

Illinois Nontraditional-Hour Child Care Study (INCCS)

A Research-Policy Partnership

Provider Experiences with Nontraditional-Hour Child Care

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Many families in the United States have work schedules that fall outside standard weekday hours and have a significant need for nontraditional-hour (NTH) child care. 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 (care that varies from day to day or week to week), drop-in or emergency care, and care on national holidays.

Children who live in poverty, live with a single parent, or who identify as Black are more likely to have a parent working NTH schedules (Lee & Henly, 2024.) Approximately 40% of young children in the country experience nonparental child care during some nontraditional hours (CCEEPRA Research Translation, 2023). In Cook County Illinois, we estimate, 41 percent of parents who receive a child care subsidy through the Child Care Assistance Program (CCAP)—employed or student parents with incomes at or below 225 percent of the federal poverty level—use at least one hour of NTH child care each week (Stoll, 2022).

At the same time, NTH child care is scarce relative to parents' need. Nationally only 8 percent of licensed child care centers offer even one hour of child care in the evening, overnight, or on weekends, and only

34% of licensed child care homes offer any care during these hours (CCEEPRA Research Translation, 2023). In Cook County, the percentages of licensed providers who offer NTH child care is somewhat higher than the national figures but still low (IAFC, 2023).

The shortage of NTH child care has led to an increased focus in state and federal policy on building supply and availability of NTH child care for families.¹ The research reported here was motivated by these policy goals. This report is part of the Illinois Non-Traditional Hour Child Care Study (INCCS), a four-year federally funded research-policy partnership to examine NTH child care in Illinois.

This report highlights the experiences of providers who care for children during nontraditional hours, their motivations for offering this care, and the challenges they face. It also examines the perspectives of providers who do not offer NTH child care or who have stopped offering care during these hours, to understand their views and their interest in providing NTH child care in the future. Finally, the report discusses implications for strategies to increase the supply of NTH child care. Additional findings are explored in two companion reports: *Who Offers Nontraditional Hour Child Care in Illinois* and *Practices of Child Care Providers During Nontraditional Hours*.

A partnership of

Methodology

In March 2024, Illinois Action for Children invited 1,800 providers across Illinois to take an online survey about caring for children during nontraditional hours. The survey was emailed to providers and was offered in English and Spanish. In total, 434 providers across 66 of the 102 counties in Illinois took the survey resulting in a 24% response rate. Three percent responded in Spanish. Most providers who took our survey had 10 or more years of experience (79%) and reported their race as White (42%), Black (41%), or Latino/Hispanic (12%).²

We surveyed three provider types, which we will compare throughout this report: licensed home-based child care providers, also referred to as family child care providers (FCCs), licensed center-based child care program directors or owners, and family, friend and neighbor (FFN) child care providers. The sample was stratified to obtain sufficient numbers of the three types of providers who do and do not offer NTH child care. (See box 1.)

What Motivates Providers Who Offer NTH Child Care

Providers who offer NTH child care (277 providers³) reported their motivations to offer NTH child care, the aspects of care that they enjoy, their satisfaction, and their intent to continue offering care during these hours.

Demand from parents drives providers to offer NTH child care.

Providers who offer NTH child care were asked why they chose to offer it in a select-all-that-apply question. Overwhelmingly, providers said they offer this care because families need care during these hours. A quarter of providers offer this care to increase their income, and 13% said they prefer these hours. (See figure 1.) Other reasons providers gave for offering this care were that work hours for the parents they served had changed and the providers wanted to be of service to families in their community. There were no statistically significant differences in these reasons by provider type.

Box 1

Center-based child care 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/local government.

Licensed family child care (FCC) 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 is a type of unlicensed care provided in a residential setting (e.g., the child's or the provider's home), most likely by an individual with a previous relationship with the child or family. It includes providers without a previous relationship who may be exempt from licensing requirements because small group sizes do not reach minimum thresholds for licensing.

Providers enjoy many aspects of NTH child care.

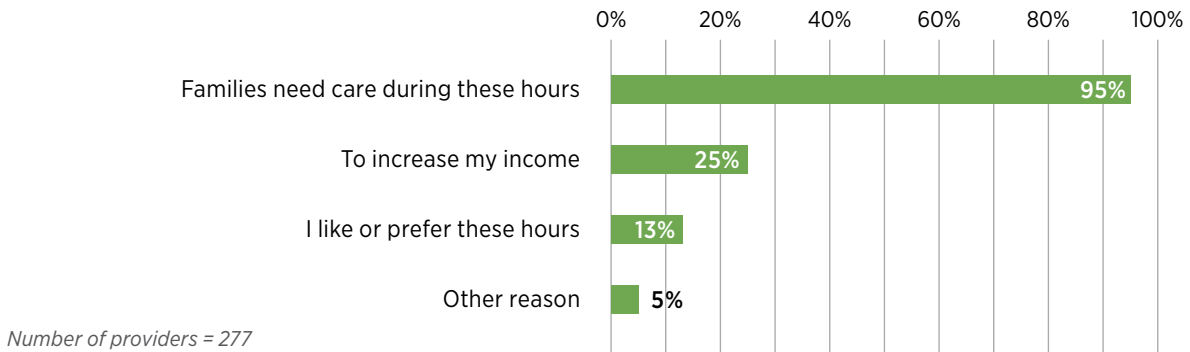
When asked to describe what they like about offering NTH child care in an open-ended question, providers again highlighted that they like offering care during these hours because they are meeting a need in the community where few options for NTH child care are available. They also described other motivations, including providing a safe environment for children who need NTH child care, enjoying serving fewer children during these hours, and the increased flexibility in their work schedule that comes with offering this care. Their responses fall mainly into the seven categories below.

Helping families by accommodating working parents who need NTH child care (98 providers):

Providers shared that they enjoy helping parents. They understand that many parents need care during nontraditional hours because of their work schedules or commutes to work and how challenging it is to find

Figure 1

Reason Providers Offer NTH Child Care



this care. They shared that parents who work in retail or hospital settings, military families, parents in college, and single mothers often need NTH child care. Many providers emphasized that their communities lack care during these hours and expressed finding fulfillment in helping working families get ahead.

What I like is that I can help families since some people have had to leave their jobs due to lack of childcare places during these hours.—FCC

It allows me to help families in our area that need to be to work by 7 am.—Center

Providing a safe and secure environment for

children (35): Providers enjoy offering a safe, secure, dependable environment for children whose parents cannot be there to care for them during nontraditional hours.

I know it's hard to find childcare for evenings and weekends. I prefer the parents to have a safe learning environment than for them to try to leave them at home by their self.—Center

I like that I can provide parents with a sense of security by knowing that their young children are in a safe environment.—FCC

Fewer children in care (30): Providers tend to have fewer children in care during NTH hours and enjoy having more one-on-one time with children. Providers shared that they could offer more individualized care

and bond more with the children during nontraditional hours. They also described NTH child care as quieter, calmer, and more fun, with less focus on educational activities.

I love the nontraditional hours. ... I get to be 1 on 1 with the children.—FCC

[I like] the calmness of the early morning students who are still waking up.—Center

Love caring for children (21): Home-based child care providers (both FCC and FFN) shared that they simply love caring for children and enjoy spending time with them.

I like working with kids that's what I'm great at doing and enjoy doing as well.—FFN

I like sharing that time with children and provide care and fun educational activities.—FCC

More flexibility/prefer these hours (15): Some providers prefer the flexibility that working NTH hours allows them compared with offering standard-hour care.

I choose my own schedule for the weekend. Weekend hours are more fun, we do less work and have more fun.—FFN

I like early mornings. I'm up anyway [and it helps] parents that have to be at work at 6 am. It works for me.—FCC

Helping a relative and spending time with a related child (13): Some FFN providers enjoy being able to help a relative who needs child care and spending time with the related child.

My adult daughter got the opportunity to work as well as attend college to earn a better living wage for herself and my grandchildren. I am glad to be useful.—FFN

[They] are my grandchildren so I really enjoy watching them and helping their mother.—FFN

Standing out from other providers (4): Some FCC and center providers shared that offering NTH child care helps distinguish them from other providers in their area.

I am one of the only providers in the area [to] offer weekend care. This makes me stand out from all other providers.—FCC

Families often choose us based on our hours.—Center

NTH child care providers report satisfactory experiences and high likelihood to continue offering NTH child care.

When asked about their overall experience caring for children during nontraditional hours, 73% of providers said they were *very satisfied* or *somewhat satisfied*, and 87% said they were *very likely* or *likely* to continue offering NTH child care the following year. (See figures 2 and 3.) There was no statistically significant difference by provider type.

Challenges with Offering NTH Child Care

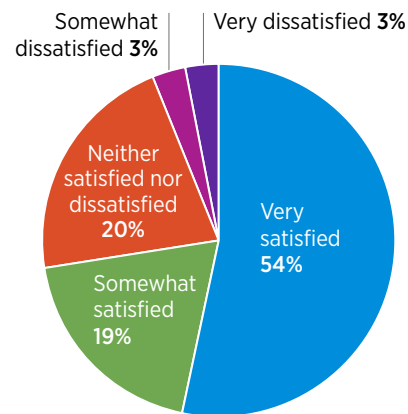
Providers who offer NTH child care (277 providers) reported their challenges with offering this care, including the additional costs they incur and their struggles with certain licensing requirements.

Providers encounter several challenges when offering NTH child care.

While some providers reported that offering NTH child care was no different from standard-hour care, others emphasized challenges with long days that made it

Figure 2

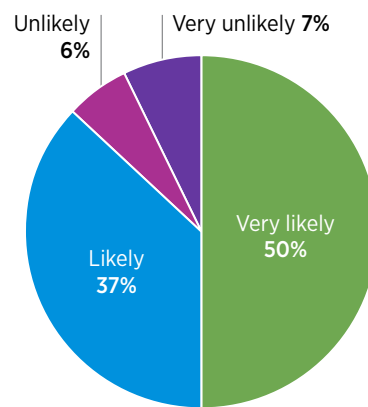
Provider experience caring for children during nontraditional hours



Number of providers = 277

Figure 3

Likelihood of continuing to offer NTH child care the following year



Number of providers = 277

hard to meet their own needs and difficulties with staffing these hours. Provider responses fell into the six categories below.

Long days and inconsistent hours (50 providers): Providers said offering NTH child care meant their workday was very long, sometimes over 12 hours. Many providers mentioned losing sleep because of

inconsistent work hours, having to get up very early some days and staying up very late on others. Providers also expressed feeling exhausted from offering care around the clock and having to remain alert for so many hours.

We need a break from care. If you are doing morning and night you have no time.—FCC

I am usually exhausted from not getting enough sleep.—FFN

Hard to meet own needs (39): Home-based providers found it challenging to meet their own needs when caring for children during nontraditional hours. They did not have time for themselves or their own families. They struggled to find time to run errands, complete household chores, go grocery shopping, or go to their own doctor's appointments. They felt they missed out on time with their own children, missed family gatherings, and were unable to take vacation, sick time, or personal time for their self-care, leading to stress and burnout.

I have a family of my own so sometimes offering these services for daycare families cuts into my personal time with my own family.—FCC

Weekends can be tough because it's hard to plan events if you're not caring for a family member like I am.—FFN

Staffing (29): Center providers shared that it was hard to find reliable staff members to work nontraditional hours. Managing staff scheduling was also challenging because shifts could be as long as 12 hours and it was difficult to get the right number of staff members on site to meet regulations for teacher-to-child ratios for different age groups. Payroll was also more difficult because some staff members worked overtime, adding administrative burden.

In light of the staffing crisis, the hardest part is staffing. We open at 5:15 am and close at 5:30 pm. Adequately staffing classrooms for twelve-hour days is challenging.—Center

Making sure we have adequate staff for the different age groups.—Center

Lack of parent communication and punctuality (17):

Providers also found it challenging when parents did not communicate with them about their child's attendance, resulting in the provider losing sleep when care was not needed. Other providers felt that parents took advantage of the NTH schedule, failing to pick up their child on time and keeping the child in care longer than was truly needed.

The hardest thing is when parents do not pick their children up as scheduled.—FCC

Some days no one arrives, and you are there alone.—Center

Hard on children (10): Providers expressed that NTH child care was hard on children because of irregular or interrupted sleep and extended time away from their parents. Some center providers shared that it was hard for children when the weekend staff was different from the weekday staff. Some home-based providers felt that working nontraditional hours was hard on their own children because of the lack of quality family time.

It is more difficult at night because children must be woken up in the middle of the night to get ready for their parents to pick them up. Irregular sleep for children.—FCC

The whole experience is hard on your own children because they sacrifice so much when you are mothering and caring for other children outside of the family.—FFN

Makes for super long days for kids. They are still so sleepy.—Center

Offering NTH child care increases providers' costs.

Another potential challenge of offering NTH child care is that it can increase a provider's overall expenses. Forty-five percent of providers *strongly agree* or *agree* that offering NTH child care increases their expenses. When asked what additional costs they incur in offering NTH child care in a select-all-that-apply question, providers' answers varied by provider type.

- The most common expenditures for centers are increased administration time to manage scheduling, the cost of hiring additional staff, and increased

utilities. (See figure 4.) Centers are statistically less likely than FCC and FFN providers to report food as an additional cost.

- The top costs for FFN providers are food and equipment. The top costs for FCC providers are food, equipment, and increased utilities. FCC providers are statistically more likely than FFN providers to report utilities and equipment as an additional cost.

Despite the reported additional cost of offering NTH child care, only 16% of providers said they charge families more for this care.

Some licensing requirements were burdensome during nontraditional hours, particularly for FCC providers.

A small proportion of FCC (25%) and center (11%) providers reported that licensing requirements for NTH child care were burdensome. FCC providers were

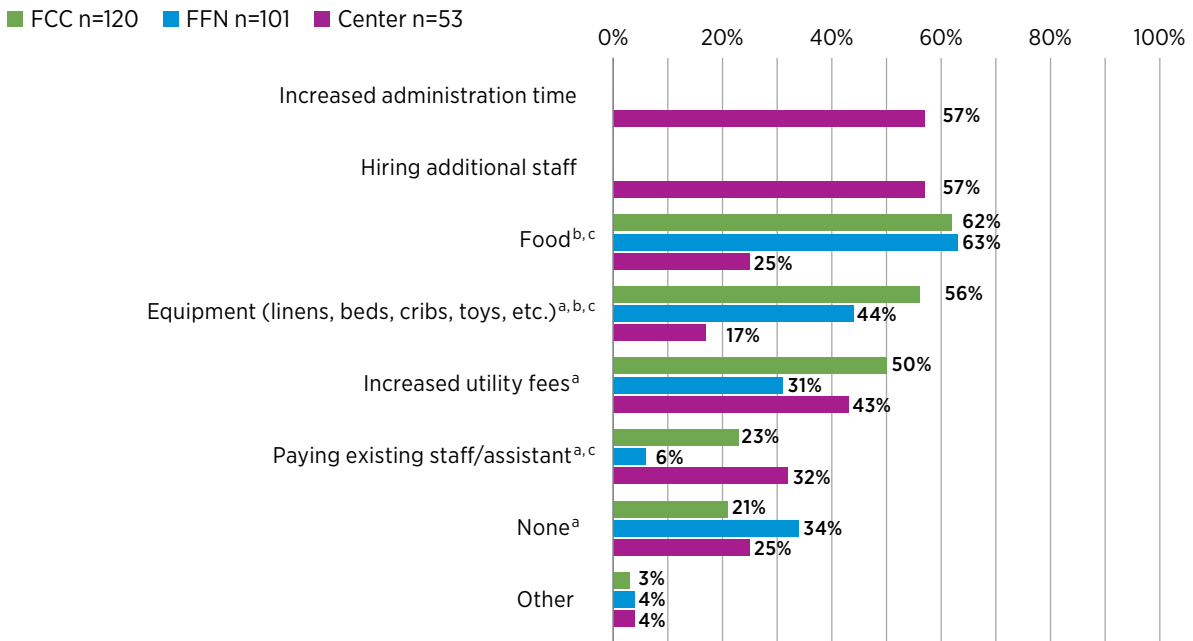
statistically more likely than centers to report licensing as a burden. FCC providers cited specific licensing challenges, including restrictions on the number of hours they can care for children and limits on the number and ages of children who can be cared for without additional staff. They also noted that additional administrative tasks, requirements to supervise sleeping children at all times, and mandated annual trainings were burdensome. Center providers found the requirement to have a director on site at open and close and staffing requirements challenging.

I have to choose my times. If I choose midnight until 6 am, I lose after school care.—FCC provider

The requirement of more than one staff on hand makes it silly when I only have 2 or 3 children for the first hour and have to pay multiple staff to watch them, this is a strain on payroll.—Center

Figure 4

Additional costs incurred in offering NTH child care⁴



Response options differed between centers and home providers. See endnote 4 for details. Significance determined using the Chi Square 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

Why Providers Don't Offer NTH Child Care

Providers who currently only offer standard-hour care, were asked about their reasoning for not offering NTH child care.

Providers do not offer NTH child care because they already work too many hours, cannot staff these hours, do not have enough demand, and feel it would increase their stress.

Providers who reported offering only standard-hour child care at the time of the survey (151 providers⁵) were asked why they did not offer NTH child care.

They could select multiple options from a provided list, which varied by provider type.

- For FCC providers, the most frequently selected reasons were the need for time for themselves and their families (71%) and feeling that they already worked enough hours (59%). (See figure 5.) Additionally, nearly half selected increased stress as a concern if they were to offer these hours.

- Among FFN providers, the most common selection was not having families who need this type of care (52%). (See figure 6.) Some also selected already working enough hours (21%) and needing time for themselves and their families (29%). In contrast to FCCs, few FFN providers (12%) selected increased stress as a concern.
- For center-based providers, the most frequently selected barrier was staffing, with 82% indicating it is hard to find or retain staff members to work these hours. (See figure 7.) Additionally, 53% selected increased stress as a concern, and 52% selected insufficient demand for NTH child care.

A smaller but still substantial portion of providers indicated that income was a factor in their decision not to offer NTH child care. A third of FCCs and a fifth of FFNs selected “I do not get paid enough” as a reason, while 28% of centers indicated that providing NTH child care would not be profitable. Also of note, 18% of FCCs and 23% of centers selected licensing requirements during these hours as being too burdensome.

Figure 5

Reasons FCC providers do not currently offer NTH child care

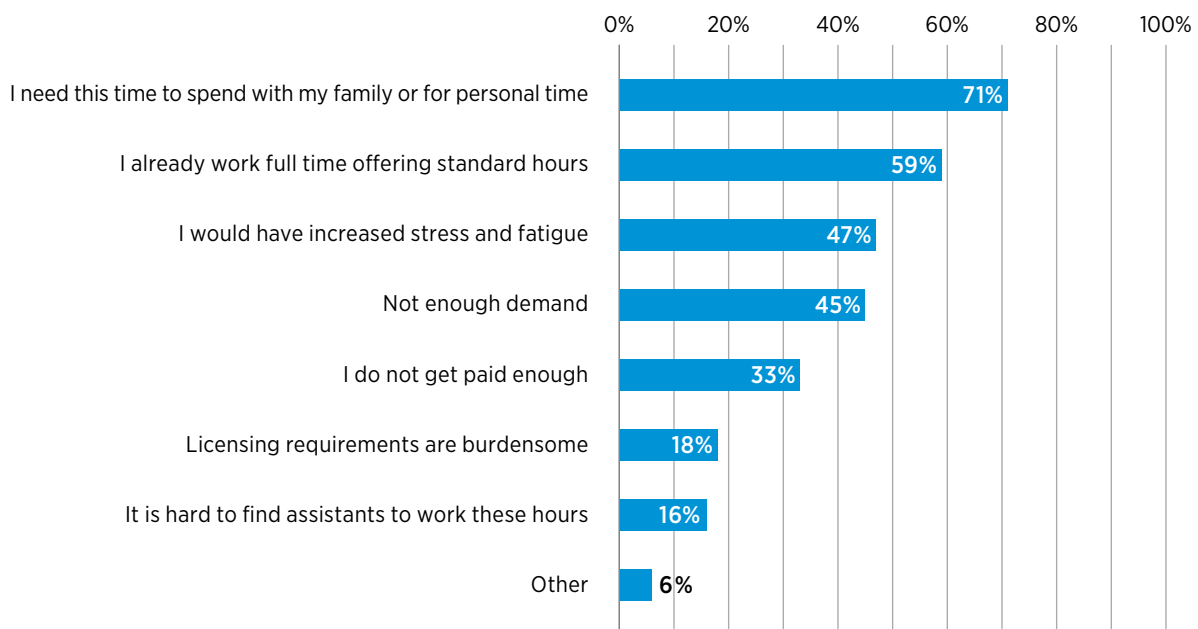
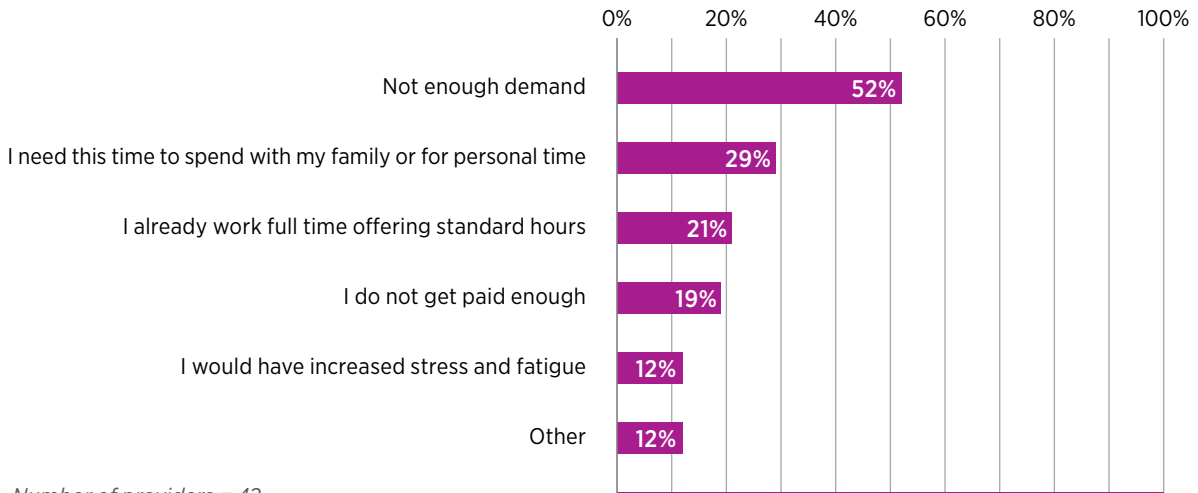


Figure 6

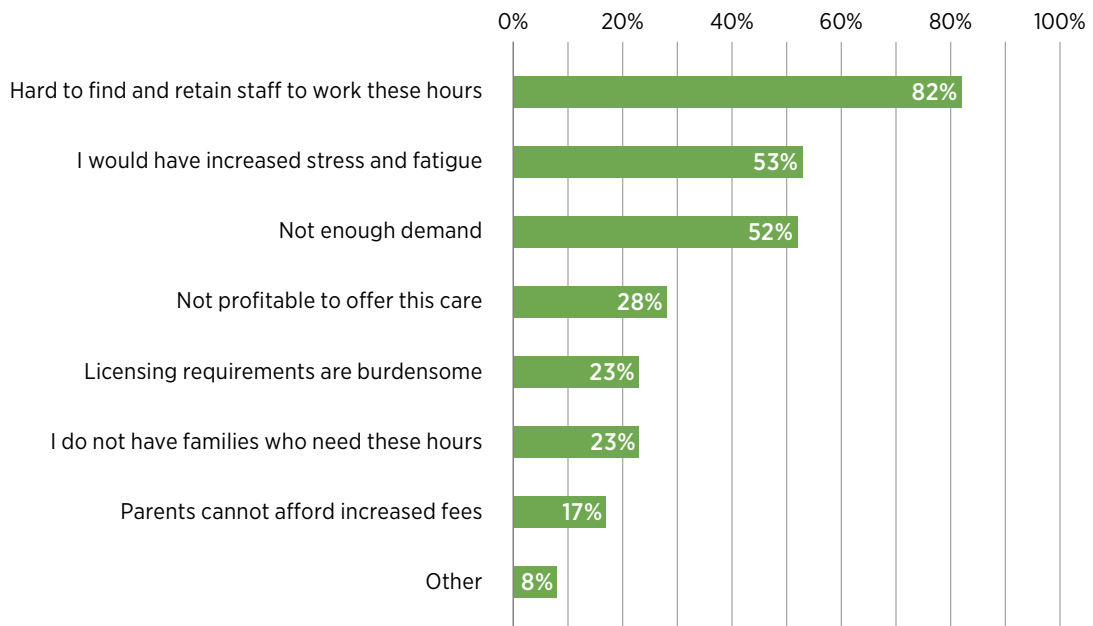
Reasons FFN providers do not currently offer NTH child care



Number of providers = 42

Figure 7

Reasons center providers do not currently offer NTH child care



Number of providers = 60

About three in 10 providers (29%) who offered only standard-hour care at the time of the survey reported having offered NTH child care in the past. Home-based providers were more likely than centers to have offered NTH child care in the past.⁶ We asked these

providers why they stopped providing NTH child care, and their responses mirror those reported above. The top reasons they reported were low demand, low pay, change in parents' schedules, the workload was too heavy, it took time away from their own families,

and staff was unwilling to work these hours. A few providers shared that they changed jobs and no longer offer child care. Two providers reported that one reason they stopped was parents were not picking up children on time.

It was too many hours for me. I already work 10-hour days.—FCC

I would offer hours before 7 based on the needs of families. However, because not a lot of families needed or honored the early hours, I switched to no earlier than 7 am.—FFN

There was not enough interest for evening care. We advertised and people expressed interest, but nobody signed up.—Center

Opportunities to Build NTH Supply

Providers who reported offering only standard-hour child care at the time of the survey (151 providers) were asked about past requests for NTH child care, their interest in offering NTH child care in the future, and what might encourage or make it possible to offer this care.

Many providers receive parent requests for NTH child care, especially early-morning care.

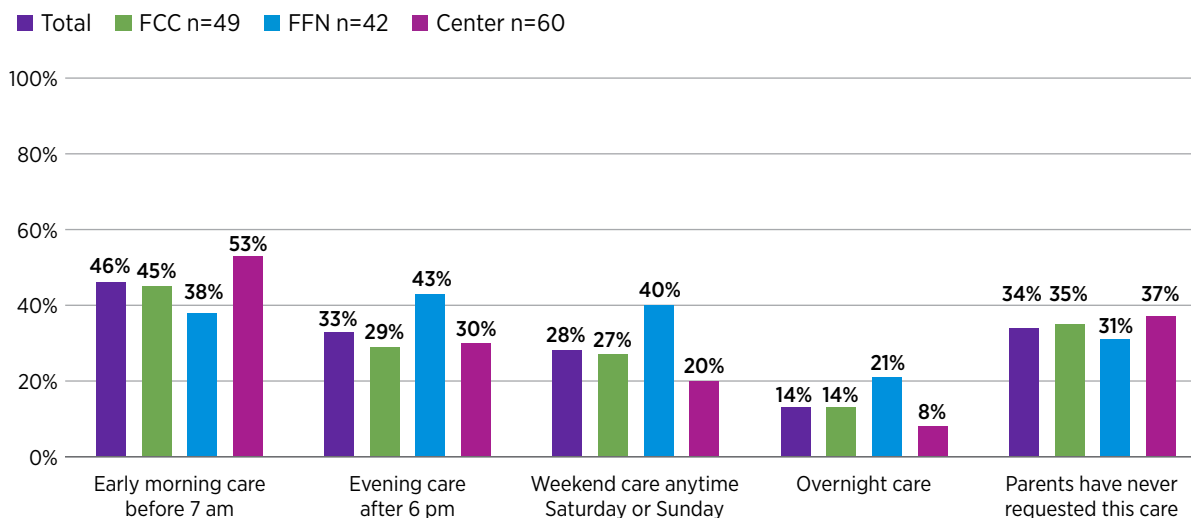
Most providers who do not offer NTH child care—about two-thirds—reported that they had experienced some demand from families for NTH child care in the past. About half of these providers had a parent request early-morning care, a third had a parent request evening care, about a quarter had a parent request weekend care, and 14% had a parent request overnight care. Another third of providers reported that parents never requested this care. (See figure 8.) While there were no statistically significant differences by provider type, FFN providers reported receiving requests for evening, weekend, and overnight care at a higher rate than FCC and center-based providers.

Home-based providers were more likely to report interest in offering NTH child care.

A substantial portion of providers would consider offering NTH child care under the right conditions. Providers were most interested in offering drop-in or emergency care (43%), variable-hour care (40%), and early-morning care (36%). (See figure 9.) Home-based providers were more likely than centers to report interest in offering NTH child care.

Figure 8

Type of NTH child care requested by parents in the past by provider type



- FFN providers were statistically more likely to report interest in offering any NTH child care schedule compared with centers, except care on national holidays, which was not significantly different by provider type.
- FFN providers were statistically more likely than FCC providers to report interest in offering evening and weekend care.
- FCC providers were statistically more likely than centers to report interest in early-morning care and drop-in/emergency care.

Higher pay, greater demand, and staff willing to work these hours would encourage providers to offer NTH child care.

When asked what would encourage them to offer NTH child care in a select-all-that-apply question, providers most frequently selected higher pay, increased demand for this care, and having staff or assistants willing to

work these hours. (See figure 10.) However, a third of providers indicated that nothing would encourage them to offer care during nontraditional hours.

- The most-selected incentive for centers was having staff willing to work nontraditional hours. In contrast, staffing was a less important factor for FCC providers. While sufficient demand was important for both groups, it was particularly significant for centers.
- Higher pay was the most-selected incentive for FCC and FFN providers.
- Twenty percent of providers (centers and FCCs) selected an easier licensing process as an encouraging factor, while 10% selected additional resources for children.
- Fewer hours or more time off was also a factor for some FCC providers, who were statistically more likely than FFN providers to select this as an incentive to offer NTH child care.

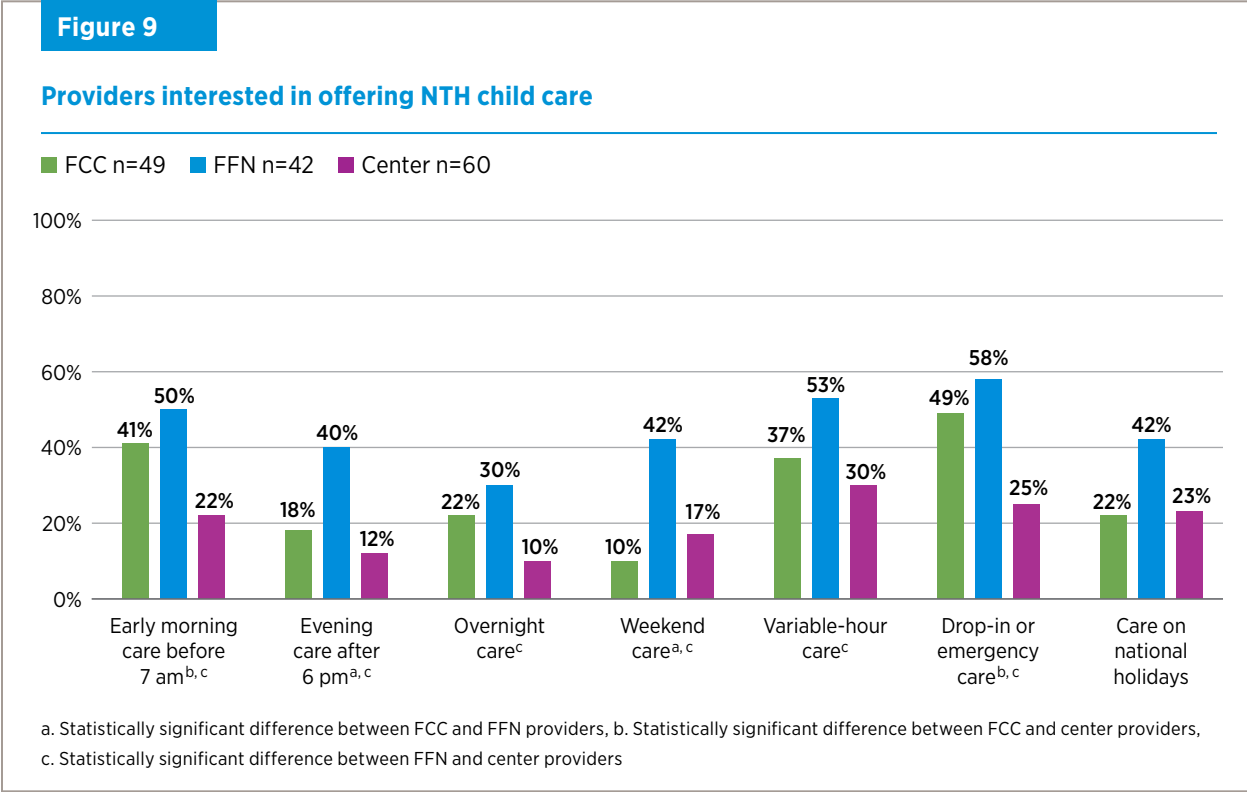
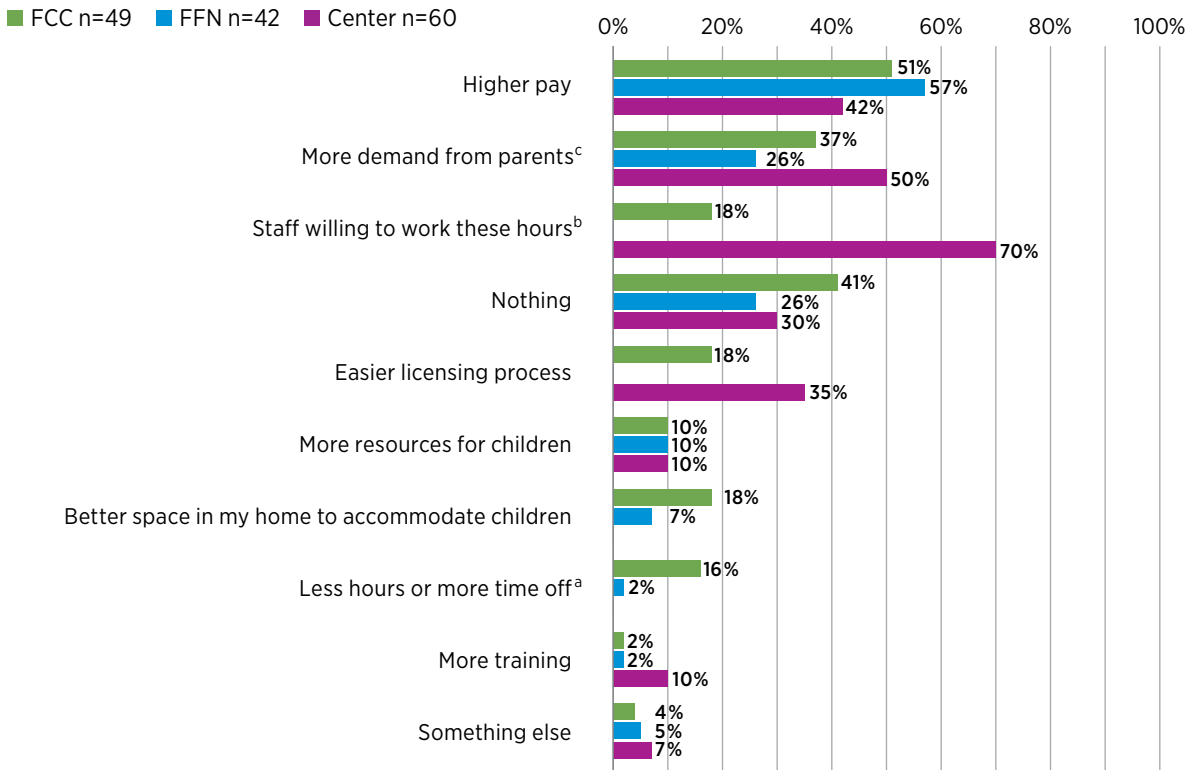


Figure 10

What would encourage providers to offer NTH child care?



Response options differed among provider types. See endnote 7 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

Providers were asked what would make it possible for them to offer NTH child care in an open response. Many responses mirrored the factors highlighted above, such as higher pay, staff availability/willingness to work these hours, increased demand, and an easier licensing process. Again, some providers also felt that nothing would make it possible to offer this care.

It will take a bit of planning and mapping out how the change would flow with my current schedule. An increase in pay for the families who need the care because the new schedule will take from my personal time, family, education, and volunteer work. —FFN

Higher pay and available assistants. —FCC

Fewer requirements, such as, having a director on site whenever we are open, relaxed teacher/student ratios, ability to combine age groups more often. —Center

It is possible for me to offer this service to my families, but currently we do not have any families looking for nontraditional hours of service. —Center

It wasn't cost effective. We used to open at 6 and we had too many staff early and not enough to help close. With the variety of ages multiple teachers were needed early. —Center

It's already very difficult retaining high quality staff. Without the state or fed providing more funding or resources to child care centers, it's fundamentally impossible to offer care beyond the traditional hours. Just like all other professions ... if teachers are going to be expected to work earlier than 7 am or past 6 pm, then compensation will need to be consistently higher to support the time and stress that comes with working these hours. —Center

Training and Support for Providers Who Offer NTH Child Care

Providers who offer NTH child care (277 providers) were asked whether they had completed any training specific to NTH child care and what supports would be helpful in offering it.

Training and funding specific to NTH child care could help support providers who offer this care.

One way to enhance the supply of NTH child care is to support the workforce that already provides this care. Only 21% of providers currently offering NTH child care indicated they had completed any training specific to NTH child care. When asked what types of training or support would be helpful, providers shared the following suggestions:

- Creative activities tailored to different nontraditional schedules—such as quiet early-morning activities, weekend-care ideas, after-school learning activities, educational games, and strategies for helping children with homework—as well as activities appropriate for mixed-age groups (21 providers offered these suggestions).
- Training on establishing NTH routines, supporting children's hygiene, transitioning children from standard-hour to NTH child care, and implementing health and safety practices, particularly for nighttime care (e.g., providing a safe sleep environment) (16 providers).
- Funding to increase their own wages, raise staff salaries (including overtime pay), and cover additional expenses, such as weekend field trips, activities, and food for children (15 providers).
- Business and administrative training to help them succeed, including setting or adjusting fees for NTH child care, creating schedules, finding and managing relationships with parents, handling administrative paperwork, and learning strategies for time and stress management (9 providers).
- Additional training topics, such as supporting children with disabilities (including autism spectrum disorder), managing behavior issues, implementing effective discipline strategies, and providing emotional support to children (8 providers).

A fifth of providers stated that no additional training was needed, as they (and their staff) felt sufficiently prepared to care for children during nontraditional hours. Some providers indicated that standard training requirements for licensed providers—such as Department of Children and Family Services trainings, CPR certification, mandated reporter training, and trainings offered through the Illinois Network of Child Care Resource and Referral Agencies—had prepared them to offer care at any hour (6 providers). Others felt that their education and years of experience as child care providers were sufficient to support NTH child care (5 providers).

A few providers noted that attending trainings can be challenging because of their work schedules and expressed a preference for flexible training options that allow them to complete sessions at their convenience.

Conclusion

Overwhelmingly, providers who care for children during nontraditional hours do so because families need and request this care. NTH child care providers enjoy helping working families and providing a safe environment for children. They also appreciate unique aspects of NTH child care, such as fewer children in care and a more relaxed environment that is less focused on learning. Most NTH child care providers report job satisfaction and a high likelihood of continuing to offer NTH child care.

Despite their motivations, providers shared several challenges and described how offering NTH child care took a toll on their personal well-being. Home providers reported that offering NTH child care resulted in long days that made it difficult to meet their own needs, care for their children, or attend family events. Center directors found it challenging to find staff willing to work these hours. Increased costs and licensing requirements were also noted as challenges for some NTH providers.

Providers who have never offered NTH child care as well as those who have offered it in the past but no longer do shared similar reasons for not offering this care. These included needing time for themselves and their families, feeling they already worked enough hours, struggling to staff these hours, and insufficient demand.

Implications

Given the widespread scarcity of child care during nontraditional hours, our findings highlight several possibilities policymakers could explore to increase and enhance the supply of child care during these hours. Findings suggest that many providers who offer standard-hour care already work long hours and experience job-related stress, which may preclude them from offering NTH child care. Innovative solutions may be required to increase the supply of NTH child care without overburdening the existing child care workforce in Illinois. Program and policy recommendations are described below:

Compensation for NTH child care. Findings suggest that specific compensation strategies may incentivize child care providers to offer NTH child care.

- **Increase CCAP reimbursement for care during NTH hours.** Providers report that NTH child care is not worthwhile because of low demand, low pay, and additional costs and stress. Increasing the CCAP reimbursement rate for care during nontraditional hours may encourage providers to offer it or allow them to offer it while reducing their overall hours worked.
- **Increase resources and compensation for child care staff in licensed programs that offer NTH child care.** Center-based providers report that staffing is a major obstacle to offering NTH child care. Funding to increase compensation for child care staff could mitigate this challenge and enable more centers to offer NTH child care. Additionally, home-based providers may be incentivized to offer child care during nontraditional hours if they have additional funds to hire assistants.
- **Offer funding or grants to offset additional costs during NTH child care.** Providers report additional expenses, including for utilities, food, and sleeping equipment. Providing funding to offset these costs may encourage providers to offer NTH child care.

Strengthen support for FFN child care providers.

FFN child care plays a vital role in Illinois's child care system, especially for families who need care during nontraditional hours. FFN providers serve more children during these times than any other type of provider, yet they face growing challenges—such as stricter federal and state regulations, reduced access to subsidies, and limited recognition of their value from key stakeholders. While regulations aim to improve child safety, they can unintentionally limit program participation and reduce families' access to care.

- **Adjust federal requirements for FFN care.** Preservice training requirements for nonrelative FFN providers who receive child care subsidy payments can be burdensome for informal caregivers who may have other work and family obligations. Making training optional and offering incentives, such as stipends for completion, could remove barriers and increase CCAP participation.
- **Increase CCAP reimbursement rates for FFN care.** FFN caregivers are paid significantly less than licensed providers by CCAP, despite offering vital, flexible care for families. These lower rates can cause financial hardship for FFN providers, many of whom may be caring for children out of a sense of duty or community rather than as a formal business. Increasing rates would better support these providers financially, acknowledge their value, and expand care options for families.

Enhance the referral process at the state's Child Care Resource and Referral Agencies. Although many providers cited a high need for NTH child care in their communities and said this was a reason they offered NTH child care, others shared that demand was too low and that they did not have parents who needed this care. One way to support families and providers interested in NTH child care is to enhance the referral process at the state's Child Care Resource and Referral Agencies, which offer parents referrals to child care providers who have nontraditional hours. These agencies could enhance this service by collecting more detailed information from providers about their hours, rates, willingness to provide care during different schedules, and by better publicizing the availability of NTH child care to inform parents that referrals for such care are available.

Minimize licensing challenges to NTH child care.

Providers shared that licensing rules designed for standard-hour care are more challenging during NTH child care. Restrictions around the mixing of age groups, staff-to-child ratios, and requirements for directors to be on site during extended hours and for providers to supervise children overnight make NTH child care more difficult to offer. These requirements could be reviewed by a panel of providers and experts familiar with the state's licensing and subsidy programs to assess their impact on NTH child care.

Offer training and resources specific to NTH child care. While some providers felt adequately prepared to offer NTH child care without additional training, many expressed a strong interest in training and resources to better support children during these hours. Providers highlighted a need for practical guidance, including creative activities tailored to various NTH schedules—such as after-school care and care for mixed-age groups—as well as training on routines, hygiene, and safe sleep practices specific to nontraditional care settings.

References

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Endnotes

- 1 Research presented in this report does not necessarily represent federal or state views.
- 2 For more detailed demographic information of survey respondents please see our report *Who Offers Nontraditional Hour Child Care in Illinois*, <https://www.actforchildren.org/nontraditional-hour-child-care-research-project/>
- 3 Providers who self-reported offering at least one NTH schedule were considered an NTH provider in this report, regardless of their reported start and end times.
- 4 Only centers were asked if *increased administration time to manage scheduling of children and staff and hiring additional staff* led to additional costs. Centers and homes had different variations of the question regarding paying existing staff members or someone to help. Centers were asked: “paying existing staff a higher salary or offering financial incentives to work these hours,” while homes were asked: paying someone to help during these hours.
- 5 Providers who self-reported offering standard-hour care and did not self-report offering any NTH schedule were considered standard-hour-only providers, regardless of their reported start and end times.
- 6 A chi square test indicated there was a significant difference between center and FCC providers and center and FFN providers ($p < .05$) in their past offering of NTH child care.
- 7 The list of reasons varied by provider type. Only centers and FCCs were asked if *staff/assistants willing to work these hours and easier licensing process* would encourage them to offer this care. Only FCCs and FFNs were asked if *a better space in their home to accommodate children and fewer hours/more time off* would encourage them to offer this care.

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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