How COVID-19 Has Impacted Indiana’s Child Care System

Indiana Early Learning Advisory Committee

November 2020
ACKNOWLEDGMENTS

The Indiana Early Learning Advisory Committee (ELAC) would like to thank several organizations for their assistance in the development of this report. The following organizations were critical partners in providing data: Early Learning Indiana, Indiana Association for the Education of Young Children, Indiana Department of Workforce Development, and Indiana Family and Social Services Administration Office of Early Childhood and Out-of-School Learning.

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The completion of this ELAC report was funded by the Family and Social Services Administration Office of Early Childhood and Out-of-School Learning.

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The Indiana Early Learning Advisory Committee (ELAC) decided to shift the focus of this year’s report to the impact that the national public health crisis due to the COVID-19 pandemic has had on early care and education. While the pandemic and its effects are ongoing, this report provides a point-in-time understanding of the impacts as of June 30 and offers possible solutions to strengthen early care and education in our state.

Child care is an essential service. Advocates for early care and education have long known that child care is essential and child care providers are heroes. The initial shutdown due to COVID-19 highlighted this fact for others to see as well. During this unprecedented and uncertain time, early care and education professionals showed up to work and created and implemented plans to keep children safe.

Child care allows Hoosier parents to be in the workforce. Before COVID-19, two thirds of households with young children (ages 0-5) were in need of child care because all parents were working. One in three Indiana households with young children are headed by a single parent. Single parenthood can greatly affect one’s ability to care for their child while also meeting their workplace responsibilities.

Indiana has a large workforce in goods-producing industries (manufacturing, construction, and natural resources and mining), which means many workers cannot work remotely and therefore must have child care while they work. The U.S. Census Household Pulse Survey conducted from September 2-14, 2020, shows that only one in four households in Indiana (26%) have at least one adult who is working from home due to the pandemic. This is well below the national average of 36%. Indiana ranks 46th (out of 50 states and the District of Columbia) for the number of households with an adult working from home.

Having a parent working from home does not solve the problem of needing child care during the pandemic. Parents cannot easily split their focus to give both their child and their work the attention they require.

More than half of Indiana early care and education programs remained open during the initial shutdown due to COVID-19.

Prior to COVID-19, all counties had at least one early care and education program to serve young children and families. During the initial shutdown due to COVID-19 (March 23 - June 30), three counties (Newton, Union, and Ohio) experienced a period in which no programs were available for children and families. Indiana’s rural counties lost a greater percentage of known early care and education programs compared to urban counties.
A majority (73%) of the programs that remained open during the COVID-19 shutdown were family child care homes.

There were concerns that COVID-19 would decrease the number of high-quality rated programs, which had risen every year since ELAC first reported it in 2014. Before the COVID-19 shutdown, Indiana was on track to have more high-quality programs in 2020. However, with 368 high-quality programs still closed as of June 30, the number of high-quality rated programs has decreased by 287 compared to April 2019. During the COVID-19 shutdown, half of high-quality rated programs remained open. This resulted in a third (29; 32%) of Indiana counties having no high-quality program options available to families, compared to only four counties having no high-quality rated program before COVID-19.
In an attempt to help stabilize the early care and education industry across the nation and in Indiana during the shutdown, federal, state, and local governments, as well as private organizations, directed funding to support early care and education. Federal and state government provided three major financial supports. The Lilly Endowment also made financial support available in Indiana.

“The financial assistance has been a lifesaver. I would not have been able to remain open without it. It is still day to day, but grateful that I at least have a fighting chance.”

~ Marion County early care and education program

In addition, several local communities with philanthropic and other private support provided financial relief to child care programs.

Indiana quickly instituted a process for the application and awarding of funds to help programs deal with the immediate financial losses and instability due to the novel coronavirus pandemic.

“The Temporary Assistance Grants saved our child care programs!”

~ Community Coalition Leader

The COVID-19 pandemic has put a strain on nearly all industries, employers, communities, and families. The impact of COVID-19 on the early care and education industry has implications for the economy, programs, families, and children.

- Employers have become more aware of the critical role that child care plays in sustaining their own workforce.
- The early care and education sector is a fragile industry, and not many programs were able to withstand the initial impacts of the pandemic without significant financial support.
- COVID-19 created financial instability for families with children and caused stress and trauma.
- Many Hoosier families had to make difficult choices when going to work to provide for their family if they were unable to find a safe, affordable child care option.
- Children experiencing other adversity may be the most impacted by the pandemic. Children are more vulnerable than adults to the emotional impact of traumatic events that disrupt their daily lives. Some of our most vulnerable children have lost their connection with critical supports and resources and may not have access to adequate shelter, food, and safety during this time.
While Indiana and the country are in the midst of the COVID-19 pandemic, the long-term implications are still unknown. Based on preliminary insights contained in this report, ELAC recommends the following to best help young children and their families, early care and education programs, employers, and communities.

**RECOMMENDATIONS**

1. Increase Funding, Collaboration, and Flexibility

2. Enhance and Increase Use of Business Management Supports

3. Study Other States’ Use of Tax Credits and Incentives to Support Families and Early Care and Education Professionals

4. Strengthen Early Care and Education Data Reporting and Sharing
On March 6, 2020, Governor Holcomb declared a public health emergency in Indiana due to COVID-19. Since then, the governor has issued three executive orders that impact the families of young children:

- On March 19, FSSA waived up-front job search requirements for initial eligibility for Temporary Assistance for Needy Families (TANF) benefits and reinvestigation requirements for annual renewal of TANF benefits.

- On March 24, the Stay-At-Home Order began. Leaving the home was allowed only for essential activities which included working or obtaining services at day care centers, day care homes, and home-based services for children. The purpose of the executive order was to ensure the maximum number of people would remain home to self-isolate while “enabling essential services to continue in order to slow the spread of COVID-19.”

- On August 21, the governor issued Executive Order 20-40: Child Care Matters and COVID-19. “Further action is required to ensure that working parents and guardians have safe and sufficient child care options for school-aged children who are receiving instruction by remote or e-learning.” This order suspended some regulatory requirements so additional child care options could be made available to parents with school-age children.

The governor’s actions clearly indicate that child care is an essential service that allows Hoosier parents to be in the workforce.

Before COVID-19, public data showed that two thirds of households with young children were in need of child care because all parents were working.

**FIGURE 3:** How has the percentage of children under 6 who need care changed in Indiana and the U.S.?

Due to COVID-19, many employees were asked to work from home, potentially decreasing the need for child care. This decrease in demand for child care was likely more prevalent during the initial shutdown due to the pandemic.
Working parents made sacrifices in order to juggle responsibilities for their jobs and caring for their children. As the pandemic continues, parents working remotely may increasingly choose to send their children back to their early care and education program.

Almost a quarter (23%) of Indiana’s workforce is employed in the industries of manufacturing, construction, and natural resources and mining, and that number is as high as 50% in some counties. This means many workers in Indiana cannot work remotely and therefore must have child care while they work. The U.S. Census Household Pulse Survey1 (2020a) conducted from September 2-14 shows that only one in four households in Indiana (26%) have at least one adult who is working from home due to the pandemic. This is well below the national average of 36%. Indiana ranks 46th (out of 50 states and the District of Columbia) for the number of households with an adult working from home.

Compared to the rest of the country, more jobs in Indiana could not transition to telework. Therefore, the need for child care in Indiana was still significant once the pandemic started.2

A national survey of parents in August 2020 showed that

one in five people (22%) could not work remotely or in person without having child care for their children.

An additional 22% said they could work remotely but could not return to in-person work without child care. Fifteen percent of parents said they could work because their child care program was open (Bipartisan Policy Council, 2020, p. 19). In households where parents could juggle working from home and caring for their children, young children would still be at risk of learning loss from not being in an environment with caregivers who are able to focus completely on them.

FIGURE 4: How is lack of child care impacting parents’ ability to work remotely and in person?

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>22%</td>
<td>I cannot work remotely or in-person without child care</td>
</tr>
<tr>
<td>22%</td>
<td>I can work remotely but cannot return to work in-person without child care</td>
</tr>
<tr>
<td>33%</td>
<td>I can work in-person or remotely because my household has a child care arrangement that allows me to work (i.e. my spouse, someone else in my household, or I do not work and can provide child care)</td>
</tr>
<tr>
<td>15%</td>
<td>I can work in-person or remotely because my child care provider is open and allows me to</td>
</tr>
<tr>
<td>9%</td>
<td>Other, please specify</td>
</tr>
</tbody>
</table>

Source: Bipartisan Policy Center, (August 2020)
Child Care During COVID-19, p. 19.

1. The Household Pulse Survey was created by the U.S. Census Bureau in collaboration with other agencies to determine the impact of the novel coronavirus on American households. It was first distributed in April with results being reported weekly. The survey questionnaire has evolved since April, so data may not be available for every question since it debuted.

2. The Week 15 Household Pulse Survey showed that additional Indiana households had an adult working from home (33%) compared to the national average of 37%.
In Indiana, of all adults not currently working at the time of the Week 14 Census Pulse Survey (September 2-14),

seven percent of adults (140,000 of 1.97 million) say the reason they are not working is that they are caring for a child not in school or child care.3

In addition, one in three Indiana households with young children are headed by a single parent. Single parenthood can greatly impact one’s ability to care for their child while also meeting their workplace responsibilities.

**FIGURE 5:** What is the structure of family households with children under 6 years old?

- **Married-Couple:** 67%
- **Single-Parent:** 33%

Source: U.S. Census Bureau, 2019 ACS 1-Year Estimates, Table S1101.

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3. This statistic was unchanged in the Week 15 survey.
IMPACT ON CHILD CARE SUPPLY

Indiana has just over half a million young children. Before the COVID-19 pandemic, approximately 300,000 young children were receiving some type of child care while their parents were working. In 2019, Indiana’s Family and Social Services Administration (FSSA) Office of Early Childhood and Out-of-School Learning (OECOSL) was monitoring 4,272 early care and education programs serving young children. During the COVID-19 shutdown, child care availability was disrupted or reduced across the state.

More than half of Indiana early care and education programs remained open during the COVID-19 shutdown.

PROGRAMS THAT REMAINED OPEN

During the COVID-19 shutdown, a total of 2,405 programs remained open from March 23 - June 30, 2020, which represented over half (58%) of all available programs during that time. A majority (73%) of these programs were family child care homes, and a quarter were split between child care centers and registered ministries. A small percentage (2%) that remained open were school-based programs.

The programs that remained open had the capacity to serve 57,178 children, although these programs may have lowered target enrollment rates due to safety concerns, individual program preferences, or operational concerns. While family child care providers represented the largest number of programs that remained open, they have the smallest amount of capacity to serve children. Despite child care centers being a small portion of programs that remained open, those programs served the greatest number of children.

4. Data from April 30, 2019 and the COVID-19 shutdown period is point-in-time data, which can cause some inconsistencies.
5. Capacity data is available for 75% of the programs impacted from March 23-June 30, 2020. Capacity data is not available to report for 19% of programs that remained open, 34% of temporary closed programs, and 34% of programs that have not reopened.
Indiana temporarily lost half of its capacity to serve children in child care centers (49%) and registered ministries (54%) due to COVID-19. More than a quarter (28%) of capacity was also lost in family child care homes, while the majority (87%) of seats available in school-based programs were lost. Despite child care centers and ministries being a small portion of programs that remained open, those programs served the greatest number of children.

Data by age group was unavailable for this period. Therefore, the Indiana Early Learning Advisory Committee (ELAC) is unable to determine the impact COVID-19 has had on the capacity of programs to serve different age groups. Over the past several years, ELAC has reported that the majority of spots available in programs are for preschool-age children. At this time, it is not clear how program closures have impacted the availability of spots by specific age groups.

Prior to COVID-19, all counties had at least one early care and education program to serve children and families. During the COVID-19 shutdown, three counties (Newton, Union, and Ohio) experienced a period in which no programs were available for children and families.

FIGURE 7: COVID-19 Impact on Indiana’s Early Care and Education Programs

PROGRAMS THAT CLOSED

Early care and education programs were given the option to temporarily close during COVID-19 and still retain their licensure or registration status with the state. These programs were classified as “temporary closures.” Temporary closures are defined as any programs that closed and reopened between March 23, 2020 and June 30, 2020.

At some point during this period, 855 programs closed and reopened.

Other early care and education programs also closed during the COVID-19 shutdown and had not reopened as of June 30. Nearly one quarter of Indiana’s programs (903; 22%) closed during the shutdown and have not reopened.

More than half of child care centers (59%) closed during the COVID-19 shutdown. Over half of registered ministries (53%) and over one quarter of family child care homes (29%) closed. Nearly all (85%) of school-based programs closed.

Most Indiana counties lost a significant number of their programs during the COVID-19 shutdown.

**FIGURE 8:** Percentage of Programs Open During the COVID-19 Shutdown

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remained Open</td>
<td>58%</td>
</tr>
<tr>
<td>Temporarily Closed</td>
<td>21%</td>
</tr>
<tr>
<td>Not Reopened</td>
<td>22%</td>
</tr>
</tbody>
</table>


**FIGURE 9:** Percentage of Known Programs by Program Type Impacted During the COVID-19 Shutdown

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Remained Open</th>
<th>Temporarily Closed</th>
<th>Not Reopened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Care Center</td>
<td>41%</td>
<td>29%</td>
<td>30%</td>
</tr>
<tr>
<td>Family Child Care</td>
<td>71%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Registered Ministry</td>
<td>47%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>School-Based</td>
<td>15%</td>
<td>40%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Only six counties lost less than a quarter of early care and education programs during the COVID-19 shutdown.

Indiana’s rural counties lost a greater percentage of known early care and education programs compared to urban counties.

**FIGURE 10:** Percentage of Programs that Closed During the COVID-19 Shutdown Due to COVID-19 in Urban vs. Rural Counties

<table>
<thead>
<tr>
<th>PERCENTAGE OF PROGRAMS</th>
<th>URBAN COUNTIES (44)</th>
<th>RURAL COUNTIES (48)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25%</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>25-39%</td>
<td>14</td>
<td>6</td>
</tr>
<tr>
<td>40-49%</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>50-74%</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>75% or more</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>


Urban and rural counties are defined using the metropolitan and nonmetropolitan designations from the Department of Agriculture’s Rural-Urban Continuum Codes. [https://pcrd.purdue.edu/ruralindianastats/geographic-classifications.php](https://pcrd.purdue.edu/ruralindianastats/geographic-classifications.php)

Closed includes programs that temporarily closed and permanently closed from March 23-June 30, 2020. Some programs included here have reopened since June 30.
**IMPACT ON THE SUPPLY OF HIGH-QUALITY PROGRAMS**

Over the last ten years, Indiana has worked to strengthen the quality of early care and education programs by increasing programs’ participation in the state’s quality rating and improvement system (QRIS) called Paths to QUALITY™ (PTQ). This is a voluntary system where programs are rated from Level 1 to Level 4, with Level 4 being the highest rating. In Indiana, high quality is defined as a program that is rated Level 3 or Level 4 on PTQ or is accredited by an approved national organization.

The state of Indiana has awarded several capacity building grants to increase the number of high-quality rated programs. In addition, many local communities with their philanthropic partners have awarded grants to increase the number of high-quality rated programs. As a result of these combined efforts, the number of high-quality rated programs has grown significantly over the past five years.

The onset of COVID-19 and temporary program closures called into question whether Indiana would lose momentum toward increasing the supply of high-quality programs. As of April 2019, Indiana had 1,536 high-quality rated programs.

During the COVID-19 shutdown, Indiana had 801 high-quality programs that remained open for children and families, which was about half the number of programs available in 2019.

**FIGURE 11:** Percentage of High-Quality Programs That Remained Open or Closed

During the COVID-19 shutdown, a third (29; 32%) of Indiana counties had no high-quality program options available to families compared to only four counties with no high-quality rated program before COVID-19.
FIGURE 12: COVID-19 Impact on Indiana’s High-Quality Early Care and Education Programs

As of April 30, 2019
Indiana Total: 1,536

Remained Open During the COVID-19 Shutdown
March 23-June 30, 2020
Indiana Total: 801

High-Quality (HQ) Programs
- No HQ programs
- Less than 10
- 10-49
- 50-99
- 100 or more

Source: FSSA Office of Early Childhood and Out-of-School Learning, April 30, 2019 and March 23, 2020 - June 30, 2020
Over half of high-quality child care centers closed during COVID-19, while just a third of high-quality family child care homes closed. Two thirds of registered ministries closed, while nearly all school-based programs closed.

**FIGURE 13:** Percentage of High-Quality Programs by Program Type Impacted During the COVID-19 Shutdown

- **Child Care Center**
  - Temporarily Closed: 41%
  - Remained Open: 27%
  - Not HQ: 31%

- **Family Child Care**
  - Temporarily Closed: 13%
  - Remained Open: 67%
  - Not HQ: 19%

- **Registered Ministry**
  - Temporarily Closed: 36%
  - Remained Open: 26%
  - Not HQ: 38%

- **School-Based**
  - Temporarily Closed: 15%
  - Remained Open: 43%
  - Not HQ: 42%


The number of programs rated as high quality has risen every year since ELAC first reported it in 2014. There were concerns that COVID-19 would negatively impact the supply of high-quality rated programs. In April 2019, Indiana had 1,536 high-quality programs. In March 2020, before the COVID-19 shutdown, there were 1,617 high-quality programs, but as of June 30, 2020, there were 1,249 high-quality programs open.

While Indiana has seen an increase in high-quality programs, there are fewer programs at Level 1 and Level 2 than in previous years. Fewer programs participating in Level 1 and Level 2 means Indiana is at risk of having fewer programs working on improving their quality in order to become high-quality rated in the future. As programs continue to successfully improve their PTQ rating, more programs need to be recruited to join Indiana’s voluntary quality rating and improvement system. As of June 30, 2020, there is a decrease in the number of programs at all levels of PTQ, including high-quality programs at Level 3 and Level 4. As the pandemic continues, additional data will show how many other high-quality programs reopen.

**FIGURE 14:** Programs Participating in Paths to QUALITY™

- **Level 1**
  - 2016: 258
  - 2017: 356
  - 2018: 405
  - 2019: 449
  - 2020: 338

- **Level 2**
  - 2016: 246
  - 2017: 264
  - 2018: 264
  - 2019: 213
  - 2020: 92

- **Level 3**
  - 2016: 686
  - 2017: 783
  - 2018: 852
  - 2019: 469
  - 2020: 784

- **Level 4**
  - 2016: 1,320
  - 2017: 1,264
  - 2018: 1,275
  - 2019: 1,114
  - 2020: 887

2020 includes programs as of June 30. Programs continued to reopen after that date.

NEEDS AND SUPPORTS

WHAT DO PROGRAMS NEED?

In April 2020, the FSSA Office of Early Childhood and Out-of-School Learning reached out to programs to understand the impact of COVID-19 and assess their needs. Over 1,000 child care programs responded to the survey. At that point, two thirds of programs reported that they had not lost any staff. About one in five open programs had furloughed staff, and three quarters of furloughed staff were expected to return to their jobs.

Two thirds of programs said one or more families had removed their children from child care. A third of programs reported the most common reason for removal from care was that a parent was working from home, a quarter reported the most common reason was job loss, and nearly a third reported the most common reason was fear of COVID-19.

Three in five programs said they expect a long-term impact on their business with the most common concern being reduced enrollment.

WHAT SUPPORTS WERE PROVIDED?

Most programs reported needing attendance at or above 80% capacity to meet operating expenses. With new guidelines for social distancing, meeting the break-even capacity numbers would be difficult, if not impossible, for programs.

Federal, state, and local efforts supported child care programs in an attempt to help stabilize the early care and education industry across the nation and in Indiana during the pandemic. More support may be required in the future to keep the doors open. Not all programs were eligible for the temporary funding support. Head Start provided federal funds to its programs. The other three relief programs that provided funds to Indiana early care and education programs required programs to be in good standing with FSSA and to accept Child Care and Development Fund (CCDF) vouchers. As of June 30, 2020, 87% of early care and education programs were accepting CCDF vouchers.

6. FSSA OECOSL worked with non-CCDF-certified programs to expedite their certification in light of the pandemic. Once certified, programs were eligible for relief funding, even if they did not have children enrolled in their program who were receiving CCDF vouchers.
Temporary Funding Support Provided to Eligible Indiana Early Care and Education Programs

**HEAD START PROGRAM FUNDING**  
March - June 2020

- $12 MILLION
- 39 GRANTEES
- 92 COUNTIES

**FSSA OECOSL TEMPORARY ASSISTANCE GRANTS**  
March 29 - June 30, 2020

- $55 MILLION
- 2,759 PROGRAMS
- 88 COUNTIES

**INAEYC TEMPORARY ASSISTANCE GRANT - RECRUITMENT AND RETENTION**  
June 2020

- $1.5 MILLION
- 1,010 PROGRAMS
- 76 COUNTIES

**EARLY LEARNING INDIANA COME BACK STRONGER FUND**  
May - September 30, 2020

- $13.1 MILLION
- 1,025 PROGRAMS
- 81 COUNTIES
Every county in Indiana has a Head Start or Early Head Start program which received additional federal funding, but there were three counties (Crawford, Fountain, and Ohio) in Indiana that did not receive any additional support for other early care and education programs.

**Federal / State**

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided $3.5 billion nationally for the Child Care and Development Block Grant, and Indiana received about $78 million to disseminate across the state. The CARES Act also designated $750 million to go to Head Start and Early Head Start programs nationally. These funds were delivered to local grantees directly to provide support for programming and staff to continue delivering in-person and/or virtual programming. Indiana Head Start and Early Head Start programs received over $12 million in CARES Act funds.

The Paycheck Protection Program (PPP) provided support to small businesses including child care programs. It is unknown how many early care and education programs applied for and received PPP support. An April 2020 survey conducted by the National Association for the Education of Young Children (NAEYC, 2020) found that some programs were denied PPP support due to lack of a business bank account or problems with their credit score.

“A lot of talk has been made about the small business loans that became available through the CARES Act, and that was definitely a tremendous step in the right direction for many businesses,” said Kim Kruckel, the executive director of the Child Care Law Center.

**FIGURE 15: Indiana Counties That Received Funding Support During COVID-19**

<table>
<thead>
<tr>
<th>FSSA OECOSL Temporary Assistance Grants</th>
<th>88 Counties</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Learning Indiana Come Back Stronger Fund</td>
<td>81 Counties</td>
</tr>
<tr>
<td>INAEYC Temporary Assistance Grants - Recruitment and Retention</td>
<td>76 Counties</td>
</tr>
</tbody>
</table>

“But most child care centers and home-based child care programs do not have the business bank accounts, relationships with bankers, and professional support to navigate the Small Business Administration’s loan programs” (Fields, 2020).

In addition to the CARES Act, there were additional flexibilities made possible through the federal CCDF rules. This allowed Indiana FSSA to provide the following to families and programs serving children during the state-declared emergency due to COVID-19:

- Essential workers were included in the priority group for services
- Child care subsidy eligibility time periods were extended, and additional time was provided for transitional care
- The number of absence days for eligible families was increased
- Changes were made in school-age group size
- Temporary assistance grants were available for eligible programs to assure sufficient child care supply

“The Temporary Assistance Grants saved our child care programs!”

~ Community Coalition Leader

### FSSA OECOSL Temporary Assistance Grants

Through June 30, 2020, the FSSA Office of Early Childhood and Out-of-School Learning awarded $55 million to 2,759 programs across 88 counties through temporary assistance grant(s) averaging $4,525. FSSA continued awarding temporary assistance grants through August 2020. Programs could use funds to cover staff wages and other critical operating costs.

Some programs that received funding serve school-age children in addition to children ages 0-5. While the majority of programs awarded do serve young children, seven percent of program recipients report not serving any young children. Less than five percent of grant funding went to those programs.

After August 2020, the temporary assistance grants evolved to be the Indiana CARES About Child Care grant program. These grants reimburse programs for COVID-19-related supplies and expenses. In addition, programs that experience a temporary closure due to a confirmed case of COVID-19 can apply for a grant to assist with the expenses required to reopen the classrooms.

### FIGURE 16: Early Care and Education Programs That Received FSSA OECOSL Temporary Assistance Grants

<table>
<thead>
<tr>
<th>Percentage of Programs Awarded</th>
<th>Percentage of Funding Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Program Serves Children Under 6

- Yes
- No, school-age only

Indiana quickly instituted a process for the application and awarding of funds to help programs deal with the immediate financial losses and instability due to the novel coronavirus pandemic.

**Come Back Stronger Fund**

Early Learning Indiana, with a $15 million grant from the Lilly Endowment, created the Come Back Stronger Fund to strengthen the early learning system’s response to COVID-19. The fund helped programs cover the costs of continuing or resuming operations and adapting to COVID-19 challenges. The grants were limited to licensed or registered programs operating as a PTQ Level 3 or Level 4 (or Level 2 with a demonstrated commitment to achieving a higher level of program quality). As of the end of September 2020, $13.1 million had been awarded to 1,025 programs in 81 counties.

“It is extremely important for us to make our families feel comfortable and confident in our decision to reopen and with this grant we will be able to accomplish that goal.”

~ Little Ladybug Learning Center, licensed family child care program in Anderson, IN

“Little Duckling understands that stable, affordable child care is essential to a family’s economic stability. Parents have to be able to work to provide for their children, and when they work, they want to know their children are being cared for in a safe, loving environment. This should be the goal, no matter the economic background of the family.”

~ Grantee

“With the challenges all childcare providers are facing during COVID-19, it is important to ensure that quality programs are available to all families. The grant funds will help maximize the space at the new site and allow new seats that otherwise would not be available to children.”

~ Grantee
Temporary Assistance Grant for Early Education and Care Employee Recruitment and Retention

Through funding from FSSA, the Indiana Association for the Education of Young Children (INAEYC) offered the Temporary Assistance Grant for Early Education and Care Employee Recruitment and Retention. Indiana early care and education programs were eligible to apply for funding if they were licensed or registered, in good standing with FSSA, and open with children in attendance on or before June 14, 2020.

INAEYC received applications from 1,010 programs and awarded grants to 773 programs located in 76 out of the 92 Indiana counties. The grants provided $300 toward the costs associated with recruiting to fill a new position, $300 paid as a bonus to each full-time employee retained, and $150 paid as a bonus to each part-time employee retained. INAEYC provided just over one million dollars for retention of current early care and education employees, and nearly $350,000 went to recruitment of new staff. An additional $104,000 was awarded to 112 programs for blended funding efforts to support both recruitment and retention.

Let’s Get Back to Work Campaign

In an effort to build parents’ confidence that their children have safe early learning settings to return to, FSSA launched the “Let’s Get Back to Work” campaign (http://brighter-futuresindiana.org/backtoworkin). The campaign includes information and resources for parents to give them the confidence to return to work and do what they need to do to ensure their child’s and other children’s safety. The campaign also provides information and resources for programs to operate safely and effectively communicate these changes to families.

Local Support

In addition to the federal and state funding disseminated to early care and education programs, the Lilly Endowment awarded $33.5 million in new grants to help Indiana communities respond to the COVID-19 crisis. Indiana United Ways (IUW) received $30 million to distribute through its statewide network of local United Ways, and the United Way of Central Indiana (UWCI) received $3.5 million to help meet the needs in the five counties it serves. These grants supported many community needs, including early care and education.

In addition, other philanthropic partners created COVID-19 relief efforts to meet their community needs, including child care. Employers also helped meet the child care needs of their workforce. Below are just a few examples that show how communities rallied to support their children and families.

“The financial assistance has been a lifesaver. I would not have been able to remain open without it. It is still day to day, but grateful that I at least have a fighting chance.”

~ Marion County early care and education program
In response to the pandemic, Montgomery County Community Foundation (MCCF) launched a COVID-19 Emergency Fund. One of the areas they funded was their local early care and education programs who were ineligible for state support. They provided emergency grants to three local programs that remained open to provide care for essential workers and other families. The grants were used to cover payroll costs since enrollment was lower. This support saved some jobs in their workforce.

MCCF also partnered with a local company, Pace Dairy Foods, which donated 2,000 pounds of cheese to those in need when food banks were running low on supplies. MCCF reached out to local nonprofit organizations dedicated to feeding children and families. In a short time (and with the help of a box truck loaned out by Hoosier Heartland State Bank), MCCF staff members were delivering blocks of locally produced cheese throughout the community including to a handful of child care programs that were still open.

In Monroe County, the Community Foundation proactively worked with the United Way, IU Health, the City of Bloomington, and Cook Medical to address child care needs for essential workers. Subsidized child care pods for school-age children were developed by the Boys and Girls Club. The City’s Parks and Recreation Department offered scholarships for school-age programming and provided meal delivery. Local employers also supported emergency child care needs. IU Health-Bloomington paid 100% of child care tuition for their employees during the onset of the pandemic, Cook Medical paid a percentage of child care fees for their employees, and Solution Tree created a space in their office for children to do online learning while their parents worked.

Monroe Smart Start served as a local child care navigator to identify available child care spots, match potential child care workers to paid employment opportunities, develop a COVID-19-related learning resource website, and film a child care safety video to help ease families’ fears about returning to child care. The LEARN (Learning Equity and Resource Needs) Fund was created to help ensure children and families had the resources needed despite the challenges of the COVID-19 pandemic.
WHAT DO FAMILIES NEED?

The novel coronavirus pandemic has impacted many Indiana households, including those with children under the age of 18. They are reporting lost income, food insufficiency, mental health concerns, and potential housing instability. These risk factors indicate that early care and education is needed now more than ever to both support children’s development and allow adults to get back to work.

It is also important to remember that early care and education is unaffordable for many families even when they are working. This is especially true during a pandemic when 50% of Indiana households with children report losing income and almost a quarter applied for unemployment benefits (U.S. Census Bureau, 2020b). In Indiana in 2019, the average annual tuition cost to send an infant to a center-based program was $12,390 (Child Care Aware of America, 2019). This is comparable to the cost of college tuition!

Overview of Census Household Pulse Survey Results for Indiana

Based on data from the U.S. Census Bureau Week 15’ Household Pulse Survey (2020b), here is a snapshot of how Indiana families have been impacted by COVID-19. The implications of the pandemic reach far beyond those related to child care. However, the negative impacts highlighted in these survey results all affect children’s ability to develop into thriving adults.

MENTAL HEALTH

- More than a third of adults in households with children have experienced a symptom of anxiety or depression in the last 7 days.
- 52% of adults report feeling nervous, anxious, or on edge in the last 7 days.

FOOD SUFFICIENCY

- In the last 7 days, 13% of households with children sometimes or often did not have enough to eat.

HOUSING

- 34% of households with children who rent are not currently caught up on rent payments.
- 7% of households with children who own their homes (81,055) are not currently caught up on mortgage payments.

EMPLOYMENT

- 50% of households with children have lost income since March 13, 2020 (compared to 35% of households without children).
- 22% of households with children have applied for unemployment insurance benefits (compared to 15% of households without children).

7. Week 15 data was the latest available at the time of writing this report.
Indiana has provided support in these areas, but they have mostly been temporary. Supplemental unemployment benefits provided additional income to families for a while. The Indiana National Guard has provided temporary support for services such as food pantries and nursing homes. A rental assistance program put into place quickly reached its total capacity. The Be Well Indiana Campaign is one of a few statewide supports that is ongoing. It uses the Indiana 211 hotline system to connect Hoosiers to mental health resources along with its traditional referrals to community service providers for basic needs. Families require additional support in these areas to help their young children get through the trauma of the pandemic and get back on track to healthy development.

**WHAT DO CHILDREN NEED?**

Programs and families are suffering negative effects during this time, but children may be the most severely impacted by the pandemic.

Child Trends reports that children are more vulnerable than adults to the emotional impact of traumatic events that disrupt their daily lives (Bartlett, Griffin, & Thomson, 2020). Children are in a time of uncertainty with their daily school and child care routines disrupted, social distancing, confinement at home, and parents and guardians out of work. Some of our most vulnerable children have lost their connection with critical supports and resources. They may not have access to adequate shelter, food, and safety during this time.

There are several resources available on how to best support children during the pandemic. Child Trends offers resources to address children’s emotional well-being during COVID-19 (Bartlett, Griffin, & Thomson, 2020, n.p.). Their recommendations include the following:

- Understand children's reactions may vary during the pandemic
- Ensure the presence of a sensitive and responsive caregiver
- Understand social distancing does not mean social isolation
- Provide age-appropriate information about the pandemic and changes to routine
- Creating a safe physical and emotional environment by practicing the 3 Rs: Reassurance, Routines, and Regulation
- Keep children busy
- Increase children’s self-efficacy
- Create opportunities for caregivers (including parents) to take care of themselves
- Seek professional help if children show signs of trauma
- Emphasize strengths, hope, and positivity

**Kindergarten Readiness**

In addition to the health and well-being of young children, the pandemic also causes concern that young children could fall behind in being prepared for kindergarten. The COVID-19 pandemic caused many early care and education programs to temporarily and permanently close, including On My Way Pre-K classrooms. Without access to structured programs, Indiana’s young children may have more difficulty becoming ready for school. The early years are crucial for brain development.

Toxic stress weakens the architecture of the developing brain, which can lead to lifelong problems in learning, behavior, and physical and mental health (Center on the Developing Child, n.d.).

In 2019, the Indiana State Board of Education approved a new kindergarten readiness assessment for the On My Way Pre-K program.

However, due to COVID-19, the governor issued Executive Order 20-12 which waived the requirement of programs to administer the assessment during the 2019-2020 school year. Therefore, no statewide data is currently available on the school readiness of kindergarteners in Indiana.
The COVID-19 pandemic has put a strain on nearly all industries, employers, communities, and families. The impact of COVID-19 on the early care and education industry has implications for the economy, programs, families, and children.

**Indiana’s Economy**

A 2018 study showed that “Indiana loses nearly $1.1 billion in economic activity every year due to child care related absenteeism ($580.7 million) and turnover ($519 million). These child care related disruptions cost the state an additional $118.8 million in tax revenue every year. Employers also have direct costs from these disruptions, nearly $1.8 billion annually” (Littlepage, 2018, p. 1). With schools and child care programs closing due to the pandemic, these child care related disruption costs and subsequent losses could increase in 2020 and beyond.

**Programs**

Unlike most other sectors, the child care industry was already a fragile sector. Child care programs generally operate with narrow margins because current funding streams, including families’ tuition and fees, do not adequately cover their operating costs. They often need to operate at 80%+ capacity to break even and would have difficulty being closed for an extended period. During the COVID-19 shutdown, many programs that stayed open operated at 20-50% capacity.

Even if a child care program was able to stay open, COVID-19 precautions may have decreased the number of children in a classroom, increased the number of staff needed to manage daily activities, and increased the cost of additional supplies to ensure a safe and healthy classroom. These changes to the operating model impact the overall industry in Indiana.

While Indiana does not have data available on enrollment and attendance during the COVID-19 shutdown, there is some national data available. Two early care and education software providers—Brightwheel and Procare—pulled attendance figures of their users (child care programs) that show the impact of COVID-19 on programs in the Midwest and Indiana.
Both charts show that overall, programs are not yet meeting the 80%+ capacity they need to break even. The Midwest has seen slightly higher rates of attendance compared to other regions in the country. As of August and September, attendance was between 50-70% which is still below the necessary break-even attendance numbers.

**FIGURE 17:** Brightwheel Participants’ Attendance by Week

![Graph showing attendance by week from March to August 2020](image)


**FIGURE 18:** Procare Solutions Indiana Users’ Attendance by Week

How Close are Centers to Getting Back to Normal Attendance?

![Graph showing attendance by week from March to September 2020](image)

Copyright 2020 Procare Software® LLC - all rights reserved. This data includes only child care centers using Procare Solutions’ software and is not necessarily a statistical representation of the entire state.

In addition to likely having lower revenue due to decreased enrollment and attendance, programs have also experienced increases in costs to operate in this new COVID-19 environment.

The Center for American Progress estimates the cost of care has increased an average of 47% for center-based care and 70% for family child care due to the COVID-19 pandemic (Workman & Jessen-Howard, 2020).

In Indiana, the pre-pandemic average monthly cost of center-based care was $798 which increased by 17% during the COVID-19 shutdown to $934. For family child care, the average pre-pandemic cost was $683 per month, which increased 71% to $1,167 during the COVID-19 shutdown (Workman & Jessen-Howard, 2020).

Programs struggle to budget for increased expenses and loss of revenue. Sanitation costs for programs increased an average of 12% due to COVID-19.

For family child care programs, personnel and benefits costs increased during the pandemic. Additional personnel could include additional floating staff to cover classrooms, child check-in, lower child to staff ratios, and parent drop-off/pickup.

Another implication of program closures due to COVID-19 is a decrease in the early care and education workforce. In past reports, ELAC has highlighted the shortage of early care and education teachers. While Indiana does not have data available on the number of jobs lost, there is national data that can provide insight. Based on national data available, “between February and April 2020, the industry lost 370,600 jobs, over a third of its workforce, with women accounting for 95% of those losses. Between April and July, only about 4 in 10 (42%) of the lost jobs returned.

As of July [2020], the child care workforce is only 79% as large as it was in February, before the pandemic began” (Ewing-Nelson, 2020, p. 1).

**FIGURE 19: Monthly Change in Early Care and Education Workforce**

Families

The Social Policy Institute’s research on the impact of COVID-19 has found that families with children are experiencing more economic volatility. In their survey, 42% of families with children have experienced job or income loss (compared to 27% of families without children), and nearly a quarter (24%) have lost a job or income as a direct result of a lack of suitable child care (Roll & Chun, 2020).

Finding affordable child care is a concern of a third of parents (37%), and the majority of parents are also concerned about hygiene practices (87%) and COVID-19 infection rates in their area (84%) (Roll & Chun, 2020).

Parents struggle with the dilemma of needing to work to provide for their families and having difficulty finding a safe, affordable child care option. For families who are lower-income or experiencing financial instability, the situation is much worse. Before COVID-19 struck, more than one in five young children (22%) in Indiana were living in poverty. Children under 6 years have a higher poverty rate compared to all children under 18 years (19%) (Puzzanchera, Sladky, & Kang, 2020).

**FIGURE 20:** What is the makeup of Indiana’s young children under 6 by federal poverty level?


The impact of COVID-19 on early care and education in Indiana has far-reaching effects. Some supports to mitigate the effects of COVID-19 have been made available to early care and education programs and families, but most were temporary and are no longer available. As the COVID-19 pandemic continues, Indiana’s early care and education system will need additional help to continue providing critical services to Indiana’s young children, families, and workforce.

**FIGURE 21: 2020 Federal Poverty Guidelines**

<table>
<thead>
<tr>
<th>Federal Poverty Level</th>
<th>Family of 2</th>
<th>Family of 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% FPL (Poverty)</td>
<td>$17,240</td>
<td>$21,720</td>
</tr>
<tr>
<td>125% FPL</td>
<td>$21,550</td>
<td>$27,150</td>
</tr>
<tr>
<td>150% FPL</td>
<td>$25,860</td>
<td>$32,580</td>
</tr>
<tr>
<td>185% FPL</td>
<td>$31,894</td>
<td>$40,182</td>
</tr>
<tr>
<td>200% FPL</td>
<td>$34,480</td>
<td>$43,440</td>
</tr>
</tbody>
</table>

While Indiana and the country are in the midst of the COVID-19 pandemic, the long-term implications are still unknown. Based on preliminary insights contained in this report, as well as findings from previous annual reports, ELAC recommends the following to best help young children and their families, early care and education programs, employers, and communities.

1. Increase Funding, Collaboration, and Flexibility

Before the pandemic began, early care and education programs had slim margins—experiencing difficulty bringing in sufficient revenue to operate. Emergency federal, state, and philanthropic funding helped programs meet urgent new needs during the initial shutdown due to COVID-19. This emergency funding allowed many programs to either remain open or reopen after closing temporarily. As the pandemic continues, programs still face the need for increased funding to meet emergency needs. Once the pandemic ends, federal, state, and philanthropic officials can use their COVID-19 response as a model to make additional permanent funding available. Such funding could mean programs will not have to return to slim margins that make it difficult to provide affordable, high-quality early care and education to Indiana’s youngest children.

Prior to the COVID-19 shutdown, programs had to meet many requirements in order to access various funding streams that help them break even. During the shutdown, the state of Indiana provided flexibility to programs caring for children.

For example, families did not have to meet the same attendance requirements, and programs were permitted to spend funding on personal protective equipment. Such flexibility helped programs stay open or reopen and continue their essential work of providing early care and education. The pandemic has caused many Hoosier families to experience similar struggles during the crisis. Once the pandemic ends, families will again face struggles that are specific to their individual circumstances. If the state continues to offer flexibility in funding requirements, then early care and education programs will be able to better meet the long-term needs of each family.

2. Enhance and Increase Use of Business Management Supports

Although most programs received relief funding, not all did. Some early care and education programs had difficulty accessing funds through the Paycheck Protection Program (PPP) due to issues related to business management and financial systems. Prior to and during the pandemic, Indiana’s Family and Social Services Administration (FSSA) Office of Early Childhood and Out-of-School Learning has worked with partners to understand programs’ business needs. FSSA has connected programs to existing resources and provided additional support to strengthen their business management capacity. In addition to partners that specialize in early care and education like Child Care Aware of America and First Children’s Finance, FSSA could partner with Small Business Development Centers and SCORE Mentors in order to strengthen business supports.
In addition to building programs’ business management capacity, state and local partners have looked to shared services models as a solution. Shared services can set programs up for success by alleviating the need to manage their business operations on their own. Experts can manage program functions such as payroll and human resources, while early care and education programs focus on creating high-quality early learning environments. FSSA could explore these efforts for implementation in Indiana, especially now that more programs recognize the benefits of utilizing such supports.

3. Study Other States’ Use of Tax Credits and Incentives to Support Families and Early Care and Education Professionals

Since 2016, ELAC has helped host an annual statewide Early Learning Summit, which has focused on building and strengthening partnerships with business leaders. Many business leaders in Indiana make investments in the state’s early care and education system. During this pandemic, more employers have realized the critical role that child care plays for their workforce and local economy. Employers have been asking what they can do to help their employees and the local community. Some states, like Georgia, offer tax credits to encourage employer support of child care.

COVID-19 has also put a spotlight on the low wages paid to essential workers like early care and education professionals. During the pandemic, program administrators have faced added difficulty recruiting staff to work for such low wages during this dangerous time. Other states, such as Nebraska and Louisiana, offer tax credits to early care and education professionals to supplement their wages in order to retain their workforce. Indiana could study the best practices of other states in order to determine which tax credit strategies may engage employers to invest in child care and meet the needs of programs and families during this crisis and beyond.

In addition to studying the use of tax credits, Indiana could examine how the definition of Next Level Jobs might be amended to include the early care and education workforce. The pandemic has spotlighted this industry as both in-demand and essential. With increased wages and supports from Next Level Jobs, Indiana could see improvement in its early care and education workforce.

4. Strengthen Early Care and Education Data Reporting and Sharing

In nearly every annual report, ELAC identifies a need to strengthen data systems across state agencies and partners to have more rapid, consistent, systematic, and comprehensive reporting. During the initial shutdown due to the pandemic, the FSSA Office of Early Childhood and Out-of-School Learning worked with partners across the state to collect and report on changes in the availability and capacity of early care and education programs. The work state and local partners have done to respond to the pandemic has provided much-needed data to understand the impacts of the pandemic, and it has also identified vulnerabilities in the data system, specifically regarding real-time data on child care demand and supply.

As some next steps in developing a unified early care and education data system, Indiana could designate the ELAC Data Coordination and Systems Integration Workgroup as the state’s early care and education Data Governing Body, as 11 other states have done. The workgroup could review the KSM Consulting report from the Preschool Development Grant Birth-to-Five and work to develop actionable steps and a timeline for implementation.

9. In “Georgia, businesses can receive a 100% total state tax credit, 10 percent credit per year for 10 years for land acquisition, improvements, buildings, building improvements, furniture and equipment used for the construction, expansion, improvement or operation of an employer provided child care program.” https://geears.org/wp-content/uploads/Business_Toolkit.pdf
10. https://cscce.berkeley.edu/files/2019/05/From-Unlivable-Wages-to-Just-Pay-for-Early-Educators.pdf
There are some additional data integration changes that could make tremendous progress for Indiana's early care and education system, especially during another emergency like the COVID-19 pandemic:

- Assign unique program site identifiers with the ability to link with children and the early care and education workforce. Indiana has licensed and registered programs monitored by the FSSA Office of Early Childhood and Out-of-School Learning that are assigned a program identifier. Similarly, the Indiana Department of Education assigns public schools a unique school identifier. Early Learning Indiana, which provides data support for FSSA, also gathers data on unlicensed and exempt programs and assigns them a unique program identifier. Assigning unique identifiers across state agencies and partners could help to mitigate duplicate reporting. When a program interacts with more than one agency (e.g., a public school that is also licensed by FSSA), they will not have the same unique program identifier. Similarly, when a licensed center or home closes with FSSA and opens a new facility, they will be assigned a new unique program identifier, meaning there is not a historical record. This causes ELAC and its state partners to spend considerable time ensuring these programs do not get counted twice in the needs assessment.

- Align child-level data definitions. In past years, ELAC wanted to understand equity and access for different populations, such as children of color, children from low-income families, children in foster care, children experiencing homelessness, and children with disabilities. Indiana's data collection methods and definitions are not standardized across state agencies, so a first step is for agencies to align definitions and methods for collecting and reporting on special populations. The Indiana Department of Education went through a similar process with their Data Exchange and INview projects through the Ed-Fi Data Standard and Technology Suite, and they may be able to share lessons learned with early care and education system partners.

These actions would be a concrete way to make progress while the state budget is constrained.
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