

**Family, Friend and Neighbor Care Subcommittee
(Subcommittee of the Funding Design Workgroup)
Meeting 1**

December 11th, 2025, 5:00 pm -6:30 pm

https://aftonpartners.zoom.us/webinar/register/WN_8_xmY1UVT8Sq4Jfg9FFMwA

In attendance: 18

Subcommittee members: Evelyn Osorio, Bri Stormer, Hollie Hoole, Olapeju Lawal

State Agency Members and Consultants: Maya Portillo (IDEC), Marissa Ortiz (Afton Partners), Crystal Roman (Afton Partners), Megan Bock (Afton Partners)

Members of the public: Kathleen Kimmey, Britt Gordon-McKeon, Seth Marquez, Bob Spatz, Raffi, Kelli Steder, Rachel Gray, and April Janney

Minutes

1. Welcome & Introductions

Maya Portillo (IDEC) welcomed subcommittee members and members of the public to the meeting. She invited all participants to introduce themselves by sharing their name, location, role, and organization, as well as an answer to the icebreaker question what is bringing them joy this season. Due to the small group size, members of the public were invited to join as panelists and actively participate in the discussion. Maya then reviewed the subcommittee's norms and outlined the meeting goals and agenda.

Goals

- Share where we are with the funding design process and why it matters for family, friend, and neighbor (FFN) care providers
- Build a shared understanding of resources involved in providing FFN care
- Identify factors that influence the cost of FFN care, including work hours, number of children cared for, and related expenses

Agenda

- Introductions to IDEC and the transition process
- Background & context for funding design and the subcommittees
- Scope and role of the FFN subcommittee
- Discussion: Understanding costs for FFN care
- Public comment, next steps, and adjourn

2. Introduction to IDEC & The Transition

Maya reviewed the Illinois Department of Early Childhood's (IDEC) North Star, short-term goals, and redesign priorities. She described the steps in the Transition Innovation Lifecycle and the Immediate Redesign Priorities for IDEC. Maya explained the funding alignment priority, which is the primary focus of the Funding Design Workgroup which seeks to design an early childhood funding approach that promotes equitable and inclusive access to quality services that meet the needs of children and families, with a specific emphasis on investment prioritization and system sustainability. She explained that the Funding Design process is shaped by three groups: Internal Agency Leaders, the Transition Advisory Committee (TAC), and the Funding Design Workgroup. Maya concluded by reviewing a grounding slide on the funding design process and timeline, noting that the current phase that we are in is late fall 2025 and includes receiving additional feedback on recommendations, refining those recommendations, and identifying potential legislative actions in partnership with state leadership.

3. Background and Context for Subcommittees

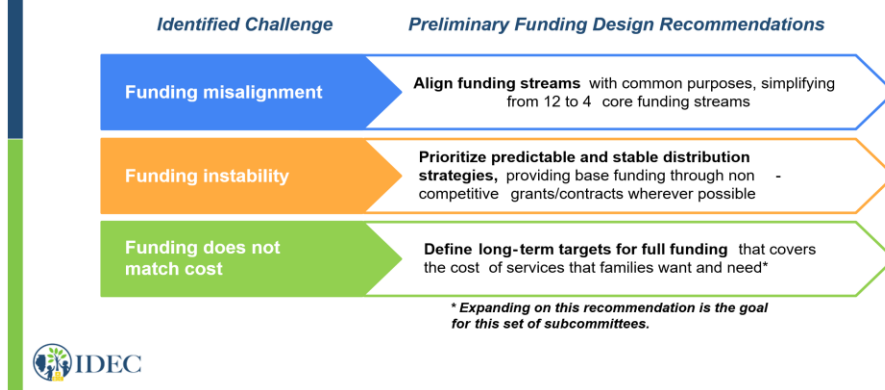
Maya shared the funding design goals and emerging design principles to ground the group. She noted that these have been iterated based on continued conversations and input from the field, workgroup, and subcommittee members. She reminded the group that fall subcommittees are providing feedback to the state to inform the development of IDEC's funding framework and understand family-driven cost factors, give input on known and unknown cost factors, and raise areas for further consideration.

At a high level, Maya reviewed the funding design working group process and shared the phases of work up to this point.

Built Knowledge & Set Context	Established Parameters	Moved Towards Solutions	Exploring Additional Costs
• Aligned on goals for the project • Built knowledge about funding design principles • Heard from parents, providers and state administrators about current experience • Considered valuable aspects of current ECEC funding to build upon	• Grappled with funding system tensions, including universal vs targeted approach • Learned from other states and countries • Connected to other workgroups supporting the transition to the new agency	• Launched and completed Funding Distribution & Alignment Subcommittees • Began addressing questions of funding stability, alignment, consistency, and equity • Developed emerging recommendations	• Consider open questions around funding targets • Launched Child Care/Pre-K, Home Visiting and FFN subcommittees • Working towards tentative family-driven cost factor recommendations

Maya then reviewed the preliminary Funding Design Recommendations:

Preliminary Funding Design Recommendations – Summary



Maya reviewed the known cost factors that comprise an adequacy target, including workforce and staffing costs and program operations. She also explained how the workgroup is developing an adequacy-based approach for early childhood (EC). Maya explained how the “funding target” concept, defined as the full cost of EC services based on child and family needs, as well as other factors such as provider type, child age, and regional diversity. She then walked through the roadmap to full costs, illustrating the funding gap and the components of current funding, including state and federal funding and other sources. Maya concluded by reviewing the process for defining statewide EC funding targets based on costs and outlined the core functions that the funding target must achieve:

- Be driven by **family input** about the services they desire and need
- Account for the costs associated with providing care to **multilingual learners** and **children with disabilities and developmental delays**
- Consider federal and other funding resources

Maya then went over the Fall subcommittee overview and objectives.

- **Overview:** Subcommittees will focus on **providing feedback on assumptions that will inform the development of IDEC’s funding framework** for child care/pre-k, home visiting & FFN across the mixed delivery system, and provider types*
- **Objectives:** At the end of this round of subcommittees, we will have a deeper understanding of:
 - A recommended initial set of **family-driven cost factors** to consider embedding in definitions of adequacy targets
 - Qualitative input on **known and unknown cost factors** to inform development of adequacy targets
 - Input on variations required based on the experiences and **needs of different provider types**

- Questions needing **further consideration and research** to inform the funding framework

Lastly, Maya went over the potential topics that the subcommittee will cover:

- What are the unique needs of Family, Friend, and Neighbor (FFN) providers?
- How should funding design and the road map to full costs account for FFN providers' structure?

4. Scope & Role of the FFN Subcommittee

Marissa Ortiz (Afton Partners) provided an overview of Family, Friend, and Neighbor Care:

- Family, Friend, and Neighbor (FFN) care is child care provided by someone the family already knows and trusts, such as a relative, family friend, or neighbor, rather than a formal child care program
- FFN care is often home-based, typically happening in the caregiver's home or the child's home
- It is frequently used for flexible, non-traditional, or variable schedules (evenings, weekends, rotating shifts)
- FFN providers are license-exempt
- Illinois recognizes FFN providers as part of the Child Care Assistance Program (CCAP) system; eligible families can use CCAP for care from a relative, friend, or neighbor
- Access to CCAP requires FFN providers to complete core trainings: CPR/FIRST AID, Child Development, Health, and Safety Basics Training, Child Abuse and Neglect/Mandated Reporter Training, "What is CCAP?" orientation

Marissa reviewed the essential questions that the FFN Subcommittee will focus on throughout its meetings:

1. How can funding and payment systems better reflect the costs of FFN care?
2. How do different FFN caregiving arrangements affect the cost of providing quality care?
3. What support, systems, or funding approaches are needed to ensure FFN providers can sustain quality care?

Marissa shared that the FFN subcommittee will meet twice to develop cost considerations for providing FFN care.

Meeting 1- Dec 11	Meeting 2- January
• Welcome, introductions, and level setting • Costs related to the people caring for children: hours of service, compensation, training • Costs related to receiving state payment	• Costs related to children-cost differences for caring for multiple children • Supporting children with disabilities, developmental delays, and multilingual learners • Costs related to early mornings, overnight and evening/weekend care • Costs related to supplies- food, housing, laundry, etc.

Marissa explained that, following Meeting 2, the subcommittee's recommendations will be brought forward to the Funding Design Workgroup. She also reviewed how the subcommittee and the workgroup will collaborate and maintain alignment throughout the process. Marissa then opened the meeting for questions from subcommittee members.

A question was raised, asking: Does FFN care include nannies/au-pairs/other-in-home care givers that the family may or may not know in advance, but doesn't have enough prior relationship to yet have a "trusting" relationship? Megan Bock (Afton Partners) responded: We are talking about anyone who is drawing down CCAP funding regardless of their prior relationship with families.

5. Understanding Cost Factors for Family, Friend & Neighbor Care

Crystal Roman (Afton Partners) shared that Illinois has been a long-standing leader in FFN care, enabling providers to deliver care while receiving support through the Child Care Assistance Program (CCAP) funding. She shared data on the use of FFN care in Illinois, including the fact that approximately 26,000 children, about 20% of CCAP-enrolled children, are in FFN care each month. She noted that 87% of FFN providers are relatives and 13% are non-relatives. Most providers care for 1 to 2 children, with a median of 2, and 73% care for school-age children (ages six and older). She added that 36% of FFN providers care for children aged birth to three, and 43% care for children aged three to five, noting that families with children of all ages use FFN care.

Crystal reviewed subsidy-related information and shared that, on average, approximately 11,600 FFN providers serve CCAP-enrolled children each month. Roughly \$11 million of the \$100 million total CCAP funding is paid to FFN providers monthly and FFN providers receive an average of \$372 per child per month.

Crystal then reviewed the CCAP payment process for FFN providers. FFN providers are reimbursed monthly after submitting attendance-based vouchers (certificates) and that the FY26 CCAP daily rate for FFN care is \$25.76 per child for a full day of care (5–12 hours). She outlined the conditions FFN providers must meet to receive CCAP payments, such as completing background checks and fingerprinting, maintaining attendance records, complying with billing requirements, and participating in required training.

Crystal provided additional details on CCAP requirements for license-exempt FFN providers, including that all license-exempt child care providers must agree in writing to a Child Abuse and Neglect Tracking System (CANTS) check and be screened through the Illinois and National Sex Offender Registries. She shared that all license-exempt providers, except relatives of the child, must complete and sign authorizations for state and federal fingerprint-based criminal history record checks. She reviewed required training, including CPR/First Aid, Child Development, Health and Safety Basics, Child Abuse and Neglect/Mandated Reporter Training, and “What is CCAP?” Providers must register in the Gateways to Opportunity Registry at no cost and record their training, credentials, and certifications there.

A subcommittee member noted that many of the requirements for FFN providers are federal rather than state requirements.

Crystal then shared family and provider perspectives related to FFN care, including quotes. She shared that FFN care providers offer trusted, flexible, and culturally familiar care for families and that FFN providers offer care when licensed programs are closed, unaffordable, or unavailable during non-traditional hours. She also shared that FFN providers and families experience gaps in support, stability, and recognition within the broader child care system. Crystal shared a quote from an advocate asking how the system can better support FFN providers who play a vital role in child care, particularly for vulnerable children and families.

Crystal concluded by noting that the day’s discussion would support the subcommittee’s understanding of the costs of providing FFN care. She outlined areas the subcommittee would explore, including the time required of FFN providers (such as hours of care, preparation, training, and professional development), the scope of responsibilities beyond direct caregiving, and the administrative processes and time required for billing, paperwork, and reimbursement.

Crystal then turned the meeting over to Megan to lead the discussion on FFN care. Megan began by asking participants to describe a typical day for an FFN provider.

- **Discussion: Typical Day for FFN Provider**

A subcommittee member shared that FFN providers often fill gaps in care for families, including before- and after-school care, evening hours, and overnight care. She noted that FFN care may be used when families cannot access or afford other care options. Evelyn shared that, based on her experience working with FFN providers, FFN care is often used by individuals working third shift, and that care arrangements vary depending on family circumstances, the number of children, and the children's ages. She also noted that in some cases, care continues for youth older than age 13.

A subcommittee member shared a personal example of her mother providing care for her toddler to supplement part-time child care. She noted that in her community, care is often provided by family members and typically involves a limited number of children, such as grandchildren or cousins.

Participants discussed that FFN providers may care for children with developmental delays, and that care is often tailored to each child's individual needs and developmental stage. A public participant raised the topic of professional development and training, particularly for providers working with children with disabilities. A subcommittee member shared that FFN providers have expressed the importance of providing enrichment activities, noting considerations such as transportation and activity-related costs. Another added that FFN providers may spend time on self-study, including researching developmentally appropriate activities and child-specific needs. The group also noted that FFN care can be challenging to define because caregiving time may blend with other responsibilities, making it hard to estimate time spent. Megan stated that additional follow-up may be needed.

- **Discussion: Time spent on administrative tasks and billing**

A subcommittee member shared general observations, not specific to FFN providers, that initial system setup can be a significant time investment, including background checks and application processes. She noted that with each additional federal requirement, participation in FFN/CCAP has declined, and that reimbursement rates are low relative to the potentially high barrier to entry.

A subcommittee member discussed the role of provider communities of support, noting that sharing tools and resources can reduce administrative burden, though she hears this less frequently among FFN providers. Another shared that many FFN providers have

other jobs and that completing initial and annual requirements within required timelines can be challenging. She noted that required training can take at least ten hours, not including the time needed to locate and enroll in classes. She also shared that providers are paid in arrears and that delays in payment and a lack of a system to check payment status can be challenging. She noted that FFN providers express interest in training and learning how to better support children in their care, including children with disabilities or behavioral needs, and that providers may not be aware of available resources, such as food programs.

A public participant asked whether state or federal estimates exist on the percentage of FFN providers serving CCAP-eligible children who do not participate in the system, and whether the primary barriers to participation are system-related. A subcommittee member shared that CCR&Rs have worked to reduce the obstacles and support engagement, and that stronger connections to CCR&Rs during the licensing-exempt process could be beneficial. Evelyn noted that the length of the application and processing time are significant barriers.

A public participant shared that Illinois Action for Children facilitates peer-learning opportunities for FFN providers, and participants have responded positively. She noted that Health and Safety Improvement Grants are limited in amount and cannot be used for consumable items. A subcommittee member asked how information about the reimbursement program is being shared, noting that she was not previously aware of it. A public participant shared that many FFN providers are older adults and may not be comfortable with technology, noting that some did not previously have email addresses. She emphasized the need for hands-on support to help providers complete paperwork and requirements. A subcommittee member shared that she could explore “how did you hear” data and noted observations from CCAP utilization data related to income levels.

- **Discussion: Time spent on training and professional development**

Participants noted that training time varies depending on the format and type. It was pointed out that CPR training is offered in-person, while other training courses may be offered online or in-person. April shared that time can be a challenge and that providers often complete training on weekends. She emphasized the importance of providing training at various times.

A public participant shared that FFN providers frequently contact the Health and Safety team at Illinois Action for assistance with training and billing and are often referred to CCAP for additional support. She noted that many in-person trainings shifted to online formats after COVID-19 and that some FFN providers prefer in-person options. She also noted challenges related to access to technology. A subcommittee member clarified the distinction between initial orientation requirements and annual training requirements and shared that annual training currently totals six hours.

Participants discussed available training opportunities through Gateways and union-supported training initiatives. A subcommittee member shared information about compensated training opportunities through union agreements, noting that not all training is compensated. A public participant raised concerns about fluctuating caregiving hours and how variability can affect providers' availability for training and preparation.

6. Public Comment, Next Steps & Adjournment

Appendix: Padlet Comments

- **What hours do you typically provide care (e.g. morning, afternoon, overnight...)? How long do children stay in your care each day?**
 - Care for FFN providers can run from early morning to late evening and/or overnight based on the needs of the families.
- **How many children do you typically care for?**
 - 1-3 children, but if the children are from the same family, there could be more.
- **On a day-to-day basis, how much additional time do you spend preparing to provide care? (e.g. , preparing activities, clean-up, transportation, meal preparation & shopping, etc.)**
 - And, if the FFN provider is participating in the food program (CACFP) there is additional paperwork, meal planning and meal observations requirements.
- **What other preparation tasks are missing from this list?**
 - Care may include medical appointments, especially for children with different abilities. If the care is overnight, there could be bathing and hygiene care for bedtime preparation and/or school.