traditional hours care—a rarer offering among licensed child care providers (CCEEPRA, 2023).

The context of LEP care seems to be changing too, warranting a more intensive focus by the CDC Scholarship Program on LEPs and their needs. As individual LEPs take more children into their care, including children from more than one family, they are helping to shape child care access in the State. This shift might be an opportunity to entice some LEPs to become licensed providers. LEPs are also serving significant numbers of school-aged children (62% of the children in their care, Figure 5). This suggests that LEPs may be filling a need for families with this age group, potentially indicating a parental rejection of before/after-school care or summertime child care options in their communities, or that these options are not affordable or available to them, such as the times offered do not meet family needs.

As more is learned about the LEPs and the families who choose LEPs, the research team increasingly recognizes the ways that LEPs fill critical functions in the system. It may be that the assets they bring are masked by their designation as "exempt," which marks them as dwelling outside the formal system (Powell et al., 2024), along with the lower payment rates they receive. A preference for LEP care by certain families might reflect different preferences for relative or non-relative care based on the family's culture and values, as well as affordability and other perceived benefits by parents.

QUALITY IMPROVEMENT POTENTIAL

Michigan is interested in opportunities to meet LEPs where they are with valuable training and supports for quality improvement. The increase in the number of LEPs taking advantage of the Level 2 training is a promising foundation for engaging them in additional learning. The large portion of LEPs who go beyond the minimally required training might be motivated by the higher hourly rate paid by the State for achieving Level 2 (up to $2.00 more per hour), an intrinsic interest in learning, or some combination of the two. The research team will collect information about LEPs' motivations through surveys and interviews beginning in 2026. The baseline results about the type of training LEPs take show that their primary focus is on understanding child development and nutrition; making LEPs aware of other relevant trainings available through MiRegistry may be one path to encouraging quality.

The characteristics of LEPs might also inform how the State supports LEPs in delivering quality care. As shown in the baseline analysis, LEPs predominately live in urban counties and care for children primarily of single parents. The seasonal changes in hours of care by LEPs, with a greater amount of care provided during the summer, could also be a focus in trainings or other supports for LEPs.

Next Steps

This study will explore in depth when and why LEPs provide child care, including non-traditional hours care, in comparison to family-home licensed providers. The research team will also gauge LEP and family motivations for choosing license-exempt care, with particular focus on relationships, benefits, definitions of quality, and their suggestions for supports.

Informal regulated care has been a little-understood part of the child care system. By examining license-exempt child care in Michigan, this study will help to fill those gaps and provide insights into how quality can be strengthened in those settings, with the goal of ensuring all children with a CDC Scholarship are receiving quality care.

This project is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award (Award #: 90YE0356) totaling $372,380 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, Administrative and National Policy Requirements.

Technical Appendix

SECONDARY DATA

Child Development and Care (CDC) Scholarship Program Records

For most analyses, the research team utilized a database of CDC payment records maintained by Public Policy Associates (PPA) and originally obtained from Michigan's Bridges system. The database records each biweekly payment made to providers on behalf of families, with records stored at the provider-child-family level. Tribal providers were removed to focus on licensed and license-exempt care. A total of 8,017,826 records were analyzed, which cover each biweekly payment issued from 2013 to 2023 (26 per year; 286 pay periods). Each provider, child, and family has a unique identifier.

In addition to recording payment characteristics (e.g., care hours, absence hours, amount paid), each record also includes provider characteristics (e.g., provider type, payment tier, geographic location), child characteristics (e.g., age), and family characteristics (e.g., one- vs. two-parent household). Payment records for license-exempt providers (LEPs) from 2023 also indicate whether the LEP is related or unrelated to the child, and for related providers, whether care was provided in the provider's home or the child's home.

The research team used the database to calculate several metrics, including total number of providers participating in the CDC Scholarship Program, total number of LEP providers, total number of children utilizing scholarships, and total number of children with scholarships cared for by LEPs. To get total counts within a given year, unique identifiers (for providers, children, and families) were deduplicated and summarized by provider type. A similar approach was utilized to calculate total number of providers, children, and families within each pay period (with unique identifiers deduplicated by pay period). The research team also calculated the number of children (i.e., child identifiers) and number of families (i.e., family identifiers) served by each provider per pay period.

Demographic analyses focused primarily on data from 2019 and 2023. The year 2019 was selected for analysis to understand the status of child care prior to the pandemic, and 2023 was selected for comparison because it is the most recent year for which complete data records are available. Key demographic characteristics of families, children, and providers are included in the 2023 data (i.e., urbanicity, training level, region of the State, related vs. unrelated care). In some instances, children were served by multiple providers in the same

period; only the primary provider (based on historical trends including hours billed and tenure with provider) was used for analysis so that children only appeared once in the dataset.

Using 2023 records, the research team also examined different child and family characteristics (including foster care status, child homelessness status, household type, whether household income was below the poverty line or not, and child age) to see whether there were any key differences in children served by related and unrelated LEPs, and related children who receive care in the provider's home or the child's home.

MIREGISTRY RECORDS

Analyses pertaining to training and professional development utilized for the report are from the MiRegistry database, which is administered by the Michigan Department of Lifelong Education, Advancement, and Potential (MiLEAP). It holds records of the different trainings that child care workers have taken as well as their employment history. In some instances, these records also hold demographic and other employment information such as job position and wage information, but only if the employee or provider elects to enter this information into the system.

A single file of 81,832 employment records was provided for the time period March 2022–June 2023, and additional files of approximately the same size were provided to the PPA team on a rolling monthly basis by MiLEAP. Monthly training files were provided for the entire population of early care and education workers between March 2022 and June 2024. In total, there were 10,919,929 unique training records. Each record in the training files pertained to a single training taken by an individual. Each record included information about the specific training (duration in hours, its name, its location [online or in-person], and how it was categorized). Using a one-time query from MiLEAP linking LEPs to CDC payment data for the month of June 2023, PPA could determine how many providers with training there were and how many moved on from training to being paid.

The employment and training datasets were used to create monthly data panels recording the number of hours and types of training providers took, as well as where they worked. To focus solely on LEPs, only a subset of the panel data was analyzed, and included only people who had taken the License Exempt Provider Preservice Training (LEPPT). However, other individuals apart from LEPs also take LEPPT, such as coaches, trainers, consultants, technical assistants, and other individuals with non-teaching roles. These people were removed when they were identified, but not all records consistently identified non-LEPs.

Descriptive analyses were conducted by aggregating the indicators created from these panels. Analyses included the hours spent training and the types of trainings taken by these individuals. Trainings with MiRegistry are categorized based on the Core Competency Areas created by the National After School Association. These categories are defined by MiRegistry and detailed in Figure A-1.

FIGURE A-1. MIREGISTRY COURSE APPROVAL AND EVENT ENTRY GUIDE: TRAINING CATEGORY DESCRIPTIONS BASED ON CORE COMPETENCIES (2018)

CORE KNOWLEDGE AND CORE COMPETENCY (CKCC) AREAS (EARLY CHILDHOOD)	
CHILD DEVELOPMENT	Competencies include understanding young children's characteristics and needs and the multiple interacting influences on children's development and learning.
INTERACTIONS AND GUIDANCE	Competencies include understanding and use of positive relationships and supportive interactions as the foundation for work with young children.
TEACHING AND LEARNING	Competencies include understanding relationships with children and families; developmentally effective approaches to early learning and integrated learning experiences; knowledge of academic disciplines; and the ability to design, implement and evaluate experiences that promote positive development and learning for all children.
OBSERVATION, DOCUMENTATION AND ASSESSMENT	Competencies include understanding the goals, benefits and uses of effective assessment strategies in a responsible way in partnership with families and other professionals to support children's development and learning.
HEALTH, SAFETY AND NUTRITION	Competencies include using knowledge and other resources to provide healthy and safe environments that provide children and adults with opportunities to learn and practice healthy behavior related to nutrition and meals, illness and accident prevention, dental and physical well-being, and emergency procedures.
FAMILY AND COMMUNITY ENGAGEMENT	Competencies include understanding and valuing the importance and complex characteristics of children's families and communities to create respectful, reciprocal relationships that support and empower families and involve them in their children's development and learning.
PROFESSIONALISM	Competencies include knowledge and use of ethical guidelines and other professional standards related to early childhood practice that foster collaborative learners who demonstrate reflective and critical perspectives; make informed decisions; and advocate for sound educational practices and policies.
MANAGEMENT	Competencies include using knowledge and resources to effectively manage early care and education programs, focusing on business practices, operations, financial planning, and staff management.

LEPs are not required to make an organization page in MiRegistry, which means they do not have an employment record in the system. Only a small proportion of the LEPs had an employment record (approximately 400) in any given month. This is far fewer than the number of LEPs paid by the program each month (approximately 2,500). Therefore, all inferences made on who could be an LEP were based on the training records of who took the LEPPT and annual Health and Safety training refresher class. There may be some providers who took the training and orientation, but never worked as an LEP. There may also be LEPs who worked as licensed providers at the same time, or took the training for LEPs but then decided to work at a licensed child care provider and ended up in the MiRegistry system. Of those who completed the LEPPT training, 123 had records linking to licensed child care providers.

References

Bromer, J. & Porter, T. (2017). *Staffed family child care networks: A research-informed strategy for supporting high-quality family child care.* National Center on Early Childhood Quality Assurance, Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. https://childcareta.acf.hhs.gov/sites/default/files/fcc_networks_brief_0.pdf

CCEEPRA (Child Care and Early Education Policy and Research Analysis) Research Translation (2023). *Understanding families' access to nontraditional-hour child care and early education.* OPRE Report #2023-219. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://acf.gov/sites/default/files/documents/opre/Nontraditional-hour%20Care%20highlight%20508.pdf

Child Development and Care Scholarship handbook for license-exempt providers. (2025, July). Michigan Department of Lifelong Education, Advancement, and Potential. https://www.michigan.gov/mileap/-/media/Project/Websites/mileap/Documents/Early-Childhood-Education/Child-Development-and-Care/2024-docs/cdc-handbooks/Master-LEP-Handbook.pdf

Dwyer, K. & Adams, G. (2024, July). *License-exempt home-based child care providers and the Child Care and Development Fund.* Urban Institute. https://www.urban.org/sites/default/files/2024-07/License-Exempt_Home-Based_Child_Care_Providers_and_the_Child_Care_and_Development_Fund.pdf

Hanson, R., Bobrowski, J., & McNamara, M. (2024, October). *Early childhood program participation: 2023, National Household Education Surveys Program – first look.* American Institutes for Research and National Center for Education Statistics. https://nces.ed.gov/pubs2024/2024112.pdf

MiRegistry (2018, March). *Course event approval guide.* https://miregistry.org/wp-content/uploads/Course-Event-Approval-Guide.pdf

Powell, A., Adejumo, T., Austin, L. J. E., & Copeman Petig, A. (2023, May). *Parent preferences in family, friend, neighbor, and nanny care: A study of family, friend, neighbor (FFN), and nanny care in California - part one.* Center for the Study of Child Care Employment, University of California, Berkeley. https://cscce.berkeley.edu/wp-content/uploads/2023/04/CSCCE-parent-preferences-in-family-friend-neighbor-and-nanny-care-report.pdf

Powell, A., Adejumo, T., Austin, L. J. E., & Copeman Petig, A. (2024, March). *"Where my child is loved": Grandparent child care is fundamental, A study of family, friend, neighbor (FFN), and nanny care in California – part three.* Center for the Study of Child Care Employment, University of California, Berkeley. https://cscce.berkeley.edu/publications/report/grandparent-care-fundamental/


Public Policy Associates