



Home-Based Child Care During COVID-19

Preliminary Data from Home Grown Emergency Fund Communities

In April 2020, Home Grown and its members created the Home-Based Child Care (HBCC) Emergency Fund with \$1.2 million in funding to catalyze the development of regional funds that provide direct financial support to home-based child care providers, including both regulated family child care (FCC) providers and family, friend, and neighbor (FFN) caregivers across the nation. To deploy funding, we partnered with thirteen regional organizations that designed and administered local emergency funds while securing an additional \$1.2 million in matching funds. We are thankful for the partnership of these organizations and funders and their commitment to home-based child care.

The goals of the fund were

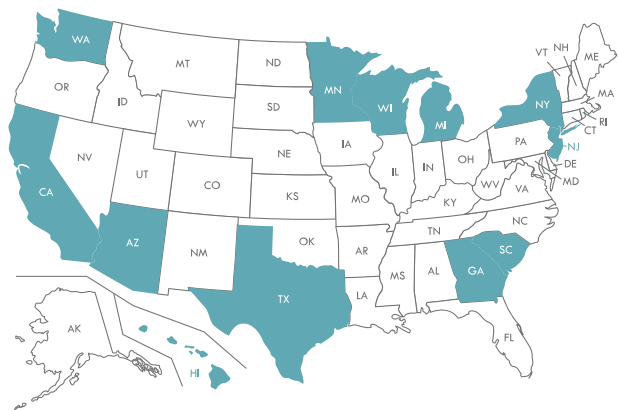
- 1 Sustain the supply of home-based child care
- 2 Ensure access to child care for essential workers
- 3 Stabilize the housing or economic status of providers and caregivers

We anticipate reaching approximately 1850 HBCC providers and caregivers through the emergency fund.

From May–August 2020 Home Grown gathered data via an online survey of FCC providers and FFN caregivers who received emergency funding. The data in this document reflects our preliminary analysis of data from 1247 providers and caregivers who took the survey.

Our findings were both bleak and inspiring.

The majority of providers continued to serve their communities: close to 80% of survey respondents remained open through the pandemic. However, program enrollment dropped significantly, meaning the income for many decreased as well. As a result, providers and caregivers needed the emergency funds to meet basic expenses such as cleaning supplies, utilities, housing, and even food. The HBCC Emergency Fund proved vital in supporting providers to meet these fundamental needs. As the pandemic continues, public support is required to sustain the essential home-based child care sector.



[Grantees](#) were located in 12 states across the United States.

Who are the Home-Based Child Care providers?

Home-based child care includes all providers and caregivers who care for children in the provider's home. Sixty-one percent of our 1247 survey respondents were licensed Family Child Care (FCC) providers. Thirty-nine percent of the sample were Family, Friend, and Neighbor (FFN) caregivers.

For FCC providers the vast majority—86%—were small home providers, operated by a single provider with no other adult staff.¹

For FFN caregivers 43% were family, caring only for family members. Another 19% were friends or neighbors caring for children who were not related to them. The remaining 38% of caregivers cared for children who were related to them and those who were not.

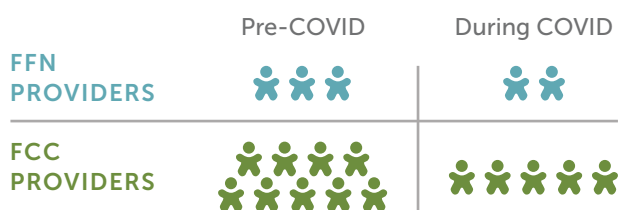
1. The survey asked providers about race, ethnicity, and gender in the context of business ownership. This was an optional question and the majority of respondents declined to answer.

What happened to Home-Based Child Care at the onset of Covid-19?

Most HBCC providers remained open during the pandemic: 87% of FCC providers and 65% of FFN caregivers continued to serve children.



HBCC providers, irrespective of their open or closed status, experienced decreases in enrollment during the pandemic. On average, FCC providers saw their enrollment drop by almost half from nine to five children, and FFN caregivers by a third, from three to two children.

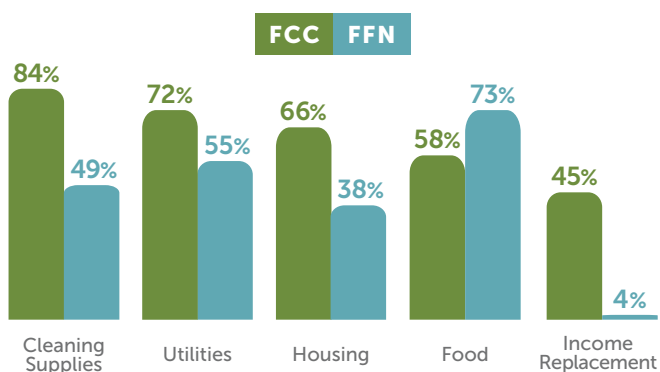


How are HBCC providers using funds?

There were clear differences in how FCC providers and FFN caregivers planned to use the funds.

Eighty-four percent of FCC providers indicated that they would use the funds for cleaning supplies. Relatively high proportions indicated that they would use funds for housing-related costs, and lost revenues, suggesting that their financial status may have been precarious before the pandemic and that drops in enrollment had a significant amount of their family income.

Most of the FFN providers—nearly three quarters—intended to use the funds to purchase food for their own families and/or for the families and children in their care, and relatively high proportions for utilities and housing, underscoring the vulnerable economic status of these caregivers.



What additional supports do HBCC providers need?

FCC Reflecting their unmet program needs, relatively high proportions of FCC providers reported needing help with **cleaning supplies**, and smaller proportions with **information and training**.



Closed providers were more likely to report needing information than open providers.

FFN Consistent with their use of funds, FFN caregivers needed additional help with **food**.



Higher proportions of open caregivers needed additional support with cleaning supplies than closed caregivers, and higher proportions of closed providers needed help with information.

Concerns

In an open ended question we asked respondents to share their primary concerns. Our preliminary analysis shows the following:

FCC One third of FCC providers cited **finances** and **enrollment** as primary concerns, reflecting their role as FCC businesses. This was followed by health concerns, whether their own, their families' or the children for whom they cared.



Providers who were open were more often cited finances and enrollment as a concern. Providers who were closed more often cited health as a concern.

FFN More than a third of FFN caregivers reported that **health**—their own, their families' or the children for whom they cared—was a primary concern. Nearly a quarter cited income or enrollment as an issue. These two issues combined dwarfed any other concerns.



Supports

For both FCC providers and FFN caregivers, **the most frequently cited support was the intermediary organization administering the grant and network staff**.

FCC providers more commonly found support from other providers than did FFN caregivers, who received support from the church and their own families, suggesting that **FFN providers may be more isolated from other caregivers than FCC providers**.

Similarly, FCC providers were more likely to report receiving support from licensing and subsidy systems than FFN providers, none of whom reported this kind of support.

This difference reflects FFN caregivers' status as legally-exempt or unregulated and their lack of connections to the subsidy system.