Family Child Care Providers: Unsung Heroes in the COVID-19 Crisis

Research-to-Policy Brief, September 2020 *Herr Research Center, Erikson Institute*

The COVID-19 pandemic and the resulting child care crisis for low-income working families who make up the majority of essential workers highlight the indispensable role of family child care providers. Many family child care programs remained open during the pandemic shutdowns, even as child care centers closed. The crisis exacerbated conditions for an already vulnerable workforce.

This research-to-policy brief is part of Erikson Institute's Multi-State Study of Family Child Care Decline that is currently examining the factors behind the decline of licensed care in four states. Findings presented here are based on 22 focus groups with 123 family child care providers* in California (Los Angeles County), Wisconsin, Massachusetts, and Florida between March and June 2020.

Highlights

1 Family child care providers who stayed open faced multiple barriers to offering safe and sustainable child care.

- Providers lacked access to affordable and adequate health and safety supplies.
- Providers worked longer hours than usual and faced new challenges around working with children and families.
- Many providers feared for their own health and the health of their household members.

2 The COVID-19 crisis highlighted and exacerbated the existing challenges faced by family child care providers.

- Providers faced new, often confusing and conflicting, requirements.
- Many providers did not have health insurance.
- Many providers experienced decreased enrollment that had a negative effect on their income.
- Subsidy rates for family child care did not cover new expenses.

3 Family child care providers' strengths make them uniquely able to meet this moment.

- Family child care providers took pride in their role as essential workers who helped keep the economy running.
- Smaller, more intimate family child care settings may be a preferred choice for many families.
- Family child care providers have the potential to offer family and community supports.
- Family child care providers were able to quickly adapt their routines and educational practices.

*All providers in this study were licensed, registered, or certified depending on state regulatory policies. The Multi-State Study of Family Child Care Decline is an exploratory study; therefore, the sample is not representative of all family child care providers in each state.

Summary of recommendations

The results of our focus groups point to future directions to support the family child care workforce which is central to families' employment and the economy.*

- Increase family child care providers' access to health and safety supplies specific to the pandemic as well as everyday necessities, such as food and diapers, for their programs and the families they serve.
- Consider bonuses or grants for providers' personal risk and extra time/expenses required to keep their programs safe during the pandemic.
- Provide clear and timely information about new policies, protocols, and funding opportunities.
- Ensure equitable access to policy and funding information by disseminating materials in easy-to-read formats and in languages spoken by providers and families.
- Expand health care access to providers who stay open and cover health care costs in the event of COVID-19 infection of providers and/or their own household members.
- Pay providers a living wage.
- Provide support around distance learning for providers caring for school-aged children during the school day.

*Many of these recommendations echo proposals from other organizations such as the Center for Law and Social Policy, Home Grown, the Hunt Institute, NAEYC, and Zero to Three.

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Introduction

The COVID-19 pandemic and the resulting child care crisis for low-income working families who make up the majority of essential workers highlight the indispensable role of family child care providers[1]. Many family child care programs remained open during the pandemic shutdowns, even as child care centers closed[2].

The crisis exacerbated conditions for an already vulnerable workforce, which had experienced a substantial decline of 42% over the past decade[3]. Demand for child care dropped during the first four months of the pandemic as many families were forced to work remotely, were concerned about COVID-19 for their own families, or lost their jobs.

Family child care providers faced an array of challenges, including mandatory closures. Those who remained open confronted policy changes. Some states limited enrollment capacity. Other states required providers to prioritize care for essential workers. Additional policy changes included implementation of new health and safety practices.

This research-to-policy brief presents findings from 22 focus groups that were conducted with 123 family child care providers in California (Los Angeles County), Florida, Massachusetts, and Wisconsin between March and June 2020*. Three questions guided this work:

1. How has the COVID-19 crisis affected family child care businesses?
2. How do family child care providers think the crisis will affect their businesses in the future?
3. What kinds of supports do family child care providers need right now?

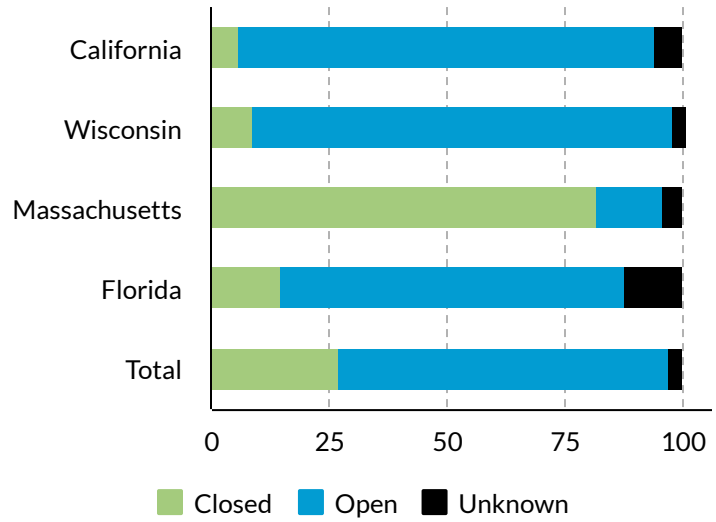
State Context

The proportion of family child care providers participating in the focus groups whose programs remained open varied across the four states, depending on state policies. Only 6% of the providers in California and 9% of those in Wisconsin reported that their programs were closed at the time of the focus group, because the states allowed child care programs to stay open (see Figure 1). However, they were required to prioritize care for children of essential workers and those who received subsidies.

During March, Massachusetts shut down child care programs with the exception of programs that applied to provide care for essential workers' children; 82% of the providers in our Massachusetts focus groups were closed. Florida's shut down came later at the end of April, allowing care for essential workers only; 15% of the family child care programs in our Florida focus groups were closed.

*Data presented in this brief are part of the broader Multi-State Study of Family Child Care Decline. Most focus groups in Wisconsin and Massachusetts were held toward the beginning of the shutdowns in April and May while the majority of focus groups in Florida and California were held in June.

Figure 1. Status of Family Child Care Providers who attended focus groups (March - June 2020)



Even after stay at home orders were lifted and states began to reopen, many of the policies around child care remained in effect[4]. For example, Wisconsin's reopening plan, "Badger Bounce Back," encouraged child care providers to continue prioritizing care for families of essential workers throughout phase one[5]. In Massachusetts, child care providers could begin to reopen for all families in late June. In California, some limitations on group size were lifted in July.

Finding 1: Family child care providers who stayed open faced multiple barriers to offering safe and sustainable child care

Providers lacked access to affordable and adequate health and safety supplies.

> **"I have to get my own cleaning supplies and I had to buy all this with my savings."**

In the early days of the pandemic and subsequent state stay-at-home orders, providers had trouble finding basic sanitation supplies (disinfecting wipes and sprays, masks, gloves, hand sanitizer) and affording higher priced items such as no-touch thermometers to screen children at drop off. Providers reported price gouging and shortages of essential items. A one-per-customer rule at many grocery stores prevented providers from obtaining the amount of supplies they needed to operate their child care programs safely. Additional costs included new furniture that was easier to clean or could facilitate social distancing as well as higher food costs and utility bills (electricity and WiFi for distance learning) for school-age children who were in child care all day during school closures.

Lack of support with funding and supplies from state or local agencies frustrated many providers who had to pay out of their own pockets for required supplies and materials. Many providers talked about not earning enough to afford these additional expenses.

Providers worked longer hours than usual and faced new challenges around working with children and families.

"It's 24/7. There's no break from it."

"It's a challenge to work right now with the children because the cleaning has doubled or tripled. Now you have to be constantly disinfecting, sanitizing. Instead of mopping three times, you have to do it, practically five times a day."

Florida provider

"It is so constant with everything, figuring out how to get what you need, make sure that you're doing everything right and supporting your business as well as your family and the families that you're caring for."

Massachusetts provider

For providers offering child care for essential workers, days were stressful and longer than usual. It was "one of the worst work weeks of my life," one Massachusetts provider said of her first week reopening. Outside the regular hours of care, many providers reported that they spent several extra hours each day on new cleaning and sanitizing protocols.

Some providers who remained opened had newly enrolled children, including more school-age children. This created challenges around building trust and managing a wide range of age groups, including facilitating remote learning for older children. Many providers who stayed open also continued to maintain and nurture relationships with previously enrolled children and families who were not coming to their programs. As one provider in Massachusetts noted, "The regular families that we have in our programs before all this, still keeping in contact with them and trying to make sure that they're all okay as well. It's a lot."

Many providers were afraid for their own health and the health of their household members.

"If someone has COVID 19, maybe it will pass to us."

Providers who remained open through the spring months of the pandemic shared a common fear for their own and their household members' health. Many had underlying health conditions themselves or lived with someone who had diabetes, asthma, or heart disease. Providers described the extreme stress of opening their homes to children and families. They did not know who would be following health and safety protocols such as wearing masks or social distancing. Some reported feeling so stressed that they considered closing permanently.

Other providers took in new children, despite their fears. One provider in Wisconsin described her intention to keep taking new kids: "If other people start calling and wanting their kids to come in, that makes me a little nervous but I'm gonna do it."

"What stresses me out about this situation is that we are not in control. We take precautions, but the families, the parents—we can't have control over them, whether the parents take precautions such as not spending time with other people. That is problematic because what the families of these children decide to do, is beyond our reach."

California provider

Providers in Wisconsin and California also reported staffing challenges related to health concerns. Turnover of assistants meant that some providers had to reduce their enrollment because they did not want to risk bringing new staff into their homes.

> *"I'm open … thank God, but I'm finding it hard for staffing, like I've had to turn kids away. Parents have to return to work, and I don't have the staff and trying to recruit [assistants] has just been hard for me… Another scary thing about hiring someone especially bringing them within your home around your family during the pandemic: even if someone was to contact me and say, 'Hey, you know, I'm looking for part-time work' and I check everything out and they check out, it's like, do I- how many people do I allow into my home? You know, [I'm] putting my family at risk as well."*
>
> Wisconsin provider

Finding 2: The COVID-19 crisis highlighted and exacerbated the existing challenges faced by family child care providers

Providers faced new, often confusing and conflicting, requirements.

"I'm afraid that when it's all over that they're really going to be hounding me about things that I probably don't even know about."

In all four states, providers experienced anxiety related to lack of communication about current and future policy changes. Providers across states had trouble getting clear information from state and local agencies about new health and safety procedures, as well as about eligibility for unemployment or federal relief funds (e.g. CARES and PPP).

During the crisis, providers also reported receiving inconsistent information from their licensing agencies around changes to regulations. Some states loosened ratios and group size requirements to allow providers to care for more children of essential workers and then changed them back without notifying providers, who suddenly found themselves out of compliance and needing to make decisions about who could stay. One Wisconsin provider explained the challenge, "Who do you want me to kick out? The essential worker you just asked me to pick up, or the kids that have been paying for the whole time to keep their spot? Who is more valuable?"

In Florida, a few providers noted that all pandemic-related trainings were offered in English only. As one provider explained, "I can understand 75% but there is 25% that may be valuable and important information, but I cannot understand. They don't give even one training in Spanish."

> *"It's been really stressful--the new rules from licensing and everything and having the kids follow, like, most of the rules, because honestly, some of the rules are like, 'Oh, come on.' They're not realistic to be honest. Some of them, I don't know they're impossible."*
>
> California provider

In addition, providers viewed some of the new health and safety policies as unreasonable and illogical. For example, providers cited concerns about no longer brushing children's teeth, limiting activities to groups of three children, maintaining social distance with infants and toddlers, and shifting to closed-door and drive-by drop-off policies.

Ensuring that parents followed the rules was another challenge. Providers were worried that parents wouldn't pay attention to

the new policies or would get upset and leave their programs. One provider in Massachusetts described her fear: "Once you tell a parent, 'If you bring him without a facemask, he can't come in,' you will never see that child again, and we depend on that money." To address this situation, providers wanted licensing to back them up on the rules. They also wanted clear, consistent written information they could give parents and an authority they could cite regarding the new policies.

Providers saw these issues as yet another example of how family child care is often sidelined by the states. As one provider in Wisconsin put it: "It seems like the last few years, they've been trying to almost eliminate us. It feels like we've been kind of getting shoved out the door lately, and so I'm kind of interested to see how that's going to work out."

Many providers did not have health insurance.

"We are going in the battle without having medical insurance."

Lack of health insurance was a major concern for providers even prior to the pandemic. The possible consequences during the COVID-19 crisis, however, posed a real fear. How would they pay for medical care or hospitalization if they or a household member got infected?

For some providers, especially Spanish-speaking providers in California and Florida, the cost of health insurance was already out of reach because the income from their child care business was low. This situation was compounded by declining enrollment related to the virus. The loss of this income combined with the increased costs associated with new health requirements pushed purchasing health insurance even farther out of reach.

"Who's gonna stand up for us? … We are just as essential as the frontline workers, we're like the next in line…Will we have [a support system] if we needed to, if something was to happen to one of us? What type of support would our families receive if we were to be affected within this crisis? Would anyone care about me and my family is if one of us contracted COVID-19 by taking kids in?"

Wisconsin provider

Many providers experienced decreased enrollment that had a negative effect on their income.

"I will lose my house, lose everything."

Enrollment at full licensed capacity was often a challenge for providers prior to the pandemic, whether they accepted subsidies or private pay. Decreased enrollment means less income from the child care business. One provider in California reported that she had lost $5,000 a month. Another saw a drop in income of 45% from the loss of children in her program.

"My program is going to be fine. You tell yourself that… because this is our only means of support, in paying my bills, the roof over my head."

Wisconsin provider

"Mothers are going to take other jobs where they're going to prefer to work from home, and so I'll have to take on new families."

California provider

During the spring, providers who remained open in California, Florida, and Wisconsin saw decreases in enrollment even when they were caring for children of essential workers. "Families are afraid," one California provider explained. "They don't want to risk their children by socializing with other children outside the home." Providers were also worried about the effects of a recession on their enrollment stability. They were fearful that parents who lost their jobs would no longer need child care.

Although a few providers accessed stimulus grants such as CARES and PPP to make up for their lost income, several felt that little to none of the stimulus aid made it to their programs.

"My great fear is not having a sufficient number of children to continue with my business."
California provider

"With all the billions they passed out, we did not get one cent more. They distributed a lot of money, and we did not receive any of that…That is the ungratefulness of the programs, the money is distributed unevenly, so we did not get any."
California provider

Some providers developed their own strategies to manage enrollment in the face of potentially reduced group size. For example, some providers in Wisconsin revised their contracts to maintain income stability by requiring private-pay parents to continue to pay to reserve their spots.

Subsidy rates for family child care did not cover new expenses.

"We are at the front lines, like the ones that go to war, yet we make truly little."

"The regulations and the requirements for the operation of our business are constantly increasing. However, it's almost impossible to pay for all those requirements with the payment they provide, and if we do pay, we go through a lot of struggles. They keep adding extra payments we have to cover to continue working, but the rates are not in accordance with those new requirements."
Florida provider

Providers who were open and caring for children of essential workers in California, Florida, and Wisconsin continued to receive their subsidy reimbursement. Providers in Massachusetts who had been mandated to close also received subsidy payments. Many providers expressed appreciation for this continued income for their programs, but it didn't make up the loss from private-pay parents who hadn't yet returned.

Providers also raised concerns about the future if parents did not recertify and were no longer eligible for subsidies. That would mean a drop in enrollment and a concurrent drop in income: "What will happen with all those parents whose contracts will expire, and with all those parents who have lost their jobs?"

A larger concern across the board was financial support to cover the increased costs of implementing the new requirements. Existing subsidy rates were low to begin with and did not increase to meet additional costs associated with new standards.

Finding 3: Family child care providers' strengths make them uniquely able to meet this moment

Family child care providers took pride in their role as essential workers who helped keep the economy running.

"We are essential."

Across states, family child care providers emphasized their pride in the essential role they were playing for families and the economy. Providers also indicated that they do not feel recognized for the essential role they are serving during the pandemic compared to other essential workers. As one provider put it, "The people in charge should consider that the providers are important, just like centers." This lack of recognition highlights the long-standing lack of respect, recognition, or compensation experienced by family child care providers, many of whom are still considered by the public to be merely babysitters. Despite significant risks, family child care providers mobilized their strengths to serve and respond to the needs of families and children during the pandemic.

"We are essential workers. Those essential workers that are getting noticed, they need us to go to work. They need us to watch their kids." Wisconsin provider

"You can't be frozen by the fear of what is going to happen. We have to confront it and, if we're essential workers, we have to comply with the requirements, but also have the bravery to do what you have to do, because you can't leave those children in the care of other people who aren't going to meet the requirements that we meet, because that might put those children at risk." California provider

Smaller and more intimate family child care settings may be a preferred choice for many families.

"We have an edge."

A few providers reported that families felt safer placing their children in the smaller home environment of family child care compared to a center. Providers in California and Wisconsin also wondered if this trend might continue post-pandemic, with more parents preferring family child care to larger centers where children might face more exposure to similar viruses. For example, one provider in Wisconsin said: "Once this virus kind of goes away…are people going to want us more instead? Are they not going to want the bigger centers?"

Although many providers experienced hardship due to decreased enrollment or closure during the crisis, some providers in California, Florida, and Wisconsin saw their enrollment numbers and/or inquiries increase while they were providing essential care. The reasons for these increases were unclear, but providers speculated that center and school-based child care program closures, combined with parents' desires for settings that promoted new precautions and offered flexibility for sudden returns to work, may have contributed to this rise in demand.

Family child care providers have the potential to offer family and community supports.

"We have to go the extra mile.

Providers shared stories about providing families with resources and information about the pandemic, as well as concrete support such as diapers, groceries, and meals (needs that may have been exacerbated by families' own loss of income). Beyond these material supports, providers also noted that part of their role—during the pandemic and in general—was to offer emotional support to their families and communities. One provider in Wisconsin described how she and parents in her program wrote a letter on behalf of another parent advocating for fairer workplace conditions at her job with a COVID testing company.

"There are parents who lost their jobs, so I provided diapers and wipes. I took groceries to some parents, which included a little of everything, even laundry detergent. I took money to parents, as well, so they could help themselves out, in case they did not have diapers or something like that, they could use it for that, or to pay a bill."
California provider

"Sometimes we have to go the extra mile because they know us, they come, expose their situation to us, so, apart from teacher, we have to be a friend, counselor, psychologist, educator, all those things…To go the extra mile, to help a little more means getting out of the scope of education and turning into a suitable support source for the community."
Florida provider

Family child care providers were able to quickly adapt their routines and educational practices

"We're gonna be prepared for what's ahead.

"I'm absolutely going to have to create a new program in order to start again from zero. Now we won't be able to do what we used to do." Massachusetts provider

Providers emphasized the need to ensure that families in their community had a safe, healthy, and happy place for their children to go. Providers in Massachusetts and California were willing and able to take in new children of a variety of age groups, notably including school-aged children.

Across states providers who stayed open were able to swiftly reinvent themselves, adapting their policies, routines, and activities to the new climate. Providers took outdoor walks instead of trips to the local park or school playground, did activities with soap to make handwashing more fun, and talked about taking care of each other by wearing masks.

"Our lesson plans are about all this but on their level. How is empathy, how is health and safety, how we're going to take care of each other. And the kids got that very, very good in serious ways. At their age they take care of each other."
California provider

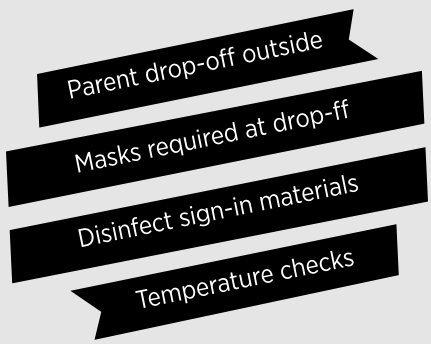
"Not only were we doing our lesson plans, we're having to jump into however many school-aged kids you had. Say you had five different [kids] and they all went to five different schools in five different grades. So, you were having to adapt to what they were being taught." California provider

Even among providers who were caring for newly enrolled children of essential workers, most maintained contact with children and families who were staying home, through video, phone, text, activities, and care packages. One provider in Massachusetts shared, "I've been trying to stay in contact with all my parents. I'll try to do story time with video chat, send them different care packages as much as I can." Other providers simply talked to children by phone or FaceTime to give parents a break.

Box 1. Changes providers made to their programs to adapt to the crisis

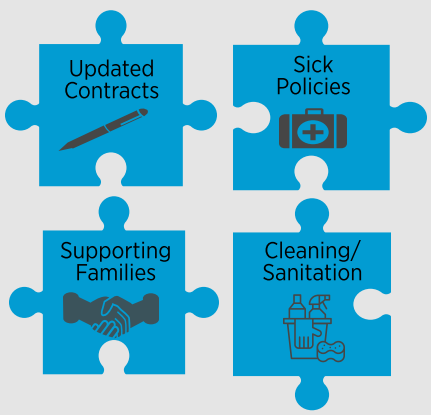
Daily Routines

To adapt to the crisis, providers made many changes to their daily routines. These changes included trying to keep children socially distanced indoors, wearing masks, increasing the amount of hand washing, and changing outdoor play by avoiding public spaces such as parks.



Pick-up and Drop-off

Providers in the focus groups also made changes to their pick-up and drop-off policies. These included not allowing parents inside, requiring parents to wear masks, disinfecting sign-in/sign-out materials after every parent, and regularly checking the temperature of children at drop-off.



Other Supports

Other essential supports for adapting to the crisis included modifying contracts to ensure providers continued to get paid as parents kept their children at home and updating sick policies to add provisions about COVID-19 and quarantining. Providers also increased the amount of cleaning and sanitation they did in their programs. Several providers reported supporting families who were hit hard by the crisis with donations of food and other necessities

Recommendations

The results of our focus groups point to future directions to support the family child care workforce which is so central to families' employment and the economy. The recommendations proposed below are based on findings from our qualitative research, but we are not the first to suggest these ideas. Many of these recommendations echo proposals from other organizations such as the Center for Law and Social Policy, Home Grown, the Hunt Institute, NAEYC, and Zero to Three[6-10].

Increase family child care providers' access to supplies for their programs and for families they serve, including: personal protective equipment, touchless thermometers, sanitization materials, and everyday necessities (food, toilet paper, diapers, formula).

- Staffed family child care networks[11] (as well as other organizations such as child care resource and referral agencies or provider associations) could partner with big box stores to provide these supplies at discounted prices and/or waive purchase limits for providers for bulk purchasing.

Consider bonuses or grants for providers' personal risk and extra time/expenses spent on rearranging equipment, implementing new policies (e.g. revamping contracts), purchasing materials, and sanitizing multiple times per day.

- States should consider providing hazard pay for providers operating in COVID hot spots and caring for children of essential workers, including for substitutes who might step in when providers are sick.

Provide clear and timely information about new policies, protocols, and funding opportunities.

- State regulatory and quality systems should consider building the capacity and reach of staffed family child care networks (as well as other organizations such as child care resource and referral agencies or provider associations) to facilitate information dissemination and support providers in meeting new requirements, including communicating them to families.
- States should include family child care providers as equitable partners in the decision-making process about regulations and policy changes to ensure that these requirements are practical and appropriate in home-based settings.

Ensure equitable access to policy and funding information by disseminating materials in easy-to-read formats and in languages spoken by providers and families.

- States and/or local family child care networks (as well as other organizations such as child care resource and referral agencies or provider associations) should disseminate information about regulatory changes and funding opportunities in languages spoken by providers and families and in multiple formats (online and hard copy) to maximize access.

Expand health care access to providers who stay open, and cover health care costs in the event of COVID infection of providers and/or providers' household members.

- Beyond the pandemic, states should consider leveraging staffed networks or provider associations as mechanisms to provide adequate compensation through contract funding and benefits (health insurance, paid leave, paid time off, retirement).

Pay providers a living wage.

- Reinstate federal unemployment benefits of $600/month for the duration of the crisis and ensure that family child care providers who are not open or who have reduced enrollment due to regulatory changes are eligible for the benefits.
- Extend state and/or local moratoriums on monthly expenses such as utilities, rent, mortgage payments, and student loan payments through the duration of the crisis, particularly for family child care providers and families with children.
- State subsidy policies should continue paying providers based on enrollment, not attendance, and move toward contracted payments in the future.

Provide support around distance learning for providers caring for school-aged children during the school day.

- School districts and after-school programs could consider partnering with child care providers around supporting children's remote learning experiences.
- Staffed family child care networks (as well as other organizations such as child care resource and referral agencies or provider associations) could offer trainings for family child are providers focused on technology, online learning platforms, and remote learning strategies to use with school-age children.
- Subsidy policies that do not reimburse child care providers for full-time care of school-aged children during school hours should be revised during periods of remote school learning.

Notes:

The focus groups were underway in March when the COVID-19 pandemic hit. The research team became concerned about the impact that the crisis would have on the long-term operations and sustainability of family child care. It decided to add questions about these changes to the focus group protocol.

All 22 focus groups were conducted over Zoom. A third (7) were conducted with Spanish-speaking providers.

State	Focus groups (Spanish-speaking)	Participants (Spanish-speaking)
California	6 (3)	34 (15)
Wisconsin	7 (0)	35 (0)
Massachusetts	5 (1)	28 (7)
Florida	4 (3)	26 (17)
Total	22 (7)	123 (39)

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