

Illinois Nontraditional-Hour Child Care Study (INCCS)

A Research-Policy Partnership

Practices of Child Care Providers During Nontraditional Hours

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Many families need child care during nontraditional hours because of their work schedules. Approximately 40% of young children in the United States experience nonparental child care during some nontraditional hours (CCEEPRA Research Translation, 2023). Nontraditional-hour (NTH) child care includes care in the early morning (before 7 a.m.), evening (after 6 p.m.), overnight (between 11 p.m. and 4 a.m.), and weekends. It also includes irregular-care schedules, such as variable-hour care that changes from day to day or week to week, drop-in or emergency care, and care on national holidays. Despite the prevalence of NTH child care, little is known about the quality practices and environments for child care during these hours.

In this report we summarize select findings from a survey of Illinois child care providers with NTH schedules. We focus on the activities, routines, and practices that child care providers use during different NTH care schedules and how these practices may differ from standard-hour care. Additional findings regarding provider experiences offering NTH child care and provider characteristics are included in two separate reports.¹ All survey findings contained in these reports are part of the Illinois Nontraditional-Hour Child Care Study (INCCS), a four-year, federally funded research-policy partnership to examine the supply, demand, and practices of NTH child care in Illinois.² This report focuses on the practices of three types of Illinois child care providers: licensed home-based child care

Box 1

Center-based child care—care that takes place in a nonresidential community setting (e.g., a community-based child care center, a faith-based institution, a community center). It is often but not always licensed or regulated by state or local government.

Licensed family child care (FCC)—care that is licensed or regulated by state or local government and takes place in a residential setting, typically the provider's own home, where a provider or providers care for small groups of children with or without a previous relationship, typically for some pay.

Family, friend, and neighbor (FFN) care—a type of unlicensed care provided in a residential setting (e.g., the child's or provider's home), most likely by an individual with a previous relationship with the child or family. Includes providers without a previous relationship who may be exempt from licensing requirements because small group sizes do not reach minimum thresholds for licensing. Care in the child's home by a nonrelative provider may be referred to as "nanny care."

providers, also referred to as family child care providers (FCCs), center-based child care programs, and family, friend, and neighbor (FFN) child care providers.

A partnership of

Methodology

In March 2024, Illinois Action for Children invited Illinois child care providers to take an online survey about caring for children during nontraditional hours. Providers were recruited based on their care schedules as recorded in Illinois' Data Tracking Program (DTP) database, which is maintained by the 16 Child Care Resource and Referral organizations throughout Illinois. Our goal was to survey meaningfully sized groups of providers of each care type (centers, FCCs, and FFNs) and each care schedule (standard-hour, early-morning, evening, overnight, and weekend) that would enable comparisons across provider subpopulations. Note that our sample was not designed to be representative of the provider population.³

In total, 434 providers completed the survey, in which they were asked to select the schedules when they care for children. We defined each schedule of care as follows:

- Weekday early mornings—any time before 7 a.m.
- Standard-hour care—weekdays during the day any time between 7 a.m. and 6 p.m.
- Weekday evenings—any time after 6 p.m.
- Overnight—any time between 11 p.m. and 4 a.m.
- Weekends—any time Saturday or Sunday.

Providers were also asked to report their earliest start time and latest end time. We used their reported start and end times to verify that providers who selected a nontraditional schedule did meet the criteria.⁴ Based on provider responses, 333 providers offered some type of nontraditional care. The results that follow describe what care looks like for each of the nontraditional care schedules.

Early-Morning Care Schedule and Provider Practices

Providers who cared for children in the early morning (any time before 7 a.m.) reported start times ranging from 1 a.m. to 6 a.m., though the vast majority began care at 5 or 6 a.m. (See table 1.) Most centers (86%) offered only one hour of early-morning care, from 6 to 7 a.m. Among FCC providers, the most common start time was 5 a.m., reported by 53%. A substantial number

of FFN providers (34%) also began care at 5 a.m., and they were the most likely group to start earlier—before 5 a.m.—though only 9% did so. Most providers (88%) who offered early-morning care did so in addition to standard hours, and 41% also offered either evening or overnight hours. This suggests that many providers operate for extended hours to meet the needs of families.

Table 1 | Early morning start time by provider type (among those who offer early morning care)

Provider Start Time	FCC n=113	FFN n=59	Center n=56	Total n=228
1 a.m.	0%	2%	0%	0.4%
3 a.m.	0%	2%	0%	0.4%
4 a.m.	2%	5%	0%	2%
5 a.m.	53%	34%	14%	39%
6 a.m.	43%	58%	86%	57%

Routines and Activities During Early-Morning Care

Providers were asked about the routines and activities they engaged in with children during early-morning care. (See figure 1.) They could select multiple items from a list of options provided. Approximately half of centers reported implementing at least one of these routines, while more than half of home-based providers reported using four out of six of the listed routines. Home-based providers were more likely than centers to report serving children breakfast, caring for sleeping children, and incorporating personal-care routines during early-morning hours.

- Home-based providers were statistically more likely to serve children breakfast (80%–81%) than centers (48%).
- They were also statistically more likely to care for sleeping children during the early-morning hours (57%–60%) compared with centers (20%). This may reflect the later start time of centers compared with some home providers; however, it could also indicate distinct practices between the two types of settings.

- Home-based providers—particularly FFNs—were more likely than centers to incorporate personal-care routines, such as brushing teeth, combing hair, getting dressed, and bathing. FFN providers were statistically more likely than FCCs to bathe and dress children. This may suggest that FFN providers are more accommodating of these needs than FCC and center providers, or that parents find it more appropriate for FFN providers to assist with these routines than for FCC or center providers. We found no statistical difference in the use of personal-care routines between FFN providers who were relatives of the children in their care and those who were unrelated, with one exception: relative FFNs were more likely to help children get dressed for the day.

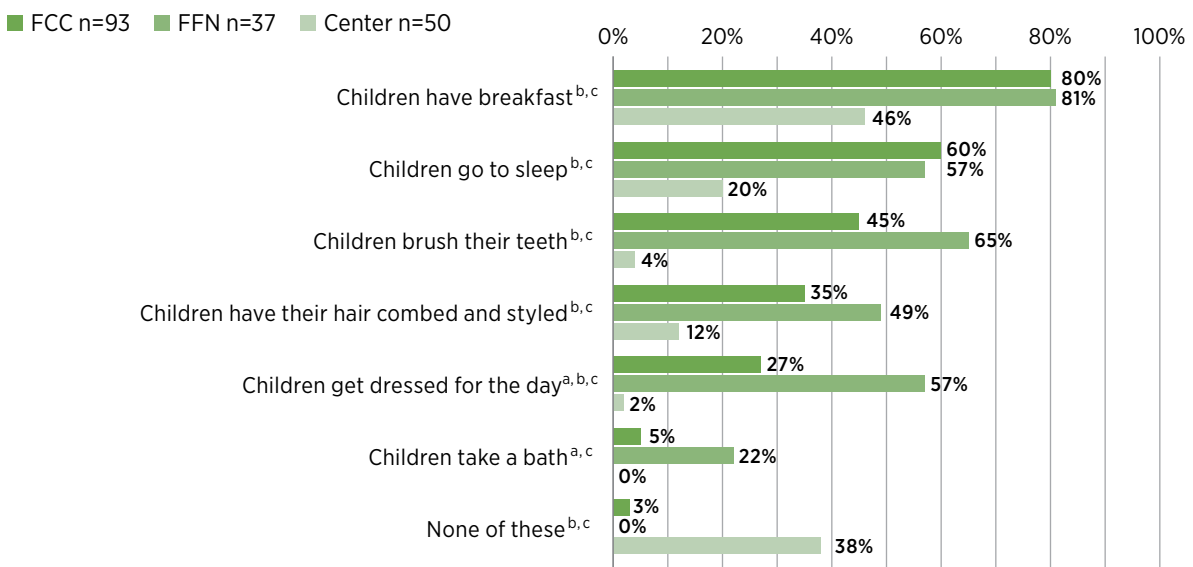
Although home-based providers were more likely than centers to incorporate personal-care routines, there was more variation among the three provider types

in the kinds of activities they do with children during early-morning care. (See figure 2.) Most providers said they create a calm environment for sleeping or quiet activities (79%) and allow children to play freely (71%). Fewer providers, about 50%, said they spend time comforting children, by cuddling or rocking them, or encouraging learning during these hours. There was a statistically significant relationship between provider type and some early-morning care activities selected:

- Home providers were more likely than centers to create a calm environment and provide quiet activities for children.
- Centers were more likely than home providers to allow children to play freely.
- FFNs and centers were more likely than FCC providers to encourage learning activities during early mornings.
- Centers were more likely than FCC providers to provide comfort by cuddling or rocking a child.

Figure 1

Early-Morning Care Routines by Provider Type

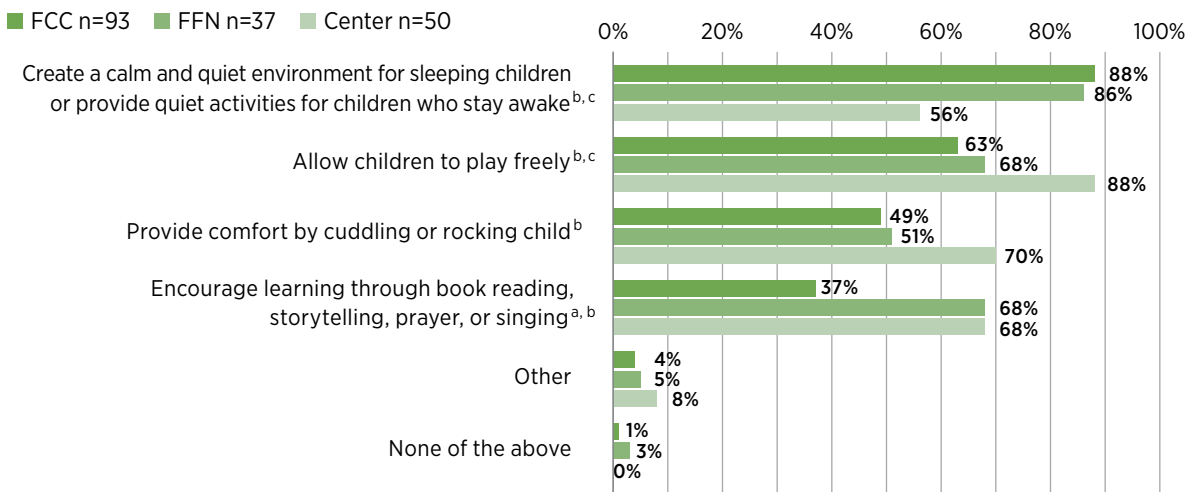


Significance determined using Fisher's Exact Test ($p < .05$); applies to all figures unless otherwise noted.

- a. Statistically significant difference between FCC and FFN providers; b. Statistically significant difference between FCC and center providers; c. Statistically significant difference between FFN and center providers

Figure 2

Early-Morning Care Activities by Provider Type



a. Statistically significant difference between FCC and FFN providers; b. Statistically significant difference between FCC and center providers; c. Statistically significant difference between FFN and center providers

Differences Between Early-Morning and Daytime Activities

We asked providers how their early-morning activities differ from their daytime activities. Home-based providers described early-morning care as quieter, calmer, and less structured, with an emphasis on helping children ease into the day. Many note that children often arrive either asleep or very tired and are allowed to rest until breakfast. Children who remain awake are typically offered quiet activities such as reading, watching TV, gentle exercise, table activities, or quiet free play. Several providers also shared that having fewer children in care during this time contributes to the calm environment.

Several home-based providers help children prepare for school during the early-morning hours. Providers make sure children eat breakfast, help them complete their personal-care routines, and walk them to the bus stop or school. One FCC provider shared, “If the child is in school they have quiet time or breakfast before taking his or her bus.”

In comparison, daytime activities were consistently described as more energetic, busy, and loud. Providers reported that these activities typically began after breakfast and involved structured learning, active play, and educational curriculum. Many emphasized the contrast in pace and structure between morning and daytime periods. One FCC provider shared, “Once breakfast is served we transition into the learning or the free play part of our day. In the early am it is quiet, lights are dimmer, music is more soothing.”

Similar patterns were reported by centers. Although fewer center providers responded to this question, those that did noted that early-morning care is more relaxed, with a focus on quiet and rest. One center provider stated, “Children are typically still tired from getting up so early. We provide quiet time, soft music, cots if children need more rest and quiet activities.”

Center-based providers also mentioned that because there are fewer children present in the early morning, classrooms were sometimes combined, allowing for more individualized care. Structured curriculum and group activities typically begin after 9 a.m., when all children were awake and ready to participate.

Evening-Care Schedule and Provider Practices

Evening-care hours vary from one provider to the next, but most providers offering evening care (85%) provided care until 8 p.m. or later. (See table 2.) Over half (57%) offered care until at least 11 p.m., and 15% continued providing care through the night and into the following day. Center and FFN providers were more likely than FCCs to end care earlier in the evening. A quarter of centers ended their evening hours by 6:30 p.m., and 19% of FFNs stopped care by 7:30 p.m. Evening-care providers operated for long hours, with most (85%) offering some standard-hour care and 71% offering either early-morning or overnight hours.

Table 2 | Evening end time by provider type

Provider End Time	FCC n=79	FFN n=78	Center n=15	Total n=172
by 6:30 p.m.	4%	5%	27%	6%
between 7 and 7:30 p.m.	4%	14%	0%	8%
between 8 and 11 p.m.	47%	42%	27%	43%
between 11:30 p.m. and midnight	37%	17%	33%	27%
between 12:30 and 4 a.m.	1%	12%	7%	6%
between 4:30 and 8:30 a.m.	8%	10%	7%	9%

Routines and Activities During Evening Care

We asked providers offering evening care about the specific routines and activities they engage in during those hours. More than half of all providers report that their evening routines include serving dinner, having children sleep, and waking them up for parent pickup. (See figure 3.) FFN providers were generally more likely than FCCs and centers to incorporate personal-care routines during evening care.

- Almost all home-based providers (94%) and most centers (67%) serve dinner during evening care. FFN providers were statistically more likely than centers to report serving children dinner during evening care. This may be because over a quarter of centers with evening hours close by 6:30 p.m.

- FFN providers were more likely to incorporate personal care routines. Specifically, they were statistically more likely than centers and FCC providers to have children brush their teeth and take a bath. FFNs were also more likely than FCC providers to have children dress for bed and comb or brush their hair. Among FFNs, relative providers were statistically more likely than non-relative providers to help children get dressed for the day. While not statistically significant, relative FFNs were twice as likely to bathe children.
- Centers were statistically more likely than home-based providers to report not following any of the listed evening routines.

Evening activities were similar across provider types. Most providers allow children to play freely (80%), help with homework (80%), and encourage learning through activities such as book reading and storytelling (79%). (See figure 4.) Providers who selected “other” shared that they engage in outdoor activities such as taking evening walks, going to the park, or playing outside. There were no statistically significant differences between provider type and the evening-care activities selected.

Differences Between Evening and Daytime Activities

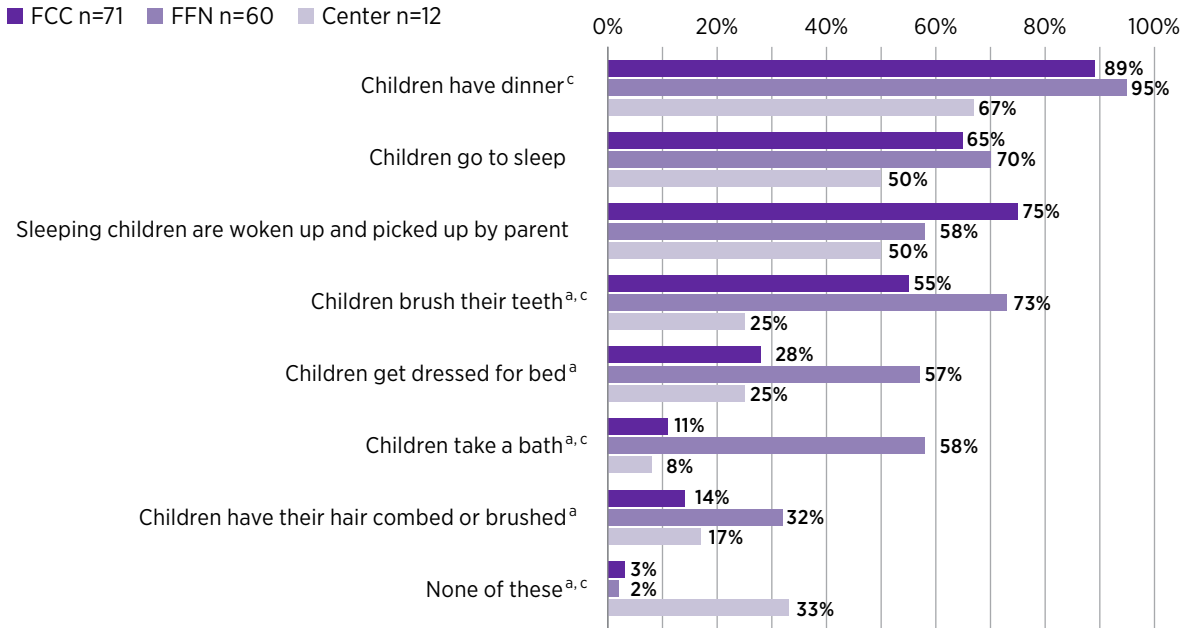
Providers shared observations on how their evening activities differ from daytime activities. Home-based providers consistently described evening care as calmer, less structured, and more focused on meeting children’s end-of-day needs compared with daytime care. Although daytime care often involves structured learning, active play, and outdoor activities, evening-care routines center on winding down, completing homework, and preparing children for bed.

Many providers noted that children are typically tired in the evening, leading to more relaxed activities, such as reading, storytelling, quiet games, and light screen time. One provider explained, “Evening it is more laid back. Snack and play time while I fix dinner, homework after, then bath time, story time, then they fall asleep until their mother arrives.”

Additionally, differences in group composition influenced the types of activities offered. One provider explained, “The difference is the age—usually I’ll have babies in the daytime and older kids in the

Figure 3

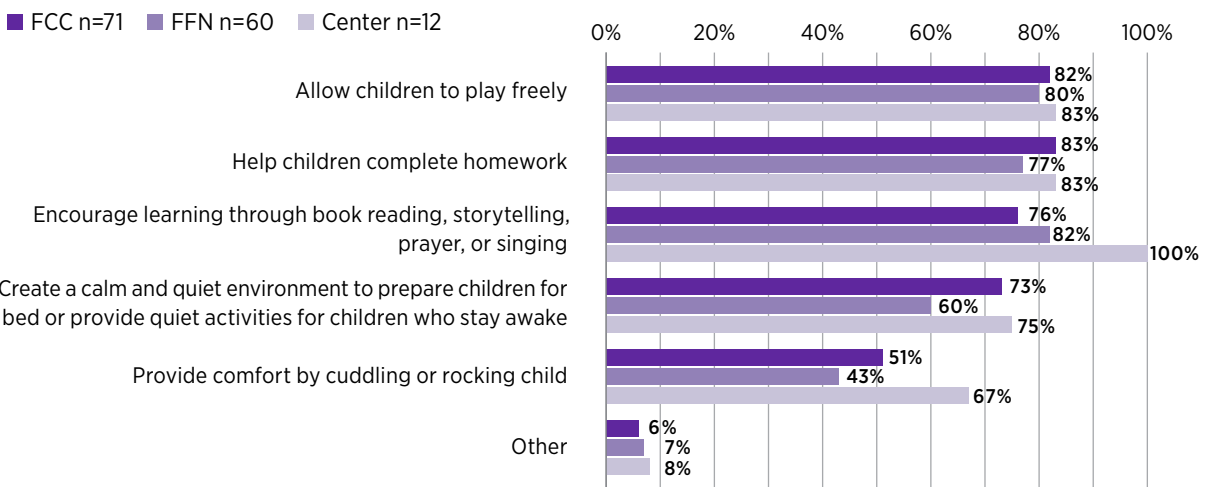
Evening-Care Routines by Provider Type



a. Statistically significant difference between FCC and FFN providers; b. Statistically significant difference between FCC and center providers; c. Statistically significant difference between FFN and center providers

Figure 4

Evening-Care Activities by Provider Type



evening.” Because older, school-age children were more commonly present in the evening, homework assistance became a focus, with many home-based providers emphasizing the importance of helping children complete assignments before going home.

Three center providers responded to this question and described evening care as involving small-group activities and outdoor play. One center provider shared, “We gather the remaining children and do a small-group activity while waiting for parents to pick up.”

Overnight-Care Schedule and Provider Practices

Overnight care was not explicitly defined in the survey for providers because of the atypical and varied start and end times associated with this type of care. For our analysis, we classified an overnight provider as anyone who cared for a child between the hours of 11 p.m. and 4 a.m. Providers who offered overnight care had varying end times; however, approximately half (54%) ended care by midnight. (See table 3.) This group included most centers (67%) and FCC providers (72%), who generally offered only one hour of overnight care under this definition. About one-third of overnight centers and FCC providers cared for children after midnight and into the following morning, while a majority (68%) of FFN providers continued care through this period. Sixty-six percent of providers who offered overnight care also provided some standard-hour care, and 94% offered either evening or early-morning hour care.

Table 3 | Overnight end time by provider type

Provider End Time	FCC n=29	FFN n=28	Center n=6	Total n=63
Between 11 p.m. and midnight	72%	32%	67%	54%
Between 12:30 and 3:30 a.m.	3%	36%	17%	19%
Between 4 and 6 a.m.	14%	14%	17%	14%
Between 6:30 and 8:30 a.m.	10%	14%	0%	11%
Between noon and 1 p.m.	0%	4%	0%	2%

Routines and Activities During Overnight Care

Providers reported the routines and activities they followed when caring for children overnight. As noted previously, overnight hours were not specifically defined in the survey. Most home-based providers reported that children in overnight care go to sleep. (See figure 5.) As with other care schedules, home-based providers tended to incorporate personal-care routines into overnight care, such as brushing children’s teeth, giving children a bath, getting children dressed for bed, and combing or brushing their hair. Although FFNs were more likely than FCCs to report incorporating personal-care routines, these differences were not statistically significant.

Only two center providers responded to this question; therefore, these results should be interpreted with caution. Both centers reported that children sleep and are woken up for parent pickup. Neither center reported following a full personal-care routine, although one provider noted that the child got dressed for bed.

Overnight activities revolved around preparing children for bed and offering comfort. Most providers reported creating a calm and quiet environment (81%) and encouraging learning through book reading, storytelling, prayer, or singing (64%). (See figure 6.)

- Although 62% of FFN providers reported comforting children by cuddling or rocking them, compared with 27% of FCC providers, this difference was not statistically significant.

Differences Between Overnight and Daytime Care

Home-based providers described overnight care as distinct from daytime care in several important ways. Although daytime care is typically structured, active, and centered on learning and play, overnight care focuses on rest, calming routines, and emotional support.

Overnight-care environments are generally quiet and calm, designed to help children wind down and transition to sleep. Many home-based providers emphasized that children typically arrive already tired or in sleep clothes, and most go to sleep shortly after arriving. As a result, there are few structured activities during overnight hours. When activities do occur, they are intentionally calming such as reading, storytelling,

Figure 5

Overnight-Care Routines by Provider Type

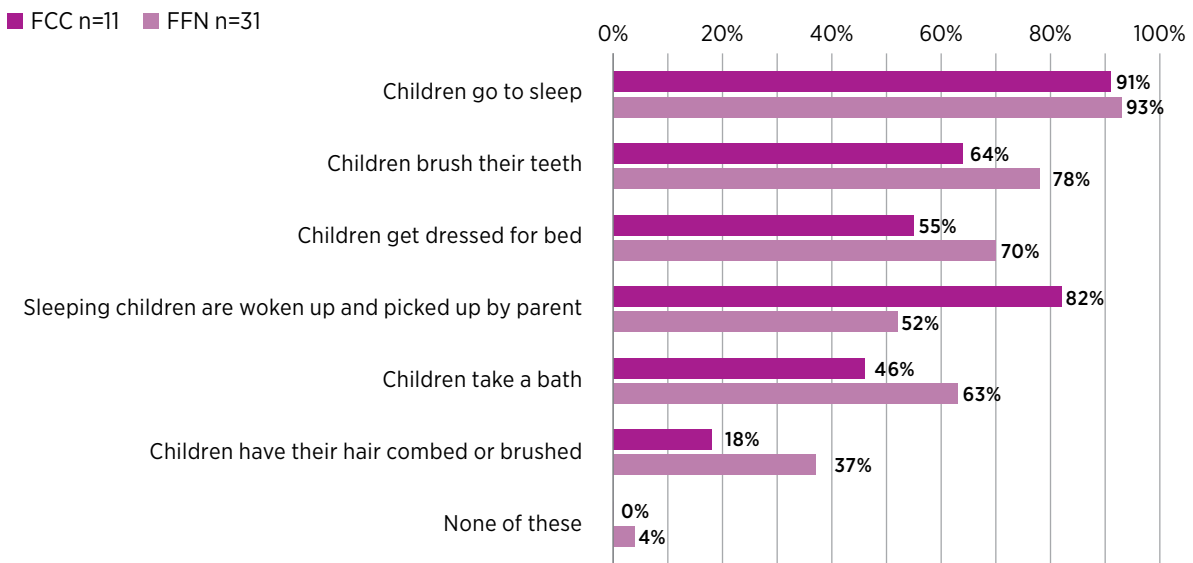
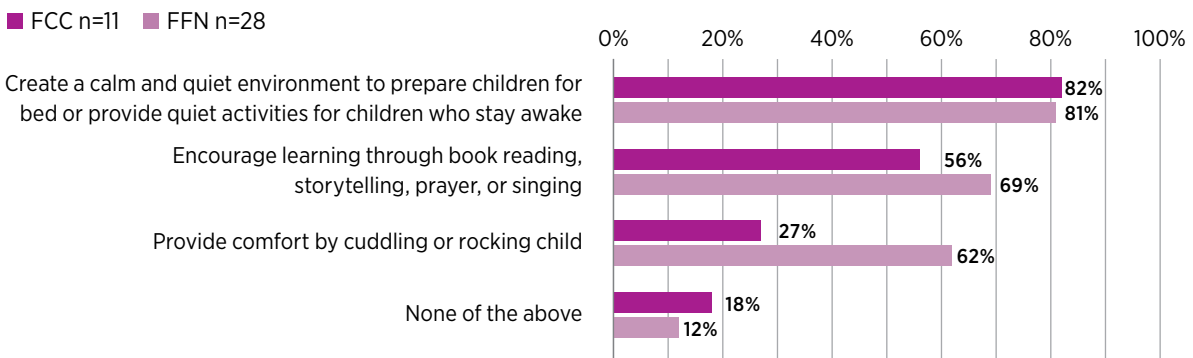


Figure 6

Overnight-Care Activities by Provider Type



quiet games, or bedtime prayers. One FFN provider shared, “They sleep more, there’s not many activities.”

Several home-based providers mentioned offering comfort and emotional support throughout the night, especially for children who might wake up or need reassurance. A few also noted that overnight care often involved different caregiving responsibilities, such as maintaining a quiet presence or providing one-on-one attention, compared with the more dynamic, group-focused nature of daytime care. As one provider

explained, “Overnight hours include dinner, preparing for bedtime, and comforting my grandchild. ... I am also there for care if she wakes up.”

Overall, providers emphasized that overnight care is intentionally designed to be soothing and restful, in contrast to the energetic and activity-rich experience of daytime care.

Neither of the two center providers who reported offering overnight care responded to the question.

Weekend-Care Schedule and Provider Practices

Providers who offered weekend care were asked if they offered care Saturdays, Sundays, or both. Overall, 59% of weekend-care providers offered care both Saturday and Sunday, 39% offered care only Saturday and 2% offered care only Sunday. The Saturday and Sunday start and end times reported by providers followed a similar pattern. See the appendix for Sunday times.

- Approximately half of providers caring for children Saturdays started care for a child before 7 a.m., and 43% ended care by 6 p.m. (See table 4.)
- About a quarter of providers ended weekend care in the late evening (between 6 and 10:30 p.m.), and about a third of providers ended care during overnight hours (after 11 p.m. or the following day). (See table 5.)

Most providers who offered weekend care (85%) also provided standard weekday care, indicating that they often operate for hours exceeding a standard full-time schedule.

Routines and Activities During Weekend Care

Providers reported the routines and activities they did with children on the weekend. Only five centers responded to the question regarding weekend routines, and only seven responded to the weekend-activities question, so results should be interpreted with caution.

- 74% of providers reported that children slept during weekend care.⁵ (See figure 7.)
- As with evening care, FFN providers were statistically more likely than centers and FCC providers to give children a bath during weekend care.
- FFN providers reported following other personal-care routines during the weekend, such as having children brush their teeth and combing/styling children’s hair, at a higher rate than FCC and center providers, however these differences were not statistically significant.

Most providers shared that weekend activities involved child-directed play and teachable moments. (See figure 8.) Additionally, about half of providers reported helping children with homework and attending cultural events and experiences. There were no statistically significant differences among provider types.

Table 4 | Saturday start time by provider type

Provider Start Time	FCC n=45	FFN n=68	Center n=7	Total n=120
Start before 5 a.m.	0%	4%	0%	3%
Start between 5 and 6:30 a.m.	56%	38%	86%	48%
Start between 7 and 8 a.m.	27%	29%	14%	28%
Start between 8:30 a.m. and noon	9%	15%	0%	12%
Start after noon	9%	18%	0%	13%

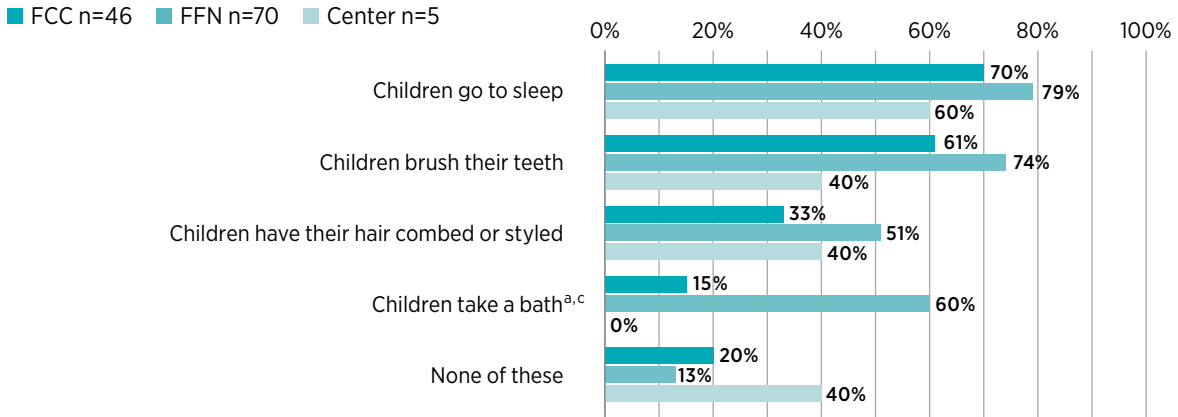
Table 5 | Saturday end time by provider type

Provider End Time	FCC n=45	FFN n=68	Center n=7	Total n=120
Between 11:30 a.m. and 3:30 p.m.	18%	16%	14%	17%
Between 4 and 6 p.m.	24%	25%	43%	26%
Between 6:30 and 10:30 p.m.	20%	30%	14%	25%
Between 11 p.m. and 4 a.m.	31%	19%	29%	24%
Between 5 and 8:30 a.m.	7%	9%	0%	8%

- Most providers said children were allowed to play freely, with 95% of home-based providers and 86% of centers reporting so. All centers reported providing social time with peers.
- All centers and 86% of home providers encouraged learning during weekend care, though this was less common among FFN providers.
- About half of weekend providers reported attending cultural events and experiences. For home providers, this response option included family gatherings.
- Although not statistically significant, more centers (86%) reported helping children with homework during weekend care compared with home-based providers (48%).
- Centers who selected the “other” option shared that they did outings, crafts, and outside activities on weekends.

Figure 7

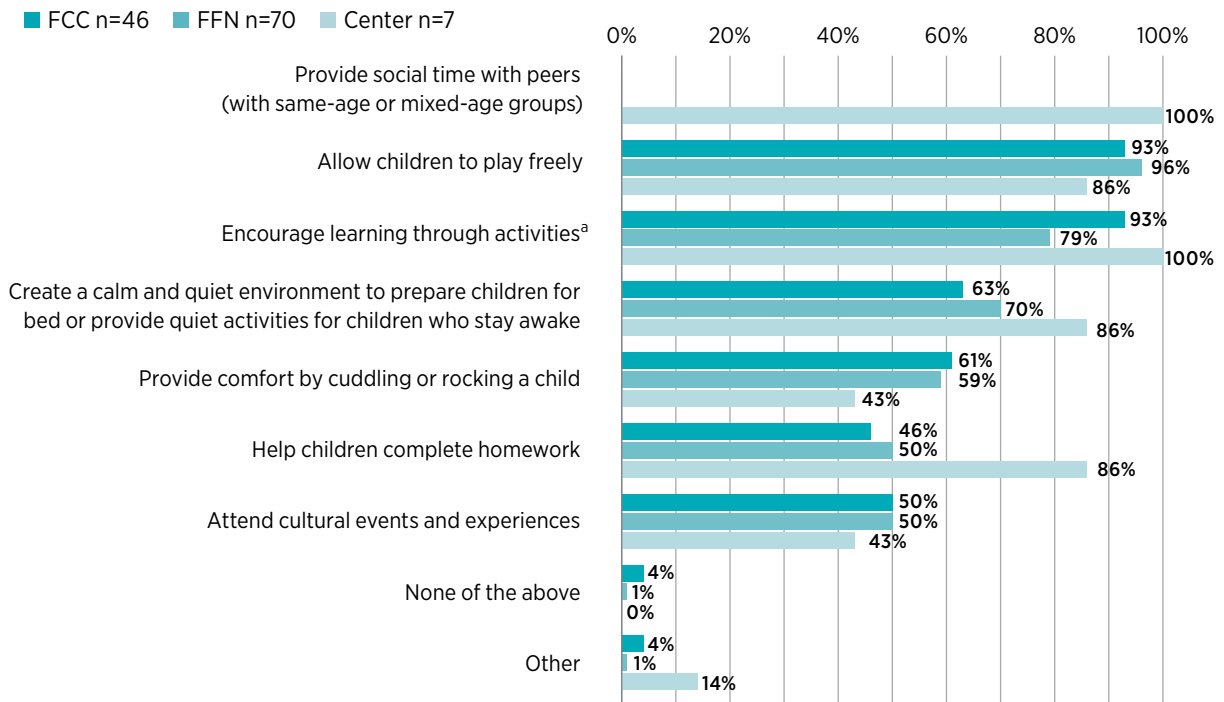
Weekend-Care Routines By Provider Type



a. Statistically significant difference between FCC and FFN providers; b. Statistically significant difference between FCC and center providers; c. Statistically significant difference between FFN and center providers

Figure 8

Weekend-Care Activities By Provider Type⁶



Response options differed between centers and home providers. See endnote 6 for details.

a. Statistically significant difference between FCC and FFN providers; b. Statistically significant difference between FCC and center providers; c. Statistically significant difference between FFN and center providers

Differences Between Weekend Care and Weekday Daytime Care

Provider comments reveal distinct differences between weekday and weekend care in home-based settings. These differences reflect changes in structure, types of activities, and the integration of caregiving into family routines.

One of the most common themes shared by home-based providers was the shift in structure. Weekday care tends to follow a more organized routine aligned with school schedules and emphasizes structured learning. In contrast, weekend care is more relaxed and flexible, with structure typically limited to meals and bedtime routines.

On weekends, home-based providers tend to adopt a more child-led, play-based approach. Many reported offering fewer formal activities, instead encouraging children to choose how they spend their time. One FFN provider remarked, “I let children relax—it’s the weekend; everyone relaxes on the weekend.”

Weekend care offers more opportunities for outings and special experiences that are not typically possible during the week. Providers described taking children on trips to parks, museums, and local attractions. One FFN provider shared, “We adventure more. We do the park, Chuck E. Cheese, in summer we go for ice cream.”

Several home-based providers mentioned that they involve children in their personal and family activities, blurring the line between caregiving and everyday life. One FFN provider noted, “The child that I care for is a niece, so we do family activities together, such as going to restaurants to eat breakfast and going to local events or larger family gatherings.” An FCC provider echoed this sentiment, saying, “It’s more of a follow-my-family activity—like going to see a movie, shopping, church, out to eat, or to the park.”

Only two center providers responded to this question. One provider shared that weekend care was “more play-based and not as structured” as weekday daytime care. Another provider noted that the center maintains some academic support on weekends, stating, “We provide one-on-one or one-to-two tutoring services for some children.”

Overall, weekend care tends to be more flexible, informal, and family-centered than care provided during the week. The tone of weekend caregiving is more relaxed and recreational, offering children a chance to unwind and enjoy a different pace.

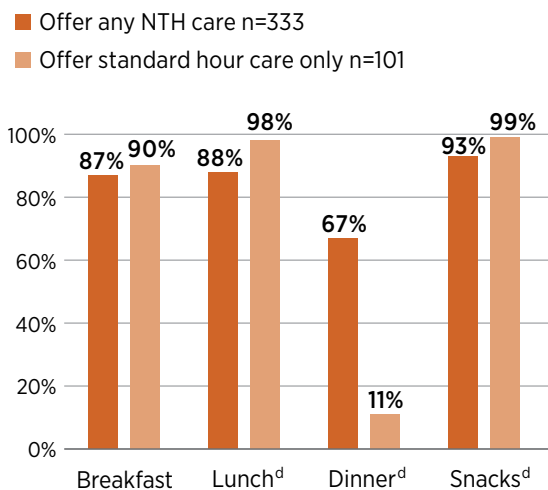
Practices for Meals and Sleeping Children

Meal Practices

We were interested in whether meal practices of NTH child care providers differed from those of providers who offer only standard-hour care. The biggest difference between NTH and standard-hour-only providers is that two-thirds of NTH child care providers serve children dinner while most standard-hour providers do not. (See figure 9.) Providers that serve dinner typically do so in addition to providing breakfast, lunch, and snacks. Only 9% of providers that serve dinner do not also serve breakfast or lunch.

Figure 9

Meals Served by Type of Care Offered

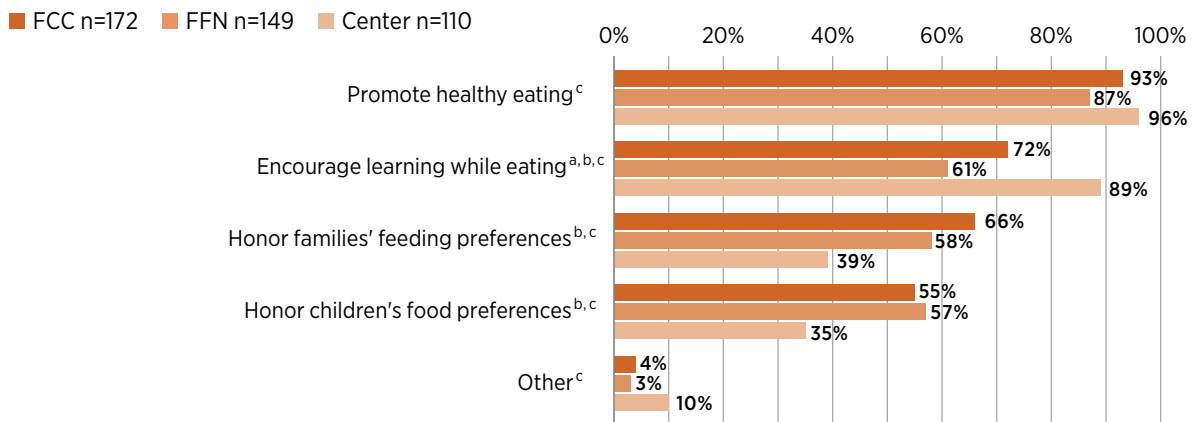


Significance determined using the Chi Square Test ($p < .05$).

^d Statistically significant difference between NTH and standard-hour-only providers

Figure 10

Mealtime Practices by Provider Type



a. Statistically significant difference between FCC and FFN providers, b. Statistically significant difference between FCC and center providers, c. Statistically significant difference between FFN and center providers

We also asked providers about their values surrounding mealtime practices. Providers selected which mealtime practices they typically follow.

Most providers reported that they promote healthy eating habits at mealtimes (91%), followed by encouraging learning at mealtimes (73%). (See figure 10.) About half of providers said they honored families' feeding preferences and children's food preferences. Providers who selected "other" shared that mealtime practices included teaching children table manners, preparing food that children like, making meals fun, and accommodating children's dietary needs (allergy accommodations, organic and vegetarian options).

- When compared by provider type, centers were statistically more likely to report encouraging learning while eating than FFN and FCC providers. Additionally, FCC providers were more likely than FFN providers to report encouraging learning while eating.
- Centers were statistically more likely to say they promote healthy eating habits than FFN providers.

- Centers were statistically less likely than home providers to honor families' feeding preferences or children's food preferences.

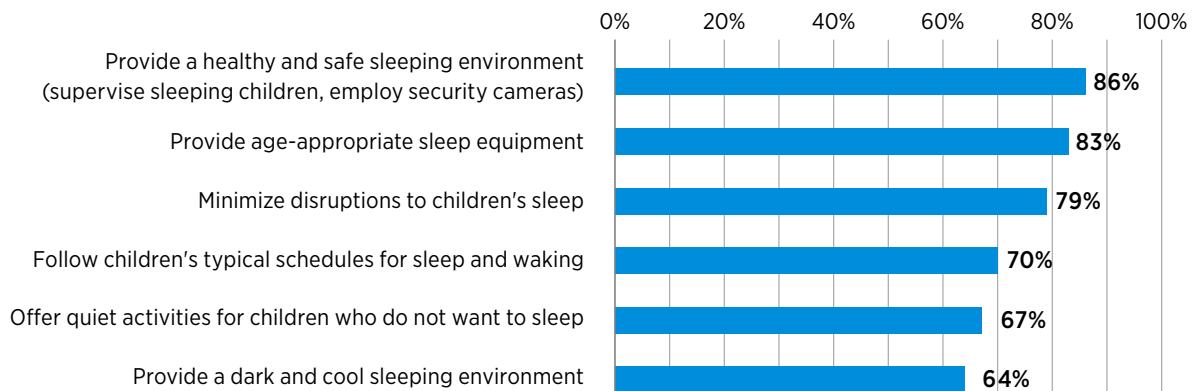
There were no statistically significant differences between providers that offer standard-hour-only care and providers of NTH child care.

Sleep Practices

NTH child care providers who reported caring for sleeping children were asked about their sleep routines and practices. We do not have similar data for providers offering only standard-hour care.⁷ Most NTH providers followed health and safety practices when caring for sleeping children, including supervising sleeping children (86%), providing age-appropriate sleep equipment (83%), and providing a dark and cool sleeping environment (64%). (See figure 11.) Most providers also made efforts to minimize disruptions to children's sleep (79%) and follow children's typical sleep and waking schedules (70%).

Figure 11

Routines of Providers Who Care for Sleeping Children



Number of providers = 189

Key Findings and Implications

NTH child care plays a vital role in supporting families with work schedules outside standard daytime hours. This report highlights the caregiving practices and routines that are unique to NTH child care and how providers differ in their approaches to caregiving during these hours. Understanding how care differs during nontraditional hours can inform better support, funding, and training for this essential segment of the child care workforce. The key findings below summarize the most significant patterns that emerged from our analysis.

Key Findings

1. Providers who offer NTH care often work long hours beyond a typical full-time schedule.

They typically provide NTH care in addition to standard hours and frequently cover multiple NTH schedules (early morning, evening, overnight, and weekends), resulting in extended work hours.

2. Home-based providers represent the core workforce delivering NTH child care.

Home-based providers, especially FFN caregivers, are particularly prominent in offering NTH care. Compared with center-based programs, home-based providers not only are more likely to provide care during early mornings, evenings, overnight shifts, and weekends but also often offer longer hours within each NTH schedule. This makes them

indispensable in supporting families with diverse and extended scheduling needs.

3. NTH child care is less structured and scheduled than standard-hour care.

Providers tend to tailor their care to meet children's unique needs—offering rest, quiet play, and basic routines, such as meals and bedtime preparation in the early mornings and evenings; supporting sleep and comfort overnight; and creating more relaxed, engaging experiences on weekends.

4. Personal-care routines are more common during NTH child care, particularly among FFN providers.

Home-based providers, particularly FFN providers, are more likely than centers to incorporate personal-care routines. These include bathing children, dressing children for bed or for the day, brushing teeth, and combing or styling hair. These practices may suggest both a higher level of caregiving and closer provider-family relationships in home-based settings.

5. Smaller groups enable more individualized care.⁸

NTH providers reported caring for fewer children during these hours, which influenced the structure and atmosphere of care. In center-based settings, providers often combined age groups because of lower attendance. Home-based providers noted that smaller groups allowed them to offer more one-on-one attention. Across settings, having fewer children contributed to a calmer environment.

6. School-age children are common in NTH child care.

NTH child care often includes older, school-age children, particularly during evening and weekend hours. As a result, many activities are tailored to meet the educational and emotional needs of this age group, reflecting a focus on academic support and individualized care. Providers reported offering homework assistance and tutoring during these times.

7. Dinner is commonly served in NTH child care.

A significant 67% of NTH providers serve dinner, compared with only 11% of standard-hour providers. Dinner is often provided in addition to breakfast, lunch, and snacks, which increases the workload for providers and their food-related expenses.

8. Providers care for sleeping children across all NTH schedules. Providers ensure the safety and comfort of sleeping children by supervising them, following their sleep routines, and creating restful environments with appropriate equipment and soothing conditions. Providers must also adapt their caregiving to include emotional support and reassurance for children during nighttime hours.

Implications for Policy and Practice

The findings point to opportunities to better support NTH child care providers through increased funding and NTH-specific training and resources.

1. Increase financial support for NTH child care providers.

• Shift premium for nontraditional hours:

Paying NTH providers a shift premium would fairly compensate them for working hours that families need but are not providers' preferred schedule. Higher pay would also allow them to offer NTH child care without necessarily extending hours beyond a typical full-time schedule. In this way, a shift premium would support provider well-being, reduce burnout, and help ensure the sustainability of high-quality care for families. Shift premiums could be implemented by employers who need NTH workers or by the public sector, such as through grants or Child Care Assistance Program (CCAP) rate add-ons.

• Increase CCAP reimbursement rates for FFN care:

Despite their critical contributions during nontraditional hours, FFN caregivers are reimbursed at significantly lower rates through CCAP compared with licensed providers, less than the minimum wage for an eight-hour day. To recognize the essential role of FFN caregivers and ensure the sustainability of their services, CCAP reimbursement rates for FFN care should be increased. Doing so would provide fairer financial support, acknowledge the value of their extended-hour care and personal caregiving, and help expand access to high-need NTH care for families across Illinois.

• Dedicated grants: Offering grants to offset the additional costs of NTH child care would help providers purchase sleep equipment, provide extra meals, and fund transportation for field trips and outings.

2. Provide training and resources specific to NTH child care.

Training tailored to NTH schedules, along with relevant resources, could better support providers. As discussed in a separate report in this series, many providers report that current trainings are often scheduled at times when they are working, sleeping, or busy with personal responsibilities. Offering digital training that providers can access at their convenience would be more effective. Suggested topics for training or resource guides include:

- Creative activities for children, particularly school-age and mixed-age groups
- Healthy sleep practices and nighttime routines
- Resources and strategies for providing homework assistance
- Local guides for community activities or field trips
- Information on the Child and Adult Care Food Program (CACFP) and how to enroll; this program reimburses providers for serving nutritious meals to children

3. Expand access to CACFP. Given the additional meals that NTH providers serve, eligibility for CACFP could be expanded to allow more FFN providers access to this funding. FFN providers in Illinois are eligible only if they care for a child who participates in CCAP. This limits the reach of CACFP among FFN providers and the children in their care.

Reference

CCEEPR Research Translation (2023). *Understanding families' access to nontraditional hour child care and early education* (OPRE Report No. 2023-219). Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/understanding-families-accessnontraditional-hour-child-care-and-early-education>

Endnotes

- 1 *Provider Experiences with NTH Child Care—Implications for Building the Supply and Who Offers Nontraditional Hour Child Care in Illinois*, <https://www.actforchildren.org/nontraditional-hour-child-care-research-project/>
- 2 The findings, interpretations, and conclusions expressed in this report are those of the authors and do not necessarily reflect the views or endorsements of the study's partners or funders.
- 3 For a more detailed explanation of our sampling process, please refer to our report *Who Offers Nontraditional Hour Child Care in Illinois*, <https://www.actforchildren.org/nontraditional-hour-child-care-research-project/>
- 4 Providers' start and end times were cross-checked with provider DTP schedules to verify provider hours when reported schedule and start or end time did not align.
- 5 Although "children go to sleep" was intended to refer to children sleeping overnight during weekend care, providers may have interpreted it to include daytime naps.
- 6 Only center providers were asked if they provide social time with peers (with same-age or mixed-age groups). Encourage learning through activities was phrased as provide children with learning activities (book reading, projects and activities, field trips or outings) for FCC and FFN providers and as encourage learning through teacher designed activities (book reading, storytelling, prayer or singing) for centers. Attend cultural events and experiences was phrased as attend cultural events and experiences (cultural or community celebrations, family gatherings, heritage language schools) for FCC and FFN providers and as provide access to cultural events and experiences (attend cultural celebrations, field trips, heritage language schools) for centers.
- 7 Providers received this question about sleep routines if they reported that children slept while in their care during any nontraditional hour schedule, including early morning, evening, overnight, or weekends.
- 8 See our separate report in this series, *Who Offers Nontraditional Hour Child Care in Illinois*, for more details on the number of children that providers serve during NTH schedules, <https://www.actforchildren.org/nontraditional-hour-child-care-research-project/>

Appendix

Table A1 | Sunday start time by provider type

Start Time	FCC n=28	FFN n=42	Center n=4	Total n=74
Start before 5 a.m.	0%	5%	0%	3%
Start between 5 and 6:30 a.m.	68%	45%	100%	57%
Between 7 and 8 a.m.	14%	21%	0%	18%
Between 8:30 a.m. and noon	18%	10%	0%	12%
After noon	0%	19%	0%	11%

Table A2 | Sunday end time by provider type

End Time	FCC n=28	FFN n=43	Center n=4	Total n=75
Between 11:30 a.m. and 3:30 p.m.	25%	12%	25%	17%
Between 4 and 6 p.m.	25%	26%	25%	25%
Between 6:30 and 10:30 p.m.	18%	30%	0%	24%
Between 11 p.m. and 4 a.m.	29%	23%	50%	27%
Between 5 and 8:30 a.m.	4%	9%	0%	7%

About us

The Illinois Nontraditional-Hour Child Care Study (INCCS) is a collaborative research-policy partnership led by Erikson Institute in collaboration with the University of Chicago Crown Family School of Social Work, Policy and Practice, and Illinois Action for Children. The study addresses critical gaps in knowledge about what quality looks like in nontraditional-hour (NTH) child care; the experiences of families who search for and use NTH child care; the lived experiences of providers who offer care during these hours; and the types of supports needed to maintain, sustain, and grow the supply of NTH care. This research project will provide new knowledge to inform policy development aimed at building supply and increasing equitable access, enhancing quality, and sustaining a thriving NTH child care workforce. All products will be shared with our state partner, the Illinois Department of Human Services.

Learn More

This report is available to download at www.erikson.edu/inccs or www.actforchildren.org/nontraditional-hour-child-care-research-project

For more information about this study, contact: hbccprojects@erikson.edu.

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Illinois Nontraditional-Hour Child Care Study (INCCS) *A Research-Policy Partnership*

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