



**NATIONAL
WOMEN'S
LAW CENTER**

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SUPPORTING HOME-BASED CHILD CARE PROVIDERS DURING THE CORONAVIRUS CRISIS

The importance of home-based child care has never been more apparent than during the COVID-19 health crisis, when communities across the country turn to home-based child care providers to care for children of first responders and others who provide essential services.

Millions of families rely on home-based providers to care for their children. Home-based care is often the most familiar, flexible, convenient, affordable option, and for many families is the best or only option available for before- and after-school care, care during nontraditional hours (evenings, nights, and weekends), or care that meets other particular needs. There were 3.77 million home-based providers regularly caring for over 7 million children under age six in 2012.¹ Home-based child care providers are a critical connective tissue for families and communities at all times, and particularly when those families and communities are under stress due to a crisis such as the current COVID-19 health emergency.

Even without the challenge of a public health crisis, home-based child care providers are in a precarious financial position due to decades of underfunding. The average annual child care income for a licensed or listed provider is \$29,377 from public and private sources, and the average annual child care income for unlisted or more informal home-based providers is \$7,420.² These providers earn these limited incomes despite working long hours—listed home-based providers caring for children under age six provide an average of 56.5 hours of care per week.³ Many of these providers also lack health insurance; in 2012, 20 percent of listed home-based providers reported no health insurance of any type.⁴

The supply of home-based child care had already steadily declined over the past decade, reducing care options available to families and compounding the child care crisis in America.⁵ The current crisis only exacerbates this situation, threatening the very existence of many home-based child care providers. A recent survey of child care operators, in which 53 percent were family child care providers, indicated that 30 percent of operators could not remain in business with a closure of two weeks or more.⁶

As public experts advise against large group convenings and child care centers and schools across the country are closing, home-based child care is positioned as the primary care arrangement for the essential workforce during this public health crisis. Given the critical role that home-based child care providers play, the challenges they currently face, and the necessity of preserving this fundamental infrastructure during and after this crisis, it is imperative that federal, state, and local governments focus resources and supportive policies on home-based child care providers.

As the current public health emergency makes the role of home-based child care providers even more crucial while increasing their financial strain, these providers are asking a number of important questions, including:

- Is it safe for me and for the children and families I serve to continue providing child care?
- If I continue providing child care, how can I ensure the safety, physical health, and mental health of me, my family, and the children and families I serve?
- If I am unable to continue providing care, how can I ensure my own financial security and housing stability?
- How can I ensure the long-term viability of my child care business during and after this crisis?
- What role can I play in responding to critical needs in my community—for example, by expanding my capacity or hours, providing child care and meals while schools are closed, or helping families connect to information and resources for coping in the crisis—and what supports are available to help me play this role effectively?

Federal, state, and local policymakers should respond to these and other questions with policies, investments, and clear information to support home-based child care providers as they work to serve families and children, sustain their businesses, and maintain their own financial well-being. Policymakers should take the following steps:

To Improve Financial Security for Home-Based Providers Unable to Serve Children During the Crisis:

- **Provide continued income to home-based providers** while children enrolled in their programs are absent due to the child's illness, a family member's illness, their parents no longer working due to closures, or other circumstances related to this crisis, or if providers deem it necessary to halt services after an assessment of their own or their families' health risks. Funding should be available for providers whether they serve families receiving child care assistance, families paying out of their own pocket, or both.
- **Design paid leave policies, housing assistance, mortgage forbearance plans, grants for small businesses, financial counseling, and other supports** so that home-based providers can participate and take advantage of the benefits.

- **Provide grants to home-based child care providers** to help them maintain their businesses and continue to receive income if their enrollment declines. Grants, rather than loans, should be used for this sector.
- **Help home-based providers access available grants.** Providers operating their small businesses on their own may have little or no experience in applying for a grant and may need guidance on how to successfully navigate the process. Applications and accountability requirements should also be designed so the process is accessible to home-based providers.
- **Issue a nationwide halt to evictions and utility shutoffs during this crisis.** This step will prevent home-based providers from losing both their homes and livelihoods if they have reduced or no income during the crisis.

To Improve Financial Support for Home-Based Providers that Continue to Serve Children During the Crisis:

- **Provide hazard pay for child care providers that are serving or expanding capacity** to serve the children of parents working in the health care profession and other frontline workers and essential personnel. Home-based providers often have the advantages of being more flexible in response to an increase in demand, and of being able to serve children in small groups, rather than large groups that are discouraged at this time. However, these providers are taking on additional risk by caring for the children of individuals who are exposed to COVID-19, and should be compensated accordingly.
- **Pay additional compensation for home-based providers that are offering extended-hour or nontraditional-hour care** for children of essential personnel with extended, overnight, early morning, and/or weekend hours. Home-based providers that agree to offer extended-hour or nontraditional-hour care should also receive training on additional requirements and guidance on best practices for these types of care.

- **Provide grants to home-based child care providers** to help them expand their services if needed—for example, to serve the children of health care workers or other frontline workers, to offer overnight care, or to offer care to children while their schools are closed. Providers should be able to receive assistance in accessing these grants.

To Protect the Health and Well-Being of Home-Based Providers and Children in their Care:

- **Purchase cleaning materials for home-based providers** that cannot afford or find supplies on their own. Providers should receive this assistance whether they remain open or are closed, to ensure the safety of their homes for themselves and children they are serving or will serve in the future.
- **Ensure providers have an ample supply of thermometers** so that they are able to follow public health recommendations.
- **Make online training, coaching, and written materials** on health and safety and cleaning procedures available to home-based providers in appropriate languages.
- **Offer home-based providers access to public health and mental health advice, training, and services** by phone, online, and through other remote means—so they can better ensure the well-being of themselves and the children and families they serve. Providers should receive information about where they can refer families for remote health and mental health services.
- **Assist home-based providers to help the children in their care (including their own children) access meals during illness and closures.** Home-based providers should be informed about and have access to locations that offer free breakfast and lunch to children during school closures, as well as meals for parents and caregivers.
- **Ensure that all home-based child care providers have access to adequate health care and health insurance** during this time and in the long-term.
- **Halt deportation efforts and enforcement actions during the duration of the COVID-19 crisis.** Many home-based providers are immigrants and/or are serving immigrants, and must be free to follow public health recommendations and seek health care during this crisis. Immigrants should not be placed in jeopardy, particularly during this crisis.

- **Ensure close coordination between state and local health departments and child care agencies** to provide a single message to home-based child care providers about health prevention, closures, and other issues that affect their ability to serve families during this crisis.

To Ensure Home-Based Providers Can Receive and Share Information During the Crisis:

- **Set up or expand state or local call centers with a line dedicated to responding to calls from child care providers**, including home-based providers, to offer training and information to providers, answer their questions, and give guidance to providers as they support families in coping with the current crisis. Staff that had been involved in on-site monitoring or quality assessments that cannot currently be done or that are non-essential should be refocused on staffing these call centers. The call centers should be coordinated with state and local public health and other agencies so they can convey updates to providers, and should recruit staff that speak the languages prevalent in the communities they serve.
- **Fund state or local agencies or organizations to keep track of child care programs** that are closing and those that have available slots, as well as changes in parents' needs, in order to identify home-based providers that may need assistance and to match supply and demand.
- **Ensure that home-based providers are represented on advisory groups** assessing needs and developing responses to the COVID-19 crisis.
- **Make oral, written, and online communications** accessible to all home-based providers, with recognition of and respect for the languages they speak, their cultural backgrounds, any disabilities they may have, and their varied education levels.

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- 1 National Survey of Early Care and Education Project Team, Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education (OPRE Report #2016-13) (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation, 2016), 16, https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf.
 - 2 Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education, 22.
 - 3 Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education, 19.
 - 4 Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education, 9.
 - 5 National Center on Early Childhood Quality Assurance, Addressing the Decreasing Number of Family Child Care Providers in the United States (October 2019), https://childcareta.acf.hhs.gov/sites/default/files/public/addressing_decreasing_fcc_providers_revised_final.pdf.
 - 6 NAEYC, Child Care in Crisis: Understanding the Effects of the Coronavirus Pandemic (March 17, 2020), https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/effects_of_coronavirus_on_child_care.final.pdf.