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# **Sustaining Family, Friend, and Neighbor Child Care Beyond the Pandemic:**

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**GUIDANCE AND  
STATE MODELS**

# Introduction

Family, friend, and neighbor (FFN) child care is used by millions of families, whether it's a regular, paid arrangement, or a grandmother who "just provides a few hours of care each week" for her grandchildren, or a well-known neighbor who "watches the kids on her block after school." These child care providers attend to children whose parents are at work, going to school, searching for a job, or undertaking other responsibilities and ensure the children in their care are safe and well-cared for. Despite their important role, FFN providers experienced challenges prior to the coronavirus pandemic and have experienced further challenges throughout the pandemic.

Millions of families—including those who need individualized care for their children with disabilities, those who prefer a provider who knows their language and culture, and those who have no other options to cover parents' nontraditional work hours—rely on FFN care. FFN providers are essential to the child care system and will often provide care to a child for longer than four to five years. As the pandemic unfolded, more families turned to FFN and other home-based child care<sup>1</sup> for various reasons—it offered smaller settings that seemed safer, many center-based child care programs closed, it was less costly, and other considerations. Yet, FFN providers are largely overlooked in our child care system and are not given equitable, if any, supports.

This report is a follow-up to *Sustaining Family, Friend, and Neighbor Child Care During and After COVID-19: Survey Findings*, which used data from a survey of FFN providers and FFN-supporting organizations to illustrate the inequitable and inadequate support that FFN caregivers received during the beginning of the pandemic. That report offered guiding principles for policymakers to take into consideration while designing child care policies to be more effective and equitable for families and providers. This report demonstrates how those guiding principles can be applied using specific examples of state strategies to support and sustain FFN child care and empower FFN providers. While most of the examples involve strategies states adopted during the pandemic, these efforts to expand support for FFN care are important—and feasible—at all times and not just in emergency situations.



# Guiding Principles and Strategies to Support Family, Friend, and Neighbor Child Care

Given the importance of FFN care to our child care system, it is crucial that it remains an option for families and that these caregivers receive supports and opportunities for input alongside other types of child care providers. To ensure that FFN care is included and supported in child care policies, several general principles should guide policymakers in designing policies that are responsive to the needs of FFN caregivers and the children and families who rely on them:

- Significantly increase federal, state, and local funding for child care overall and FFN care specifically.
- Ensure broader child care programs, initiatives, and policies—including child care assistance programs—include FFN care and incorporate supports for FFN care, with a focus on caregivers and families of color.
- Proactively reach out to FFN providers and families using FFN care, with multiple channels of communication and appropriate languages to inform them of supports and resources.

- Provide dedicated funding for community-based organizations that work with FFN providers—especially those that are run by and for communities of color—so they can reach more providers and offer them an increased range of supports.
- Help FFN providers connect to the full range of supports they need for themselves and the children in their care, from food and housing assistance to health and mental health support to training and information on promoting children's learning and development.
- Ensure training, resources, and supports are culturally and linguistically appropriate and accessible for the community's FFN providers, including those who are people of color, immigrants, or serving immigrant families.
- Design child care and related policies that are responsive to FFN providers' needs, interests, and experiences.

The following examples from states illustrate the ways in which these principles can be put into practice and incorporated into policies that respect the integral role that FFN providers play in our child care system and in families' lives and that bolster FFN caregivers.<sup>2</sup>

# Federal Child Care Relief Funds

The COVID public health crisis has exacerbated the child care crisis, caused by decades of underinvestment in our child care system. The significant impacts of the pandemic have been detrimental to child care providers and families who rely on child care in this country and compounded the existing inequities that disproportionately affect Black and Brown women and communities of color. In an effort to prevent a collapse of our child care system and help the economy, the federal government has provided financial support to states to help their efforts in stabilizing their child care systems.

The first round of financial support from the federal government to reduce the burden on the child care system was included in the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which was signed into law on March 27, 2020, and included \$3.5 billion for child care relief. The second relief measure, Coronavirus Response and Relief Supplemental Appropriations Act (CRRSA), signed into law on December 27, 2020, included \$10 billion in child care relief. The most recent round of funding, included in the American Rescue Plan Act (ARPA) signed on March 11, 2021, invests \$39 billion in the child care system. While states have used (or plan to use) relief and recovery funds from each of the three rounds to help the child care system, home-based providers have not received an equitable portion of the child care relief funds.

The \$39 billion in child care relief under ARPA includes \$24 billion in direct funding through stabilization grants for child care providers and \$15 billion in flexible funding to supplement the existing Child Care and Development Block Grant (CCDBG) program. In June 2021, the Administration for Children and Families (ACF) released [guidance](#) for states on the use of these funds. The guidance encourages states to use the funds to take considerable steps to stabilize and strengthen child care providers through increased payment rates and to make child care more affordable for families.<sup>3</sup>

## Significantly Increase Funding

Currently, there is not enough funding for child care overall, and certainly not for FFN care, even with the new federal funds allocated to child care during the first two years of the coronavirus pandemic. Policymakers can help by increasing child care funding in general, and ensuring that funding is available to—or ideally, that a portion is targeted to—FFN providers. It is important for policymakers to provide increased resources to help all providers, including FFN providers, deal with additional financial burdens during crises such as the pandemic, but also to provide substantial new long-term funding to permanently strengthen the child care system.

During the pandemic, the federal government provided substantial relief and recovery funding for child care (see *box*). A portion of this child care funding—in some cases, together with state funding or other funding sources that states chose to target toward child care—was used for grants and one-time payments to providers during the COVID-19 pandemic. These grants or payments often offered providers a broad range of allowable uses, which enabled providers to make the best use of the financial support based on their particular needs. Some states included FFN providers among the providers eligible for these grants or specifically targeted grants to FFN providers.

Michigan created a Child Care Relief Fund grant program (utilizing federal CARES Act funding) to help the state's child care providers cover costs during the state of emergency in 2020.<sup>4</sup> Through the Child Care Relief fund, one-time payments of \$550 were made available to

qualified license-exempt related and unrelated providers (FFN) with active enrollment and recent billing activity for the child care assistance program (indicating that child care was being provided prior to the COVID-19 public health emergency). Over 1,300 FFN providers in Michigan received a Child Care Relief grant. Providers applied using an online application, which was then processed and verified by the state's staff. Once verified, the payment was sent to the provider through Michigan's payment system (SIGMA). Providers were encouraged to use the funds for operational costs and needs related to the pandemic. However, information about how the one-time payments were used was not collected.

Oregon used Coronavirus Relief Funds (a flexible source of relief funds for states, separate from the federal relief dollars targeted to child care, that some states chose to use a portion of for child care) to provide grants to FFN providers, with a base payment of \$2,090. In addition, FFN providers who did not receive an Emergency Child Care grant payment through the Department of Education, Early Learning Division, received an additional \$465.

During the pandemic, Nebraska made it easier for families receiving child care assistance to select in-home FFN care by waiving the criteria that needed to be met before the pandemic. The state also allowed subsidized FFN providers to apply for a \$500 payment intended for personal protective equipment. All subsidy providers, including FFN providers (relative and nonrelative), received a one-time payment of \$1,200.

## Include Family, Friend, and Neighbor Care in Child Care Policies and Programs

It is important for child care programs, initiatives, and policies—including child care assistance programs—to intentionally incorporate FFN care and supports for FFN care, with a focus on providers and families of color. Inclusive programs and supports help to ensure that FFN caregivers have the resources they need to provide the best care for children as they grow. An inclusive approach also enables families to find the type of care that fits their needs and to receive help covering the cost of that care, whatever type it may be.

Most states allow families receiving child care assistance to use FFN care, but states vary in the extent to which they place limitations on its usage. During the pandemic, a few states loosened their restrictions and made it easier for families receiving child care assistance to choose FFN care. While often only temporary, these changes demonstrate that permanently including FFN care in child care assistance programs can be workable and beneficial.

From September 1, 2020, through September 30, 2021, during the COVID-19 pandemic, Pennsylvania expanded in-home care (care inside the child's own home) to be an option for all families eligible for child care assistance, at any time. Prior to the pandemic, a family was only eligible for in-home care if the parent or guardian was in a work activity between the hours of 9:00 p.m. and 6:00 a.m. Exceptions for the use of in-home care outside the hours of 9:00 p.m. and 6:00 a.m. were only permitted where care outside the home was a risk to the child's health. The child's health condition and risk were required to be documented by a licensed physician or psychologist, and documentation had to explain the necessity for in-home

care for reasons related to the child's health. The state's temporary policy change allowed more families to be eligible for in-home care at whatever time it was needed.

Georgia began approving COVID-19-related reasons as an acceptable justification for families receiving child care assistance to use informal or FFN providers in November 2020. After the family chooses an FFN provider to care for their children, the Georgia Department of Early Care and Learning contacts the chosen FFN provider to discuss child care assistance program enrollment requirements. The enrollment process can take as little as 30 days to complete. By exercising the flexibility it had in its existing policy to approve FFN care for reasons driven by a public health emergency when applicable, Georgia expanded the number of families potentially eligible to use their subsidies for FFN care.

Colorado made it easier for nonrelative FFN providers to continue participating in the child care assistance program during the pandemic by temporarily waiving the in-person inspection requirements that subsidized FFN providers usually have to meet. Instead, the state conducted inspections virtually. One of the advantages of virtual inspections for FFN providers was flexibility in scheduling. Visits could be scheduled on weekends or during non-business hours, which allowed providers to more easily balance caregiving with the inspection. FFN providers who went through the process of a virtual inspection gave feedback that they felt less anxious and more comfortable with the virtual inspections than with having an inspector coming into their home. The online inspections were also less time-consuming. Prior to each scheduled visit, the state inspector worked closely with each provider to troubleshoot and resolve any technical issues, and as a result, providers did not report problems with the technology.

## Proactively Reach Out to Family, Friend, and Neighbor Providers

In order to enable FFN providers to obtain supports, states should proactively reach out to FFN providers and families using FFN care, with multiple channels of communication and appropriate languages to inform them these resources are available. FFN caregivers can face barriers in accessing supports and information if they are English Language Learners (ELL) or do not know where to find caregiver support information. States can look to reach FFN caregivers through various methods, including local community centers, social media, email, or networks of caregivers. In some cases, it can be a challenge just to identify who and where FFN providers are, given that they are such a diverse group and are not required to be regulated and thus not included on any consolidated list.

Louisiana aimed to ensure that FFN providers received information about the streamlined process to register as a family child care provider by deploying Child Care Resource and Referral agencies (CCR&Rs) to reach out to providers within their regions. The CCR&Rs offered information about benefits that would be available if

these providers did register as family child care homes; registered family child care homes serving children receiving child care assistance were provided relief grants at the same amount as licensed centers and personal protective equipment. Through this outreach, Louisiana saw an increase of more than 100 registered family child care homes.

South Dakota—which is at an earlier stage of its work with FFN providers—is first simply trying to create a registry, or list, of unregulated child providers, so it can communicate with them, whether during an emergency or typical operations,<sup>5</sup> and to get a better idea of how many available child care spots are in the state. South Dakota has a large number of unregulated home-based providers due to the state's unusual licensing threshold, which does not require providers caring for 12 or fewer children and not receiving compensation from public funds to be regulated; currently, these providers can choose whether they want to voluntarily register. The proposed registry would collect basic information about FFN providers, including their location and number of children in their care. Although still in the beginning stage, the Department of Social Services is supportive of this initiative and has put together a committee to work on the design and implementation of the registry.







## **Fund Community-Based Organizations to Support Family, Friend, and Neighbor Providers**

States can help FFN providers better access information and resources and connect with other FFN providers by dedicating funding to community-based organizations to work with these providers. Such community-based organizations have expertise in reaching families and caregivers and have the advantage of being well known and trusted by the community.

Child Care Resources, the statewide child care resource and referral organization in Washington State, has connected with FFN providers through a network of community-based organizations. During the beginning of the pandemic, Child Care Resources was approached by local public and private funders who wanted to donate emergency supplies, cash grants, and gift cards. Child Care Resources worked with existing community

partner organizations and developed relationships with additional community organizations, particularly those led by leaders of color, in order to reach FFN caregivers of color, including immigrants without documentation. These community partnerships led to the successful distribution of \$200 grocery gift cards to 207 caregivers; home and personal prevention supplies to 752 caregivers; \$500 VISA gift cards to 100 caregivers; and \$1,000 King County Grants for BIPOC and low-income FFN providers to 75 caregivers.<sup>6</sup>

In another example of its work with community organizations, Child Care Resources partnered with the Allen Family Center (AFC)—a family support center focused on preventing and addressing family homelessness—to offer services to FFN caregivers and the children in their care. Child Care Resources and AFC originally planned to offer in-person services, but due to the pandemic, the plans were slightly altered to have the culturally relevant and informative services offered virtually.<sup>7</sup>



## Offer a Full Range of Supports to FFN Providers

FFN providers need access to a range of supports for themselves and their families to ensure that they and the children in their care are safe and healthy. These supports may include food and housing assistance, health and mental health insurance, training and information on promoting children's learning and development, and other resources. Yet, due to language, transportation, and other barriers, FFN providers are often unable to receive the supports they and the families they serve need.

At the beginning of the COVID-19 pandemic, New Mexico took a step toward addressing health care concerns of child care workers, including FFN providers, by covering the cost of premiums so that uninsured child care workers who tested positive for COVID-19 (and their immediate household members) who were not eligible for other

coverage could receive comprehensive health care coverage through the New Mexico Medical Insurance Pool (the state's high-risk pool) until they recovered.<sup>8</sup> This coverage applied to all child care workers who tested positive, as well as their immediate household members, regardless of income or immigration status.

Nevada has reimaged its child care program with FFN and home-based caregivers at the forefront of the design process, and an emphasis on comprehensive supports for these caregivers. Many parents in the state work nontraditional hours—Nevada has been called a “24-hour state,” meaning that many jobs have hours outside of the traditional 9 to 5—and rely on FFN care. The state's new initiative will involve a comprehensive assessment of individual FFN providers' needs and wraparound services to address those needs. The initiative is aimed at increasing recruitment efforts, supports and awareness of supports, and workforce connections and development.





## **Ensure Programs and Supports Are Accessible to All Family, Friend, and Neighbor Providers**

Ensuring training, resources, and supports are culturally and linguistically appropriate and accessible helps overcome the barriers that can keep FFN providers, particularly those who are people of color, immigrants, or serving immigrant families, from participating in programs and receiving supports. Access for FFN providers often depends on states adapting to the providers' needs and being flexible in responding to the circumstances.

Minnesota worked with the Comunidades Latinas Unidas En Servicio (CLUES) community-based organization to offer trainings for FFN providers in appropriate languages, in accessible locations, at times that providers were able to attend. From June through August 2021, CLUES held six child CPR trainings, with over 53 FFN caregivers registered and a waitlist of more than 40. The CPR trainings were taught in Spanish, food and transportation were provided to participants, and child care was provided during the training for children ages five to 12.

In Los Angeles County, the Service Employees International Union (SEIU Local 99), which represents licensed and license-exempt child care providers in Los Angeles and San Bernadino Counties, ensured that FFN and family

child care providers had access to meals for the children in their care during the pandemic. In partnership with Los Angeles Public Schools, SEIU Local 99 helped inform providers of free meals that were available at “grab-and-go centers.” In addition, recognizing that many FFN providers did not have time to wait in long lines for the meals, the union helped connect the providers to grab-and-go site coordinators who had orders prepared ahead of time so that providers could pick them up without a wait. Some site coordinators were able to work with warehouse truck drivers—also members of SEIU Local 99—to deliver the meals to the homes of providers who were unable to make it to the grab-and-go centers during operating hours. The union later worked to get the state to reimburse the county for the costs of the meals for children in child care and others who were not covered by the federal school meal program. More broadly, as a result of the efforts of Child Care Providers United (CCPU), the coalition of SEIU Local 99, and others that represent FFN and family child care providers across the state, California has begun to better support FFN providers in other ways. The first contract negotiated by CCPU increases payment rates for FFN and family child care providers caring for children receiving child care assistance. For future contracts, the union plans to negotiate with the state to expand child care providers' access to an affordable and accessible health care plan, retirement benefits, and paid time off.



## Obtain Input from Family, Friend, and Neighbor Providers in Designing Policies

Developing child care and related policies with input from FFN caregivers and families who use FFN care helps ensure the policies are responsive to their needs, interests, and experiences. Input from caregivers and families can be obtained through focus groups, surveys, and workgroups.

Minnesota, in collaboration with CLUES, held listening sessions for FFN providers to obtain their input. The sessions were conducted in English and Spanish, as many of the FFN providers' first language is Spanish, and held

virtually and in person. The input from these sessions helped Minnesota and CLUES design training sessions in a way that was accessible to providers. CLUES also used the information gained during the listening sessions and surveys to create a resource guide for other FFN-supporting organizations. The resource guide identifies barriers and offers solutions and recommendations for overcoming these barriers, such as ensuring that entire websites are translated into Spanish instead of only partially translated and creating an online platform where providers can record their required certifications and credits. In addition, the Minnesota Department of Human Services is convening an FFN learning community to inform how the state might build additional opportunities for FFN providers.





# Beyond the Pandemic

With major child care legislation under consideration, it is imperative that FFN care is included in child care programs and policies at the federal, state, and local levels. From policy design to implementation, all child care providers should receive equitable assistance, and equitable opportunities to offer input and feedback throughout the process, to ensure that all families and providers are supported.

The examples in this report illustrate that a multi-pronged strategy with approaches tailored to different groups of FFN providers is required to support, strengthen, and sustain this part of the child care system. FFN care will continue to exist and significantly contribute to our child care system whether we choose to acknowledge it or not. In following the guiding principles and state examples, we can begin to transform our child care system, so that all caregivers have the resources they need for the well-being of themselves and the children in their care, all families' child care choices are acknowledged and supported, and all children have safe and nurturing care environments in which to grow.

## About This Report

This report was based on a survey of state child care administrators, which included an item requesting information about any changes in state policies for FFN caregivers during the pandemic, and on semi-structured interviews with child care advocates and/or administrators in states where FFN-related initiatives or policy changes were identified. This report does not aim to assess the overall effectiveness of states' initiatives; instead, the report uses these states' experiences to highlight the different potential strategies that can be used by federal, state, and local administrators, policymakers, organizations, and others to support FFN care.

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## Endnotes

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