



REINVESTMENT
FUND

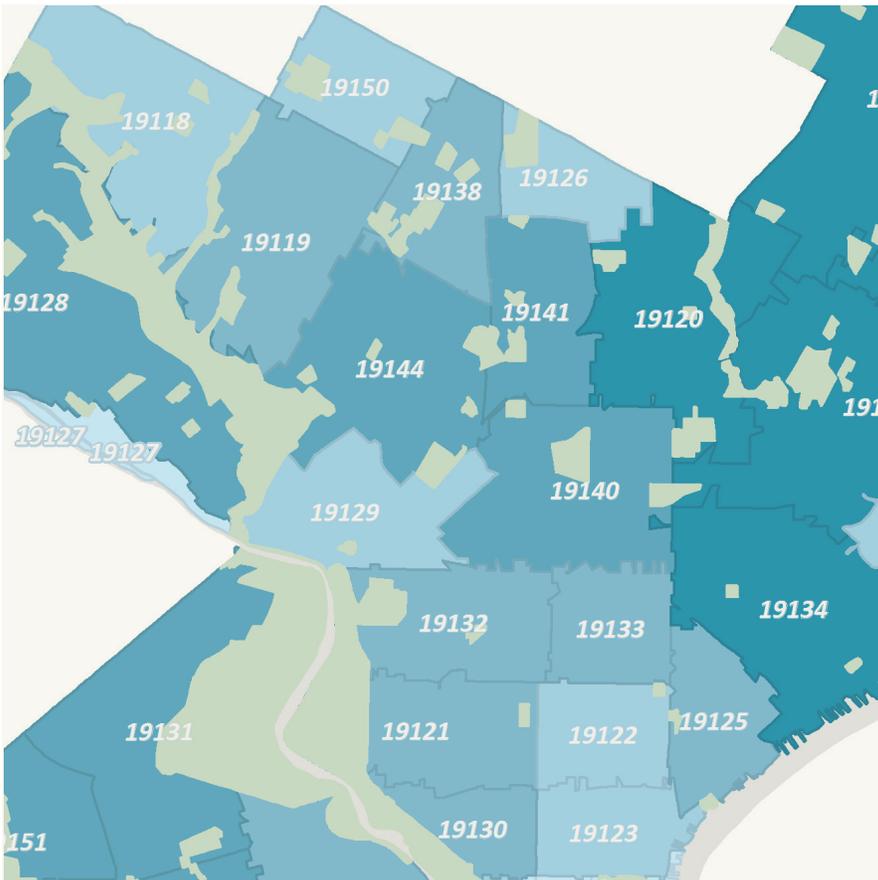


Getting Back to Care

Findings from a Philadelphia Survey on Restarting Early Childhood Education (ECE)

Prepared by **REINVESTMENT FUND**

Published **DECEMBER 2020**



RESEARCH CONDUCTED BY

Policy Solutions at Reinvestment Fund
Ira Goldstein, President, Policy Solutions
Jacob Rosch, Senior Policy Analyst
Kevin Reeves, Impact Analyst
Alana Kim, Policy Analyst

SURVEY DESIGN ASSISTANCE BY

Bevin Parker-Cerkez, Managing Director, Program Services &
Senior Director, Early Childhood Education

Acknowledgements

Reinvestment Fund wishes to acknowledge the contribution of the nearly 3,000 families who were willing to share their concerns about returning their children to childcare as the COVID-19 pandemic has unfolded in Philadelphia. The insights and opinions they expressed will help providers, policymakers and funders ensure that those voices are heard and incorporated into the reopening of the sector. We would also like to acknowledge the collective efforts of many individuals and public (state and local government) and private (for- and not-for-profit) organizations whose efforts were the basis of the success of this effort. Members of Philadelphia's Early Childhood Reopening Strategy Team, individually and collectively, offered input into the design and content of the survey and understanding its implications. That group, led by the City's Office of Children and Families, Caring People Alliance, and Early Learning Resource Center (ELRC)- Region 18, were critical in making sure that the questionnaire was distributed widely so that a representative cross-section of parents could participate. Lastly, we would like to thank Public Health Management Corporation (PHMC) and the United Way of Greater Philadelphia and Southern New Jersey for the guidance and financial support that made this effort possible.

Executive Summary

Reinvestment Fund and its partners – the City of Philadelphia Office of Children and Families, Public Health Management Corporation and United Way of Greater Philadelphia and Southern New Jersey – surveyed parents who have used or intend to use childcare in Philadelphia.

The purpose of the survey was to gain an understanding of what parents were doing for childcare before the onset of the COVID-19 pandemic, how that has changed, and what their priorities are as they contemplate returning their children to childcare. Findings from this survey will inform policymakers' and childcare providers' plans and processes for reopening childcare facilities.

The survey was available to the public between July 13 and July 24, 2020. Nearly 3,000 parents responded. The survey was not a controlled random sample. However, responding parents came from all parts of the city of Philadelphia (including a few parents from outside the city who use childcare in Philadelphia). Comparisons to current Census data show that responding parents were demographically substantially similar to resident families with children. We plan to field this survey again in the winter months as COVID-19 pandemic circumstances change.

The following are highlights from the survey and analysis:

- Parents' work/income situation was greatly impacted by the pandemic – in different ways. Nearly half (47.8%) of parents reported working from home. Substantial percentages of parents reported reduced income (29.2%), being laid off, furloughed, or having lost their jobs (21.8%), or having had changed hours (21.8%) – multiple impacts were reported by many parents.
- 52% of parents reported that their pre-pandemic childcare was available in July; another 15.7% reported that while it was not yet open, they knew when it would be. 46% of parents said that if their childcare becomes available, they would use it. Among those that would not use childcare, 79% stated that it was because they were concerned about having their children in a group setting.
- Parents shifted from childcare centers to homecare during the pandemic. Before the pandemic, 71.2% of parents used a childcare center for their child(ren). Once the pandemic hit Philadelphia, that dropped to 26.8%. Before the pandemic, 23.3% of parents had their child(ren) home with them or a stepparent or guardian. After the pandemic, that rose to 66.8%.
- The city, state and federal governments promulgated a variety of guidance related to health and safety measures for how providers should adapt to COVID-19. Parents were asked how important various of those health and safety measures were to them. Most parents felt virtually all the health and safety measures were important. Several measures were rated as very or extremely important by more than 85% of parents. They were: isolating staff or children who develop COVID-19 symptoms while at the facility; not allowing staff or children with symptoms to return until they test negative; requiring additional handwashing; limiting volunteers/visitors to childcare sites;

implementing enhanced cleaning; regularly checking parents; requiring staff to wear masks inside the site. These, and other measures do not appear to be *optional* to Philadelphia parents. Most measures were rated more important by Black parents and parents who live in some of the city's most COVID-19 impacted neighborhoods.

The policy implications of these (and other findings) are as follows:

- While surveys such as this are valuable, the information is not as deep as one can glean by personal, structured listening sessions between providers, policymakers, and parents. We recommend creating a process for these sessions in the coming months to ensure that parents have an effective voice in how the sector reopens and providers can communicate what they are doing to respond to those parental needs. A next survey round will take the pulse of parents to supplement those listening sessions.
- Certainly, public health messaging has been effective, as evidenced by the accepting parental responses to various health and safety measures. Providers and policymakers must ensure that they understand those measures and are in fact faithfully implementing them to ensure family and staff safety and peace of mind.
- The pandemic in Philadelphia has gone through various phases; what we knew and experienced in July is different than now, and it will likely be different in January. Accordingly, it is vitally important that providers and policymakers communicate regularly, clearly and candidly. Anything short of that jeopardizes the legitimacy of the message and messenger.
- Governmental inspection of childcare sites must be frequent and thorough, coordinated across agencies with responsibilities for inspections, and must result in public communication of the results of those inspections. Inspection results should be posted publicly and prominently so that parents know that their childrens' sites are safe.
- The childcare sector is financially precarious. The National Association for the Education of Young Children reported in July that 40% of providers across the country would certainly close without additional resources. Childcare providers, in the main, are small businesses very much subject to economic fluctuations. Before the pandemic, Philadelphia was the poorest big city in America and more than 1-in-4 families with children here live below poverty. Public subsidies do not cover the full cost of care and, by some accounts, a substantial portion of the city's providers – with reduced enrollments and increased costs – are at risk of going out of business. While the government has helped in various ways, as has local philanthropy, without more help we risk losing this essential sector. Redesigning state and federal subsidy programs to compensate for the cost of care, the temporary decline in enrollments and additional costs due to COVID-19 is urgently necessary.

Background

Reinvestment Fund and its partners – the City of Philadelphia Office of Children and Families, Public Health Management Corporation, and United Way of Greater Philadelphia and Southern New Jersey – launched a web-based survey of parents who were using (or expected to use) childcare in the city of Philadelphia. The survey was available from July 13, 2020 through July 24, 2020, to gather the perspectives of parents about how the COVID-19 pandemic impacted their families, particularly those affects related to current and future plans for their use of childcare.ⁱ This was a moment when more than 119 Philadelphians per day were testing positive for the virus, and the test-positivity rate was approximately 6%. Philadelphia was still in its yellow phase, which carried significant limitations on schools, businesses, childcare establishments, and other aspects of social and economic life.

Data show that this was not a virus that impacted people equally. People who were older and who had other medical co-morbidities were experiencing both higher rates of infection as well as more severe outcomes, including death. However racially, the differences were (and remain to this day) stark. According to statistics from the City's Department of Public Health, the infection rate of Black Philadelphians is more than twice that of Whites; Hispanics also experienced a significantly higher infection rate. Not only were there differences by race/ethnicity in infection, those differences were also observed in the rates of hospitalization and even death.

During the survey period, a total of 3,349 surveys were submitted. Survey respondents were included in the analysis if they had children of any age in their home, were the person who made decisions about childcare for their child(ren) and have used (or are interested in using) childcare in Philadelphia. Of those who were included, information was gathered from 2,997 eligible respondents.^{ii,iii}

Numerous efforts were made to ensure that Philadelphia families knew about and participated in the survey. Efforts to solicit voluntary cooperation included but were not limited to publicity efforts by the City of Philadelphia, partner/provider network outreach and social media posts, word-of-mouth/personal networks, and neighborhood-specific social media. There was a well-publicized drawing of respondents who completed the survey each day it was open for a \$100 VISA gift card, our incentive to participate.

The incentives and broad-based efforts to publicize the survey do not change the fact that this was not a random sample or even an approximation to one. There are therefore limitations to the ability to generalize to all Philadelphia families. In less technical terms, while there is a large number of responses from every corner of the city of Philadelphia, we do not know that the 2,997 respondents in this survey represent the approximately 208,000 families with children (of any age) or the near 50,000 families with children under 5 years old in Philadelphia.

This report begins with a description of the families that participated in this survey, presented to understand how representative these families are of all Philadelphia families with children. We compare – where possible – the characteristics of surveyed families to all Philadelphia families as described by the Census. Next is a discussion of the circumstances of the families who responded to this survey. Did they lose jobs or income? Are they or other family members of a vulnerable population? We then explore families' pre- and post-COVID childcare arrangements. How may have those needs changed? The report next focuses on understanding how parents assess the importance of the various health and safety measures that public health experts have recommended for childcare. Which of these measures do parents feel most strongly about? Do groups of parents feel similarly or differ in what they feel is most important? Lastly, we turn to the policy and practice implications of what parents report in this survey. How can these parent reports best inform activities of policymakers, providers and other government officials so that they can respond in a manner that will be most responsive to the needs and apprehensions of parents in this most challenging period?

Characteristics of Respondents to the Restart Survey

Respondents were offered the opportunity to select multiple races/ethnicities; and not all eligible families answered the question. 44% reported being White, not Hispanic. Black, not Hispanic, respondents represented 37.5% of the survey group. Hispanics, of any race, were 7.5% of all respondents. Compared to the Census' American Community Survey for 2014-2018 (ACS), White not Hispanic respondents are over-represented in this survey and Black not Hispanic respondents are slightly under-represented, as are Hispanics.^{iv,v}

	Pct of Respondent Families	Valid Pct of All Respondent Families	Valid Pct of Phila Resident Respondent Families
Black/African American	17.0%	37.5%	37.3%
Hispanic/Latinx	5.5%	7.6%	7.6%
Asian/Pacific Islander	5.9%	8.2%	8.4%
White	31.9%	44.2%	44.3%
Other	1.7%	2.4%	2.4%
Did not answer	28.0%		

Table 1: Racial/Ethnic Identification of Respondents

The survey was available to respondents in eight languages. Of the respondents, 96% chose to take the survey in English; 2.3% answered in Chinese and 1.2% in Spanish. There were between 1 and 5 respondents each responding to the survey in French, Russian, Vietnamese, Arabic and Khmer.

Table 2 reflects the distribution of the age of children present across eligible responding families; respondents were instructed to indicate the ages of all children in their families. The two largest groups of families were those with preschoolers (41.1%) and school-age children (40.2%). Overall, three in four responding families had children (of any age sub-category) under age 5 in their home; approximately one in six families had infants. Compared to the ACS, this family survey is slightly over-representative of families with younger children; 24% of the Philadelphia families with **any** children have children under age 5.

	Pct of All Respondent Families	Pct of Phila Resident Respondent Families
Infant (less than 12 months old)	15.7%	17.6%
Toddler (12 to 35 months old)	32.7%	38.5%
Preschooler (36 to 59 months old)	41.1%	48.7%
School Age (60 months old or older)	40.2%	43.4%

Table 2: Age of Child(ren) in Respondent Family Households

Table 3 shows the total income from all members in the responding families' households. Approximately 6% of respondents reported income under \$15,000 and another 11.7% reported income between \$15,000 and \$29,999. The largest category of families (49.6%) reported incomes above \$75,000. The median (or typical) income category is \$50,000 to \$74,999. Compared to the ACS, the survey respondents were somewhat higher income than the general population of Philadelphia households with children present.

	Pct of Respondent Families	Valid Pct of All Respondent Families	Valid Pct of Phila Resident Respondent Families
\$14,999 or less	4.5%	6.2%	6.4%
\$15,000 to \$29,999	8.4%	11.7%	11.8%
\$30,000 to \$49,999	11.9%	16.7%	16.5%
\$50,000 to \$74,999	11.3%	15.8%	15.8%
\$75,000 or more	35.6%	49.6%	49.5%
Did not answer	28.3%		

Table 3: Total Income of All Members of Respondents' Household

Table 4 offers the income levels of responding families separately by the race/ethnicity of the responding family member. Black and Hispanic families generally have the lowest income levels while White and Asian, with 75.3% and 60.7% indicating total income greater than \$75,000, have the highest incomes. In fact, the typical White and Asian family income category is \$75,000 or more, while that of Blacks and Hispanics (\$30,000-\$49,999) is substantially lower.

	Black/African American	Hispanic/Latinx	Asian/Pacific Islander	White	Other
\$14,999 or less	9.8%	10.1%	8.1%	1.7%	20.0%
\$15,000 to \$29,999	18.1%	20.1%	9.8%	4.3%	30.0%
\$30,000 to \$49,999	29.7%	22.0%	11.0%	5.4%	20.0%
\$50,000 to \$74,999	20.2%	13.2%	10.4%	13.3%	16.0%
\$75,000 or more	22.2%	34.6%	60.7%	75.3%	14.0%

Table 4: Income Levels by Race/Ethnicity of Respondents

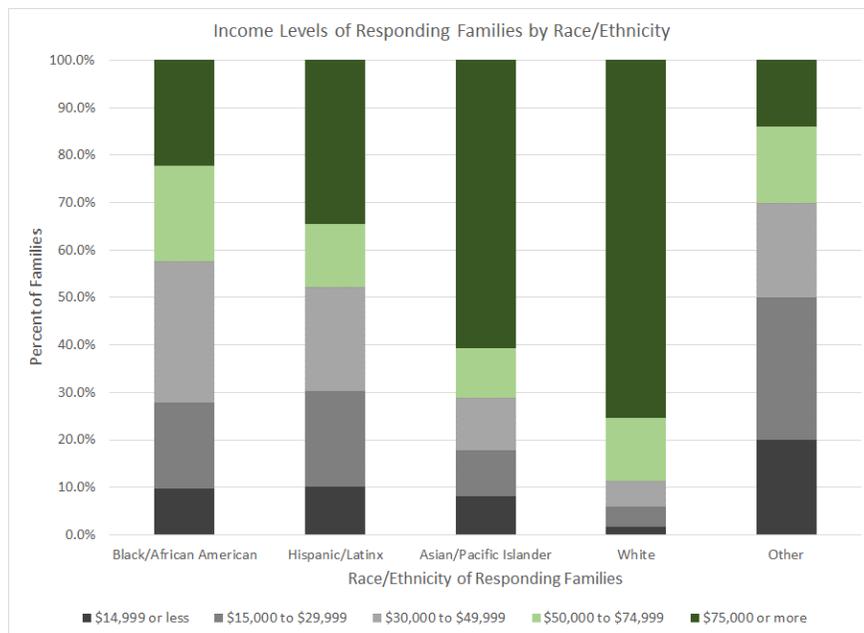


Figure 1: Income Levels by Race/Ethnicity of Respondents

Table 5 shows the living arrangements of responding families. Approximately six in 10 responding families said that they lived in a home that they own; one in three rents their home. These percentages are reasonably close to the city’s 58% homeownership rate among families with children. There were 5.3% of the responding families who reported a living situation that is generally considered *insecure* (i.e., no steady place to stay, shelter or transitional housing or staying with family/friends).

	Pct of Respondent Families	Valid Pct of All Respondent Families	Valid Pct of Phila Resident Respondent Families
Living in a home that I own	44.8%	61.0%	60.8%
Living in a home that I rent	24.3%	33.1%	33.3%
No steady place to stay	0.1%	0.2%	0.2%
Staying in shelter or transitional housing	0.4%	0.9%	0.9%
Staying with friends or family	0.7%	4.2%	4.2%
Other	3.1%	0.6%	0.6%
Did not answer	26.5%		

Table 5: Living Situation of Respondents

Geographically, although survey responses came in from all parts of Philadelphia, responding families do manifest some over-representation in the Center City Public Use Microdata Area (PUMA)^{vi} as well as the Northwest and Southeast Philadelphia PUMAs; there is under-representation in the three Northeast Philadelphia PUMAs. Map 1 and Map 2 present the number of respondents by zip code and the number of families with children from the ACS by the Census’ zip code tabulation areas.

	Pct of Respondent Families	Valid Pct of All Respondent Families	Valid Pct of Phila Resident Respondent Families
Far Northeast	4.2%	5.7%	6.0%
Near Northeast - West	4.1%	5.7%	5.9%
Near Northeast - East	3.7%	5.1%	5.3%
North	6.0%	8.2%	8.6%
East	5.2%	7.1%	7.5%
Northwest	9.9%	13.6%	14.2%
Central	3.0%	4.2%	4.3%
West	7.1%	9.7%	10.2%
Center city	10.8%	14.8%	15.5%
Southwest	5.8%	8.0%	8.3%
Southeast	9.9%	13.5%	14.2%
Other (Not Philadelphia)	3.2%	4.4%	
Did not answer	26.9%		

Table 6: Respondents' Neighborhoods in Philadelphia (Equivalenced to Census PUMA Areas)

Responding parents were asked if they were considered “essential workers”. Parents were split nearly evenly with 48.9% stating that they were essential and 47.4% were not; 3.7% said that they did not know if they were considered essential.

In sum, the survey yielded a group of respondents that is racially and economically diverse. It is a group of families that includes children across the age spectrum. It is not the result of a controlled scientific sampling process, and as such, it is not a perfect reflection of the city’s population of families with children. As previously noted, this sample has a higher percentage of White not Hispanic respondents and lower than expected shares of Black not Hispanic and Hispanic respondents than the ACS would suggest; responding families also tended to be a bit higher income than resident families with children.

Family Circumstances of Respondents to the Restart Survey

Critical to putting parents’ feedback into context, the survey offered a set of questions about specific events or circumstances that relate to COVID-19. Parents were asked how their home or work situation was altered because of COVID-19. The greatest impacts were that nearly half (47.8%) reported working from home, 29.2% reported reduced income, 25.2% were attending school remotely and then nearly equal shares were laid off, furloughed, lost a job, or had changed hours (21.8%).

<i>Did you or any family you live with experience any of the following because of the COVID-19 pandemic?</i>	Pct of Families
Laid off, furloughed or lost a job	21.8%
Changed hours	21.8%
Reduced income	29.2%
Working from home	47.8%
Attending school remotely	25.2%

Table 7: Economic Impacts of COVID-19 on Responding Families

The concept of a vulnerable population – identified in the survey by race/ethnicity, age, or medical co-morbidities – was presented to families to answer on behalf of themselves or others with whom they live. As some populations are reported to be more vulnerable to getting COVID-19 and suffering more severe consequences as a result, this question was included as these factors might impact how people think about returning their children to a childcare arrangement. Nearly four in 10 responding families reported that their race (or the race of someone in their household) represented a vulnerability. Also, 24% of responding families noted that they had a family member with severe health conditions.

<i>Do you or anyone you live with belong to any of these communities that are at higher risk of serious illness or death due to COVID-19?</i>	Pct of Families
Black or African American	38.6%
Hispanic or Latinx	11.3%
People with serious health conditions	24.0%
People 65 yrs old or older	12.7%
Other	7.0%

Table 8: Reported Vulnerabilities to COVID-19^{vii}

Responding parents were asked whether the childcare arrangement that they had before the pandemic is now available. More than half (51.9%) said that it was and another 15.7% said that it was not, but that they knew when it would be available to them.

<i>Is Pre-Covid Care Available?</i>	Valid Pct of Families
Yes	51.9%
No and know when available	15.7%
No and don't know when available	24.9%
I don't know	7.5%

Table 9: Is Pre-COVID Childcare Available?

Parents were next asked if the childcare they used prior to the pandemic were to become available in the months during and immediately after the survey, would they use it. Less than half (46.2%) said they would and another a quarter (25.3%) said that they might. Nearly three in 10 said that they would not.

<i>If it becomes available, will you use it?</i>	Valid Pct of Families
Yes	46.2%
No	28.5%
Maybe/Don't Know	25.3%

Table 10: If It Becomes Available, Will Responding Family Use It?

Among the 28.5% of responding families that said they would not use their childcare again, families were asked to indicate why they would not. Table 11 shows the array of answers parents selected (parents could select multiple reasons). Overwhelmingly, nearly eight in 10, parents said that they had safety concerns about their children in group settings. Almost one in four families had safety concerns about the specific childcare arrangement that they used before the pandemic. Nothing else came as close as a motivating factor for responding families not to return to their pre-COVID childcare arrangement.

<i>If not, why not? My childcare:</i>	Valid Pct of Families
I am generally concerned about the safety of children in a group setting	79.3%
I am concerned about the safety of the particular childcare I used pre-COVID	22.3%
Other	14.0%
...is no longer affordable to me	13.8%
...is no longer needed because of a change in my job or someone I live with	10.9%
I was planning to change before the pandemic	6.6%
...will not reopen	5.8%
...no longer meets my need because of a change in capacity	5.3%
...is no lonfer needed because of a change in my living situation	0.6%

Table 11: If Not, Why Not?

In fact, the presence of vulnerabilities does impact how one thinks about returning their child(ren) to childcare. Four in 10 respondents in families with members who had serious health conditions and 38% of those with older members said they would not return their children to childcare in the foreseeable future. Under 30% of people who mentioned race/ethnicity as a vulnerability said that they would not return their child to childcare if it became available.

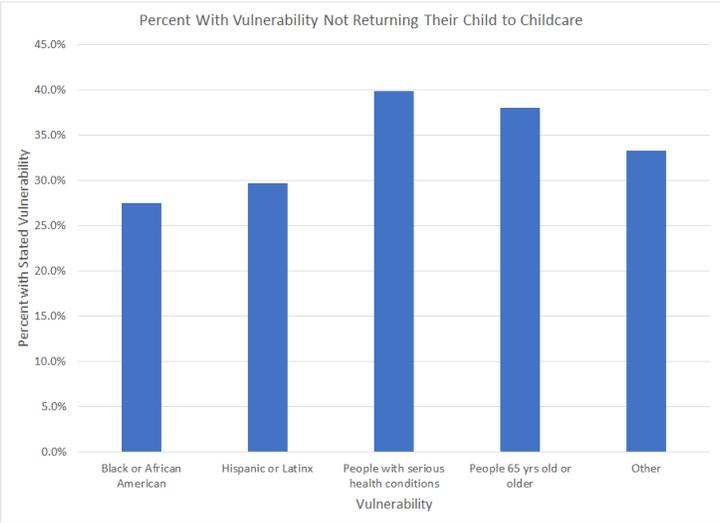


Figure 2: Percent of Families with Vulnerabilities Not Returning their Child to Childcare

Of those parents who said that they were prepared to return their child(ren) to childcare, weekdays were the dominant preference with more than 83% of parents saying one or more weekdays would be their choice. Five days per week was the indicated need for 81.6% of all families. Another 10% needed three or four days per week.

Times per week were also dominated by the traditional hours of mornings and early afternoons. Late afternoons were needed by about 69% of families; evenings and nights were indicated by 3.3% and 1.3% respectively.

<i>Days of the Week / Time of Day</i>	Percent who said they would definitely return to childcare
Monday	87.4%
Tuesday	88.9%
Wednesday	89.5%
Thursday	87.7%
Friday	83.7%
Saturday	4.1%
Sunday	2.7%
Morning (8am - 12pm)	91.0%
Early afternoons (12pm - 3pm)	86.3%
Late afternoons (3pm - 6pm)	68.9%
Evenings (6pm - 10pm)	3.3%
Nights (10pm - 8am)	1.3%

Table 12: Days and Times Families Need Childcare

There were no discernible patterns in the differences in need for childcare by the responding family’s race or income other than lower income families were more likely to need childcare starting in the afternoons and nights while higher income people were slightly more clustered in the traditional childcare hours of the day.

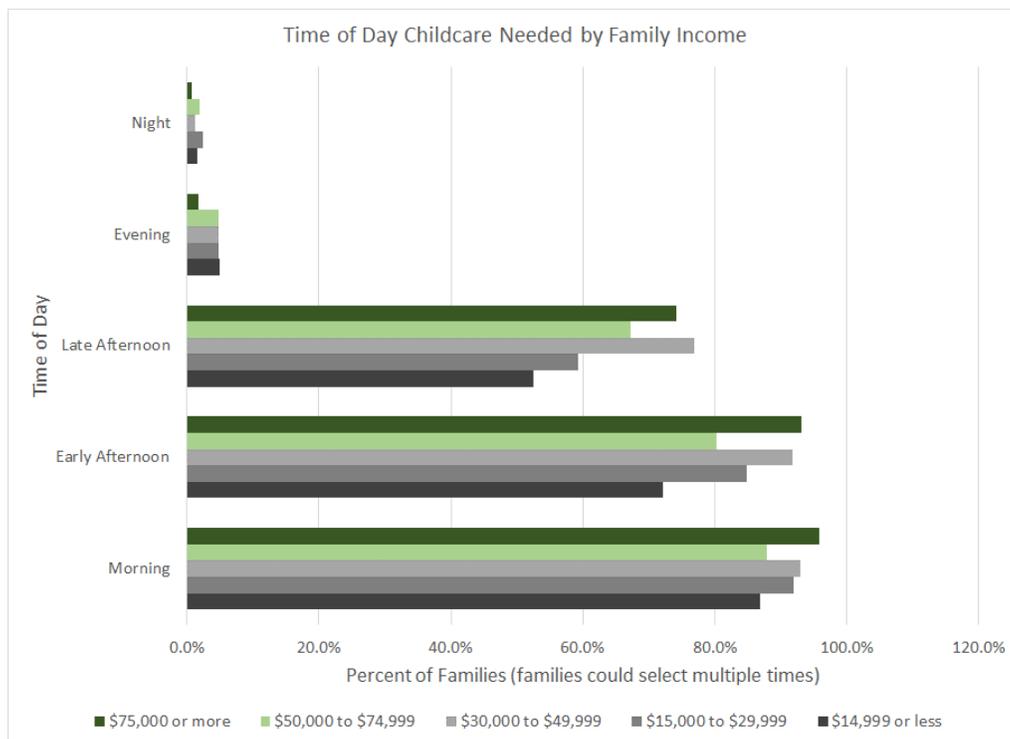


Figure 3: Time of Day Childcare Needed by Responding Family Income

Responding parents were also asked if they could afford to pay more for childcare to cover additional costs to providers associated with meeting the enhanced health and safety measures related to COVID-19.

Approximately three in 10 families indicated that they could pay more to help cover the COVID-related costs. However, there were stark differences by race and income. Black families were the least likely to be able to afford to pay more with only 15.4% indicating that they could. White (46.8%) and Asian (40%) families were most likely to indicate their ability to cover additional costs.

Economics clearly plays into this financial capability. Under 10% of families in each of the income groupings below \$50,000 indicated an ability to pay more, while 53.4% of those families with income above \$75,000 were capable.

<i>Percent able to pay more to cover the COVID-related costs</i>	Percent who said "Yes"
Black/African American	15.4%
Hispanic/Latinx	30.9%
Asian-Pacific Islander	40.0%
White	46.8%
Other	12.1%
<hr/>	
\$14,999 or less	8.8%
\$15,000 to \$29,999	9.0%
\$30,000 to \$49,999	7.3%
\$50,000 to \$74,999	20.4%
\$75,000 or more	53.4%

Table 13: Percent of Families Able to Pay More to Cover COVID-Related Costs by Race and Income

Pre-COVID and Current Childcare Arrangements

Respondents were asked what they were doing for childcare before the COVID-19 closure, and what were their current arrangements. As parents could be answering for multiple children – and because some parents need multiple arrangements for a single child – they were given the option of selecting multiple arrangements.

Before COVID, the largest group of families (71.2%) indicated that their child(ren) were in a center-based childcare program. Next in terms of utilization was staying home with a parent or guardian (23.3%), and pre-K in a public school (16.1%). The post-COVID shift is substantial. Current (i.e., later part of July 2020) arrangements show a dramatic shift away from center-based programs (26.8%) to staying home with a parent, stepparent, or guardian (66.8%).

	Percent of Families	
	Pre-COVID	Current
Stayed home with a parent, stepparent or guardian	23.3%	66.8%
Stayed with another family member, friend or neighbor	13.4%	16.2%
Babysitter or nanny	10.8%	8.9%
Family or group childcare program in another person's home	7.7%	3.2%
Childcare program in a center	71.2%	26.8%
Prek-K program in a public school	16.1%	2.8%

Table 14: Pre-COVID and Current Childcare Arrangements

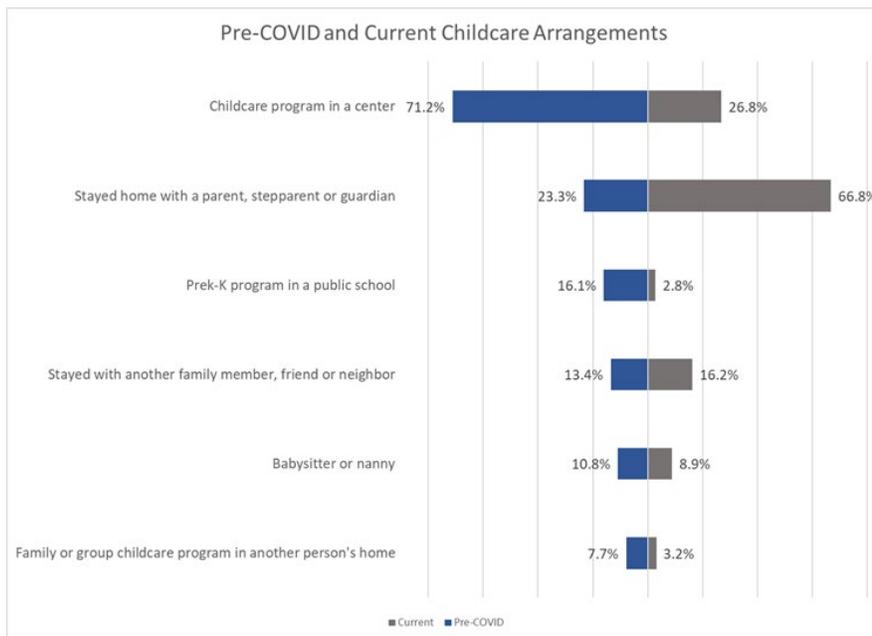


Figure 4: Pre- and Post-COVID Childcare Arrangements

Tables 15 and 16 present the pre-COVID and current childcare arrangements by race/ethnicity and income level of responding families. Before COVID, families differed in their various preferences for childcare by race/ethnicity and income. For example, in comparing families by race/ethnicity, one notable difference is that Black families were more likely than other groups to have their child stay with another family member, friend, or neighbor. White families were more likely to utilize a babysitter or nanny. Racial/ethnic minority respondents, compared to White not Hispanic respondents, were more likely to use pre-K in a public school. Utilization of pre-K in a public school was also a more frequent choice among lower- and moderate-income families compared to the highest income families.

	Stayed home with a parent, stepparent, or guardian	Stayed with another family member, friend, or neighbor	Babysitter or nanny	Family or group childcare program in another person's home	Childcare program in a center	Pre-K program in a public school
Pre COVID-19						
Black/African American	15.3%	12.6%	5.4%	12.0%	67.6%	21.6%
Hispanic/Latinx	22.1%	19.0%	12.9%	8.6%	61.3%	23.3%
Asian-Pacific Islander	28.8%	13.6%	11.3%	2.3%	80.2%	13.6%
White	22.4%	13.5%	16.1%	4.9%	78.0%	10.1%
Other	42.3%	13.5%	1.9%	5.8%	44.2%	21.2%
Income						
\$14,999 or less	32.8%	10.4%	6.0%	5.2%	56.0%	26.9%
\$15,000 to \$29,999	22.0%	13.2%	4.8%	10.4%	62.8%	26.4%
\$30,000 to \$49,999	18.6%	15.5%	7.0%	10.4%	68.7%	21.4%
\$50,000 to \$74,999	23.9%	18.5%	6.6%	10.7%	66.6%	18.5%
\$75,000 or more	18.7%	11.5%	15.6%	5.2%	80.2%	9.0%

Table 15: Pre-COVID Childcare Arrangement(s) by Race/Ethnicity and Income of Responding Families

After the onset of the COVID-19 pandemic, the world changed dramatically for most parents surveyed. The percentages of all parents, regardless of race/ethnicity or incomes levels, using childcare programs in centers and pre-K in public schools dropped dramatically. There was a concomitant rise in the percent of families of all races/ethnicities and income levels staying home with a parent, stepparent or guardian, or staying with another family member, friend, or neighbor. Notably, the utilization of babysitters or nannies was reasonably constant pre-COVID and currently, and a more frequent form of childcare for people in the higher income categories.

	Stayed home with a parent, stepparent, or guardian	Stayed with another family member, friend, or neighbor	Babysitter or nanny	Family or group childcare program in another person's home	Childcare program in a center	Pre-K program in a public school
Current						
Black/African American	62.4%	20.0%	4.4%	5.1%	24.2%	3.5%
Hispanic/Latinx	67.9%	19.1%	8.0%	4.9%	21.0%	1.2%
Asian-Pacific Islander	73.4%	9.2%	9.2%	2.9%	32.4%	3.5%
White	68.5%	13.6%	13.7%	1.7%	30.7%	2.0%
Other	84.6%	11.5%	1.9%	0.0%	11.5%	7.7%
Income						
\$14,999 or less	66.4%	18.3%	4.6%	0.8%	22.1%	5.3%
\$15,000 to \$29,999	63.2%	17.0%	5.7%	4.9%	25.9%	5.7%
\$30,000 to \$49,999	59.0%	24.5%	2.6%	3.1%	27.1%	5.7%
\$50,000 to \$74,999	73.8%	16.6%	5.1%	5.7%	18.0%	2.1%
\$75,000 or more	69.4%	12.4%	14.5%	2.4%	31.2%	1.0%

Table 16: Current Childcare Arrangement(s) by Race/Ethnicity and Income of Responding Families

Health and Safety Measures Most Important to Parents

Parents were presented with a set of health and safety measures for childcare providers and asked to indicate the degree to which each measure was important to them. Options were to say that something was “not important at all”, “slightly important”, “moderately important”, “very important” or “extremely important”. Tables 17 and 18 are organized to present those health and safety measures for which the greatest preponderance of families rated those measures very or extremely important; they are also shaded in red to reflect the magnitude of the combined percentage.

Most health and safety measures appear to have a substantial degree of importance to many families (See Table 17). However, six measures stood out as being almost universally important (i.e., very and extremely important) to 90% or more of the respondents. Those health and safety measures were: (a) Isolating staff or children who develop COVID-like symptoms while at the facility until they can return home; (b) Not allowing staff or children who develop COVID-like symptoms to return to the facility until they have tested negative and symptoms have subsided; (c) Requiring additional handwashing for staff and children; (d) Limiting volunteers or visitors who enter the site; (e) Implementing enhanced cleaning routines for toys, beds, linens, and equipment; (f) Regularly checking if parents or staff have been exposed to confirmed cases of COVID-19.

Health and safety measures that tended to be less important to the families were: (a) Staggering drop off and pick up times to limit contact between parents; (b) Rearranging meal time to limit contact between children; (c) Limiting field trips or excursions outside of the site; (d) Requiring parents to drop off and pick up children outside the site; and (e) Rearranging rooms and activities to increase distances between staff and children.

Across racial and ethnic groups, on every health and safety measure, Black family respondents attributed greater importance to the measures than virtually all other racial/ethnic groups. The differences were not so great among the measures for which there was near universal importance, but on all other measures – even on those measures deemed less important by the total group of respondents – invariably responding Black families placed greater importance on the health and safety measures.

The analyses also identified whether responding Philadelphia families lived in the most highly impacted COVID-19 zip codes, the least impacted COVID-19 zip codes, or all other parts of Philadelphia. Table 18 presents the results of that analysis. For many of the measures, there were no discernible differences in how residents rated the health and safety measures. However, some meaningful differences were observed. For example, the percentage of respondents in highly impacted zip codes rating regular temperature checks as very or extremely important was 90.9%; it was 69.3% in the least impacted zip codes. Nearly as substantial differences were found for keeping children’s belongings separate and rearranging rooms to create ample distance between staff and children.

<i>Importance of various health and safety measures</i>	Not Important At All	Slightly Important	Moderately Important	Very Important	Extremely Important	Very or Extremely Important
Isolating staff or children who develop COVID-like symptoms while at the facility until they...	1.0%	0.8%	2.5%	10.8%	84.9%	95.7%
Not allowing staff or children who develop COVID-like symptoms to return to the facility until they tested negative...	1.3%	0.7%	2.9%	11.1%	83.9%	95.0%
Requiring additional handwashing for staff and children	0.6%	1.1%	3.9%	17.7%	76.6%	94.3%
Limiting volunteers or visitors who enter the site	1.2%	1.9%	4.9%	21.4%	70.6%	92.0%
Implementing enhanced cleaning routines for toys, beds, linens, and equipment	0.7%	2.1%	5.3%	16.9%	75.0%	91.9%
Regularly checking if parents or staff have been exposed to confirmed cases of COVID-19	0.8%	2.7%	5.4%	19.3%	71.8%	91.1%
Requiring staff to wear masks while inside the site	1.6%	4.1%	8.0%	20.1%	66.1%	86.2%
Making sure children stay with the same teacher and children all day...	2.3%	4.9%	10.7%	28.2%	53.8%	82.0%
Visually inspecting children at drop off for COVID-19 symptoms	2.8%	4.8%	12.2%	23.6%	56.6%	80.2%
Regular temperature checks for children and staff members	3.6%	4.9%	11.4%	22.6%	57.6%	80.2%
Keeping each child's belongings separated	2.2%	4.1%	13.8%	21.3%	58.6%	79.9%
Limiting contact between staff and parents giving updates on their children electronically...	3.3%	5.1%	15.6%	25.7%	50.4%	76.1%
Rearranging rooms and activities to increase distances between staff and children	4.8%	6.7%	14.6%	24.4%	49.5%	73.9%
Requiring parents to drop off and pick up children outside the site	4.4%	5.5%	16.8%	26.2%	47.1%	73.3%
Limiting field trips or excursions outside of the site	5.8%	6.7%	15.5%	21.8%	50.2%	72.0%
Rearranging meal time to limit contact between children	5.8%	6.9%	19.6%	23.8%	44.0%	67.8%
Staggering drop off and pick up times to limit contact between parents	6.5%	8.0%	19.8%	26.3%	39.4%	65.7%

Table 7: Importance of Health and Safety Measures to Families

<i>Importance of various health and safety measures</i>	Very or Extremely Important	Black: Very or Extremely Important	Hispanic: Very or Extremely Important	Asian: Very or Extremely Important	White: Very or Extremely Important	Low Infection Phila Zips; Very or Ext. Imp.	High Infection Phila Zips; Very or Ext. Imp.
Isolating staff or children who develop COVID-like symptoms while at the facility until they...	95.7%	96.6%	94.9%	94.9%	95.6%	96.8%	95.8%
Not allowing staff or children who develop COVID-like symptoms to return to the facility until they tested negative...	95.0%	96.9%	95.5%	96.6%	96.6%	94.1%	95.0%
Requiring additional handwashing for staff and children	94.3%	96.6%	96.2%	95.4%	92.2%	94.0%	94.4%
Limiting volunteers or visitors who enter the site	92.0%	94.4%	93.2%	94.3%	90.6%	93.6%	93.7%
Implementing enhanced cleaning routines for toys, beds, linens, and equipment	91.9%	97.3%	93.7%	90.8%	87.8%	86.6%	95.8%
Regularly checking if parents or staff have been exposed to confirmed cases of COVID-19	91.1%	94.0%	92.5%	91.4%	88.6%	89.1%	91.6%
Requiring staff to wear masks while inside the site	86.2%	90.7%	89.4%	89.2%	81.2%	85.7%	89.5%
Making sure children stay with the same teacher and children all day...	82.0%	86.1%	82.0%	77.5%	79.4%	80.4%	85.5%
Visually inspecting children at drop off for COVID-19 symptoms	80.2%	89.1%	81.8%	82.8%	72.1%	74.3%	82.5%
Regular temperature checks for children and staff members	80.2%	90.1%	84.3%	77.9%	71.0%	69.3%	90.9%
Keeping each child's belongings separated	79.9%	89.6%	82.9%	84.0%	69.9%	70.3%	89.4%
Limiting contact between staff and parents giving updates on their children electronically...	76.1%	80.6%	75.7%	81.7%	72.2%	73.9%	73.9%
Rearranging rooms and activities to increase distances between staff and children	73.9%	84.4%	79.9%	75.1%	62.5%	60.7%	77.5%
Requiring parents to drop off and pick up children outside the site	73.3%	74.6%	76.3%	77.0%	71.0%	71.6%	72.2%
Limiting field trips or excursions outside of the site	72.0%	80.6%	73.6%	72.0%	63.9%	66.6%	77.1%
Rearranging meal time to limit contact between children	67.8%	77.2%	71.5%	70.3%	58.3%	61.5%	72.4%
Staggering drop off and pick up times to limit contact between parents	65.7%	72.7%	69.8%	68.5%	57.9%	59.0%	68.6%

Table 8: Importance of Health and Safety Measures to Families by Race and Neighborhood Infection Rate^{viii, ix}

Implications

This report chronicles the very high level of concern that parents have about returning their children to childcare. While some groups express that concern more intensely than others, the safety of children in childcare is a widespread concern among parents. Articulating those concerns, and the family characteristics associated, offers the basis for actions that will support a welcome reopening of the sector. As such, the purpose of this section is to provide both early learning policymakers and childcare providers with a series of recommendations to help support the needs of the early childhood education sector in response to the COVID-19 pandemic.

Communication/Engagement Practices:

Surveys such as this can be a useful vehicle to quickly gather basic information from a relatively large number of respondents. They foster a set of *learnings* that are different than that which we would gather through face-to-face interviews or parent focus groups. And so, as much as we can learn from this survey of nearly 3,000 parents of children who used and may again use childcare in Philadelphia, it is a complement, not a substitute, for the sort of structured listening childcare providers and early learning policymakers will need to do with families to understand their personal circumstances and concerns.

Providers: Institute practices that engage parents (including parents of children who have not yet returned to childcare) in some recurring structured listening sessions designed to understand the parents' circumstances and challenges they confront, and how to constructively respond.

Childcare providers are small businesspeople whose customers are parents and children. It is axiomatic that a critical piece of any business' disaster plan is a communication strategy. COVID-19 is a public health disaster for which businesses need plans. Parents know what they want to see in their providers, and they expressed it clearly in this survey. Doing what parents want and communicating it will go far to ensure the comfort of parents and the long-term sustainability of the providers.

Providers: Develop a communications strategy to parents and staff that must be clear, understandable to a broad audience, and above all, candid. Consider ways to memorialize communications for families returning or re-entering childcare on a rolling basis.

Policymakers: Afford opportunities for centralized communications that best prepare families for re-entering the childcare sector. Many operations have changed since families last attended an early learning center, so videos and other visualization materials will help inform families of the new normal. Be sure to pay careful attention to supporting a variety of family circumstances, including any English Language barriers and those lacking consistent internet access.

Health and Safety Measures:

The data suggest that public health messaging around handwashing, room sanitizing, social distancing, wearing masks and quarantining/isolating people with symptoms has been received *loud and clear* as evidenced by the 90%+ of parents who consider such measures very or extremely important measures. It also suggests that those whose experience with the pandemic is closer and more personal internalize that message even more certainly. Lastly, those who have vulnerabilities are particularly cautious about a return to childcare.

It may be a while before people return their children to childcare. And while social and economic circumstances may require people to return their children, their level of comfort will be lower than before.

Policymakers: Ensure that the basic health and safety measures are understood by providers and that they are in fact being faithfully implemented.^x

Providers: Clearly articulate procedures necessary to maintain health and safety measures with staff and any visitors to your center.

Providers operating in high test-positivity areas^{xi} or who serve vulnerable populations (or children who live in families with vulnerable populations) may need to go even farther to ensure that their parents understand the commitment to and actualization of actions to ensure the safety of children, parents and staff.

Policymakers: Enhance the frequency and thoroughness of government inspections and communicate the results of inspections clearly to the general public, as it could give an added measure of comfort to parents and staff. An enhanced communication strategy to parents may need to be implemented to ensure safety and comfort.

Finance and Operations:

Enrollment for children ages 0-5 years are on average 27% down of what they were on February 1st, 2020 and staffing is down 14%. In response, the Philadelphia Emergency Fund for Stabilization of Early Education (PEFSEE) grant program, funded by the William Penn Foundation and Vanguard's Strong Start for Kids Program™, provided over \$6.7 million in grant funding to 416 childcare establishments (centers, group homes and family providers) across the city of Philadelphia. Funds were used for expenses related to rent/utilities/mortgages, cleaning, staff salaries and creation/enhancements to educational curricula. Initial reports from 379 of the grantees show that operators could stay in business approximately 6 months or less under the current situation.

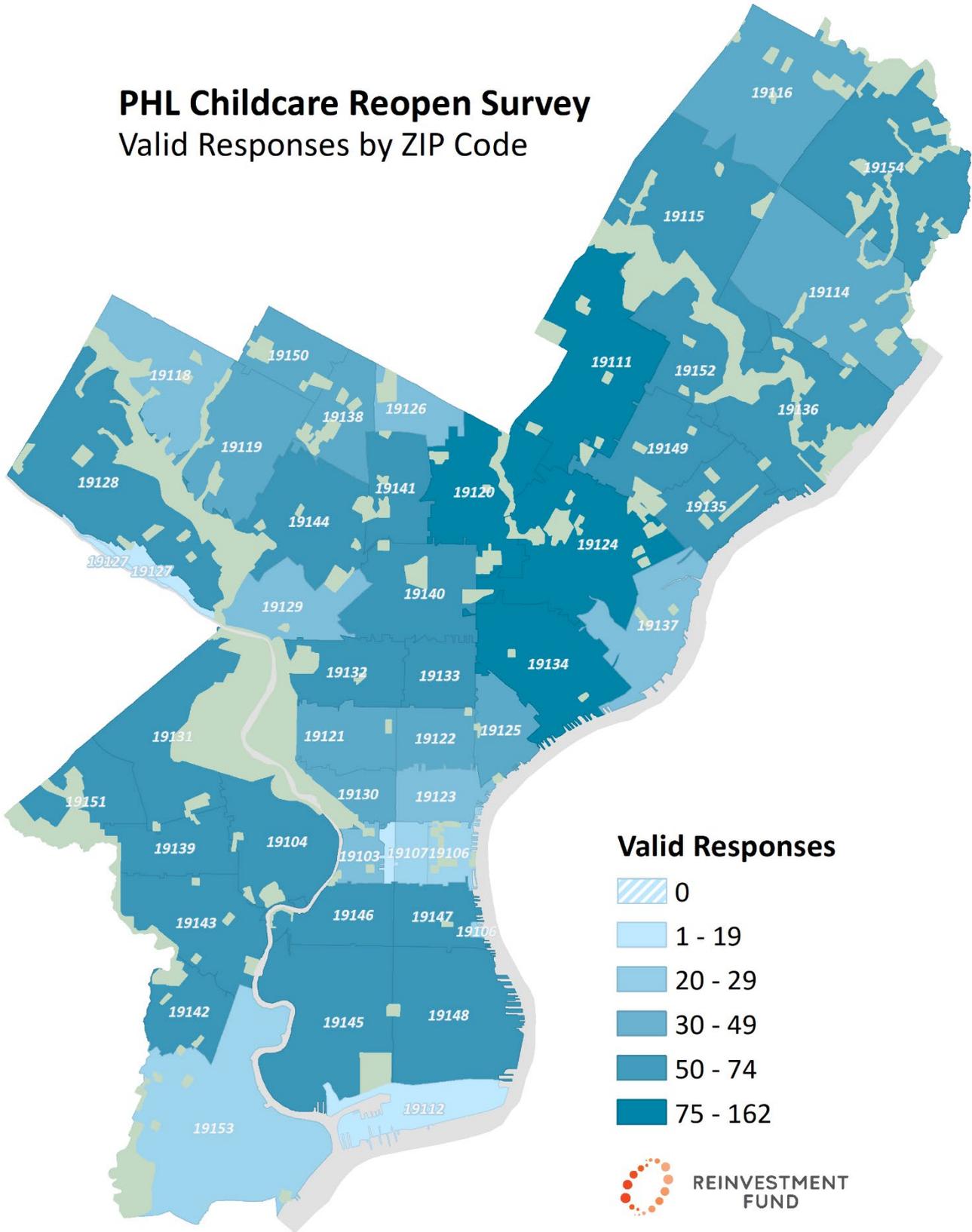
Roughly 78% of grantees expressed concern about their ability to make rent or mortgage payments, 70% are concerned about making payroll and paying utilities and 59% expressed concerns about the added costs related to health and safety. During this challenging time, providers are seeking a variety of revenue sources to replace income including: grants, forgivable loans (such as the Payroll Protection Program [PPP] and Economic Injury Disaster Loan [EIDL]) in addition to borrowing money from friends or family members, drawing down on lines of credit, seeking commercial loans or cash advances from credit cards. As of mid-August 2020, PEFSEE awardees had successfully accessed nearly \$42 million in alternate funding sources – and while many are structured as economic relief funds to those experiencing a temporary loss in revenue sources, up to 85% of funds require outright repayment, or are still unclear as to repayment requirements until operators are able to document adherence to program guidelines.^{xii, xiii}

The sector is unquestionably facing significant hardship and parents clearly are not ready to wholesale return to childcare.

Policymakers: The longer the pandemic goes on, the more operational support will be necessary, especially if providers need to endure a long-term reduction in the number of children to ensure adequate social distancing. That operational support would need to be both financial and substantive (e.g., procurement processes, accessing alternative funding sources, managing a population of children and families who are living through a unique trauma). On the financial side of that support, redesigning the state and federal childcare subsidy programs to more fully compensate for the temporary decline in enrollment and increased costs of doing business in the COVID-19 era will be necessary.

PHL Childcare Reopen Survey

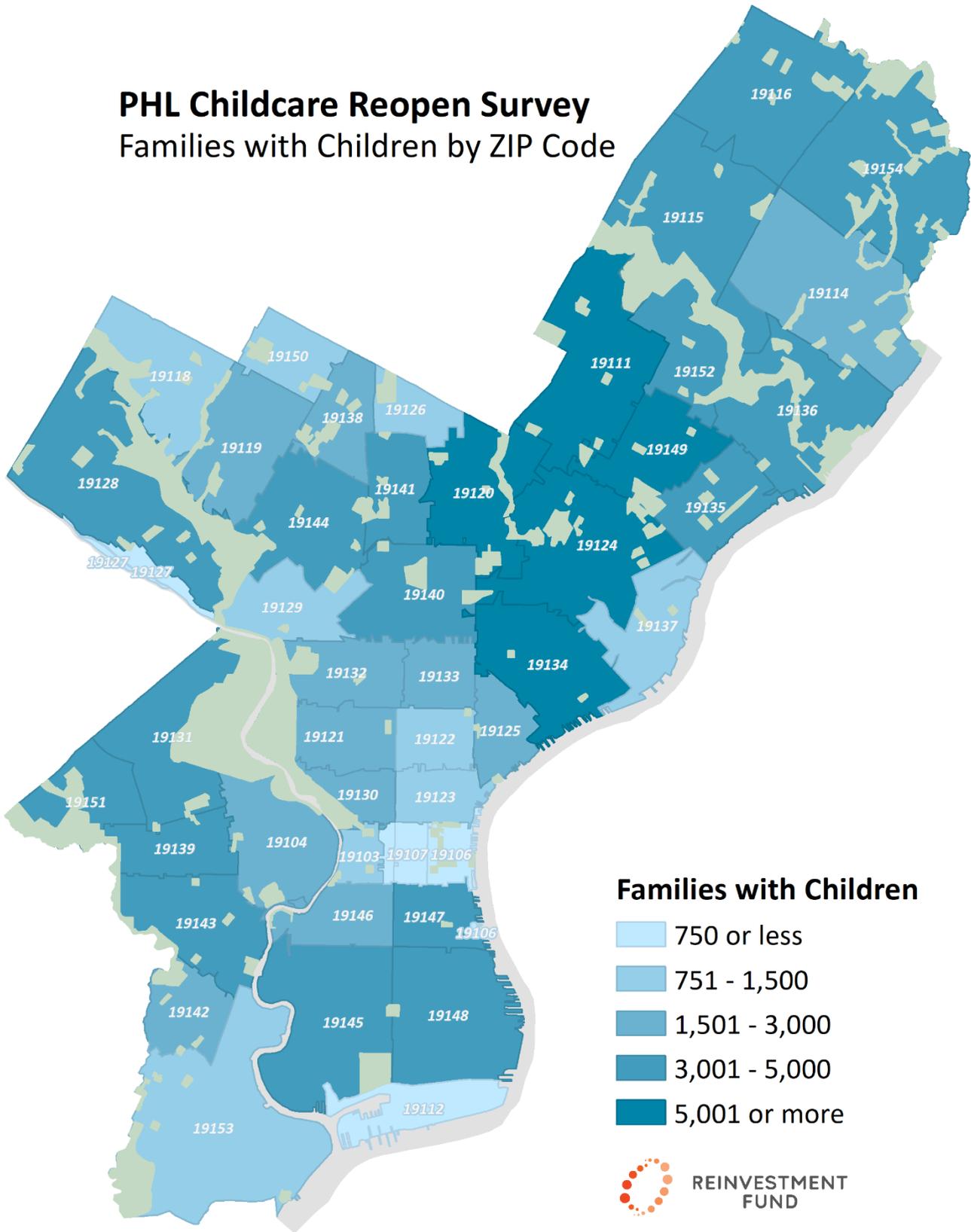
Valid Responses by ZIP Code



Map 1: Number of Family Survey Responses by Zip Code

PHL Childcare Reopen Survey

Families with Children by ZIP Code



Map 2: Number of Families with Children by ZCTA (2014-2018 5-Year American Community Survey)

Endnotes

ⁱ Surveys that were in an incomplete status, and from families living in shelter, were given a few more days prior to completely shutting down the survey tool.

ⁱⁱ Of all respondents, 107 reported not having children, 134 stated that they were not responsible for making childcare decisions for their family, and 271 responded that they had not or were not interested in using childcare in Philadelphia. There were another 339 respondents who appear to have started a survey but then abandoned the survey.

ⁱⁱⁱ Like any survey, there is some question-specific “missing data” – meaning that some respondents answered some but not all questions.

^{iv} The 2014-2018 Census American Community Survey (ACS) is the most recently available demographic data for Philadelphia. The individual ACS data was limited to heads of household where there were any children (of any age) present.

^v Column headings in the tables “Valid Pct of Phila Resident Respondent Families” are offered as they are more appropriate comparisons to Philadelphia resident demographics described by the ACS. These percentages exclude the 96 respondent families that reported living outside of Philadelphia but who used (or were interested in using) childcare in Philadelphia.

^{vi} The Center City PUMA is not what is generally understood to be Center City Philadelphia. This PUMA stretches river-to-river and approximately Poplar to the north and Ellsworth to the south (west of Broad) and Wharton (east of Broad).

^{vii} Other, in this category, required parents to provide a text answer to the question. Among those that answered “Other”, 25 were respondents who said they (or someone in their family) were pregnant and another 8 had a newborn in their family, 21 wrote in asthma, and several noted issues related to other physical co-morbidities such as obesity, immunocompromised, etc., and some respondents noted something related to their job (or the job of someone in their family, such as working in the VA).

^{viii} Figures in red highlight those instances where the difference between high and low infection areas is more than five percentage points; areas that are bold and red highlight places where the difference is more than 10 percentage points.

^{ix} Zip codes in Philadelphia were categorized in terms of their infection rate based on Philadelphia Department of Public Health publicly reported testing data. The five most infected zip codes include: 19126 (East Oak Lane; 391/10,000 residents), 19136 (Pennypack Park; 347/10,000 residents), 19142 (Elmwood; 301/10,000 residents), 19115 (Bustleton; 300/10,000 residents), and 19121 (Brewerytown; 288/10,000 residents). The five least infected zip codes include: 19106 (Olde City/Center City East/Center City; 103/10,000 residents), 19127 (*Manayunk/Venice Island*; 114/10,000 residents), 19147 (Bella Vista/Wharton; 132/10,000 residents), 19103 (Rittenhouse/Center City West/Center City; 132/10,000 residents), and 19128 (Roxborough; 142/10,000 residents).

^x The City of Philadelphia’s Department of Public Health maintains a website that includes guidance for parents and providers. See: <https://www.phila.gov/2020-06-24-what-reopening-means-for-childcare-in-philadelphia/>.

^{xi} The City of Philadelphia’s Department of Public Health routinely posts COVID-19 test data. We suggest regularly checking maps of test positivity so that providers have a sense of the virus environment their families are experiencing. Those maps can be found at: <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing-and-data/#/>

^{xii} Such funding sources include: Paycheck Protection Program (PPP) loans, SBA EIDL Advances, line of credit drawdowns, commercial lending activity, cash advances from credit cards and/or borrowing money from a friend or family member.

^{xiii} Reinvestment Fund’s PEFSEE Report. <https://www.reinvestment.com/pefseereport/>

Reinvestment Fund has published a range of reports addressing critical public policy issues. The highlighted reports below represent recent education research projects. For details, please visit our Policy Publications site: WWW.REINVESTMENT.COM/IMPACT/RESEARCH-PUBLICATIONS

2019

Understanding Infant and Toddler Care in Philadelphia: Capacity, Shortages, and Market Barriers



2018

Early Learning Supply & Demand in the District of Columbia



AUGUST 2018

Childcare Analysis for Metro Atlanta



2017

Assessing the Relationship Between School Quality and Home Prices Across the Keystone State



**REINVESTMENT
FUND**

www.reinvestment.com
www.policymap.com

REINVESTMENT FUND is a national mission-driven financial institution that creates opportunity for underserved people and places through partnerships. We marshal the capital, analytics, and expertise necessary to build strong, healthy, and more equitable communities.

PHILADELPHIA
1700 Market Street
19th Floor
Philadelphia, PA 19103
TEL 215.574.5800

BALTIMORE
1707 North Charles Street
Suite 200B
Baltimore, MD 21201
TEL 410.783.1110

ATLANTA
229 Peachtree Street NE
Suite 750, International Tower
Atlanta, GA 30303
TEL 404.400.1130



real estate



early
education



healthcare



healthy
food



housing



k-12
education



data &
analysis



clean
energy

Reinvestment Fund is an equal opportunity provider.