

State Administrator Resource Guide

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HOME GROWN

Welcome to the State Leadership and Administrator Guide.

In light of the COVID-19 pandemic, the importance of home-based child care (HBCC) has never been more evident as providers risk their own health and safety to care for the children of essential employees.

When our nurses, grocery workers, mail and delivery workers, sanitation workers, construction workers, and paramedics go to work every day, they need child care. Many essential workers across the country rely on home-based child care providers. We cannot have an adequate workforce if home-based child care providers are not available to provide quality child care, but providers are facing their own challenges as they navigate complex public health decisions, struggle to access supplies, continue to focus on the learning and developmental needs of the children in their care, and contend with significant business disruption that threatens their continued operation.

Thank you for your steadfast work and support for these professionals in a time that is undoubtedly challenging for all state leaders and administrators. We recognize that across the nation, resources and time are strained, and we know that home-based child care providers and the families they serve need your support.

That's why we at Home Grown are here to support you.

[Home Grown](#), a national collaboration of philanthropic leaders committed to improving the quality of and access to home-based child care, has developed several resources to provide guidance around supporting HBCC providers, especially as a result of the pandemic.

We invite you to view our State Leadership and Administrator Guide, which we've created to facilitate and promote comprehensive support to home-based child care providers. The guide also outlines the importance of home-based child care (HBCC) to children, families, providers, and the essential workforce. It identifies opportunities for state governments to support HBCC through new stimulus resources, in partnership with private funders, and through structural changes that will improve child care systems in the long term.

In addition to the State Leadership and Administrator Guide, Home Grown has developed:

- A [Home-Based Child Care Emergency Fund](#), committing \$1.2 million to ensure that the essential workforce can access safe, high-quality child care during the COVID-19 crisis.
- A [Home-Based Child Care Emergency Fund Toolkit](#) to assist local organizations and intermediaries in creating funds for HBCC providers in their communities.
- [The supplemental Child Care Development Fund recommendations](#) included in this report.

Please continue to check Home Grown's [website](#) for additional resources as we respond to the COVID-19 crisis.

Without immediate action to support and preserve HBCC, near-term efforts to rebuild the economy will be stalled, impacting young children's short- and long-term development. **You can play a key role in catalyzing effective action to ensure the availability of safe, high-quality child care that supports children's learning and development, family's workforce participation, and a stable, highly functioning home-based child care community - and you've already taken the first step.**

We are committed to assisting you in the important work you do to advance the needs of children, families and the broader early care and education sector. Please contact me with requests and needs (info@homegrownchildcare.org).

Sincerely,

NATALIE RENEW

Director, Home Grown

SECTION 1

Home-based Child Care During the COVID-19 Pandemic

More than 7 million children ages five and under receive their primary child care experiences in home-based child care (HBCC), nearly double the number of children in center/school-based care (3.8 million).¹ Home-based child care is particularly important in the current COVID-19 health emergency. As many center and school based programs have closed in response to COVID-19, reliance on home-based childcare has increased, particularly for the essential workforce, who rely on care during nontraditional hours, such as evenings, nights, and weekends. Currently 50% of child care centers report they are completely closed, compared to 27% of family child care homes.²

To sustain this care option for millions of families, we commend states for their rapid response support to date and encourage states to create comprehensive plans to meet the needs of home-based child care providers. This Resource Guide seeks to highlight the value of home-based child care, the key challenges providers are facing today, and how states can take action to support home-based child care through the COVID-19 crisis and beyond.

Home-based child care contributes to child development and family stability. Home-based care provides a familiar, flexible, convenient, personal, and affordable option. For many families it is the best or only option available for care during nontraditional hours. Home-based child care providers are often anchors of their communities, serving multiple generations of families. Their small group size can foster strong relationships and nurturing environments. Home-based child care can offer a safe, culturally appropriate setting to ensure the health of children and their ability to achieve their full cognitive, social and emotional potential.

Home-based child care meets the needs of essential workers. Health experts have advised the public to engage in social distancing and avoid large groups, making the small group setting of HBCC well aligned with Centers for Disease Control (CDC) recommendations. Home-based child care is often the best or only option available for essential workers – including healthcare workers, first responders and grocery workers – who are being asked to work evenings, weekends, and overnight.

Home-based child care is necessary to rebuild the economy. Home-based child care is the backbone of our economy. Our economy relies on a stable high-quality child care industry for parents to work and to support healthy child development and learning. In many communities, home-based child care is the primary form of care available. While demand for child care is currently highly disrupted as parents are asked to shelter at home, any effort to rebuild our economy following this crisis will need to include safe, high-quality child care.

¹ Includes both licensed and unlicensed providers. National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016), 22, available at https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

² From the Front Lines The Ongoing Effect of the Pandemic on Child Care. April 17, 2020. NAEYC. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/topics/naeyc_coronavirus_ongoingeffectsonchildcare.pdf

According to a recent survey by the National Association for the Education of Young Children (NAEYC), 63% of child care providers have less than a month of reserves to sustain their operations.³ Maintaining the supply of safe, high-quality child care will require swift and targeted action. Without immediate action to maintain the supply of home-based child care, near-term efforts to rebuild the economy will be stalled, with negative impacts on young children's development in the short and long term.

Facts about home-based child care

WHO PROVIDES HOME-BASED CHILD CARE?

Home-based child care (HBCC) providers and caregivers include three key groups:

- **Licensed/registered/certified family child care (FCC)** are regulated providers operating small businesses from their homes and drawing income.
- **Licensed-exempt home-based child care providers** are paid caregivers and providers who may be eligible to receive subsidies and may be included in business listings.⁴
- **Other unregulated Family, Friend, and Neighbor (FFN)** care arrangements are often unpaid and motivated out of a desire to support their families.

*States may use other terms and have different definitions or requirements for home-based child care providers but these definitions are generally applicable across states.

Whether they are licensed family child care providers or family, friend, and neighbor providers, home-based child care providers often live in poverty while working full time:

- The average annual child care income for a licensed provider is \$29,377 from public and private sources for an average of 56.5 hours of care a week (10 to 12 hours a day).⁵
- More informal home-based providers earn on average \$7,420 per year from providing child care.⁶
- The subsidy rate for home based providers is often lower than centers. The average base child care subsidy rate for licensed daily child care is \$100 per child per month lower than what it is for centers (\$648 for centers and \$544 for family child care).⁷

³ Child Care in Crisis. Understanding the Effects of the Coronavirus Pandemic. March 17, 2020. NAEYC. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects_of_coronavirus_on_child_care.final.pdf

⁴ May include provider offering care in the child's home.

⁵ National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016), 22, available at https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

⁶ National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016), 22, available at https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

⁷ Victoria Tran, Sarah Minton, Sweta Haldar, and Linda Giannarelli. Child Care Subsidies under the CCDF Program. An Overview of Policy Differences across States and Territories as of October 1, 2016. OPRE Report 2018-02. January 2018. https://www.acf.hhs.gov/sites/default/files/opre/ccdfdatabase2016policysummary_b508.pdf

WHO USES HOME-BASED CHILD CARE?

The families who use home-based child care are often low-income. Some families pay privately for child care, but others may use public subsidies to afford child care. Often the most familiar, flexible, convenient, personal, and affordable option for families, home-based providers frequently meet the needs of children and families not otherwise served by the current system, illustrating the intersectional importance of their work. We highlight some of the key populations who are dependent on a supply of quality home-based child care:

- **Children from low-income families** are more likely to be in home-based care than children from high-income families. Research indicates that families who use home-based child care share some common characteristics: children with socioeconomic risk factors, such as children from low-income families, children whose parents have a high school degree or less education, children from single-parent households, and children from racial and ethnic minorities, are more likely to be in home-based care than their counterparts.⁸
- A higher percentage of **black and Latino children** receive HBCC from a relative than do white or Asian children.⁹
- **Infants and toddlers** under the age of 3 with working parents are more often cared for in home-based settings than in centers.¹⁰
- **Children in rural areas**, and children whose families lack access to reliable transportation, are more likely to receive care in home-based settings (53%) than in centers.¹¹
- **Children with special needs** are more likely to receive care in home-based settings than in center-based settings.
- **Children whose parents work nontraditional hours**, including many workers that are essential to our crisis response, depend on HBCC. Children whose parents work at least some nontraditional hours- early morning, evening, weekend, or overnight- represent 58% of the 4.77 million low-income children under age 6 with working parents.¹² 82% of unlisted unpaid home-based providers, 63% of unlisted paid home-based providers, and 34% of listed home-based providers caring for children under age six offered some care during nonstandard hours (evenings, overnight, and/or weekends), compared to just 8% of center-based providers.¹³

Reliance on home-based child care differs from state to state. Looking at CCDF, in 21 states and territories, 30% or more of children receiving CCDF program funds are in family child care.¹⁴ In several states CCDF also supports significant numbers of children in license-exempt care. In Alabama, Hawaii, Oregon and Nevada over 30% of children using CCDF are served by license-exempt providers (most of whom are home-based).¹⁵ The proportion of a state's

⁸ Toni Porter, Diane Paulsell, Patricia Del Grosso, Sarah Avellar, Rachel Hass, and Lee Vuong. A Review of the Literature on Home-Based Child Care: Implications for Future Directions. Mathematica. January 15, 2010. https://www.acf.hhs.gov/sites/default/files/opre/lit_review.pdf

⁹ Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization. Washington, D.C.: Urban Institute, 2018.

¹⁰ Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization. Washington, D.C.: Urban Institute, 2018.

¹¹ Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization. Washington, D.C.: Urban Institute, 2018.

¹² Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization. Washington, D.C.: Urban Institute, 2018.

¹³ National Survey of Early Care and Education (NSECE) Fact Sheet. Provision of Early Care and Education during Non-Standard Hours. April 2015.

https://www.acf.hhs.gov/sites/default/files/opre/factsheet_nonstandard_hours_provision_of_ece_toopre_041715_508.pdf

¹⁴ Those States and Territories are Alaska, California, Connecticut, Idaho, Illinois, Indiana, Iowa, Kansas, Maine, Maryland, Michigan, Missouri, Nebraska, New York, North Dakota, Oregon, Puerto Rico, South Dakota, Vermont and Wyoming. <https://www.acf.hhs.gov/occ/family-child-care#2>

¹⁵ Anitha Mohan. Fewer Children, Fewer Providers: Trends in CCDBG Participation. CLASP. January 2017 <https://www.clasp.org/sites/default/files/public/resources-and-publications/publication-1/CCDBG-Provider-Factsheet-2006-2015.pdf>

children receiving CCDF subsidies who are in license-exempt care may not be the same as the proportion of the state's children overall who are in license-exempt care, and may instead reflect the state's rules on which types of providers can receive subsidies and whether those state rules limit subsidies for license-exempt care. Children in those states may still be in license-exempt care, just not receiving subsidies.

It is also important to know that one in four children in the US under the age of 5 is cared for by a grandparent some or all of the time their parent is at work;¹⁶ disruption of this form of care is highly likely during this pandemic.

For all the reasons described above, many essential workers rely on HBCC regularly for care. During this unprecedented pandemic, data indicate that far more HBCC programs than center-based programs have remained open; hence the dependence of essential workers on these programs has likely increased.¹⁷

WHAT ARE CAREGIVERS AND PROVIDERS EXPERIENCING AS A RESULT OF THE COVID-19 PANDEMIC?

Home-based child care providers are on the frontline of the pandemic, weighing their own health and safety, considering the financial impacts of the crisis, and responding to the need to care for and educate the children of essential employees such as healthcare workers and first responders. These providers are navigating complex public health decisions and contending with significant business disruption that threatens their continued operation:

- **Health concerns for themselves and their families:** Providers serving families of essential personnel are putting their health at risk to enable critical personnel to do their jobs. Because they operate from their homes, providers risk exposure to their own families.
- **Concern for the families they serve:** Providers and caregivers have strong bonds with the families they serve. Those who close operations worry about children and families' well being, including their safety, physical and mental health, and food security.¹⁸
- **Financial hardship:** Most providers are losing significant income due to closure or because families are not attending.
- **Access to supplies:** Providers are struggling to access basic supplies necessary for their operations: cleaning and sanitation supplies, wipes, gloves, masks, and in some cases, food.
- **Lack of information:** Home-based child care providers need guidance from the state tailored to their work. In some states, providers have been left in a position to make decisions about their operation without the information and support needed to make this decision. Providers need clarity on the risks to their health as well as to their business (financial, legal, etc.).
- **Re-opening:** The majority of home-based child care providers report having less than one month of reserves; if they close for more than a month, they may not be able to reopen. If and when they do re-open, they face uncertainty about whether families will return and whether their operations will be able to return to pre-crisis performance.¹⁹

¹⁶ The Grand Plan: Hear from Grandparents Who Provide Child Care. Zero to Three.

<https://www.zerotothree.org/resources/2889-the-grand-plan-executive-summary#downloads>

¹⁷ Bipartisan Policy Center. Survey: Essential Workers Struggle to Locate Care as More Than Half of Programs Closed. Apr 10, 2020. <https://bipartisanpolicy.org/press-release/survey-essential-workers-struggle-to-locate-care-as-more-than-half-of-programs-closed/>

¹⁸ Provider reports to Home Grown.

¹⁹ Provider report and Child Care in Crisis. Understanding the Effects of the Coronavirus Pandemic. March 17, 2020. NAEYC. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects_of_coronavirus_on_child_care.final.pdf

Home Grown Principles for COVID-19 Pandemic Response

While context differs across the country and the needs of the providers, children, families and employers in each place are distinct, we have grounded our work with home-based providers amid the COVID-19 pandemic around these key principles:

1. **Establish clear and measurable goals for home-based child care providers.** While it is important to set goals for managing the crisis at hand, we should, collectively maintain a focus on the larger efforts of early learning and the mission of home-based child care providers, to offer responsive care that supports optimal child development and supports and stabilizes families in a variety of ways. Home Grown has prioritized three goals in our response efforts and these may be helpful to guide your approach:
 - a. Sustain the supply of home-based child care to ensure continuity of care while stabilizing support to working families and enabling economic activity.
 - b. Ensure that the essential workforce has access to child care during the pandemic response period, recognizing that parents may want the option of in-home care particularly with known providers.
 - c. Stabilize the economic and housing status of home-based providers.
2. **Sustain the supply of child care in this moment and over time, stabilizing the current infrastructure and supporting future stability. Invest to relieve immediate needs and also build for future strength.** We must collectively act quickly to address the precarious fiscal and health situation that providers find themselves in. Home-based providers need information as well as financial and technical assistance immediately to manage through this crisis. Efforts should focus on deep systematic policy and funding changes that will continue into the future. Investment made now can build infrastructure for future strength and sustainability in the sector.
3. **Enable informed decision making.** Home-based providers are negotiating difficult decisions particularly related to their economic well being, their own and family member safety and that of the children they serve, the developmental and learning needs of children, and the needs of families. Providers should not have to choose between their income and their safety and that of the children and families they serve. By marshalling a package of support for providers regardless of whether they remain open or close, we can ensure that providers will make choices based on the health and wellbeing of the children and families they serve themselves and their own families.
4. **Communicate clearly and specifically to home-based providers.** The care environment in home-based child care is distinct, the ability to access resources limited and the support agencies differentiated. Policy guidance and resources should be clear and include communication specific to home-based child care. Communicate in methods and languages that are accessible and relevant to local providers.
5. **Every state has action to take.** Regardless of your state decision to maintain operations or recommend closures, there is immediate action needed to ensure the supply of home-based care now and in the future. In your comprehensive plan, we encourage states to be clear about when to open, close, and reopen home-based child care operations. We encourage states to consider how to use action during this time to make more fundamental changes to ensure we can weather the next crisis and assure the supply of affordable, high quality home-based services.

SECTION 2

Build a Stronger Future: Six Recommendations for Action

Despite nearly twice as many young children having their early childhood experiences in home-based child care as in center-based care, home-based child care has been systemically underfunded and under supported. New investments in child care are needed not only to manage the crisis resulting from COVID-19, but also to build a durable system infrastructure resulting in a more stable future for child care. We encourage you to consider how you might achieve this by prioritizing home-based child care through the strategic use of federal and state funds.

Based on the principles above, Home Grown offers these six recommendations, which include actions that can be taken immediately to ensure the viability of home-based child care during the pandemic and its aftermath and to support long term sustainability.

1. Bridge the chasm: provide effective relief funding to HBCC providers who are open and those that are closed

A future child care system that is diverse, high quality and supports parents' preferences requires a swift and deep investment in the current child care operators. We recommend making a significant portion of funds available, from various sources, to assure the sustainability of home-based providers who care for both subsidy-recipients as well as other low-income and at-risk populations (infants and toddlers, special needs, rural and families needing nontraditional hours). Funding should be made directly to providers and should allow flexibility to meet the myriad of rapidly changing financial needs of providers. Supply of licensed family child care has been declining for 15 years; this sector is highly vulnerable to this public health and resulting financial crisis. We must act quickly to shore up the sector.

2. Build lasting infrastructure: create comprehensive home-based child care networks

The cost of delivering high quality services exceeds both public subsidies and parents' ability to pay. While families need and often prefer home-based child care, the business model is flawed and challenging to maintain. When a single owner/operator is responsible for all business activities and the scale of operations so small, the model needs additional resources to deliver high-quality and sustain its business.

Home-based providers can be linked to hubs, also known as staffed family child care networks, who can support them in three important ways: assure instructional quality; offload business and administrative duties and enhance business practices; and connect providers and the families they serve to critical resources including early intervention and health support. Effective networks increase the likelihood of both high-quality services and sustainable businesses.

This is a moment to leverage and reinforce existing networks and make new investments in intermediary organizations to form and operate as hubs. The hubs are critical for meeting immediate needs (for instance: effective fund deployment and communication to providers) and future needs (for instance: access to professional development and building stronger businesses).

There are several existing hubs that can serve as models or be expanded to meet the needs of local providers, including: Child Care Resource and Referral agencies with dedicated resources to support family child care, Early Head

Start - Child Care Partnerships that include family child care, Shared Services Alliances, nonprofit and social services agencies; and professional development and coaching hubs, among others.

Key criteria for effective hubs may include:

- **Existing fiscal/contractual relationships** with providers to deploy timely fiscal resources, ideally passthrough of state contracts.
- **Automation and data systems** to track program compliance (licensing, subsidy, food program), support quality, and enable fiscal management.
- **Accounting services** to support billing, reconciliation, tax preparation, and financial reporting.
- **Professional development and technical assistance** supports on myriad of topics including health and safety and developmentally appropriate practice.
- **Effective, culturally appropriate communications** and engagement strategies (trusted partnerships).
- **Network and connect** caregivers and providers to one another to reduce isolation and improve peer support and shared learning.
- **Support staff** who are representative of the cultural, ethnic and linguistic characteristics of the providers being served.
- **Comprehensive services** including physical, mental and dental health, disabilities coordination, and social supports.
- **Provider leadership and representation** in hub design and quality assurance.

[Additional resources.](#)

3. Meet the physical and mental health needs: of children, families, and providers

States can meet the immediate needs and create infrastructure to systematically support the physical health and mental health of home-based child care providers and the young children and families that they serve. System investments need to prioritize the role of home-based providers in linking families to services and to assure they can monitor the physical health and mental health status of children and families and connect them with appropriate resources. Home-based providers need support to do this and assistance can be integrated into licensing systems or distinct from them. Ideally, effective comprehensive networks would make these resources available to participating providers. What is most important is that the resources are universally available for providers to have both preventative and needs-based health support activities.

States should fund and assign culturally and linguistically appropriate child care health consultants to all home-based providers who are currently operating to assure support to meet the COVID-19 public health emergency. This support is critical in supporting HBCC providers as they seek to fully implement the CDC public health guidance, as well as any additional state/local guidance. If there is not adequate availability of consultants in your state, consider partnering with Title V or maternal child health agencies and providers to assign public health nurses and related resources to home-based child care providers. These are also relationships that can be nurtured over time to develop more comprehensive public health resources for child care providers.

We also know that children and adults across our country are experiencing trauma as a result of this crisis, and they will continue to suffer during the aftermath as families grapple with the economic fallout and loss of life. This trauma compounds the stress we already see among young children and the risk factors that we know young children in our country experience every day (poverty, family violence, exposure to substance use disorder, etc). For those reasons, states should also fund and assign mental health consultants to programs that are currently operating.

Investments in child care should prioritize effective mental health systems for home-based (and other) child care providers to access. These systems should include all levels of support: universal prevention and promotion of emotional wellbeing; screening and referral; consultation; linkages to clinical entities; and ongoing monitoring.

Building this system will require investments in hubs to manage these programs, development of a robust and qualified multi-sector early childhood mental health workforce, effective supports for comprehensive screening and

referral to services; and ongoing monitoring, training, and consultation to caregivers and providers to meet the emotional needs of young children. There is much work to be done and this issue will require immediate attention to meet the unprecedented emotional needs of young children and their caregivers in this crisis and to build a system that meets these ongoing needs.

[Additional resources.](#)

4. Reform the Supply Chain: ensure providers can access the supplies they need to maintain a healthy and safe environment for children and families

Home-based child care providers need uninterrupted access to mission critical supplies. Responding to COVID-19 has demonstrated the supply chain problems. Home-based child care providers depend primarily on commercial retailers to purchase the materials they need to do their work every day: sanitation supplies, gloves, first aid supplies, diapers, wipes, formula, and food. During this pandemic they need more of these items as well as additional materials to keep themselves and their children safe, including masks, gowns, and disposable thermometers. Providers may also need additional handwashing sinks or other equipment to meet the needs of their families.

Home-based providers are unable to reliably procure and afford the materials they need to provide safe child care during this time. They do not have bulk purchasing power and due to the nature of their work (at-home for extended hours), they are unable to get to the store to buy supplies (if they are available), and they may be limited in the quantities they can purchase.

Child care providers of all kinds who are providing care to the essential workforce need supplies to remain safe and keep young children safe. Hubs are one way to help meet the need. Hubs will be well positioned to address bulk purchasing and distribution. However, they will need state support to gain access to, and over time, reform supply chain issues. New Mexico has created a request form for providers to seek support from the state in purchasing materials and supplies.²⁰ This need for supplies that are predictably accessible and affordable will continue beyond this pandemic.

[Additional resources.](#)

5. Maintain family and provider-friendly policies: implement reforms to ensure success during COVID-19 and beyond

While COVID-19 is unprecedented, the concerns it illustrates about the fragility of the child care system and the vulnerability of working families are long standing concerns that are magnified right now. Around the country, we see states making important decisions to reinforce child care providers and ensure ongoing access for working families. There are several key policy changes that some states have made that should be continued beyond this crisis. Many of these policy changes have always been allowed under federal child care funding rules; we encourage states to sustain them.

- **Increased rates:** Some states are paying much higher rates for emergency care and in some cases have used new metrics to determine the rate of pay for this care. There are opportunities to set rates based on alternatives to the highly flawed market rate process. Rates based on provider costs and hub costs should remain after this public health crisis along with increases in overall spending on child care.

²⁰ New Mexico. Website: COVID-19 CHILDCARE PROVIDER SUPPLIES/FOOD REQUEST
<http://www.newmexicokids.org/covid-19-childcare-supplies-and-food-request/>

- **Payment policy:** Many states have made short term changes to their payment and billing practices. In particular, assessing payment based on enrollment rather than attendance can promote stability and quality.
- **Ease family burden:** Suspending or limiting parent co-pays promotes access and affordability and supports both families and providers and should be continued.
- **Expanding beyond current consumers:** This crisis has made clear what many data points and analyses have previously shown: many Americans need and struggle to access affordable child care. Current subsidy and contract programs only support a fraction of the families that need it. During this time, in partnership with employers, we are seeing states (with the flexibility already offered in CCDF allowing funds to be used for consumers earning up to 85% of state median income) expand access to subsidized care to individuals who have previously not been eligible for support. This is promising and should be combined with a strategy to ensure that low-income families who are currently eligible, though not receiving support, access subsidies. An effective home-based child care system is much bigger than the current public payment system; when thinking about an effective system of care we need to consider the needs of various families and be as inclusive as possible in the available funding streams. For example, California has created 20,000 limited-term additional state-subsidized slots for child care for front line workers.²¹
- **Improved compensation:** Some states are providing for increased compensation to those who are open and providing care during the pandemic. The poverty and near-poverty level wages of the HBCC workforce are not commensurate with the value of the services being provided. For example, North Dakota has created a special grant program to provide additional funds to programs serving essential workers.²²

6. Expand the formal constituency of home-based child care: families, employers, communities, philanthropy, and society

Effective multi-sector coalitions will be necessary to advance the longer term vision; states can create the conditions for these groups and connect their work to state action.

Dependence on home-based child care during this time illustrates the existing reliance on this form of care. It is not only families that rely on care but also employers and communities. Industry executives, elected leaders, organized labor, philanthropy, volunteers and community members are working tirelessly to ensure the essential workers can do their jobs and are focused on meeting their child care needs. How can we maintain this coalition-based effort to support the child care needs of America's workers when the crisis abates? Long term stability of the child care sector with a robust role for home-based child care will rely on durable, multi-sector leadership and engagement. Formalizing the coalitions that are sprouting today around this issue will strengthen us tomorrow.

Across the country philanthropy is acting to support local communities and Home Grown is supporting the development of local and regional home-based child care emergency funds via the development of a Toolkit and a Fund. The efforts of philanthropy can only address limited needs; long-term, sustained change and stability will rely on local, state and federal partnerships.

[Additional Resources.](#)

²¹ Office of Governor Newsom: Governor Newsom Announces Release of \$100 Million to Support Child Care Services for Essential Workers and Vulnerable Populations. April 10, 2020. https://www.gov.ca.gov/2020/04/10/governor-newsom-announces-release-of-100-million-to-support-child-care-services-for-essential-workers-and-vulnerable-populations/?fbclid=IwAR15W_MsUSPYpCwvCuQ2GdhTsSswu-an4EPW2deSzMVyYh-VABgIHDhwOc

²² North Dakota Human Services: Childcare Emergency Operating Grant <http://www.nd.gov/dhs/info/covid-19/docs/child-care-op-grant-overview.pdf>

SECTION 3

Focus Resources from the Child Care Development Fund

We recommend that multi-departmental state leadership groups form to address the needs of home-based child care providers and to assure the continued delivery of these critical services to families. Fully maximizing the flexibility and investment in CCDF may take collaboration across separate divisions supporting licensing and subsidy, for instance. Fully maximizing and connecting CCDF with business supports, health care, and unemployment compensation may take collaboration among people new to working together.

The CARES Act directs an additional \$3.5 billion for Child Care Development Fund (CCDF) to the states, without requiring additional state matching funds, and enhances flexibility in distribution. This flexibility includes using funds to provide assistance to essential employees, regardless of their income, and it makes funds available to providers to meet needs to sustain or resume operations. While current funding is an important start to making positive steps to remediate the current stressors on the system and consider new infrastructure, more funding will be needed.

The CCDF funds to states will prompt decisions on family eligibility, child care program participation and payment to child care programs, and the standards and procedures for licensing, subsidy, and quality initiatives.

These flexible tools can be leveraged even more now in the face of COVID-19. Home Grown has developed an extensive [supplement on CCDF policy](#) flexibilities that can support home-based child care.

We recognize at this time states have made a variety of decisions on closures and provision of emergency care. We offer these recommendations for short term action and considerations around longer term actions to sustain and reinforce home-based child care.

CCDF FUNDING PRIORITIES

- **Make relief funding immediately available** to home-based child care providers regardless of whether they are open or closed to sustain the supply of care, support those providing care to the essential workforce, and to stabilize the economic and housing status of home-based providers. Make funds available as quickly as possible and allow maximum flexibility in spending and reporting. If funds are limited, consider criteria to prioritize the most at-risk providers and families and possibly those least likely to benefit from state and federal stimulus activities. Prioritization may also consider how to assure access for families to quality programs.
- **Reinforce or establish networks** to support home-based providers. Identify existing intermediaries with relationships to bolster during this time to support home-based child care providers, focusing on issues of sustainability as well as quality.
- **Support immediate needs** for health and mental health support.
- **Procure and distribute critical supplies** for home-based providers.
- **Increase rates and make bonus payments** to providers currently operating.
- **Invest in much-needed child care management technology** – software and hardware – so that every home-based provider has management infrastructure and states can streamline monitoring and reporting.

CHILD CARE ASSISTANCE APPROACHES AND RULES

- **Expand family eligibility** and include a greater number of families in the program including essential workers; continue to give priority to low-income and at-risk families who have not been able to receive assistance despite being eligible.
- **Reduce or eliminate co-pays** for low-income families and reimburse providers for that lost revenue.
- **Maintain payment to participating providers** regardless of their decision to close or remain open.
- **Make payments based on enrollment** rather than attendance to ensure predictable continued revenue to providers.
- **Prepare to address** the need to maintain family eligibility during prolonged unemployment, including suspending eligibility redeterminations for the duration of the crisis; continuity of eligibility to enable families to seek employment will be critical.

LICENSING APPROACHES AND RULES

- **Maintain health and safety standards** - in particular group size and ratio - and emphasize continuity of care consistent with CDC guidelines and best practices. Enhance procedures as needed to respond to the public health crisis.
- **Proactively communicate renewal status** and let providers know what to expect for licensing action if these actions have changed due to the crisis.
- **Utilize and invest in** existing child care providers rather than establishing a new workforce to meet the child care needs of essential workers.
- **Review public health guidance** and pandemic advisories to assess if licensing rules need to be modified.
- **Consider ways to streamline processes** and reduce new paperwork requirements

QUALITY APPROACHES AND RULES

During this uncertain and likely traumatic time for young children, programs will need additional support to meet the emotional needs of young children. These needs are best met within the context of continuous care from a loving adult and predictable routines of developmentally appropriate experiences. Home-based child care is well poised to support the emotional needs of children due to its small group size and familiar home setting. We encourage states to continue quality improvement efforts and to integrate these efforts into current response activities and future systems building. Consider the following quality supports for home-based providers:

- **Quickly deploy training** and technical assistance resources virtually. Focus these resources on emotional supports, effective routines, and developmentally appropriate learning experiences.
- **Ensure home-based providers have the technological resources** necessary to access virtual support (internet access, hardware devices, etc).
- **Provide additional materials**, books and toys to home-based programs. Enhanced sanitation procedures will require more frequent removal and cleaning.
- **Consider how to ensure credentialing activities continue** such as online learning or on-the-job credits.
- **Encourage and incentivize home-based providers** who are currently closed to access virtual professional development to enhance learning.
- **Leverage existing infrastructure** or invest in networks and hubs that can reinforce and deliver quality improvement supports to home-based providers.
- **Consider how programs who are not operating can support families** in accessing resources, family supports and learning opportunities remotely. Prioritize interactive experiences and personal contacts that enable conversation. Prepare staff to make referrals for resources (food, housing, mental health, etc). Make arrangements for families to have remote access (internet access, hardware devices, etc).

COMMUNICATION

- **Ensure that communication** of new programs, grants, and rule changes address the distinct needs of home-based providers and are communicated through multiple means – via state channels as well as trusted networks and intermediaries – in multiple languages and formats.

Additional details and recommendations for licensing, subsidy, and supporting quality in emergency response can be found in [this Supplement](#).

URGENT PUBLIC HEALTH CONSIDERATIONS FOR HOME-BASED CHILD CARE

Public health is a top concern for home-based child care providers both in the present COVID-19 pandemic, given that some home-based child care providers remain open to serve essential workers and the families, and in the long-term, as providers consider how to maintain a safe environment as parents return to work and the number of children in home-based care increases.

Ensure access to additional materials and supplies. As states are considering implementing strategies to assist the child care community with supplies, home-based child care should be included in the state’s plan.

The Center for Disease Control and Prevention is providing [guidance for those child care programs that are open](#), and that guidance focuses on actions to help prevent the spread of COVID-19. For home-based child care to implement the CDC guidance, these programs will need:

- Additional cleaning supplies.
- Time to engage in additional cleaning.
- Thermometers to implement recommendations on temperature checks.
- Gloves.
- Masks for children 2 and over and for all adults in the care setting.

If extra resources are being made available to child care programs to assist them with purchasing of cleaning supplies or personal protective equipment, provisions (procurement and distribution) for home-based child care must be included. For example, California has allocated \$50 million in state funds to reimburse both center and home-based child care providers for the purchase of gloves, face coverings, cleaning supplies, and other labor related to cleaning in accordance with federal and state public health and safety guidelines.²³

Develop additional protocols and provide training on these procedures. State and local health departments are also involved in addressing the pandemic, and their guidance often reinforces the need for all child care to implement new or additional procedures such as staggered drop off and pick up times and additional sanitation activities. Child care health consultants and trainers can develop and deliver training on these new procedures via phone or virtually and must include home-based child care providers. Washington state has issued supplemental resources and recommendations including detailed guidance on social distancing for child care.²⁴

²³ Office of Governor Newsom: Governor Newsom Announces Release of \$100 Million to Support Child Care Services for Essential Workers and Vulnerable Populations. April 10, 2020. https://www.gov.ca.gov/2020/04/10/governor-newsom-announces-release-of-100-million-to-support-child-care-services-for-essential-workers-and-vulnerable-populations/?fbclid=IwAR15W_MsUSPYpCwvCuQ2GdhTsSswu-an4EPW2deSzMVyYh-VABgIHDhwOc

²⁴ Website: Washington State Department of Health. Child Care Resources & Recommendations <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/ChildCare>

Provide child care health consultation to home-based child care providers. Child care health consultation (also called nurse consultants) is an existing model that can be scaled but needs greater investment to ensure no cost to providers. Child care health consultants, when integrated into state systems and deployed via trusted hubs, can support home-based child care providers by:

- Providing regular, specific communication regarding public health practices and policies.
- Auditing health policies and supporting effective implementation.
- Providing tailored training and technical assistance on various health practices (including enhanced protocols).
- Setting up and monitoring provider health systems (health documentation, referrals, updates to training).
- Providing custom supports to meet special health needs (children with allergies, feeding tubes).
- Gathering provider data and aggregating to inform system design and implementation of training and technical assistance (TA).
- At a time of crisis, consulting on policy changes and advisories, and supporting providers as needed to continue safe operations.

Provide healthcare coverage for home-based providers. Data indicates that 21% of listed home-based providers reported no health insurance and that number is larger for more informal providers (28%).²⁵ States are working on health access in light of the pandemic, and the needs of home-based providers should be considered as they are frequently part of the emergency workforce (and thus have higher exposure). Home-based providers should be included in any action to expand insurance to essential workers.

Plan for Next Steps. As states start to plan for additional phases of the pandemic, including recovery and re-opening, the same public health considerations that may lead to provision of supplies – either directly or through enhanced investment in child care – may also apply for home-based child care. States will have multiple options to address these needs, such as operating grant funds, reopening grants, supplemental health and safety payment rates in child care assistance, or other mechanisms that states can successfully administer and meet appropriate expectations for accountability.

[Additional Resources.](#)

²⁵ National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016).

https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf

SECTION 4

Federal Expansion of Small Business Resources and Supports for Self-Employed People Facing Loss of Work

Congress passed and the Administration signed into law several packages to bring relief measures to individuals and small businesses during the COVID-19 pandemic. Integrating these initiatives into comprehensive approaches can help sustain and support home-based providers, and identify remaining gaps for further attention.

Through the federal CARES Act, some home-based child care providers are eligible to receive support as both individuals and small businesses depending on their structure. Despite action at the federal level to expand resources for those who are self-employed, independent contractors and/or sole proprietors, we have seen that home-based child care providers have challenges in accessing these supports. States can act to ensure these critical child care businesses access sustaining support including those currently available and others that may be available in the future.

States should consider four key issues to resolve in order to ensure that home-based providers can participate in federally-funded relief programs:

1. Clarify eligibility: specifically which providers are able to participate in which programs.
2. Ensure the program is established in a way that is inclusive of home-based child care (forms, guidance, processes are accessible).
3. Provide support to connect, apply and navigate new processes and systems.
4. Create alternative supports for providers who are unable to access these opportunities.

Home-based providers are diverse and unique businesses. Depending on your local and state licensure processes, providers may have different business structures. Many providers may be individuals who manage all their child care finances via their personal banking arrangements. Others may have separate legal entities (LLC, S Corps, etc) to manage the revenue and taxes of their child care business. The various structures have implications for record keeping, tax documentation and certifications that providers can use when applying for programs. Clarifying the situation in each state is imperative to verify potential eligibility and develop appropriate support to ensure access.

States and lenders can design appropriate supports that include home-based child care providers, with deeper engagement with the needs and complexity of delivering this service. Home-based providers typically serve families for 56.5 hours a week by themselves or with limited assistance. The owner/operator is responsible for every aspect of the program including delivering educational programming and care, food preparation, cleaning, billing and accounting, shopping and family services among many others. Provider revenue is typically low (average \$29,377 per year) and therefore providers cannot afford to employ bookkeepers, janitors, or other support staff.

As a result, record keeping and fiscal management differs across providers and typically conforms to current mandates and contract requirements (child care subsidy and food programs). These records may be unfamiliar to state agencies and financial institutions that do not regularly interact with providers. When designing programs that include home-based providers, review the available records and consider how to use those already in place, not newly created. Keep in mind that providers will need support in accessing benefits that require extensive fiscal records.

The CARES Act also expanded Unemployment Insurance in a few ways, including making sure that self-employed people like many paid home-based child care providers could benefit if impacted by the public health crisis. We urge states to work rapidly to set up the structures to implement benefits to the self-employed. Though the benefits are to be paid retroactively, they are desperately needed now for those home-based child care providers who are eligible.

Communication is a key issue for ensuring providers can engage and access programs and benefits during this time. Understanding the landscape of formal and informal networks and supports to home-based providers is critical to ensuring they can receive messages and be effectively engaged. For some, one-on-one technical assistance may be needed and states should consider existing assets that can support this effort. Depending on your state context, there may be various entities that support providers, including: Child Care Resource and Referral agencies (CCRR), staffed family child care networks, regulatory agencies, contracted entities (subsidy and QRIS), unions and professional organizations, and many others. All communication and support channels need to be activated to share consistent messages, direct providers toward services and supports, and facilitate their engagement.

We encourage consideration of alternative supports for providers who are not able to access these benefits. Many home-based providers are immigrants who do not have social security numbers making their access to unemployment and sick leave provisions limited. Many providers, particularly license-exempt providers, do not file taxes or may be unbanked, limiting their access to these supports. These providers need support to continue to offer care and special programs may need to be developed to assure their sustainability. This is an area for close partnership with private partners and philanthropy.

Together with state approaches, the various federal stimulus opportunities can provide significant support to home-based providers.

[Additional resources.](#)

SECTION 5

Pulling it All Together: Creating a Cohesive Approach

State child care leaders are rapidly developing new policies and supports in light of the COVID-19 pandemic, and the work is constantly evolving as the United States grapples with the overall consequences of this health crisis. Home Grown urges Governors' offices, state legislatures, and state child care leaders to focus not just on the immediate issues around opening or closing child care and providing the necessary supports for those that are open, but also to begin to plan for recovery.

Recovery itself may have multiple phases as scenarios continue to evolve. While states have approached the use of emergency child care differently—with some discouraging essential workers from using it unless absolutely necessary, others not doing so, and one state closing all group child care of any kind—planning for recovery will need to include recovery for all forms of child care.

Working in a period of rapid change is challenging, and we offer some engagement strategies to help decision makers with planning for the role of home-based child care.

Consult with leaders in other parts of state government whose work is relevant to child care. These leaders may not be child care experts, so they may be unaware of how child care, and especially home-based child care, is impacted by their pandemic-related decisions and may be able to tailor their policies and services to ensure inclusion for home-based child care. For example, colleagues who work on the state's mental health and behavioral health services may not have thought to include child care in general, and home-based child care in particular, in prevention and support offerings for essential personnel. The maternal and child health office may be able to contribute resources to public health sanitation supplies, such as extra cleaning supplies and services and personal protective equipment, either by providing direct grants to child care or by including child care in any supply chains that are part of supporting the health system.

These leaders may have successfully included home-based child care in their pandemic related programming, but they may welcome a partnership to ensure that the child care community (including home-based child care) is aware of what is available. For example, partnerships could be developed between the state's unemployment compensation and economic development offerings to ensure that home-based child care, especially closed home-based child care, is aware of what supports are available.

In addition to the departments mentioned above, consider also engaging your workforce development, emergency operations, homeland security, education, human services, and public health offices.

Consult with the entire child care provider community. Reaching out to providers to hear about their current experiences and how they are thinking about recovery is an essential part of developing state solutions, even in this stressful, rapidly-changing environment. There are many ways to hear from providers directly; surveys are a good option, and these could be fielded directly by the state agency, through external partners such as the CRRs or associations but may only reach licensed family child care providers and not the full scope of home-based child care providers. Child and Adult Care Food Program (CACFP) sponsor agencies may also be positioned to share resources and information with home-based child care providers. Conference calls, webinars and tele-town halls are other options to consider. Consider engaging new partners who work with license-exempt providers including cultural and social service organizations.

Consult with early care and education stakeholders. Early care and education associations, child care resource and referral organizations, as well as child advocacy organizations have valuable perspectives that can help productively inform state decisions. Options for working with these stakeholders include virtual meetings as well as surveys. This group of stakeholders may also routinely interact with the media, community leaders, and the congressional delegation.

Consult with the private sector including foundations and business leaders. Foundations and business are valuable partners. Besides having resources, these constituents may partner for innovation, and are often able to leverage their relationships to help advance policy and program initiatives.

Engage families. Use existing state level parent surveys and communication channels to gather data, perspectives, and needs from families to inform plans. Demand for child care is changing rapidly as employment for most Americans shifts; similarly the supply of care is rapidly changing due to state actions and provider decisions. There are several national tools and surveys that provide context for demand and parent needs (e.g., [Yale Interactive COVID-19 Childcare Map](#), Bipartisan Policy Center's [Nationwide Survey: Child Care in the Time of Coronavirus](#)), but hearing directly from families in your state will ensure your plans are targeted and meet the needs most directly.

Keep federal partners well-informed. The federal Office of Child Care, through CCDF, plays an important role in providing resources to states. They will need to hear from states about their experiences, as well as their needs going forward. Likewise, while each state has its own way to communicate with the congressional delegation, working to ensure that the full spectrum of child care is included is helpful. Congress is playing an active role in shaping the various stimulus packages and it is always helpful for them to understand current and projected child care needs.

Conclusion

More than 7 million children ages five and under have their early learning experiences in home-based child care (HBCC).

The importance of home-based child care (HBCC) has never been more evident as caregivers and providers risk their own health and safety to care for the children of essential employees. Thank you for your actions to sustain and supply home-based child care for the families who depend on it.

We are committed to assisting you in the important work you do to advance the needs of children, families and the broader early care and education sector. [The Appendix](#) includes national resources from partner organizations and federal agencies, which were available as of the date of this publication. Please contact us with requests and needs (info@homegrownchildcare.org).

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Child Care Development Fund Recommendations

The Home Grown Resource Guide seeks to highlight the value of home-based child care, the key challenges providers are facing today, and how states can take action to support home-based child care through the COVID-19 crisis and build sustainable plans for the future.

Visit homegrownchildcare.org for the complete guide and other resources.

Urgent Action Needed to Support Home-Based Child Care Using the Child Care Investment in the CARES Act

More than 7 million children ages five and under have their early learning experiences in home-based child care (HBCC), nearly double the number of children in center/school-based care (3.8 million). Home-based child care is particularly important in the current COVID-19 health emergency. As center and school based programs have closed in response to COVID-19, reliance on home-based childcare has increased, particularly for the essential workforce, who rely on care during nontraditional hours, like evenings, nights, and weekends.

The CARES Act directs an additional \$3.5 billion for Child Care and Development Fund (CCDF) to the states, without requiring additional state matching funds, and enhances flexibility even more. This flexibility includes using funds to provide assistance to essential employees, regardless of their income, and it includes making funds available to providers to sustain or resume operations.

Home Grown encourages state leaders to act quickly to invest these new dollars in home-based child care and the families who count on home-based child care.

The state of the states' emergency child care plans

Currently, states are engaged in a mix of approaches:²⁶

- The Governor has ordered the closure of all child care programs (1 state).
- Governors have ordered child care programs to be closed, except for programs enrolling emergency/essential personnel (19 states).
- The Governor has ordered the closure of centers only, except for programs enrolling emergency/essential personnel (2 states).
- Child care is open, with some changes to policies (28 states, DC, Puerto Rico and Virgin Islands).

²⁶ Child Care Aware of America map, accessed 4/20/20. [https://www.childcareaware.org/resources/map/Rhode Island](https://www.childcareaware.org/resources/map/Rhode_Island) closed child care settings. Pennsylvania and New Jersey closed child care centers except for those enrolling essential workers, but family child care programs are not included in the closure order.

These circumstances mean a variety of scenarios are playing out. Home-based child care providers may be asked to close unless enrolling the children of essential personnel. Providers might be asked to remain open for their current families. They might be asked to enroll additional children to help essential personnel. Providers might be unsure of how they fit with the state's approach. They might choose to close because of concerns for personal health and safety, and the safety and well-being of the children in their care. Many will be concerned about their financial well-being and how to sustain their operations through this public health crisis.

CCDF Action Needed

We encourage states to issue explicit guidance for and direct CCDF investments to home-based child care as part of the state's COVID-19 child care strategy.

CCDF funds come with state choices on family eligibility, child care program participation and payment to child care programs, and the standards and procedures for **licensing, subsidy, and quality initiatives**.

Home Grown offers these recommendations for leveraging CCDF in the short-term for home-based child care providers and the families counting on them as we face this crisis together.

Licensing

We encourage states to consider how their policies and procedures can provide support to home-based child care to maintain health and safety. States make their own decisions about which home-based child care programs are licensed and which are exempt from licensure, and states decide the specific content of regulations or standards. These decisions are still important during the crisis and for emergency care. (Please read more about this in the Supporting Quality section below.)

Some states have ordered that home-based child care may be open only if serving essential personnel. Even without a closure order or the limitation of child care to families of essential personnel, states may be considering policy changes in licensing.

Licensing policies

Home Grown recommends state leaders:

- Do not expand group size or relax ratio requirements to enroll more children in a single site.
- Assess current requirements for home-based child care ratio and group size for a need to reduce the group size to comply with reduced sizes of gatherings ordered or recommended during the COVID-19 crisis. In making a group size reduction, we urge states to consider:
 - CDC guidance for child care programs.²⁷
 - State/local health department-recommended or required group size limits.
 - The home-based child care provider's own children (not all states include children related to the provider in the group size count, but should now).
 - Demand for school-age children while schools are closed.

²⁷ CDC Guidance for child care programs that remain open, accessed 4/9/2020
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

- Compensation to ensure home-based child care providers can mitigate the financial impact of reduced enrollment. (Depending on state agency roles, this may involve collaboration with other departments or divisions.)
- Refer to Caring for Our Children²⁸ and Family Child Care Accreditation²⁹ standards to ensure that any emergency regulations are feasible in a home setting and address:
 - Ratio and group size.
 - Supervision.
 - Positive discipline.
 - Opportunities for quiet play and active play suitable to the developmental levels and abilities of each child.
 - General safety of and additional cleaning³⁰ of the home environment.
 - Safe and healthy practices – handwashing, food preparation and food service, current in first aid and CPR, for instance.
 - Sleep practices.
 - A prohibition on transportation.
 - A prohibition on field trips, park visits.
 - Emergency preparation.
 - Health screening.³¹

Licensing department practices and procedures

We recommend that states review their regular practices and procedures in light of stay-at-home orders and social distancing practices and consider how to support providers and take into account the priorities and capacity of state staff and partners. Practices and procedures to review include licensing inspections and also paperwork, fees, and compliance supports regularly needed and offered. We advise states to consider:

- Conducting virtual approaches to inspection, including a desk review and a phone call, or a video conference licensing visit if tools and internet access are reliable.
- Offering virtual approaches to continue support from state staff and contracted partners (child care resource and referral, for instance) around licensing compliance.
- Waiving licensing renewal fees during this period and adjusting fees afterward as programs return to ordinary operations and face financial hardship.
- Preparing to support closed providers to re-open promptly when the COVID-19 crisis is over. This may include coordination with other agencies making funds available to home-based child care through subsidy or other grants and opportunities during the closure period and after.
- Minimizing paperwork required of providers and state staff/contracted partners.
- Ensuring that procedures and expectations are clear, accessible, and materials are available in languages in addition to English. Bilingual staff are crucial as well.

²⁸ CFOC <https://nrckids.org/CFOC>

²⁹ NAFCC <https://www.nafcc.org/file/631a54df-ba2e-4ddf-a3cf-bfd217fc4b36>

³⁰ As recommended by CDC or required by local/state health department

³¹ As recommended by CDC or required by local/state health department

Background Checks

We recommend that states provide relief for fees for background checks, which includes a check of every adult living at the home. We advise states to ensure efficient procedures for collecting and processing background checks to return approvals or questions quickly.

Child Care Assistance

We recommend states immediately use the additional flexibility and CARES Act funding to compensate for the risk and effort of operating during the public health crisis, address the low-wage status of home-based child care providers, and support them whether they are open or closed. CARES Act flexibility also extends to providers not currently in the CCDF program and this is a crucial opportunity to invest in providers who do not enroll subsidized families currently. The majority of child care settings do not currently enroll families who pay with subsidy because of its limited reach: only 1 in 6 eligible children receives a subsidy across the country.

Policies

We recommend that states:

- Increase subsidy payment rates to home-based child care providers (based on quality cost models) and supplement with flexible grants to support crisis-related increased costs such as wages, the purchase of food, and extra supplies.
- Provide grants to non-CCDF home-based child care programs to support wages, the purchase of food and extra supplies, and to compensate for the risk and effort of operating during the public health crisis, whether they are open or closed.
- Pay home-based child care providers based on enrollment, not attendance, for the duration of the public health crisis³², whether they are open or closed.
- Cover parents' child care subsidy co-payments for those who request it due to impacts from COVID-19³³.
- Expand family eligibility for subsidy to ensure that essential workers can access the home-based child care of their choice and to promote economic rebuilding.

Practices and procedures

We advise states to:

- Extend recertification timelines for at least three months so that subsidy child care service will not be interrupted for parents.
- Expedite processes for families and home-based providers. States should eliminate or reduce paperwork, phone calls or other administrative burden on families, providers, and state staff and contracted partners. This includes daily counts of absent days.

³² As of 4/8.2020, 15 states and DC are paying based on enrollment

<https://earlysuccess.org/sites/default/files/Changes%20to%20Child%20Care%20Payments20200407.03.pdf>

³³ As of 4/8/2020, 9 states are covering parent co-payment

<https://earlysuccess.org/sites/default/files/Changes%20to%20Child%20Care%20Payments20200407.03.pdf>

- Ensure payment practices to providers are fair and accountable: timely and accurate payment, presumptive eligibility so that families can enroll immediately and providers can be paid while paperwork is processed, and timely communication.
- Provide support needed for license-exempt home-based child care during the COVID-19 crisis and open access to supports, funding, guidance and technical assistance to license-exempt home-based care, whether or not they participate in CCDF.
- Pilot a contract model as a complement to the voucher approach, to rapidly and efficiently enroll families in subsidy and invest in the home-based providers in the area.
- Ensure that any emergency regulations, processes and materials are accessible, easy to use and translated into many languages.

Supporting Quality

Predictors of quality in home-based child care include licensing, professional support, training, financial resources, and provider experience³⁴. Participation in staffed family child care networks can promote quality and ensure access to quality supports.

Home-based child care providers rely on a patchwork of opportunities to inform and improve their practice and to comply with requirements of initiatives in which they may participate, though more states and local initiatives are bringing more intention to meeting the needs of home-based providers.

Home-based child care provides children an opportunity to be cared for in smaller groups and to be cared for by a provider who is responsible for fewer children than in a center setting. These small group sizes facilitate the strengths of relationships and interactions.

Continuity of care is important to infants and toddlers, preschoolers, and older children as well. There is evidence that consistent and reliable caregiving supports early neurological development³⁵. In home-based child care, the relationship and interactions are between and among the same provider and children each week and year after year.

These small groups offer consistent routine and reliable relationships that may be even more crucial now as we seek to reduce community spread of COVID-19 while still providing child care for working

SUMMARIES OF THE CARES ACT

Office of Child Care, ACF: [Summary of Child Care Provisions of Coronavirus Aid, Relief, and Economic Security Act or “CARES Act”](#)

Office of Child Care, ACF: [Information about COVID-19 for CCDF Lead Agencies: Relevant Flexibilities in CCDF Law](#)

First Five Years Fund: [Overview of Child Care Relief Included in the CARES Act](#)

Bipartisan Policy Center: [CCDBG Funds in the CARES Act](#)

³⁴ Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., and Messner, L. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy participation. *Early Childhood Research Quarterly*, 28(4), 879–892; Forry, N., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., and Daneri, M.P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, 28(4), 893–904.

³⁵ Center on the Developing Child. (2012). Executive function: Skills for life and learning (In Brief) <http://developingchild.harvard.edu/resources/inbrief-executive-function/>

families and meeting the need for children to be safe and developmentally on track. Consistent access to their trusted child care provider may be crucial to mitigating the stress of this public health crisis and the economic and other stressors on families.

We encourage states to consider the following actions:

- Review regular practices and procedures for a Quality Rating and Improvement System (QRIS) in light of stay-at-home orders and social distancing practices to assess whether certain practices remain appropriate given current public health needs. States should clearly communicate with QRIS staff as well as home-based providers about how these practices should be handled for the duration of the pandemic. Implement virtual supports to take the place of in person technical assistance, coaching or mentoring that is regularly needed and offered. States and contracted partners (child care resources and referral, for instance) should continue to offer support to home-based child care.
- If QRIS or other quality initiatives involve grants to providers, states should continue to pay those to providers during the crisis, even if the program is closed. This investment is crucial to providers' well-being and will contribute to their ability to stay open or re-open.
- States and partners offer a variety of supports to home-based child care even outside of the QRIS. We recommend that states quickly move these supports to virtual formats, considering the accessibility challenges and limited technology that home-based child care providers might face.
- Training should not be conducted in-person. Some training may lend itself to online formats, but not all home-based providers will have access online. We recommend that states make data-informed decisions to meet the training needs and accessibility challenges of home-based providers, and we encourage states to defer any deadlines for clock hours and paperwork.
- Coaches, mentors, trainers and partners have crucial relationships with individual home-based child care providers. In addition they rely on peer networks to support quality improvement practices. We encourage states to reinforce and maintain these networks and relationships.
- Address the technological needs of home-based providers to access virtual support (internet access, hardware devices, etc).
- Use flexible grant programs to provide additional materials, books and toys to home-based programs. Enhanced sanitation procedures will require more frequent removal and cleaning.

Appendix: External Links and Resources

Recommendations from National Organizations: Supporting Child Care Through the Crisis

Alliance for Early Success:

- [States' Approaches to Providing Emergency Child Care to Essential Workers](#)
- [Key Questions and Resources for Family Child Care and Family, Friend and Neighbor Care During the COVID-19 Pandemic](#)

Center for Law and Social Policy:

- [COVID-19 and State Child Care Assistance Programs: Immediate Considerations for State CCDF lead Agencies](#)
- [Policymaking Principles for Supporting Child Care and Early Education Through the Coronavirus Crisis](#)

National Association for the Education of Young Children: [Saving Child Care to Save Our Economy: America's Governors Must Take Action](#)

National Association for Family Child Care: [State and Local Recommendations to Sustain and Support Family Child Care Providers](#)

National Women's Law Center: [Supporting Home-Based Child Care Providers During the Coronavirus Crisis](#)

Opportunities Exchange: [Staffed Family Child Care Networks Can Navigate A New World Order, March 2020](#)

The Ounce: [Policy recommendations to states in light of COVID-19](#)

Zero To Three: [Considerations for Infants and Toddlers in Emergency Child Care for Essential Workers](#)

National Organization Recommendations on Business Supports for Child Care

Alliance for Early Success: [Unemployment Compensation and Child Care: Call Questions and Answers](#)

CLASP: [Small Business Loans Aren't the Answer for Child Care](#)

Family Values @ Work: [Coronavirus Federal Legislation that Aids Workers](#)

Family Values @ Work: [Overview of Paid Sick, Emergency Paid Leave and Unemployment Insurance Laws in the New Coronavirus and CARES Act](#)

First Five Years Fund: [Small Business Supports in the CARES Act](#)

First Five Years Fund: [Child Care & COVID-19: Unemployment Benefits in the CARES Act](#)

National Women's Law Center: [Ensuring Home-Based Child Care Providers Can Access New and Expanded Federal Benefits](#)

New America: [Small Business Loans May Help, But More Assistance is Needed for Child Care Providers](#)

U.S. Chamber of Commerce: [Save Small Business Initiative](#)

National Organization Resources on Physical and Mental Health and Nutrition

National Center on Early Childhood Health and Wellness: [Child Care Health Consultants Make Early Care and Education Programs Healthier and Safer](#)

Early Childhood Education Linkage System, Healthy Child Care PA: [Efficacy of Early Education & Child Care Health Consultants – Research Findings](#)

[Le, L. T., Lavin, K., Aquino, A. K., Shivers, E. M., Perry, D. F., & Horen, N. M. \(2018\). What's Working? A Study of the Intersection of Family, Friend, and Neighbor Networks and Early Childhood Mental Health Consultation. Washington, DC: Georgetown University Center for Child and Human Development.](#)

Zero to Three: [Think Babies™ Infant and Early Childhood Mental Health Resource List](#)

Children's Hospital of Philadelphia, PolicyLab: [Policy Review: Literature to Inform COVID-19 Mitigation Following Community Reopening.](#)

CLASP (nutrition): [Ensuring Young Children Have Healthy Meals During the Coronavirus Pandemic](#)

Urban Institute blog (nutrition): [Three Ways to Improve the Food Safety Net to Stabilize Children](#)

CLASP (health insurance): [Health Insurance Strategies for States and Individuals During COVID-19](#)

Ideas About Hubs, Networks and Shared Services

[Opportunities Exchange develops resources and provider technical assistance to shared services alliances and systems actors.](#)

[Child Care Aware of America provides resources and support to over 400 child care resource and referral agencies across the country.](#)

CCA Global: [ECE Shared Resources website](#)

First Book: [Shared purchasing of books and developmentally appropriate toys and games](#)

Virtual Professional Development and Family Support

Better Kid Care: [Online Family Child Care Resources](#)

Child Care Education Institute: [Online Child Development Credential Coursework](#)

Child Care Lounge: [Online Training](#)

Erikson Institute: [Town Square](#)

Promise Venture Studio: [Resources for Parents and Caregivers](#)

ProSolutions Training: [Online Training](#)

University of Washington: [EarlyEdU Alliance](#)

Find Out More About Family Child Care Networks

National Center on Early Childhood Quality Assurance (ECQA Center): [Developing a Staffed Family Child Care Network: A Technical Assistance Manual](#)

[All Our Kin is a model of a staffed family child care network that provides training and support to members.](#)

[Bromer, J., & Porter, T. \(2019\). Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks. Chicago, IL: Herr Research Center, Erikson Institute.](#)

[Porter, T., & Bromer, J. \(2020\). Delivering services to meet the needs of home-based child care providers: Findings from the director interviews sub-study of the National Study of Family Child Care Networks. Chicago, IL: Herr Research Center, Erikson Institute](#)

Navigating the COVID-19 Crisis Supports: Federal Agency Resources

[Office of Child Care COVID-19 Resources](#)

Small Business Administration: [Paycheck Protection Program](#)

Small Business Administration: [Economic Injury Disaster Loan Emergency Advance](#)

US Department of Labor: [Families First Coronavirus Response Act: Employee Paid Leave Rights](#)

Resources from the Administration for Children and Families, U.S. Department of Human Services to Support and Sustain Home-Based Child Care

[National resources about family child care](#)

[Issue Brief: Supporting License-Exempt Family Child Care](#)

[Addressing the decreasing number of family child care providers in the U.S.](#)

[Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care](#)