



Illinois Action for Children
Research Department

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QUALITY CHILD
CARE DURING
NONSTANDARD
HOURS
INCREASED FOR
LOW-INCOME
FAMILIES?**

**THE ILLINOIS
RECORD,
2011 – 2016**

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A Policy Research Brief of the Sylvia Cotton Center,
Illinois Action for Children



Has Access to Quality Child Care during Nonstandard Hours Increased for Low-Income Families?

The Illinois Record, 2011 – 2016¹

Since the early 2000s, Illinois has made important investments in the child care and early education infrastructure through grants for program expansion and quality enhancement, and in 2008 it initiated a quality rating system to advertise and promote quality. With a Race to the Top – Early Learning Challenge grant in 2012, Illinois introduced a new research-based quality rating and improvement system, ExceleRate Illinois, that integrated all quality-improvement and professional-development grants, as well as substantial technical assistance. This brief is one of three that provides an assessment of the early impact of ExceleRate Illinois within the broader context of Illinois' child care supply.²

The brief focuses on changes in the supply of quality child care during non-traditional hours. It covers the period from 2011, before the Race to the Top- Early Learning Challenge grant, to 2016, the third year of the grant and last year of data available at the time of analysis. While child care for parents with nonstandard work or school schedules is frequently voiced as a concern in Illinois, the quality initiatives under Race to the Top in Illinois did not specifically target nonstandard hour care. Since we and our partner in the Illinois Bureau of Child Care and Development were interested in whether providers of nonstandard hour care took up quality supports, our policy question is whether spillovers of the quality initiatives of Race to the Top in Illinois affected the supply of high quality care during nonstandard hours.

Research Questions

A 2016 analysis of a random sample of 500 parents who participated in the child care subsidy program in Cook County, Illinois found that half of subsidized parents worked at least one nonstandard work hour outside of 6 AM to 6 PM or on weekends, and among these more than half worked at least 16 hours.³ A recent report from our research partners in the Illinois–New York Child Care Research Partnership analyzed the work schedules of subsidy-eligible families in four study sites (Nassau and Westchester counties in New York and the two Illinois regions examined in this report) using individual-level IPUMS data. In the two Illinois study sites the most common of these work schedules during nonstandard hours was when parents had to start work between 4 AM and 8 AM. The second most common work schedule was for parents who leave work between 6 PM and midnight. By these measures, as many as 34 and 36 percent of all subsidy-eligible children might need early morning care, depending on county; and as many as 12 to 16 percent of subsidy-eligible children might need evening care.⁴

This brief analyzes the access that subsidy-eligible parents in the two Illinois study sites had to quality child care programs with early morning and evening schedules. Our focus is on child care supply rather than demand, and we conservatively selected earlier morning and later evening cut-off times for our definition of “nonstandard hours” of care: beginning before 7 AM and ending at 7 PM or later.

¹ The brief is based on research that was part of a larger study of parents' access to child care for children under age 6 in two New York State counties and two Illinois regions by the Illinois–New York Child Care Research Partnership, 2010–2017. Because parents frequently report having difficulty finding care during nonstandard hours, our state partner, the Illinois Bureau of Child Care and Development, identified nonstandard hour care as a priority topic for the study. The Bureau permitted the Illinois research team to analyze child care administrative data. The Illinois–New York Child Care Research Partnership Study was funded by Grant No. 90YE0151 from the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families, US Department of Health and Human Services. The authors thank Julia Henly, Lauren Lapinski, Lorena Lara and Theresa Hawley for their invaluable help.

² The other briefs are forthcoming in 2019 from Illinois Action for Children: “Has Access to Quality Infant Care Increased for Low-Income Families? The Illinois Record, 2011 – 2016” and “Has Access to Quality Child Care for Children under 6 Increased for Low-Income Families? The Illinois Record, 2011 – 2016.”

³ Illinois Action for Children, Research Brief: “Cook County Parents, Nonstandard Work and Child Care,” (2016) available at <http://www.actforchildren.org/wp-content/uploads/2016/09/CCAP-Work-Schedules-Policy-Brief-FINAL-9-14-16.pdf>.

⁴ Heather Sandstrom et al., Illinois–New York Child Care Research Partnership, Mapping Child Care Demand and the Supply of Care for Subsidized Families, Urban Institute, 2018. Available: https://www.urban.org/sites/default/files/publication/97286/mapping_child_care_demand_and_the_supply_of_care_for_subsidized_families.pdf. See especially Table 2. Of the seven counties in the Southwestern Illinois study site only Madison and St. Clair were available in IPUMS for analysis. It is also notable that demand was high in Madison County for overnight care, where 17 percent of subsidy-eligible families needed that care.

The first analysis of access examines the quality designation of programs with early morning or evening operating schedules in 2011 and 2016. It explores whether programs with nonstandard hours and a quality designation increased regionally. The second analysis of access examines the distance between quality-designated programs with nonstandard hours and subsidized families' residences, and whether this distance decreased between 2011 and 2016.

Our research questions about low-income families' access to high-quality nonstandard-hour care are as follows:

1. How much additional high-quality, subsidized child care became available from 2011 to 2016 to meet the needs of subsidy-eligible families with early morning or evening work hours?
2. Has the distance that subsidy-eligible families live from the nearest high-quality subsidized child care program with early morning or evening hours decreased from 2011 to 2016?
3. How did child care centers and child care homes compare in improving this access between 2011 and 2016?
4. Is there evidence that Illinois child care policy, and particularly Illinois' efforts to improve the quality of child care, has had an impact on subsidized parents' access to high-quality care during early morning or evening hours?

The study examines two Illinois sites, Cook County, which includes Chicago and its inner suburbs, and a region we call "Southwestern Illinois," seven heterogeneous counties that include the city of East St. Louis and the relatively urban St. Clair and Madison counties along with the more rural Bond, Clinton, Monroe, Randolph and Washington counties.⁵ Some background information is useful to understand the differences between these study sites. Notably during the economic recovery from the 2008 recession, Cook County and the seven Southwestern Illinois counties generally performed more poorly than the U.S. economy as a whole on standard measures of population, employment and median household income. This continued during the period 2011 – 2016.⁶

In Southwestern Illinois, population and employment actually declined from 2011 to 2016, and the changes in median household income ranged widely from a decline in one county to a sharp gain of 11.2 percent in another. In Cook County, on the other hand, population, employment and median income all grew steadily, but rather slowly. We would thus expect that the demand for subsidized child care grew steadily and slowly in Cook County as well, although perhaps faster than in Southwestern Illinois.

Definitions for this Brief

Nonstandard care hours. For this report, nonstandard care hours are those offered in the early morning, before 7:00 AM, or in the evening, at 7:00 PM or later. They do not include other nonstandard care hours such as weekend care or variable-hour care.

Quality-designated child care. Any provider enrolled in Illinois' quality rating system in 2011; any provider in Illinois' quality rating and improvement system, ExceleRate Illinois, in 2016 beyond the "licensed" level (that is, having a Bronze, Silver or Gold "Circle of

Quality"); and any provider in 2011 or 2016 with national accreditation as reported in NACCRRAware, including accreditation from the National Association for the Education of Young Children (NAEYC), National Association for Family Child Care (NAFCC), National Accreditation Commission for Early Care and Education Programs (NAC), and National Early Childhood Program Accreditation (NECPA). In this brief we count only quality-designated child care in programs that are willing to accept subsidies.

⁵ The study sites reflect the service delivery areas of the Child Care Resource and Referral Agencies in each site, SDA 6 (Cook County) and SDA 14 (Southwestern Illinois).

⁶ For details on the demographic and economic environment, see "Has Access to Quality Child Care for Children under 6 Increased for Low-Income Families? The Illinois Record, 2011 – 2016."

Illinois Policy and Funding Context

The study period 2011 – 2016 was one of significant innovation in child care policies in Illinois that could have affected subsidized parents' access to high-quality child care.

In the years before 2011, Illinois had promoted an expansion of quality child care as a priority need. For example, its quality improvement grants gave priority to programs that were establishing or expanding quality care. Quality care was promoted through Illinois' quality rating system introduced in 2008 and incentivized through a quality add-on for subsidy payments.

In late 2012, Illinois received the federal Race to the Top Early Learning Challenge grant and began to design, implement and promote a comprehensive new research-based quality rating and improvement system, ExceleRate Illinois, that covered not just child care but also Illinois Preschool for All and Head Start programs. ExceleRate Illinois aligned Illinois' quality improvement funds and professional development funds and dedicated them to improving providers' quality ratings. All licensed programs were enrolled at the base, "licensed" level, and extensive outreach, training and technical assistance were provided to encourage providers to obtain one of three Circles of Quality: Bronze, Silver or Gold. Programs paid by the subsidy program received a rate add-on of 10 to 15 percent for obtaining a Silver or Gold Circle. Centers that were already accredited were provisionally approved for a Silver or Gold Circle.

ExceleRate Illinois was rolled out first for child care centers in July 2013, followed by licensed child care homes two years later in July 2015. Given the differences in rollout times by child care setting, we expect to observe a larger growth in quality-rated centers than in child care homes during our study period.

The study period was also, however, a time of instability for the child care subsidy program, the primary funding source for Illinois' child care system. Implementation of a new data system and a series of budget crises caused delays in provider payments in some months. The subsidy rates paid to child care centers remained stagnant between 2012 and 2016, and in July 2015, dramatic eligibility restrictions for new subsidy program applicants led to a large drop in caseload, translating to a loss of subsidy income for providers. In retrospect we understand that this financial instability eroded the optimism of some child care providers who otherwise might have expanded their infant care or improved their quality in line with policy.

Methods and Data

This report explores the quality-designation of care available to subsidy-eligible parents needing early morning and evening child care for children under six and how that supply has changed from 2011 to 2016.⁷ Since there are no reliable Illinois data on the number of child care slots available to families during nonstandard hours, we look at program-level trends of licensed child care centers and licensed family child care homes that report having an early or late shift.⁸ We note that in discussing licensed programs as the supply of child care, we are actually discussing parents' access to the child care that policy most prefers.

Beyond licensed programs, thousands of license-exempt home-based care providers, or "family, friend and neighbor child care" providers, have traditionally supplied much of the care low-income and other parents need during nonstandard work hours in Illinois. There is, however, no regular business or market of license-exempt home care to measure: its supply rises and falls with the needs of the parents with whom the providers typically have a prior personal relationship. The quality of license-exempt care, moreover, is not documented, and in Illinois the Race to the Top – Early Learning Challenge quality-improvement programs did not target it.⁹ In this brief we examine only the licensed programs that were targeted.

For the early morning shift, we analyzed licensed programs that open before 7 AM. This shift accommodates parents' arrival at work by 7:30 AM, assuming an average child care-to-work commute time.¹⁰ For some analyses, we also looked at which programs provide care before 6:30 AM. For the evening shift, we analyzed licensed programs that are open at 7 PM or later, which would accommodate parents who work until 6:30 PM or beyond.

To identify programs' operating hours, we used child care administrative data that captures the hours the child care provider reports they operate, or if those hours are not available or deviate significantly from the hours they are licensed to operate, we use the latter hours.¹¹ For child care homes, the hours the provider is licensed to operate may not exactly match the hours the provider actually operates. For example, a provider might be licensed to operate until 10 PM but actually closes at 6 PM. This adds a possible upward bias to the measures of homes and a layer of imprecision to the analyses.

We analyzed change in access to nonstandard hour care in the early mornings and the evenings in two ways: First, we counted the programs in Cook County and Southwestern Illinois that have nonstandard operating hours, both those with and without a quality-designation, and report the changes from 2011 through 2016. Second, we calculated the distance actual subsidy families live from the nearest subsidy-accepting child care programs that have nonstandard operating hours, again grouping them by whether or not they have a quality-designation, and report changes in those distances from 2011 through 2016.

⁷ Note that a quality-designation – an independent child care accreditation or state quality-rating – might mean different things for care in the early mornings or evenings compared to care during standard daytime child care. We assume that programs earn a quality credential during standard daytime hours, and it is far from obvious that characteristics of high quality child care during the daytime apply to caring for children early and late in the day when they may have different needs. Nevertheless, we will analyze programs that have quality-designations under the assumption that programs with quality credentials are sensitive to transitions and other needs that children have throughout the twenty-four-hour day.

⁸ Most child care programs whose hours of operation indicate evening or early morning care did not specify their slot capacity during evening or early morning sessions. It is unclear whether all of their daytime slots are also available during these non-traditional sessions.

⁹ While the Illinois Child Care Assistance Program reimburses license-exempt home child care in recognition of the important role it plays in meeting parents' needs during nonstandard hours, the low payment rates it receives signals that it is not as highly-regarded as licensed care.

¹⁰ Average commuting time to child care ranged from 32 to 34 minutes in the four Illinois and New York study sites. Heather Sandstrom et al., Illinois–New York Child Care Research Partnership, Mapping Child Care Demand and the Supply of Care for Subsidized Families, Urban Institute, 2018. Available: https://www.urban.org/sites/default/files/publication/97286/mapping_child_care_demand_and_the_supply_of_care_for_subsidized_families.pdf

¹¹ The main data files for estimating the child care supply draw on site-specific extracts from NACCRRAware, the database developed by Child Care Aware of America (formerly NACCRRRA –the National Association of Child Care Resource and Referral Agencies). The Illinois data set includes comprehensive lists of licensed child care centers, preschools, family child care homes, and group family child care homes. The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) provided child care data for Illinois programs operating as of June in both 2011 and 2016 from its NACCRRAware database. These datasets include fields that identify operating shifts.

Findings

Regional Access to Early Morning Care

Figure 1 shows the number of child care programs in Cook County and Southwestern Illinois that are open before 6:30 AM and the number open before 7 AM. A large majority of subsidy-accepting center-based and home-based programs that care for children under six are open before 7 AM. Relatively few of these, however, had a quality designation in 2011. In the five years from 2011 to 2016, the shares of centers with early morning care and a quality designation grew from 12 percent to 20 percent in Cook County and from 15 percent to 44 percent in Southwestern Illinois. On the other hand, the shares of homes with a quality designation grew very little.

We should be clear about what this analysis does and does not tell us. The analysis is of child care programs and not slots, which vary in number from program to program. The analysis is also regional and not community-based. Nor do we know approximately how many subsidy-eligible children need early-morning care (although we do know that 34 to 36 percent of parents work early morning hours). Thus, the analysis does not tell us what proportion of subsidy-eligible children who need care before 7 AM actually have access to a center or home slot. The analysis nevertheless gives one measure – albeit a limited one -- of the supply of early morning care and especially changes in that supply over five years.

The finding that many child care centers are open early in the morning, moreover, is sensitive to the 7 AM opening time. For parents needing care before 6:30 AM the options are more limited. Figure 1 shows that in Cook County only 43 percent of centers (449) were open before 6:30 AM in 2016 compared to the 69 percent of centers open before 7 AM (714). Moreover, only 24 percent of programs open before 6:30 AM were quality-designated compared to 28 percent open before 7 AM. A greater portion of Southwestern Illinois centers operated before 6:30 AM, but, similar to Cook County, the portion was significantly lower than the portion open before 7:00 AM: 59 percent (71 centers) opened before 6:30 AM compared to 94 percent that opened before 7:00 AM (114 centers). Only 45 percent open by 6:30 AM had a quality designation compared to 46 percent open before 7:00 AM. However, this was almost twice the rate of Cook County.

Unlike child care centers, child care homes decreased in number in both Cook County and Southwestern Illinois during the study period. This follows a national trend over several years. Given the important role of home providers in supplying care during nonstandard hours, this trend is concerning. Between 2011 and 2016, Cook County lost 10 percent of its home providers that offer early morning care and Southwestern Illinois lost over one-third, 36 percent.

There was some growth, though very small, in the number of quality-designated, early morning home providers. By 2016, Cook County had 250 and Southwestern Illinois had only 11. We would expect this small result given the fact, noted earlier, that ExceleRate Illinois was not rolled out to home providers until 2015, late in our study period.

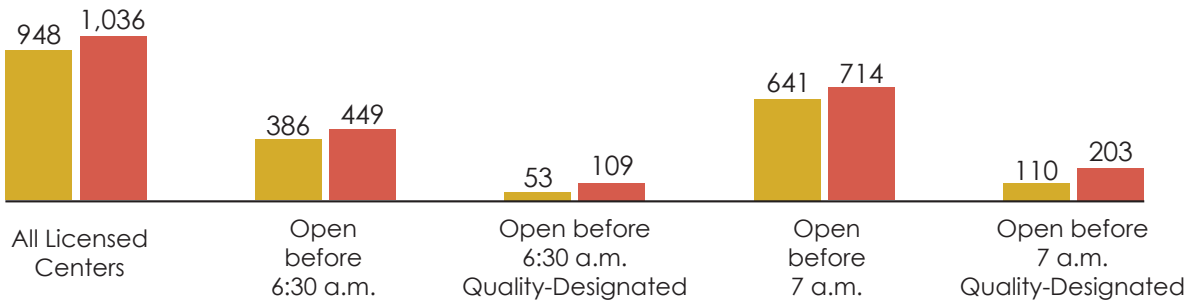
Home providers were less sensitive than centers to the difference between 6:30 AM and 7 AM, indicating a willingness to open earlier than centers. Only a small number of homes that opened before 7 AM did not open before 6:30 AM. However, as mentioned, it is unclear the extent to which the hours of care data reflect the operating hours allowed by their license rather than their actual operating hours.

Figure 1. Child care centers and homes accepting subsidies, open before 6:30 AM & before 7 AM, 2011 & 2016

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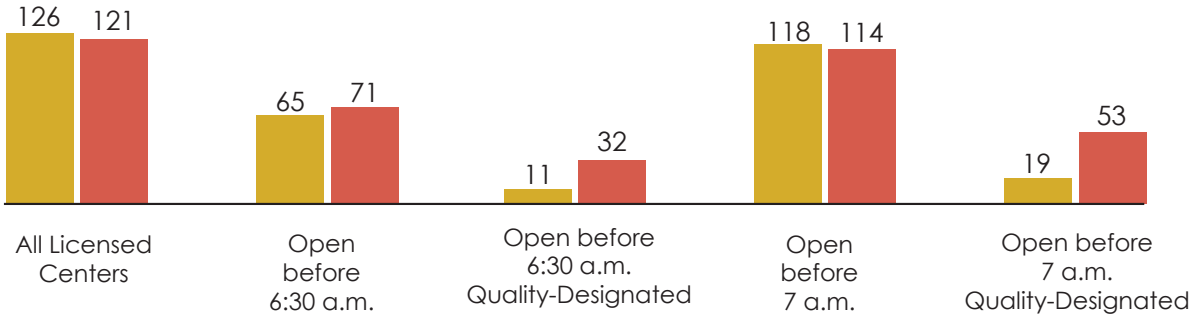
Cook County

2011 2016



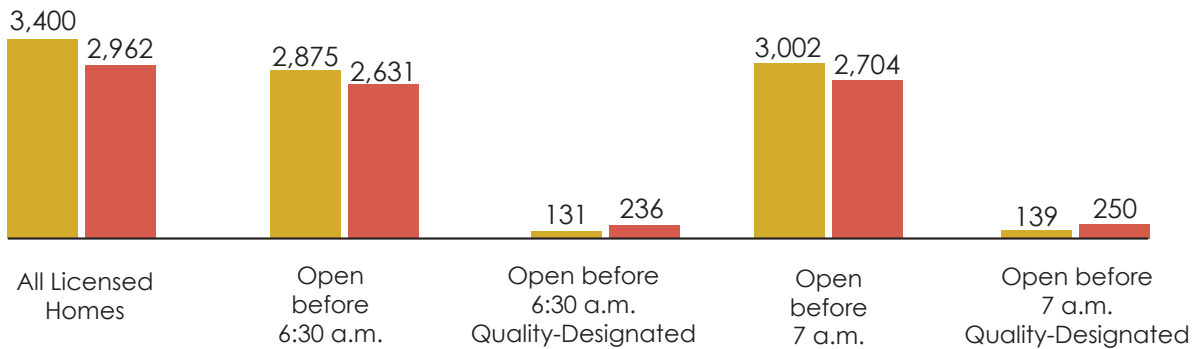
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Southwestern Illinois



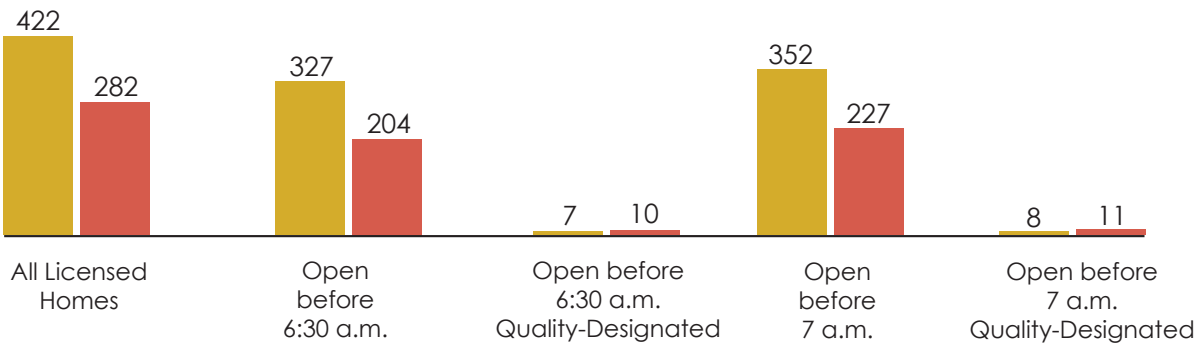
HOMES

Cook County



HOMES

Southwestern Illinois



Family Proximity to Early Morning Care

The regional supply analysis above cannot tell us whether the growth or loss of early morning care and quality-designated, early morning care occurred where subsidy families live. To analyze this access we measured the proximity of nonstandard hour care to subsidized families in 2011 and 2016. This involved calculating the distance a family lived from the nearest subsidy child care programs, both with and without a quality designation, that opened before 7AM. We received permission to geocode and analyze the addresses of actual subsidized families in Cook County, but we did not have access to these addresses in Southwestern Illinois.¹² We also geocoded the addresses of child care providers (see the box, Measuring Distance).

Figure 2 shows the 2011 and 2016 average distances that Cook County parents with subsidies lived from their nearest center and home-based programs, with programs grouped by their having and not having a quality designation. We conducted this analysis for the nearest center or home with any operating hours (on the left side of the charts) and nearest center or home with early morning operating hours (on the right side of the charts).

Looking just at the right side of each chart in Figure 2, we see that on average the distance that parents lived from their nearest quality-designated programs with early morning care was substantially greater than the distance from their nearest non-quality-designated programs with early morning care in both 2011 and 2016.¹³ The distance to quality-designated programs with early morning care, however, fell from 2011 to 2016 by 0.38 miles (33 percent) for center-based care in Cook County and by 0.27 miles (20 percent) for home-based care. Meanwhile, the distances to more plentiful non-quality-designated programs with early morning care changed very little.

Consequently, the travel burden – or opportunity cost – to parents of selecting a quality-designated program over a non-quality-designated program fell sharply, particularly for center-based care. (For a definition and an example, see the box on opportunity cost.) We measure opportunity cost as the difference in miles between travel to a family's nearest quality-designated center or home and to its nearest non-quality-designated center or home. The opportunity cost for using quality-designated early morning center care is shown in Figure 2: 0.31 miles in 2016. This distance fell 0.36 miles (from 0.67 miles in 2011).

Measuring Distance

Distance from subsidy families to nearest child care programs was calculated in the simplest way possible: the length of the straight line between the family and the provider address coordinates. This calculation does not take into account parents' commutes – their actual travel routes, modes of transportation or travel times – all important considerations when determining whether a program is accessible to families. The straight-line distance can, however, indicate whether on average subsidized programs have become more geographically accessible to subsidy families over the study period.

We do not restrict family and provider

addresses to the same census tract. Child care providers in Illinois counties bordering the study sites also included in distance calculations to account for the real child care options of families living near the study site borders. However, we did not account for the supply of care in Indiana available to subsidy families in Cook County.

We used ESRI's ArcGIS Online World Geocode Service and ESRI ArcGIS to geocode and analyze family and child care provider addresses. The nearest distance calculation was then performed using the ArcGIS "Generate Near Table" tool.

¹² We do not know which of the 37,507 subsidized families in 2011 & 30,053 subsidized families in 2016 needed early morning care. Nor do we know whether they traveled to the nearest program for child care or even that the program had available slots for them. Rather, the analysis answers a useful question: Would subsidy-eligible families, on average, have to travel the same distance in 2016 as in 2011 to reach a center (with or without quality-designation) that is open during early morning hours?

¹³ Similar findings regarding parents' proximity to quality-designated programs vs. non-quality-designated programs are reported in the brief, "Has Illinois Policy Worked to Increase Quality Child Care for Low-Income Families: Care for Children Under 6, 2011-2016"

Opportunity Cost of Using Quality-Designated Care

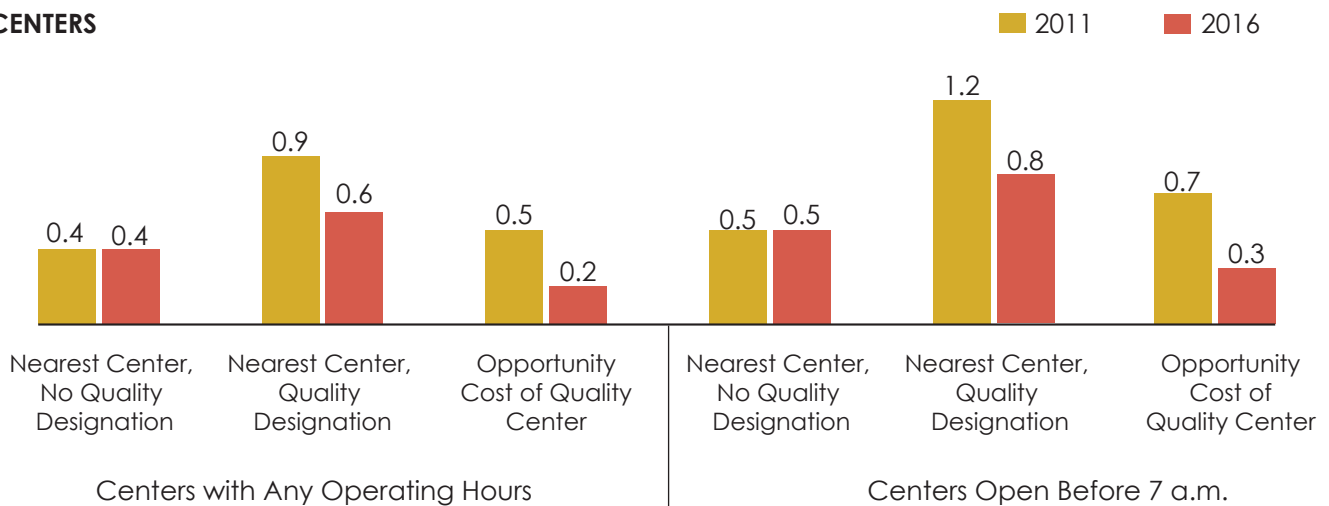
An *opportunity cost* is burden we take on in making a choice. Figure 2 shows that selecting quality-designated early morning care over other early morning care imposes a cost upon the family: a longer commute.

For example, an average subsidized parent who would select quality-designated early morning care in a center in 2016 would incur the cost of traveling 0.78 miles instead of 0.47 miles to a closer center without a quality designation. That opportunity cost is traveling 0.31 additional miles, 72 percent farther, for quality designated infant care.

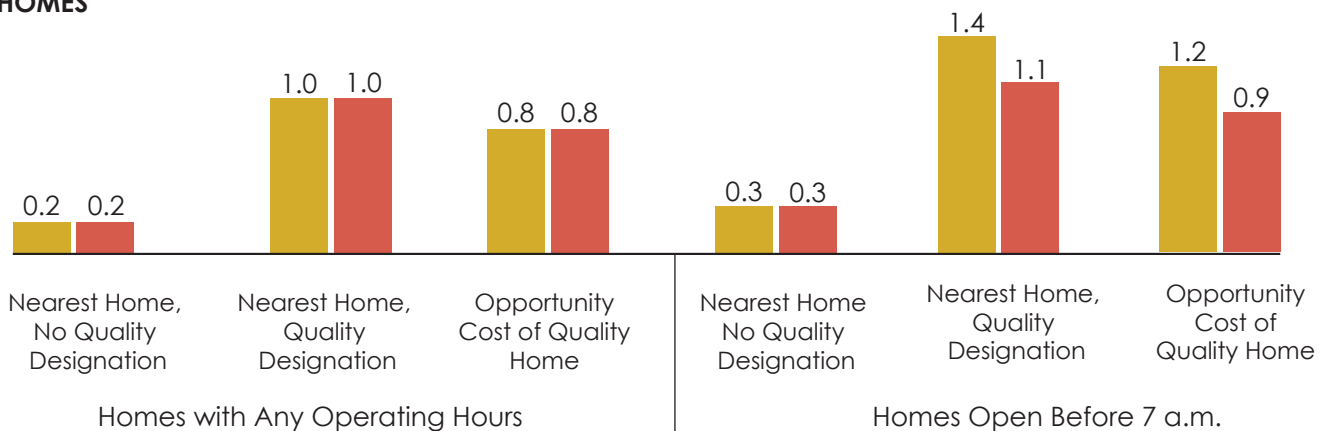
A falling opportunity cost for subsidized families over 2011 - 2016 would indicate that progress was made in the supply of early morning care. In centers, the opportunity cost of using quality-designated infant care decreased from 0.67 to 0.31 miles – from 137 percent farther than non-quality-designated care to 66 percent farther. In homes, which we know had very few quality-designated programs (Figure 1), the opportunity cost of using quality-designated programs fell sharply (by 0.28 miles), but remained high at an average of 0.87 miles.

Figure 2. Average Distance in Miles That Subsidized Cook County Families Live from the Nearest Program with any Operating Hours & the Nearest Program Open Before 7 AM (37,507 families in 2011 & 30,053 in 2016)

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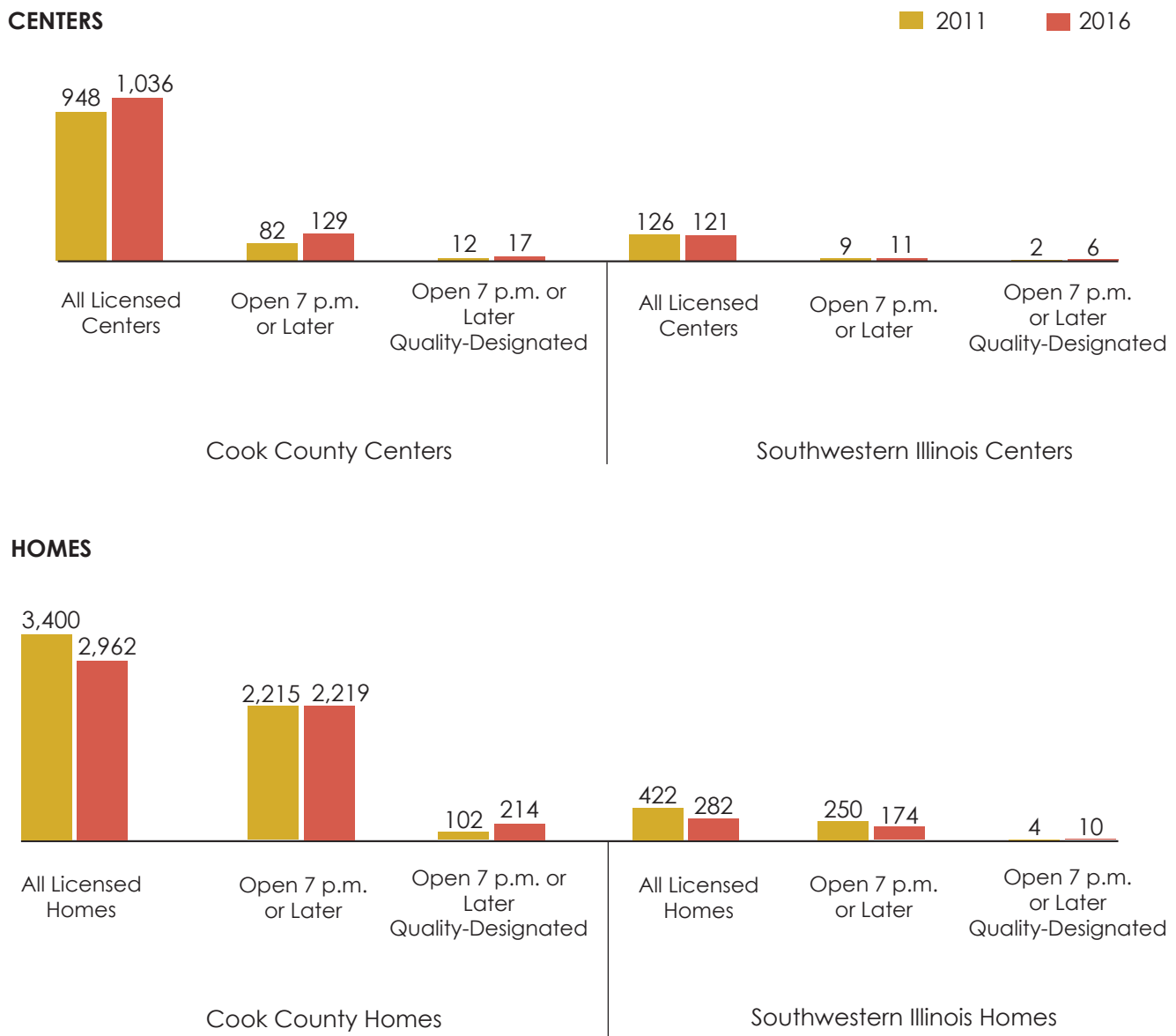
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Regional Access to Evening Care

Like most common expressions about time or a time period, “the evening” can mean many things, and in child care has no precise universal meaning. For “evening care” we selected a definition, “open at 7 PM or later,” that is not too restrictive (e.g. “open every hour from 5 PM to 12 PM”) or very wide (e.g. “open after 5 PM”). We analyzed access to evening care as we analyzed early morning care, by first looking at the number of programs with and without a quality designation that accept subsidized children under age 6 during evening hours. We next measured the proximity of subsidy families to these programs. Figure 3 reports the center and home child care programs whose hours indicate they offer care at or after 7 PM.¹⁴ In contrast to early morning care, few child care centers are available for subsidized parents who seek evening care. Their number grew, however, by 57 percent in Cook County and 22 percent in Southwestern Illinois. The majority of child care homes are licensed to operate at 7 PM or later. (As with early morning care, we know these programs are licensed for care at 7 PM but not whether they actually operate at 7 PM.) In Cook County, the number of evening home providers remained stable despite the decline of licensed home providers overall, including early morning home providers. Southwestern Illinois saw a drop in evening home care of 30 percent, similar to its drop in early morning care. Finally, very few homes or centers offering care at 7 PM have a quality designation.

Figure 3. Child care centers and homes accepting subsidy, open 7 PM or later, 2011 & 2016



¹⁴ Note that the data limitations for early morning care described above also apply to evening child care.

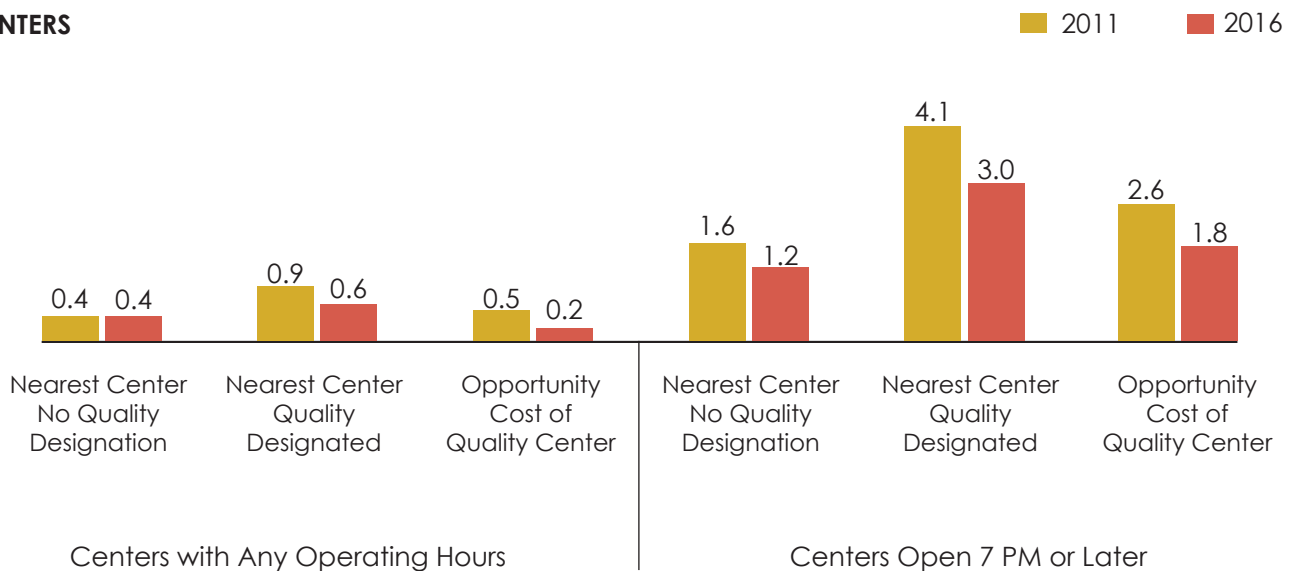
Family Proximity to Evening Care

Figure 4 follows the same analytic framework as Figure 2: We calculate the average distances that subsidized parents in Cook County live from the nearest child care centers and homes that offer evening care, with programs grouped by having a quality designation or not. For non-quality-designated center care, parents in Cook County need to travel about three times as far to centers with evening care than to centers with any operating hours (1.2 miles and 0.4 miles respectively in 2016). For quality-designated center care, this distance is five times as far, three miles in fact, for centers with evening care compared to 0.6 miles for centers with any hours.

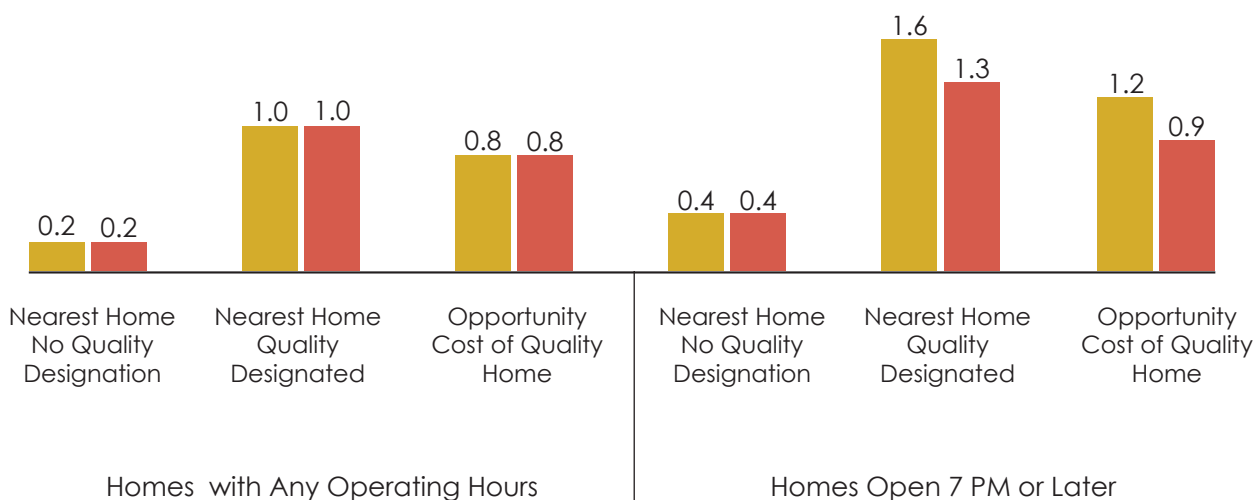
As with the prior analysis, this analysis also answers the hypothetical question: Would subsidy families have to travel as far in 2016 as in 2011 to reach a quality-designated center that is open at 7 PM? By our measure, the answer is no. Despite the large average distance to care, quality evening care in centers became geographically more accessible from 2011 to 2016, with a decrease of more than 1 mile, or 27.5 percent. The opportunity cost (or travel burden) for a quality-designated center with evening hours also fell by 0.8 miles, or more than 30 percent, from 2.6 to 1.8 miles.

FIGURE 4. Average Distance in Miles that Subsidized Cook County Families Live from the Nearest Program with any Operating Hours & the Nearest Program Open at 7 PM or Later (37,507 families in 2011 & 30,053 in 2016)

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HOMES



As with centers, to use one of the few quality-designated child care homes with evening care required Cook County parents to travel large average distances, although these distances fell by 19 percent from 2011 to 2016: 1.6 miles to 1.3 miles. Distances to non-quality-designated homes with evening care rose slightly in Cook County (6 percent from 0.35 to 0.37 miles). Thus, by our measures, the opportunity cost for using evening care in quality-designated homes compared to non-quality-designated homes fell a substantial 27 percent in Cook County.

Conclusion

The analyses confirm what we have heard anecdotally: finding and using quality-designated child care during nonstandard hours is particularly challenging for subsidized parents. Relatively few subsidy-accepting programs that have a quality designation operate before 7 AM or after 7 PM. Parents, moreover, must travel some of the highest regional distances to quality-designated programs that provide care during nonstandard hours. The number of such quality-designated programs with early or late hours did grow from 2011 to 2016, and for the most part the opportunity cost of selecting a quality-designated option fell during that time.

Early Morning Care:

A large portion of child care centers and homes open early enough to accommodate parents who must be at work or school by 8 AM, but they might not open early enough for parents starting work earlier, particularly if parents' work commute is the regional average of 32 to 34 minutes.¹⁵ Most of these early morning programs, moreover, have no quality-designation. In Cook County, where we could measure the distance from subsidy families' homes and the nearest early-morning center and home programs, these distances fell sharply from 2011 to 2016, as did the opportunity cost of selecting quality care. Nevertheless, the average distance families lived from early morning centers with a quality designation remained 60 percent farther than from those without a quality-designation and remained almost four times farther for quality-designated homes relative to non-quality-designated homes with early morning care.

Evening Care:

Cook County experienced some growth in the number of centers offering evening care over the study period, while Southwest Illinois saw a decline in the number of homes with evening care. Across the board the share of programs that were quality-designated and offered evening care increased slightly, but as of 2016 remained very low. In Cook County, distances to nearest quality-designated programs with evening care were at least 2.5 times greater relative to non-quality-designated care. From 2011 to 2016 the average distances to quality-designated evening care in both homes and centers fell sharply in Cook County. The opportunity cost of selecting quality centers and homes fell substantially as well (0.8 and 0.3 miles). Nevertheless, the average subsidized parent's opportunity cost of selecting a quality-designated center with evening hours remained the highest opportunity cost we have measured.

Policy Implications

The supply of early morning and evening child care for subsidized children, particularly quality-designated care, remains low. Nevertheless, small gains at both the beginning and the end of the day were accomplished without policy offering licensed or quality-designated providers special incentives. Providers in both study sites did a better job of meeting early morning needs and increasing the supply in early hours than evening hours. Possibly because the demand is greater for early morning slots. There might also be stronger disinclination among child care providers (operators and staff) to work evening hours or strong structural obstacles to working evenings such as the need for beds and bedrooms in the evening.¹⁶

Policymakers could work to improve the supply of licensed or quality-designated child care during nonstandard hours.¹⁷ First, subsidy add-ons could be made available to licensed or quality-designated programs to extend their present care day by even an hour or two, for example for offering care between 6 and 7 AM and for offering care between 7 and 8 PM.

¹⁵ See note 4 above.

¹⁶ Henly, J.R. & Adams, G. (2018). Insights on Access to Quality Child Care for Families with Nontraditional Work Schedules. The Urban Institute.

¹⁷ See Henly and Adams, *ibid.*

This could remedy an issue of contention between parents and providers, particularly in the evening: late pick-up and fines. Some programs might choose to extend their early hours and some to extend their evening hours. We could learn from a well-designed policy experiment. Second, Illinois could experiment with strategic use of contracts and capacity grants to support targeted increases in supply during nonstandard hour care. This should be based on a careful analysis of local demand for nonstandard hours, and in many communities, patience would need to be exercised to accommodate slow increases in enrollment during the transition. Third, there may be need for targeted training and support to providers to encourage expansion of care into nontraditional hours, as well as consumer education to help parents who need such options find them. Fourth, early and later hours are typically times of greater family intimacy, as well as eating and sleeping for younger children, and it is not well understood how they should best be filled in a child care center or home. Policy makers could fund a study of what constitutes high-quality child care for younger children during early and later hours. This could provide guidance and confidence for providers and parents alike, as well as information to advance child care policy.

Finally, the recommendations above all assume that the providers and the State of Illinois will accommodate employers' work schedules. In policy questions it is always worth asking the converse: are there effective ways to encourage the employer to accept more of the social costs of non-standard work and child care that parents and providers now pay? For example, just as there are carbon taxes on industry and highway taxes on heavy vehicles, should there be a child care tax on employers who have their employees work a nonstandard-hour shift? A tax might encourage employers to minimize unnecessary nonstandard schedules and help fund shift premiums to providers who accommodate them.

Appendix. Data Definitions and Data Sources

Child care providers. The universe of child care providers for this analysis includes licensed providers open year-round or during the school year that serve children under age six and offer full-time care (defined below). Provider types include licensed child care centers, preschools, center-based Head Start programs, family child care homes, and group family child care homes. We exclude license-exempt programs, summer camps and school-age-only programs.

Full-time provider. A provider is considered full time if the total hours per week of at least one program session equals 35 hours or more. Some home providers report continuous but separate daytime, evening or overnight sessions, and we counted across home providers' continuous sessions to determine total hours.

Licensed child care. A center or home-based child care program that is licensed and monitored by the Illinois Department of Children and Family Services. A license is generally good for 3 years, and specifies the number and ages of children the provider may care for at one time and the hours that the provider may operate.

Subsidized provider. A subsidy-accepting provider, or any provider who: 1) received a subsidy payment for providing care to at least one child, according to FY2011 and FY2016 IDHS records (available for Cook County only) or 2) reported that they are willing to accept a child with a subsidy, as recorded in the NACCRRAware financial assistance field.

Data Sources:

The main data files for estimating the child care supply draw on site-specific extracts from NACCRRAware, the database developed by Child Care Aware of America (formerly NACCRRRA –the National Association of Child Care Resource and Referral Agencies). The Illinois data set includes comprehensive lists of licensed child care centers, preschools, family child care homes, and group family child care homes. The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) provided child care data for Illinois programs operating as of June in both 2011 and 2016 from its NACCRRAware database.

These datasets include a self-report field indicating whether a provider is willing to care for children with the child care subsidy. We also linked Cook County NACCRRAware data files to the state's child care subsidy payment records to identify other licensed providers who actually received a subsidy payment in fiscal years 2011 and 2016. Together these comprise our supply of subsidy-accepting providers in Cook County. Comparable subsidy payment data were not available for Southwestern Illinois and therefore the estimate of subsidy-accepting providers relies only on self-reports in that study site.



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