

The Essential Work of Family Child Care: The Effects of the COVID-19 Pandemic for Providers¹ & Families

By Voices for Illinois Children

Key Findings

Overall Pandemic Effects

- **84%** of providers reported reduced profits.
- **52%** of providers reported attendance decreased by 31% or more during the pandemic.
- **49%** of providers of color reported staff reductions due to the pandemic.

Recovery Funds

- **56%** of licensed providers secured a Child Care Restoration Grant as of September 2021.
- **27%** of licensed providers who served a majority of Black children have secured a Child Care Restoration Grant.

License Status

- **26%** of license-exempt providers served a majority of Black children.

Background & Motivation

The state of Illinois has a reputation for investing in child care at higher rates than other states across the country. Nonetheless, Illinois families and providers continue to face challenges. The cost of child care should be no more than 7% of a family's income according to the U.S. Department of Health and Human Services, but in Illinois the cost of child care is comparable to the annual cost of college or housing.¹ As the cost of child care goes up, the cost of providing child care has increased as well, but providers' wages remain low. Moreover, 58% of all Illinois residents live in a child care desert.² Child care supply is especially low among certain populations, with 65% of Latinx families and 69% of rural families living in areas without enough licensed child care providers.³

We can expect that the COVID-19 pandemic has only worsened these inequities, as this brief goes on to discuss. We also know that the pandemic has exacerbated pre-existing issues for providers across the state, including working across a disjointed system, inadequate funding, and low compensation for providers.⁴

Strong policy solutions to these challenges must not only consider geographic and financial issues, but also issues of gender and race/ethnicity across providers and the children for whom they care. Women represent 95% of the childcare workforce, and women of color are overrepresented within the industry.⁵ According to data from the National Center for Education Statistics, a greater proportion of Black children

are in Family Child Care than White children.⁶ And Latinx children represent the lowest percentage of children (by race and ethnicity) in center-based care with a larger proportion of Latinx children in Family Child Care.⁷ This means that failures to adequately support Family Child Care providers can have particularly negative consequences for Black and Latinx children.

But what can be done to best ensure that the needs of providers and families are met, especially given inequities outlined above? This policy brief examines the impact of the pandemic, as well as the state and federal responses to the pandemic, on Family Child Care

¹ Providers for this brief were from Kane, Lake, and DuPage Counties

providers through an analysis of existing recovery efforts as well as Family Child Care providers' reported experiences. Doing so, we identify what has worked and what hasn't, ultimately outlining strong policy recommendations to best support Family Child Care providers and Illinois families. Using an equity lens throughout our analysis, we demonstrate that equity must be at the center of efforts to support Family Child Care providers and the families they serve.

This brief proceeds in five parts. First, we provide an overview of federal and state recovery funding to support providers; this is essential context to evaluate gaps in extant support. Second, we examine providers' experiences via survey results and focus group findings. Third, we assess the COVID-19 pandemic's impact on equity for children in Family Child Care. Fourth, we evaluate the COVID-19 pandemic's impact on Family Child Care providers' livelihoods, underscoring differences across licensed and license-exempt providers. Finally, we outline four policy recommendations to address inequities and challenges exacerbated by the pandemic.

Federal & State Recovery Funding for Providers

To understand the gaps in support for Family Child Care (FCC) providers, it is important to examine how federal and state funding works. A key funding support for FCC has been the Child Care Development Block Grant (CCDBG) program. CCDBG provides federal dollars to fund Illinois' Child Care Assistance Program (CCAP). This funding is supplemented with additional state general revenue dollars and Temporary Assistance for Needy Families (TANF) funding.⁸ For Fiscal Year 2020, the state provided \$356 million in Child Care Development Funds, \$365 million in state General Funds, and \$300 million in TANF Funds.⁹ These funds allowed the state serve more than 129,000 children.¹⁰

State Agencies Overseeing Family Child Care:

- Illinois Department of Health Services (IDHS)
- Illinois State Board of Education (ISBE)
- Illinois Department of Children and Family Services (DCFS)
- Governor's Office of Early Childhood Development (GOECD)

Figure 1: Illinois Child Care System Funding Program Definitions^{11,12,13}

Illinois Child Care and Development Fund (CCDF)	Child Care Development Block Grant (CCDBG) is a Federal program that authorizes the CCDF program. Illinois develops a yearly plan to determine how federal funds will be used to support access to child care for low-income families.
Child Care Assistance Program (CCAP)	CCAP is funded by the CCDF for children from birth through 12 years to support the cost and access to child care for parents either working or enrolled in school.
Child Care Restoration Grants (CCRG)	Grants funded by federal and state financial aid that aims to support child care providers as the economy re-opens.

To address the funding needs for child care during the pandemic, Illinois invested \$290 million from the state's Coronavirus Urgent Remediation Emergency (CURE) fund to provide the Child Care Restoration Grants (CCRG) program in 2020. The initial grant program was part of the Business Interruption Grant (BIG) administered by Illinois Department of Commerce and

Economic Opportunity (DCEO).¹⁴ DCEO partnered with IDHS to design the grant program, which was then administered to providers by the Illinois Network of Child Care Resource & Referral Agencies (INCCRRA).¹⁵ The 2020 CCRG program awarded 2,427 licensed FCC Homes at an average monthly award of \$1,475.¹⁶ In March 2020, the U.S. Congress passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which included \$3.5 billion for Child Care Development Block Grant (CCDBG) to aid states' child care sectors including \$331 million to Illinois.^{17,18} Illinois used these federal funds, along with additional state funds, to fund the CCRG program for 2021. In a shift from the 2020 CCRG program, the Illinois Department of Human Services (IDHS) administered the 2021 CCRG program to providers using state and federal funds.¹⁹

As of September 2021, Governor Pritzker reported over 5,000 providers statewide have received monetary support with 40% of the awards going to licensed family child care homes, which have each received an average of \$13,000 in grant support.²⁰ In addition, Governor Pritzker announced on September 13th, 2021, an additional grant phase of the CCRG program in 2022 along with the creation of Child Care Workforce Bonuses of up to \$1,000 for providers working in child care centers and homes from October 2021 to March 2022.²¹ Lastly, the Illinois General Assembly passed the FY 2022 budget to include \$3.4 billion for the child care system with 38% of those funds coming from the Federal government's latest relief package, the American Rescue Plan Act (ARPA), in which \$796 million will be used for Child Care Stabilization grants for providers.^{22,23}

While these Federal and State recovery efforts have been monumental, the question remains as to how exactly these investments have affected child care providers broadly, and Family Child Care providers more specifically. To understand the impact of these investments, we must examine how these efforts have supported providers and determine what more needs to be done to address pandemic related challenges, as well as pre-existing inequities.

Providers' Experiences: Survey and Focus Group Findings

Methods

To evaluate existing policies' consequences and determine what policies would best support Family Child Care going forward, Voices for Illinois Children surveyed Family Child Care providers to learn more about their experiences during the pandemic, paying special attention to the different experiences of providers and children across demographic categories. Additionally, Voices facilitated three focus groups with providers.

Voices consulted with YWCA Metropolitan Chicago's Early Childhood Services team, experts in working with Family Child Care providers, to determine appropriate survey length, questions, and distribution. The survey was designed to collect data on providers' typical capacity; demographics of children in care; CCAP funding received; COVID effects on staffing, child attendance, business profits and business needs; and providers' demographic information. In addition, the survey was offered to providers in both English and Spanish. Voices surveyed a sample of 184 of 836 Family Child Care providers—licensed and license-exempt—from Kane, Lake, and DuPage counties to assess the impact of the COVID-19 pandemic on their businesses and their ability to safely provide care for children. This sample was selected based on YWCA

Metropolitan Chicago’s Early Childhood Services’ partnership with providers. Additional data on CCAP payments, license status, and restoration grants were included by the Early Childhood Services data team for providers whose information was available. Our survey sample has a margin of error $\pm 6.38\%$ at a confidence level of 0.05, which indicates we can be 95% confident that the real estimate would be within the range of the margin of error.

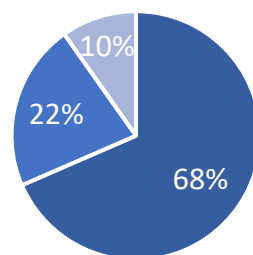
To better understand the experiences of Family Child Care providers, Voices also facilitated three focus groups with 35 providers from the same counties to ensure their voices informed policy recommendations. Focus groups were designed by selecting regional Family Child Care (FCC) Associations for providers located in the three counties surveyed. YWCA Metropolitan Chicago’s Early Childhood Services team supports the associations, and the focus groups included three provider associations: Wheaton/Glen Ellyn FCC Association, Aurora FCC Association, Naperville/Lisle FCC Association. The focus groups were facilitated using an open-ended format with guiding questions around the pandemic effects and support needed for providers. These focus groups enabled Voices to evaluate providers’ lived experiences in a way that surveys alone cannot do. Weaving together insights from the survey responses and focus groups, we can paint a more complete picture of the effects of what has already been done, as well as what can be done going forward to best respond to providers’ and families’ needs.

Survey & Focus Group Results

Key findings from the Family Child Care providers surveyed included²⁴:

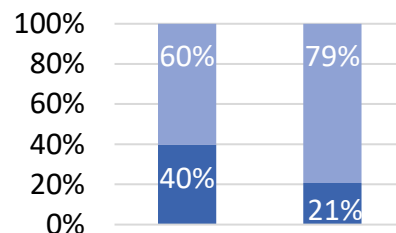
- 68% identified as a race/ethnicity that would be classified as a person of color, including Latinx, Black, and/or Asian.
- 49% of providers surveyed reported serving between 7 to 12 children.
- Over 80% of the providers surveyed indicated that they care for Toddlers and Pre-schoolers.
- 90% provided care 5-7 days per week.
- 90% operated a licensed Family Child Care home.
- 64% of providers surveyed received state payments for children in care (e.g. CCAP).
- 73 of 184 providers (40%) indicated that a majority of the children they serve identify as Latinx.
- 38 of 184 providers (21%) indicated that a majority of the children they serve identify as Black.
- Within the counties surveyed children of color represent a growing majority of children.
- 84% of providers reported the pandemic has reduced profits from their businesses.
- 42% of providers reported a staff reduction due to the pandemic.
- Providers reported the top three issues their business are facing includes: 1) reduced attendance for children, 2) the need of financial assistance for operations, and 3) cleaning supplies for their homes.

Of FCC providers surveyed, over half were providers of color



■ Yes ■ No ■ No Response

FCC providers with majority children of color in care by race/ethnicity



Greater than 50% Latinx Greater than 50% Black

■ Yes ■ No

- 58% of licensed provider surveyed had secured a CCRG as of September 2021.

2019 American Community Survey Data: Race/Ethnicity of Children by County²⁵

Race/Ethnicity	DuPage County	MOE	Kane County	MOE	Lake County	MOE
White, Not Latinx	57.1%	±0.1	43.8%	±0.1	49.6%	±0.1
Latinx	21.3%	±0.1	43.5%	±0.1	31.5%	±0.1
Black	5.3%	±0.3	6.3%	±0.4	7.1%	±0.4
Asian	11.7%	±0.2	3.8%	±0.3	7.5%	±0.2

The key themes from the Family Child Care providers in the focus groups included²⁶:

- **Pandemic Effects:** Providers shared that they downsized their businesses due to fear of COVID risks for their families and they loss clients due to parents’ fears of COVID. As a result, providers are working with new families and children. Given unknowns regarding the latest COVID protocols, providers are finding it difficult to have parents abide by guidelines that they are also unsure about.
- **Children in Care:** In terms of children in care, many providers have had to rebuild their businesses to reach full capacity. They are now experiencing a huge need for infant care and part-time care for parents who work in hybrid settings. For children who are returning to care, providers have noticed physical delays in development and are adjusting their care to help support child development.
- **State COVID Guidelines:** Providers have felt unsupported by the state during the pandemic. They reported issues reporting COVID cases to the Department of Children and Family Services (DCFS) & the Health Department, as well as connecting with DCFS for timely COVID safety information—this experience was different depending on the provider’s DCFS representative. Many providers reported obtaining their information from Facebook groups, provider associations, communications from the Governor, and/or the DCFS weekly email.

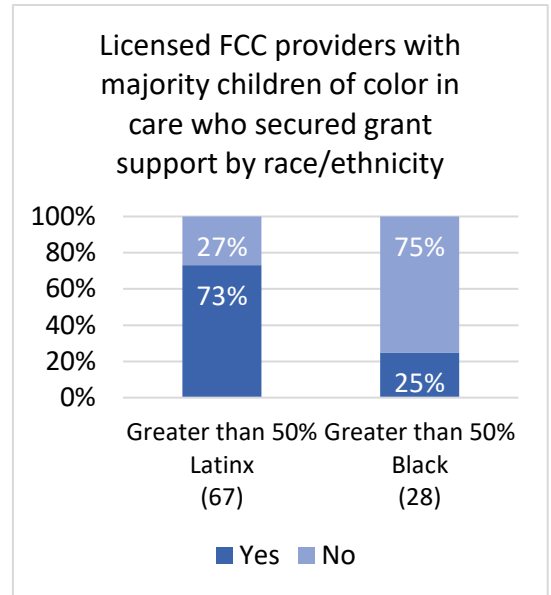
These survey and focus group results provide critical information about how providers have experienced the pandemic. The results also reveal that there are areas for improvement and state support needed for Family Child Care Providers. To develop an equitable plan, it is essential to evaluate our findings regarding inequity across survey and focus group participants.

Discussion: The COVID-19 Pandemic’s Impact on Family Child Care

Equity for Children in Family Child Care

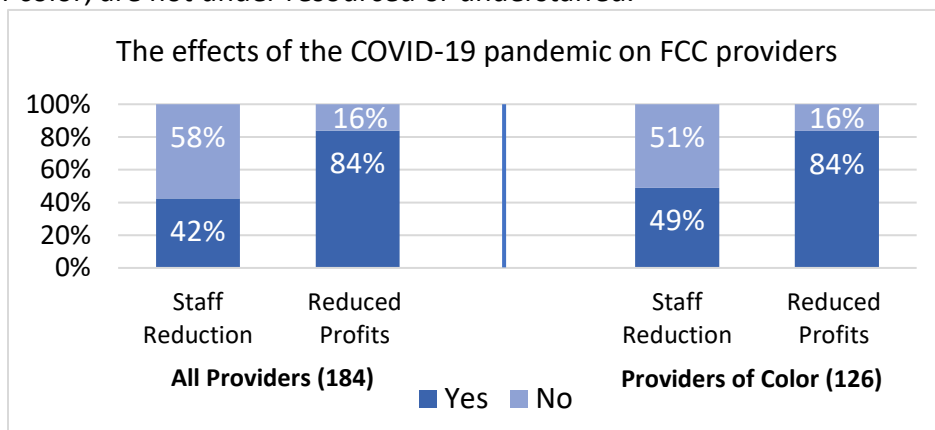
Family Child Care providers are key to providing accessible care for parents and their children, especially children of color across various age groups. Among the 184 Family Child Care providers surveyed, 73 providers (40%) indicated that a majority of the children they serve identify as Latinx and 38 providers (21%) indicated that a majority of the children they serve identify as Black.²⁷ In terms of the CCRG program, a critical recovery effort for providers, only licensed providers were eligible. Of providers surveyed, 158 were licensed providers and 28 of those providers were licensed and served a majority of the children who identify as Black.²⁸ As of September 2021, only 27% of licensed providers surveyed had secured a grant. This finding

reveals a concerning inequity in the distribution of financial relief and reveals that providers surveyed who care for Black children are being under resourced and as a result their children in care are as well. The cost of those inequities includes providers being forced to shut down homes, fewer safety resources to keep children healthy, and long-term negative impacts to a child’s learning and development. As the state continues to provide financial relief to providers, these data make it evident that the state needs to ensure equity in resources for providers who care for a majority of children of color. We know that if providers across three counties are having this experience, it is likely not an isolated occurrence. We need to be concerned that this inequity is affecting other providers’ ability to provide quality and safe care for children of color across the state.



The COVID-19 Pandemic’s Impact on Family Child Care Providers’ Livelihoods

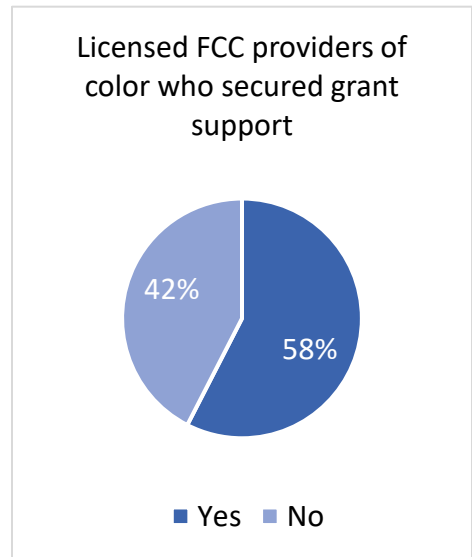
Similar to other small businesses, Family Child Care providers shared that the pandemic led them to either close for a time, downsize in capacity, or lose key support staff. For many providers, their child care business is their primary source of income. Unfortunately, 84% of all providers surveyed reported the pandemic has reduced profits from their businesses. Among providers of color, they experienced similar pandemic effects with 84% reporting a profit reduction. Many Family Child Care providers have full- or part-time staff such as helpers or assistants. Of all providers surveyed, 42% reported a staff reduction due to the pandemic.²⁹ However, 7% more of providers of color reported staff reductions (49%).³⁰ Given the crucial role of continuity of child care and required staff-to-children ratios, a reduction in staff means a provider would have to decrease their capacity both turning away parents in need of child care and losing income themselves. In June 2020, the National Association for the Education of Young Children (NAEYC) surveyed over 5,000 providers nationwide and found 40% of respondents reported they would have to close permanently without additional public assistance—half of whom were providers of color.³¹ These findings illuminate the need for recovery responses to alleviate these losses and center equity so that providers, especially providers of color, are not under resourced or understaffed.





An additional source of financial stress for providers during the pandemic was decreased enrollment. More than half of providers surveyed reported their attendance decreased by 31% or more during the pandemic. Providers shared that they are trying to remain flexible with parents by providing part-time care or lowering cost, but this flexibility is not sustainable.³² Providers reported the top three issues their business are facing includes: 1) reduced attendance for children, 2) the need of financial assistance for operations, and 3) cleaning supplies for their homes.³³ All three of these business needs are critical for economic stability for providers and continuity of care in a safe environment for children. However, to meet these key business needs, providers must be financially stable to implement COVID safety resources and protocols. While the state has invested in our child care system, more support will be required for all providers to fully recover.

The CCRG program has been a key recovery program for our child care system to help providers during the COVID-19 pandemic. For licensed providers surveyed, financial relief during COVID has been extremely important, yet only 58% of providers have secured a grant from the state as of September 2021.³⁴ For providers of color surveyed, they have experienced a similar rate of grant success. Providers who have secured a grant expressed that the support has allowed them to obtain necessary furniture like tables and chairs to provide social distancing for children.³⁵ In fact, the NAEYC surveyed 7,500 providers nationwide in July 2021 and found overall 46% of respondents would have had to close without relief measures such as the Paycheck Protection Program or child care relief funds, yet among providers of color, 8% more (54%) reported they would have closed without financial support.³⁶ These findings indicate that more providers, especially providers of color, need additional financial support to safely operate their child care businesses. Lags in resources now will only increase funding gaps for providers of color in the future, potentially leading to closures. Moving forward, the CCRG program should actively apply a racial equity lens applied to minimize disparities for providers and the children they serve.



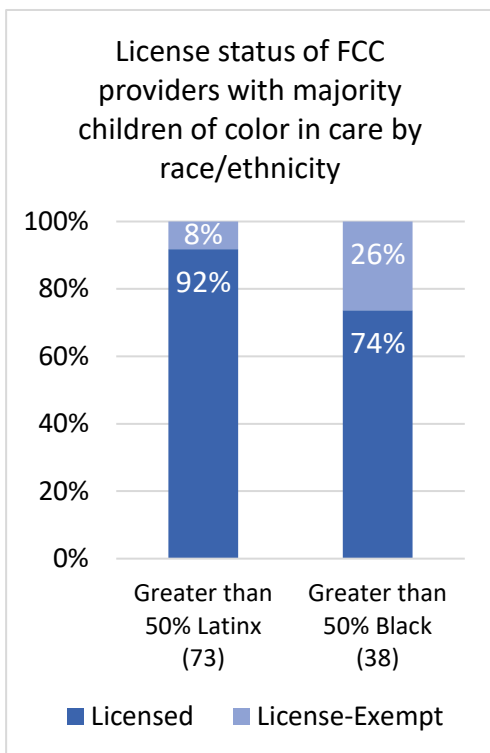
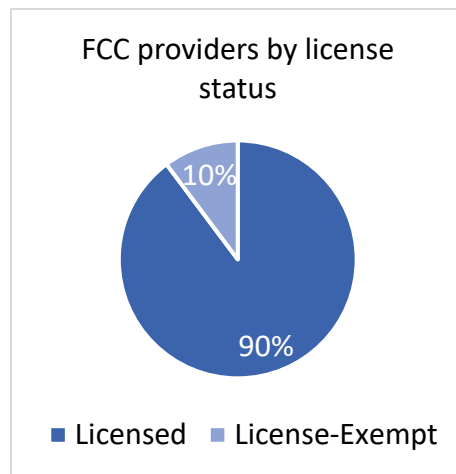
“We’re short changed... so we're not getting things accomplished or done, which is just adding to our stress.”-Provider in Naperville/Lisle

Licensed vs. License-Exempt Family Child Care

Family Child Care providers can experience the child care system differently depending on their license status. For example, licensed providers are subject to state licensing standards including teacher to child ratio, a capacity not exceeding 12 children, educational qualifications, and safety and nutritional standards.^{37,38} On the other hand, license-exempt providers can care for 3 or fewer children, or children from one family; and providers can be a family member, friend, or neighbor.³⁹

Providers can be exempted from a license by DCFS for reasons including providing care for only school-aged children, their set child capacity, or they are affiliated with a school or religious group.⁴⁰

License-exempt providers receiving CCAP must participate in annual trainings related to health and safety, as well as take part in annual monitoring visits.⁴¹ In FY 2020, 79% of the license-exempt Family Child Care providers had relative children in their care.⁴² In the early months of the pandemic, IDHS made temporary changes to CCAP to reduce parent co-payments to \$1.00 for license-exempt providers from April 2020 to May 2020.⁴³ The policy helped to aid parents in child care costs but increased monthly billing costs for license-exempt providers. As a result, the policy is an example of inequities across license status as license-exempt providers received less CCAP funding for children in care on top of their overall profit loss from the onset of the pandemic.



Among licensed providers surveyed, 56% had secured a grant as of September 2021. For providers surveyed who had a majority of children of color in care, 92% of those licensed providers served a majority of Latinx children, while only 74% of licensed providers served a majority of Black children. Unfortunately, license-exempt providers were excluded from the CCRG program. A main consequence of excluding license-exempt providers from the CCRG program is that children who receive care from license-exempt providers are not receiving the same level of necessary resources during the pandemic compared to children who receive care from licensed providers. This is a major concern given that some license-exempt providers have majority children of color in their care. Based on our survey results, 26% of providers surveyed were license-exempt and provided care for a majority of Black children.⁴⁴ If grants are not distributed to license-exempt providers, the state is missing an opportunity to support providers whose children in care are majority children of color, specifically Black children. As a result, future funding and policy interventions will need to consider equity based on license status.

Policy Recommendations for Illinois to Support Child Care Providers & Families

As Illinois continues recovery efforts, the state has an opportunity to lead the nation in child care recovery—specifically for Family Child Care providers. Family Child Care providers are struggling to recover income loss in the pandemic and accessing information to create COVID safe homes. These challenges are experienced across providers, especially providers caring for majority children of color and providers who themselves identify as people of color. It is imperative that legislators center providers’ voices in policy creation and implementation to provide an equitable recovery for the Illinois child care system. The following recommendations aim to strengthen and support Family Child Care providers and as a result the Illinois economy as a whole:

RECOMMENDATION 1: CLEAR, CONSISTENT COVID-SAFETY & PROTOCOL INFORMATION FOR PROVIDERS

The pandemic continues to evolve, which has led to frequent changes in COVID safety protocols and guidelines for providers. Unfortunately, information for providers has been scattered, inconsistent, and often shared through word of mouth. DCFS is one of three state agencies that oversee Family Child Care providers and provides a DCFS representative to providers. Some focus group participants shared they have knowledgeable and supportive representatives, while others experienced lack of communication and uncertainty in protocols from their representatives. Given the severity of the pandemic and the need for accessible public health information, DCFS should set uniform guidelines for DCFS representatives to share with all assigned providers and update them monthly on updated COVID safety protocols. These guidelines will ensure providers are up to date on latest COVID safety protocols to keep providers, children, and families healthy. In addition, we endorse the future Division of Early Childhood in IDHS to centralize child care, which will help improve important safety communications with providers.⁴⁵

RECOMMENDATION 2: CONTINUE & EXPAND FINANCIAL RELIEF TO PROVIDERS, DISTRIBUTING EQUITABLY

The CCRG program has been key to helping providers recover income losses and keep their doors open to support parents. It is apparent Family Child Care providers will need more financial support in 2022. The FY 22 budget includes 3.4 billion for the child care system with 38% of those funds coming from the American Rescue Plan Act (ARPA) and \$796 million will be used for Child Care Stabilization grants for providers.^{46,47} For these upcoming 2022 grants, the state must consider the racial and gender equity implications as they distribute funds. During the CCRG program in 2020, Disproportionately Impacted Areas (DIA) from COVID helped guide funding based on zip codes most impacted by the pandemic.⁴⁸ This method is a step in the right direction and should be continued, yet the state could add additional layers of equity for priority funding for providers serving majority children of color, providers of color, and providers receiving CCAP funding, as this program supports low-income families. Also, we recommend that grant eligibility be extended to license-exempt Family Child Care providers given that in a key finding in this brief that 26% license-exempt providers’ children in care were majority Black children. The continuation and expansion of eligibility of funding in 2022 would

ensure Family Child Care providers can fully recover, which in return helps the Illinois economy recover.

RECOMMENDATION 3: STUDY LICENSED & LICENSE-EXEMPT REIMBURSEMENT RATES FOR FAMILY CHILD CARE PROVIDERS

Illinois lawmakers need to examine childcare providers' licensed and license-exempt reimbursement rates. Both licensed and license-exempt providers faced a significant loss of revenue and higher expenditures due to COVID-19. During COVID phases 1 and 2, most providers were closed unless they served children of essential workers. Providers found themselves paying more out of pocket for Personal Protective Equipment (PPE) to comply with the DCFS reopening plan. Once opened, providers continue to face challenges such as the ability to recruit vaccinated staff, obtain a consistent attendance rate for children, and the additional costs to comply with the State's reopening plan. Illinois should require DCFS to conduct a study to evaluate whether current reimbursement rates for providers are fair and determine if an increase is necessary to cover the additional costs due to COVID-19.

RECOMMENDATION 4: INCREASE NUMBER OF FAMILY CHILD CARE PROVIDERS AT THE TABLE & DECISION-MAKING PROCESS

Many Family Child Care providers expressed difficulty in connecting with their state legislators. Often these providers are balancing the needs of children with governmental needs to meet certain standards of care. A main finding in the focus groups was providers want to be a part of the process, but state-led webinars and meetings are held mid-day, while providers are caring for children making it impossible to step away from their work. The state should include evening meeting times for events so Family Child Care providers can become part of the process. Many of the Family Child Care providers in the focus groups had 30+ years of experience, yet there is a lack of representation of these providers on statewide councils, governmental boards, or commissions, such as the Commission on Equitable Early Childhood Education and Care Funding. The state should collaborate with providers on a plan to increase representation on state commissions. To create a more equitable and provider-centered child care system in Illinois, we must ensure providers are at the decision-making table and have a platform to share their expertise.

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² Center for American Progress Child Care Desert <https://childcaredeserts.org/2018/index.html>

³ Center for American Progress Child Care Desert <https://childcaredeserts.org/2018/index.html>

⁴ Illinois Commission on Equitable Early Childhood Education and Care Funding: Commission Report of Findings and Recommendations Spring 2021. <https://www2.illinois.gov/sites/OECD/Documents/Early%20Childhood%20Funding%20Commission%20Full%20Report.pdf>

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