

## **Report on Child Care in Cook County 2019**

With a special report on the child care search in Cook County

**This special edition of our *Report on Child Care in Cook County* focuses on parents' search for child care. For this report we bring parent voices to the front of the story. However, you can find our regular data tables and charts interspersed in the report and in the appendix.**

### **Introduction**

It is hard to overestimate how important it is to parents to know their children are in safe, loving care while they work each day. Loss of this care or being unable to find it in the first place can destabilize their employment, finances, and family well-being. Finding affordable, quality child care can be challenging for any family, but families that need care while they work an early morning or night shift, that have an infant or child with special needs or that live in a child care desert area face particular obstacles in their search for child care. With fewer options, these families may be more likely to compromise on their children's care, their employment and their family life.

Even in the best of times the child care market and Illinois' formal child care system do not align with the reality of many working families today. Most child care centers operate between the hours of 6 a.m. and 6 p.m., yet perhaps 40 percent of Illinois families and half of low-income Illinois families need care during nonstandard hours.<sup>1</sup> Not all communities offer before- and after-school programs for children of working parents or transportation to get children to or from these programs, even during traditional work hours of 8 to 5. The price of care, particularly care for younger children, is staggering and only state subsidies allow lower-income families to access formal child care options. Even with assistance, child care can be an unaffordable addition to the family budget, an amount on par with rent and college tuition.<sup>2</sup>

In addition, inclusive environments are considered best for children with special needs, yet no additional resources are given to child care programs for training and paying staff or buying equipment to accommodate these children. And in some communities, child care is just scarce. Parents are left to fill the gaps with their own limited resources and social networks. When families do not have these resources, they are left with the tough choices between sub-par care and work or school. At best that means children and babies in their earliest days of life are already off to an unequal start. And at worst children are at increased risk of harm or neglect.

This special feature *Report on Child Care in Cook County, 2019* tells the stories of families who have some of the hardest-to-meet child care needs as they search for care in today's child care market. It

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<sup>1</sup> See Illinois Action for Children (2016): "Cook County Parents, Nonstandard Work and Child Care," available at <http://www.actforchildren.org/wp-content/uploads/2016/09/CCAP-Work-Schedules-Policy-Brief-FINAL-9-14-16.pdf> and Illinois Action for Children (2006), "Working Later in Illinois: Work Schedules, Incomes and Parents' Access to Child Care," available at [http://www.actforchildren.org/wp-content/uploads/2016/02/MDP\\_ResearchPublications\\_PDFs\\_WorkScheds.pdf](http://www.actforchildren.org/wp-content/uploads/2016/02/MDP_ResearchPublications_PDFs_WorkScheds.pdf).

<sup>2</sup> See Appendix 2 for average child care prices for children of different ages in Cook County. Our 2018 Report compares child care prices with rent and college tuition (p 17-18): [http://www.actforchildren.org/wp-content/uploads/2018/04/CookCountyReport\\_2018\\_April\\_Final.pdf](http://www.actforchildren.org/wp-content/uploads/2018/04/CookCountyReport_2018_April_Final.pdf).

follows parents through their search, describing their hopes, challenges and compromises made related to their children's care. We present these parent stories alongside our annual child care data from across Cook County to capture the limitations of the child care market and the impact on families in a way numbers cannot.

## OUR APPROACH

Illinois Action for Children (IAFC) is the Child Care Resource and Referral (CCR&R) agency serving Chicago and the surrounding Cook County suburbs. Like other CCR&R's, IAFC offers a referral service to help families find child care. The service includes consultants who speak with parents about their child care needs, provide parents with lists of child care programs and inform them on how to identify quality child care. Over time, IAFC consultants become familiar with family circumstances that make it more difficult for parents to find care and, like the parents they serve, the consultants often directly experience the misalignment between families' child care needs and the supply of care. They identified the four most challenging needs of Cook County families looking for care. These needs are consistent with populations identified as underserved at the national level as well.<sup>3</sup>

- Care during nonstandard hours
- Care for children with special needs
- Care in child care deserts
- Care for infants

For this study, IAFC referral consultants identified individual parents who were seeking child care in these four categories. The research team invited these parents to participate in a series of interviews: one at the beginning of their child care search to learn of their care needs and preferences; an interview after the parent had time to explore their care options; and a third interview to determine what care, if any, the parent chose and how they felt about the care arrangement. The three-part interview series allowed us to build trust with the parents as interviewees and to more accurately capture the child care parents wanted at the outset and compare it with what they accepted. We were also able to be more accurate in capturing details of the steps parents took, the reactions and experiences they had, and their emotional stress at different points as the search progressed.

The interviews lasted between 5 to 20 minutes. The length of time between interviews varied based on parents' timeframes for finding care and the progress they made, but typically the interviews were one to three weeks apart, with the entire interview period ranging from four to seven weeks.

In total we conducted 40 interviews with 17 parents. Eleven parents completed all three interviews. Four parents were interviewed in Spanish, their primary language.

Our report begins by describing the parents and the characteristics they consider important for their child care, followed by their experience with the search process and how they managed work and temporary child care while they looked for the care they needed or wanted. We then discuss the barriers they faced with finding care, including barriers related to the four hard-to-find categories, and

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<sup>3</sup> The federal Child Care and Development Block Grant reauthorization of 2014 requires states to develop strategies for increasing supply and quality of services for children in these same four areas. <https://www.acf.hhs.gov/occ/resource/ccdbg-of-2014-plain-language-summary-of-statutory-changes>

what child care the families ultimately used. We end with a summary of our findings and their policy implications.

### About the Parents

All 17 parents were moms and their ages ranged from 18 to 43. While two were married, the parent who contacted the referral service and spoke with us about their search was always the mother. Fifteen mothers were single parents. Thirteen of the moms were employed at some point during the interview process. Two changed jobs and five were searching for work at some point during the interviews. Three were students. The moms worked in the following occupations:

- Housekeeping / cleaning service (4)
- Financial services
- Bookkeeping
- Postal carrier
- School bus driver
- Eye technician
- Adult day program service provider
- Grocery store associate
- Restaurant worker
- Certified nursing assistant

Seven moms identified as Hispanic, four as African American, one Asian, one white and four were unidentified. They lived in communities spread throughout Cook County: seven in Chicago, spanning the northwestern portion of the city down through the south side, and ten outside the city, ranging from the northwestern to the southern suburbs.

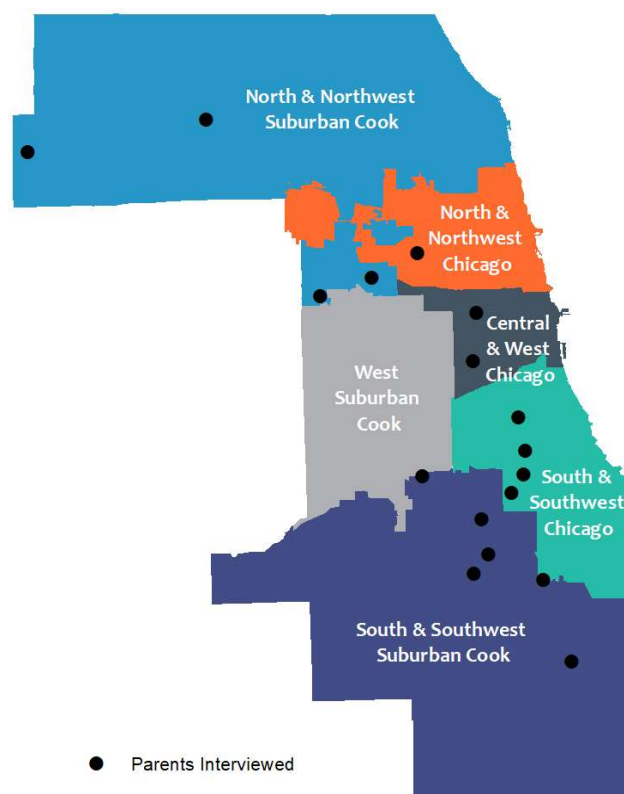
The ages of the children needing care were newborn to twelve. Eight parents sought care for an infant or toddler, six for a child age two through four, and eight for a school age child (kindergarten through age 12). Seven families had more than one child that needed care.

## FINDINGS

### WHAT PARENTS WANT

In the first interview, we asked parents about the care they were interested in and their key criteria for decision making. Nearly every mother interviewed wanted a licensed program. Some (three) specifically wanted a home provider because they felt the smaller setting would allow their child to receive more attention. But more (seven) wanted only center care; they felt centers offered more social interaction, were cleaner,

### Where the Parents Live *Within the six regions of Cook County*



more regulated and had cameras, or the parent experienced previous problems with home providers. The other seven parents were open to both homes and centers.

### **Child Care Options Available to Cook County Families**

**Child care centers** are, with some exceptions, regulated and licensed to provide care for dozens or even hundreds of children. Serving many families, they must employ a staff and establish more formal operating rules, including hours of operation.

**Licensed child care home providers** can care for as many as 12 to 16 children in their home but must meet formal licensing standards and regulations and have an assistant if they care for more than eight children. They are considered more flexible than centers in the hours of care they offer and the amount they charge.

**Family, friend and neighbor (FFN) home providers** operate in their own home or the child's home. They are not licensed and are limited to caring for three children at a time. FFN providers are thought to be the most flexible about hours of care and payments.

**Before- and after-school care** for children ages 6 to 12 is offered by some schools, park districts, and programs such as the Boys and Girls Clubs. Most of these programs are exempt from licensing, making it difficult to get a complete count of how many operate and in which communities.

### **Programs to Help Families with the Cost of Child Care**

Both the Child Care Assistance Program (CCAP) and the DCFS child care program are available to assist families with child care costs: CCAP assists working parents or students earning below 185 percent of the poverty level and DCFS assists foster parents of foster children.

Free public preschool programs for three- and four-year olds including Head Start and Preschool for All are available in some child care programs and public schools. While many are part-day and do not meet the child care needs of working parents, a growing number are expanding their hours.

## TRUST

Trust in the provider was key for parents. They wanted to know their children would be safe and well-cared for. They wanted providers who were friendly toward children and treated them as if they were their own children. Two mothers of infants wanted only female caregivers because they would be changing their children's diapers. They also wanted providers who were responsible and dependable. Some parents used reviews and provider reputation to gauge if they had these characteristics.

- *"Just be a responsible person and treat my girl well....I like to go twice... to see if the children are not abused or mistreated."*
- *"The attitude of the person...how they treat my son, making sure that he goes to bed at the time that he's supposed to go to bed....that they stick with the agreement with the picking up and dropping off. That means a lot to me too, to pick up my son on time and not be late."*
- *"That the teachers are nice to kids.... I mostly choose day care based on reviews, their schedule, what they do."*

Other critical factors were cost, location, whether programs could accommodate or had experience with their children’s special needs, program hours, and whether programs provided transportation.

*“My concern is putting him in an environment where they are going to be sensitive to his autism and his special needs.”*

*“That they understand that she’s almost non-verbal most of the time. So I need to be sure they’re able to take care of her – that’s really important.”*

*“Price, because I may not be eligible for [child care assistance] so I will have to pay out of my pocket for him – I haven’t applied yet so I don’t know, but I doubt it.”*

Parents also discussed wanting professionalism, a clean environment, knowledge of child care and child development, adequate staffing and activities for children. Being able to accept multiple children was a primary factor for one parent.

*“They have knowledge on childcare and the developmental aspects and that they are all good. My mom did childcare so I know all about it and how it should be.”*

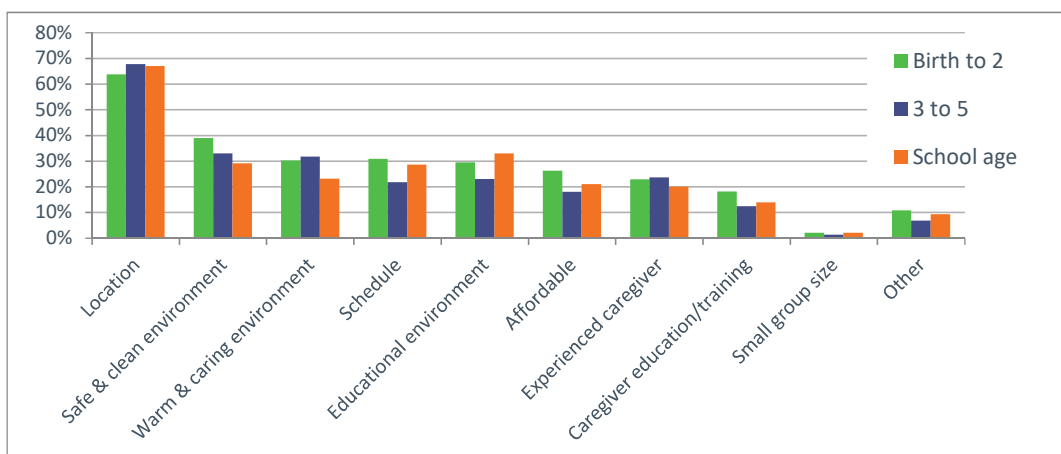
*“First I’d make sure that they’re clean, cleanliness, because my daughter she can get sick easily and then I have to take off time for work.”*

*“I want them to actually interact with my baby and not just put the baby to sleep.”*

None of the parents sought a provider of a particular cultural background or reported this being important to them. One young mother replied, *“as long as they are not racist.”* Among the five parents who spoke English as a second language, two wanted their child cared for by an English-speaking

#### **Reasons Parents Choose Child Care Programs, by Child Age: Cook County Parents Using the Referral Service in FY18.**

Parents that receive child care referrals from IAFC are asked to complete a survey about their search experience. This chart shows the various reasons for choosing care for the 1,249 parents who completed the survey question. Location is a top factor for most families. Parents of younger children wanted a safe & clean and warm & caring environment more so than parents of school-age children, who looked for an educational environment.



provider so the child could learn English. These parents knew enough English to communicate, though one said she could understand but not speak English well. Another parent felt it was very important for her provider to speak Spanish so she and the provider could communicate.

## **EXPERIENCES DURING THE CHILD CARE SEARCH**

For many families the child care search period was an unstable time and parents expressed their frustrations or worries about finding care and their need to work. These worries often occurred against a backdrop of other complicated life challenges. With few financial resources available to the families, social networks were critical while parents arranged their child care. Some parents had support systems to draw on but others were alone in the process.

### **The Child Care Search Period was a Stressful Time for Families**

Almost all of the 17 parents felt a sense of urgency to finding care and most said they needed it as soon as possible. Some were taking off time from work or piecing together care that was not stable; others would be starting work or school soon; and some were trying to find work and had no one to leave the children with to attend job interviews. The more time that passed without child care the more prolonged this stress and the greater their uncertainty about whether they would find care. *"I'm not sure what to do right now. I'm really stuck right now.... next time you call me I might be 'well I'm not working no more!' I'm not sure."*

However, finding child care can take time. The search can be labor intensive and some parents found it difficult to balance the legwork with their jobs. One parent said, *"I have so much other work to do, so I can't really spend a lot of time trying to look for different options."* One mother worked as a postal carrier and wondered how she would have time to make calls during the day. A mom who worked nights had to make calls and visits during the time when she was supposed to sleep. Another mom said she called 20 to 30 providers and still could not find care.

The search for child care often happened in a context of complex family situations and other pressures that might demand their attention and add to parents' stress during this time. One mom stopped searching for care because a series of misfortunes affecting her and her children required her immediate attention. *"I need a daycare, but I do not know. I have not been looking [because] many things have been happening to me personally."* Another mother was managing her teen daughter's hospitalization for mental health issues at the same time she was searching for care, while a different mom had a similar experience recently with her teenage son. One mom discussed her own depression, her fear of losing her permanent residency in the country and the stress experienced by her four-year-old because he could not communicate in English. Several parents expressed worry over needing to find work and two were homeless. These challenges are on top of the day-to-day complications faced by many of the mothers that come with being a single parent, working a low-wage job, raising a child with special needs, or being new to a community.

To make things more difficult, two parents thought they had secured child care only to see the arrangement fall through. One mother, Dana, set up her son's child care before the start of the school year. The day before care was to start, her licensed home provider told her she could not watch him. She had to scramble to get her son in care with a former provider. *"It's very frustrating. And people act*

*like it's okay. You told me you'd be able to do this and I stopped looking for child care because you told me. That was the purpose of me starting a whole month ahead of time."* Another parent, Melissa, was told by a center that they could provide care and accommodate her son's special needs only to be told later they could not do it. *"I keep getting pushed further and further behind because someone tell me yay, then I take my day off and go in, then nope, nothing, and now another whole week goes by because of my next day off....So you know, I'm back at square one. It's really discouraging....I feel like two weeks have been wasted right now where I could have been doing something else."*

The urgency of finding care, uncertainty of whether they would find it, and the financial and family stress that parents experienced came through during the interviews:

*"The truth is I feel worried, I need to work."*

*"I'm trying to figure out something, it's just overwhelming right now."*

### **Lack of Child Care Affected Parents' Employment and Job Prospects**

As apparent in comments above, much of parents' worry related to their ability to work. Four parents had difficulty searching for work or taking a job because they did not have child care. As one mother said, *"It's hard to look for a job with kids around. I can't leave them anywhere."* Silvia, a parent of four children ages 6 through 15 described how she felt stuck: *"I do not see how I can get help if I cannot work. I cannot work because I do not have anyone to leave them with. How can that work out? The only way is to work at night. It is the same, because really at night it is also dangerous to leave them because the four will be alone."* Another mom described a similar situation. She lived in the basement of a family member who paid her to do housekeeping. She needed to take on additional work but had no one to watch her children so she could get another job.

Nine of the mothers who completed all three interviews were employed. Among them, four had to take time off work during the interview period because they did not have child care, some intermittently when family could not fill in and some for longer periods.

One mom, Sonya, had to cut back her work hours for a prolonged period because she could not find afterschool care for her 12-year-old. She was using her eligible time off under the Family Medical Leave Act (FMLA), which she receives for her daughter's epilepsy. Time off under FMLA is limited and unpaid. *"I have to sacrifice my work time.... I have to put 40 hours a week and I'm getting 30 hours a week, 31, as I have to leave early, sometimes three days, to go for her."* Reducing her hours by ten each week means losing a quarter of her wages.

Another of the four, Lynda, stopped working altogether while she looked for care for her school-age child. *"No, I'm not [working]. I'm just waiting for this to get resolved. I tried but they were pretty adamant, they didn't want part time hours.... I'm going to look somewhere else because I do need to get back to my full time employment next week.... I seriously have bills that I need to pay."* Lynda could not find care and she eventually changed to a job with more flexible hours.

### **Temporary care arrangements were a short term fix but not stable or sustainable**

While parents searched for more permanent child care, they used a variety of temporary care arrangements that were critical in the short term but not sustainable or ideal over time. Parents found these arrangements unstable or unaffordable.

Family members often played the important role of temporary caregiver. Eight of the 17 mothers had help from extended family and, in one case the child's father, while they looked for care. However, family members often had their own obligations, causing parents to scramble to find care.

*"Right now for the moment they do help me, but since they also work I do not have stability. I do not have one secure place for my girl."*

*"I don't like that on a daily basis I need to make sure that my family member will be able to watch them, and if I can't find anyone sometimes I have to take off work. I do like that they are family so I trust them with my kids. But it does get frustrating."*

In some cases the care needs are too much for family members. One mother had a one-year-old child with a developmental delay. The child's grandmother was caring for him but also caring for the child's grandfather. The mother sought a new child care provider to give the grandmother relief. Melissa had extended family nearby but said they were *"a little leery because [her son] is epileptic. He's a little heavy for his size so the physical strain that you have when you lift – I wear a back brace when I pick him up."* At first she used a sitter to fill in, but the sitter lived outside the school district which meant her son missed his therapy services. As time passed and she still could not find care, she did end up relying on family.

Three parents at some point relied on their teenage children ages 14 to 16 to watch their younger siblings. Only Sonya saw it as a viable option, though not ideal. *"My 16-year-old daughter. She leaves school early on Thursday and Friday and she takes care of her Saturday and Sunday so that I can work... she gets out [of school] early, but instead of going with her friends, she has to take care of her sister because I do not have anyone to take care of her."*

Other parents temporarily used formal care programs while they looked for more preferable care. These arrangements were often unaffordable. Dana was the mother whose care fell through and she called on a previous provider until she could find a new arrangement. She liked this licensed home provider but the provider charged more than she could pay. This meant she had to split care between the home provider and her cousin. *"For right now I have to do what I have to do. In the meantime, I just want to get my son some place stable. I don't like all that switching him back and forth."*

Finally, Jennifer, a mother of five foster children hoped to get all of her children into one or two child care programs. While she worked to find these care arrangements, her 7-year-olds twins attended their school's afterschool program. This was costly and unsustainable. Meanwhile, her three-year-old attended a child care center but was not happy there. *"I'd prefer if we could get them together or mostly together because right now the little one's by herself and she cries herself the whole time because she's by herself."*

### **Social Networks were Important but Not All Parents Could Draw on Them**

It is evident that social networks were important for parents during the child care search process. Many moms turned to their networks, typically family members as described above, for temporary child care. Others used social networks to find child care after exhausting the lists received by the referral program, such as one mom who learned of a program through other parents she knew. Melissa was fortunate to have tapped into the social network of a provider from the referral list. *"She's working with me*



*diligently... has been contacting me at least twice a week with different people I can talk to...they're a community."*

Not all parents had social networks to draw on for help with child care. In terms of family members, the majority of mothers - nine of the 17 - had no help or very limited help with child care from members outside their immediate family. For example, one mom had a father who could help on weekends if he was in town. One immigrant couple only had family in Russia. Another mom was new to the Chicago area and had no family in the area.

When the formal system fails to meet families' needs, it is assumed parents will draw on their own networks and resources to piece together a solution. If these networks do not exist or cannot fill the gap, however, parents have to make some tough compromises. Angel could not find an early morning provider that could also take her daughter to school. She had no family or friends to help. As a result, at age five her child attended a home child care program and missed her year of kindergarten, putting her at a disadvantage socially and academically.

The lack of social networks for some families underscores the important role that child care providers can play in connecting parents to information or resources or just providing emotional support. Silvia, the parent new to Chicago, repeatedly commented that her four school-age children had no one to depend on but her. She found a neighbor to care for them, and it appeared this provider would become an important resource to her family. *"If something happened to me she would be at home nearby....She is there and also her daughter - that gives me trust. My children do not have anyone. That gives me confidence that she is very close to the house."*

The idea that parents can draw on support systems for care in times of need proved false for many of the families we interviewed. They lacked relatives, friends, and neighbors and even lacked steady child care while they searched. We now look more closely at the families in each of the hard-to-find categories and how they fared in their child care search.

## **FINDING CARE: FOUR CHALLENGING CIRCUMSTANCES**

We set out to interview parents with particularly hard-to-find child care needs to deepen our understanding of their challenges. We discuss each type of need below, as well as the need for school-age care, an issue that surfaced in our interviews. We also discuss cost issues as they were important for most parents. Though we discuss each issue individually, the fact is that many mothers we spoke with fell into more than one of our hard-to-find categories. The mothers faced multiple constraints, and an arrangement that worked in one respect often did not in another.

### **Care during Non-Standard Hours**

Eight of the 17 parents sought child care programs that were open either in the evening after 6 pm (5 parents) or in the morning before 7 am (five parents). We conducted a complete set of interviews with five of these parents. Of the five, four struggled to find care because of their nonstandard work hours.

One of these parents, Dana, works the evening shift in housekeeping at a hospital. She lives on the south side of Chicago and needed a provider who can pick up her 7-year-old from school, care for him until a little after midnight, and then transport him back home because she does not have a car. A couple that had watched her son in the past were willing to do it again, but they charged more than she could afford. Dana's income was just over the limit for child care assistance so she would have to pay the full price. For the amount she could afford, the couple would watch her son but not provide the transportation home. This would still be costly for Dana because, *"when the winter time comes it means I have to come out of my pocket for a Lyft cab, and that money adds up in a week's or a month's time."*

Dana had a cousin who could watch her son when necessary, but her cousin cares for other children making it difficult for her son to get the sleep he needs. *"I did that before ...and he was falling asleep in school."* Temporarily she decided to use the couple four days a week instead of five to keep it affordable and have her cousin watch her son on Fridays. Fortunately, by the third interview she had found a licensed home provider who would watch her son and drive them both home at night for an affordable price.

A second parent is Katherine, the mother of an infant and a seven-year-old in the northwestern suburbs. She was returning from maternity leave to a job at an adult day program where she worked from 8 to 4. She needed care from 6 am to 6 pm to accommodate her long commute, but could only find care that opened at 6:30 am. To complicate matters, the program had to be able to transport her seven-year-old to school in the morning. By the second interview she had a new job with a 9 to 5 schedule, which eliminated her need for morning care. However, again her commute was long and she could not guarantee she could pick her children up by 6 pm, the time most programs close. *"By the time I'm on that side, a lot of the daycares are already closing and it'd be calling it close.... It just really doesn't accommodate my schedule."* She was also having difficulty finding a program that could pick her daughter up from school.

Katherine did not find child care by the third interview. She was continuing to piece together care and at times had to take off work. *"Right now my kids are being watched by some family members...I kind of didn't want to have to rely on that, but it looks like I'm having to rely on that."*

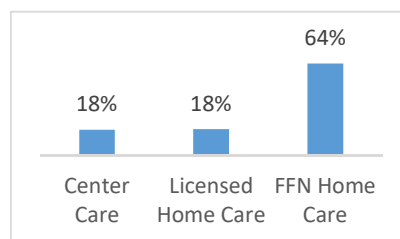
Finally, Angel is a school bus driver and a parent of a 7-year-old. She had to be at work at 6:00 am and needed a provider at 5:30 am that could take her child to school each morning. With no programs in her area open at 5:30 am, she had to look to FFN care. See Box A for Angel's full story.

### Families with Non-Standard Work Hours

An IAFC study found that about half of Cook County families on the Child Care Assistance Program (CCAP) work some non-standard hours: early mornings, evenings, overnight or on weekends.

The majority of these families used informal family, friend and neighbor (FFN) care.

TYPE OF CARE USED BY CCAP FAMILIES WITH NONSTANDARD WORK HOURS



## Box A: Angel's Story

Angel is the mother of a 7-year-old in the southwestern suburbs. She works as a school bus driver and starts her route at 6:00 a.m. She needs someone to care for her daughter at 5:30 a.m. until school starts at 8. Her daughter attends the school's afterschool program until Angel picks her up at 4 or 5. Angel sought a licensed provider for the mornings but there were none in her community open as early as 5:30. This has been a struggle for her over the years: *"[My daughter] didn't go to kindergarten - she went to a home daycare and she stayed at the day care because I couldn't, I didn't have a way to get her to school... See where I live...we don't have options like Chicago where you can take your kid to whatever school you want or whatever."*

**Supports:** Angel is a single mom with no family available to help with child care except her dad who can help some weekends. She has a 14-year-old daughter who had been providing care but who recently began to need supervision herself.

For help with the cost, Angel may apply for CCAP once she finds a provider. Unfortunately, her daughter's afterschool program does not accept CCAP payments, so she already has to pay out of pocket for the afternoon care.

**Challenges:** With the lack of early morning child care in her community, Angel was willing to take her daughter to a program close to her job in Chicago. However, these programs do not provide transportation to schools in the suburbs. *"It's not even far, it's just like a couple minutes, but all the rest of their kids that they do transportation for, they all go to school in the city, so it's like out of their way."*

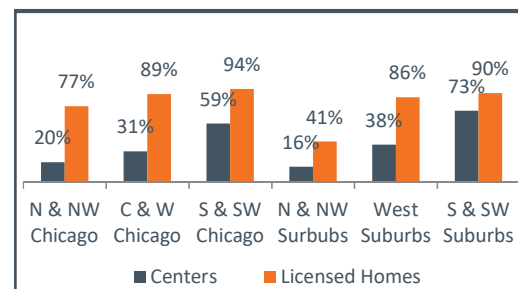
With no other child care leads, Angel paid for an ad with an on-line babysitter locator. She found a young woman willing to drive from the city to watch her daughters for \$25 per day. Paying this amount on top of the afterschool program is a financial challenge for her. Yet she worries that she is not paying enough considering the distance the provider has to drive: *"I worry about that maybe it's not enough, what I can pay her... like it wouldn't be worth it for her to come."*

**Final arrangement:** Despite being hesitant about using non-licensed care, by the third interview Angel was satisfied with her caregiver. She enjoyed the convenience of someone coming to her home and not having to wake her child and get her ready for child care.

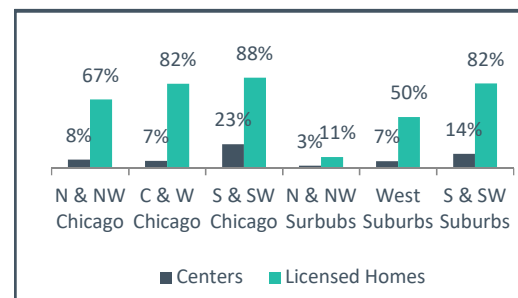
However, the cost was not sustainable for her. *"When you think about it, I'm going to be paying like \$600 a month for child care. I could buy a new car for that. I don't even make that much*

The amount of child care available during nonstandard hours varies by Cook County region. Home providers are more likely to accommodate nonstandard schedules than are centers.

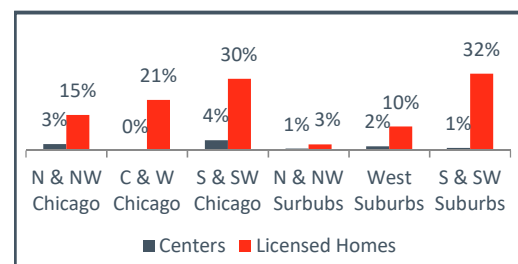
Offer early morning care - before 6:30 am:



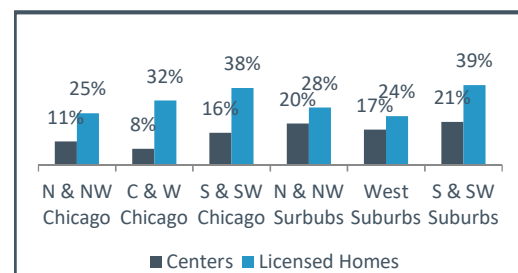
Offer evening care - 7 pm or later:



Offer weekend care:



Offer variable-schedule care:



money....But I don't really have any other choice right now... nobody is going to come and watch your kids for less than \$125 a week." She has begun to take on extra bus routes on the weekend to earn additional money for child care. Unless her father is available, she takes her daughters with her despite it being against her employer's policy. "So that's not that fun, but I can't afford to pay somebody to watch my kids."

She plans to apply for child care assistance but is skeptical that it will be of much help considering CCAP would pay her provider the part-time license-exempt rate of \$8.11 per day minus her copayment. She had not yet asked her provider if she would be willing to receive payment from the state. Her provider would also have to be willing to complete a criminal background check, take a CPR and First Aid class, complete 11 hours of on-line training, and have a monitoring visit. All for 2 ½ hours and \$25 a day. "I wish my daughter's school accepted Action for Children [CCAP]. That would be helpful."

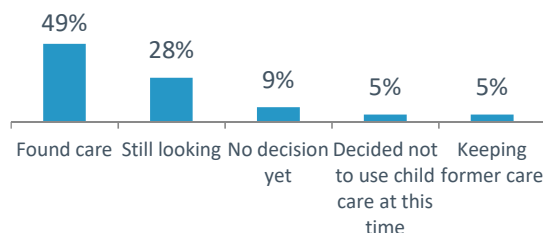
### Care for Children with Special Needs

Eight of the 17 parents had a child with a special need, five being school age and three under age five. The care requirements the parents sought varied. One wanted a caregiver with extra patience and empathy because her children had ADHD and experienced trauma from domestic violence. Another needed a provider equipped to use a feeding tube and do heavy lifting for her wheelchair-bound son with cerebral palsy. Three parents sought caregivers with experience with autism, another sought a provider willing to administer medication in the case of a seizure, and two had children with other physical delays that required extra attention.

For all of the moms, the child's special need was an important factor in their care choice, but it was not always the most limiting factor. For the four families needing care for their children with autism or ADHD, finding a caregiver responsive to their child's needs complicated their search, but barriers related to transportation, openings and affordability appeared more limiting. Three of the four moms found care. Lynda, the parent of an autistic child in the northwest suburbs, however, did not. She mainly attributed it to the timing of her search – she was trying to enroll her son in an after-school program mid-year and most programs were already full. But also, she had to rule some places out because they were not a good fit for her son: "I can't just put him anywhere because he has been in certain situations and he just doesn't do well. He starts fighting, it just becomes a disaster, so that's my issue with finding appropriate care."

#### Search Results for Parents Needing Care for a Child with Special Needs: Cook County Parents Using the Referral Service in FY18.

Just under half of parents searching for care for their child with special needs found care.



(Among 108 parents who completed the survey and had a child with special needs)

Two moms had much more difficulty finding care because of their children's needs. The first was Sonya, the mother of a 12-year-old with epilepsy living on the south side of Chicago. Her child needed afterschool care but no program was willing to care for her: "They tell me no because it is very dangerous, that they do not have the right conditions for it....[that] I did not qualify because she needed

*one-on-one care.*” She explained that her daughter’s IEP states she needs one-on-one care, but to her, the only special care her daughter requires is the administration of medicine in the case of a seizure. To date, her daughter’s seizures have only occurred at night or when her daughter is sick. She and her daughter’s neurologist are prepared to train any caregiver on epilepsy and how to administer the medication. Still no program would accept her daughter. The aide assigned to her daughter at school offered to watch her afterschool, but the arrangement ended when the aide was reassigned to a new service area. As of our last interview, Sonya, as described earlier, was leaving work early two to three times a week under the Family and Medical Leave Act and relying on her 16-year-old daughter to provide care one to two weekdays and on the weekend.

The other difficult case was Melissa’s. She and her three-year-old with cerebral palsy and epilepsy lived in the south suburbs. Melissa found it difficult identifying programs that will serve children with special needs. She felt programs do not advertise it well or they advertise about special needs very broadly but then “pick and choose” who they want to serve. Box B illustrates her full child care search story.

Overall, some parents had greater success in finding a provider who could accommodate their child’s special needs than others and success appeared related to the severity or perceived severity of the child’s disability.

### **Box B: Melissa’s Story**

Melissa lives in the south suburbs with her three-year-old son who has cerebral palsy and epilepsy. She needs care for him while she works as a postal carrier. Her son attends the public school daily where he receives therapy services, but he needs child care for the remainder of the day. The school bus will pick him up and drop him off at the child care program as long as it is in the school district. Melissa needs a program that is able and willing to care for a child who has seizures, is wheelchair bound and uses a feeding tube.

**Supports:** Melissa’s mother is a helpful resource, but she is a teacher and cannot watch her son full time. Other nearby family are not prepared to manage his special needs.

Melissa is eligible for respite care for a certain number of hours each year, but this does not fill her child care need, and she is wary of using it: *“honestly who really wants somebody in their home, because my son...he doesn’t talk so I don’t really know what happened or if he’s been mistreated or anything.”*

**Challenges:** Melissa’s first challenge was identifying programs with the capacity to care for her son. On-line, the programs that advertise caring for children with special needs operate on the North Side or in the Northwest suburbs. **If programs exist in the south suburbs, they did not advertise as well. “I definitely would have no problem had I been up north.”**

Her first visits to child care centers had mixed results. One center said they worked with children with special needs but later told her they could not accommodate her son because they were not wheelchair accessible. Melissa felt they were being disingenuous because she saw a wheelchair ramp outside the program. A second center was more promising. *“They gave me a tour, they shared how they deal with children’s seizures, they were very open-door policy type.... it’s wheelchair accessible, and I like it.... they did say they had someone who was certified so I’m assuming they probably have some type of clinical background, CNA, something,...and they are aware of g-tube feeding.”* She was ready to enroll her son, but when she took him to see the place the director then said they could not accommodate him because they did not have staff certified to do g-tube feeding. Again,

she felt they were not being direct with her: *“Both of them changed their mind, told us to bring him in, everything. [We] did that and then when they saw him, especially at the second place, they said no.”*

By the time her son’s school started, Melissa was using temporary care but outside her son’s school district. *“He’s still at the babysitter. I have to drive all the way into the city. But he misses therapy, no school, they just started school Monday.”*

Because Melissa had yet to find a provider and apply for child care assistance, she didn’t know what she would have to pay for care. She did explain that some programs charge more for her son because of his extra care needs. *“Children with special needs, I’ve been informed, they will have to charge him as if it’s infancy because the care they would have to provide for them... he will be charged for not being potty trained... and he’s wheel chair bound so they probably have to do more physical interaction with him as opposed to other children.”*

**Final Arrangement:** By the last interview Melissa had not found care. Family members whom Melissa was reluctant to draw on were temporarily watching her son. *“He’s been able to go to school and receive therapy and that really impacts him. He just recently began standing in his walker because of his regular therapy.”*

Despite preferring a center, she looked into home-based child care. She found one provider who could not personally watch her son because she didn’t have the strength to lift him, but who was helping Melissa find another provider: *“She has integrity and is consistent. She’s using her own connections. She thinks she has a provider I can talk to. [She says], ‘we’re going to make this work baby because it’s a shame they discriminate against kids with special needs.’”*

## Care in Child Care Deserts

Location of care often tops the list of criteria for families searching for child care, and it was important for the parents we interviewed – most wanted care close to home. However, some parents had very few options in their community, particularly certain suburban communities, and once they filtered out programs that did not meet their specific needs such as inclusive care, nonstandard hour care, or transportation, their options shrunk even more.

In the southwestern suburbs, Angel needed care at 5:30 in the morning and did not receive a single referral that met this criteria. She lamented that her community did not have the same range of options as Chicago. Jennifer, the foster mother also lived in this region. Once she narrowed her options to programs that could accommodate her children with DCFS vouchers, she had one licensed home provider to pick from. When asked if she would keep looking, she replied, *“Well there are no more places.”* Fortunately, she was satisfied with the care offered by this provider.

As we will discuss in the next section, lack of school-age care in suburban communities came up repeatedly. Parents contrasted the limited options in their community to the flexibility found in Chicago or other large cities: *“This year [the] Boys and Girls club no longer has the school where my children go. And I asked the district if there was a way to change them from the school and they said no, that because I live in the area they have to go there. In Texas it is not like that. There, if I go and explained my situation they see the way to accommodate me.”*

Parents willing to consider care farther from home can encounter new conflicts in using such care. Melissa, whose three-year-old received special education services through his south suburban school district, for example, would not be eligible for district transportation if he was in child care outside the

school district. Similarly, Jennifer was willing to use care in a nearby suburb that was on her way to work, but the program did not provide transportation to her daughters' school. Katherine, who had no programs in her small northwestern suburb, was willing to travel for care, but traveling too far meant she would not be able to pick up her child from the program on time or get to work on time in the morning.

## Care for Infants

Seven of the parents interviewed had an infant, and we were able to learn about the search outcomes for four of them who completed all three interviews. Among the four mothers, one found care without much difficulty, two found care but wished they had more options, and one did not find care.

Kristina and her husband had their infant daughter in a child care center in a southwestern suburb. She liked the center and would have preferred to keep her daughter there but it was too costly. Kristina sought and found a more affordable center and was comfortable with the care. *"I see what my baby does. I have an app and I see when she goes to the bathroom, what she eats, when she sleeps, when she wakes up so I'm actually very satisfied."* Kristina, in fact, was the only parent who in the end used center care despite center care being the preference for many parents interviewed.

Ana lived in a northwestern suburb and was looking for care for her infant and 11-year-old child with autism. She used the referral list and immediately found a home provider from the list who could care for both of her children. She felt the care was good and met her needs, but did wish there were more options to choose from because many programs were full. She also felt that if she had begun her search earlier she would have more options.

### The Availability of Infant Slots Varies by Cook County Region

Percent of Infants with Child Care Slots (Includes center and home slots)	
North & Northwest Chicago	8%
Central & West Chicago	16%
South & Southwest Chicago	22%
North & Northwest Suburban Cook	12%
West Suburban Cook	14%
South & Southwest Suburban Cook	24%

Jordan was a first-time mom who lived on Chicago's south side and was interviewing for an evening job. She said she called every provider on the referral list and found only one with an opening. She seemed fine with this provider, but by the final interview she had not begun using the care yet, and she and the provider were still working out the scheduling details. Like Ana, she partly attributed her lack of options to waiting too long to look for care. *"I mean it's good to be overprotective of your child but not too overprotective to the point where you wait too long to the point that there are no slots open."*

Katherine, whose challenges with nonstandard hours we discussed above, did not find care for her infant. Many providers she contacted had no openings. *"They only can stay with two newborns so a lot of the spots are filled. So the list that I was sent wasn't too much of a big help because everybody was either full or they already had the limit for babies... I do respect that they only take in two kids. That tells me that they do pay attention to the babies, so that's fine with me, it's just there is not a lot to choose*

from.” This combination of limited infant slots, need for care after 6 pm and lack of transportation for her school-age child prevented her from finding care. As of the last interview, she was using care by multiple family members.

## **FINDING CARE: OTHER CHALLENGES**

### **School-age Care**

We did not specifically seek out parents of school-age children for this study, but eight of the families completing all three interviews had a school age child. For most of the families, before- or after-school care was not offered by the child’s school and parents were challenged with finding an off-site child care program that could transport their child to or from school. Families could not access district bus service for various reasons: the school attendance area was small enough that no bus service was offered, the family lived too close to school to be eligible for bus service, or the district would not bus children to a child care program outside the district. Similarly, some child care programs offered transportation but only within certain school districts.

*“How are they going to offer a service when transport is required?...I just think that they are focused on young children, not so much on kids like mine that need to be taken to school.”*

*“Just the whole transportation issue, that a lot of people don’t do that and there’s a lot of parents that can’t pick up their kid or drop them off, and the way they go about the whole transportation thing is unreal.”*

In the end, of the five families that needed school-age care and transportation, two selected informal FFN care, two chose licensed home care, and one did not find care.

In two instances the children’s school *did* offer after-school care, but the parents still faced challenges with this care. One mother needed both before- and after-school care but the school only provided after-school care. For both moms, the after-school program did not accept state child care payments. Also, both moms found the programs limited in that they did not offer care on days when children were dismissed early or had no school: *“Here if they don’t have school, we don’t have care and I have to take off of work. If they have an early dismissal, I have to take off work. You know it’s not like a normal daycare.”*

While transportation to child care was the most common issue that surfaced around school-age care, the cost and schedule of care were problematic as well.

### **Affordability of Care**

The parents we spoke with were on a limited budget and the cost of care was a factor for all of them. Both the Child Care Assistance Program (CCAP) and the DCFS child care program are available to assist families with child care costs: CCAP assists parents or students earning below 185 percent of the poverty level and DCFS assists parents of foster children. Seven of the parents interviewed received help paying for child care through CCAP or DCFS; one parent, Dana, was over the income limit and therefore not eligible for CCAP; and most of the others intended to apply for CCAP.



Families paying for child care without any state assistance reported their struggles with the high cost of care. The story of Angel (Box B), for example, describes how she had to work extra shifts on the weekend, taking her children to work with her at times, to earn enough money to cover her weekday child care expenses.

**While the intention of CCAP and the DCFS child care program is to increase parent access to care that would otherwise be unaffordable, the policies or practices of these programs can create barriers for families, and the parents we spoke with encountered several of these barriers.**

Three parents reported that child care programs they considered did not accept CCAP or DCFS payments or limited the number of children with these vouchers that they will serve. **Reasons why programs might choose not to accept vouchers include the administrative costs to manage paperwork and billing requirements, additional training required of teaching staff, low payment rates, and the timing of payments, which are made the month after service and can be erratic during periods of state budget instability or policy changes.** As mentioned, two moms used afterschool programs that did not accept state payments and they struggled paying the full price of care. One was Angel who paid more than \$700 monthly for before- and after-school care. The other, Jennifer, looked for other afterschool programs that would accept DCFS vouchers. However, when she found one she learned that they cap the number of children with vouchers and therefore could not take her children. This prevented her from using a center that met her needs in every other respect. *“I know we can apply and they’ll try to reimburse us, but that takes a long time and that’s a lot out of pocket for us.”*

Other parents received state assistance but still faced affordability issues. **CCAP payment rates generally fall short of those charged by child care programs, especially centers, and some programs expect parents to make up the difference.** One mother said the monthly cost to use a center even with the help of CCAP would have been \$600. Kristina was the mother who had to move her infant from a center that she really liked. She could not afford to stay because the center required that she pay the rate difference on top of her CCAP copayment. She said this was common in her southwest suburban

### About the Illinois Child Care Assistance Program (CCAP)

Through the Illinois Department of Human Services (IDHS), CCAP provides low-income families with access to quality, affordable child care for children up to age 13. Eligible parents must be working or in an approved school or training program and have incomes at or below 185 percent of the federal poverty level, for example, \$38,443 per year for a family of three.

Under federal and state policy, CCAP is designed to give parents the choice of child care that best fits the needs of their family. CCAP reimburses the provider at the established state rate, which varies by region, age of child, and type of provider. Families are required to pay a portion of the cost of care through a sliding scale copayment that is based on family size and income.

CCAP is primarily a system of vouchers for individual families that in Cook County is administered by Illinois Action for Children. Some child care centers, however, have direct contracts with IDHS to serve families eligible for CCAP.

In June 2018 65,072 Cook County children had CCAP vouchers, 21 percent below the 81,924 children in July 2015, just prior to large cuts in and later restoration of in CCAP eligibility. In both years we estimate that at 162,000 children were eligible for CCAP.

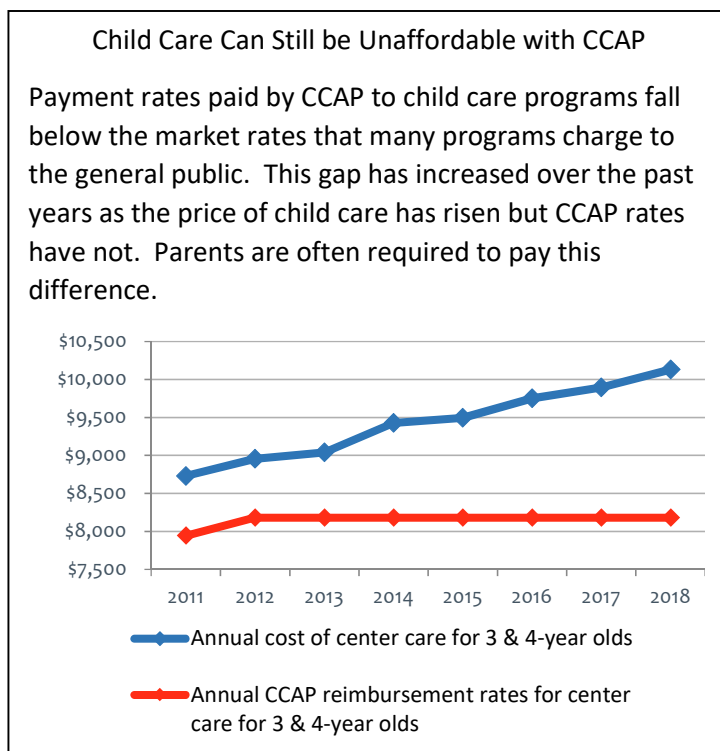
community: *"If I choose a day care covered by CCAP there aren't many choices....Most day centers, they do accept CCAP, but they go over the copayment."* She and her husband eventually found a center that was more affordable.

Accessing CCAP, especially for the first time, can be difficult because of upfront requirements. To apply for the program parents must show proof of employment or school enrollment and have selected a child care provider. The requirements create problems for parents who need child care in order to search for a job. Without proof of employment they cannot get CCAP and therefore cannot get child care. *"How can you work if you don't have someone to watch your kid for the interview?"* Also some child care programs will not enroll a child until they know the parent has been approved for CCAP. This creates a problem for parents who have no place for their children while waiting on the approval, which can take several weeks. Few parents have the resources to pay for the care while they wait. *"You'll have to pay upfront and you'll have to pay their regular prices. And they're ridiculous prices."* These catch-22 type scenarios can be frustrating, particularly for families without support systems.

Dana faced a common affordability challenge – she earned over the CCAP income threshold, which is 185 percent of the poverty level, or \$38,443 for a family of three. At this income, families are expected to shoulder the full cost of care, but often cannot. *"I went \$100 over...I can't afford to take a decrease just to qualify for child care because I have other bills to pay....[My son] gets [social security benefits], and I didn't know that they used that as income, 'cause that's his death benefits from his dad that made me go over."* With her limited budget, she found herself choosing between a provider that could offer a stable, quiet environment for her son at night and transportation to get home around midnight. It was difficult finding a provider that offered both for what she could afford. Had she been eligible for CCAP, she would not have had to make that choice.

Home child care providers are often considered more flexible for families in terms of cost. This was the case for Dana who found an affordable licensed home provider: *"She's working with me as far as the payment....It's a big relief."* It is also the case for Silvia, whose neighbor would be watching her children. Her neighbor agreed to care for her children without pay while waiting for Silvia to get approved for CCAP.

While home providers can be more flexible, especially informal family, friend and neighbor providers, it is unclear how many FFN providers are willing to engage with bureaucratic systems like CCAP or DCFS.



As Jennifer said, “I would assume if I’m having this hard of a time finding a place that takes DCFS payment it’s going to be almost impossible to find a single solitary person that takes DCFS payment.” Of the two parents, Angel and Silvia, who settled on FFN providers, Silvia planned to apply for CCAP and Angel was unsure. It is unclear whether these parents and their providers knew the full-extent of the requirements of providers to receive a CCAP payment: providers must submit their state ID and social security card, get fingerprinted and pass a criminal background check, complete 11 or more hours of training, including in-person CPR and first aid training, and receive an annual monitoring visit. Angel only needed care a couple hours each day and was already worried about retaining her provider due to the distance the provider had to drive. Asking the provider to complete the CCAP requirements for just a small amount of assistance (\$8.11 per day minus the parent copayment) might not seem worth it. However her budget was very stretched and any extra money would have helped. Our interviews did not follow these parents long enough to learn whether their FFN providers were willing and able to complete these requirements.

The barriers to using state child care assistance programs captured here are not new to policy makers, but the extent to which families encounter them is unknown. The fact that nearly half (eight) of the families faced these barriers in our small sample of 17 parents suggests the problems are quite common.

### Other Issues Encountered

In addition to the barriers mentioned above, child care programs did not work for parents for other reasons related to trust, respect and specific program characteristics. Four parents reported that they passed up a child care program because the provider did not convey trust.

*“When I was asking her about what other kids she had, it was like she was coming up with names, because I didn’t see any kids there but hers.”*

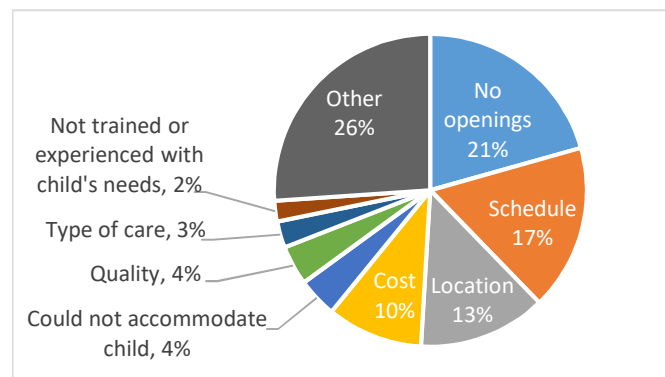
*“There were inconsistencies in things she was saying in reference to price. I think she might be up and coming, but some comments that made me uneasy.”*

*“The vibe was off. I don’t know how to explain it to you....but I just wasn’t feeling it.”*

Two mothers discussed issues of discrimination. Melissa felt her son was discriminated against because of his special needs and one Latina mom felt discriminated against because of her ethnicity.

### Problems Parents Face in Finding Child Care: Cook County Parents Using the Referral Service in FY18.

A quarter of families receiving child care referrals reported problems with finding care. The most common problems were related to no openings, provider schedule, location and cost.



*“Other” issues are often related to cost: program will not accept child until approved for CCAP; program charges parent more than CCAP copayment or program requires deposit or registration fee.*

*"They treated me very badly because I went and at the door they made me wait and they told me 'I do not think I have any spots for three year olds and I advise you to enroll him in a day care of North Americans because many Europeans come here.' I felt discriminated in some way.... If they treat the older people like that, how are they treating the children?"*

Kristina, another immigrant mom, also felt she was treated poorly: *"The customer service was not nice. I didn't like the way they speak on the phone; you know they were in a rush or not answering or arrogant."*

Two parents faced programmatic issues with providers they contacted. One encountered a program that required proof of address. *"I am staying over at someone's place, so my child wouldn't qualify."* Another, Silvia, visited after-school programs that she felt needed more personnel. *"I have entered in a few and I feel that there are many children for one teacher. Especially when there are children like mine. I have two with ADHD and probably the third one will be diagnosed with ADHD since he is not academically doing good in school."* These programs did not meet Silvia's needs in other ways so it is unclear whether she would have enrolled her children despite the staffing levels had the programs worked in other respects.

## **OUTCOMES OF THE CHILD CARE SEARCH: Did Families Find Care?**

We were able to learn the results of the child care search for the eleven mothers who completed all three interviews. Seven of the moms found child care by the last time we spoke with them and four had not.

### **Parents Who Found Care**

Although four of the seven mothers who found care preferred center care, only one mom ended up using a center. Four of the moms selected licensed home care and two chose FFN home care. All six were positive about their arrangements despite their care type often differing from what they initially sought or preferred.

Parents described what they liked about their child care arrangements:

- *It was good. She came every day. She was on time every day. There was no problems. My little daughter, she says she loves her....She comes to my house. It's real convenient for me!*
- *That it is nearby, I feel comfortable. The children eat homemade food, not junk food....this seems practical....She is already older, she is not a little girl. She already has experience taking care of her parents. And since her parents are sick I see how she is on time giving them medicine and everything, I see that she is an organized and responsible person.*
- *She's going to be picking him up and dropping him off at home. That's one of the good things that I like it, that she's going to be able to do that....She helps him with his homework.... She gets him to bed.... I haven't had any complaints of him falling asleep in school....He likes her.*
- *[I have two drop offs] instead of three, it's wonderful. Yes that, and they're being bussed ....She's open from 6 to 6 so it works on the days we go in early, it works for the days we get out late, so, wonderful....It's very close to our home which is really convenient. So we're all still in the same community which is great. Because driving very far to drop them off to daycare is horrible.*

However, there were some trade-offs that the parents made. As mentioned, Angel's child care was not affordable and she had to start working extra hours to pay for it: *"It's just expensive out of my pocket."* And having an in-home caregiver raised other issues: *"I haven't asked her about her social security number yet [for tax purposes]. I don't know how she's going to feel about that.... I don't really have a licensed provider. So obviously there's a lot of risk when you're, I mean, somebody that you don't know at all and you're inviting them in your home to take care of your kids, I mean, that's a lot of risk for me."*

Jennifer would have preferred that her 3-year-old attend a formal preschool classroom. *"I know [the home provider has] got some type of curriculum but it would have been nice to have her in more of a classroom setting, like more structure. But right now I'll take what I can get."* She also was not able to get all five of her children in one program, which she preferred. *"[Center name] would have been big enough for all of them and they have a full-on prek program where they're in school, you know like in a class, and they just refused to take the girls because they're also DCFS."*

Dana was happy with her licensed home arrangement, but the provider changed what they had agreed on related to her child's transportation. This was not the first time this had happened to her, and is one reason she preferred a center. *"I just wish she had stuck to the first deal."* Kristina was also happy with her new child care center, but she had to give up her first-choice center and disrupt the care her infant was currently receiving.

### **Parents who did not find care**

We discussed how Lynda changed to a more flexible job after not being able to find care for her school-age child with autism. For the coming school year, she plans to start her search earlier to secure a spot for him.

Melissa and Katherine continue to look for care but in the meantime use family arrangements. Katherine described this arrangement as unstable and had to take off work when no one was available to provide care. She was only weeks into a new job and, though she did not discuss this, taking time off as a new employee might have been a risk for her.

Sonya had to cut back her work hours under the protection of FMLA. As mentioned, FMLA time is limited and offers no pay for the hours lost. Meanwhile, the responsibility of care falls on her teenage daughter who gives up time with her friends to be home for her younger sister.

### Summary of Child Care Search for the 11 Mothers Completing All Three Interviews

Mother	Children	Location	Key Search Factors	Care found	Compromises
Dana	7-year-old	Chicago	<ul style="list-style-type: none"> <li>Open past midnight</li> <li>Can pick up child from school</li> <li>Transportation home at midnight</li> <li>Affordable (parent not eligible for CCAP)</li> </ul>	Licensed home care	Temporarily had to split child among two providers to make it affordable. Did not like this instability. Did not like that provider changed their transportation agreement.
Melissa	3-year-old	South suburb	Can accommodate child's cerebral palsy and epilepsy	None	Using extended family for now but did not feel it was an option originally. Still looking for care.
Katherine	Infant & 7-year-old	West suburb	<ul style="list-style-type: none"> <li>Has slot for an infant</li> <li>Open until 6:30 pm</li> <li>Can pick up child from school</li> </ul>	None	Using family; does not always have care; has to take time off from her new job to fill gaps
Angel	7-year-old	Southwest suburb	<ul style="list-style-type: none"> <li>Open at 5:30 am</li> <li>Can take child to school</li> </ul>	License-exempt provider in her home	Arrangement is not affordable; has to work extra hours to pay for it and bring her children to work at times; uncertain about having a stranger in her home
Sonya	12-year-old	Chicago	<ul style="list-style-type: none"> <li>Will accept a child with epilepsy</li> </ul>	None	Has to leave work early; sophomore-age daughter has to watch her some days
Silvia	6,9 & 10-year-olds	Northwest suburb	<ul style="list-style-type: none"> <li>Can pick up children from school</li> <li>Has patience with children who have ADHD and experienced trauma</li> </ul>	License-exempt provider in provider's home	None
Kristina	Infant	Southwest suburb	<ul style="list-style-type: none"> <li>Accepts CCAP without charging additional fees</li> <li>Has slot for an infant</li> </ul>	Licensed center	Likes new center but had to give up old center that she preferred
Ana	Infant & 11-year-old	West suburb	<ul style="list-style-type: none"> <li>Has experience with autism</li> <li>Has slot for infant</li> </ul>	Licensed home care	None
Lynda	6-year-old	Northwest suburb	<ul style="list-style-type: none"> <li>Has experience with autism</li> <li>Can pick up child from school</li> </ul>	None	Had to change to a more flexible job where she could be home for her son.

Jennifer	3-year-old and 7-year-old twins	Southwest suburb	<ul style="list-style-type: none"> <li>• Has experience with autism</li> <li>• Willing to accept DCFS payment voucher</li> <li>• Can take children to and from school</li> <li>• Open 6 am to 6 pm ideal</li> </ul>	Licensed home care	Had to split her foster children among two providers rather than have them in one program. Wished the three-year-old could attend a program with a formal preschool class.
Jordan	Infant	Chicago	<ul style="list-style-type: none"> <li>• Has slot for an infant</li> <li>• Open evenings</li> </ul>	Licensed home care	Unclear. Care had not yet started.

## DISCUSSION

*Some main takeaways:*

### **Parent face multiple barriers**

It was common for the parents interviewed to face multiple barriers to finding child care. It was often the combination of factors, such as needing care during nonstandard hours, having a child with special care needs and not being able to afford care, that prevented families from finding the care they need. Policies and funding directed at individual issues such as expanding child care during evening hours will help some parents, but a more holistic view of the needs of families and, in turn, a more holistic design the child care system could achieve better results.

### **Parents face child care challenges amid other complexities in their life.**

The families faced an array of life challenges during the window of time in which they needed child care: serious mental health issues, medical issues, homelessness, and adapting to a new culture. This is on top of their day-to-day challenges of being a single parent with a low-paying job and, in some cases, raising a child with special needs. Amid these circumstances, they expressed their worry about being able to work. Child care can be a stabilizing force in families' lives but only if families can access it. A child care system that is simple and responsive to family needs will serve them best. This entails redesigning policies and procedures that prevent families from accessing care where and when they need it.

### **When the formal child care system did not meet their needs, families were left to fill the gaps. Yet parents have limited resources and social networks that can help with child care.**

As of the last interview, several parents still had not found child care. Some pieced together care among family members and some took time off work, or both. We found that many parents did not have a "back-up" system of care to turn to. Instead families make compromises such as moving children between caregivers, using a program with a less rich curriculum, making financial sacrifices or suffering inconveniences for their family such as multiple drop offs, asking teens to care for siblings, working extra shifts and taking children to work.

By investing public resources in building a more robust child care system, we can close the gaps experienced by families.

### **Recommendations or Policy Implications**

### **Improve Affordability:**

The Child Care Assistance Program and the DCFS child care program are the main vehicles for supporting families with the cost of child care. Changes to these programs can increase family options and expedite their access to care.

- **Offer assistance during parent job search.** Currently, only parents who lose a job while on CCAP can receive child care assistance for a job search. Families wishing to apply for CCAP in order to search for work should be given access to the program as well.
- **Use presumptive eligibility so parents do not have to wait for care.** Parents who get a job may have to wait several weeks to be accepted by a child care program while they wait on their CCAP approval, that is unless they can pay the upfront cost of care themselves. Instead, CCAP could reimburse child care programs for the care provided during the parent approval process regardless of whether the parent is ultimately approved for assistance. This “presumptive eligibility” removes the risk to child care providers of accepting a child without CCAP approval and gives parents immediate access to care.
- **Increase CCAP and DCFS reimbursement rates to child care providers.** Reimbursing providers at rates that reflect the true cost of providing care would incentivize programs to accept the child care subsidy. It would also provide relief to parents whose child care programs require that they pay above and beyond their copayments because state rates are too low. Higher rates would also allow programs that serve CCAP families to invest in the quality of their care.
- **Increase the income threshold for CCAP eligibility.** The high cost of care for families that “income-out” of CCAP can lead parents to turn down raises, switch to lower-quality care, or make other compromises that are not in the best interest of their families. CCAP income eligibility should be raised so that every family can afford quality child care.

### **Improve Access and Quality of Care for Children with Special Needs:**

Currently, families that need child care for a child with special needs receive an enhanced referral from their CCR&R, meaning the CCR&R will call providers to identify those with openings. They will also indicate to the parent which providers have some training or experience with the special need or are willing to care for a child with the special need. It is then up to the family and provider to determine whether the provider can reasonably accommodate the child. More needs to be done to ensure all children have access to child care regardless of the severity of their need and where they live.

- **Raise awareness of the importance of inclusion.** Communicate to child care programs, schools, families, specialized service providers and policy makers the benefits of inclusive child care.
- **Fund a robust system of supports for child care providers to care for children with disabilities.** Funds could support training, coaching, equipment, staff time for communication and planning, accessible facilities, and individual aides for children needing one-on-one care.
- **Establish special need coordinators within the CCR&R system.** Coordinators would help parents find inclusive care, build the capacity of providers to offer this care (by connecting providers to training, resources and funding) and follow up with parents and providers on the care arrangement.

### **Build the Supply of Licensed Home Care**



The number of licensed home providers has been declining over the years. This is concerning because licensed home providers are more likely than centers to offer nonstandard hours of care, infant care, and care in child care deserts – including rural areas of the state. The state can expand its investment in licensed home care through more funding to assist providers with licensing, for start-up grants, and reimbursing licensed home care at a higher rate.

### **Incentivize Nonstandard Hour Care**

IDHS could work to improve the supply of licensed child care during nonstandard hours by experimenting with various funding incentives such as subsidy contracts, subsidy rate add-ons, and capacity grants. Use of funds 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.

### **Incentivize Infant Care**

Families with infants have fewer care options than those with older children because child care centers are less likely to offer infant care because of the high costs involved, primarily staffing costs. The following are ways to incentivize infant care.

- CCAP can raise the infant reimbursement rates paid to providers
- CCAP can strategically use subsidy contracts to target increases in the supply of infant care.
- The state can offer start-up grants to cover the cost of training and equipment, such as cribs, needed to provide infant care.

### **Expand Care in Child Care Deserts**

- Identify regions lacking adequate child care supply and the need.
- Where need is established, provide long-term CCAP site-based contracts (with accountability) to providers, and even subsidize new centers.

### **Grow the Supply of School-Age Care and Transportation Options**

- Offer grants to child care programs to fund the transport of children between school and care.
- Work with school districts and schools to develop on-site child care or to offer transportation to school-age child care. For schools that have on-site child care, work with them to accept CCAP certificates and DCFS vouchers, or to receive CCAP site contracts.

### **Enhance the Child Care Referral Program**

- Improve how data is stored and updated in the referral data system to help referral consultants provide better information to parents, and in turn, reduce parent legwork. For example, give providers electronic access to complete real-time updates on their open slots or to update their child care profile as information changes.
- Collect data that allow for referrals that are more precise. For example, collect detailed information on a provider's special needs experience, including training completed or a special education degree, that would help consultants to better identify providers.
- Invest in marketing the referral program to child care providers to encourage their participation on the referral database. This would increase the options given to parents.

## Appendix

### Trends in the Data in 2018

Notable trends in the child care market of Cook County are high child care prices, persisting impacts of cuts in CCAP; a sharp decline in the number of home providers offering child care; and particularly in Chicago, the restructuring of free public early learning programs for younger children that compete with child care programs that must charge for their services.

Child care prices are high. In the north and northwest suburbs of Cook County, infant care in a center costs an average of \$17,200 for a 50-week year. (See Table A1 below.)

For the first time in years, child care prices for most types of child care and in most regions of Cook County rose more slowly than the rate of inflation (2.9 percent) as measured by the U.S. consumer price index. For example, Cook County infant-care prices rose just 2.2 percent between 2017 and 2018.

- Notable exceptions were in Chicago: average prices for infant care in a center rose 3.1 percent, and the price of care for children ages three and four in a center increased 3.2 percent.
- Central and western Chicago saw the fastest increase in the price of care for children under age three in Cook County. For example, the price of toddler care rose 3.6 percent.
- Even at their slower pace, child care prices continue to rise faster than the CCAP payments to providers. These did not change from 2012 to 2018. (See chart on page 18.)

Cook County continued to feel the impact of CCAP's historic August 2015 cuts to eligibility that kept tens of thousands of employed and student parents from participating. Full program eligibility rules and funding have now been restored. Yet in June 2018, the 65,000 children served by CCAP remained 21 percent below the 82,000 in June 2015 on the eve of CCAP cuts. The financial stability that CCAP has long provided to Cook County's child care market – in the form of paying customers – was not restored.<sup>4</sup>

With fewer children, the number of providers participating in CCAP has declined sharply in Cook County:

- CCAP participation of small license-exempt “family, friend and neighbor providers” – essential to parents who work outside of daytime, weekday business hours or who have changing work schedules – declined 21 percent over the year June 2017 to June 2018 and were 50 percent below their level on the eve of the 2015 CCAP cuts.
- Licensed family child care homes fell 19 percent over the single year from June 2017 to June 2018, and by 27 percent since the eve of the CCAP cuts. Licensed family child care homes that actually participated in CCAP declined by 5 percent over the past year and by 16 percent since the eve of the 2015 CCAP cuts.
- Child care centers, which are generally larger and more stable programs, did not decline over the year preceding June 2018, but those that participated in CCAP fell by 10 percent from the 2015 CCAP cuts to June 2018.

This instability shaped the economic backdrop for parents' child care searches in 2018 and 2019.

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<sup>4</sup> While Cook County has declining numbers of children, the number with employed parents who are eligible for CCAP has not fallen: between 161,500 and 175,500 children. (Estimates based on one-year American Community Survey microdata for 2015 and 2017.) The child numbers are those with CCAP vouchers. A smaller number of Cook County children attend programs that have direct contracts with CCAP.

## Cost of Care in Cook County Regions<sup>5</sup>

Each year, Illinois Action for Children's Child Care Resource and Referral (CCR&R) program surveys providers on the rates they charge parents. The tables below present the rates for both licensed centers and licensed homes for the regions of Cook County based on child age as of June 2018.<sup>6</sup> The final row of each table shows the maximum weekly reimbursement rate the State will pay on behalf of families eligible to receive assistance through the Illinois Child Care Assistance Program (CCAP).<sup>7</sup>

**Table A1: Average Weekly Rates: Full-time Child Care in a Licensed Center**

	Infant (6 weeks to 14 months)	Toddler (15 to 23 months)	2-year-old	3- to 4-year-old	5-year-old to kindergarten	Before & After School	School Age, Summer
<b>Cook County</b>	\$277	\$261	\$229	\$203	\$196	\$138	\$178
N & NW Chicago	\$327	\$288	\$241	\$215	\$208	\$161	\$197
Central & West Chicago	\$301	\$286	\$250	\$216	\$212	\$125	\$165
S & SW Chicago	\$230	\$225	\$195	\$170	\$165	\$126	\$166
<b>Chicago</b>	\$266	\$252	\$218	\$192	\$186	\$134	\$173
N & NW Suburban Cook	\$344	\$316	\$284	\$257	\$251	\$161	\$239
West Suburban Cook	\$275	\$257	\$230	\$200	\$195	\$133	\$165
S & SW Suburban Cook	\$241	\$233	\$206	\$181	\$171	\$129	\$160
<b>Suburban Cook</b>	\$286	\$269	\$241	\$214	\$207	\$140	\$180
Maximum amount reimbursed by CCAP for full-time care	\$232.45		\$196.30	\$163.60		\$81.80 (<5 hrs/day) \$163.60 (5+ hrs/day)	\$163.60

**Table A2: Average Weekly Rates: Full-time Child Care in a Licensed Home**

	Infant (6 weeks to 14 months)	Toddler (15 to 23 months)	2-year-old	3- to 4-year-old	5-year-old to kindergarten	Before & After School	School Age, Summer
<b>Cook County</b>	\$185	\$183	\$174	\$164	\$163	\$150	\$162
N & NW Chicago	\$203	\$200	\$192	\$183	\$181	\$169	\$198
Central & West Chicago	\$177	\$175	\$166	\$154	\$152	\$147	\$148
S & SW Chicago	\$176	\$174	\$165	\$153	\$153	\$145	\$149
<b>Chicago</b>	\$182	\$180	\$171	\$160	\$159	\$150	\$163
N & NW Suburban Cook	\$243	\$240	\$235	\$230	\$230	\$208	\$208
West Suburban Cook	\$189	\$186	\$178	\$169	\$168	\$153	\$160
S & SW Suburban Cook	\$174	\$172	\$164	\$152	\$151	\$135	\$145
<b>Suburban Cook</b>	\$192	\$189	\$181	\$172	\$171	\$151	\$160
Maximum amount reimbursed by CCAP for full-time care	\$176.50		\$164.45	\$149.60		\$74.80 (<5 hrs/day) \$149.60 (5+ hrs/day)	\$149.60

<sup>5</sup> We divide Cook County into six geographic regions: three in Chicago based on the 77 Chicago Community Areas, and three in suburban Cook County based on the suburban municipalities. See the appendix in our *Report on Child Care in Cook County 2018* for a list of communities that comprise each region.

<sup>6</sup> The cost of family, friend and neighbor care is not reported because very little data are available on the rates they charge.

<sup>7</sup> CCAP reimbursement rates in effect from July 2015 through FY18. <http://www.dhs.state.il.us/page.aspx?item=75772>

**Table A3: Formal Child Care Slots in Cook County Regions**

June 2018

	Formal Child Care Slots						Children potentially in need of child care <sup>3</sup>		
	Licensed child care centers	License-exempt child care centers	School-age programs	Licensed child care homes	Licensed homes - additional school-age slots	Total slots	Total children birth through 12	Children birth to 12 with all parents working	Slots as a percent of children potentially in need of care <sup>8</sup>
<b>Cook County</b>	<b>94,794</b>	<b>6,769</b>	<b>10,037</b>	<b>22,635</b>	<b>5,085</b>	<b>139,320</b>	<b>856,372</b>	<b>591,477</b>	<b>24%</b>
N & NW Chicago	16,050	1,113	471	3,150	830	21,614	155,981	104,599	21%
Central & West Chicago	14,317	458	961	3,168	664	19,568	97,545	67,405	29%
S & SW Chicago	19,647	1,845	1,112	8,917	2,106	33,627	179,935	129,369	26%
<b>Chicago Total</b>	<b>50,014</b>	<b>3,416</b>	<b>2,544</b>	<b>15,235</b>	<b>3,600</b>	<b>74,809</b>	<b>433,461</b>	<b>301,373</b>	<b>25%</b>
N & NW Suburban Cook	21,059	1,997	5,697	1,419	204	30,376	202,204	135,368	22%
West Suburban Cook	8,021	770	863	2,161	432	12,247	90,466	62,768	20%
S & SW Suburban Cook	15,700	586	933	3,820	849	21,888	130,241	91,968	24%
<b>Suburban Total</b>	<b>44,780</b>	<b>3,353</b>	<b>7,493</b>	<b>7,400</b>	<b>1,485</b>	<b>64,511</b>	<b>422,911</b>	<b>290,104</b>	<b>22%</b>

**Table A4: Center Slots by Age in Cook County Regions**

June 2018; includes slots in licensed and exempt child care centers that are full-time unless noted

	Infant (6 weeks to 14 months)	Toddler (15 to 23 months)	2-year-old	3- to 4-year-old	5-year-old to kindergarten	Before & After School (full & part time)	School Age, Summer
<b>Cook County</b>	<b>6,657</b>	<b>8,352</b>	<b>12,993</b>	<b>19,277</b>	<b>17,270</b>	<b>16,456</b>	<b>19,179</b>
N & NW Chicago	649	1078	2,041	2,851	2,553	2,205	3,312
Central & West Chicago	901	1075	1,907	2,710	2,396	1,739	3,910
S & SW Chicago	1501	1,797	3,017	4,326	3,866	3,054	6,481
<b>Chicago Total</b>	<b>3,051</b>	<b>3,950</b>	<b>6,965</b>	<b>9,887</b>	<b>8,815</b>	<b>6,998</b>	<b>13,703</b>
N & NW Suburban Cook	1,513	1,862	2,595	4,196	3,915	4,451	3,653
West Suburban Cook	568	722	1,133	1,803	1,727	1,677	340
S & SW Suburban Cook	1,525	1,818	2,300	3,391	2,813	3,330	1,483
<b>Suburban Total</b>	<b>3,606</b>	<b>4,402</b>	<b>6,028</b>	<b>9,390</b>	<b>8,455</b>	<b>9,458</b>	<b>5,476</b>

<sup>8</sup> Percentages are based on known slots; additional license-exempt centers and slots may exist that are not reported to Illinois Action for Children, particularly those serving school-age children.