

**Family, Friend and Neighbor (FFN) Care Subcommittee
(Subcommittee of the Funding Design Workgroup)
Meeting 2**

January 21th, 2026, 5:00 pm -6:30 pm

https://aftonpartners.zoom.us/webinar/register/WN_9yFpVzPqSMObuGOK6Ca7mg

In attendance: 25

Subcommittee members: Evelyn Osorio, Hollie Hoole, Bri Stormer, Rachel Gray

Interpreter: German Barrios

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

Members of the public: Bob Spatz, Drew McGee, Ron Porter, Pedro Bortoto, Rowan Atwood, Crystal Salas, Dan Harris, Tracey Brantley, Kenya Reaves, Lashanda Saffold, Velette Stubbs, Tom Browning, Kathleen Kimmey, Karen Berman, Stephanie Jimenez, Britt Gordon-McKeon, Rachel Gray

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 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's goals and agenda.

Goals

- Review key takeaways from Meeting 1 (12/11/25)
- Discuss costs related to child needs and group size
 - Key focus areas: Multiple children, children with disabilities, developmental delays, challenging behaviors, and multilingual learners
- Discuss costs related to care hours and household expenses
 - Key focus areas: Costs of early morning, overnight, evening/weekend care, and ongoing expenses such as food, housing/space, laundry, and supplies

Agenda

- Welcome & introductions
- Background & context for funding design and the subcommittees
- Scope and role of the FFN subcommittee
- Review Meeting 1

- Discussion: Costs associated with FFN Care
- Public comment, next steps, and adjourn

2. Background and Context for Subcommittees

Maya reviewed the subcommittee's norms and outlined the meeting's goals, agenda, and current place in the project timeline. She noted that the subcommittee is in a phase focused on further refining the assumptions underlying its recommendations.

Maya also reviewed the subcommittee's essential questions to help frame the discussion.

3. Review Takeaways from December Meeting

Crystal Roman (Afton Partners) reviewed key takeaways from the December subcommittee meeting, focusing on discussions related to administrative tasks and billing, as well as training and professional development.

Administrative Tasks and Billing

- Administrative and billing requirements may be a barrier to FFN participation, with lengthy applications, background checks forms and processes, and low reimbursement relative to the time and cost required
- Many FFN providers face time and capacity constraints, including balancing other jobs, managing reimbursements with limited ability to track payments, and needing additional help navigating technology tools.
- Peer networks and support from Child Care Resource and Referrals (CCR&Rs) may be able to help navigate administrative tasks, but access currently to these supports varies

Training and Professional Development

- Meeting participants reported that training can be difficult for providers to fit into their schedules. Many FFN providers complete required training on weekends and need offerings available at multiple times and in multiple formats (both online and in person).
- Access barriers and personal preferences may influence training participation. Some meeting participants shared that providers may prefer in-person training, while others rely on online options; limited access to technology can be a barrier for some providers.
- Although training opportunities exist, meeting participants reported that access may be inconsistent, with caregiving schedules and a lack of compensation or incentives affecting participation.

Overall Summary and Cost Considerations

Crystal concluded with an overview of discussion themes and potential cost factors, including:

- Time required of FFN providers, encompassing hours of care, preparation, training, and professional development.
- The full scope of responsibilities involved in delivering FFN care beyond direct child supervision.
- Administrative processes and associated time costs related to billing, paperwork, and reimbursement.

Crystal then voiced over the table below, which summarizes the takeaways from the first meeting.

Potential Cost Factors:

Personnel Costs	Non-Personnel Costs	Family Driven Vision
• Training: Include compensation for time attending trainings; include cost of offering trainings outside of regular working hours and through various platforms (in person, online, asynchronous, etc.)	• Administrative Tasks and Billing: Include time for completing admin requirements, including applications, background checks forms, and paperwork • Infrastructure: Include costs of TA and peer networks to support adoption of best practices	• Increase availability during non-traditional hours: Include rates that cover the cost of care for FFN to offer NTH care

○ **Discussion on reflecting meeting 1:**

Marissa Ortiz (Afton Partners) facilitated a discussion grounded in reflections on the key takeaways from the first subcommittee meeting.

- A public participant expressed strong agreement with the summary of the prior discussion, noting that it resonated with his experience. He shared that several other states have robust systems in place to support Family, Friend, and Neighbor (FFN) care and emphasized that similarly strong support is needed in Illinois.
- A workgroup member noted that many FFN providers are older adults and that the current system is not well designed to meet their needs.
- A public participant added that IDHS and ISBE currently have a close working relationship that enables information sharing, including identifying eligible FFN providers. He noted that in other states there are strong recommendations and incentives

for FFN providers to participate in CCAP. Given limited state resources for direct outreach, he suggested that the state could support sponsors in reaching providers.

- Marissa suggested that outreach and awareness be embedded as a core, system-level function within the program's infrastructure, rather than relying on individual FFN providers.
- A workgroup member referenced an Illinois Action for Children (IACF) memo on FFN care recently submitted to IDEC. She noted that while FFN providers are not subject to facility requirements, there are opportunities for them to become licensed providers. She also highlighted that FFN providers serve a significant number of children with disabilities and developmental delays and could potentially be supported in more specialized caregiving roles.
- A workgroup member agreed with the previous comments and emphasized the need to streamline processes, noting that relative providers have a different set of requirements that should be accounted for.
- A public participant emphasized that additional support is needed for FFN providers, as they are often filling gaps when families are unable to find other child care options.
- A public participant suggested that the DAI Working Group participate in the subcommittee's efforts, noting that their involvement could help the state identify and prioritize data that could be leveraged to better support FFN providers.

4. Discussion: Costs associated with FFN Care

Megan Bock (Afton Partners) facilitated a discussion on costs associated with Family, Friend, and Neighbor (FFN) care, beginning with the question: What does a typical day look like for an FFN provider?

Before opening the discussion, Megan asked whether any FFN providers were present who could share firsthand experience. An FFN provider volunteered to respond.

- The provider shared that her schedule is determined by parents' work hours. Her daily responsibilities include cleaning the home and ensuring it is prepared for children, providing full-day care, and completing end-of-day cleanup. She tracks days and hours of care using her phone. She noted that she is not currently receiving CCAP funding.
- Parents generally provide supplies such as diapers and other child-specific items.
- Food is typically provided by parents, though she sometimes pays for food herself.
- Additional participants contributed examples of common cost considerations for FFN providers:
 - A public participant noted that providers often use a laptop and, in some cases, pay for internet or phone data. He also mentioned safety-related items such as smoke alarms and carbon monoxide detectors, as well as materials like art supplies.

- A workgroup member highlighted diapers as a frequent cost and shared that Action receives many requests related to diaper support.
- A public participant added that FFN providers often purchase significant amounts of cleaning supplies, particularly during flu and cold season or during outbreaks such as hand, foot, and mouth disease.

Multilingual Supports

- A public participant noted that FFN providers often need translation and language-access support.
- A workgroup member shared that linkages to external supports are less clear in FFN settings and emphasized the need to build awareness of available resources. She noted that while many FFN providers are skilled in areas such as medication administration and communication, gaps can emerge as children transition to pre-K or kindergarten.
- A public participant added that beyond Spanish-speaking communities, connections to other language communities are limited, and awareness of the child care programs is low.
- A workgroup member emphasized that translation needs to extend beyond Spanish, citing CCAP application materials as an example.
- A public participant stressed that information and outreach should be delivered through trusted community organizations.

Children with Disabilities and Developmental Delays

- A public participant shared that providers frequently request training and need access to someone knowledgeable about available resources to help connect them to support. He noted that assistance is needed to help providers identify and address children's needs within child care settings, and that IAFC¹ currently lacks dedicated capacity for this role.
- A public participant shared personal experience as a parent of three children with disabilities in a bilingual household. She described applying for assistance but being deemed ineligible, ultimately pulling her children from care due to cost. She noted that additional provider training, particularly around sensory needs such as feeding, would have been beneficial. She also highlighted the emotional burden on families, including fear of overwhelming providers or having their child rejected. She noted that funding for adaptive items (e.g., weighted blankets) could make a meaningful difference but is often cost-prohibitive for families.
- A public participant noted that many documented challenges faced by families and children in FFN settings mirror those seen in center-based care. She emphasized the need for referrals, awareness, and structural and facilities supports across all child care settings and encouraged IDEC to consider system-wide solutions.
- A public participant agreed with the previous statement and emphasized the importance of strengthening partnerships between Early Intervention and FFN providers to better support families.

Infants and Toddlers

- A workgroup member identified diapers and pack-and-plays for safe sleep as key cost and supply needs.
- A public participant noted that the Child and Adult Care Food Program (CACFP) reimburses providers for breast milk and suggested this could be a valuable support if FFN providers are made aware of it.

Training and Professional Development

- A public participant shared that providers, particularly those caring for children with disabilities and developmental delays, often prefer in-person training. She noted that online trainings are not always effective and emphasized the importance of real-time, on-the-spot support, even as a supplement to foundational training. She added that this need to span provider types.
- A public participant shared that she has not previously participated in training but would be interested. She expressed a preference for in-person training, though she would consider online options. She also expressed interest in becoming a licensed provider and noted that, despite providing child care since age 18, she has never received formal training.
- A workgroup member emphasized the value of mentorship, peer-to-peer support, and offering training through multiple modalities, including access to experienced providers for outreach and guidance.
- Housing requirements were noted as a barrier to becoming licensed, and not all providers are interested in pursuing licensure.
- Participants referenced an existing mentorship program funded through a union training fund as evidence of both provider need and interest in mentorship-based support.
- A workgroup member recalled data indicating that approximately 15% of FFN providers are interested in becoming licensed. While not a majority, she emphasized the importance of helping interested providers “get over the finish line,” noting that initial technical assistance, particularly understanding where to start, is a critical gap.
- A public participant suggested elevating and better leveraging existing resources, including the Early Intervention Clearinghouse, Early CHOICES, and Parent Training and Information Centers, and potentially investing further in the expertise and capacity of those entities.
- A public participant reiterated the importance of multilingual support, noting that fear and intimidation are significant barriers for providers. She highlighted the Together for Childhood Network in Lake County as a positive example of trusted, community-based support for home providers. She emphasized that uncertainty around inspections, risk, and compliance discourages participation.

- A public participant expressed optimism that some licensing-related challenges may ease with the transition to IDEC. He described current licensing processes as difficult and delayed, and noted that many concerns he hears from providers relate to licensing. He identified this transition as an opportunity for alignment, suggesting closer coordination between licensing staff and health and safety coaches, including shared training and clearer communication pathways. He noted that CCR&Rs often face challenges offering licensing training due to frequent changes.
- A workgroup member echoed earlier comments, emphasizing that understanding where to start is the largest hurdle and noting that the current website needs improvement.
- A workgroup member closed by emphasizing the importance of warm handoffs through trusted messengers, particularly in the current context.

5. Public Comment, Next Steps & Adjournment

Megan Bock invited members of the public to share any comments.

- A public participant shared that, from her perspective as an Early Intervention (EI) parent, stronger partnerships between EI and child care providers are critical and would help providers better serve all children in their care. She noted that many child care providers in her community are not aware of EI services and emphasized the need for additional education, particularly around recognizing what disabilities may look like in young children.
- A public participant built on the previous comments by noting that DHS and the Early Intervention Training Program (EITP) previously developed resources, such as the Natural Partners Training, focused on EI and child care providers. She expressed hope that a train-the-trainer model remains a possibility for expanding this work.

Megan shared upcoming meetings: Next Funding Design Workgroup Meeting: **February 25th at 4:30 PM.**

Crystal shared a link to the survey for the group to fill out after the meeting. Megan adjourned the meeting.