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# Report on Child Care in Cook County *during the COVID-19 Pandemic, 2021*

# INTRODUCTION

Like most elements of our social and economic infrastructure, the child care sector confronted its greatest challenge when the COVID-19 pandemic struck in March 2020. Perhaps the most massive challenge in the first few weeks was simply to act in the face of paralyzing uncertainty. No one understood the dangers of COVID-19 very well. Child care providers and parents alike had to assess whether to carry on and ride out a manageable storm or fall back into an emergency life-preserving posture. Our State and local governments faced the same uncertainty but also had to consider what supports they needed to provide the public.

The State of Illinois acted quickly to promote social distancing by shutting down nonessential business, particularly in settings where people congregate and might spread the virus. As such settings, child care programs and eventually schools were shut down. Since many essential workers need child care to go to work, however, provisions were made to license emergency child care programs that would follow stringent safety precautions.

This year’s report on child care in Cook County documents what we know about the impact of

COVID-19 on the child care available to families and the choices families made during two periods: the early stay-at-home period of the pandemic, March through May 2020, and the subsequent period as programs re-opened, beginning June 2020 through the end of the state’s Fiscal Year, June 2021. We examine Cook County parents’ and providers’ responses to the pandemic as well as the attempts by the State and its partners such as Illinois Action for Children (IAFC) to keep child care safe while supporting essential work, working parents, and child care providers.

**Data sources.** To tell this story, we rely on child care program data and several surveys of parents and providers conducted at various points in time during the pandemic. These surveys are listed in the following table. Additionally, we analyzed administrative data such as participation data from the Child Care Assistance Program (CCAP) and child care licensing data from the Department of Children and Family Services (DCFS). Finally, we inspected documents such as the 2017 “Illinois Statewide Child Care Emergency Preparedness and Response Plan” to which we turn next.

Survey	Respondents	Date conducted
<b>IAFC Home Provider Survey</b>	<b>1,041</b> licensed home providers and <b>1,458</b> family, friend, and neighbor providers	April 2020
<b>IAFC Referral Program parent survey<sup>1</sup></b>	<b>144 parents</b> who received child care referral services from IAFC; surveyed by Referrals and Outreach staff	Survey in June–July 2020; follow-up interviews with a subset of parents in November 2020 & April 2021
<b>Child and Adult Care Food Program survey</b>	<b>431 home providers</b> that participated in the food program through IAFC	April through June 2020
<b>CCAP Priority Essential Worker survey</b>	<b>174 parents</b> statewide that received CCAP under a special Priority Essential Worker eligibility	Parents were surveyed in February 2021 about their child care from April through June 2020
<b>Preliminary results of a COVID research project led by the University of Chicago and IAFC<sup>2</sup></b>	<b>71</b> Cook County providers completed a survey and <b>50</b> were interviewed	September 2020 through March 2021

<sup>1</sup> See our three-part series In the Voices of Parents: Navigating the COVID-19 Pandemic at <https://actforchildren.org/about/research-data/reports>.

<sup>2</sup> This project is funded by the Robert Wood Johnson Foundation. The research is a collaboration between the University of Chicago and Illinois Action for Children, Co-Principal Investigators Professor Julia Henly and Dr. David Alexander, in partnership with Professor Robert Hughes and Director Brenda Eastham of the Child Care Resource Service at the University of Illinois at Urbana-Champaign.

## CHILD CARE AVAILABILITY DURING THE PANDEMIC

### How Prepared Was Child Care?

In 2017, Illinois completed its “Illinois Statewide Child Care Emergency Preparedness and Response Plan.”<sup>3</sup> This plan is largely shaped by concern with short-term emergencies such as weather disasters that are more common in Illinois than long-term emergencies of uncertain duration such as the COVID-19 pandemic. Nevertheless, the plan established a framework that helped define the state’s approach to the pandemic. This framework defined the stages of preparedness, emergency response, and recovery; and it assigned advance responsibility for numerous activities in each stage to the main agents in Illinois’ child care system: the Illinois Departments of Human Services and Children and Family Services, and the regional child care resource and referral agencies (CCR&Rs). Critical activities include reviewing and amending child care rules and policies to ensure that child care and Illinois Child Care Assistance are available and functioning as needed during an emergency and recovery, and issuing emergency child care licenses. Other critical assignments include the responsibilities for communication to parents, child care providers, and the public and providing technical assistance to providers and parents. Given this state of preparedness, it should not be surprising that the pandemic plans and policies for child care discussed in later sections appeared very early in the pandemic.

It is also notable that earlier financial misfortune in Illinois made the state better prepared to support child care during the pandemic. Years of state budget crises culminating in vast emergency cuts to child care assistance in 2015 had destabilized the Illinois child care industry and left many child care providers in a more precarious financial position than ever. This stimulated widespread discussion of ways that the state could stabilize and restore the industry. There was thus already an array of useful ideas available to the state to review and employ once the pandemic struck, such as stabilization funding and ways to make child care assistance rules more family-friendly.

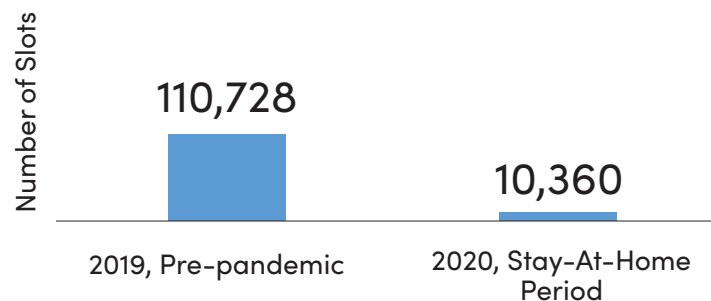
<sup>3</sup> The plan is available on the website of the Illinois Network of Child Care Resource and Referral Agencies, <https://courses.inccrra.org/mod/resource/view.php?id=13644>.

## Child Care Available to Parents during the Stay-At-Home Period: March-May 2020

Early in the COVID-19 pandemic when Governor Pritzker issued an emergency Executive Order for Illinoisans to shelter in place, the state recognized that Illinois needed essential work to continue. The main concerns of government became (1) to contain the virus and (2) to keep essential services running– which included providing child care for essential workers. The resulting emergency rule allowed approved child care programs to operate at greatly reduced capacity under strict health and safety standards and to serve only essential workers.

**Care in Centers.** All child care centers were required to close under the stay-at-home order unless they applied for and were approved to operate under an emergency child care license. Center owners and directors had to weigh the risk of remaining open to themselves, their families, and their staff. They had to consider whether enough staff were able and willing to work, whether families would remain or enroll in care, and the fiscal impact of operating under the new health and safety guidelines and in an uncertain environment.

### Slots in Licensed Child Care Centers in Cook County DCFS Licensing Data



In total, 239 programs across Cook County received an emergency child care license, with a combined capacity of 10,360 slots. These slots were a small fraction (9 percent) of the total center slots available to families prior to COVID-19 (110,728 slots across 1,395 child care centers). Among the 239 programs, 106 (44 percent) were licensed to care for school-age children, which was important when schools shifted to remote learning. Although community-based organizations, health care facilities, and even workplaces were allowed to apply for an emergency child care license, nearly all approved programs were child care centers that had operated prior to the pandemic.

**Care in Licensed Homes.** Licensed home-based child care programs could continue to operate without an emergency license but were limited to caring for no more than six children, including their own, and to serving essential workers. In normal times, home providers are typically licensed to serve 8 children, and larger group homes that have assistants can serve as many as 16 children. The reduced capacity during the stay-at-home period forced many home providers that remained open to choose which of their families they would continue to serve and to turn away families that needed care.

Many licensed child care homes closed at least temporarily during the pandemic due to safety concerns. We do not know the complete number that remained open among the 2,700 licensed homes in Cook County. A survey of 1,041 licensed home providers conducted in April 2020 found only 43 percent (443) were open at the time. By May, IAFC had confirmed that at least 821 home providers were open at some point during the stay-at-home period, providing roughly 5,000 child care slots.

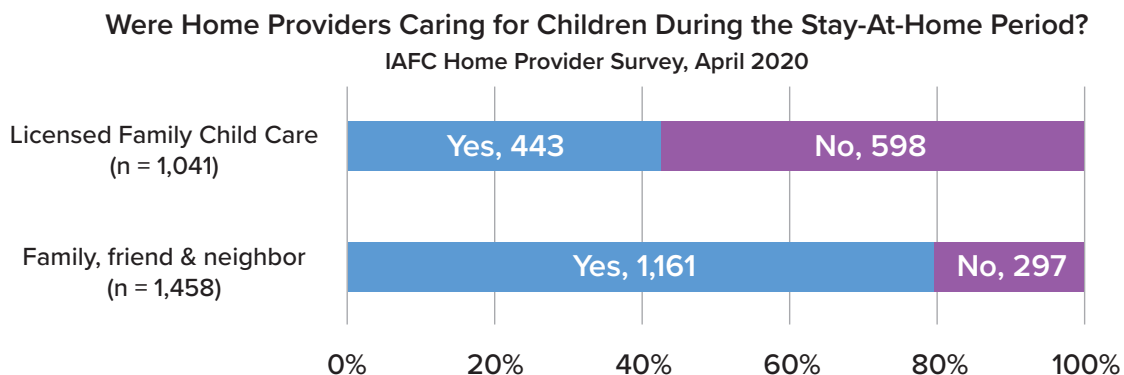
Among the 443 licensed home providers surveyed by IAFC that were open in April, only 58 said they had taken on new children, for a total of 141 children whom they had not been serving prior to the stay-at-home order.

**Care by family, friend, and neighbor (FFN) providers.** With formal child care programs closed or at reduced capacity, and parents concerned about the safety of group settings, many parents turned to family members, friends, and others whom they knew and trusted to care for their children during the pandemic. Among the parents that were already using family, friend, and neighbor providers at the time of the outbreak, many continued to do so. IAFC spoke with 1,458 FFN providers paid by the Child Care Assistance Program in the April 2020 survey and found that 80 percent of them were continuing to provide care during the pandemic. By contrast, less than half of licensed home providers surveyed were providing care.

During the stay-at-home period, the number of children permitted in FFN care was increased from three to six children to accommodate families in need of care. However, only a small number (138) of the FFN providers surveyed said they were caring for children they had not cared for prior to the pandemic, a total of 249 new children.

**Family, friend and neighbor providers** sometimes referred to as *license-exempt home providers*, operate in their own home or the child's home. They are not licensed and are limited to caring for three children at a time. FFN providers fill an important role in the child care sector, often caring for children during non-traditional hours such as evenings and overnight when few other child care programs are open. They are more affordable and tend to be more flexible with payments than formal child care programs.

The Illinois Child Care Assistance program currently pays FFN providers a low rate of just \$19.69 per child per day. This is less than \$2.50 per hour to care for a child for an eight-hour day.



<sup>4</sup> For more information on Restore Illinois, visit the Illinois State of Illinois Coronavirus Response website: <https://coronavirus.illinois.gov/restore-illinois/introduction.html>

## Restore Illinois – Re-Opening Child Care Programs: June 2020 Onward

On May 29, 2020, Governor Pritzker announced Restore Illinois<sup>4</sup> the plan for Illinois to safely reopen businesses, including child care programs, and ease social restrictions in the state. The plan included five phases that guided the public and business on what regulations they should follow. The Governor’s office engaged several providers and stakeholders from across the state, including Illinois Action for Children, in the development of the plan and guidance. It allowed all child care programs to reopen in June 2020 under new DCFS licensing guidance intended to keep children, families, and providers safe and prevent the transmission of COVID-19. (See the following tables for the guidance.)

The regulations followed guidance from the Centers for Disease Control and Prevention and the Illinois Department of Public Health.

Child care providers already open during the stay-at-home period could expand, though not fully restore, their capacity and were no longer restricted to serving essential workers. Providers had to develop and submit a Reopening Plan that included procedures for isolating children or staff who became sick, reporting positive cases of COVID-19 to DCFS, and reporting incidences of exposure to staff and families. The table below highlights some of the guidance described in Restore Illinois and operational practices that providers had to implement.

Illinois Department of Children and Family Services Guidance for Licensed and License-Exempt Day Care <sup>5</sup>	
<b>Grouping children and staff</b>	<ul style="list-style-type: none"> <li>• Children must remain with the same group each day while in care.</li> <li>• Groups must not be combined at any time, including on playgrounds.</li> <li>• The same staff should be assigned to the same group of children each day.</li> </ul>
<b>Temperature and symptom checks</b>	<ul style="list-style-type: none"> <li>• Staff, children, parents, and visitors will have their temperatures taken and recorded upon arrival if they are entering the facility.</li> <li>• Staff should ask the parent/guardian to confirm that the child does not have COVID-19 related symptoms.</li> <li>• Staff should make a visual inspection of the child for signs of illness (e.g. flushed cheeks, rapid breathing, difficulty breathing, fatigue, or extreme fussiness)</li> </ul>
<b>Cleaning and sanitation procedures</b>	<ul style="list-style-type: none"> <li>• Child care programs should clean and sanitize regularly throughout the day. All high touch surfaces should be cleaned every two hours, and computer components and telephones should be wiped down before each use.</li> <li>• All rooms should be cleaned and sanitized between use by different groups and between day care and night care shifts.</li> <li>• No soft or plush toys shall be permitted.</li> </ul>
<b>Personal protective equipment (PPE) face coverings</b>	<ul style="list-style-type: none"> <li>• Children, employees, and other individuals who are over age two and able to medically tolerate a face covering are required to wear one.</li> </ul>
<b>Drop-off/pick-up</b>	<ul style="list-style-type: none"> <li>• Can stagger arrival and drop-off times and/or have child care providers come outside the facility to pick up the children.</li> </ul>
<b>Hygiene and health practices</b>	<ul style="list-style-type: none"> <li>• Children and staff should wash their hands before and after playground use.</li> <li>• Children and staff should change shoes upon arrival.</li> </ul>
<b>Play and naptime</b>	<ul style="list-style-type: none"> <li>• Playground toys should not be shared between classrooms.</li> <li>• The use of shared water play, including pools, should be postponed.</li> <li>• During nap/sleep time, children’s cots or cribs should be separated by either 6 feet or a non-permeable barrier.</li> </ul>

<sup>4</sup> For more information on Restore Illinois, visit the Illinois State of Illinois Coronavirus Response website: <https://coronavirus.illinois.gov/restore-illinois/introduction.html>

<sup>5</sup> Restore Illinois Licensed Day Care Guidance and License Exempt School-Age Guidance, Illinois Department of Children and Family Services, Released December 20, 2020.

From June 2020 to May 2021, the permissible child care capacity was increased but only to levels that did not require additional staff members in the classroom or home to meet licensing staff-child ratios. The intention was to prevent the additional spread of the virus among staff. As a result, child care centers were allowed to serve more children in all classrooms except infant rooms, though they still had to operate at about 30 percent reduced

capacity. Licensed child care homes could increase their capacity to as many as ten children if allowed by their child care license, and group child care homes could watch their full capacity but had to maintain separate groups of children with no more than 10 children per group. Family, friend, and neighbor providers, however, had to return to caring for just three children.

Permissible Child Care Capacity				
Care Type	Pre-COVID	Stay-At-Home Period (March-May 2020)	Re-opening (June 2020-May 2021)	
Licensed Family Child Care Home	Typically <b>8-12</b> , depending on license and if assistant is present	<b>6</b> children	Max of <b>10 or license capacity</b> , whichever is smaller.	
Licensed Family Group Home	Typically <b>12-16</b> , depending on license and if an assistant is present	<b>6</b> children	<b>License capacity</b> ; children must be in separate groups of no more than 10.	
Family, friend, and neighbor home	<b>3</b> children	<b>6</b> children	<b>3</b> children	
Licensed Child Care Center	Classroom capacity:	<i>Limit of five rooms per center</i>		
	Infants	12	10	8
	Toddlers	15	10	12
	Twos	16	10	12
	3-4s	20	10	15
	Fives	20	10	15
	School-age	30	10	15

# PROVIDING CHILD CARE DURING THE PANDEMIC

## Home Providers' Experiences during the Stay-at-Home Period.<sup>6</sup>

Home-based child care programs provided a large share of care for essential workers and were particularly flexible and courageous in doing so. Yet, fear, scarcity, and exhaustion were common themes heard by IAFC staff that surveyed home providers in the early months of the pandemic. Providers had to double down on cleaning routines yet faced shortages of cleaning products like disinfectant, bleach, and hand sanitizer as well as personal protective equipment (PPE) including masks and gloves. When items were available, providers told us, it was at higher prices. Food prices increased as well, and providers reported that they were challenged with stretching their budget, long lines at the store, stores closing early, products in short supply, and the fear of going to the store or taking public transportation.

Providers were still learning the emergency protocols and eager for information on how to keep themselves, the children in their care, and their own families safe from the virus. Some found the available guidelines confusing. Not being able to separate their work space from their home, they felt particularly vulnerable to COVID-19 and worried that parents of the children in their care may not be diligent enough about safety precautions. *"I am doing well, extremely concerned about the COVID-19. Per conversations with the union, 3 providers are infected, 2 have died and 1 was shut down because she became sick from a child who had it. I am afraid to open because I am a cancer survivor. I feel fearful of the future."*

Providers experienced much economic uncertainty not knowing whether they could cover their bills despite the risks they were taking. Fewer children were in care due to new capacity restrictions or to parents losing jobs or working from home, and some providers determined that their safest option was to close altogether. Providers were unsure whether and for how long they would receive financial assistance from CCAP, and few understood or applied for loans from the Paycheck Protection Program.

Meanwhile, providers were challenged with balancing care for younger children with that of school-age children, especially with their remote learning needs. With the fear of going outside, providers were eager for activities and ideas to keep children across age groups engaged and active. They also had to manage children's emotions and questions: why they could not go back to school, go outside, or even, in some cases, see their moms for extended periods because they worked high-risk jobs. They reported difficulty making sure children kept their masks on and understood why they must practice social distancing.

Some home providers supported parents by working longer hours. Parents' schedules or pick-up routines had changed. *"Parents go home first, bathe, change clothes, get a new mask, gloves, etc., and then they come to get the children. Therefore, children are in care longer."* Yet providers paid by CCAP were typically not reimbursed for this extra time.

Providers also witnessed the daily challenges of the families they served, including parents' lack of PPE, food, and diapers, their fear of going to the laundromat, and, for undocumented parents, their lack of access to benefits.

*"My parents soon will be called back to work, and the shelter in place has not been lifted and our capacity is reduced to 6. With that being said, I don't know if could re-open because I can't pick from 16 children only 6."*

- Home Provider

In terms of their own well-being, providers described their daily stress and worry, anxiety attacks, lack of sleep, depression, guilt for turning families away, feeling overwhelmed, grieving for loved ones who had died, and concern for loved ones who were sick. While some providers were frightened of the re-opening, at least one provider reported using child care as a coping mechanism:

<sup>6</sup> We do not have comparable data for child care centers.

*“Difficult dealing with the loss of a daughter and assistant, actually caring for children has been a much needed distraction.”*

**Providing Meals for Children.** Illinois Action for Children is one organization that sponsors (enrolls and monitors) Cook County home providers in the USDA’s Child and Adult Care Food Program (CACFP). This program reimburses providers for serving nutritious meals to the children in their care. Between April 28 and June 30, Illinois Action for Children staff called home providers that it sponsors to see how they were doing during the stay-at-home order. The staff collected a total of 415 responses.

The majority of the providers caring for children reported that their ability to serve meals was not affected by the pandemic and that they were serving fewer meals because fewer children were in care. However, some reported challenges with providing meals:

- **Higher food costs:** As mentioned, providers faced rising food costs during the pandemic. One provider said, *“The cost of food has gone up 3 to 4 times more of what it used to be, especially meat, so I have to start looking for more vegetarian meals that have protein that is affordable.”*
- **Reduced revenue:** As food costs were rising, providers received less revenue for meal reimbursement from CACFP because of their lower enrollments.
- **Not reimbursed for all meals:** Parents’ schedules were more variable and, in some cases, providers cared for children for longer hours than was typical. This meant they served children additional meals not eligible for reimbursement. Also, some providers continued to provide meals for families not in care and did not get reimbursed for the meals at this time.

*“I am currently caring for children and many parents are contacting me so they can pick up food for the children in their care. I am upset at the fact that the food program will not reimburse us since the kids are not school age and they don’t qualify for the free lunches in the schools or the EBT stipend being offered to parents.”*

*- Home Provider*

- **Changes to meal times:** As parent schedules changed, some providers had to change the times they served meals. This potentially affected provider’s reimbursement since breakfast, lunch/supper, and snacks are reimbursed at different rates.
- **Difficulty obtaining food:** Some providers reported difficulty obtaining food, mainly due to COVID-19 related factors but also to store closures as a result of looting and protests, limited or out-of-stock supplies, and limited access to transportation to go to the store.

To assist providers with the meals that parents were picking up, in June 2020 the Illinois State Board of Education, which administers the CACFP program in Illinois, modified the reimbursement policy to allow providers to be reimbursed for these meals. In addition, under the COVID Relief Bill, CACFP assisted child care providers that lost reimbursement revenue by paying them a portion of their lost revenue during the stay-at-home period: 27.5 percent for March and 55 percent for April, May, and June 2020.

## Child Care Providers Manage New Challenges

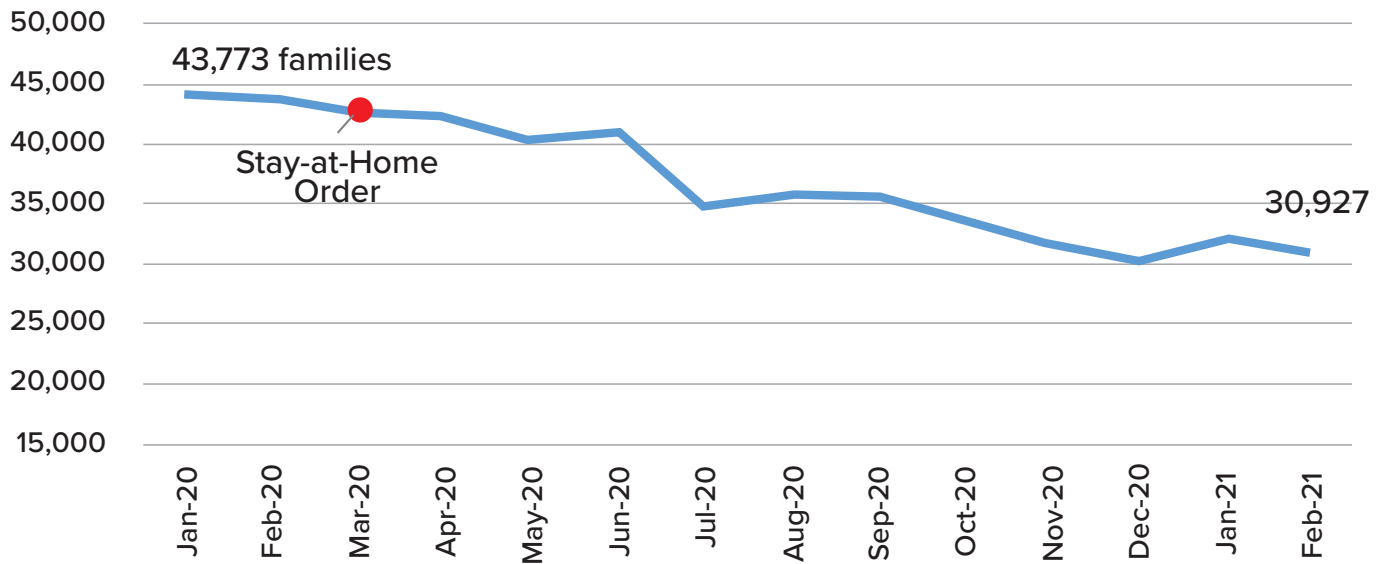
**Low Enrollment.** Although programs were allowed to expand their capacity in June 2020, child care centers and some larger group homes were not yet permitted to operate at full capacity. On top of this, many providers struggled to fill their open slots because fewer parents were working or ready to return to formal care. We are unable to quantify the full extent to which child care programs have been under-enrolled but have two sources of enrollment data.

Enrollment data are available on the subset of Cook County children in care that is subsidized through CCAP. The data show that one year into the pandemic the number of CCAP children in care was just 71 percent of the number prior to COVID. This is 12,846 fewer children in subsidized care.



One year into the pandemic, the number of Cook County families receiving Child Care Assistance was just 71 percent of pre-COVID levels.

Source: CCAP Administrative Data

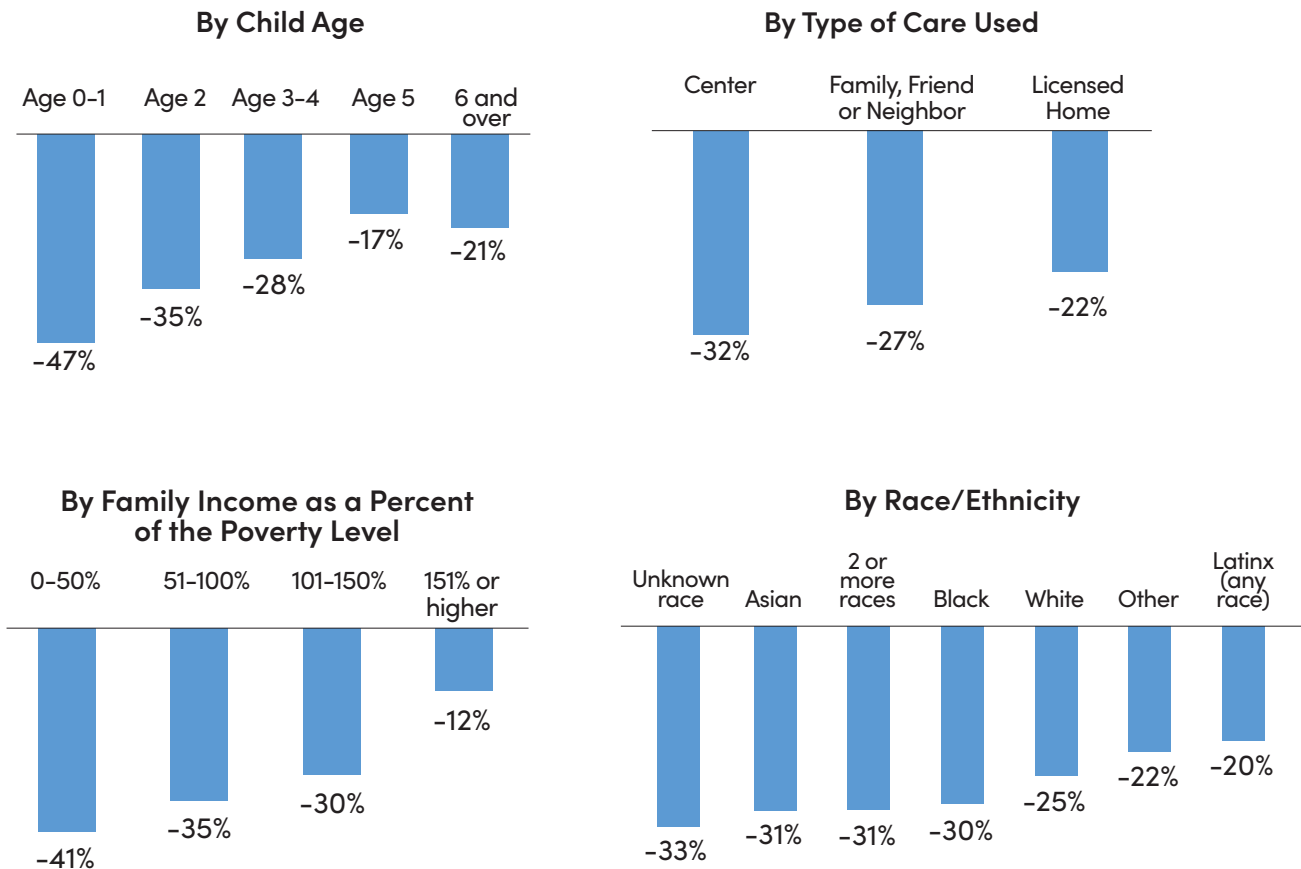


The drop in Cook County children participating in CCAP occurred across children in all types of child care and of all ages, incomes, and races or ethnicities. However, enrollment declined more for certain groups than others, as shown in the charts below. The largest percentage drop in participation occurred among younger children, particularly infants and toddlers but also two-year-olds. Children in more congregated center-based care fell more than those in home-based care, and enrollment in licensed child care homes was the least impacted.

The lower the family income, the greater the drop in enrollment, possibly because the lower-income families worked in industries such as hospitality that experienced greater job loss during the pandemic. Finally, looking at participation by race and ethnicity, children with an unidentified race or who were Asian, two or more races or Black saw larger drops than children who were White, Latinx, or of other races such as Native American or Hawaiian and Pacific Islander.

## One Year into COVID: Drop in Cook County Children with CCAP (February 2020 to February 2021)

Source: CCAP Administrative Data



The second source of enrollment data is from a survey of 71 providers conducted by IAFC and University of Chicago research staff between September 2020 and March 2021. We asked child care providers to share their enrollment numbers at the time of the survey and their enrollment numbers before the stay-at-home order. Most providers experienced a decrease in enrollment. On average, licensed child care centers had 34 fewer children

enrolled and were serving just 68 percent of their pre-COVID enrollment. Licensed home providers were serving 6 fewer children on average, with enrollment at just 54 percent of their pre-COVID enrollment. Only six providers (three centers and three home providers) did not report a net decrease in enrollment.

## Pre and Post COVID Enrollment Levels

University of Chicago-IAFC Research Study of Equity Impacts in the Pandemic

	Enrollment before COVID	Enrollment at time of survey (Sep 2020 - Mar 2021)	Change in enrollment	Enrollment compared to pre-COVID
	<i>Average</i>			
Child Care Centers (n=33)	95	62	-34	68%
Child Care Homes (n=38)	13	7	-6	54%
All Providers (n=71)	51	32	-19	60%

Some early childhood programs were able to accept school-age remote learners. This partly restored lost enrollment, and several programs built a long waiting list for school-age children. Other programs faced the opposite issue, as their infant classroom had a long waiting list, but they had difficulty filling school-age spots. Programs used different strategies to estimate their enrollment numbers and avoid having very low enrollment.

The strict public health measures that programs had to follow under the new DCFS licensing guidelines added to inconsistent enrollment, as programs had to constantly send children home: *“We have like a zero illness tolerance policy, if you will. And so we are excluding children more rapidly than we’ve ever done before. And when they are excluded for any signs or symptoms of illness, they do have to return with a doctor’s clearance.”* Lastly, some owners were concerned about their own well-being and exposure to the virus and felt it was best to stay with low enrollment if the program had enough funding to cover its basic needs.

**Staffing Challenges.** In the same set of interviews, providers discussed their challenges related to losing teaching staff (e.g. teachers, teaching assistants, and floaters) and their difficulty hiring new qualified staff. Almost two-thirds (63 percent) of child care centers reported a decrease in the number of employed staff during the pandemic, as did 60 percent of child care homes that had staff before the pandemic. Child care centers lost an average of five staff per program, while home providers lost two staff persons. It is likely that the number of staff lost would have been different if all providers were interviewed at the same point in the pandemic. Providers interviewed later may have had more time to recruit new staff compared to those interviewed earlier in fall 2020.

## Pre and post COVID staffing levels among child care providers that lost staff

University of Chicago-IAFC Research Study of Equity Impacts in the Pandemic

	Number of staff before COVID-19	Number of staff at time of survey (Sep 2020 - Mar 2021)	Change in number of staff
	<i>Average</i>		
Child Care Centers (n=20)	17	12	-5
Child Care Homes (n=18)	3	2	-2

The majority of child care programs interviewed had at least one staff member that did not feel comfortable working due to the pandemic. Some staff members had a medical condition or lived with someone with a medical condition, *“They still don’t think it’s safe for them to be out, so they did not return. And so that puts us at a skeleton crew and staff.”* Others had to stay at home and care for their own family and children, including children who were doing remote learning. A couple of early childhood workers who were pregnant or scheduled to return from their maternity leave decided to leave the field or not return to work. Finally, staff near or at retirement age felt it was better to retire during the pandemic.

*“My only concern is retaining, is attracting and retaining qualified staff.”*

*– Center Director*

Despite child care workers’ essential contributions to society, their very low pay has contributed to a child care workforce shortage even during normal times. During the pandemic, child care program directors found it difficult to replace the staff that left. Programs with a quality rating also had to worry about hiring

staff that met the requirements of their rating. One director felt that unemployment insurance undercut her recruitment, *“There’s nobody to hire. People are on unemployment, and on unemployment they’re probably making more money than they will working for me.”*

On top of replacing staff, some programs had to hire additional staff to meet the demands of the new safety guidelines. For most programs the hiring process was slow, and directors had to work in the classrooms to cover for teachers. Programs with multiple sites had an easier time managing reduced staff as they were able to borrow staff from other sites.

With lower enrollment, some programs could not afford to have all their staff working. Some programs cut the hours of their employees; others asked only the fewest necessary staff to work and furloughed the rest. Directors and owners worried that employees not getting their usual work hours would leave for better pay, *“Looks like one of them might be looking to find some more financial [stability]. I understand that.”*

**Operational Challenges.** Providers had to shift the way their programs operated and the way they interacted with children and families to comply with the COVID safety regulations. Not all providers struggled with implementing the regulations. One provider said their staff worked well together and supported each other. However, many providers and their staff experienced stress and challenges. It was particularly difficult in the beginning to adjust to the changes, but it became easier over time for some. Below, we share how child care providers and staff responded to these changes based on interviews with the providers.

- **Health and safety concerns of staff and providers.**

There were feelings of panic, stress, and uncertainty as providers were reopening their programs. At that time, June 2020, there was much still unknown about COVID-19 and how the pandemic was going to develop. One provider explained that their staff felt much safer knowing they would be provided with PPE to protect themselves, *“The one thing they wanted to know and wanted to be reassured of is that they were going to have enough PPE for the program. So, face shields, masks, gloves, booties, any other, smocks, lab coats, anything we needed to protect ourselves. That was their biggest concern.”* Staff also felt safer if they did not have to interact with parents. Changes to drop-off and pick-up of children put staff at ease because parents would not be in the classrooms.

- **Implementation of COVID regulations are time consuming.**

As described previously, providers had to make many changes under the Restore Illinois Plan. They had to develop new procedures related to cleaning, pick-up, drop-off, health screens, etc. and train their staff. The new procedures took much time and effort. In particular, staff spent a lot of additional time cleaning, and more staff were needed to help with this, among other things. One director said they have taken on more responsibility at the center and have not taken time off because they do not want to put pressure on their staff. The loss of staff exacerbated the amount of extra work required. Furthermore, staffing under the new regulations was difficult because staff had to stay with the same group of children and classroom throughout the day. A teacher could not serve as a backup for a classroom if they had been working in a different classroom. The director or someone else would have to step in to help when a teacher was needed.

In fact, the extra work in implementing the COVID regulations led one provider to stop participating in the Child and Adult Care Food program for some months because there was little extra time to complete paperwork for the food program. *“It was too much to worry about...with COVID on top of it, we had to opt out of stuff.”*

- **COVID regulations impact staff interactions with children and parents.** Providers found that interactions with children and parents were challenged as a result of the COVID safety procedures. The time that staff spent cleaning took away from time they could spend interacting with children. *“My teachers are trying to teach, but I find it right now, they’re mostly cleaning. That’s all they do is clean.”* Practicing social distancing and limiting physical contact between teachers and children made it harder to comfort and nurture children, for example to hug them if they cry. The masks and face coverings made it difficult to communicate emotions with children. *“How am I going to respond to the child when he or she is crying? How am I going to let, let them know that I’m not angry because they can’t see my face or what my emotions are, you know, through my mask?”*

Child care providers also had to manage a new way of interacting with the parents of the children. Parents were not allowed in the classrooms and were sometimes not even allowed in the building or home of the provider. Some providers had very close relationships with parents prior to the pandemic and would make regular, individual phone calls to parents. Another kept bulletin boards at the front entrance so parents could stay updated on the child care program activities. *“If you walk into our lobby, our one wall is completely lined up with all the classrooms’ lesson plans, pictures, the manual, daily schedule, so [parents] at least feel some kind of connection.”*

- **Low child care staff morale.** Child care staff and teachers had new responsibilities in addition to the work they were already doing caring for children. Some staff were frustrated by the new COVID-19 policies and regulations. One provider said staff had less enthusiasm about their job and low morale. Other providers described their staff as tired and worn out. A once “collaborative and innovative” team of staff became less engaged during the pandemic

**Financial Challenges.** Child care programs saw their business costs increase with new expenditures on PPE, food, internet, and other additional supplies (blankets,

cots, paper towels, disinfecting wipes/spray). To add to the expenses, some providers supplied masks to the parents in the program. Reduced revenues driven by low enrollment and the additional expenses created financial challenges for most providers. Some providers reported that they were using their program’s emergency reserve fund or their own personal savings to keep their business open. Others had to postpone infrastructure projects as they didn’t feel comfortable making new investments without a stable budget. For one home provider, this just created more financial issues, *“My basement, well my basement flooded. I mean I had water up to my knees. So everything went to the garbage so it was back to the spending again and sanitizing and cleaning.”*

Several program directors and owners were reconciled with not making any profit or receiving any salary if they had enough money to cover the expenses of the program. Nevertheless, and even with government financial assistance, many expressed fear of not having enough funding to cover their staff salaries or rent. *“If I don’t pay my mortgage I can’t work out of my home, and we have nowhere to do the work.”*

When providers were asked how viable their programs were on a scale of 1 to 5, with one being not viable at all and 5 very viable, the majority said 3 or below. The ones that rated their program higher than 3 experienced minimal changes in the program, *“The consistency, our staff is still here, our parents are still able to pay their tuition.”* However, one provider who rated their program at 4 said that although they were doing okay, they didn’t know for how much longer they would be able to provide high-quality care during the pandemic.

## Importance of Public Financial Support for Child Care Programs

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act), the economic stimulus bill that Congress passed in March 2020, funded various supports available to child care programs, including Child Care Restoration Grants, the Payment Protection Program, and certain CCAP policy changes. Although many providers felt that they did not understand federal and state assistance programs, most attempted to access some supports.

Providers viewed the assistance they received as a lifeline that helped them sustain their programs. The funding helped providers pay for larger expenses including staff salaries, rent, mortgage, and utilities. One provider said the funding also helped pay for food. Being able to pay their staff and not have to let anyone go was

a top priority for providers, *"I was really, really grateful for that, that we were able to pay our staff. And it allowed us to use the other funding to pay down our debt and take care of our other bills...at a time when we didn't have our full enrollment."* Without the assistance, more providers would have had to close their doors, *"The Child Care Restoration Grant, it was really a big help, and honestly if we hadn't received that grant, I don't know if I would've stayed open."*

*"The Child Care Restoration Grant, it was really a big help, and honestly if we hadn't received that grant, I don't know if I would've stayed open."*  
 - Home Provider

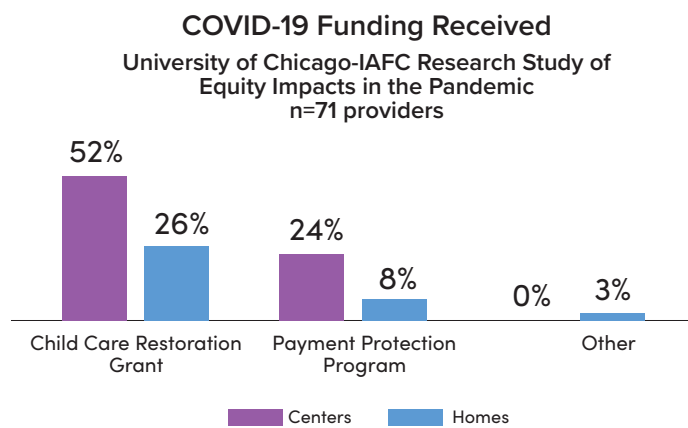
At the same time, some providers still felt they were surviving *"by the skin of one's teeth."* The funding assistance covered their essentials but was not enough for other expenses. *"In terms of what they allotted it for, for salaries and utilities, I would say it met a minimal need."* One provider used her own savings to pay for staff sick days, *"The child care grant through Gateways was a huge help, but I still ended up putting in my own. I made sure that every employee of mine, even if they called in sick, they still got paid that day."* Considering that child care programs struggled financially prior to the pandemic, more funding could have put them in a better financial position, *"It's always been difficult for us to make all of our bills and payroll at the same time, it's always been a struggle... there was still monies that I had to bring from other resources to make up the payroll."*

*The child care grant through Gateways was a huge help, but I still ended up putting in my own. I made sure that every employee of mine, even if they called in sick, they still got paid that day."*  
 - Center Director

**Child Care Restoration Grants.** State and federally-funded Child Care Restoration Grants have been the primary source of support for Illinois child care providers during the pandemic. The State issued the grants to

help programs survive the pandemic by recovering revenue lost from reduced enrollment. The grants have been available both to programs serving tuition-paying families and to programs serving CCAP families. Multiple rounds of Restoration Grants have helped to cover provider expenses for July 2020 through June 2021. More dollars may be distributed in the future.

In the first rounds of grants issued in 2020, \$290 million were awarded to 4,993 child care programs across the state, including 2,632 in Cook County (about 64 percent of Cook County providers). On average, child care centers received a monthly amount of \$24,806, while licensed child care homes received \$1,475 per month and larger group homes \$2,981.<sup>7</sup> Grant amounts were based on a provider's licensed capacity, geographic area of the state, and quality rating.



Among the 71 providers that we surveyed, the Restoration Grant was the most common form of assistance received. Fifty-two percent of centers and 26 percent of licensed home providers said they received the grant. Note that not all providers could recall the name of the program they received assistance from, or the person interviewed was not the main person involved with the program finances, so participation was likely higher.

The majority of providers applying for the Restoration Grant found the application process easy and reported that the aid they received was very important. *"Right now, the Restoration Grant is helping us support salaries and to pay the rent."* As mentioned, some providers felt that without the grant they would have not been able to stay open. At the time of the interview, two providers said they were counting on receiving another round of

<sup>7</sup> See the Child Care Restoration Grants 2020 funding summary which can be found at <https://www.ilgateways.com/financial-opportunities/restoration-grants>.

the grant, as they desperately needed the aid to stay open. It was also mentioned that although the aid was very helpful, it did not take into consideration the cost of additional staff, PPE, and other supplies that were needed due to COVID-19.

Providers who did not receive the Restoration Grant said they were not aware of it, did not qualify because their program was registered as a general partnership or they had difficulties submitting their application. A few expressed the fear of applying for the grant without knowing if they would be able to find children to enroll in their program.

**Paycheck Protection Program (PPP).** The second most common assistance program among the 71 providers surveyed was the Payment Protection Program. This program provided loans for small businesses that were forgivable if used to cover the cost of payroll, rent, utilities, and mortgage interest. The number of providers receiving these loans may have been higher if all the providers interviewed had been able to recall the assistance programs they applied to.

Similar to the Child Care Restoration Grant, providers were using the Paycheck Protection Program (PPP) to pay salaries of staff, rent, and other needs of the program. When they were asked about the process of applying, directors or owners who had some type of advisor such as an internal finance manager or through a financial institution seemed to have less of a struggle applying and getting the loan than those who did not have someone to guide them during the process. There was also some confusion on how the loan should be spent and how to document expenditures. To add to the confusion, providers who accepted CCAP payments under the attendance exemption policy had to make sure they were not budgeting the same item under the PPP loan and CCAP. This led to the false belief that providers could only apply for the CCAP attendance exemption policy or the PPP loan but not both. Mistrust of the government or not knowing the future of the program were additional factors why some providers did not apply for any government loans.

**Child Care Assistance Supports.** During the stay-at-home period, child care centers and home providers funded by CCAP could receive an attendance waiver to receive full pay for enrolled children regardless of the children's attendance or if the child care program

was open. To be eligible, programs had to continue to pay their staff their normal wages. Providers benefitted greatly from the attendance waivers, particularly in combination with other supports, *"we were blessed in the fact that we had a larger population of [CCAP] students. We were continuing to be paid for them until July and then the PPP loan lasted 12 weeks. So, then, that covered the period from July until about September. All of that allowed us to keep all of our staff on payroll... we've never been to a point where we've furloughed anybody or sent anybody to unemployment."*

Beginning in July 2020, the Child Care Assistance Program enacted what was called "the 50% rule" to support providers struggling with low and unpredictable enrollment. In a given month, if a provider cared for a child for at least 50% of the child's eligible days, the provider would be paid for the full number of eligible days that month. Providers could request an attendance waiver if attendance fell below 50% or if the program was forced to close due to COVID-related reasons.

In addition, the Illinois Child Care Assistance Program attempted to stabilize the child care sector by supporting demand. When funding became available through the CARES Act, CCAP again paid child care providers for a three-month period (December 2020 through February 2021) for all eligible days for enrolled children regardless of their attendance, and this time with no need for a waiver. Also, during these months, CCAP automatically renewed child care cases whose eligibility was ending, and, for January and February 2021, all parent copayments were reduced to \$1.25.

### Other Provider Supports

**ExceleRate Illinois:** Many programs that had attained a Circle of Quality in the ExceleRate Illinois quality rating and improvement system were due to re-qualify (or else lose their rating) during the pandemic. To accommodate providers during this challenging time, programs received an extension of their rating into 2021.

**IAFC COVID-19 Digital Resource Center.**<sup>8</sup> In March 2020, Illinois Action for Children launched an online resource to keep parents and child care providers informed of changes to child care policy, rules and guidelines, funding and grant opportunities, and COVID-19 vaccine updates, among other related topics. The website was visited most often between April 2020 and August 2020, particularly the pages for child care providers.

<sup>8</sup> <https://covid19.actforchildren.org/home>

**IAFC Peer Communities:** In addition, IAFC’s Health and Safety team implemented the pilot program, Online Peer Learning, to create a virtual community where isolated family, friend, and neighbor providers, who are far less likely than licensed home providers to live with another adult, could feel supported and learn new skills and resources. The program ran multiple cohorts from August 2020 to January 2021. Each cohort met once a week for three weeks. In a follow-up evaluation survey, providers identified things they learned or gained from the sessions. These included:

- Importance of self-care
- Knowing they are not alone during this pandemic
- Exchanging ideas with providers that have similar challenges
- Creating healthy snacks
- Activities for children
- Available resources

### Child Care Closures

Not all providers re-opened when the stay-at-home order was lifted or re-opened immediately. We know anecdotally of centers and homes that closed permanently, but until providers officially surrender their child care license their closure is not documented.

At this time, DCFS licensing data do not reveal a significant loss of providers in Cook County resulting from the pandemic. The number of Cook County licensed child care centers changed very little from June 2019, prior

to the pandemic, to June 2021. The number of licensed homes did fall by 135 providers during this two-year period, but the drop is consistent with long-term trends of declining licensed home care in Cook County, Illinois, and nationwide. For comparison, during the ten years prior to the pandemic, Cook County lost an average of 110 home providers per year.

However, the fact that a program has retained its child care license does not mean it is open and caring for children, or that it is operating at its allowed capacity. Some programs, for example, have not had enough staff or enrollment to open all of their classrooms. The current number of spaces actually available to Cook County families is unknown. In addition, Illinois has provided critical economic support to child care programs over the past year; it is unclear how many programs will close when this assistance ends if parents are slow to return to care.

For providers that closed temporarily during the pandemic, the amount of time that they were closed varied. Among the 71 providers surveyed in September 2020 through March 2021, most who closed during the stay-at-home order reopened in June or early July, after the order was lifted. The average number of days the providers were closed was 89, or nearly three months. This varied by provider from as few as 7 days closed to as many as 163 days (over 5 months). One home-based provider had still not re-opened their program at the time of their interview.

Licensed Child Care Programs in Cook County			
Source: DCFS Executive Statistical Summary Reports <sup>9</sup>			
	Pre-Pandemic: June 2019	June 2021	Change
Number of Licensed Centers	1,381	1,384	+3
Licensed Center Slots	108,426	109,483	+1,057
Number of Licensed Homes	2,821	2,686	-135
Licensed Home Slots	22,561	21,377	-1,184

<sup>9</sup> Retrieved at <https://www2.illinois.gov/dcf/aboutus/newsandreports/reports/Pages/default.aspx>, July 14, 2021.



# FAMILIES' EXPERIENCES DURING THE PANDEMIC

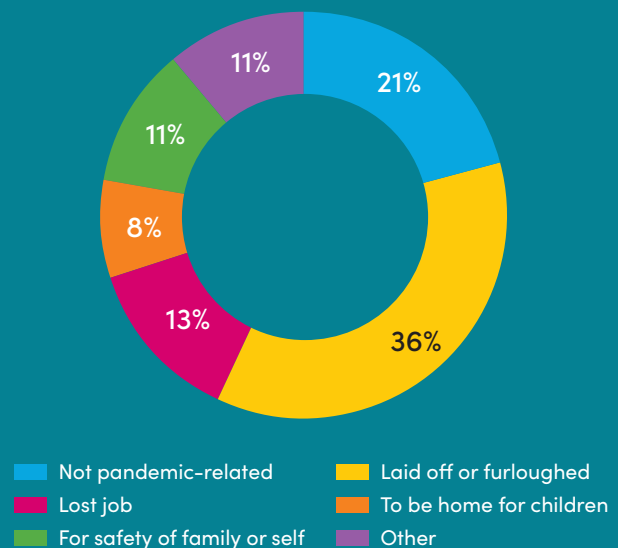
## Financial and Employment Challenges

**The Early Months of the Pandemic:** Even prior to Governor Pritzker announcing an emergency stay-at-home order effective March 21, 2020, many employers were sending their workers home, either to perform their work from home or as a furlough. The number of employed people in Cook County fell by 446,000 between March and April 2020, and, over the same month, the unemployment rate rose four-fold from 4.1 percent to 17.1 percent.<sup>10</sup>

An IAFC survey suggests the unemployment rate was much higher among parents. A survey of 144 Cook County parents served by IAFC found that 43 percent were unemployed in the summer of 2020. Most of these parents (79 percent) attributed their unemployment to the pandemic. Many were laid off or lost their jobs; some stopped working to be home with their children when schools closed; and others stopped working to protect themselves and their families' health. Most parents were hopeful that they would return to work or find a new job. Only 11 percent were not looking for employment.

Almost two-thirds of parents surveyed (62 percent) said their financial situation was worse in the summer of 2020 than in pre-pandemic times. This group included many working parents who had seen their work hours reduced.

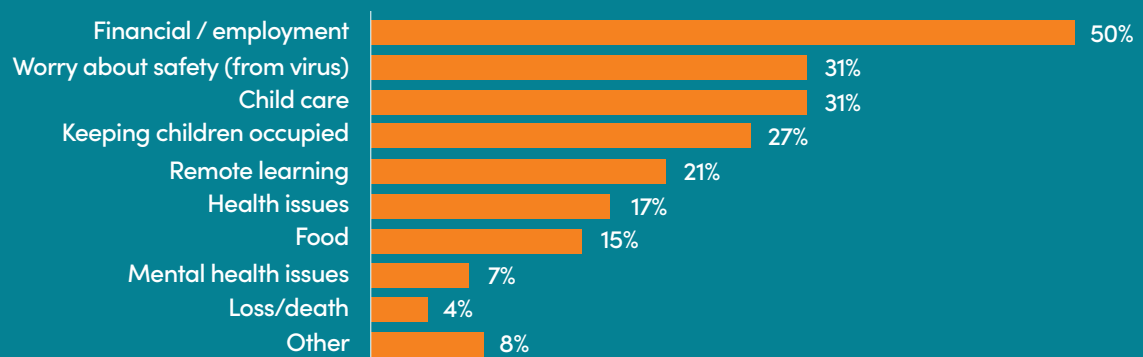
Reason Parents Were Not Working  
IAFC Referral Program Survey, June/July 2020  
n=62 parents



Furthermore, 35 percent of parents said their family did not have what it needed, and, when specifically asked if they could provide enough food for their family, 53 percent said they could not. Far and away they identified their largest struggles as financial, followed by health and child care-related.

## Parent's Biggest Struggle, Summer 2020

IAFC Referral Program Survey, June/July 2020  
n=144 parents



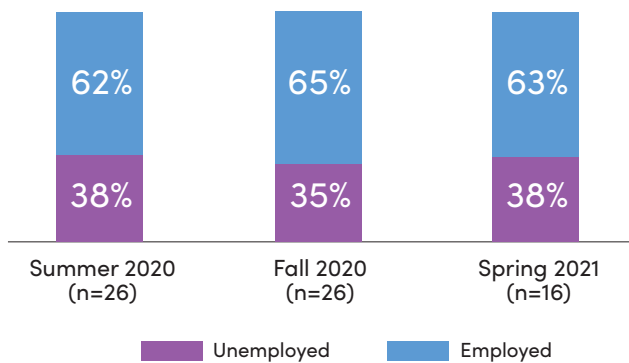
<sup>10</sup> Data from FRED, Federal Reserve Bank of St. Louis, <https://fred.stlouisfed.org/release?rid=116>

**Material Hardship Continued throughout the Pandemic:**

In November 2020, IAFC staff conducted follow-up interviews with 26 mothers (largely African American) of the original 144 parents surveyed, and then spoke with 16 of these same mothers again in April 2021. By fall 2020, finances had improved for only 15 percent of the mothers. These mothers were able to go back to work or find new work. At the same time, other mothers lost work or hours. The unemployment rate among this group of mothers remained a consistent 35 to 38 percent throughout the pandemic.

**Mothers' Employment Status Throughout the Pandemic**

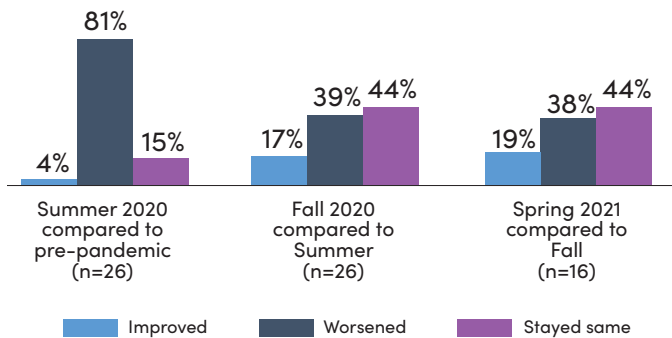
IAFC Referral Program Survey



Financial instability continued to be the most common struggle for mothers interviewed, even for some employed mothers. Many were not working enough hours to meet their families' needs, but parenting responsibilities and children at home for remote learning made it difficult to work more hours or take a new job that offered more hours.

**Have Mothers' Financial Situations Improved, Worsened or Stayed the Same?**

IAFC Referral Program Survey



Many mothers reported that their financial resources were depleting. They had difficulty paying for rent/housing, utilities, child care, and health-related expenses. Fortunately, by fall, nearly all mothers said that their families had enough food. The Supplemental Nutrition Assistance Program (SNAP) was a critical support for families and was the most common resource that mothers reported using. Food pantries and the cash benefits from the Temporary Assistance for Needy Families program also helped families to access food. Unfortunately, many families did not have information about other resources and assistance programs. Rent and utility assistance were an underutilized resource, as half of the mothers experienced issues paying for rent and utilities but only one received assistance.

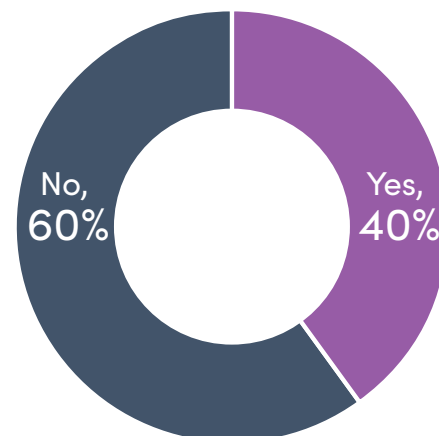
*"Thank God, thank God, that public aid has given us, you know, extra food stamps. For the kids as well. So that has kept us sustained."*  
 - Mother, Spring 2021

**Families' Child Care Experiences**

**The Stay-at-Home Period.** While some parents did not need child care in the early months of the pandemic because they were not working, many parents had to scramble to find care when their child care programs closed. The survey of 144 Cook County parents conducted in June and July 2020 by IAFC Referrals and Outreach staff found that 40 percent of the working parents said they had to miss work during this time because of lack of child care.

**Did parent have to miss work because of lack of child care?**

IAFC Referral Program Survey, June/July 2020  
 n=82 working parents



With very few programs open and fearful of exposing their children to COVID, many working parents turned to family members for child care. Others used friends or cared for their children themselves while working remotely.

Parents relying on family members for child care often felt their children were safer with family, but the availability of this care was not always consistent. Parents had to work around family members' schedules, and some family members became sick. Parents who were essential workers feared exposing older caregivers such as grandparents to COVID, and some went periods of time without seeing their children in order to limit family members' exposure to the virus. For these reasons, many parents planned to return their children to formal child care as soon as their programs re-opened. Others did not feel comfortable returning or felt conflicted between their need for care and safety concerns.

*"I had grandma, she was kind of helping me out at times, and then, my [16-year-old] son. It was really rough. It was really rough. I was calling off and it was bad."*

*-Working mom, Summer 2020*

Parents who continued to use or switched to formal child care programs during the stay-at-home period reported feeling confident about the safety of their child care. This is according to a survey of 174 parents in the CCAP Priority Essential Worker program (described in more detail below). Reasons for parents' confidence were 1) the safety precautions taken by their providers such as temperature checks, fewer children in care, and cleaning protocols 2) that they trusted the programs because they knew them well or found them to be professional, licensed, and competent and 3) because the child care providers communicated regularly and kept parents updated about rules, changes, and cases of COVID exposure.

A minority of parents, however, had concerns about their care. They noted too many COVID cases being reported at their child care program, staff not wearing masks or not consistently, too many children in care at the program, and a lack of honest or regular communication. In addition, about a third (30 percent) of the parents with

school-age children said that their child care providers did not help their children with remote learning.

Parents who had to look for new child care arrangements said the process was difficult because so many child care programs were closed and they could not tour the facilities of those that were open. Almost a third of parents (30 percent) took two weeks or more to find a new provider.

**The Re-Opening of Child Care.** In June 2020, all child care programs were permitted to re-open but at a reduced capacity. In our interview series with Cook County mothers, we found that by the fall, many mothers who relied on family members for child care during the summer had transitioned back to child care centers, home-based providers, and school programs. Similar to parents that used emergency child care programs, most mothers that returned to formal child care (72 percent) felt satisfied with their care arrangements.

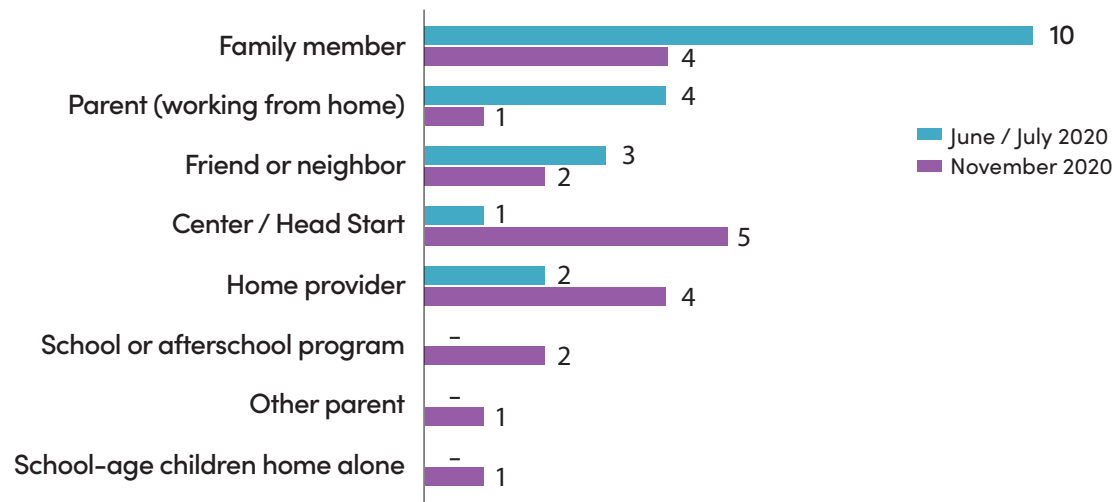
Some mothers preferred to use formal child care but the option did not work well for them. Mothers could not find a child care provider able to help their school-age child(ren) with remote learning, could not afford the care, were still waiting for their provider to re-open, or had a work schedule that was not compatible with child care program hours. One mother worried about the reliability of care because child care classrooms could temporarily close due to COVID-19 cases. Other mothers worried their children might be exposed to COVID-19 and were not comfortable with their children in formal child care settings.

*"That's the reason why I had to walk away from my job... finding childcare that take students that are remote learning because a lot of them do not."*

*-Mother, Fall 2020*

## Families' Child Care Arrangements, Summer vs Fall 2020

IAFC Referral Program Survey  
n=26 mothers



### Child Care Support Available to Parents during the Pandemic

Finding and paying for child care were substantial challenges for parents even before the pandemic. During the pandemic, the Illinois Child Care Assistance Program (CCAP) focused resources on supporting child care for parents who needed to work.

**Child Care Assistance for Essential Workers:** During the early months of the pandemic, the state's CCAP continued to support child care for parents who were essential workers. Child care providers of parents already enrolled in CCAP were, upon request, paid an additional 30 percent for the care of children of essential workers during the stay-at-home period. This policy supported 1,770 Cook County parents to continue to work, and over 6,000 parents statewide.

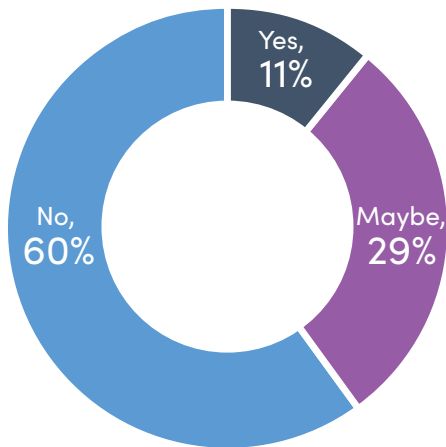
**Temporary Policies for all CCAP Families:** In addition, all parent copayments were reduced to just \$1 from April through June 2020. Copayments were again reduced in January and February 2021, this time to \$1.25, to provide families additional relief. CCAP also made it easier for families to remain on the program by automatically extending parent cases that were set to expire. This occurred during the stay-at-home period and again during the months of December 2020 through February 2021.

### Child Care Assistance for Priority Essential Workers:

A critical contribution of CCAP during the stay-at-home period was to support a new category of essential workers who had not used CCAP prior to this period, workers in four designated priority industry groups: health care, human services, government (e.g. corrections, law enforcement, fire department) and infrastructure. These priority essential workers (PEWs) were not necessarily eligible for traditional CCAP because their family incomes were permitted to exceed CCAP's limit, which is twice the federal poverty level. To qualify them quickly, CCAP gave PEWs an expedited application process. PEWs paid a \$1 copayment and were eligible for assistance from April through June 2020.

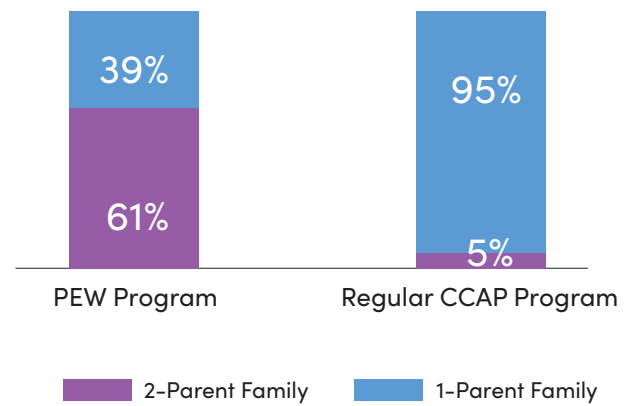
An IAFC analysis of PEW child care assistance in April and May shows that the program supported 3,026 priority essential workers across the state in these months, although just 338 in Cook County. PEWs reported that CCAP was critical for them during the stay-at-home period. Among 174 PEWs who completed an IAFC survey, 60 percent said that without the emergency child care program they would not have been able to go to work. About half (48 percent) said they would not have been able to afford child care without the program. The majority worked in the healthcare field, but many other essential jobs were represented as well. A large majority of these parents were already enrolled in programs that continued to operate as emergency child care providers, and parents learned about the PEW assistance through their provider.

**Would you have been able to go to your job without the emergency child care program?**  
 CCAP Priority Essential Worker Survey, n=174 parents



An analysis of statewide participant data reveals that the special PEW program was successful in reaching a broader segment of parents than is traditionally eligible for CCAP: those with higher incomes and in two-parent families. (Families with two employed parents typically earn too much to qualify for CCAP.) The majority of PEWs who reported their income had earnings above the regular CCAP eligibility limit of 200 percent of the federal poverty level (FPL). Also, 61 percent of PEWs lived in two-parent families compared to just 5 percent of participants under the regular program.

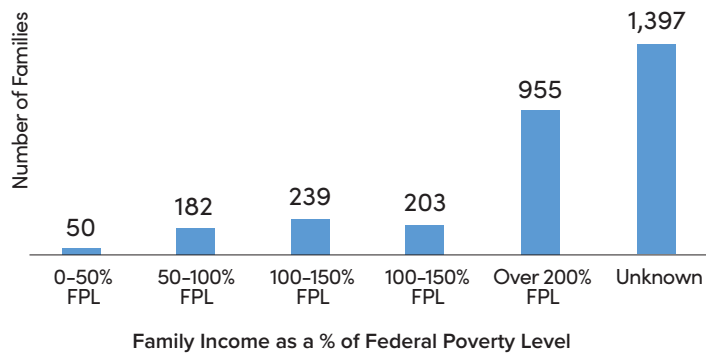
**PEW Assistance Served More 2-Parent Families than CCAP Typically Serves**  
 CCAP Administrative Data



One concerning indicator across Illinois was that parents of color joined the priority worker program in smaller proportions than state demographic numbers suggest and at lower rates than white essential workers. This raises the question of racial equity. Either outreach for the program or the program rules did not support so well those priority workers of color. The majority of priority workers in Cook County, however, were parents of color and better reflect the demographics of CCAP participants and families eligible for CCAP.

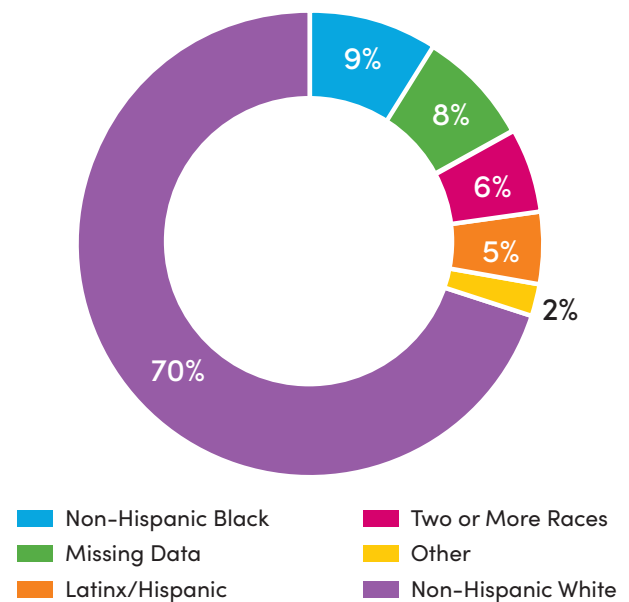
**PEW Assistance Reached Families with Higher Incomes**

CCAP Administrative Data, n=3,026 families



**Racial Composition of CCAP PEW Families Statewide**

(Race of oldest child)  
 CCAP Administrative Data, n=3,026 families



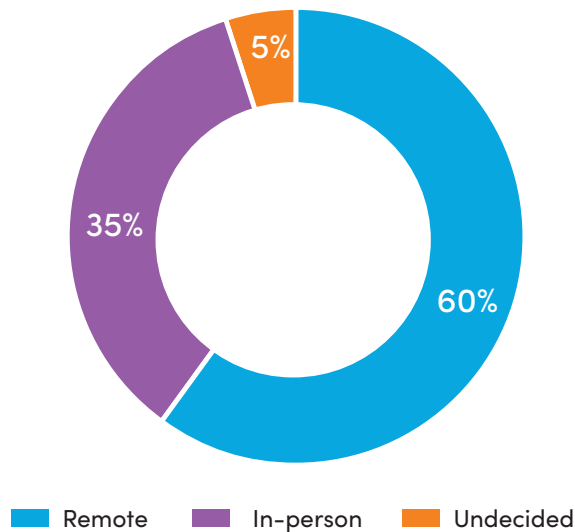
<sup>11</sup> CCAP collects race and Hispanic / Latinx ethnicity data on children, not their parents. For simplicity here, we identify the parent by the race they attribute to their oldest child in CCAP.

## Remote Learning Presented Families with New Challenges

In November, the majority of school-age children in Cook County were in remote learning. This added new responsibilities for parents and disrupted their work schedules. Parents were challenged with helping multiple children and children of different age levels, the long hours of remote school, feeling unequipped to help their children, and lacking technical support from the school.

### Parents' Learning Preference for Their Children

IAFC Referral Program Survey, Fall 2020  
n=20 parents



Children, too, struggled to adjust to remote learning. Parents of younger children said their children struggled with staying focused and learning computer skills, such as typing. Many parents, particularly those of children with an Individualized Education Plan, did not feel that their children were getting the support they needed to be successful. However, some children did well in the remote learning setting and their mothers said they were getting good grades.

*"Sometimes, oh my God, I'm overwhelmed."  
-Mother, Fall 2020*

Despite the challenges, over half of the mothers surveyed in the fall preferred remote learning to in-person learning because they were concerned about the transmission of COVID-19. Not surprisingly, when schools opened for in-person or hybrid learning in Spring 2021, more than half of the parents had children who continued with remote learning.

# LOOKING TO THE FUTURE: OPPORTUNITIES TO STRENGTHEN THE CHILD CARE SYSTEM

## **Child Care as Work Support and Social Capital – a Public Good**

The pandemic highlighted the essential role of child care in the economy, with disruptions to care and school contributing to widespread unemployment and workforce shortages. As formal child care programs re-opened, Cook County families began to return to them and to return to work. Only the full recovery of the child care industry, however, will allow for a full return of parents to work. Yet child care was difficult to find in many Illinois communities prior to the pandemic, and not all programs have re-opened at full capacity to serve employed parents.

An important lesson is understanding that child care is a public good that needs substantial support to fulfill its social function well. If the child care industry is financially weak before an emergency, as it generally was in Illinois, portions of its capacity will be lost during an emergency even with the state making substantial financial injections. Cook County is fortunate in that it appears that few programs have been lost so far, though interviews with providers suggest that some existing programs have been greatly weakened. It may be some time before the full fall-out from the pandemic becomes apparent. Some providers did tell us that their survival is uncertain unless state supports continue. It is thus welcome news that Illinois has extended Child Care Restoration Grants through two new rounds.

It is noteworthy that some active and concerned child care programs have voluntarily been an important source of information and resources for families during the pandemic. They played a crucial role in linking parents to each other and to resources, just as schools often do for families with older children. Policy makers could use this example for building child care programs into key components of its communications and outreach infrastructure plan. Properly resourced, programs could grow community linkages among families and resources during normal times and be given ramped-up roles during emergencies.

## **Expanding Child Care Availability and Quality Depends on a Well-Paid Workforce**

An important source of weakness in the child care sector is the low pay and high turnover of its workforce. Even before the pandemic, teacher shortages prevented programs from operating at full capacity or from hiring the most qualified staff. During the pandemic, the health risk to child care staff of going to work and their added responsibilities have heightened programs' challenges in getting their entire staff to return to work and in recruiting replacements. Programs do not have sustainable ways to pay higher wages to compete for qualified workers, and the current labor shortage will only intensify this competition.

Fair workforce compensation must be addressed in Illinois if we want to see stable and thriving child care programs with high-quality care.

## **Changes to Child Care Assistance would Support Long-term Stability in the Child Care Industry**

The Illinois Child Care Assistance Program (CCAP) was called upon to help stabilize Illinois's child care industry and has had remarkable success so far. In addition to supporting providers with direct payments, CCAP supported providers during periods of great uncertainty by paying providers based on children's enrollment, not their attendance, which may fluctuate for reasons beyond providers' control. CCAP should consider making this policy permanent. Payment based on enrollment not only would improve the stability of market demand for providers but would prepare providers to weather unforeseen emergencies with more confidence in the future.

As children return to school, more parents will be able to work and many will need child care in order to seek employment. In October 2021, CCAP enacted a temporary policy that allows families to receive three months of child care assistance while they job search or attempt to enroll in a training or education program. However, this policy is set to expire in June 2022. Even prior to the pandemic,

parents reported that being unable to pay for child care was a barrier to getting a job. CCAP can support parent employment by making eligibility during the job search a permanent policy.

### **Overlooked and Undervalued, Home-Based Child Care Providers Kept Essential Services Running. We must Support this Important Sector.**

Home providers meet families' needs in ways child care centers often do not by offering more flexible, affordable, and individualized care. Home providers often work long hours to accommodate parents; use their own personal time to shop and prepare for the work week; and defer their personal needs such as vacations and doctor's appointments in order to be available for families. During the pandemic, home providers made additional sacrifices: they risked bringing COVID into their own homes, extended their hours to accommodate parents' changing schedules, were more flexible about getting paid, and provided meals to children even when they were not in their care – often without additional compensation.

*"If you want qualified people, you have to pay them qualified wages."*

*–Center Director*

Early in the pandemic when the majority of child care programs closed, it was family, friend, and neighbor providers in particular that kept the economy running and ensured that children of essential workers showed up to school online. Yet the pay they received from CCAP was less than minimum wage – and in many cases less than even \$2.50 per hour.

Such low compensation affects providers' ability to meet their own basic needs and also limits what they can provide to the children in their care in terms of food, activities, toys, and equipment. The fact that, in CCAP, children of color disproportionately use family, friend, and neighbor care makes the need for greater compensation and material resources for these providers an issue of equity as well.

We must continue to invest in and support home-based child care providers – both licensed and family, friend, and neighbor providers – through fair compensation that reflects their value to the economy and society.

### **Outside of Cook County, the Priority Essential Worker Child Care Program Disproportionately Benefited Non-Hispanic White Parents**

The state recognized the need for essential workers to access child care and, early in the pandemic, successfully enrolled a new group of parents into CCAP as priority essential workers. Nevertheless, outside of Cook County children of PEW parents were disproportionately non-Hispanic Whites. Perhaps the reason for this is that child care providers were the main source of information about the priority worker program for parents we surveyed. Outreach to providers in communities of color and other sources and media outlets could have been used more intentionally to increase the reach of the program. IDHS could review its emergency plan for child care and essential work for equity, particularly in its communications plan.

### **Improving Emergency Planning**

During the first few weeks of the pandemic, PPE and food were major challenges for both families and child care providers. Either these were not available and affordable in customary quantities or loss of income placed these items out of reach. In addition, supply chain issues reduced the availability of PPE and, in some communities, food. We need to understand these shortages better and plan ways to overcome them in a future emergency.

No less important is the general financial stress that child care providers felt from reduced enrollment and that parents felt from unemployment or reduced hours. As we noted earlier, relief came very fast by normal government standards, with a variety of grants and loans for providers and unemployment assistance for many parents. Nevertheless, both child care and the economy would have been more stable if relief had been planned and available sooner.

<sup>12</sup> We do not have direct evidence of inequitable outreach or program rules. It is also possible that parents of children of color had more difficulty finding child care programs with openings in their communities during the emergency, and so could not apply for CCAP.



Parents who performed essential work had a need for child care that sometimes went unmet while the stay-at-home order was in place and many child care centers closed. Families that could turn to a family member, neighbor, or friend often did, but others looked for a licensed child care home to care for their child. Illinois' child care resource and referral agencies worked hard and often successfully to connect families with child care providers and with child care assistance to help them pay for child care. Nevertheless, since some parents could not find affordable care, it would be worthwhile for child care resource and referral agencies to review how this search process went and identify bottlenecks or resource needs in the search.

Parents who stayed at home to care for children often faced challenges, including time management, finding indoor activities for children, using remote learning technology, and emotional issues. These challenges were predictable to a certain extent, and some useful resources for addressing them are available on government and private websites, such as Illinois Action for Children's. Some individual child care programs shared them with parents. It would be worthwhile to build a library of these resources and develop a communications strategy and infrastructure for getting them to more parents.







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