

# Using the Access Framework to Guide Child Care Policy during the COVID-19 Crisis

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## Introduction

The COVID-19 health crisis has upended the child care sector by further crippling an already financially fragile, long underfunded child care system. This is especially true for those providing care for low-income families receiving child care subsidies funded through the Child Care and Development Fund (CCDF)—the largest federally funded child care program. Mandated child care closures and new space and safety restrictions upon reopening threaten to drastically reduce the child care supply. Only 18 percent of child care programs report feeling confident they will be able to stay open past a year without financial support<sup>1</sup>; and among providers, those serving low-income communities, including families receiving child care subsidies, are the most likely to need to close their doors.

The child care closures also threaten to exacerbate racial and socioeconomic inequities, affecting those who have been the most financially impacted by the pandemic and those who have historically had challenges accessing child care. Roughly half of low-income parents and Black and Hispanic parents reported problems paying for housing, utilities, food, or medical costs in the past month during the pandemic. Additionally, half of Black parents and low-income parents and more than 60 percent of Hispanic parents reported they or someone in their family lost work or work-related income due to the coronavirus outbreak.<sup>2</sup> Moreover, a recent analysis showed that child care closures will be concentrated in low-income and middle-income neighborhoods, and many families will be unable to access child care assistance during a period of record-high unemployment,<sup>3</sup> making it harder for parents to return to work.

States have the opportunity to mitigate the effects of the pandemic on those most affected by child care disruptions by ensuring that child care policies that are implemented promote equitable access. This brief illustrates how CCDF state administrators; local, state, and federal policymakers; and researchers can apply the Access Framework—which utilizes a family-centered, multi-dimensional definition of access and is a project supported by the Office of Research, Planning, and Evaluation in the U.S. Department of Health and Human Services and managed by Child Trends. This framework can assist states in making child care subsidy policy and funding decisions, assessing state capacity, and tracking progress toward equitable access over time. Using the Access Framework to guide equitable access will be especially important as states respond to and move toward recovery from COVID-19.

## Background

The 2014 reauthorization of the Child Care and Development Block Grant (CCDBG) outlined requirements for states related to health and safety, licensing, and the quality of care, creating a deep need for increased funding. In 2018, Congress responded to this need by appropriating an unprecedented amount of

discretionary funding for CCDBG; however, states still had difficulty meeting all of the reauthorization requirements while maintaining the number of children served by subsidies. In fact, a 2019 national survey conducted by Child Trends found that a majority of states reported needing additional funding even after the 2018 increase.<sup>4</sup>

In March 2020, states received \$3.5 billion in emergency support for child care through the Coronavirus Aid, Relief, and Economic Security (CARES) Act.<sup>5</sup> A recent Child Trends policy scan found that a majority of states are using these funds to support both families and providers by waiving or covering a portion of child care tuition that families receiving child care subsidies might otherwise have to pay, continuing to pay providers for subsidized slots during an initial period of closure or low attendance, and providing additional funds for the care of children of essential workers.<sup>6</sup> These initial funds may have helped some families and child care providers temporarily stay afloat during the first few months of the pandemic; however, the funding expires by August 2020, and is not enough to sustain the child care industry in the months to come. Additionally, child care programs that remained open or are reopening now are facing increased stressors and uncertainties, such as adhering to new health and safety regulations, maintaining enrollment, retaining staff, and staying financially afloat in future outbreaks.

In light of the impending child care closures and limited funding the child care system faces, states can ground their child care subsidy planning in a **framework for equitable access—ensuring that all families, especially families who have faced inequities in accessing care, can easily find care that is affordable, supports their child’s development and unique needs, and represents their preferred type of care.**<sup>a</sup> The Access Framework can serve as a tool for making child care policy and funding decisions that create a more equitable child care system, both in response to the pandemic and in the long-term.

## Access Framework

Equitable access is particularly pertinent during COVID-19, given that essential workers’ need for affordable care that is easy to find and available during nontraditional hours has intensified, while at the same time, child care providers have had to close their doors or transition to providing care for the children of essential workers. Additionally, the ongoing pandemic will continue to complicate families’ access to care, as parents look to have their children return to care and providers continue to face new guidelines and financial strain. States will need a strong understanding of how their child care subsidy policies can promote access during this time.

Access is typically measured along a single dimension, such as availability of child care slots or cost of care; however, this approach does not align with the complex process that families experience in finding and using child care. To address gaps and inconsistencies in tracking access, the Early Care and Education (ECE) Access project—supported by the Office of Research, Planning, and Evaluation in the U.S. Department of Health and Human Services and managed by Child Trends—developed an Access Framework that conceptualizes a definition of access with four interrelated dimensions of access (see Figure 1).<sup>7</sup>

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<sup>a</sup> This definition is adapted from the Access Guidebook’s definition of access. See Friese, et al., p.5, for the definition of access for the Access Framework.

**Figure 1. Interrelated Dimensions of Access to High-Quality Care**



- **Affordable: The cost of care to parents and providers.** This dimension acknowledges the financial supports that parents can receive and the possibility that some arrangements may be free for the family (including Head Start and some care provided by family and friends).
- **Supports child development: Care that is high-quality, coordinated, stable, and meets children's unique needs.** This dimension refers to child care program practices and policies that support the child's development, such as a program's quality rating, coordinated services across early childhood services (e.g., health, early intervention), and continuity of care; and provide supports for children with developmental or physical disabilities, children who are homeless, and children who speak a language other than English.
- **Meets the parents' needs: Parents' preferred type of care (i.e., center-based, licensed family child care homes, or other home-based care settings), availability of transportation, and hours of operation.** This dimension assesses the extent to which parents have access to early care and education options that align with the type of child care provider they prefer, how easily parents can reach their provider by transportation, and the hours of care parents need.
- **Reasonable effort: The availability and utilization of care, and information about care.** This dimension includes the interaction between the supply of available child care programs, families' use of programs, and the availability of information to guide parents' child care choices.

The Access Framework allows states to more fully define and measure access beyond traditional concepts of supply and demand. States can identify and track indicators from each of these dimensions to assess progress toward promoting equitable access.

## Guiding questions for determining whether policies align with one or more dimensions of access

To demonstrate how the Access Framework can be applied to subsidy policy decisions, states can first ask questions related to each dimension of access (see Table 1) to help determine which access dimension each policy aligns with. This can help states establish whether the policy promotes one or more dimensions of access—information they will need to know before determining the research questions, indicators, and data that will be needed to track outcomes for each dimension.

**Table 1.** Examples of general subsidy policy-related questions by access dimension

Access Dimension	Examples of subsidy policy-related questions
Affordable	<ul style="list-style-type: none"> <li>• Could the subsidy policy decrease costs for parents and by how much?</li> <li>• Could the subsidy policy decrease costs for providers and by how much?</li> </ul>
Reasonable Effort	<ul style="list-style-type: none"> <li>• Does the subsidy policy decrease the effort needed by families to locate and access care options that meet their needs, regardless of the language they speak or their access to technology?</li> <li>• Does the subsidy policy increase the supply of child care options for families? Does it increase the supply of child care options in areas where there is less supply (e.g., high-poverty areas or rural areas)?</li> <li>• Does the subsidy policy increase child care options for types of care that are harder to find or in short supply (e.g., infant and toddler care, care offered during nontraditional hours, or care for children with special needs)?</li> <li>• Could the subsidy policy increase the information available to parents about their available options, regardless of the language they speak or their access to technology?</li> </ul>
Supports Child Development	<p>Could the subsidy policy increase provider participation in quality improvement efforts (e.g., QRIS) or increase the supply of high-quality (i.e., quality-rated) care, particularly in areas where there is less supply of high-quality care (e.g., high-poverty areas or rural areas)?</p>
Meets Parents' Needs	<p>Could the subsidy policy help meet parents' preferences for different types of care (e.g., center-based or home-based)? Could it increase the availability of care for certain age groups of children, particularly in areas where there is less supply of care for infants and toddlers (e.g., high-poverty areas or rural areas)? Could it increase the availability of care offered during nontraditional hours?</p>

Asking each of these broad questions can first help states determine which of the access dimensions the policy encourages.

## Using the Access Framework to Guide Child Care Stabilization Efforts

In this section, we apply the Access Framework to child care subsidy policies that states implemented as a result of the CARES Act to help stabilize the subsidy system during the crisis. We first highlight several examples of child care policies that states may have implemented and show the interrelated dimensions of access each policy supports. We then extend the framework further to a subsidy policy example to illustrate the research questions, indicators, and data sources that may be helpful for states to use to track their progress. Additionally, we demonstrate how states and research partners can apply a racial equity lens to ask questions specifically about how subsidy policies impact providers, children, and families by race/ethnicity. Asking these questions will help states identify and address potential unintended consequences of policies that are exacerbating racial and socioeconomic disparities among providers, families, or children.

Under the CARES Act, states had four options for using funding for child care: 1) Support/stabilize the provider workforce by continuing subsidy payments to providers who closed or had limited enrollment due to the pandemic, 2) waive or reduce parent co-payments during child care closures, 3) expand access to subsidies for families of essential workers, and 4) provide grants to providers to pay for additional costs related to COVID-19 health and safety regulations. A policy scan conducted by Child Trends found that states most commonly (88%) said they are continuing to pay child care providers who accept children who receive subsidies during a period of closures/low attendance, followed by waiving or covering part of parent co-payments that families would need to pay during closures to keep their subsidy (64%), and providing funding to child care providers to care for children of essential workers (63%).<sup>8</sup> A report by the National Women’s Law Center (NWLC) also showed that some states (five at the time of data collection from March to May 2020) purchased cleaning supplies for child care providers, or provided grants to child care providers to purchase cleaning supplies, to allow programs to adhere to new health and safety guidelines during the pandemic.<sup>9</sup>

## Determining access dimensions supported by subsidy policies

Table 2 shows which access dimensions are encouraged through the policies that states implemented under the CARES Act. While one policy promotes all four dimensions, the other policies promote only one or two dimensions.

**Table 2. Stabilizing Subsidy Policies and Related Access Dimensions**

CARES ACT Subsidy Policy Options	Access Dimensions			
	Affordable	Reasonable Effort	Supports Child Development	Meets Parents’ Needs
Continue subsidy payments to providers who closed or had limited enrollment due to COVID-19	X	X	X	X
Waive or reduce parent co-payments during child care closures to keep their subsidy	X			
Provide subsidies for essential workers	X	X		
Provide grants to child care providers to purchase supplies for cleaning/sanitation and to meet COVID-19 related health and safety guidelines	X		X	

The first policy—continuing subsidy payments to providers forced to close or with limited enrollment—aligns with all four dimensions of access. The continued subsidy payments help to both lower costs for providers by assisting in covering their fixed costs during closures, such as rent and utilities, and to keep care affordable for families by not having providers’ fixed costs passed on to them. This policy also helps maintain supply and choice for families since the continued subsidy payments make it more likely that

providers will be able to reopen once restrictions are lifted. Similarly, continued payments could help sustain high-quality programs that support child development, such as those that participate in both the subsidy and the state Quality Rating and Improvement (QRIS) systems. Lastly, continued subsidy payments might also ensure that the supply of care for particular age groups, such as infants and toddlers, and specific types of care, such as centers and family child care providers, can remain in the system to meet parents' needs.

The second policy—waiving or reducing parent co-payments during child care program closures—can help keep child care costs low for families, aligning with the Affordable dimension of access. Parents' economic circumstances are even more fragile during the pandemic, and families receiving child care subsidies may struggle to continue making co-payments to keep their child care slot. If they lose their child care slot, it may also be harder for them to return to work once they are able to.

The third policy—providing child care subsidies for essential workers—aligns with the Affordable and Reasonable Effort dimensions of access. While this policy prioritizes child care for a subset of families, subsidies for essential workers help make child care more affordable for those parents who need to continue working during the pandemic to provide essential services (e.g., health care, grocery stores, hardware stores, transportation<sup>b</sup>). Providing subsidies for essential workers may also increase the number of affordable options available to these families compared to the care they could afford without a subsidy.

The fourth policy—providing grants to child care providers to pay for cleaning supplies and personal protection equipment to meet new COVID-19-related health and safety guidelines—aligns with the Affordable and Supports Child Development dimensions of access. The grants can help reduce providers' costs for these items—so that providers can reserve revenue needed for teachers' salaries or classroom materials—and prevent providers from passing the cost of cleaning supplies and protection equipment on to families, keeping care affordable for families. The grants can also facilitate program practices that support children's physical health.

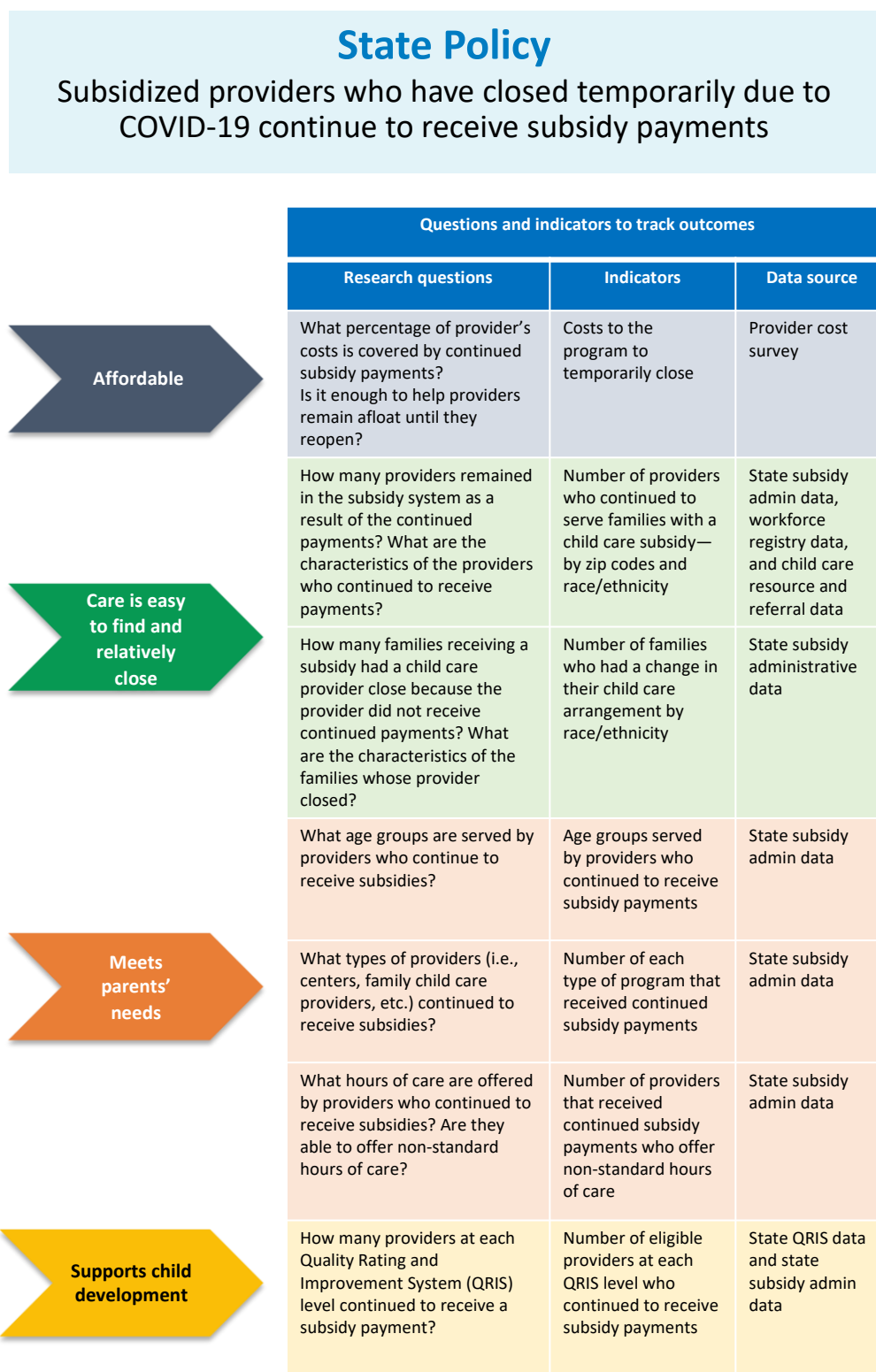
## Extending the Access Framework to track improvements in ensuring equitable access

Given that the policy of continuing subsidy payments for providers during mandated closures and under-enrollment aligns with all four dimensions of access, we further extend the Access Framework for this policy to show how states can use data—which can help states explore needs, examine outcomes of the policy, and track improvements over time—to ensure that equitable access remains a goal during this stabilization phase of the COVID-19 crisis. Graphic 2 shows the example of the *stabilizing* subsidy policy—providing continued subsidy payments to providers who needed to close or experienced a drop in enrollment due to COVID-19—and how states can apply the Access Framework to help track outcomes of the policy. For each of the four dimensions of access, we provide the corresponding research questions, indicators, and data sources that can help states track equitable access.

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<sup>b</sup> Each state has defined essential workers differently—either by a federal definition, a state definition, or did not define essential workers. <https://www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx>

Figure 2. Applying the Access Framework to a Policy Strategy to *Stabilize* the Subsidy System



As shown in Graphic 2, for the Affordable dimension, states will need to learn how much the continued subsidies helped to offset providers' continuing costs during closures (e.g., rent, utilities, teacher salaries), and whether the subsidy payments are enough to help providers to reopen. The costs to providers to sustain their programs during closures can be captured by indicators such as continued fixed costs for providers during closures and any fundraising efforts (e.g., other grants/loans) to cover the cost per child for children not receiving subsidies. States can collect this information by creating a cost survey for providers who continued to receive subsidies.

For the Reasonable Effort dimension, the research question should focus on examining how many providers were able to remain in the subsidy system as a result of the continued subsidies, as well as how many families were able to keep their child care arrangement as a result of the continued subsidy payments. In applying an equity lens to this question, states should examine whether there were any disparities among providers who were able to access the continued subsidies. For example, were providers who received continued subsidies located in high-poverty communities, and were there racial disparities with respect to which providers received the payments? To answer this question, states will want to look at indicators such as the number, characteristics, and locations of providers who received continued subsidy payments during COVID-19-related shutdowns compared to the number of providers who were eligible to receive the payments. States will also want to examine demographic characteristics of who continued to receive subsidies, and whether there were any disparities in providers who accessed the continued subsidy payments to ensure equitable access. States can track this information using their state subsidy administrative data, workforce registry data, and child care resource and referral data. Additionally, to examine how many families may have lost their child care arrangement due to a child care program not receiving the continued subsidies and needing to close, states can look at the number of families receiving a subsidy that experienced a child care arrangement change during a given time; this should include examining whether there were any racial disparities among families that experienced a change in their child care arrangement. States can track this information by examining family demographics in their child care subsidy administrative data.

For the Meets Parents' Needs dimension, states will want to explore—of the providers who received continued subsidy payments to stay viable—how many serve infants and toddlers, how many provide nontraditional hours of care, and what types of providers (i.e., centers; family child care homes; or family, friend, and neighbor providers) received the payments. Some states (e.g., Georgia) have restricted the continued payments to licensed facilities as well as to those with larger enrollments (NWLC, 2020); however, states may want to consider whether such restrictions will meet parents' needs when parents can and need to re-enroll their children in care. States can use their subsidy administrative data to track this information and will want to ensure that the supply of infant and toddler care and the supply of each type of care remains available for families.

Lastly, for the Supports Child Development dimension, states will also want to assess how many child care programs that participate in both the subsidy system and in quality improvement activities continued to receive subsidy payments, in order to explore how the continued payments support the supply of quality care. For example, states could examine how many providers who received continued payments participate in their Quality Rating and Improvement System (QRIS), as well as what their quality levels are. States will need to look at their state QRIS data and subsidy administrative data to gather this information.

## Recommendations

Applying the Access Framework to the examples of child care subsidy policies in response to the COVID-19 pandemic demonstrates how states can use the framework to inform decisions about policies that promote child care access, and decisions about how to measure the outcomes of those policies. States can use the Access Framework to help determine which policies promote equitable access to stabilize, rebuild, and strengthen the subsidy system. Additionally, the framework allows for looking at the interrelated access



dimensions in phases of reopening, which is particularly important given the many unknowns about how the COVID-19 crisis will evolve in each state—and the likelihood that states may cycle in and out of phases.

The following recommendations provide guidance to state CCDF administrators and other policymakers around capturing needed data to help inform decisions and track progress toward access to child care during COVID-19 response and recovery.

1. **States should consider adopting the definition of equitable access and applying the Access Framework to examine how potential child care policies can be implemented to address all four of the access dimensions.** The multidimensional framework can help states think through how implementing a child care subsidy policy might support all dimensions of access to care, or how a combination of policies might address all four of the access dimensions.
2. **States can intentionally help address racial and other disparities of access to child care by collecting and examining demographic data.** As part of applying the Access Framework, states should collect demographic information on race and ethnicity of families and providers. See [Supporting Families and Child Care Providers during the Pandemic with a Focus on Equity](#) for a further discussion of ways policymakers can help ensure that families have equitable access to child care, and that child care providers have equitable access to financial supports, health and safety supports, and guidance about how to navigate those resources.
3. **States can use child care provider surveys to help supplement administrative data and provide a clearer picture on how providers are faring and what financial supports they will need.** States can use provider surveys to gather needed information for their COVID-19 response and recovery plans, including information about providers' financial viability, their own health, staffing and enrollment circumstances, and protection supply needs. See [How States can Use Early Care and Education Provider Surveys to Develop COVID-19 Response Strategies](#) for suggested survey questions. Additionally, states may want to survey providers about their program costs to determine financial supports needed during each phase of response and recovery.
4. **States can use parent surveys to help supplement administrative data and provide a better understanding of how the pandemic has changed and will continue to change parents' needs and preferences for care.** Parent surveys can provide needed information to states on parents' changing needs and preferences during and following the pandemic, including the types of care they prefer, the hours when care is needed, and the locations where care is needed.
5. **States can use or develop integrated early childhood data systems to help inform equitable access.** Some states may be challenged to utilize pertinent data sources (i.e., subsidy, health, and family supports) to examine access if the data is collected across separate state departments. One strategy states are using to address this challenge is to develop an integrated early childhood data system. Integrated data systems allow for data collected on young children across state departments and programs to be securely connected, allowing policymakers and administrators to have critical data to make informed decisions. (For more information on strategies for building ECE integrated data systems, see the Early Childhood Data Collaborative at <http://www.ecedata.org/>).

## Endnotes

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<sup>1</sup> National Association for the Education of Young Children. (2020). *Holding On Until Help Comes A Survey Reveals Child Care's Fight to Survive*. Washington, DC: National Association for the Education of Young Children.

[https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding\\_on\\_until\\_help\\_comes\\_survey\\_analysis\\_july\\_2020.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes_survey_analysis_july_2020.pdf)

<sup>2</sup> Karpman, M, Zuckerman, S., Gonzalez, D., and Kenney, G.M. (2020). *The COVID-19 Pandemic Is Straining Families' Abilities to Afford Basic Needs Low-Income and Hispanic Families the Hardest Hit*. Washington, DC: The Urban Institute.

<https://www.urban.org/research/publication/covid-19-pandemic-straining-families-abilities-afford-basic-needs>

<sup>3</sup> Malik, R., Hamm, K., Lee, W.F., Davis, E.E., and Sojourner, A. (2020) *The Coronavirus Will Make Child Care Deserts Worse and Exacerbate Inequality*. Washington, DC: Center for American Progress.

<https://www.americanprogress.org/issues/early-childhood/reports/2020/06/22/486433/coronavirus-will-make-child-care-deserts-worse-exacerbate-inequality/>

<sup>4</sup> Banghart, P., King, C., Bedrick, E., Hirilall, A., and Daily, S. (2020) *States' Use of the Child Care and Development Block Grant Funding Increase*. Bethesda, MD: Child Trends.

<https://www.childtrends.org/publications/states-use-of-the-child-care-and-development-block-grant-funding-increase>

<sup>5</sup> Office of Child Care (2020). Summary of Child Care Provisions of Coronavirus Aid, Relief, and Economic Security Act or "CARES Act."

Retrieved from <https://www.acf.hhs.gov/occ/resource/summary-of-child-care-provisions-of-cares-act>

<sup>6</sup> Bedrick, E. and Daily, S. (2020) *States Are Using the CARES Act to Improve Child Care Access during COVID-19*. Bethesda, MD: Child Trends.

<https://www.childtrends.org/publications/states-are-using-the-cares-act-to-improve-child-care-access-during-covid-19>

<sup>7</sup> Friese, S., Lin, V., Forry, N. & Tout, K. (2017). Defining and Measuring Access to High Quality Early Care and Education: A Guidebook for Policymakers and Researchers. OPRE Report #2017-08. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. P4

[https://www.acf.hhs.gov/sites/default/files/opre/ccepra\\_access\\_guidebook\\_final\\_213\\_b508.pdf](https://www.acf.hhs.gov/sites/default/files/opre/ccepra_access_guidebook_final_213_b508.pdf)

<sup>8</sup> Ibid.

<sup>9</sup> National Women's Law Center. (May 2020) *Child Care's Struggle to Survive COVID-19: State Impacts and Responses*. Washington, DC: National Women's Law Center.

Retrieved from <https://nwc/wp-content/uploads/2020/05/state-child-care-covid-19-impact-response-2.pdf>