National Home-based Child Care Landscape

Where are young children having their early childhood experiences?

- 7 million children 0-5 in home-based child care
 - Less than 1 million in licensed family child care
 - Most in paid and unpaid family, friend, and neighbor care
- 3.8 million children 0-5 in center-based care

Who receives care in home-based child care?

- Children from low-income families
- Black and Latinx children
- Infants and toddlers
- Children in rural areas
- Children with special needs
- Children whose parents work nontraditional hours

National Home-based Child Care Landscape

Why do families select home-based child care?

- Trusting relationships with providers
- Shared culture, values, language, and child-rearing practices
- Accessibility and neighborhood care
- Care offered to mixed age groups (siblings stay together, continuity of care)
- Care offered in a family-style environment
- Accommodations for non-traditional work hours
- Cost-effective care

National Home-based Child Care Landscape

Declining supply: between 2006 and 2015, the number of homebased providers receiving subsidies through the Child Care and Development Block Grant declined by more than 60 percent.

Long hours with low compensation: average annual income for a licensed provider is \$29,377 from public and private sources for an average of 56.5 hours of care a week (10 to 12 hours a day). Licensed providers earn an annual salary that is 50% less than center-based providers.

Access to health resources: 15 - 21% do not have health insurance

Home-based Child Care Landscape: COVID-19

- Health concerns for themselves and their families
- Concern for the families they serve (health and mental health)
- Financial hardship
 - Closures/enrollment changes/parents' ability to pay
 - Access to public supports (unemployment)
- Access to cleaning supplies and PPE
- Lack of distinct, specific and timely information
- Feasibility and implementation of new protocols
- Food and housing insecurity

Coping during COVID-19

- Disproportionately continuing to operate (2 out of 3 FCC providers operated through the pandemic):
 - Support families
 - Financial need
- Accessing public and private supports when possible
- Meeting the learning and emotional needs of families (from afar)
- Supporting one another
- Raising their voices and sharing their stories

Shifting Child Care Landscape: COVID-19

- Increased reliance on home-based care:
 - 69% continued to operate through the pandemic
 - Currently 50% of essential workers rely on relative care
- Shifting national narrative
- Meeting the needs of the moment:
 - Small groups with consistent caregiver
 - Prior familial relationships, deep attachment, and shared culture/language/child rearing practices
 - Flexibility in an uncertain employment environment

State Leadership and Administrator Recommendations

- Bridge the chasm: provide effective **relief funding** to HBCC providers who are open and those that are closed
- Build lasting infrastructure: Create Comprehensive Home-Based Child Care **Networks**
- Meet **physical and mental health needs**: of children, families, and providers
- **Reform the Supply Chain:** Ensure providers can access the supplies they need to maintain a healthy and safe environment for children and families
- Maintain family and provider-friendly policies: implement reforms to ensure success during COVID-19 and beyond
- **Expand the formal constituency** of home-based child care: families, employers, communities, philanthropy, and society





- 20 Acknowledgements
- 21 Home Grown State Administrator Resource Guide Supplement: Child Care Development Fund Recommendations
- 27 Appendix: External Links and Resources

Responses and Resources

- Emergency Response relief funding (philanthropy)
- CARES Paycheck Protection Program (apps due June 30)
- CARES Pandemic Unemployment Assistance
- CARES additions to Child Care Development Fund:
 - Financial supports (grants)
 - Reduction of co-payments
 - Subsided care for essential workers
 - Onboarding licensed-exempt (payment & licensing)
 - Bonus pay
 - Coordinated supplies/PPE procurement

Group activity

- How can New Jersey create and sustain a high quality, diverse and stable family child care system?
- What do we need to realize this vision?
- What can we can do right now to set New Jersey on a path to realize this vision?
- What opportunities exist in response to the pandemic to build trust, further develop relationships with providers and set New Jersey on this path?

3 areas for exploration: Provider and Family Well-Being, Health and Safety, and Financial Support.

Ideas into Action

Engaging Family Child Care Voices in New Jersey

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JUNE 12, 2020



Building the vision and the plan



It is crucial to listen to and collaborate *with* family child care providers *for* family child care providers

Support children where they are by supporting their child care providers:

- strategies to support current family child care providers
- strategies to bring unregistered family child care providers back into the system
- strategies to recruit new registered family child care providers

Child Care Aware of New Jersey is part of the solution for child care in New Jersey and the work to build the supply and the recognition of high-quality family child care



The state of child care in New Jersey

By the numbers:

- Nearly 5,000 registered family child care providers in 2001
- Down to 3,000 in 2010
- Down to 1,486 in January 2020
- Then the pandemic closed 346 more
- Meanwhile (pre-pandemic) 3/4s of New Jersey's infants and toddlers do not have access to a child care center either. (Source: ACNJ, 2017) These children are *somewhere*.

Federal and state policy options:

- Years of limited federal dollars
- Vision and details for implementing the federal child care law

Family child care was crucial before the pandemic, has been crucial during the pandemic, and will be crucial in the recovery and rebuilding

Before the pandemic

CCANJ and NJ Family Child Care Providers Association came together in 2018

- •Surveys and focus groups
- •Bridging and listening and moving forward
- •Identifying:
 - ✓A desire to work together as allies to increase the availability of family child care
 - ✓ Compensation is a barrier to recruitment
 - ✓ Peer support among providers is crucial



During the pandemic

- •Child Care Aware of New Jersey and New Jersey Family Child Care Providers Association circulated an online survey to family child care providers in New Jersey for three weeks in May 2020.
 - Intent: collect information about the experiences of family child care providers and their needs, whether open or closed, whether in subsidy or not
- •1,014 survey participants shared their current operating status:
 - 346 closed due to the pandemic (218 who responded in English and 128 who responded in Spanish)
 - 668 open (385 who responded in English and 283 who responded in Spanish)
- •Among the closed providers, survey findings show ~980 children were enrolled and about half of those in subsidy and half in the private-pay market
- •Most open providers did not enroll any new children but about 22% had at least one new school-age child
- •Limited reach of federal Pandemic Unemployment Assistance



During the recovery and rebuild: opportunities to meet the needs of families With parent anxiety high related to potential COVID-19 exposure, there could be a shift in parent preferences for the smaller child care settings offered in neighborhood family child care homes.

 Nationwide, seventy percent of poor children in regular, non-parental care receive care within three miles of their home. In communities where price, location, and transportation barriers limit child care options, family child care meets a critical need for families. (NSECE 2017) During the recovery and rebuild: opportunities to meet the needs of family child care providers Understanding why they closed:

- 1. Concern for her health or health of someone in her household
- 2. Families stopped coming

Understanding why they stayed open:

- 1. Income
- 2. Families counting on her

Recognizing trauma and stress, addressing physical and mental wellness Needs:

- Assurance of safety
- Families to enroll
- Financial support/income support whether in subsidy or private pay
- Clear and supportive communications tailored to home setting
- Access to supplies PPE but also food, toys, funds for this