



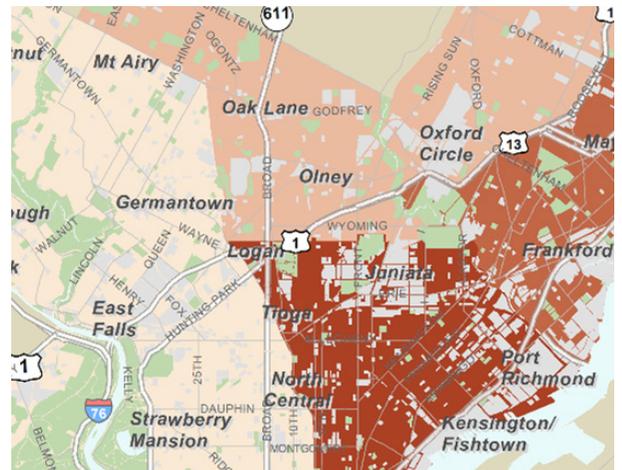
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# Understanding Infant and Toddler Care in Philadelphia: Capacity, Shortages, and Barriers

Prepared by **REINVESTMENT FUND**

Published **APRIL 2022**



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## Introduction

In 2019, with support of Vanguard's Strong Start for Kids program, Reinvestment Fund conducted a first-of-its-kind analysis of the supply and demand for childcare for children under three years old in Philadelphia. This report updates that analysis and includes additional information on early childhood education (ECE) providers offering care during non-traditional hours and the ongoing impact of the COVID-19 pandemic.

Data for this report is from the summer of 2021 and reflects a difficult time for the childcare sector. Vaccines were available for adults, but the emerging sense of optimism diminished as the Delta variant created a new wave of uncertainty. Survey responses describe providers facing familiar challenges like finding and retaining qualified staff and wrestling with new ones like declines in enrollments and increased costs for pandemic related supplies and services.

Major findings include:

- **Most childcare providers in Philadelphia (82%) serve infants and toddlers.** There was a six-percentage point increase in the share of center-based providers offering care to infants and toddlers (76% to 82%). While most home-based providers offered infant and toddler care, the share declined from 88 % in 2019 to 83 % in 2021.
- **Median licensed capacity was largely stable, but enrollment declined; 80 % of survey respondents indicated a decline in enrollment from before the pandemic.** In 2019, center-based providers enrolled a median of 50 children of any age compared to a median of just 23 children in 2021. Home-based providers reported a smaller decline from a median enrollment of six children in 2019 to five children in 2021.
- **Finding and retaining qualified staff and insufficient reimbursement rates continue to be the biggest challenges to serving infants and toddlers.** All providers, whether currently serving infants and toddlers or not, cited help finding qualified staff and higher reimbursement rates as the two most important supports required to continue or begin serving children under three. Among providers already offering infant and toddler care, 32 % named help finding qualified staff and 28 % named higher reimbursement rates as most important. For providers not offering infant and toddler care the shares were 28 % and 26 % respectively.
- **Half of ECE providers offer nontraditional hours, defined as care before 7am, after 6pm or on the weekends.** This is a sharp increase from our 2019 survey when 20 % of ECE providers did so. Non-traditional hours are more common among home-based providers (70%) than center-based (60%).

## Data Collection and Methodology

### Survey Respondents

Reinvestment Fund developed a provider survey to understand how many early childhood education providers in Philadelphia 1) offered childcare service for infants and toddlers and 2) offered non-traditional hours (defined as hours before 7am, after 6pm or on Saturday or Sunday). Working with survey firm SSRS, Reinvestment Fund invited 1,666 licensed and 594 unlicensed providers in the city identified from several sources including the Pennsylvania Office of Child Development and Early Learning, National Establishment Time-Series (NETS) database and Data Axel USA business lists; 400 providers completed the survey by phone or online. Figures 1 and 2 compare the characteristics of providers responding to the survey to those of licensed providers in Philadelphia. The survey respondents generally mirrored the overall population of licensed childcare providers in terms of program type, program quality, licensed capacity, and geographic distribution.

	Program Type		Program Quality		Program Capacity			
	Center-based	Home-based	3 or 4 STAR Rated	1 or 2 STAR Rated	Under 9	10 to 25	Over 25	School-based provider
Survey Respondents	250	150	116	284	109	78	213	0
Survey Respondents	63%	38%	29%	71%	27%	20%	53%	n/a
All Licensed Providers	1031	554	326	1259	377	320	744	34
All Licensed Providers	65%	35%	21%	79%	26%	22%	52%	n/a

**Figure 1: Comparison of Survey Sample Population and Licensed Providers in Philadelphia**

Reinvestment Fund analyzed the data spatially using Public Use Microdata Areas (PUMAs). PUMAs are a Census designated geography containing at least 100,000 people. Philadelphia contains 11 PUMAs. Figure 2 shows the geographic distribution of the survey respondents and the distribution of all providers. Figure 3 shows the location of Philadelphia's 11 PUMAs.

	Survey Respondents	All Licensed Providers
PUMA 1 (Far Northeast)	4%	4%
PUMA 2 (Near Northeast-West)	9%	9%
PUMA 3 (Near Northeast-East)	8%	8%
PUMA 4 (North)	12%	16%
PUMA 5 (East)	11%	7%
PUMA 6 (Northwest)	10%	9%
PUMA 7 (Central)	10%	9%
PUMA 8 (West)	12%	12%
PUMA 9 (Center City)	6%	5%
PUMA 10 (Southwest)	13%	14%
PUMA 11 (Southeast)	6%	6%

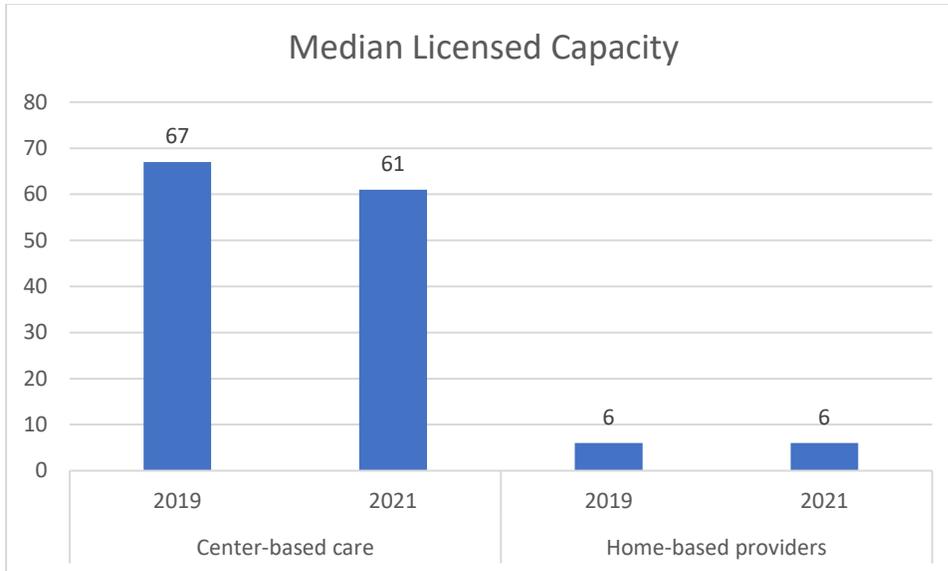
**Figure 2: Comparison of Geographic Distribution of Survey Sample and Licensed Providers in Philadelphia**



**Figure 3: Map of Public Use Micro Areas (PUMAs)**

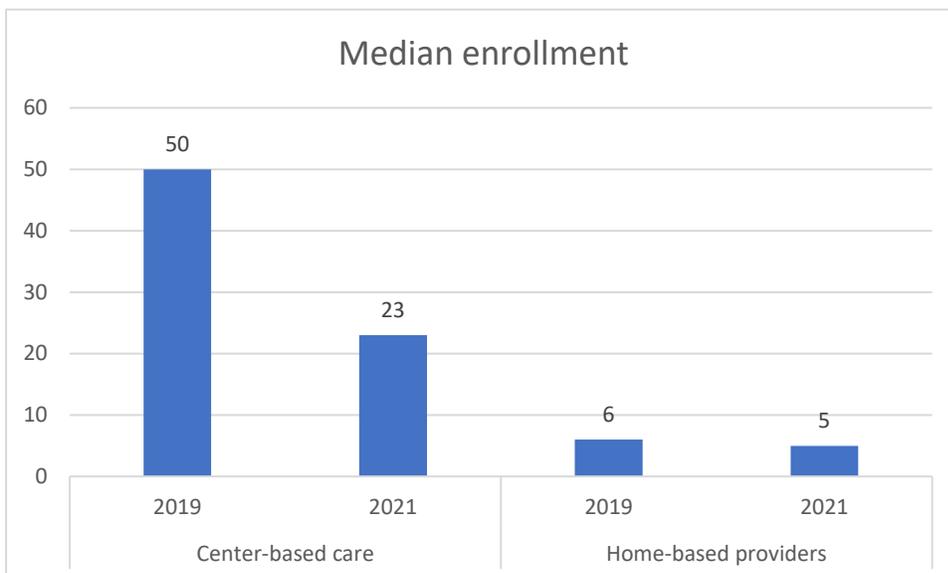
### Overall Trends: Stable licensed capacity, declines in enrollment

Center-based providers tend to serve more children than home-based providers. In 2021, median licensed capacity for children of any age was 61 for center-based providers compared to six children among home-based providers.



**Figure 4: Median Licensed Capacity by Provider Type**

Median licensed capacity was stable for home-based providers and declined slightly among center-based providers. However, enrollment estimates, based on the survey results, declined substantially for both center- and home-based providers. In 2019, center-based providers enrolled a median of 50 children of any age compared to a median of just 23 children in 2021. Home-based providers surveyed reported a smaller decline from a median enrollment of six children in 2019 to five children in 2021.



**Figure 5: Median Enrollment by Provider Type**

## Providers Serving Infants and Toddlers

Pennsylvania’s childcare licensing agency, the Office of Child Development and Early Learning (OCDEL), maintains information about the licensed capacity of each provider, but not actual enrollment. It also does not collect information on the ages of children served. OCDEL only records where subsidized infants and toddlers are served; if an infant or toddler is unsubsidized, OCDEL does not keep track of where they are receiving care. The providers surveyed reported their enrollment by age group, allowing RF to estimate the percentage of providers serving infants and toddlers and the number of enrolled children in this age group – whether they are subsidized or not.

### *Declining Enrollment, Expanded Offerings Among Center-Based Providers*

The onset of the COVID-19 pandemic had a dramatic impact on the childcare sector. Many childcare providers temporarily closed as stay-at-home orders went into effect. To keep staff and children safe, providers purchased additional supplies and implemented new cleaning regimens. The 2021 survey was conducted in June and July of 2021, after vaccines were widely available and in the early onset of the Delta variant. Survey results reveal that center-based providers saw large declines in enrollment in 2021 despite offering care to a wider range of children than in 2019. Most childcare providers in Philadelphia (82%) serve infants and toddlers. More center-based providers offered care to all age groups in 2021 than in 2019. There was a six-percentage point increase in the share of center-based providers offering care to infants and toddlers (76% to 82%) and to children ages 3 to 5 (87% to 93%).

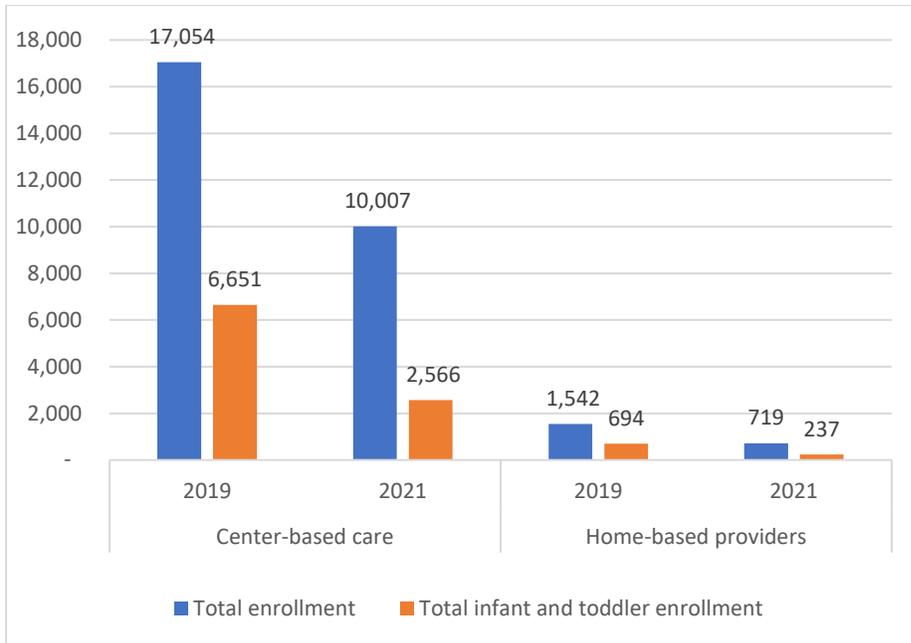
Most home-based providers offered infant and toddler care, but the share declined from 88 % in 2019 to 83 % in 2021. However, more home-based providers offered care to 3- to 5-year-olds and children ages 5 or older.

	Center-based care				Home-based providers			
	2019		2021		2019		2021	
<b>Population served</b>	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
Under 3	182	76%	215	82%	145	88%	116	83%
3 to 5	204	87%	239	93%	142	88%	127	90%
5+	176	71%	193	72%	98	60%	93	65%

**Figure 6: Population Served by Provider Type**

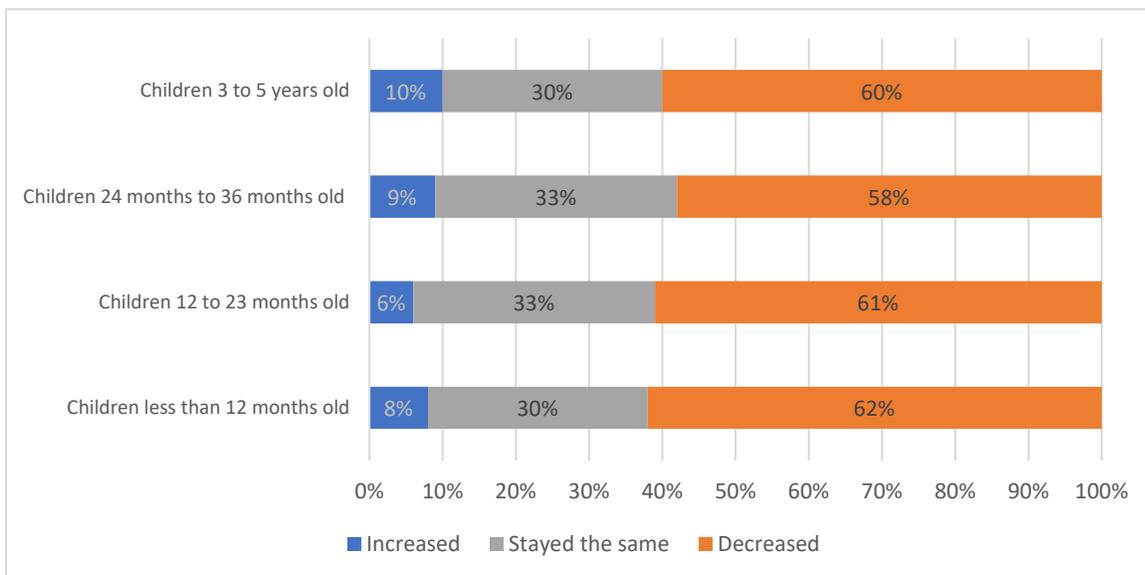
The COVID-19 pandemic impacted childcare enrollment across all ages, but declines were particularly dramatic for infants and toddlers. In 2019, the total enrollment for center-based survey respondents was 17,054. In 2021, enrollment declined 41 % to 10,007. Infant and toddler enrollment among center-based survey respondents declined 61 % from 6,651 in 2019 to 2,566 in 2021. In 2019, 39 % of children enrolled at center-based providers were infants and children. In 2021, the share of children receiving care at center-based providers was 26 %.

Home-based providers responding to the survey fared similarly. Overall enrollment declined 53 % from 1,542 children to 719 in 2021. Infant and toddler enrollment declined by 66 % from 694 children under three enrolled across all home-based survey respondents in 2019 to 237 in 2021. Infants and toddlers as a share of total enrollment declined from 45 % to 34 %.



**Figure 7: Estimated Total Enrollment & Infant/Toddler Enrollment, 2019 & 2021**

Eighty percent of survey respondents reported a decrease in overall enrollment from the COVID-19 pandemic. When asked about each age group they served, about 60 % of respondents said their ability to serve that age group was diminished.



**Figure 8: Changes in Enrollment by Age Group**

*High Quality Infant and Toddler Care*

The share of providers with a 3- or 4- STAR quality rating declined among both center and home-based providers responding to the survey.

	Serve Infants and Toddlers		Do Not Serve Infants and Toddlers	
	2019	2021	2019	2021
STAR 1 or 2	81.5%	83.0%	18.5%	17.0%
STAR 3 or 4	83.2%	81.6%	16.8%	18.4%

**Figure 9: Providers Serving Infants & Toddlers by STAR Rating, 2019 & 2021**

## COVID Response & Relief

Survey respondents were asked about the immediate impacts the COVID-19 pandemic, their ability to access relief funds, and how they anticipated COVID would impact their business long-term. Respondents were asked about changes to their staffing, the tuition and fees they charged, and the hours they provided care.

The most common COVID responses were to decrease the number of hours the facility was open (51%) and to decrease the size of the staff (49%). Reducing staff likely impacts the staff-to-child ratio, which in turn reduces functional capacity. Most providers kept their tuition and fees the same, though 27 % of respondents reported an increase in the amount they charged for care.

COVID Responses	Increased	Decreased	Stayed the Same
Number of hours the facility was open	6%	51%	44%
Size of staff	15%	49%	36%
Tuition or fees	27%	11%	67%

Figure 10: Provider Response to COVID-19 Pandemic

Most respondents reported applying for COVID-19 relief grants or loans like the Paycheck Protection Program (PPP), the Childcare Development Fund (CCDF), or the Philadelphia Emergency Fund for Stabilization of Early Education (PEFSEE), but there were differences by provider type. While 93 % of center-based providers applied for relief programs, only 77 % of home-based providers did so.

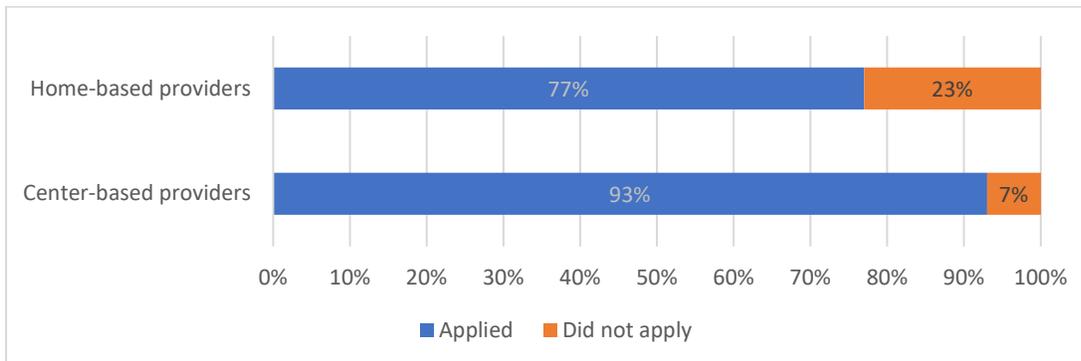
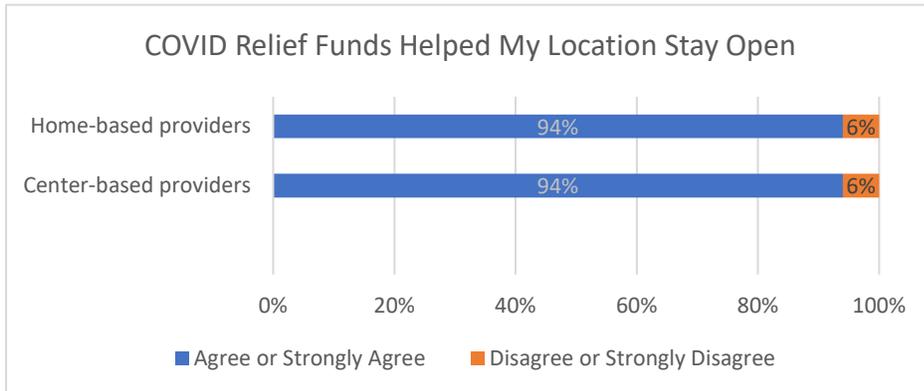
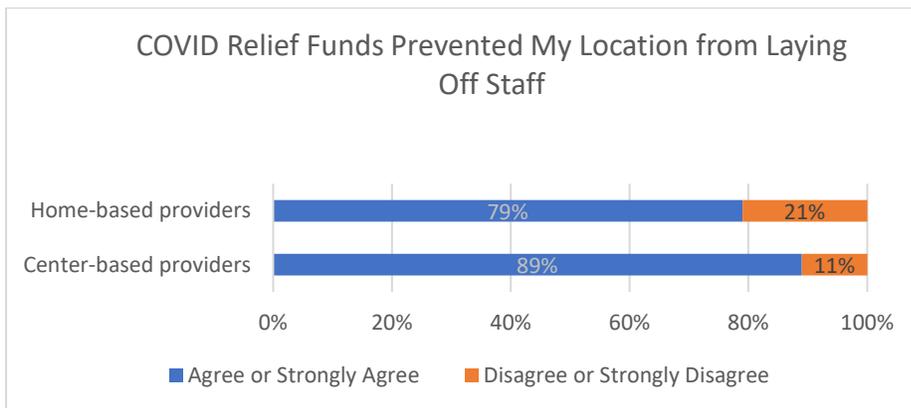


Figure 11: Application for Relief Grants by Provider Type

Most (94%) of both home-based and center-based survey respondents who applied for COVID relief funds agreed or strongly agreed that the funds helped their location stay open. Home- and center-based providers differed in their opinion of the ability of COVID relief funds to prevent staff layoffs. Nearly 90% of center-based respondents indicated they agreed or strongly agreed that COVID relief funds allowed them to avoid laying off staff. Home-based providers were less sure; 79 % agreed or strongly agreed that the funds helped prevent layoffs.



**Figure 12: Impact of COVID Relief Funds on Staying Open**



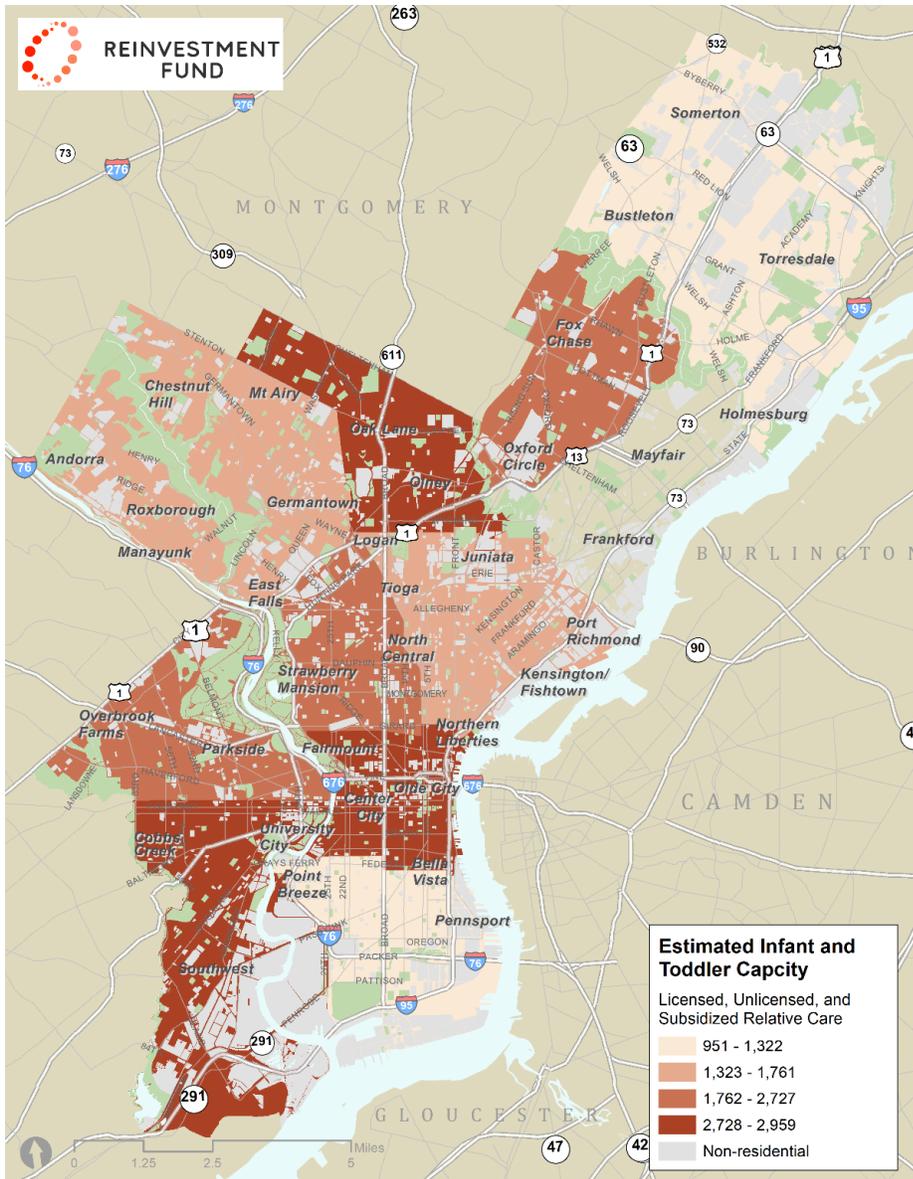
**Figure 13: Impact of COVID Relief Funds on Laying Off Staff**

## Estimating Enrollment for Infants and Toddlers

To estimate the number of seats available across the city for infants and toddlers Reinvestment Fund wove together data from the childcare provider survey, school and Early Head Start capacity, and OCDEL. We estimate that the city has a total infant and toddler capacity of 23,300, approximately one quarter of the total childcare capacity available in the city—92,713 according to the latest estimate. Providers that serve infants and toddlers fall roughly into four categories as described below:

- **Licensed Providers.** These providers comprise the bulk of the city’s childcare capacity. Responses from the provider survey revealed that citywide, 82% of center-based providers and 83% of home-based providers served infants and toddlers. Among licensed providers accepting infants and toddlers, that age group comprises 26% of center enrollment and 34% of the home-based enrollment. Projecting the survey responses to all licensed center and home-based providers operating in Philadelphia in 2021 (assuming similar shares are infants and toddlers), we estimate that, in 2021, licensed providers across the city had a collective capacity to serve 12,177 infants and toddlers.
- **Unlicensed Providers.** Reinvestment Fund’s 2021 childcare analysis identified 662 unlicensed childcare providers in the city. Unlicensed providers were included in the survey, but the response rate was low. Based on prior experience studying the supply of childcare in Philadelphia, these unlicensed providers are more similar to licensed home-based providers than licensed center-based providers. Using home-based providers’ responses to the provider survey to represent the unlicensed sector, the estimated infant and toddler capacity in unlicensed programs is 3,876 seats, or 17% of the city’s infant and toddler capacity.
- **Schools and Early Head Start Programs.** For public and private schools that have nursery programs and for Early Head Start programs, publicly available capacity data provide the number of infant and toddler seats. Based on these figures, we estimate Early Head Start programs and schools with nursery programs provide a combined 740 infant and toddler seats.
- **Subsidized Relative Providers.** CCW records show that 486 infants and toddlers received subsidies for care provided by a relative. The subsidized relative providers captured here comprise only a small fraction of the total number of infants and toddlers receiving care from a family member in Philadelphia.

Figure 14 shows the estimated capacity of all infant and toddler care in each PUMA in Philadelphia. Capacity is lowest in the Far Northeast section of the city and the neighborhoods of Mayfair and Frankford. Estimated infant and toddler care was highest in the Olney and Oak Lane neighborhoods, Center City, and the Southwestern section of Philadelphia.



**Figure 14: Estimated Capacity of Infant and Toddler Care by PUMA**

### Measuring Demand for Infant and Toddler Care

Reinvestment Fund estimates the demand for childcare in each PUMA by combining the number of age-eligible children living in the PUMA with the estimated number of age-eligible children traveling to the area from elsewhere for childcare. The US Census Bureau estimates in 2020 that there were 45,523 infants and toddlers (children under the age of three) living in Philadelphia.

Reinvestment Fund estimates the number of children traveling into a PUMA for childcare by looking at commuting patterns into and out of the city, and commuting patterns from one neighborhood to another within the city. This adjustment varies considerably by area, depending on the mix of residential and commercial activity within a neighborhood. Some PUMAs like Center City have few children, but

many childcare providers who mostly serve parents working in the area. Other PUMAs like Northwest have many young children, but few children traveling there from other neighborhoods for care.

Final demand estimates are informed by commuting patterns and job locations, adjusting demand upward in areas with high numbers of jobs, and adjusting demand downward in areas with fewer jobs. In aggregate, these adjustments increase the net demand for infant and toddler care in the city overall by 2,437, roughly 5% of all children that might seek care in the city. Based on these factors the estimated maximum possible demand for infant and toddler seats in the city is 69,074. Figure 15 shows the estimated maximum possible demand for infant and toddler care in each PUMA. The location of areas with the highest level of demand for infant and toddler care largely mirror those places with the highest demand for all childcare.

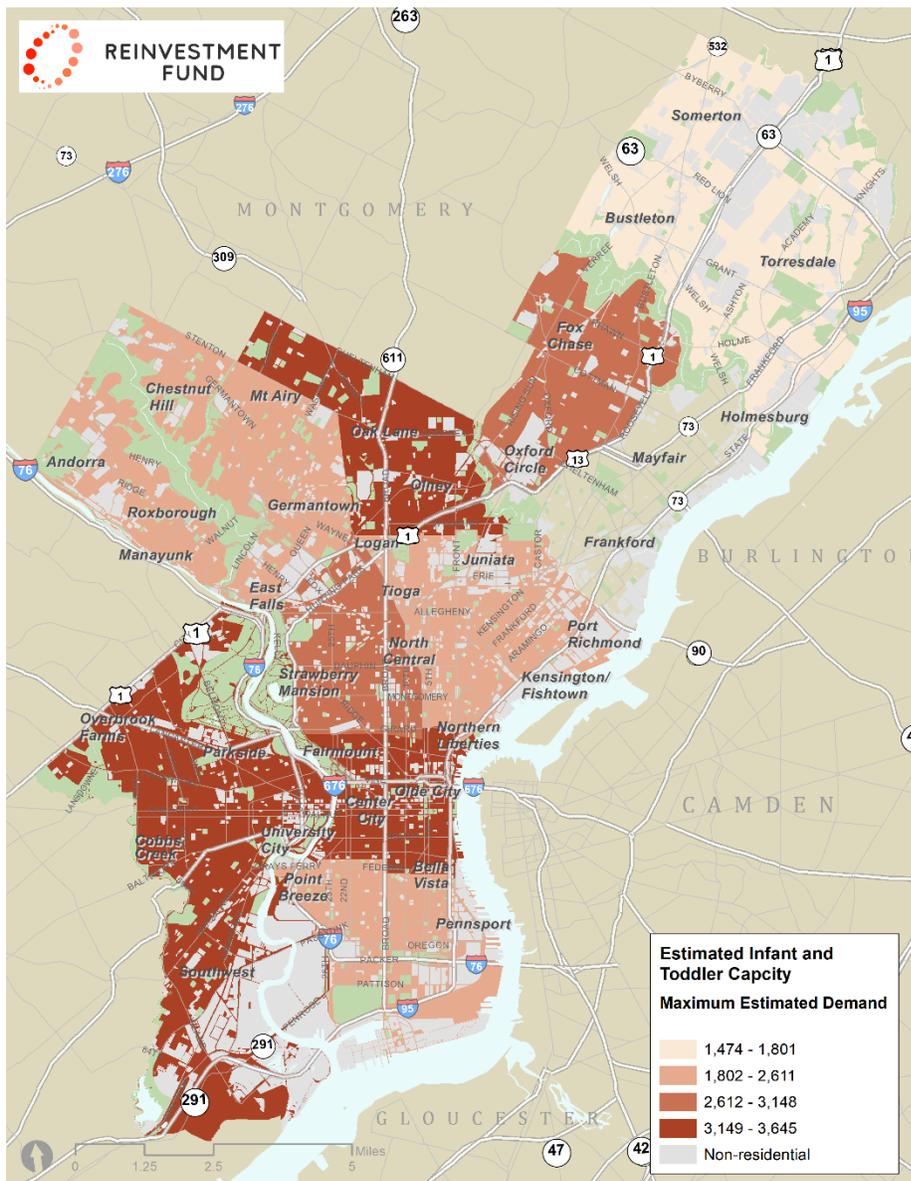


Figure 15: Maximum Estimated Infant & Toddler Capacity by PUMA

## Measuring Shortages in Infant and Toddler Care

Reinvestment Fund's childcare analysis estimates two shortage measures: absolute shortage and relative shortage. The absolute shortage measures the raw difference between maximum possible demand and total capacity in each PUMA in the city. The absolute shortage represents the number of new seats the city would have to create to provide every infant and toddler with a seat. With an estimated maximum possible demand for 69,074 seats and a total maximum capacity of 29,846 seats, the citywide absolute shortage is 39,227. Figure 16 shows the absolute shortage in each PUMA in the city.

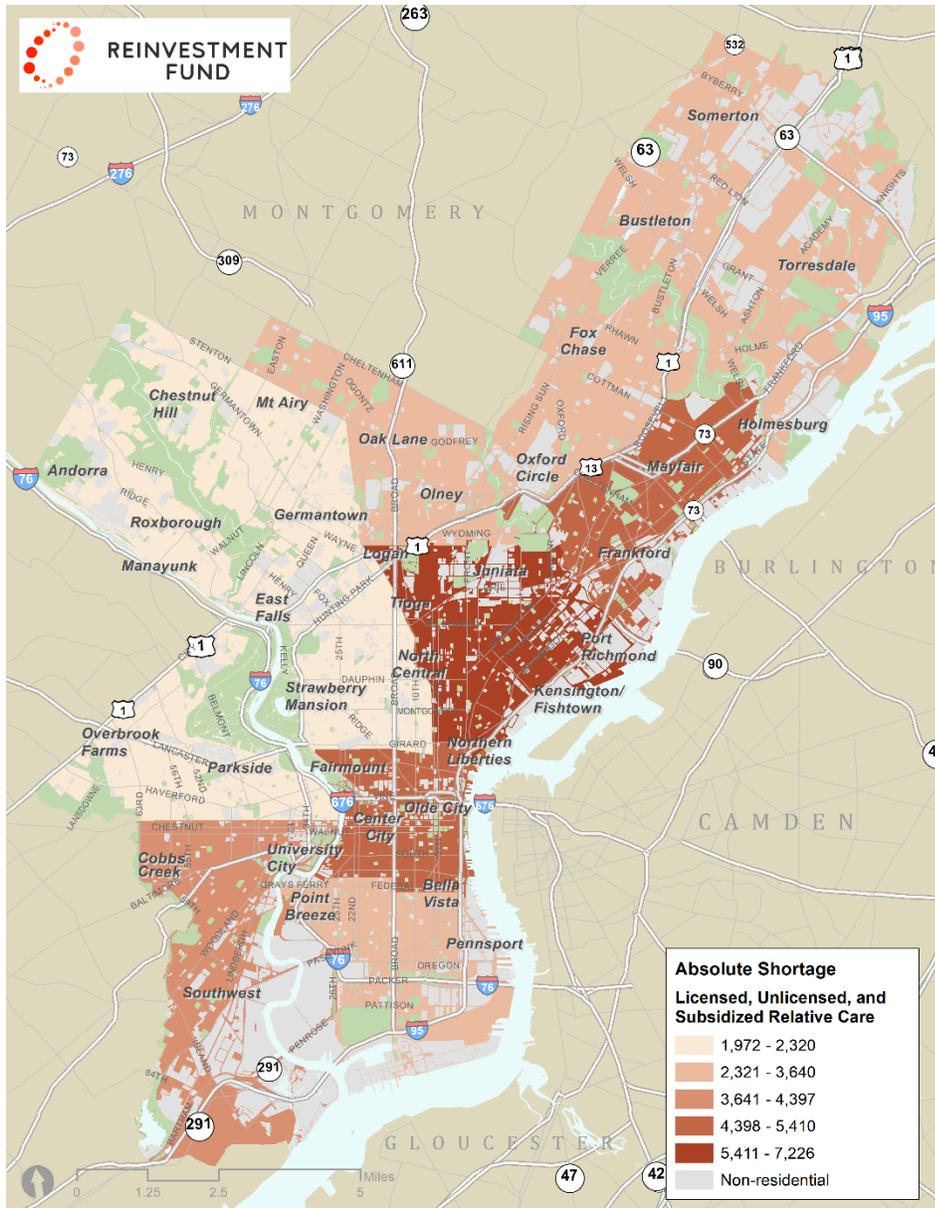


Figure 16: Estimated Absolute Shortage of Infant & Toddler Care, by PUMA

Absolute shortages were largest in Center City and the East Philadelphia PUMA, while the smallest absolute shortages were located in parts of Northwest Philadelphia in the West, Northwest, and Central PUMAs.

Not every family looks for childcare outside of the home. Some families may prefer to have their young children stay with relatives, friends or parents. Pandemic-related factors like unemployment, health and safety concerns, or changing commuting patterns are also likely to impact childcare decisions. Childcare providers, knowing this, will generally only provide as much supply as they believe parents will use. To capture the impact of parental preferences on the supply of infant and toddler capacity, RF measures relative shortage in addition to the absolute shortage.

Relative shortage estimates identify areas where the supply of infant and toddler care is substantially above or below an expected level, based on the typical amount of such care available. Calculating the relative shortage starts by estimating the average capacity provided by existing providers. For example, across Philadelphia, there are approximately 1.8 infants and toddlers for every infant and toddler seat in a child care center or home. PUMAs with large relative shortages are those places where the estimated capacity is substantially below 1.8 children per seat. PUMAs with small relative shortages are those places where the estimated capacity is substantially above 1.8 children per seat.

Figure 17 below shows the relative shortage of infant and toddler care across the city. Relative shortages were largest in the East and Southeast Philadelphia PUMAs, with large relative shortages also apparent in the northeastern parts of the city.



## Challenges Serving Infants and Toddlers

### *Hiring and Retaining Qualified Staff Are Biggest Challenges*

Providers serving infants and toddlers were asked about their biggest challenges and most needed supports. Hiring and retaining qualified staff were the most cited challenges, with 90% and 82% of providers respectively indicating doing so was difficult. About three quarters of providers indicated that paying for infant and toddler specific materials or COVID-19 related supplies was a challenge. Sixty percent indicated maintaining infant and toddler enrollment was a challenge while 34% of providers indicated complying with facility regulations made it difficult to serve children under three.

Challenges Serving Children Under Three	% Finding it Difficult or Very Difficult
Hiring qualified staff	90%
Retaining qualified staff	82%
Paying for materials and supplies for infants and toddlers (e.g., cribs, formula, diapers etc.)	76%
Paying for COVID-19 related supplies or safety protocols	75%
Maintaining enrollment	60%
Complying with facility regulations for infants and toddlers (e.g., certificate of occupancy, fire codes)	34%

**Figure 18: Most Common Challenges to Serving Infants & Toddlers**

Most providers responded that all supports listed would be somewhat or very important in helping their location continue to serve children under three. At the top of the list were grants for materials and supplies, higher reimbursement rates and help finding qualified staff. When asked to rank the supports in order of importance, 32% of providers indicated help finding qualified staff was most important. Higher reimbursement rates (28%) and grants for materials and supplies (15%) rounded out the most popular supports.

Providers are eager for support and responses show the wide range of knowledge required to operate a childcare facility. Responses show that providers need assistance across a variety of domains, from human resource functions like finding staff, to facilities concerns like building renovation and facility design, to marketing their services to parents and caregivers.

Desired Supports to Serve Children Under Three	Somewhat or Very Important
Grants for materials and supplies	98%
Higher reimbursement rate	97%
Help finding qualified staff	97%
Support to develop your curriculum	93%
Marketing to reach parents and families	92%
Financial assistance to renovate your building	89%
Training and technical assistance to understand regulations	88%
Expertise in facility design and building code compliance	86%

**Figure 19: Desired Supports Among Providers Serving Infants & Toddlers**

<b>Most Important Support to Serve Children Under 3</b>	<b>% Indicating Most Important Support</b>
Help finding qualified staff	32%
Higher reimbursement rates	28%
Grants for materials and supplies	15%
Financial assistance to renovate your building for infants and toddlers	9%
Marketing to reach parents and families	9%
Support to develop your curriculum	3%
Training and technical assistance to understand regulations	3%
Expertise in facility design and building code compliance for infants and toddlers	2%

**Figure 20: Most Desired Supports Among Providers Serving Infants & Toddlers**

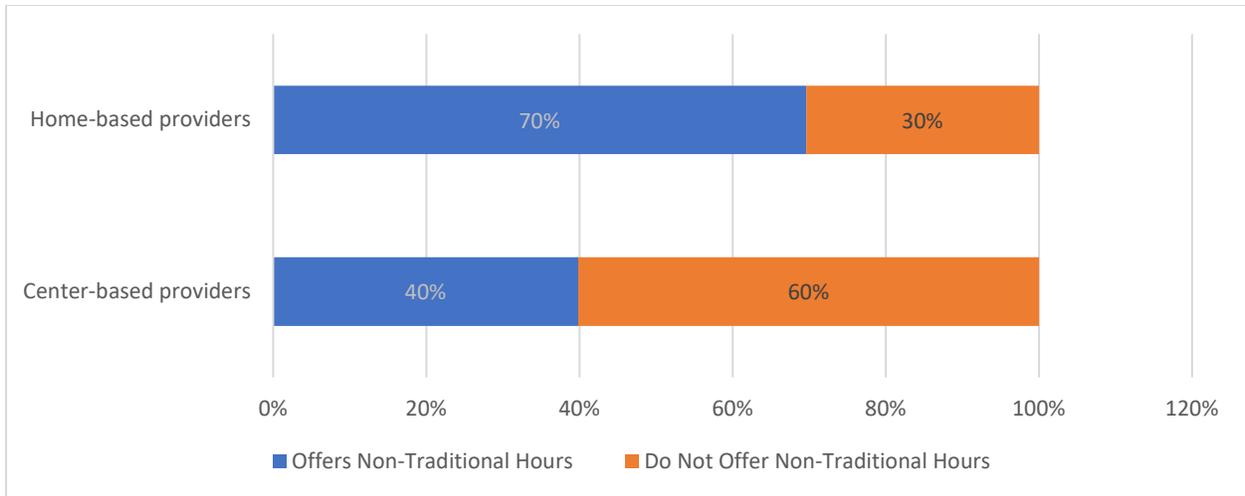
More than half (53%) of providers not serving infants and toddlers reported their location had served children under three in the past. When asked why they no longer did, 49% reported the choice was totally or partially related to the COVID-19 pandemic. When all providers not serving infants and children were asked about the most important supports required to expand their locations to serve children under three, higher reimbursement rates and finding qualified staff were most often cited.

<b>Most Important Support to Serve Children Under 3</b>	<b>% Indicating Most Important Support</b>
Higher reimbursement rates	28%
Help finding qualified staff	26%
Grants for materials and supplies	15%
Expertise in facility design and building code compliance for infants and toddlers	12%
Financial assistance in renovating your building for infants/toddlers	9%
Training and technical assistance to understand regulations retaining qualified staff	5%
Marketing to reach parents and families	4%

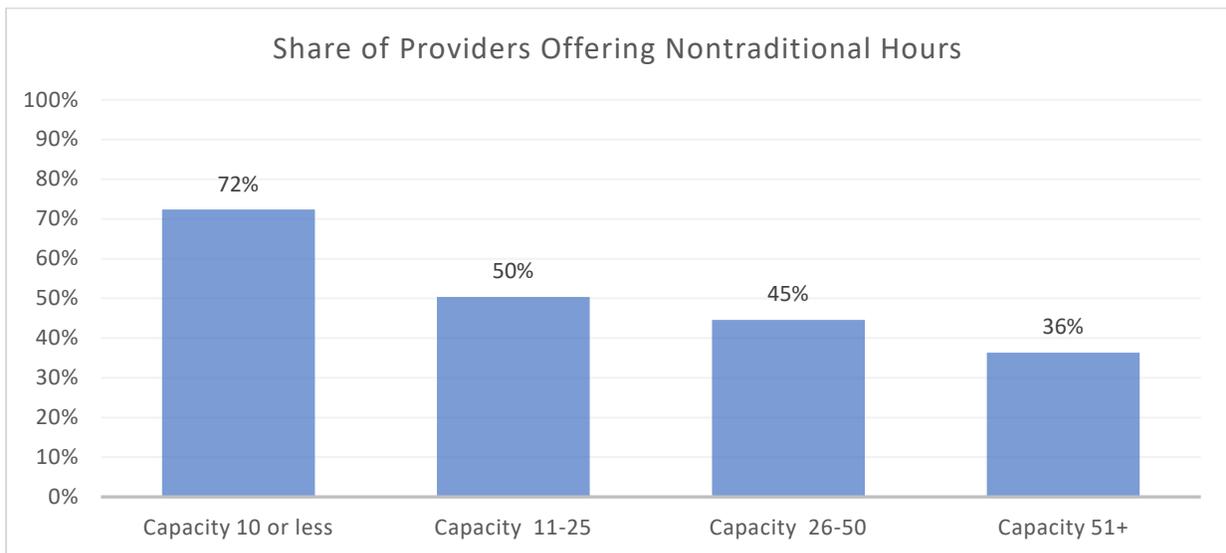
**Figure 21: Most Desired Supports Among Providers Not Serving Infants & Toddlers**

### Non-Traditional Hours

Half of ECE providers offered non-traditional hours, defined as care before 7am, after 6pm or on the weekends, according to the 2021 provider survey. This is a sharp increase from our 2019 survey when 20% of ECE providers did so. Non-traditional hours were more common among home-based providers (70%) than center-based (60%). Smaller providers were also more likely to offer care during non-traditional hours than larger ones; 72% of providers with a capacity of 10 or fewer offered non-traditional hours compared to 36% of providers with a capacity of more than 50.

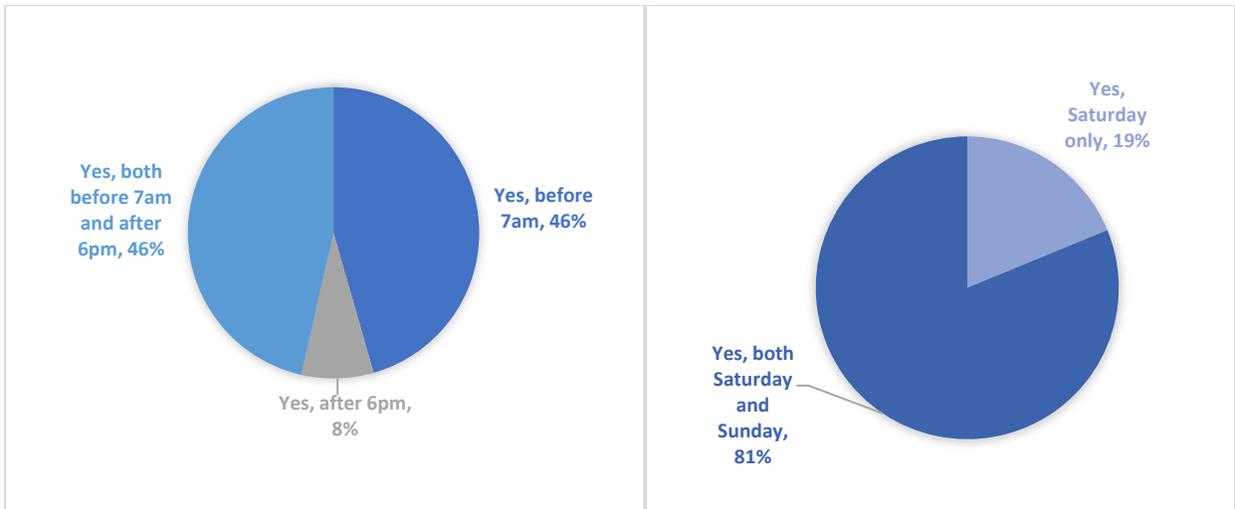


**Figure 22: Availability of Non-Traditional Hours by Provider Type**



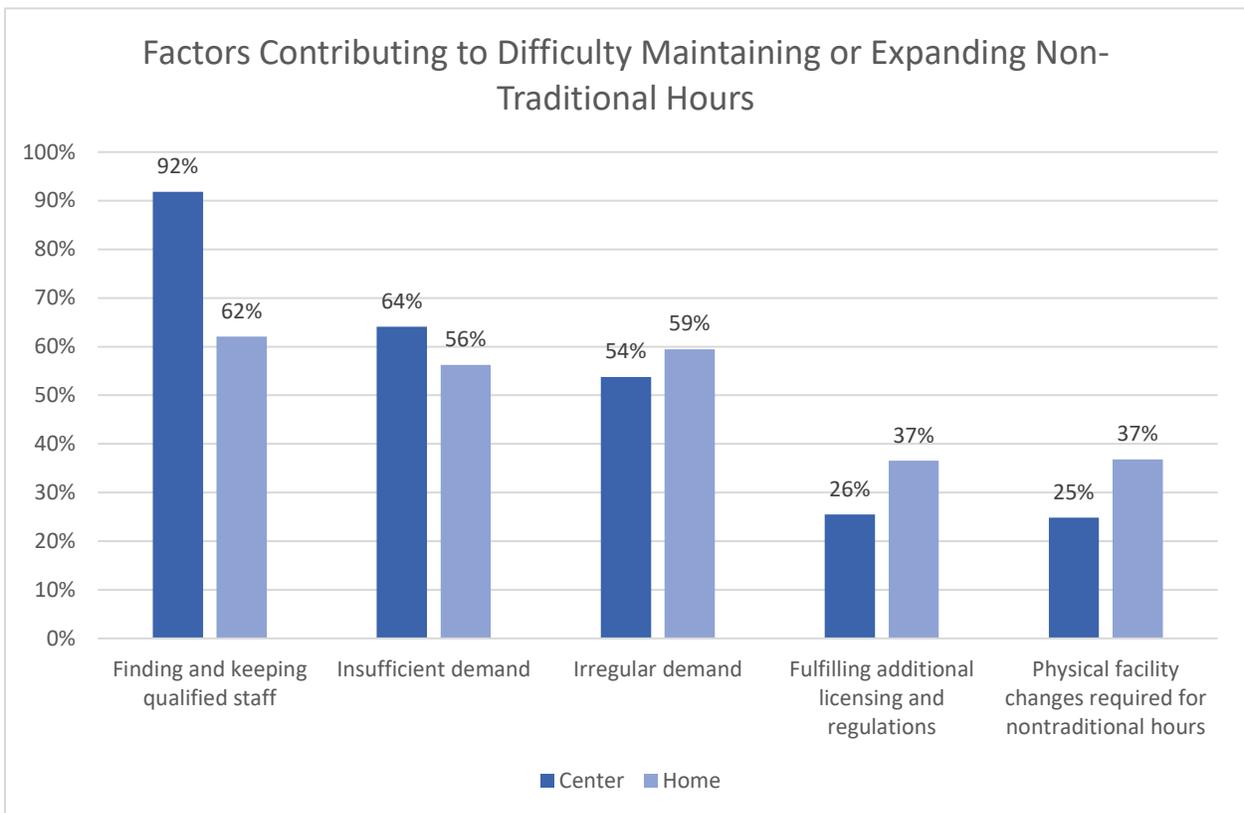
**Figure 23: Availability of Non-Traditional Hours by Licensed Capacity**

If providers offered care during non-traditional hours, 46% offered before and after care. Another 46% only offered early drop off while 8% offered late pickups. Among providers offering weekend care, 81% offered care on both Saturday and Sunday; 19% only offered Saturday care. When asked about the impact of COVID-19 on the demand for care during non-traditional hours, 64% of providers indicated that demand was reduced.



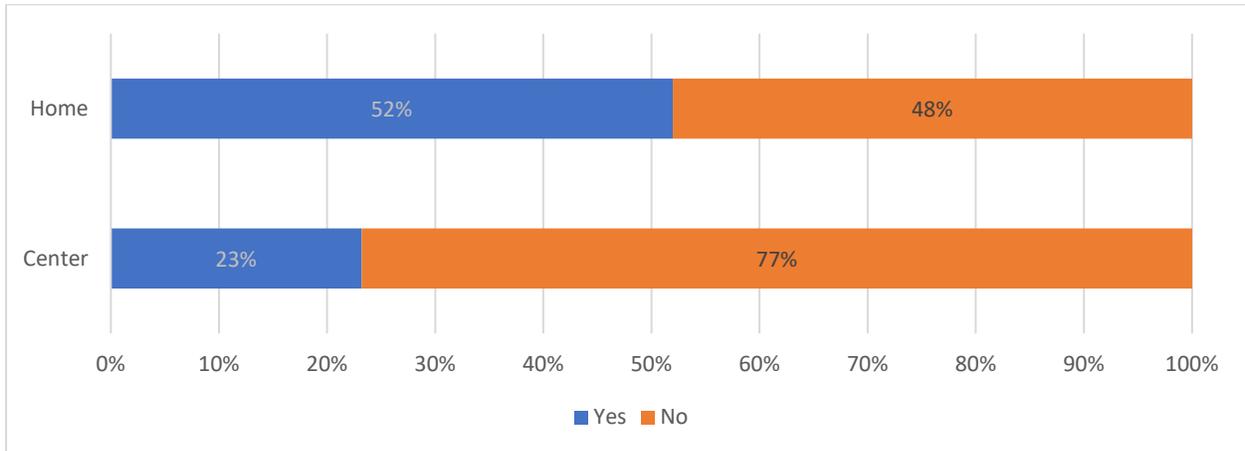
**Figure 24: Availability of Non-Traditional Hours by Time, Day**

Providers reported finding and keeping qualified staff and insufficient or irregular demand were the most important barriers to maintaining or expanding care during non-traditional hours. There were some differences by provider type. Finding and keeping qualified staff were a bigger concern for centers (92% vs. 62%), while licensing and facility issues were bigger concerns for home-based care (37% vs. 26%; 37% vs. 25%).



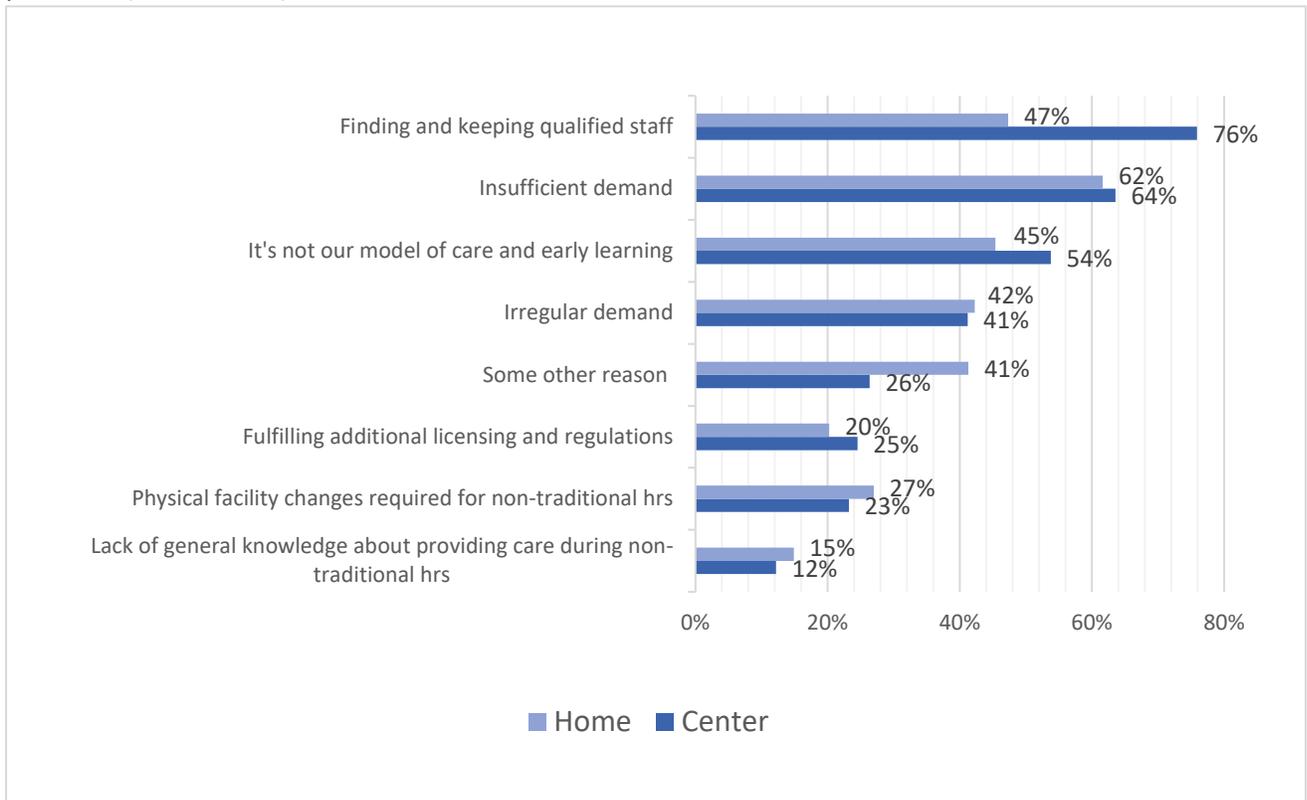
**Figure 25: Difficulties with Non-Traditional Hours by Provider Type**

When asked about plans to offer non-traditional care in the future, more than three quarters of the centers not currently offering those hours responded they had no plans to do so. Home-based providers were split; 52% said they would consider it, 48% said they were not interested.



**Figure 26: Interest in Offering Non-Traditional Hours in the Future by Provider Type**

Finding and retaining qualified staff was the top challenge for center-based providers *not* offering care during non-traditional hours. For home-based providers, insufficient demand was the single biggest reason for sticking with a traditional timetable for care. Centers were also more likely to indicate that non-traditional hours were not in keeping with their model of care compared with home-based providers (54% vs. 45%).



**Figure 27: Reasons for Not Offering Non-Traditional Hours by Provider Type**

## Conclusion

The data presented here provide a portrait of the ECE sector in 2021, a moment in which providers were grappling with some of the same major challenges they had faced prior to the COVID-19 pandemic while simultaneously facing new, and in some case much more severe, difficulties. The pandemic introduced systemic shocks that had an impact on the childcare sector in general and also on care for infants and toddlers and during non-traditional hours. The confluence of longstanding and pandemic era challenges appears to be most acute at the intersection of staffing and enrollment, which are closely interrelated given the strict guidelines around staff/child ratios for each age group.

Hiring and retaining qualified staff and concerns about costs compared to reimbursement and tuition continued to be front of mind for providers, as they were in 2019, particularly for those serving or wanting to serve infants and toddlers, ages that require much higher staff/child ratios than pre-school age. The pandemic dramatically reduced childcare enrollment across all ages, but declines were particularly severe for infants and toddlers. Total enrollment for center-based providers declined 41 percent between 2019 and 2021 while infant and toddler enrollment declined 61% during the same time period. In 2019 infants and toddlers were 39% of total enrollment; in 2021 they were 26% of children in center-based providers.

The sector response to the pandemic was largely one of contraction: some locations shuttered permanently, other locations served a smaller number of children and retained fewer staff. In May 2021, Reinvestment Fund found 83 childcare programs were permanently closed and another 40 programs were not operating temporarily. The officials, funders, and advocates who support the sector now face critical questions about how to ensure that, in the near future and longer-term, there is sufficient access to ECE for the families who rely on it. It is beyond the scope of this study to determine the extent to which enrollment declines stem from providers closing classrooms due to staffing difficulties, and therefore limiting enrollment, compared to the enrollment impact of family decisions to keep children at home or find alternate care because of pandemic related employment changes or health concerns; both appear to be factors in recent trends. As the early childcare education sector seeks to adapt to the shifting needs of families and a changing labor market, provider calls for support have taken on a greater urgency. Without systemic responses to widespread recruitment and retention challenges and more robust financial support through higher reimbursements and/or funds for expansion costs, providers will continue to struggle with these longstanding challenges, and the sector as a whole may have a difficult time returning to pre-pandemic levels of enrollment.

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