



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

**Insights from 2024 and
2025 Responses in Florida
and North Carolina**

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Introduction

In recent years, the United States has experienced an uptick in the frequency and severity of weather and climate disasters, including hurricanes, wild fires, and extreme cold and heat wave events.¹⁻³ Children and their caregivers are feeling the effects: A 2024 survey of parents and child care providers of young children across all 50 states found that 61% of parents and 57% of child care providers reported experiencing at least one major weather event in the previous two years.⁴ Most parents reported negative consequences of these events on their own (84%) and their child's (56%) physical health and well-being, and about a third of child care providers indicated that extreme heat in particular was increasing their stress and harming their ability to provide care.⁴



As experiences of severe weather and climate disasters become more commonplace, child care providers' crucial role in disaster response and recovery has become increasingly apparent. Child care is essential for parents, especially mothers, who are first responders and essential workers following a disaster.⁵ It helps families rebuild and return to work after disasters⁶ and is critical to the "social infrastructure" that enables recovery.⁷ Child care also serves as a space to integrate important emotional and mental health support for children following disasters⁸ and creates a sense of safety and stability for children, which is central to their recovery.^{9,10}

Despite child care's vital contributions, disaster response and recovery resources for child care providers have been limited. Some state-level actions have indicated a growing awareness of the need to support the child care sector; for example, Gavin Newsom's February 2025 executive order provided short-term payments for child care providers affected by the January 2025 Los Angeles wildfires.¹¹ Previous state responses were enabled by temporary COVID-era federal relief funding, rather than permanent disaster-recovery infrastructure: Texas's Child Care Relief Funding (CCRF) program supported child care providers affected by Texas's winter storm in February 2021 and was financed using Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA) supplemental Child Care and Development Block Grant (CCDBG) funds.¹² However, because early childhood care and education is not uniformly designated as a "critical service," it does not receive the same level or type of federal aid and disaster-recovery assistance as sectors classified as critical infrastructure.^{13,14} As a result, disaster response and recovery efforts to support child care remain inconsistent, short term, and insufficient.¹⁵ For instance, Newsom's aforementioned executive order expired after just 30 days,¹⁶ and in North Carolina, relief bills following Hurricane Helene in 2024 allocated just \$10 million out of a total of \$877 million toward early childhood care and education recovery.¹⁷

Even when resources for child care providers are available, home-based child care (HBCC) providers, including family, friend and neighbor caregivers (FFNs), often face additional barriers in their recovery. Because HBCC providers operate from their homes, property damages simultaneously harm their household and workplace, disrupting their personal and family lives and compromising their ability to offer child care and earn income.¹⁸

Transportation and infrastructure disruptions, displacement, and delays in accessing disaster unemployment assistance, insurance, and FEMA reimbursements can compound these

challenges and undermine recovery efforts.^{16,18} For those seeking temporary or permanent housing, landlords may place additional restrictions or refuse to rent to providers who operate child care from their homes.¹⁸ HBCC providers can also face greater difficulties in accessing Small Business Administration (SBA) disaster loans due to low profit margins and lack of collateral.^{13,16} These multi-layered challenges often leave HBCC providers more vulnerable in the aftermath of severe weather and climate disasters.

In general, little is known about child care providers' experiences of disaster response and recovery,¹³ and even less is documented about the unique needs and experiences of HBCC providers. This gap is especially concerning as HBCC providers provide proportionately more care in rural, low-income, and immigrant communities,¹⁹ which typically face heightened and distinct barriers before, during, and following disasters.²⁰⁻²² This report aims to address this gap by providing an overview of the first emergency fund for severe weather and national disasters specific to HBCC in the United States. We describe the development and implementation of the program in North Carolina and Florida and summarize findings from a 2025 survey with 164 participants about their experiences of response and recovery following Hurricanes Helene and/or Milton, as well as their experiences with the Emergency Fund. We conclude with key takeaways and recommendations drawn from implementation and survey learnings.

The Home Grown Emergency Fund for Severe Weather and National Disasters

Home Grown is a national collaborative of funders, caregivers, and providers working together to advance an inclusive child care system where home-based child care is visible, valued, and well-resourced. The Home Grown Emergency Fund (the Fund) was launched in fall 2024 in response to Hurricane Helene in North Carolina and later expanded to Florida in January 2025 to reach providers affected by Hurricanes Helene and Milton. Local partners indicated a need for unrestricted cash that could be quickly and easily accessed by HBCC providers and caregivers impacted by the storms. The cash transfers were intended to meet the immediate health, safety, and personal needs of HBCC providers and caregivers, addressing expenses that were not covered by traditional reimbursement mechanisms. The Fund was designed to be accessible and easily navigated by HBCC providers. Applications were available in multiple languages, were mobile-friendly, and required less than 15 minutes to complete.

Home Grown worked closely with its partners on the ground to co-design the Fund. In both states, Home Grown's partners first conducted needs assessments to understand the scale and nature of providers' challenges. This first step informed the program design. Partners were heavily involved in each step: tailoring the program to HBCC providers' realities; distributing applications and supporting participants in completing them; and verifying applications to ensure that funds reached HBCC providers as intended.

Payment amounts were determined collaboratively with partners. In North Carolina, partners set higher amounts of first-round funding for harder-hit counties. North Carolina HBCC providers identified as having higher need were also invited to apply for a second round of larger funding, after having received the first round. In Florida, Home Grown and its partners co-created a three-tiered funding model, in which damage levels were described in the application, allowing HBCC providers to choose the category that best reflected their situation. The Fund has since expanded to reach providers in Arkansas and Los Angeles County who have been impacted by other severe weather events.

Other design considerations

An important consideration was ensuring that the payments would qualify as disaster assistance and emergency relief payments under the Stafford Act and in alignment with IRS guidelines for charitable giving. This classification ensured that all payments were non-taxable and would not disrupt participants' benefits, thereby preventing any additional harm or burden for participants. To meet these requirements, payments needed to be directed to HBCC providers residing in a presidentially declared disaster zone, could not be used to replace lost income, and were specified to cover damages and expenses that were a direct result of the presidentially declared disaster that would not be covered by insurance or other reimbursements.

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. Payments could be distributed to participants through multiple methods based on their preferences including virtual and physical pre-paid gift cards (with a cash out option), Zelle, and bank transfers.

Reach of the Emergency Fund in Florida and North Carolina

Partnerships

In North Carolina, partners included SmartStart of Transylvania, Family Childcare & Center Enrichment Foundation (FCCEF), Child Nutrition Program, Inc., El Telar, and, most recently, the Blue Ridge Partnership for Children.

In Florida, Home Grown partnered with six organizations: 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.

Funding timeline, tiers, and amounts

North Carolina's Fund was open from October 22, 2024, to February 5, 2025, serving 146 providers. Additional spend down from May 15 to July 10, 2025 reached another 29 providers through the Blue Ridge Partnership, bringing the total to 175 providers served. In total, 79 providers (45.1%) received a payment of \$800, and 96 providers (54.9%) received a payment of \$1,500. Eleven providers (6.3%) also qualified for an additional \$4,000 second-round payment. In total, \$251,200 was awarded in North Carolina.

In Florida, 252 providers were approved for funding between January 17 and January 30, 2025. Providers selected a funding tier that best matched their level of damage, based on definitions developed with partners after field assessments. Thirty-six providers (14.3%) chose the \$300 tier for minor damage, 175 providers (69.4%) chose the \$800 tier for major damage, and 41 providers (16.3%) selected the \$1,200 tier for severe damage. In total, Florida providers and caregivers received \$200,000.

Combined, 427 providers across the two states received \$451,200 in Emergency Fund payments. Direct cash to providers was also complemented by additional investments in local partner capacity and mini-grant programs for select counties. Funding for North Carolina and Florida was supported by a total of six contributing funders, including Stella and Charles Guttman Foundation, Spring Point Partners, Bezos Family Foundation, Bainum Family Foundation, Vanguard Community Stewardship, and Dogwood Health Trust.

Table 1. Overview of reach in North Carolina and Florida

State	Funding Period(s)	# Providers Served	Funding Tier Structure	Tier Amounts	# Providers per Tier	Total Awarded
North Carolina 	10/22/2024 – 2/5/2025 Spend-down period: 5/15/2025 – 7/10/2025	175 (146 up front, 29 in spend-down period)	Round 1: Two tiers at county level Round 2: higher funding tier by invitation	Round 1: \$800, \$1,500 Round 2: \$4,000	Round 1: \$800: 79 (45.1%) \$1,500: 96 (54.9%) Round 2: 11	\$251,200
Florida 	1/17/2025 – 1/30/2025	252	One round of funding with three tiers for Minor, Major, and Massive damage	\$300, \$800, \$1,200	Minor: 36 (14.3%) Major: 175 (69.4%) Massive: 41 (16.3%)	\$200,000
TOTAL		427				\$451,200

Who were the providers and caregivers supported by the Fund?

Applications collected data on applicants’ preferred language and HBCC type. In North Carolina, 26 (14.9%) fund recipients reported Spanish as their preferred language; the remainder preferred English. North Carolina Fund recipients included 41 (license-exempt) grandparent caregivers (23.4%), 66 licensed family child care home providers (FCCs) (37.7%), and 68 license-exempt home-based caregivers (38.9%).

In Florida, 72 (28.6%) providers’ preferred language was Spanish. Most (71.8%; n=181) were licensed regular FCC providers, followed by licensed large FCC providers (24.6%; n=62), registered providers (3.2%; n=8), and one (0.4%) informal family, friend, and neighbor caregiver.

Who were the children/families served?

Through the HBCC providers it funded, the Emergency Fund indirectly supported a wide range of children and families across Florida and North Carolina, with notable differences in scale and subsidy participation between the two states.

Florida providers cared for between 1 and 36 children[†], with an average of 8 children per provider. Across all 252 funded providers, this amounted to 1,970 children in care. Around two-thirds of HBCC providers (68.7%; n=173) served at least one child receiving a child care subsidy. On average, Florida providers cared for 4 children receiving subsidies, totaling 946 children whose care was subsidized.

[†] The two Florida HBCC providers with higher reported enrollments of 30+ operated licensed large family child cares serving small groups of children who attended on different schedules.

North Carolina providers had a broad range of group sizes, from 1 to 55 children[‡], but a smaller average enrollment of 4 children. Across the 175 funded providers, this totaled 711 children in care. Just under a third (32.6%; n=57) served at least one child receiving a child care subsidy. On average, North Carolina providers cared for 1 child receiving a subsidy, totalling 195 children whose care was subsidized.

Combined across both states, the Fund supported providers caring for 2,681 children, with an average group size of about 6 children per provider. More than half (53.9%; n=230) served at least one child with subsidized care, averaging around 3 children per provider. In total, the Fund reached 1,141 children whose care was subsidized in these two states.

Table 2. Children and families served by the Emergency Fund in Florida & North Carolina

State	HBCC providers funded	Avg. children per HBCC program	Total children served	Providers w/ ≥1 child receiving subsidized care	Avg. # children receiving subsidized care per Provider	Total # children receiving subsidized care
Florida	252	8	1,970	173 (68.7%)	4	946
North Carolina	175	4	711	57 (32.6%)	1	195
Combined	427	6	2,681	230 (53.9%)	3	1,141

The Home Grown Emergency Fund survey: study methodology

Home Grown conducted an online follow-up survey with Fund participants in Florida and North Carolina who had opted in at the time of their application. Providers funded through the Blue Ridge Partnership in North Carolina were not included due to the later timing of their applications. The survey was administered in Spanish and English via Google Forms and was open from June 16 to July 28, 2025. Survey links were distributed via email and text message by partner organizations 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 providers who initially opted in completed the survey, for a 52.6% response rate.

The survey included a combination of closed- and open-ended response questions about demographics, experiences of the hurricane and recovery, caregiver and provider experiences with the Fund, and perceptions of its impact. 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. Quantitative data were analyzed in Microsoft Excel and Stata 17.0 to compute descriptive statistics. Unless otherwise noted, reported percentages are calculated using the total number of survey respondents (n=164) as the denominator. Chi-squared tests (for categorical variables) and Wilcoxon-Mann-Whitney tests (for continuous variables) were used to identify between-group differences (by state and by survey respondents/non-respondents) that were statistically significant at or below the 0.05 level. Open-ended responses were reviewed to identify recurring themes, with representative quotes selected to illustrate findings. Quantitative and qualitative findings were triangulated to assess alignment and support interpretation of results.

[‡] The one North Carolina HBCC provider with a reported enrollment of 55 operated a licensed program, employing multiple providers to meet required provider-child ratios.

Who was Represented in the Survey?

Overall profile

The 164 survey respondents were about evenly split between Florida (48.2%, n=79) and North Carolina (51.8%, n=85). Across both states, nearly all surveyed caregivers (98.2%; n=161) identified as female. Sixty-seven percent of respondents (n=110) provided licensed care. The remainder (32.9%; n=54) were registered/license-exempt child care providers or friend, family and neighbor (FFN) caregivers (including grandparents). The majority of the registered/license-exempt and FFN survey respondents were from North Carolina (94.4%; n=51).[§] Over half of respondents served at least one child receiving subsidy (57.3%; n=94) and reported that they participated in the Child and Adult Care Food Program (CACFP) before the hurricane (59.2%; n=97).

The sample was racially and ethnically diverse: 39.0% identified as white or Caucasian, 36.0% as Black or African American, 24.4% as Hispanic or Latine, and 1.8% as Native American (with some selecting more than one identity). Median pre-hurricane household income was \$30,000–\$39,999[¶] (n=139 respondents; 25 did not report income).

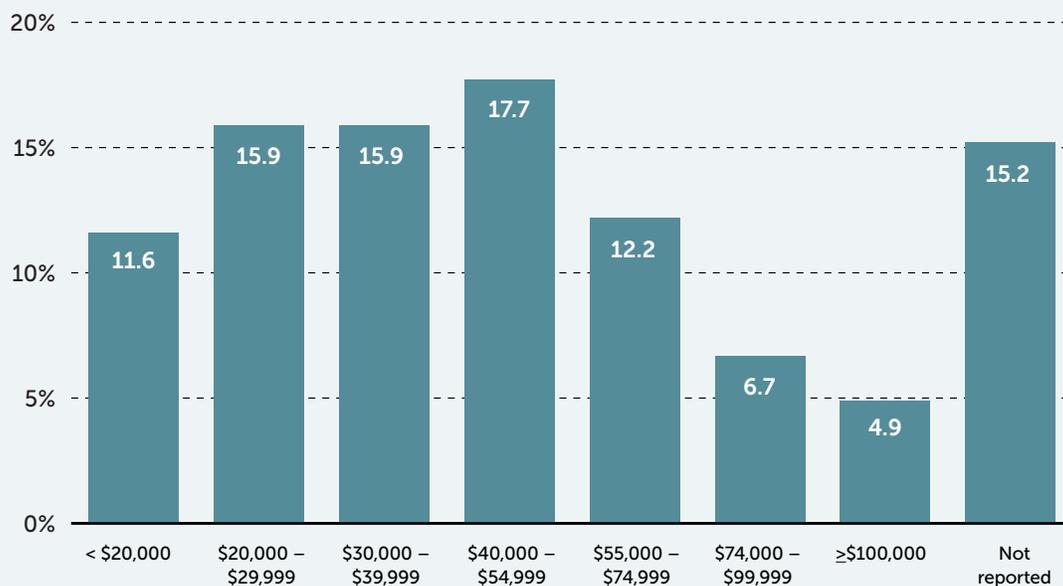


Figure 1. Caregiver-reported annual household income, pre-hurricane

[§] In North Carolina, among the 85 respondents, 9 (10.6%) provided grandparent care, 42 (49.4%) provided license-exempt care, and 34 (40.0%) were licensed family child care providers. In Florida, among the 79 respondents, 3 (3.8%) were registered (license-exempt) family child care providers, 19 (24.1%) operated licensed large family child cares, and 57 (72.2%) operated licensed regular family child cares.

[¶] Calculated among 139 respondents; n=25 did not report income, including n=11 respondents (13.9%) in Florida and n=14 respondents (16.5%) in North Carolina.

State comparisons among survey respondents

Some key differences emerged between Florida (FL) and North Carolina (NC) survey respondents (see Figure 2):

- **Licensing:** NC had more license-exempt or FFN providers than FL (60.0% vs. 3.8%).
- **Children receiving subsidies for child care:** A greater share of FL providers served at least one child receiving subsidies than NC (84.8% vs. 31.8%).
- **Capacity:** FL providers served more children on average (9 vs. 5).
- **Child and Adult Care Food Program (CACFP Participation):** FL had higher pre-hurricane CACFP participation than NC (83.5% vs. 36.9%).
- **Race/Ethnicity:** NC had proportionately more providers who identified as white or Caucasian (61.2% vs. 15.4%), while FL had more Black or African American-identifying providers (60.3% vs. 14.1%). Both states had similar rates of providers identifying as Hispanic or Latine (~24%).
- **Language:** The proportion of respondents reporting their preferred language as Spanish was similar in both states (FL: 19.0%, NC: 22.4%).
- **Income:** FL respondents' median self-reported pre-hurricane household income was slightly higher than in NC (\$40,000–\$54,999 vs. \$30,000–\$39,999), although this difference was not statistically significant.

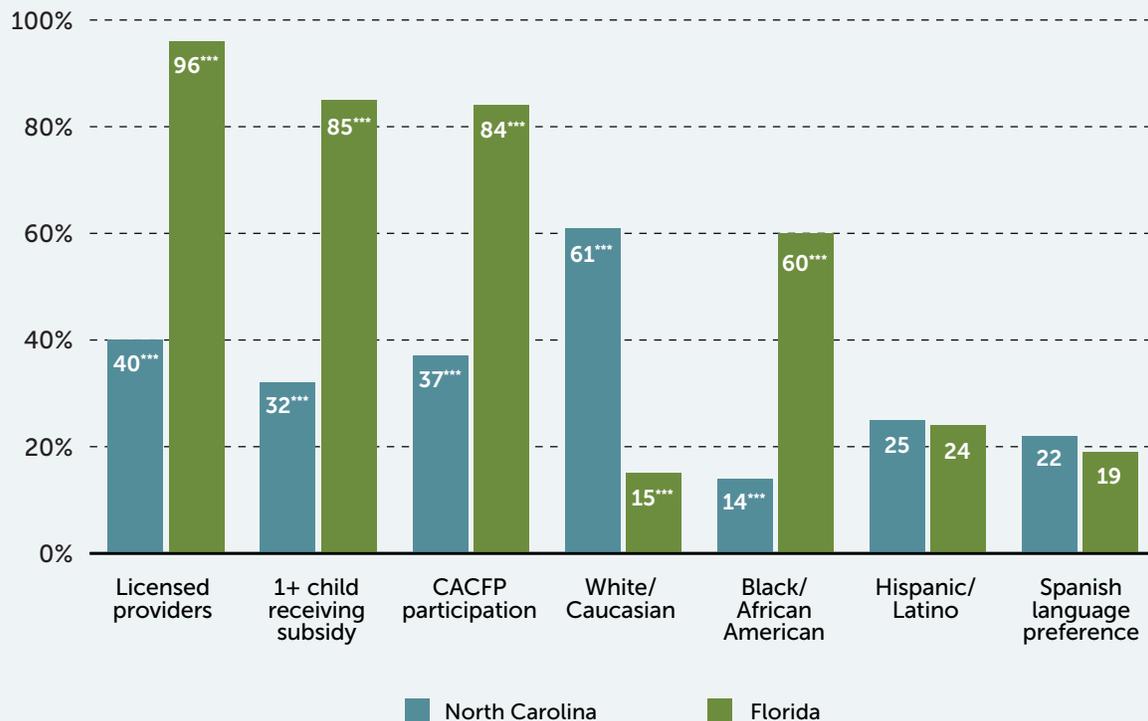


Figure 2. Survey respondent characteristics by state

Note: CACFP = Child and Adult Care Food Program. Asterisks indicate statistically significant differences between states (*** $p \leq .01$; ** $p \leq .05$; * $p \leq .10$).

Survey vs. non-survey participants

Compared with caregivers who opted out and did not participate in the survey, the survey respondents had:

- Slightly lower representation of Spanish as a preferred language (20.7% vs. 24.1%).
- Slightly higher likelihood of serving children receiving subsidies (57.3% vs 51.7%).
- Lower rates of licensure (67.1% vs. 75.9%).

Most differences were small and not statistically significant, with the exception of the difference in licensure rate (Pearson $\chi^2(1) = 3.8995$; $p = 0.048$). 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 Results

Survey results highlight how the Emergency Fund shaped providers' recovery experiences in both Florida and North Carolina. Results are summarized according to three categories: HBCC provider and community experiences of the storms; providers' experiences with the Home Grown Emergency Fund; and perceived impacts of the Fund. Table 3 presents key takeaways from these findings, including exemplary quotes from a qualitative analysis of providers' responses to open-ended survey questions, which align with the quantitative results summarized below.

HBCC Provider and Community Experiences of the Storms

Impacts of Hurricanes Helene and Milton

Hurricane-related disruptions were widespread among survey respondents: 72.0% reported having to close their child care after the storm. The median closure time was one to two weeks, though 10.4% were closed for over one month, and nearly 2% had still not reopened at the time of the survey.

In some instances, the storms also shifted the number of children providers cared for, though the direction of change varied. While about half of respondents (49.4%) reported no changes, 34.2% of respondents reported caring for fewer children after the hurricane and 10.4% reported caring for more (changes that were at least temporary, if not permanent). Qualitative accounts mirrored these mixed trends: Some providers noted decreased demand ("*Families only want part time*" (Licensed regular FCC provider, FL); "*Most parents keep their children home*" (Licensed large FCC provider, FL); "*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)), while others observed increased demand ("*Families are needing more hours*" (Licensed regular FCC provider, FL); "*Longer hours*" (Licensed FCC provider, NC)) or reduced supply in their area ("*I know in my area we have less providers and the rate has gone up*" (Licensed large FCC provider, FL); "*Fewer providers available*" (License-exempt home-based caregiver, NC)).

State-level differences suggest some variation in these patterns may be regional or disaster-

specific. In Florida, more providers reported changes in the number of children cared for: 44.3% reported a decrease and 11.4% reported an increase, while 41.8% reported no change. In North Carolina, a majority of providers reported no change (56.5%), and just 24.7% reported caring for fewer children and 9.4% for more. A higher percentage of providers in North Carolina reported that they no longer provide care (8.2% vs. 2.5% in Florida), though only two of the seven providers reporting closures explicitly attributed it to the hurricane. However, the overall distribution of changes in the number of children cared for did not differ statistically significantly by state (Pearson $\chi^2(5) = 10.5940$, $p=0.060$).

Changes to providers' child care incomes following the hurricanes were similarly varied. Among the 138 respondents who reported receiving some amount of income from child care, the majority (58.7%) reported no change in income since the storms, while 37.0% reported a decrease and 4.4% reported an increase. This trend was similar across both states.

Limited supports and access to emergency response beyond Home Grown

Many providers reported having few sources of support beyond the Emergency Fund (see Figure 2). Overall, 46.3% (n=76) of respondents reported they did not receive help from any other source besides Home Grown. As of 8 months after the hurricanes, about a third of the sample (31.1%) received FEMA emergency funds. Thirteen percent of respondents received support from family members or friends. Partner organizations and providers emphasized the importance of local church/faith-based organizations in providing both immediate and longer-term support, particularly around food and nutrition assistance.

"The local churches and community was a great help with getting essential needs for food and household items to clean up the mess"

License-exempt home-based caregiver, NC

In open-ended survey responses, respondents frequently described difficulties navigating FEMA and insurance reimbursement processes, citing complex requirements and red tape, long delays, and unclear guidance (see Table 3 for full list of representative quotes). Several respondents noted that reimbursements were insufficient to cover losses, or were never approved at all:

"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

"FEMA was frustrating, but I did receive some funds. Not enough to cover all expenses. Thanks to Home Grown for the help."

Licensed regular FCC provider, FL

These findings were corroborated with partners, who also reported that HBCC providers experienced extensive challenges navigating FEMA and insurance reimbursements, including having to submit multiple rounds of paperwork. In contrast, partners noted that the Fund stood out for its ease of access and rapid turnaround.

The value of the Fund’s focus on HBCC was also noted, with providers indicating that HBCC is often excluded from existing support programs.

“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

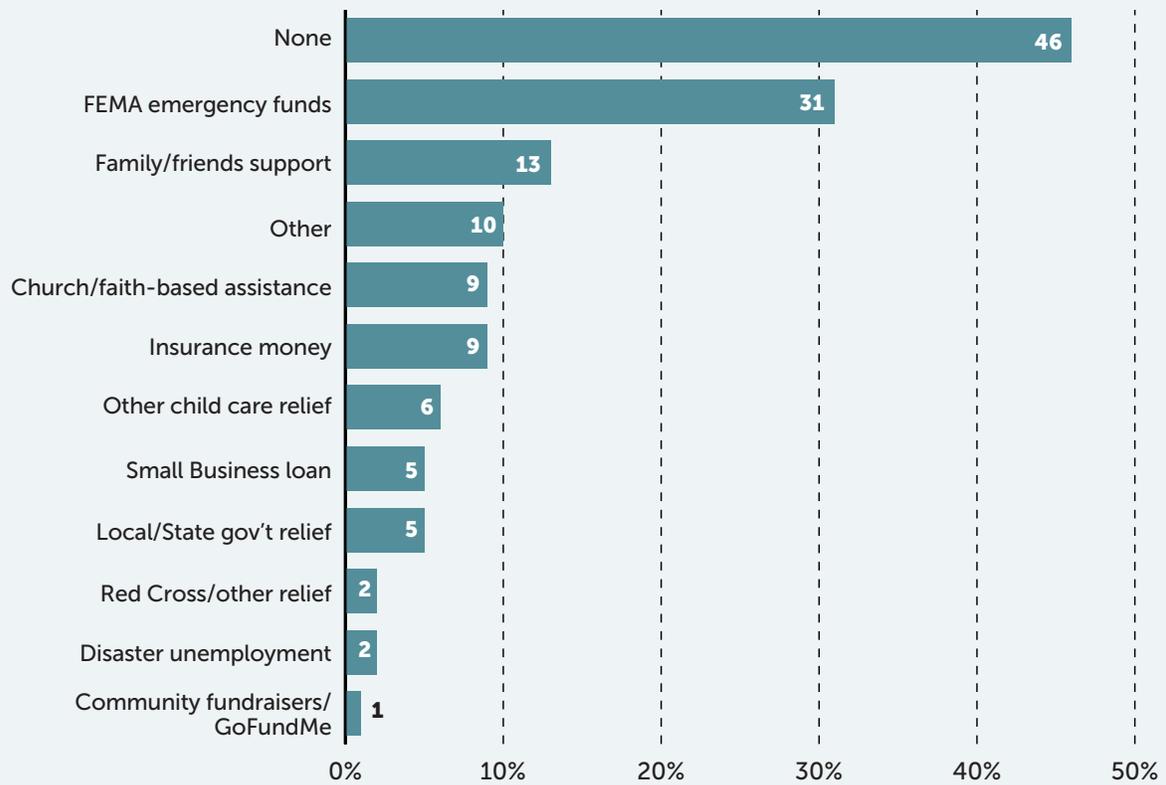


Figure 3. Caregiver-reported sources of financial support received within 8 months after Hurricanes Helene and Milton (apart from the HG Emergency Fund)

Providers' Experiences with the Home Grown Emergency Fund

Overall impressions

Survey findings suggest that most providers had a positive experience with the Fund. The majority (85.4%) rated the application process as "easy" or "very easy," and 89% rated the process of receiving funds just as highly. Similarly, 86.6% reported that the overall time from application to payment was "quick" or "very quick."

Open-ended responses reinforced these findings, with many providers describing the application as "simple" and "stress-free" and praising the Fund's speed in delivering support, especially compared to other forms of disaster assistance. As providers shared,

"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

Providers' and caregivers' use of funds

The range of damages and disruptions providers faced after the hurricanes was wide: from spoiled food due to power outages to major repairs and temporary displacement. This variation was reflected in how funds were used.

On average, providers allocated their funds to three different needs, with some reporting up to eight uses. The most common use was replacing lost food (59.2%), followed by making small home repairs (47.0%) and purchasing bottled water (42.7%). A smaller proportion used funds for housing needs (either temporary or permanent shelter; 8.5%) or for medical or counseling expenses (1.8%) (see Figure 3).

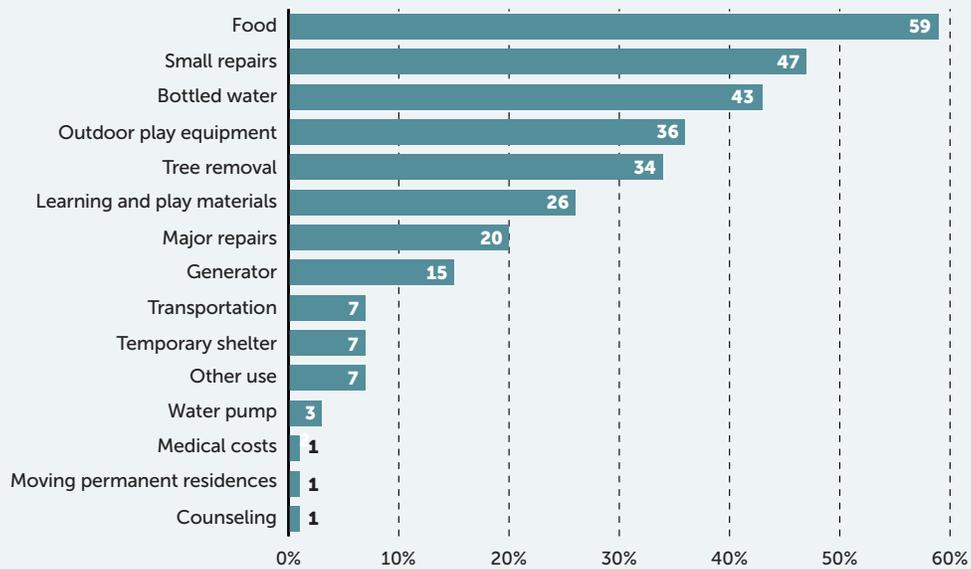


Figure 4. Caregivers' use of Home Grown Emergency Funds
 Note: Percentages may exceed 100% because respondents could select more than one option.

Open-ended survey responses gave further insight into these choices. For many, replacing food was urgent not only for their own households but to continue caring for children:

"It helped me replace food for my family and daycare kids"
Licensed regular FCC provider, FL

"We had lots of expenses. The funds helped help with the most important food"
License-exempt home-based caregiver, NC

"The funds helped with most of my needs, I was able to replace some food items that were lost for the child care and for my family"
Licensed FCC provider, NC

Others used the funds to address safety and health concerns, such as repairing damage that made their homes unsafe for children or securing clean water when regular supplies were disrupted (see Table 3 for full range of representative quotes).

Providers' and caregivers' perceptions of funding amounts

Survey findings suggest that, for many providers, recovery was far from complete even after receiving Home Grown funding. When asked to rate how well the Emergency Fund met their needs on a scale from 1 ("Not enough") to 5 ("More than enough"), more than one in four respondents (25.6%) gave a score of 2 or lower (Figure 5).

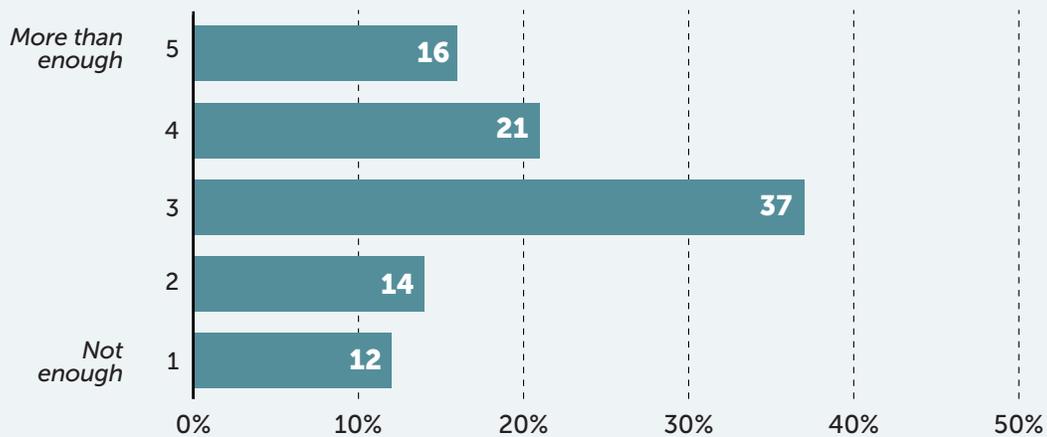


Figure 5. Caregivers' responses to the prompt, "How well did the amount of funds meet your needs?"

Average ratings also varied significantly by state. On average, providers in Florida reported lower overall satisfaction with the extent to which their needs were met by Home Grown funds compared to those in North Carolina (2.8 vs. 3.5; see Figure 6).

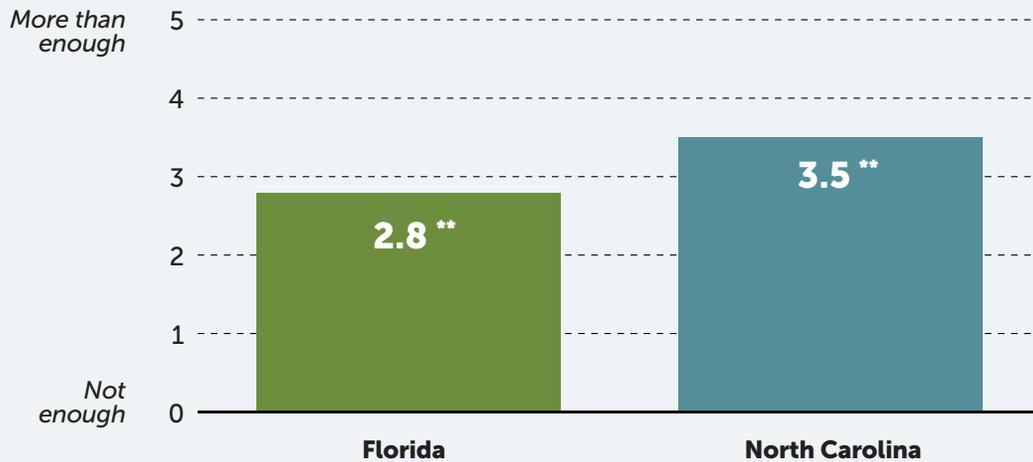


Figure 6. “How well did the amount of funds meet your needs?” summarized by state
 Note: Asterisks indicate statistically significant differences between states (*** $p \leq .01$; ** $p \leq .05$; * $p \leq .10$).

This difference could reflect the severity and scope of the disaster (many Florida providers were affected by two major hurricanes, Helene and Milton), as well as differences in funding models. In North Carolina, a second round, higher tier of funding was available, which may have better matched the scale of losses providers experienced. These findings reinforce that provider needs after a disaster are shaped by both the local context and the magnitude of the event, and that even rapid, well-targeted funding can only partially close the gap in the face of large-scale damage.

Importance of unconditional cash support

Beyond funding amounts, the lack of restrictions on how funds could be used was identified as a key advantage of the Fund’s design. One provider noted this flexibility as a strength of the program: [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). While only one provider mentioned this explicitly, it aligns with insights from partners in both the co-creation and implementation phases, who emphasized that flexibility in fund usage was a necessary design consideration. This reinforces the value of ensuring cash support for HBCC providers in emergency response is unrestricted.

HBCC providers’ suggested improvements

While the majority of survey respondents were satisfied with their experience with the Fund overall, 21 providers offered suggestions for improvement through open-ended survey responses. These included:

- Enhancing communication (non-specific; 5 mentions). One additional provider mentioned a miscommunication around funding amounts with their referral organization.
- Adjusting the application process (non-specific; 5 mentions)
- Speeding up disbursement timelines (2 mentions)

- Increasing funding amounts or expanding funds to cover lost income (6 mentions). While lost income was a challenge for HBCC providers, limitations in aligning with disaster aid charitable giving guidelines prevented these funds from covering income replacement.
- Improving access to applications, including through longer application windows, outreach to enhance awareness for the Fund, and having alternatives to email communication (3 mentions)

Awareness and future connection

About two-thirds (n=109; 66.5%) of participants were unaware of Home Grown before the Emergency Fund. Among those who had prior knowledge, 20.7% knew “a little” and 6.1% knew “a lot” about the organization. Interest in ongoing engagement was high: Only 3.7% of respondents expressed no interest in continuing engagement with Home Grown, while most wanted to join the mailing list and/or learn about other programs (see Figure 7).

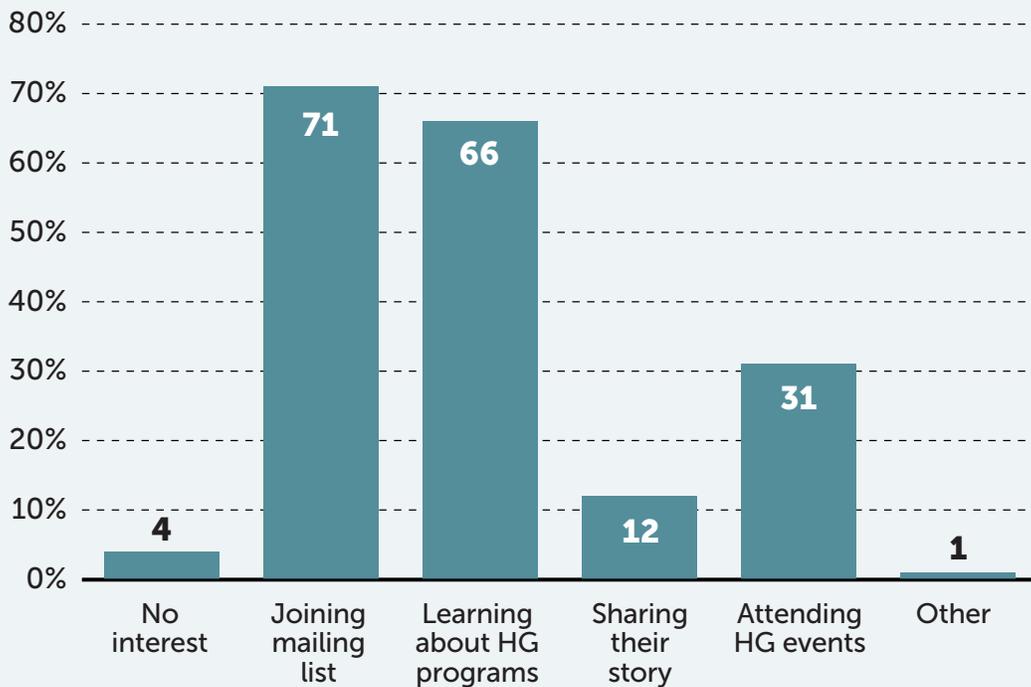


Figure 7. Respondents' interest in connecting with Home Grown

Impacts of the Fund

Through the survey, Home Grown was interested in exploring the range of potential impacts that emergency cash transfers might have on HBCC provider services and the communities they serve. A number of trends emerged from both the quantitative and qualitative data.

Funds helped HBCC programs re-open and get back up and running, including in some cases when they would have otherwise stayed closed.

Among respondents who reported having to stop providing care after the hurricane for any length of time (n=118), 60.2% of those who closed said that the support from the Fund helped make reopening easier, and 11.9% reported that they would not have been able to reopen at all without it. Open-ended responses from respondents supported this finding as well (see Table 3), with one provider sharing:

“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

While funds did appear to support maintaining child care operations, funds did not necessarily expand provider capacity, though there were exceptions. While most providers (76.8%) said the Fund did not affect the number of children they served after the hurricane(s), 14.6% said it enabled them to care for more children, pointing to its role in helping some programs expand capacity at a critical time.

Funds provided stress relief for providers.

Open-ended survey responses indicated that the Fund played an important role in reducing providers' stress. This stress relief took multiple forms. For some, it came through reducing providers' acute financial pressures, as one provider illustrated:

“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

For others, it also helped to ease broader worries about the future, creating a sense of calm where panic previously predominated:

“Knowing that I have a financial cushion to handle unexpected expenses 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

Impacts of the Fund were reliant on Partner organizations.

The role of partner organizations in mediating the impact of funds cannot be overstated. Providers shared that partner organizations played an essential role in helping them navigate and overcome barriers related to technology, email access, and language and literacy when applying to the Fund. While design features aimed to minimize potential barriers (e.g., mobile-friendly interface; availability in multiple languages; brief application), some providers did not have their own email accounts and relied on either friends, family, or partner organizations to facilitate their applications:

"I don't have email so I think that there are many things that don't reach me and my family, that's why we ask [Partner] to help us." ["Yo no tengo correo electrónico entonces pienso que hay muchas cosas que no nos llegan a mi y mi familia por eso le pedimos a [Partner] que nos ayude."]

License-exempt home-based caregiver, NC

Similarly, those with low literacy and those not familiar with the internet needed partner organization support:

"[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

Many partners took extra steps to ensure providers could easily apply:

"[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

This time and effort was crucial to ensuring funds reached HBCC providers as needed.

Recovery is a long-term process.

While providers' responses did suggest that they benefited from receipt of these emergency funds, their testimonies made it clear that for many, recovery (including for themselves, their families, and their communities) extends well beyond the initial response period and requires continued support. Even eight months after the hurricanes at the time of the survey, providers were still faced with damages and losses, including coping with ongoing stress and the severe emotional and mental health toll of the experience:

"We are still making repairs to the property after 8 months since Hurricane Milton passed through." [Spanish: "Todavía estamos haciendo reparaciones en la propiedad tras 8 meses del paso del huracán Milton."]

Licensed regular FCC provider, FL

"My roof developed two leaks, I have a temporary fix in place. I will need to replace my roof in the very near future."

Grandparent, NC

"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

"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

Key Findings

Table 3 summarizes the key findings from the survey, paired with illustrative quotes from providers and caregivers. These themes highlight the Fund’s speed, accessibility, and ability to bridge critical gaps in disaster relief for HBCC providers. Together, these data offer a fuller picture of providers’ on-the-ground experiences in the aftermath of the hurricanes – both in navigating response and recovery systems and in rebuilding their programs – and clarify the Fund’s unique role within the emergency response landscape.

Table 3. Key takeaways and illustrative quotes

Key Takeaway	Example Quotes
<p>The level and type of damages varied for providers. For some, the Home Grown Emergency Funds were enough. For others, there were still outstanding needs.</p>	<ul style="list-style-type: none"> • “These funds helped with the minor damage sustained by the hurricane.” (Licensed regular family child care (FCC) provider, FL) • “The funds helped with most of my needs.” (Grandparent, NC) • “These funds helped us get back to normal. We were able to replace toys damaged during flooding.” (License-exempt home-based caregiver, NC) • “The funds were very helpful, they helped run our generator and helped replenish some of the food we lost from power outages. It didn’t fully recover our losses but it was an amazing help.” (License-exempt home-based caregiver, NC) • “The help was not enough to repair the fence that suffered damage, and the generator that I needed to buy. I also lost the salary from 7 days due to closure.” [Spanish: “La ayuda no fue suficiente como para reparar el cercado que sufrió daños, y el Generador que necesite comprar. Tambien perdí el salario de 7 días por cierre.”] (Licensed regular FCC provider, FL) • “The funds helped me in the disaster caused by Hurricane Milton, they were not sufficient because I lost everything, when the water rose inside the home 3 feet, affecting my home and the daycare.” [Spanish: “Los fondos me sirvieron de ayuda ante el desastre ocasionado por el huracán Milton, no fueron suficientes pues perdí todo, al subir el agua dentro del hogar 3 pies, afectado mi hogar y el daycare.”] (Licensed regular FCC provider, FL)

Key Takeaway	Example Quotes
<p>Many providers had no other or very few sources of financial support available to them. Providers faced challenges navigating and being approved by FEMA and insurance.</p>	<ul style="list-style-type: none"> • “It helped me cover what I was missing. We received it, thank God, some time later and to reopen I had to use my own money. It was the only organization from which we received help.” [Spanish: “Me ayudó a cubrir lo que me faltaba. Pues lo recibimos, gracias a Dios, un tiempo después y para abrir tuve que usar dinero propio. Fue la única organización de la cual recibimos ayuda.”] (Licensed regular FCC provider, FL) • “There were organizations that helped us and made it easier to get through those moments. FEMA did not help me repair my home’s door, which was damaged by the winds. They asked for many documents and did not accept them as valid- for example, they even required proof that I was my son’s mother.” [Spanish: “Hubo organizaciones que nos ayudaron y que nos hicieron más fácil pasar esos momentos. FEMA no me ayudó para la reparación de la puerta de mi casa que se dañó con los vientos. Pidieron muchos requisitos que lleve, pero no los hicieron válidos- por ejemplo que comprobara que era la mamá de mi hijo.”] (License-exempt home-based caregiver, NC) • “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.” (License-exempt home-based caregiver, NC) • “The funds helped for food because I housed a family of 4 (because) their home was not livable and FEMA denied them and denied me. Although I had damage, I was still able to offer them support. This program stepped up and really helped out.” (Licensed FCC provider, NC) • “It helped fill in the gaps where my insurance and FEMA would not cover.” (Licensed FCC provider, NC) • “Getting emergency help outside of the Home Grown Emergency Fund was difficult due to long wait times, unclear guidelines, and limited communication. The Home Grown Fund stood out for its speed, clarity, and genuine support, which made a real difference during a stressful time.” (Licensed large FCC provider, FL) • “FEMA was frustrating but I did receive some funds – not enough to cover all expenses. Thanks to Home Grown for the help.” (Licensed regular FCC provider, FL)

Key Takeaway	Example Quotes
<p>Accessing funding through the Home Grown Emergency Fund was easy and quick, at a time when needs were most acute. This stands in stark contrast to other reimbursement programs, which can take months to process. The speed and easy access means Home Grown funds can offer a bridge in funding for HBCC providers who are waiting for larger payments.</p>	<p><i>[The most helpful thing about the Fund was ...]</i></p> <ul style="list-style-type: none"> • “The clarity and simplicity of applying.” (Licensed regular FCC provider, FL) • “Ease of application! It was such a hard time, it was nice to not have to jump through hoops.” (License-exempt home-based caregiver, NC) • “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) • “The funds were very timely. Sometimes it is hard to get emergency funds when you actually need them, but this was very responsive hurricane relief.” (License-exempt home-based caregiver, NC) • “That it existed and was real with no gimmicks.” (Licensed large FCC provider, FL) • “It was very useful to us, we received it at the best moment since we didn’t have any income at that time.” [Spanish: “Nos fue de mucha utilidad lo recibimos en el mejor momento ya que no contábamos con ningún ingreso en ese momento.”] (License-exempt home-based caregiver, NC) • “The absolute most helpful thing about these funds was how quickly they were disbursed after the hurricane and how easy the application and funding was. These funds weren’t enough to cover much of my extensive damage, and that’s OK. I did eventually receive more significant funds from other sources (FEMA, Red Cross, NC Helene Relief bill) but it took many months and so much red tape.” (Licensed FCC provider, NC)
<p>Unconditional cash gave providers flexibility in spending and conveyed trust in providers. This design feature was identified as critical by partner organizations during the program design and implementation phases.</p>	<p><i>[The most helpful thing about the Fund was...]</i></p> <ul style="list-style-type: none"> • “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)

Key Takeaway	Example Quotes
<p>A specific focus on HBCC providers filled critical resource gaps for these providers and signaled that they mattered.</p>	<p><i>[The most helpful thing about the Fund was ...]</i></p> <ul style="list-style-type: none"> • “Easy to apply for, and the fact that someone cared specifically for family child care providers.” (Licensed large 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) • “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)
<p>The funds helped many HBCC programs get back up and running, including in some cases when they would have otherwise stayed closed.</p>	<ul style="list-style-type: none"> • “The amount bridge[d] the gap and I was able to operate. I wish it was more but I’m grateful that we had something to help us.” (Licensed large FCC provider, FL) • “These funds came quickly so [they] were used for my most immediate needs to be able to live in my home and reopen the childcare – replacing indoor and outdoor toys and materials, structural repairs, and driveway access.” (Licensed FCC provider, NC) • “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) • “Without the funds I wouldn’t [have] been able to take care of my playground.” (Licensed regular FCC provider, FL) • “Your support helped us to reopen and helped us with some of our repairs to the point that we were able to reopen without you. I don’t think I would’ve been able to reopen at all.” (Licensed FCC provider, NC)

Key Takeaway	Example Quotes
<p>Funds provided stress relief for providers, both in terms of reducing financial stress and easing general worries about the future.</p>	<ul style="list-style-type: none"> • “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) • “These funds greatly alleviated stress of loss wages post Helene. Helped replace spoiled food and kept us afloat.” (License-exempt home-based caregiver, NC) • “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>[The most helpful thing about the Fund was...]</i> “How much of a relief it was at the time just to be able to get some food and such from losing so much due to power and other things.” (Grandparent, NC)
<p>Partner organizations played an essential role in helping providers navigate technology, email access, and language barriers when applying to the Home Grown Emergency Fund.</p>	<ul style="list-style-type: none"> • “[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) • “I don’t have email so I think that there are many things that don’t reach me and my family, that’s why we ask [Partner] to help us.” [“Yo no tengo correo electrónico entonces pienso que hay muchas cosas que no nos llegan a mi y mi familia por eso le pedimos a [Partner] que nos ayude.”] (License-exempt home-based caregiver, NC) • “[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)

Key Takeaway	Example Quotes
<p>Recovery is a long-term process. Even months later, providers were still faced with damages and losses, as well as coping with ongoing stress and the serious emotional burden of the experience.</p>	<ul style="list-style-type: none"> • “We are still making repairs to the property after 8 months since Hurricane Milton passed through.” [Spanish: “Todavía estamos haciendo reparaciones en la propiedad tras 8 meses del paso del huracán Milton.”] (Licensed regular FCC provider, FL) • <i>[Do you still have unmet needs as a result of the hurricane?]</i> “Property repairs to fix [the] driveway that was washed out. Money for a small family vacation to relax, since savings was used to fix and replace things that was lost.” (License-exempt home-based caregiver, NC) • “I used the emergency funds to repair my gate and remove debris caused by the incident. The support was helpful and addressed some of my immediate needs, though additional assistance would still be beneficial to fully recover.” (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) • “I’m very grateful for the emergency support – it provided some much-needed relief during a very difficult time. The process was manageable, and receiving the funds helped me take immediate steps toward recovery. That said, the emotional toll and ongoing needs are still real, and continued support – for both providers and families – makes a big difference. Thank you for being there when it was most needed.” (Licensed large FCC provider, FL) • “My roof developed two leaks, I have a temporary fix in place. I will need to replace my roof in the very near future.” (Grandparent, NC) • “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)

Closing Takeaways and Recommendations

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



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 HBCC providers: Ongoing advocacy and coordination with federal, state, and local government along with community-based and nonprofit disaster relief systems is needed to spotlight the barriers that HBCC providers encounter and identify opportunities to address these shortcomings.

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End notes

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