

Illinois Nontraditional-Hour Child Care Study (INCCS)

A Research-Policy Partnership

Who Offers Nontraditional-Hour Child Care in Illinois?

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In this report we summarize select findings from a survey of Illinois child care providers who either offer a nontraditional-hour (NTH) schedule (early morning, evening, weekend, or overnight) or offer only standard-hour care (weekday care between 7 a.m. and 6 p.m.). We focus on the unique characteristics of providers who offer NTH child care, including their schedules of care, demographics, staffing, and number of children in their care.

Additional findings regarding provider experiences offering NTH child care and provider practices during NTH child care 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. This report focuses on the practices of three types of Illinois child care providers: licensed home-based child care providers, also referred to as family child care (FCC) providers, center-based child care programs, and family, friend, and neighbor (FFN) child care providers, also referred to as license-exempt, 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. 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. Care in the child's home by a nonrelative provider may be referred to as “nanny care.”

A partnership of

Methodology

In March 2024, Illinois Action for Children invited 1,800 home-based child care providers and child care center directors or owners across Illinois to complete an online survey about caring for children during nontraditional hours. The survey was emailed to participants and was offered in English and Spanish. In total, 434 providers across 66 of Illinois' 102 counties completed the survey, resulting in a 24% response rate. Three percent responded in Spanish. Among respondents, 40% of respondents were FCC providers, 35% were FFN providers, and 26% were center directors or owners. 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/a, Latinx, or Hispanic (12%). See [appendix table 3](#) for detailed respondent demographics by provider type.

Sampling Process

The sample was primarily drawn from the Illinois Data Tracking Program (DTP), a statewide database maintained by the 16 Child Care Resource and Referral (CCR&R) agencies and hosted by the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). The DTP includes all licensed child care centers and licensed home-based FCC providers in Illinois, along with the hours they are licensed to operate. It also includes a smaller number of license-exempt home-based FFN providers who report their hours of operation.²

At the time of sampling, the DTP database included 8,137 providers, with 67% being FCC providers, 28%, center providers, and 5%, FFN providers. Given the relatively small number of FFN providers in the DTP, we supplemented the FFN sample using administrative records from the Illinois Child Care Assistance Program (CCAP), which includes providers who care for children receiving child care subsidies.³ While CCAP administrative data helped increase FFN representation, it does not include provider schedules, so FFN providers could not be sampled based on hours of care. However, prior studies in Cook County suggest that most FFN providers offer care during nontraditional hours.⁴

The final sample included 600 providers and was supplemented with two additional replicate groups of the same size, bringing the total to 1,800 providers. Each group included: 130 licensed centers, 235 licensed FCC homes and 235 FFN providers.

The sample was not designed to be statistically representative of the entire provider population. Rather, it was structured to include sufficient numbers of providers across key subgroups to allow for meaningful comparisons. These subgroups were defined by provider type (including licensed centers, licensed FCC homes, and FFN providers), geographic location (categorized as urban, mostly urban, or rural based on CCAP reimbursement rate groups 1A, 1B, and 2), and the type of care schedule offered (standard weekday hours versus nontraditional hours, such as early-morning, evening, overnight, or weekend care).

To ensure a diverse sample across these subgroups:

- Within each provider type, we aimed to recruit at least 50 providers offering only standard weekday care (7 a.m. to 6 p.m.), with the remaining sample balanced as evenly as possible across early-morning, evening, overnight, and weekend schedules.
- We balanced the sample geographically by selecting equal numbers of providers within each care type and schedule from each geographical CCAP reimbursement group, when feasible.

Analysis

For our analysis, we compared providers across care schedules (early morning, evening, weekend, overnight, and weekday daytime hours). Providers were asked to identify all care schedules they offer from a “select all that apply” list. Care schedules were defined as:

- **Early morning:** any time before 7 a.m. weekdays
- **Daytime:** any time between 7 a.m. to 6 p.m. weekdays
- **Evening:** any time after 6 p.m. weekdays
- **Overnight:** any time between 11 p.m. and 4 a.m.
- **Weekend:** any time Saturday or Sunday

In a separate question, providers reported their earliest start time and latest end time. We used these reported hours to verify whether providers met the criteria for each care schedule and to recategorize them into the appropriate schedule as needed. Providers

offering care during early morning, evening, overnight, or weekend hours were classified as NTH providers (n = 333). Those offering care only during weekday daytime hours were classified as standard-hour providers (n = 101).

Survey Respondents Compared with Illinois Population

Since our sample was not designed to be representative of the Illinois population, there were some differences between the survey respondents and the overall population trends in the types of schedules offered. A similar proportion of surveyed providers offered evening and standard-hour care when compared with the broader Illinois provider population.⁵ However, a notably smaller percentage of surveyed providers reported offering early-morning care (52% compared with 73%), while a larger share offered weekend care (28% compared with 12%). (See figure 1.) Trends in overnight care varied significantly based on how “overnight” was defined. Approximately 30% of providers in the statewide population offered overnight care that ended by midnight (offered only one hour of overnight care by our definition), but only 3% reported offering care that extended past midnight. Fewer survey respondents offered overnight care that ended by midnight (15%), and a larger share offered overnight care past midnight (8%).

Provider Schedules

Overall, home-based providers were more likely than centers to offer a nontraditional hour care schedule. Eighty-two percent of FCC and 88% of FFN providers reported offering at least one nontraditional hour of care, compared to 54% of center-based providers—a statistically significant difference. (See figure 2.) These findings are consistent with trends observed in the broader Illinois child care provider population. To see the percent of providers who offer an NTH schedule by provider type for the Illinois population, see appendix figure 14.

Among NTH care schedules, early-morning (52%) and evening care (41%) were most commonly reported by providers in the survey. (See figure 1.) Fewer providers reported offering weekend care (28%) or overnight care, which ranged from 8% to 15% depending on how overnight hours were defined. Just under a quarter of providers (23%) offered only standard weekday hours.

Provider type significantly influenced the likelihood of offering a NTH child care schedule, with home-based providers generally more likely to offer such care than center-based providers. Among those surveyed, both FCC and FFN providers were more likely than centers to offer evening, overnight, and weekend care. These findings were consistent with trends observed in the broader Illinois child care provider population. To see a breakdown of provider schedules for the Illinois population by provider type, see appendix figure 13.

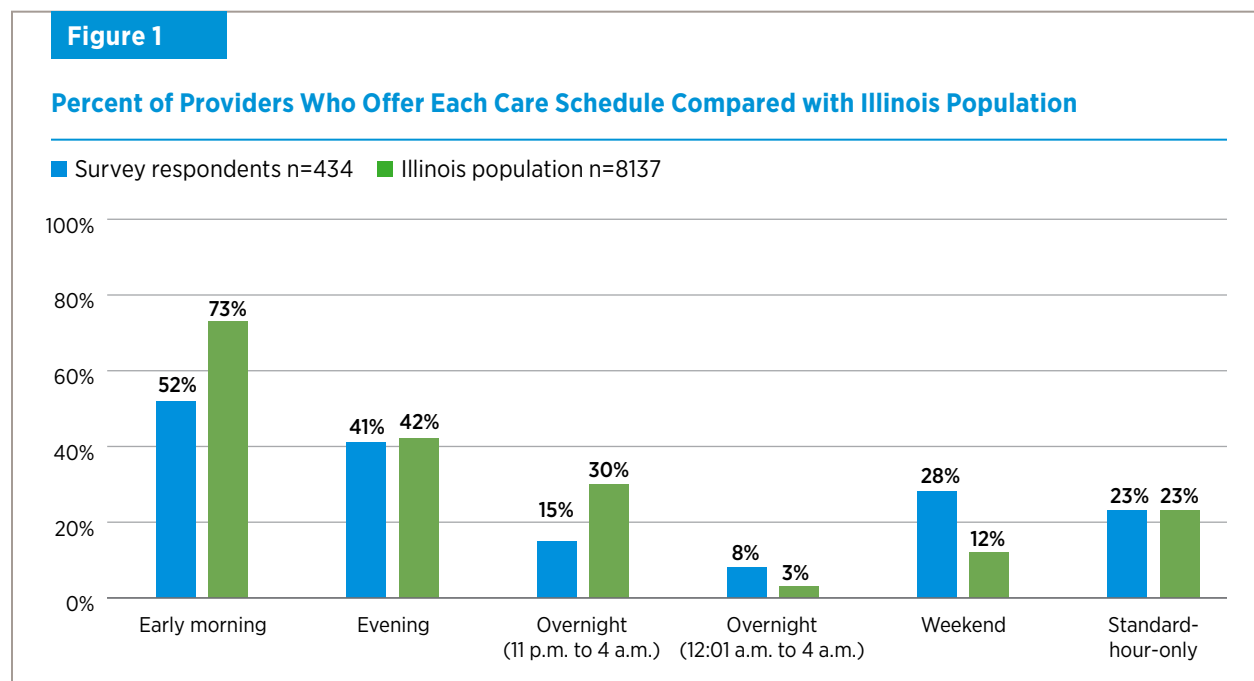
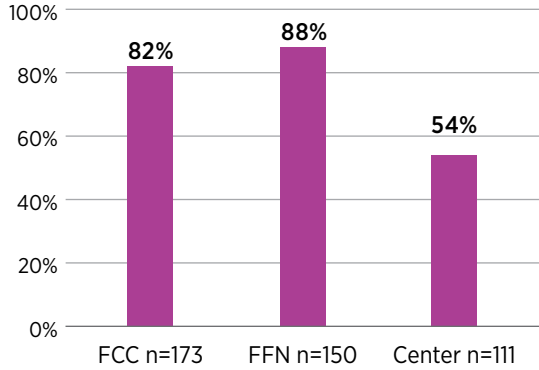


Figure 2

Percent of Providers Who Offer a Nontraditional Hour Schedule



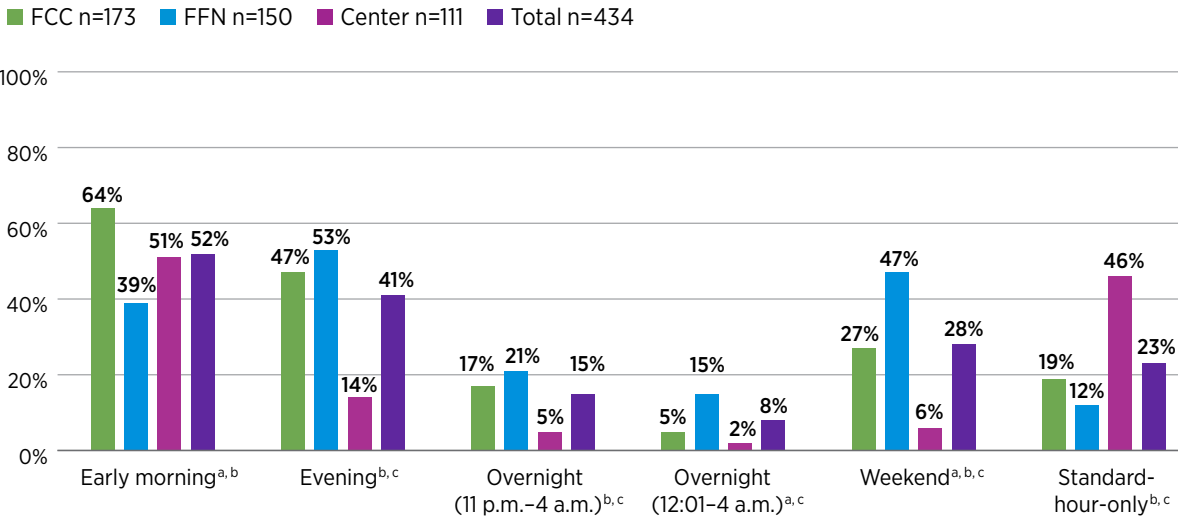
A Chi-square test determined statistically significant differences in provider type—specifically between FCC and center providers, and FFN and center providers ($p < 0.05$).

- Many FCC providers (64%) and approximately half of centers offered early-morning care. (See figure 3.) FCC providers were more likely than FFN providers and centers to offer early-morning care.
- Approximately half of FCC and FFN providers offered evening care compared with 14% of centers.
- Nearly half of FFN providers (48%) reported offering weekend care compared with about a quarter of FCC providers and 6% of centers.
- Home-based providers (FCC and FFN) were more likely than centers to offer overnight care. However, FFN providers, in particular, were most likely to offer overnight care that extended past midnight.
- Centers were more likely than FFN and FCC providers to offer only standard-hour care.

Providers who offered NTH child care tended to do so in addition to standard-hour care. In fact, only 15% of NTH providers cared for children exclusively during nontraditional hours.⁶ As a result, these providers often experienced extremely long workdays. Those offering

Figure 3

Percent of Providers Who Offer Each Care Schedule, 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

NTH child care reported working an average of 14 hours per day, compared to 10 hours per day for providers who offered only standard-hour care.

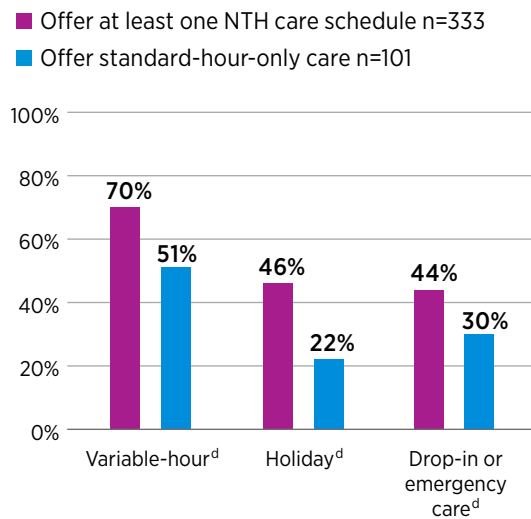
Irregular Schedules of Care

Providers offering nontraditional hours were more likely to accommodate irregular-care care schedules than those offering only standard weekday care.⁷ (See figure 4.) Irregular schedules include variable hours (when care hours or days shift from day to day or week to week), drop-in or emergency care, and care provided during holidays.

Provider type also influenced the likelihood of offering care on an irregular schedule. As with nontraditional hours, home-based providers (FCC and FFN) were more likely than centers to accommodate irregular-care needs. Both FCC and FFN providers were statistically more likely than center-based providers to offer variable-hour care, holiday care, and drop-in or emergency care. (See figure 5.) FFN providers, in particular, were the most likely to offer holiday care,

Figure 4

Percent of Providers Who Offer Irregular Schedules

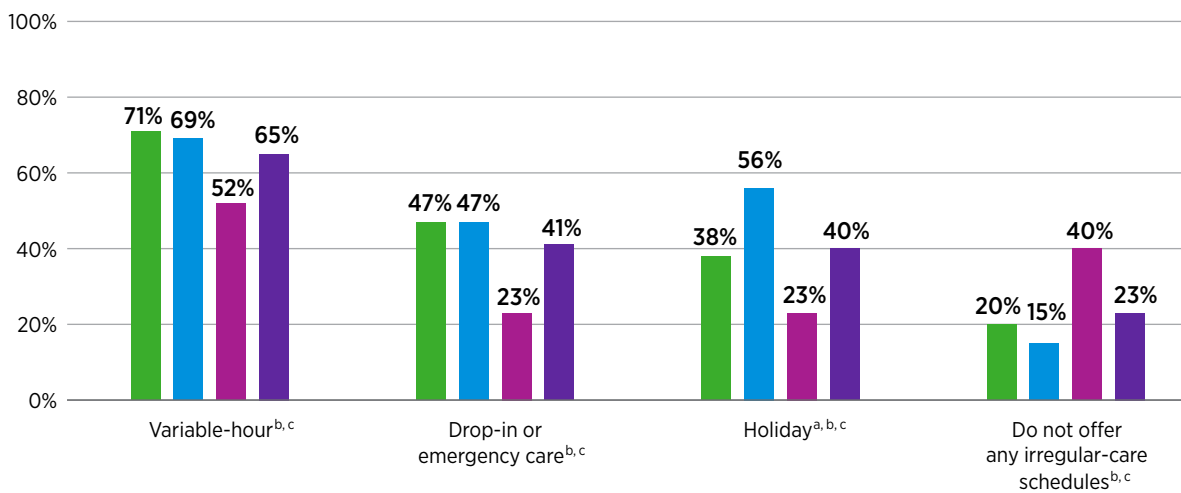


^d Chi-square test determined statistically significant difference between NTH and standard-hour-only providers ($p < .05$).

Figure 5

Percent of Providers Who Offer Irregular Schedules of Care, by Provider Type

■ FCC n=173 ■ FFN n=150 ■ Center n=111 ■ Total n=434



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

with 56% reporting that they do so. In contrast, 40% of centers did not offer any form of irregular care—a statistically significant difference from FCC and FFN providers.

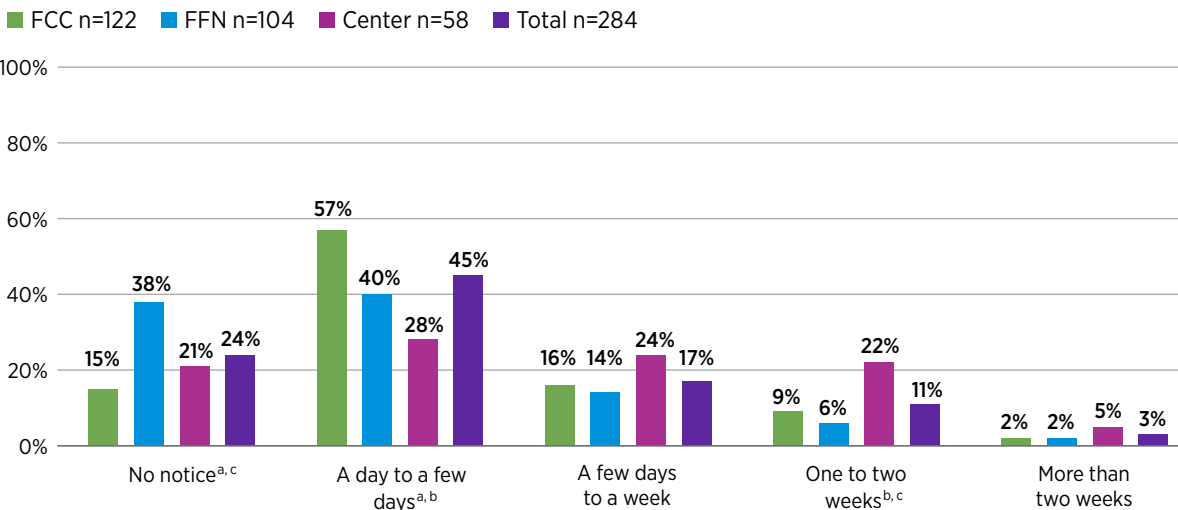
Notice Required for Variable-Hour Care

The majority of child care providers offering variable-hour care require short notice, with 45% reporting they need a day to a few days' advance notice. (See figure 6.) This was especially common among FCC providers, 57% of whom indicated this time frame. FFN providers were the most flexible, with

38% requiring no notice at all—more than twice the percentage of FCC providers (15%) and significantly more than center-based providers (21%). In contrast, center-based providers were more likely to require longer notice, with 27% needing more than one week's notice compared with only 11% of FCC and 8% of FFN providers. Very few providers across all types required more than two weeks' notice. These findings highlight notable differences in scheduling flexibility by provider type, with FFN providers generally offering the greatest flexibility and center-based programs the least.

Figure 6

Percent of Providers Who Require Notice for Variable-Hour Care (Among Providers Who Offer Variable-Hour Care)



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

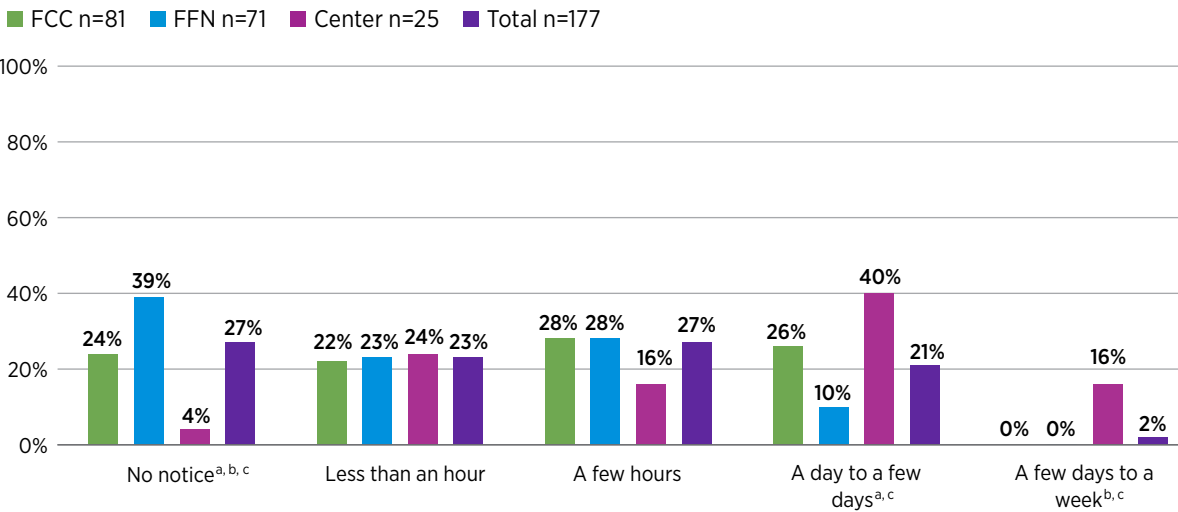
Notice Required for Drop-In or Emergency Child Care

Similarly, when it comes to drop-in or emergency child care, many providers require little or no advance notice. Nearly 39% of FFN providers said they require no notice, compared with 24% of FCC and just 4% of center-based providers. (See figure 7.) In contrast, 40% of center-based providers required a day to a few days' notice, compared with 26% of FCC and just 10% of FFN providers. Providers also differed in their

willingness to accept children with just a few hours' notice: both FCC and FFN providers reported this at 28%, while only 16% of center-based providers did. Overall, these results again show that FFN and FCC providers tend to be more flexible in accommodating emergency or last-minute care needs, while center-based programs are more likely to require planning and advance notice.

Figure 7

Percent of Providers Who Require Notice for Drop-in or Emergency Care (Among Providers Who Offer Drop-in or Emergency Care)



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 Providers With and Without Nontraditional-Hour Schedules

We analyzed provider demographics to identify statistically significant differences between NTH and standard-hour-only providers. Most differences are not significant, but below we report on the few that are. See [appendix table 4](#) for detailed demographics by provider type and schedule.

Provider Characteristics

Overall, Black child care providers were statistically more likely to offer some NTH child care (47%) than to offer only a standard-hour child care schedule (22%). When analyzed by provider type, these results were statistically significant for both Black FCC and Black center-based providers.⁸ (See [table 1](#).)

In contrast, White providers were more likely to offer only standard-hour care than NTH child care (61% compared with 36%). When analyzed by provider type, these results were statistically significant only for White FCC providers.⁹

Providers ages 55 to 64 were more likely to offer some NTH child care (23%) than only standard-hour care (12%); however, these differences were not statistically significant by provider type. Additionally, FCC providers ages 45 to 54 were more likely to offer only standard-hour care (50% compared with 30%).¹⁰

Center size also influenced the likelihood of offering NTH child care. Large centers (serving 100 or more children) were more likely to offer NTH child care than only standard-hour care, while the opposite was true for medium-size centers (serving 50 to 99 children).

Table 1 | Characteristics of Providers Who Offer NTH Child Care Compared with Providers Who Offer Only Standard Hour Care

	Total NTH providers n=333	Total SH-only providers n=101
Provider race		
Asian or Asian American	2%	3%
Black or African American	47%*	22%*
Latino/a, Latinx, or Hispanic	13%	10%
White or European American	36%*	61%*
Prefer not to say	5%	5%
Other	3%	3%
Provider age	Total NTH providers n=328	Total SH-only providers n=101
44 and younger	38%	46%
45 to 54	29%	33%
55 to 64	23%*	12%*
65 and older	11%	8%
Center size	Total NTH centers n=60	Total SH-only centers n=51
Small (under 50 children)	25%	35%
Medium (50–99 children)	28%*	51%*
Large (100+ children)	47%*	14%*

*Chi square test showed a statistically significant difference between NTH and standard-hour-only providers.

Note: Column totals may not equal 100% because of rounding and/or multiple responses allowed.

Children and Staffing During Nontraditional Hours

Overall, child care providers who offer care during nontraditional hours tended to care for fewer children than providers who offered care only during standard hours.

FCC Providers

Nearly all FCC providers (97%) that offer standard-hour-only care serve at least six children during these hours. (See figure 8.) In contrast, only a small portion of FCC providers with NTH hours serve as many as six children during NTH hours—the highest percentage was 26% during evening hours. The median number of children served ranges from three children in the early mornings, overnight, and weekends to four children in the evenings.

While approximately half of FCC providers had at least one assistant during evening and overnight hours, it was less common during early-morning hours and on weekends. (See figure 9.) This corresponds with what providers report about serving fewer children during these times, as discussed above.

Figure 9

Percentage of FCC Providers with Assistant Present, by Schedule Type

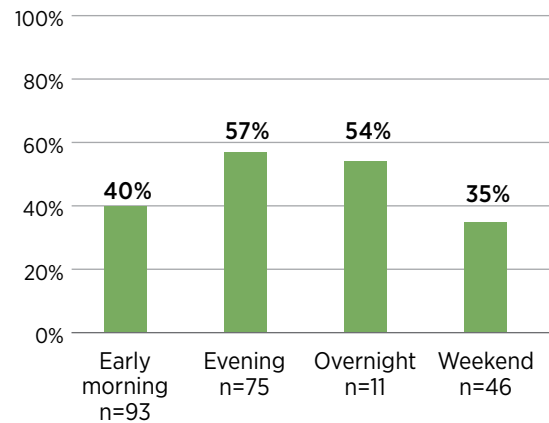
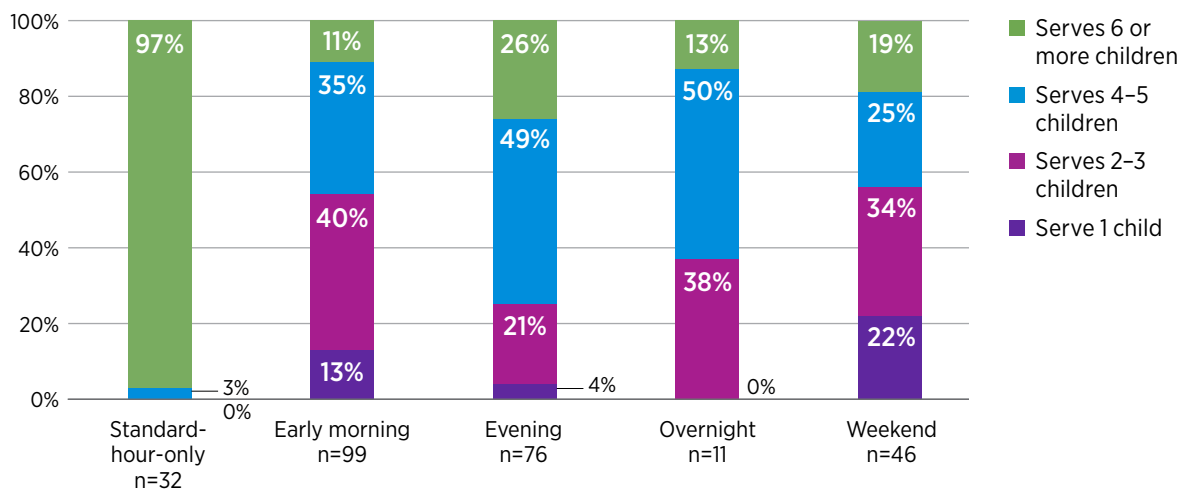


Figure 8

Percentage of FCC Providers by the Number of Children Served, per Schedule Type

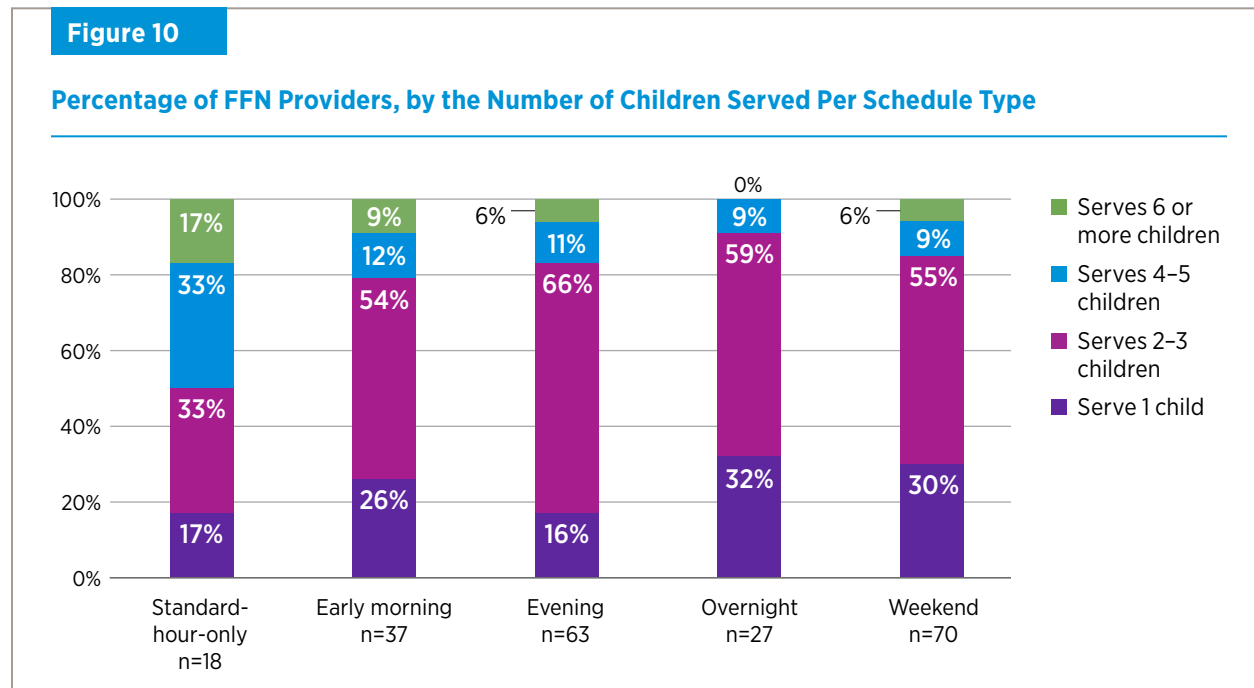


FFN Providers

FFN providers are permitted to serve up to three children at one time, though more if the children are from the same household. Like FCC providers, FFNs reported caring for fewer children during NTH schedules compared with standard hours. Half of standard-hour-only FFN providers cared for four or more children, but only 9% to 20% of FFN providers cared for four or more children during NTH schedules. (See figure 10.) The median number of children FFN providers cared for during NTH schedules (two children during evening, overnight, and weekends and three

children during early morning) was also lower than the median number of children reported by standard-hour-only FFN providers (3.5).

It was uncommon for FFN providers to work with an assistant. Only five FFN providers had someone helping them during an NTH schedule (3% to 6% of providers depending on the NTH schedule). Of those who had an assistant, only two providers reported paying the person who helped them, while the rest had an unpaid person helping.



Center Providers

Ninety-four percent of standard-hour-only centers cared for more than 20 children, with the median number of children in care during standard hours being 60. (See figure 11.) In contrast, it was uncommon for centers to care for more than 20 children during nontraditional hours. Only 17% to 29% of centers reported caring for more than 20 children during nontraditional hours, depending on the schedule, and none of the overnight care centers cared for more than 20 children. Among NTH schedules, early-morning care (before 7 a.m.) was the most offered NTH schedule reported by center-based providers. The majority (64%) of centers offering early-morning

care reported serving 15 or fewer children during this time. Centers providing weekend care appeared to be the most likely to serve larger numbers of children compared with other NTH schedules; however, only seven centers offered weekend care. Finally, the two centers providing overnight care served 10 or fewer children during this shift.

Staffing patterns reported by centers during nontraditional hours correspond with the number of children in care. Centers offering weekend care tend to have more staff, while overnight centers (n=2) reported only one staff member on duty. (See figure 12.)

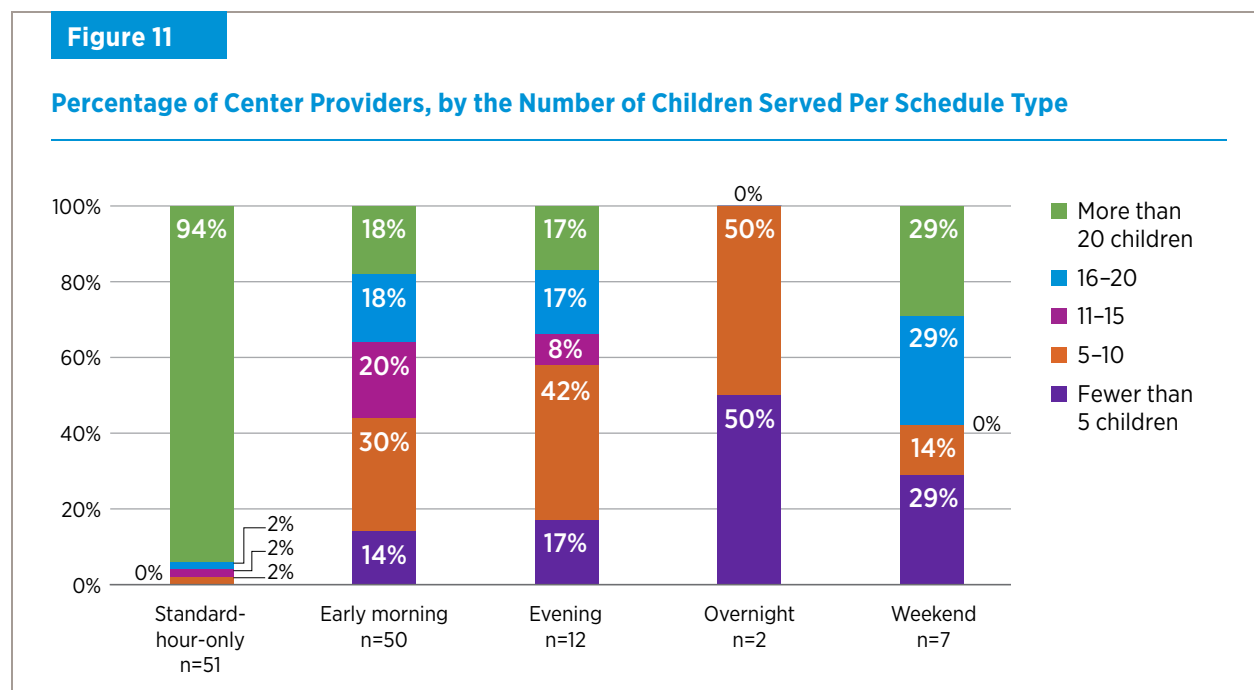
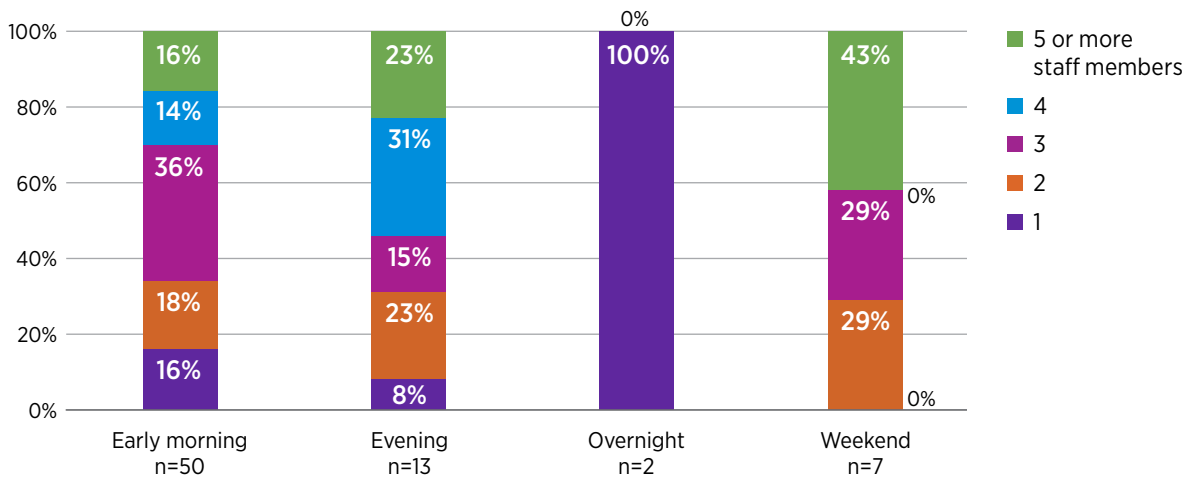


Figure 12

Percentage of Center Providers with Assistant Present, by Schedule Type



Age Groups Served During Nontraditional Hours

NTH child care providers served children across all age groups, but older children—particularly those ages 3 and up—were more commonly served during evenings, weekends, and overnight hours. (See table 2.) School-age children (ages 6 and older) were especially prevalent in evening care, with 81% of providers offering care for this age group during

those hours. Overnight and weekend care also saw high rates of care for school-age children (65% and 66%, respectively). Early-morning care included the widest variety of age groups, with a relatively balanced distribution across infants, toddlers, preschoolers, and school-age children—over half of providers reported serving children in each of these age groups during early-morning hours.

Table 2 | Age Groups Providers Care for During NTH

Ages served	Percent of providers			Total
	FCC	FFN	Center	
Early-morning care				
Infants 0 to 14 months ^{b,c}	36%	30%	86%	49%
Toddlers 15 to 23 months ^{b,c}	41%	38%	84%	53%
2 years old ^{b,c}	41%	54%	86%	56%
3 to 5 years old ^{b,c}	69%	54%	94%	73%
6 years or older ^{b,c}	51%	38%	72%	54%
Total number of providers	90	37	50	177
Evening care				
Infants 0 to 14 months ^{b,c}	21%	17%	67%	23%
Toddlers 15 to 23 months ^{b,c}	20%	15%	67%	22%
2 years old ^{b,c}	27%	15%	83%	27%
3 to 5 years old ^{b,c}	58%	47%	92%	56%
6 years or older ^a	89%	73%	75%	81%
Total number of providers	71	60	12	143
Overnight care				
Infants 0 to 14 months	27%	15%	0%	18%
Toddlers 15 to 23 months	18%	22%	100%	25%
2 years old	46%	18%	100%	30%
3 to 5 years old	73%	52%	100%	60%
6 years or older	73%	59%	100%	65%
Total number of providers	11	27	2	40
Weekend care				
Infants 0 to 14 months ^{b,c}	18%	20%	57%	21%
Toddlers 15 to 23 months ^a	40%	13%	43%	25%
2 years old ^c	33%	29%	71%	33%
3 to 5 years old ^c	60%	51%	100%	57%
6 years or older ^c	71%	60%	100%	66%
Total number of providers	45	70	7	122

Significance determined using Fisher's Exact Test ($p < .05$)

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

c Statistically significant difference between Center and FFN providers.

Conclusion

Our findings show that NTH child care is not monolithic—schedules, the types of providers offering care, and the children served vary depending on the hours of care. Providers offering NTH child care also differ from those offering only standard-hour care, notably by race, program size, and provider age. Below we outline some of our key findings.

- Home-based providers, including both FCC and FFN providers, are generally more likely than centers to offer care during nontraditional hours, particularly during evenings, overnights, and weekends. FFN providers stand out as the most likely to offer weekend and overnight care (including overnight care that extends past midnight), while FCC providers are most likely to offer early-morning care. Home-based providers are also more likely than centers to offer irregular care schedules—such as variable hours, holiday care, and drop-in or emergency care—often with shorter notice requirements. FFN providers are especially accommodating, with many requiring little to no advance notice, followed by FCC providers, who also demonstrate considerable flexibility. In contrast, center-based programs generally require longer notice periods.
- Race, provider age, and center size are all associated with differences in the likelihood of offering NTH child care. Black providers—especially those in FCC and center-based settings—are significantly more likely to offer NTH child care than standard-hour-only care, while White providers, particularly in FCC, were more likely to offer only standard hours. Older providers and those operating larger centers also showed greater tendencies toward offering NTH care.
- Child enrollment patterns vary across NTH schedules. Across all provider types, fewer children typically are served during nontraditional hours. The age mix also varies depending on the schedule of care. Evenings, weekends, and overnights tend to have a higher proportion of children ages 3 and older, while early-morning care has a more balanced distribution of children across all age groups.

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. Increasing compensation for providers who offer NTH child care can support those currently offering it and encourage new providers to begin offering it.

- **Increase CCAP reimbursement for care during NTH hours.** Providers report working long hours and caring for fewer children during NTH hours, making this care exhausting and less profitable. 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.** Because of lower enrollment and child-to-staff ratio regulations, center-based providers report that staffing is a major obstacle to offering NTH child care. Funding to increase compensation for child care staff could enable more centers to offer NTH child care. Additionally, few home-based providers report having assistants during these hours. Providing funding could incentivize home-based providers to offer NTH child care by allowing them to hire assistants.

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 offer the broadest range of NTH schedules and provide families with the greatest flexibility for this care. However, they face

growing challenges—such as stricter federal and state regulations, reduced access to subsidies, and limited recognition of their value by 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.

Endnotes

- 1 Provider Experiences with NTH Child Care—Implications for Building the Supply and Practices of Child Care Providers during Nontraditional Hours, <https://www.actforchildren.org/nontraditional-hour-child-care-research-project/>
- 2 There are few FFN providers who register with the CCR&R, making their information available to parents looking for child care. The FFN providers who register are less likely to care for a related child and tend to have a small-business perspective like FCC providers.
- 3 The CCAP administrative data for October 2023 included 11,227 FFN providers. We excluded FFN providers who did not have an email address. (Thirty-one percent of FFNs in the CCAP sample had an email address.) Eighty-six percent cared for a related child, and 14% cared for a nonrelated child.
- 4 Cook County Parents, Non-Standard Work and Child Care (2022 Update), <https://www.actforchildren.org/wp-content/uploads/2024/04/CookCountyParentNon-StandardWorkAndChildCare2022Update.pdf>
- 5 Provider data for Illinois comes from INCCRRA, DTP, December 2023.
- 6 We considered providers to be exclusively NTH providers if they offered less than four hours of standard-hour care between 7 a.m. and 6 p.m. and the rest of their hours fell outside these hours.
- 7 Fisher test reported statistically significant difference at the .05 level between provider schedule (any NTH and standard-hour only) and variable-hour care, drop-in or emergency care, and holiday care.
- 8 See [appendix table 4](#) for more detailed data by provider type.
- 9 See [appendix table 4](#) for more detailed data by provider type.
- 10 See [appendix table 4](#) for more detailed data by provider type.

Appendix

Table 3 | Survey Respondent Demographics, by Provider Type

	FCC n=173	FFN=150	Center n=111
Provider age			
35 and younger	11%	24%	21%
36 to 44	18%	21%	29%
45 to 54	34%	26%	30%
55 to 64	28%	16%	15%
65 and older	10%	14%	6%
Provider race			
Asian or Asian American	2%	1%	5%
Black or African American	36%	65%	15%
Latino/a, Latinx, or Hispanic	16%	8%	11%
Native American/Alaskan Native	0.6%	3%	0.9%
White or European American	41%	26%	64%
Prefer not to say	5%	1%	9%
Other	2%	0.7%	2%
Years that providers have worked in child care or the early childhood field			
Fewer than 5 years	4%	11%	3%
5 to 9 years	11%	21%	13%
10 or more years	85%	68%	84%
Education level of providers (FCC and FFN only)			
High school or GED or less	24%	40%	-
Some college	32%	34%	-
Trade or technical school	5%	8%	-
Associate degree	13%	11%	-
Bachelor's degree	17%	4%	-
Master's degree or higher	8%	3%	-
Credentials (FCC only)			
Have a Child Development Associate (CDA) credential	15%	-	-
Have another credential or certificate in early education	25%	-	-
Household Income (FCC and FFN only)			
Less than \$15,000	2%	44%	-
Between \$15,000 and \$29,999	14%	27%	-
Between \$30,000 and \$49,999	21%	16%	-
Between \$50,000 and \$74,999	26%	10%	-
Between \$75,000 and \$99,999	18%	3%	-

Table 3, continued

	FCC n=173	FFN=150	Center n=111
Between \$100,000 and \$150,000	16%	0.7%	-
More than \$150,000	4%	0.7%	-
Type of home (FCC and FFN only)			
Apartment	4%	32%	-
Multiple family house	4%	7%	-
Single-family house	90%	57%	-
Other: hotel, mobile home, two-flat	1%	2%	-
Home ownership (FCC and FFN only)			
Own and home is paid off	15%	11%	-
Own and pay a monthly mortgage	65%	19%	-
Rent	14%	61%	-
Prefer not to answer	6%	7%	-
Other arrangement	0%	1%	-
Providers with other people living in home (FCC and FFN only)			
Child under 5	13%	30%	-
Child 6 to 17 years old	47%	43%	-
Adult 18 years old or older	88%	75%	-
Providers with relationship to child in care (FFN only)			
Care for related child	-	65%	-
No, do not care for related child	-	35%	-
Relationship to child (FFN only)			
Grandparent	-	63%	-
Aunt or uncle	-	22%	-
Sibling	-	2%	-
Cousin	-	11%	-
Other	-	3%	-
Location of care (FFN only)			
Provider's home	-	85%	-
Child's home	-	15%	-
Center owner or director (center only)			
Center owner	-	-	17%
Center director	-	-	71%
Both owner and director	-	-	11%
Operate multiple centers (center only)			
Yes	-	-	16%
No	-	-	84%

Note: Column totals may not equal 100% because of rounding and/or multiple responses allowed.

Table 4 | Demographics by Provider Type and Schedule (offer any nontraditional-hour or only standard-hour child care)

	FCC		FFN		Center	
	NTH n=141	SH n=32	NTH n=132	SH n=18	NTH n=60	SH n=51
Provider age						
35 and younger	9%	19%	23%	29%	22%	20%
36 to 44	19%	9%	22%	18%	22%	38%
45 to 54	30%*	50%*	25%	29%	32%	24%
55 to 64	29%	19%	16%	12%	20%	8%
65 and older	12%	3%	14%	12%	3%	10%
Provider race						
Asian or Asian American	1%	3%	2%	0%	5%	4%
Black or African American	42%*	13%*	63%	78%	22%*	8%*
Latino/a, Latinx, or Hispanic	18%	6%	8%	6%	8%	14%
Native American/Alaskan Native	1%	0%	2%	6%	2%	0%
White or European American	35%*	69%*	28%	11%	57%	73%
Prefer not to say	5%	6%	2%	0%	12%	6%
Other	1%	3%	1%	0%	2%	2%
Years that providers have worked in child care or the early childhood field						
Fewer than 5 years	4%	6%	13%	0%	3%	2%
5 to 9 years	11%	13%	22%	18%	12%	14%
10 or more years	86%	81%	66%	82%	85%	84%
Education level of providers (FCC and FFN only)						
High school or GED or less	26%	13%	40%	35%	-	-
Some college	34%	25%	34%	35%	-	-
Trade or technical school	5%	6%	9%	0%	-	-
Associate degree	13%	16%	10%	18%	-	-
Bachelor's degree	15%	28%	5%	0%	-	-
Master's degree or higher	7%	13%	2%	12%	-	-
Credentials (FCC only)						
Have a Child Development Associate (CDA) credential	16%	13%	-	-	-	-
Have another credential or certificate in early education	26%	22%	-	-	-	-
Providers with relationship to child in care (FFN Only)						
Care for related child	-	-	67%	50%	-	-
No, do not care for related child	-	-	33%	50%	-	-

Table 4, continued

	FCC		FFN		Center	
	NTH n=141	SH n=32	NTH n=132	SH n=18	NTH n=60	SH n=51
Relationship to child (FFN Only)						
Grandparent	-	-	69%	44%	-	-
Aunt or uncle	-	-	24%	22%	-	-
Sibling	-	-	1%	11%	-	-
Cousin	-	-	11%	11%	-	-
Other	-	-	2%	11%	-	-
Location of care (FFN only)						
Provider's home	-	-	85%	83%	-	-
Child's home	-	-	15%	17%	-	-
Center owner or director (center only)						
Center owner	-	-	-	-	15%	20%
Center director	-	-	-	-	72%	71%
Both owner and director	-	-	-	-	13%	10%
Operate multiple centers (center only)						
Yes	-	-	-	-	17%	16%
No	-	-	-	-	83%	84%
Type of home (FCC and FFN only)						
Apartment	4%	3%	29%	59%	-	-
Multifamily house	4%	3%	7%	6%	-	-
Single-family house	91%	91%	61%	35%	-	-
Other: hotel, mobile home, two- flat	1%	3%	3%	0%	-	-
Home ownership (FCC and FFN only)						
Own and home is paid off	14%	16%	12%	0%	-	-
Own and pay a monthly mortgage	62%	78%	19%	24%	-	-
Rent	16%	6%	61%	71%	-	-
Prefer not to answer	8%	0%	7%	6%	-	-
Other arrangement	0%	0%	1%	0%	-	-

*Chi square test showed a statistically significant difference between nontraditional-hour and standard-hour-only providers.

Note: Column totals may not equal 100% because of rounding and/or multiple responses allowed.

Figure 13

Percent of Providers in Illinois Who Offer Each Care Schedule, by Provider Type

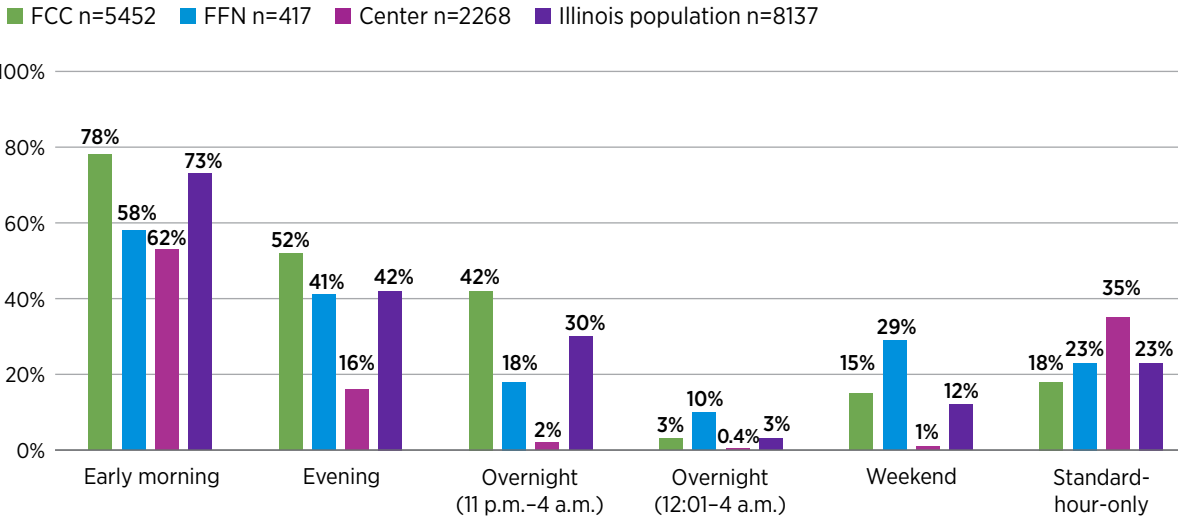
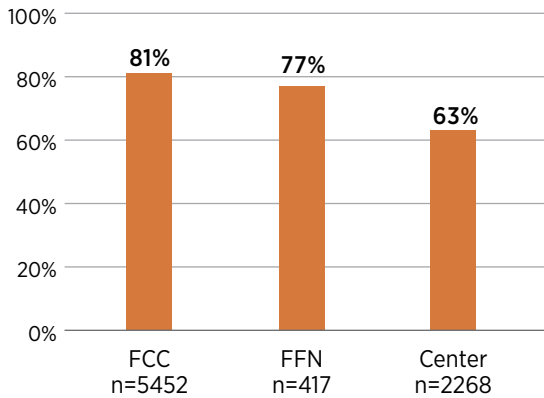


Figure 14

Percent of Providers in Illinois Who Offer a Nontraditional Hour Schedule, by Provider Type



A Chi-square test determined statistically significant differences in provider type—specifically between FCC and center providers, and FFN and center providers ($p < 0.05$)

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.

Recommended Citation

Flores, A. (2025). *Who Offers Nontraditional-Hour Child Care in Illinois?* Illinois Action for Children.

Acknowledgments

We want to thank the following reviewers, whose insights and comments informed the development of this report:

David Alexander, Director of Research, Illinois Action for Children

Marcia Stoll, Assistant Director of Research, Illinois Action for Children

Arunima Mehrotra, Senior Research Associate, Illinois Action for Children

Juliet Bromer, Research Professor, Erikson Institute

Julia R. Henly, Samuel Deutsch Professor, University of Chicago Crown Family School of Social Work, Policy, and Practice

Marisa Schlieber, Research Faculty, Erikson Institute

We also thank our fellow research teams in the Child Care Policy Research Partnership for sharing their survey instruments with us, particularly the Virginia and Washington, D.C. teams.

This report is supported by the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award (Grant 90YE0285) totaling \$1,600,000 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. government. For more information, please visit the ACF website, "[Administrative and National Policy Requirements](#)."

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

A partnership of

**Erikson
Institute**
Home-Based
Child Care Research

 **THE UNIVERSITY OF CHICAGO**
**CROWN FAMILY SCHOOL
OF SOCIAL WORK, POLICY,
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