

# The Home Grown Emergency Fund for Severe Weather and National Disasters:

Insights from 2024 and 2025 Responses  
in Florida and North Carolina

Emily Franchett, Terry Hayes, Claire Lasky, Natalie Renew  
*Home Grown*



In 2024, Home Grown, a national collaborative supporting home-based child care (HBCC), created the [Home Grown Emergency Fund for Severe Weather and National Disasters](#) to support home-based child care providers impacted by these events. This brief provides an overview of the first emergency fund for severe weather and national disasters specific to HBCC programs in the United States, summarizing findings from a 2025 survey with 164 participants in North Carolina and Florida about their experiences of response and recovery following Hurricanes Helene and/or Milton, as well as their experiences with the Home Grown Emergency Fund.

## Background

Severe weather events and national disasters can profoundly impact home-based child care (HBCC) providers and caregivers—including family, friend, and neighbor caregivers (FFNs). Because providers operate from their homes, property damages simultaneously harm their household and workplace, disrupting their personal and family lives and their ability to provide care and earn income.<sup>1</sup> Transportation and infrastructure disruptions, displacement, delays in accessing insurance and FEMA reimbursements, and limited access to Small Business Administration disaster loans can compound these challenges and undermine recovery efforts.<sup>2,3</sup> Following disasters, providers often find themselves navigating both their own recovery and that of the families they support.

Child care's central role in disaster response and recovery is well documented: child care is critical for parents, particularly mothers, who are first responders and essential workers;<sup>4</sup> it helps families rebuild and return to work after disasters;<sup>5,6</sup> and it creates a sense of safety and stability for children, which is central to their recovery,<sup>7,8</sup> while also serving as a site to integrate important emotional and mental health support for children.<sup>9</sup>

Despite this essential role, disaster response and recovery efforts to support child care remain inconsistent, short-term, and insufficient.<sup>8</sup> While some state-level actions have signaled a growing awareness of the need to support the child care sector in the wake of disasters,<sup>10,11</sup> HBCC providers often face multiple barriers in accessing disaster relief resources and supports.<sup>1,2</sup>

In general, little is known about child care providers' experiences of disaster response and recovery,<sup>3</sup> and even less is documented about the unique needs and experiences of HBCC providers. This gap is especially concerning as HBCC programs provide proportionately more care in rural, low-income, and immigrant communities,<sup>12</sup> who typically face heightened and distinct barriers before, during, and following disasters.<sup>13-15</sup>

This brief summarizes findings from a 2025 survey with 164 participants in North Carolina and Florida about their experiences of response and recovery following Hurricanes Helene and/or Milton, as well as their experiences with the Home Grown Emergency Fund.

## Responding to Hurricanes Helene and Milton

Home Grown, a national collaborative supporting HBCC providers, created the Home Grown Emergency Fund for Severe Weather and National Disasters (the Fund) after partners indicated a need for unrestricted cash that could be quickly and easily accessed by HBCC providers in presidentially declared disaster zones. The cash payments aim to meet HBCC providers' immediate health, safety, and personal needs, addressing expenses that are not covered by traditional reimbursement mechanisms. The Fund design ensured that payments qualified as disaster assistance and emergency relief payments under the Stafford Act and in alignment with IRS guidelines for charitable giving. This guaranteed that all payments were non-taxable and would not disrupt participants' benefits, thereby preventing any additional harm or burden for participants. To facilitate application screening and verification and to process payments, Home Grown partnered with the technology platform [Beam](#) to create a tailored application portal and payment system. The Fund launched in 2024 in North Carolina following Hurricane Helene and later expanded to Florida in January 2025 to address damages from Hurricanes Helene and Milton.<sup>†</sup> Applications were available in multiple languages, were mobile-friendly, and required less than 15 minutes to complete. Payments were distributed to participants through multiple methods based on their preferences. In both states, partner organizations first conducted a needs assessment, which informed the co-design of the Fund's payment structure and amounts.

## Reach of the Fund

Overall, the Fund disbursed \$451,200 to 427 providers in North Carolina and Florida, supporting HBCC providers caring for a total of 2,681 children, including 1,141 children receiving subsidies for care (see Figure 1). Direct cash to providers was also complemented by additional investments in local partner capacity and mini-grant programs for select counties.

<sup>†</sup> The Home Grown Emergency Fund has since expanded to reach HBCC providers in Arkansas and Los Angeles County impacted by tornados, wildfires, and severe flooding. This brief focuses on experiences in North Carolina and Florida, where the survey was administered.

North Carolina 	Florida 
<ul style="list-style-type: none"> <li>• 175 HBCC providers reached</li> <li>• \$251,200 disbursed across two rounds of funding: <ul style="list-style-type: none"> <li>– 79 HBCC providers: \$800 payment</li> <li>– 96 HBCC providers: \$1,500 payment</li> <li>– 11 HBCC providers: second \$4,000 payment, by partner referral</li> </ul> </li> <li>• Average no. of children per HBCC: 4</li> <li>• 33% HBCCs serving 1+ child receiving subsidies</li> <li>• <b>Partners:</b> Family Childcare &amp; Center Enrichment Foundation (FCCEF), El Telar, SmartStart of Transylvania County, Child Nutrition Program, Inc., and the Blue Ridge Partnership for Children</li> </ul>	<ul style="list-style-type: none"> <li>• 252 HBCC providers reached</li> <li>• \$200,000 disbursed using a tiered model: <ul style="list-style-type: none"> <li>– 36 HBCC providers: \$300 payment</li> <li>– 175 HBCC providers: \$800 payment</li> <li>– 41 HBCC providers: \$1,200 payment</li> </ul> </li> <li>• Average no. of children per HBCC: 8</li> <li>• 69% HBCCs serving 1+ child receiving subsidies</li> <li>• <b>Partners:</b> Florida Family Child Care Home Association (FFCCHA), Hillsborough Early Learning Coalition, Hillsborough Quality FCCH Providers Association, NE Hillsborough County Providers Association, Pinellas County Heart to Heart Child Care Association, and Pinellas Early Learning Coalition</li> </ul>

Figure 1. Home Grown Emergency Fund reach by state

## The Home Grown Emergency Fund Survey: Study Methodology

Home Grown conducted an online survey using Google Forms. The survey represents the responses of a sample of Fund participants from Florida and North Carolina who opted into a follow-up survey at the time of their application. The survey was made available in Spanish and English from June 16 to July 28, 2025. Survey links were shared via email and text message by partners and through the Fund’s application management system. Participants received a \$10 e-gift card for completing the survey, though not all questions were required.

In total, 164 of the 312 invited providers completed the survey, for a 52.6% response rate. Survey respondents were less likely to be licensed compared to those who opted out (67% vs. 76% licensed). The lower licensure rate among survey participants may influence how well findings represent the broader provider pool. However, because Home Grown aims to support license-exempt and FFN caregivers who typically have less access to formal supports, this over-representation aligns with Home Grown’s mission and priorities.

Survey data were merged with administrative data for additional demographic information about participants and to allow us to compare those who completed the survey and those who did not. All quantitative data were summarized to describe the sample. Unless otherwise noted, reported percentages are calculated using the total number of survey respondents (n=164) as the denominator. Appropriate statistical tests (chi-squared tests for categorical variables and

Wilcoxon-Mann-Whitney tests for continuous variables) were used to examine whether any group differences (by state and by survey respondents/non-respondents) were meaningful and statistically significant at or below the 0.05 level. We reviewed open-ended survey responses to identify recurring themes and triangulated these against quantitative results.

### Survey sample profile: Who were the respondent HBCC providers and caregivers?

The 164 survey respondents were about evenly split between Florida (48%, n=79) and North Carolina (52%, n=85). Nearly all respondents were women (98%). The sample was racially diverse (39% white, 36% Black, 24% Hispanic/Latine), with median pre-disaster household incomes of \$30,000–\$39,000.† Respondent characteristics varied between Florida and North Carolina (Figure 2), in part reflecting the different populations served by Home Grown’s partners in each state and the areas worst hit by the emergency. For example, the impacted counties of Western North Carolina are largely rural, and the counties of Pinellas and Hillsborough in Florida are home to cities including Tampa and Clearwater.

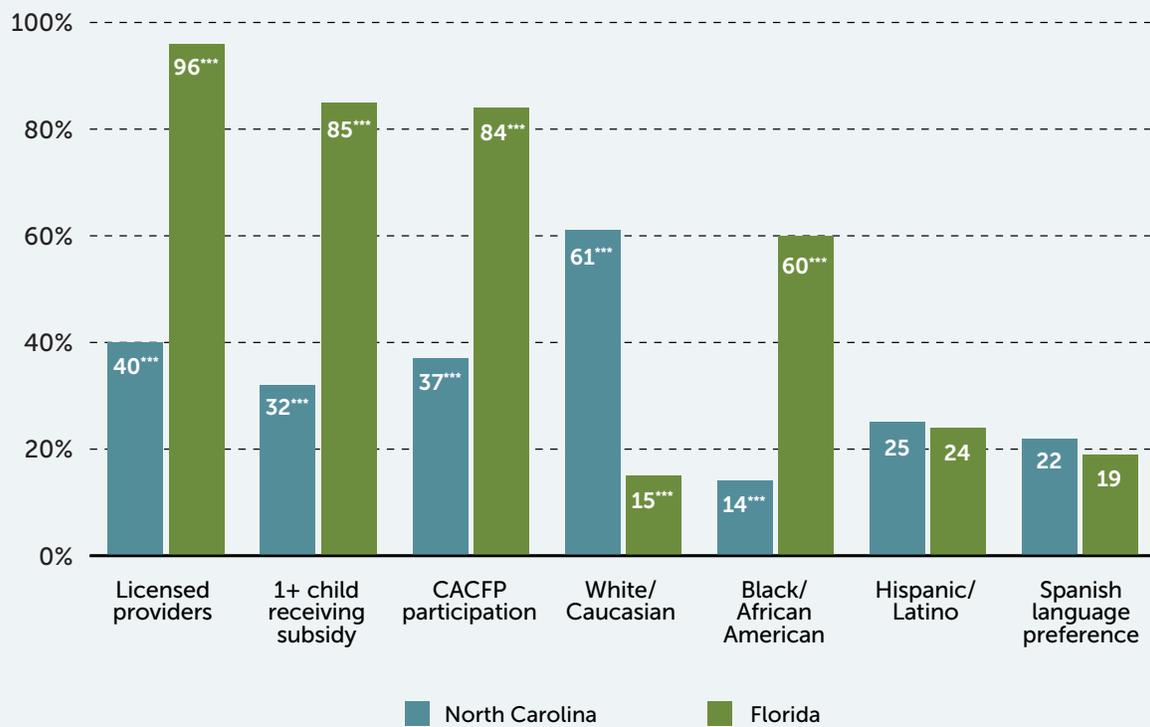


Figure 2. Survey respondent characteristics by state  
 Note: CACFP = Child and Adult Care Food Program. Asterisks indicate statistically significant differences between states (\*\*\*p ≤ .01; \*\*p ≤ .05; \*p ≤ .10).

† Among n=139 respondents; 25 did not report income.

## Survey Findings

Results are summarized across three categories: HBCC providers' experiences of the storms; provider experiences with the Home Grown Emergency Fund; and impacts of the Fund.<sup>§</sup>

### HBCC providers' experiences of Hurricanes Helene and Milton

Survey findings show the widespread and uneven impacts of Hurricanes Helene and Milton experienced by HBCC providers and caregivers:

**Closures:** 72% of providers closed care after the hurricanes, for a median of 1–2 weeks. Over 10% were closed for over a month, and nearly 2% remained closed 8 months later, at the time of the survey.

**Changes in child care enrollment:** 34% reported caring for fewer children post-storm, while 10% served more, reflecting shifts in local supply and demand, depending on individual community impacts.

*Have you noticed any changes in how families are using child care since the hurricane?* ?

**"I know in my area we have fewer providers and the rate has gone up"**  
*Licensed large FCC provider, FL*

**"Families only want part-time"**  
*Licensed regular FCC provider, FL*

**"Fewer providers available"**  
*License-exempt home-based caregiver, NC*

**"Parents need less time and want to pay less because work isn't plentiful with so many businesses that are still closed"**  
*Licensed FCC provider, NC*

**Limited supports:** 46% of providers received no other financial support, beyond the Fund. Only 31% accessed FEMA funds as of 8 months after the hurricanes, often describing denials, delays, and inadequate reimbursements.

**"Getting emergency help outside the Home Grown Emergency Fund was difficult due to long wait times, unclear guidelines, and limited communication."**  
*Licensed large FCC provider, FL*

**"We were not approved by FEMA so this was a blessing for us to be able to replace our toys and equipment we keep by our creek. We were able to replace our spoiled food."**  
*License-exempt home-based caregiver, NC*

<sup>§</sup> Complete findings are available in the full report, "The Home Grown Emergency Fund for Severe Weather and Natural Disasters: Insights from 2024 and 2025 Responses in Florida and North Carolina," available on the [Home Grown Emergency Fund website](#)

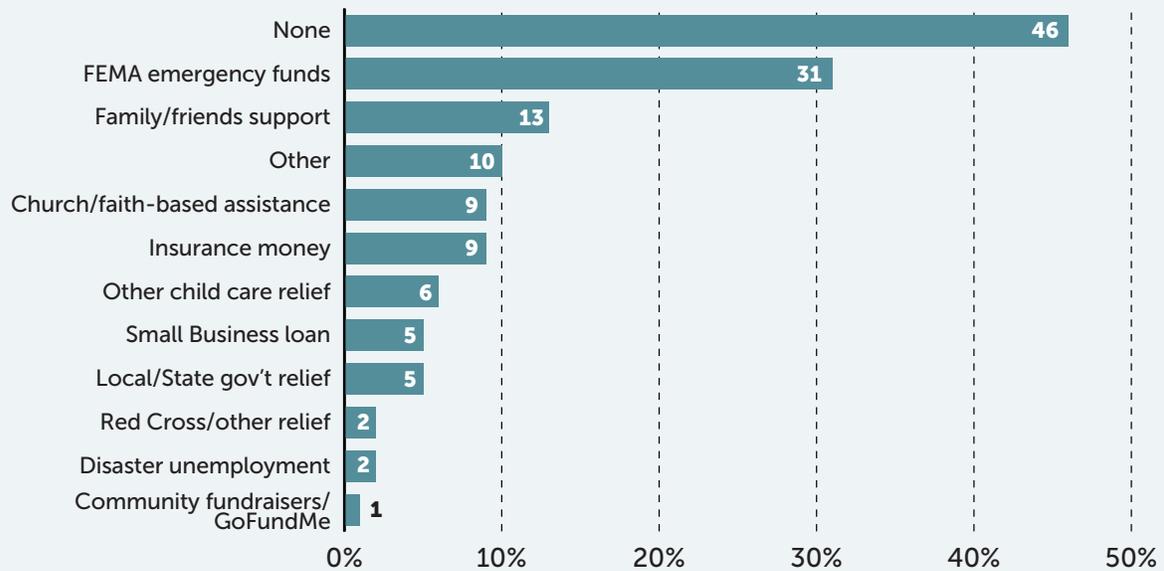


Figure 3. HBCCC provider-reported sources of financial support received within 8 months after Hurricanes Helene and Milton (apart from the Home Grown Emergency Fund)

### HBCCC providers' experiences with the Fund

**Accessing payments through the Fund was easy and fast, at a time when needs were most acute:** This stands in stark contrast to providers' reports of their experiences with other reimbursement and relief mechanisms.

- **Ease of application:** 85% described the process as "easy" or "very easy."
- **Speed of payment:** 87% said payments were "quick" or "very quick."

"The application process was simple and straightforward. The money was received quickly."

*Licensed regular FCC provider, FL*

"I was able to receive the funding quickly when it was needed most."

*License-exempt home-based caregiver, NC*

**There was wide variation in participants' use of funds:** On average, providers allocated their funds to three different needs, with some reporting up to eight uses. Most common uses were food replacement (59%), small home repairs (47%), and purchasing bottled water (43%) (Figure 4).

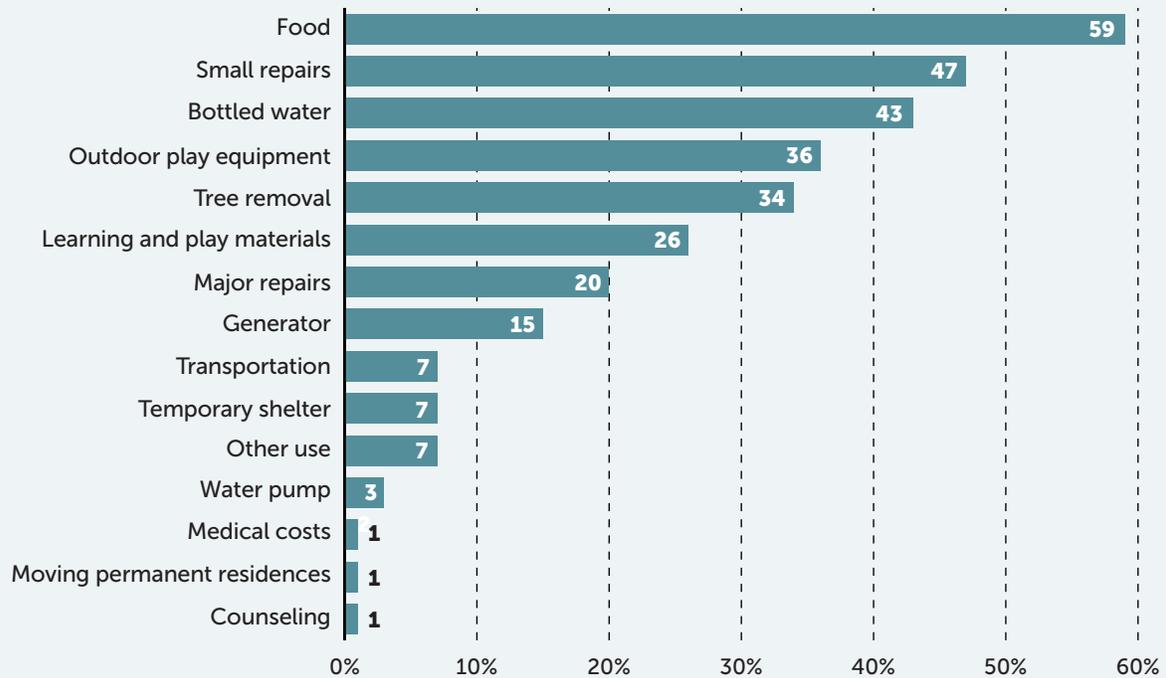


Figure 4. Caregivers' use of Home Grown Emergency Funds  
 Note: Percentages may exceed 100% because respondents could select more than one option.

**Given the wide range of participants' needs and funding uses, another learning was the importance of unrestricted cash support:** One provider noted this flexibility as a strength of the Fund: [in response to the prompt, "The most helpful thing about the Fund was..."] *"The trust we were given as providers to use the funds as we saw fit to meet the individual needs of our children"* (License-exempt home-based caregiver, NC). This also aligned with insights from partners, who emphasized that trusting participants to allocate funds based on their individual needs was a necessary design consideration.

**Value of HBCC-focus:** Providers expressed appreciation for a fund specific to HBCC providers, noting that they are often excluded from existing support programs. A specific focus on HBCC filled critical resource gaps and signaled that they mattered.

*"I appreciated the funds being provided to Home-Based Child Care Facilities. There wasn't many other grants to assist us during this unfortunate time."*  
 Licensed regular FCC provider, FL

*"The funds helped a lot during Helene. I am grateful as a family child care home provider to have been included."*  
 Licensed FCC provider, NC

**Remaining unmet need:** Many providers reported recovery was incomplete even after receiving funding. When rating how well the Fund met their needs (1 = "Not enough" to 5 = "More than enough"), 26% answered 2 or lower. Florida respondents rated lower on average than North Carolina (2.8 vs. 3.5), possibly due to greater severity and scope of disasters or funding model differences.

## Impacts of the Fund

**Funds helped HBCC programs re-open and get back up and running, including in some cases when they would have otherwise stayed closed:** Among the 118 providers who closed for any length of time, 60% said that the support from the Fund made resuming care easier; 12% of providers who closed reported they would not have reopened without it.

“Without the help of the funds, I was thinking of closing my center. They help in a time of need when money was very tight to replace food and equipment.”

*Licensed FCC provider, NC*

**Funds provided stress relief for providers:** Open-ended survey responses indicated the Fund reduced providers’ acute financial pressures and helped to ease broader worries about the future.

“Knowing that I have a financial cushion to handle unexpected expense reduces stress and allows me to focus on solutions rather than panic. It also gives me the flexibility to make better long-term decisions, rather than being forced into quick or risky financial choices.”

*Licensed large FCC provider, FL*

“I could replenish the food I had lost in the power outage and provide food for the children in my care that was shelf stable without being concerned about money.”

*License-exempt home-based caregiver, NC*

**Partner organizations’ role is essential for maximizing impacts:** Despite general perceptions of ease and accessibility, partners’ support was still needed to help providers navigate technology, email, literacy, and language barriers. Some providers lacked email accounts or computer literacy and relied entirely on partners to apply, highlighting the critical role of trusted partners to ensure equitable Fund access.

“[Partner] did a zoom meeting and explained how to apply; it was very easy because she explained to us how to do it”

*Licensed regular FCC provider, FL*

“[Partner] was able to help me fill out the application because I am learning to read and write but I don’t know how to use the computer.”  
[Spanish: “Me pudo ayudar [Partner] a llenar la solicitud porque yo estoy aprendiendo a leer y escribir pero no se manejar la computadora.”]

*License-exempt home-based caregiver, NC*

**Recovery is a long-term process:** While providers suggested they benefited from the emergency funds, many reported that recovery (for themselves, their families, and their communities) extends well beyond the initial response period and requires continued support. Even eight months later at the time of the survey, providers were still facing damages and losses and coping with ongoing stress and the severe emotional and mental health toll of the experience.

**"I still have some unmet needs as a result of the hurricane. While I was able to make some immediate repairs, there are still property repairs and business equipment that need attention. I also continue to feel the impact emotionally and could use more support in managing stress and having time to rest and recover. Some of the families I serve are also still struggling and could benefit from additional resources."**

*Licensed large FCC provider, FL*

**"The funds were certainly very helpful in getting the property cleaned up and replacing some of the child care materials that were lost. However, we experienced the loss of our home as well as property damage. We are still in the process of replacing things and getting back into a new home."**

*Licensed FCC provider, NC*

## Disaster Relief Service Gaps for HBCC Providers and Implications

The Home Grown Emergency Fund deployment in North Carolina and Florida demonstrates that small, rapid, unconditional cash transfers following climate disasters can stabilize HBCC providers and their families, support their well-being and first steps toward recovery, and ensure continuity of care for young children and communities during a critical time. However, our learnings also reveal gaps in disaster response and recovery systems that policymakers and funders must address. Survey findings highlight the range of challenges HBCC providers faced following the hurricanes, including limited financial and material supports and frustrations navigating existing relief systems. These reports were corroborated by partners, as well as echoed in other reporting of HBCC providers navigating recovery in the aftermath of climate disasters.<sup>1</sup> Given that over 10% of respondents said they would have closed without the Fund's cash payment, these findings suggest that under current disaster relief and recovery systems, many families depending on HBCC may lose access to stable, trusted child care following disasters.

## Closing Takeaways and Recommendations

HBCC providers are the backbone of their communities before, during, and after disasters. Our findings demonstrate how providers supported their families, children, and communities, all while balancing multiple challenges of their own, highlighting HBCC's important role in emergency response and disaster recovery for communities. The insights from this study point to several opportunities for strengthening future emergency response efforts for HBCC:



**Prioritize speed and accessibility:** Quick, low-barrier access to funds was consistently cited as one of the Fund's most valuable features, especially compared to slower, more complex mechanisms like FEMA or traditional insurance.



**Maintain flexibility through unconditional cash:** Allowing providers to determine their own spending priorities respected their expertise and ensured funds could address immediate, varied needs.



**Prioritize partnership and support partner capacity:** Local partners played a pivotal role in overcoming technology, language, and literacy barriers for HBCC providers, suggesting that investing in resources for partners and partner readiness is essential for equitable fund access. Partners have also suggested integrating other supports, such as drop-in virtual office hours, or funds to hire providers to support others with applications locally.



**Plan for extended recovery:** Even months later, many providers still reported unmet needs and ongoing social-emotional and mental health challenges for themselves and for children and families. Combining rapid-response emergency funds with follow-up supports is critical for sustained recovery. This may include financial resources to support basic needs, such as food and nutrition assistance, transportation, or housing repair or relocation. Mental health and counseling services for adults and children are also essential. Activities to support children can be integrated in child care services, such as incorporating play and stories that help children navigate ongoing fears and difficult emotions.



**Emphasize prevention and preparedness:** Focusing on prevention efforts will leave caregivers better prepared going forward. This may include investments in infrastructure, completing emergency response training, developing emergency response plans, and ensuring awareness of best practices and resources for preparedness among HBCC providers.



**Address the gaps in broader emergency systems for the HBCC sector:** Ongoing advocacy and coordination with federal, state, and local government along with community-based and nonprofit disaster relief systems are needed to spotlight the barriers that HBCC providers encounter and identify opportunities to address these shortcomings.

## Acknowledgements

This work benefitted immensely from the valuable insights and contributions of many partners. For their support in co-designing the Home Grown Emergency Fund in North Carolina and Florida, reviewing and testing the survey, sharing feedback on these results, and for supporting HBCC caregivers and providers every step of the way, from applying to the Emergency Fund through to completing the survey, we would like to sincerely thank:

### **Family Child Care & Center Enrichment Foundation**

Vantoinette Savage  
Alissa Rhodes

### **El Telar**

Kateri Fletes

### **SmartStart Transylvania**

Chelsea Stewart

### **Florida Family Child Care Home Association**

Tammy Tener

We would also like to thank the members of Home Grown's Provider Insights Panel for their review and feedback on the survey design.

## Endnotes

1. Álvarez, A. (2025, September 25). Months after Los Angeles wildfires, child care providers are still in crisis. The 74. <https://www.the74million.org/zero2eight/months-after-los-angeles-wildfires-child-care-providers-are-still-in-crisis/>
2. Rainey, L. (2025, March 6). Some childcare providers lost everything in the Eaton Fire. Why can't they get any relief money? LAist. <https://laist.com/news/education/early-childhood-education-pre-k/eaton-fire-getting-help-aid-childcare-providers>
3. Beal, J. A. (2019). How childcare type and disaster resource availability relate to childcare disruption following a natural disaster (Doctoral dissertation, Walden University). Walden University ScholarWorks. <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8099&context=dissertations>
4. Gregory, K. B., Mielke, J. G., & Neiterman, E. (2025). Improving spaces for women first responders: A grounded theory on gender equity. PLOS ONE, 20(9), e0330849. <https://doi.org/10.1371/journal.pone.0330849>
5. U.S. Department of Health and Human Services, Office of Inspector General. (2015, December). The response to Superstorm Sandy highlights the importance of recovery planning for child care nationwide (OEI-04-14-00410). <https://oig.hhs.gov/documents/evaluation/2870/OEI-04-14-00410-Complete%20Report.pdf>

6. Save the Children U.S. (2007, June). Child care: An essential service for disaster recovery (Issue Brief No. 3). <https://image.savethechildren.org/child-care%3A-an-essential-service-for-disaster-recovery-ch11043441.pdf/6s5hwd65614hfon46u33b621i18g7l27.pdf>
7. Wilson, S. L., & Kershaw, M. A. (2008). Caring for young children after a hurricane: Florida's childcare workers reflect on support and training needs. *Children, Youth and Environments*, 18(1), 237-253. <https://www.iaem.org/portals/25/documents/Caring-for-Young-Children-After-Hurricane-Florida-2008.pdf>
8. Gibbs, H., Gronkowski, N., Paul, H., Lombardi, J., & Obot Witherspoon, N. (2025, October 21). Child care professionals are on the front lines as climate change risks children's health and development. Center for American Progress. <https://www.americanprogress.org/article/child-care-professionals-are-on-the-front-lines-as-climate-change-risks-childrens-health-and-development/>
9. Bank Street College of Education. (2024, November 12). Supporting children's mental and emotional health after natural disasters through play. <https://www.bankstreet.edu/news-events/news/supporting-childrens-mental-health-after-natural-disasters/>
10. Exec. Order No. N-19-25. (2025). Executive Department, State of California. <https://www.gov.ca.gov/wp-content/uploads/2025/02/2025-2-11-25-Childcare-Workers-DUA-EO-ATTESTED.pdf>
11. Texas Workforce Commission. (2021, August 10). Child care relief funds for providers closed due to winter storm impacts: Discussion paper (Commission meeting materials, Item 8). <https://www.twc.texas.gov/sites/default/files/ogc/mtg21/commission-meeting-material-08.10.21-item8-ccrf-storm-impacted-providers-twc.pdf>
12. Schochet, O., Reid, N., Li, A., Del Grosso, P., Atkins-Burnett, S., & Bromer, J. (2023, January). Home-based child care supply and quality: Secondary analyses (Fact sheet 1) (OPRE Report # 2023-329). U.S. Department of Health and Human Services, Office of Planning, Research, and Evaluation. [https://acf.gov/sites/default/files/documents/opre/hbccsq\\_secondary\\_analyses\\_fs1\\_jan2023.pdf](https://acf.gov/sites/default/files/documents/opre/hbccsq_secondary_analyses_fs1_jan2023.pdf)
13. Dadson, Y. A., Bennett-Gayle, D. M., Ramenzoni, V., & Gilmore, E. A. (2025). Experiences of immigrants during disasters in the U.S.: A systematic literature review. *Journal of Immigrant and Minority Health*, 27(1), 134-148. <https://pubmed.ncbi.nlm.nih.gov/39508920/>
14. Ferreira, R., Davidson, T., Buttell, F., Contillo, C. M., Leddie, C., Leahy, C., Nuñez-Dune, C., Lentz, B., Simkins, M., Jerolleman, A., Eide, C., Glaude, M. W., Thomas, J., Leiva, D., Awbrey, M. L., & Friedman, R. (2024). Barriers to equitable disaster recovery: A scoping literature review. *International Journal of Disaster Risk Reduction*, 110, 104628. <https://doi.org/10.1016/j.ijdr.2024.104628>
15. Junod, A. N., Scally, C. P., Morgan, A., & Russell, N. (2024, August 7). Intersecting vulnerabilities: Disability and climate disasters in rural America: Addressing gaps in policies and programs [Brief]. Urban Institute. [https://www.urban.org/sites/default/files/2024-08/Intersecting\\_Vulnerabilities\\_Disability\\_and\\_Climate%20Disasters\\_Rural\\_America.pdf](https://www.urban.org/sites/default/files/2024-08/Intersecting_Vulnerabilities_Disability_and_Climate%20Disasters_Rural_America.pdf)