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Governor's Council on Economic Expansion: Meeting #5

Date: 10/11/2021
Minutes prepared by: Jenny Poole, Department of Human Services
Location: Virtual

Attendance

- Jeffrey Ettinger, Co-Chair, Hormel (formerly)
- Paul Williams, Co-Chair, Project for Pride in Living
- Scott Burns, Structural
- Brett C. Carter, Xcel Energy
- Joe Fowler, Minnesota Building and Construction Trades Council
- Jodi Hubler, Medical Alley Association
- Brenda Hilbrich, SEIU Healthcare Minnesota
- Neel Kashkari, | Federal Reserve Bank of Minneapolis
- Marcus Owens, African American leadership Forum; Linking Leaders
- Tuleah Palmer, Blandin Foundation
- Joo Hee Pomplun, Alliance for Metropolitan Stability
- Nonoko Sato, Minnesota Council on Nonprofits
- Traci Tapani, Wyoming Machine
- Bharti Wahni, Children's Defense Fund
- Penny Wheeler, Allina Health
- Steve Grove, Department of Employment and Economic Development
- Jodi Harpstead, Department of Human Services
- Roslyn Robertson, Department of Labor and Industry

Agenda

2:00 PM	Meeting convenes
2:00 PM – 2:05 PM	Agenda overview
2:05 PM – 2:50 PM	Presentation from entities named in the Executive Order <ul style="list-style-type: none">• Governor's One Minnesota Council on Inclusion and Equity - Chris Taylor, Chief Inclusion Officer• Governor's Community Council on Inclusion and Equity - Crystal Fairchild, Deputy Inclusion Officer

	<ul style="list-style-type: none"> • Children's Cabinet - Erin Bailey, Assistant Commissioner and Executive Director of the Governor's Children's Cabinet
2:50 PM – 3:20 PM	Overview of ARP priorities identified by the Departments of Employment and Economic Development and Human Services
3:20 PM – 3:35 PM	Small group discussions
3:35 PM – 4:00 PM	Identify guiding principles
4:00 PM	Meeting adjourns

Next Meeting

Date: 10/18/2021

Time: 2:00 PM – 4:00 PM

Location: Virtual

Meeting Notes

Meeting convenes

- Commissioner Jodi Harpstead started the meeting with the announcement that this meeting is fully virtual because an in-person meeting is not practical or prudent due to the health pandemic, pursuant with [Minnesota Statutes, section 13D.021](#).

Agenda overview

- Next week's meeting will feature a panel of people representing additional perspectives based on ideas submitted by Council members during the past week.

Presentation from entities named in the Executive Order

While establishing this Council through [Executive Order 21-31](#), Governor Tim Walz directed it to consult with three specific existing councils and entities:

- The Governor's One Minnesota Council on Inclusion and Equity; represented by Chair Chris Taylor, Assistant Commissioner at Minnesota Management and Budget and Chief Inclusion Officer for the Office of Governor Tim Walz
- The Governor's Community Council on Inclusion and Equity; represented by Chair Crystal Fairchild, Deputy Chief Inclusion Officer for the Office of Governor Tim Walz
- The Governor's Children's Cabinet; represented by Executive Director Erin Bailey, Assistant Commissioner at Minnesota Management and Budget

Economic impact insights and themes emerging from the pandemic

- Erin Bailey, Executive Director of the Governor's Children's Cabinet, shared that there is a significant and continuing need for child care during the pandemic. Increased access to COVID-19 testing is essential so that parents can continue to go to work and caregivers can continue to do their jobs and be paid. She

wants to make sure that what was learned about child care needs during the pandemic is translated to support a stable workforce.

- Crystal Fairchild, Chair of the Governor's Community Council on Inclusion and Equity, explained that the community council intends to leverage experiences and insights from the pandemic to see where disparities, systemic racism, and inequities exist. Their priority is to use a racial lens to address equity in education, while involving community in all decision-making processes.
- Chris Taylor, Chair of the Governor's One Minnesota Council on Inclusion and Equity, identified that disaggregation of data during the pandemic was key to being able to see inequities. Working with MDH to get disaggregated reporting was an evolving process, but once available, it made it easy to identify connected characteristics and outcomes, such as more people of color having hourly-paying jobs and low, or no, health insurance. Addressing equity needs to be through systemic change, because equity is not a single factor, but is a set of factors all connected together.

Key area of investment for ARP funds

- Erin Bailey explained that the Children's Cabinet thinks about investments in parents and families as investments in children. Early childhood development is strongly impacted by a family's economic success, and investing in the workforce, especially in quality caregivers, can support that. When thinking about investments, such as improving child care, it is also necessary to think about how to prioritize which kids and families will benefit from that investment.
- Crystal Fairchild requested that the Council embeds an equity lens into all priorities they discuss. She noted that disproportionalities around inequities in funding need to be considered and addressed.
- Chris Taylor shared that he does not think there is a specific issue to fund, but that instead the ARP funds should be used to support process changes to become default practice moving forward. Identifying how equitably the processes currently in place are working, and then researching and adjusting them to achieve more equitable outcomes, is how to address systemic issues. The ARP funding should be used to interrupt "business as usual," deeply understand the systems that are in place, and change processes and procedures to ensure long-term impact. Habits and mindsets in the state workforce, procurement policies, and grant-making need to shift to operate on principles of equity.

Questions from Council members

- Paul Williams asked Chris Taylor to expand on the changes to the procurement systems and share whether spending has been tracked.
 - Chris stated that Commissioner Alice Roberts-Davis at the Department of Administration can provide specific dollar amounts for procurements. He noted that there has been significant progress toward improved procurement systems, but it is not done and needs continued support to grow in success.
- Brett C. Carter asked Erin Bailey what she thinks is the best way to route the funds into the various organizations that need support.
 - Erin responded that the purpose of the funds or strategy will drive the best funding method. She noted that the advantage of having an interagency perspective on the Children's Cabinet is

- the ability to identify the goal or outcome, and then figure out the best structure for that strategy. There needs to be continuous consideration to ensure that investments and resources flow directly to the people who can benefit.
- Bharti Wahi asked the panelists what an interagency group can do, knowing that equitable outcomes can only come from equitable processes. The state's current systems operate under a mental model that includes deservingness and risk vs liability concepts when defining the problems and deciding who gets resources.
 - Erin Bailey shared that the Children's Cabinet is about to launch a children's fiscal map that catalogues state spending related to the outcomes they are hoping to impact. Typically, people measure what they care about, so it is important that measurement be transparent.
 - Chris Taylor replied that as decisions are being made about where to put funding, people should be required to talk about what the equity impact will be, and how that can be measured. There needs to be an equity framework or tool used for developing application processes, as well as embedded in review processes. Agencies need to embed accountability when allocating funds focused on BIPOC and other communities.
 - Scott Burns raised the concept of "shovel-ready" programs, and asked for input on state programs where a significant increase in funding could dramatically improve service delivery and provide on-going benefits to the recipients of services.
 - Chris Taylor noted that resources to translate social services enrollment and informational materials to target additional cultural groups would increase awareness and utilization of services.
 - Joe Fowler asked Erin Bailey how COVID-19 affected access to child care, and how much access to child care is impacting the workforce. He asked whether there is a lack of access to affordable child care, where one or both parents switching to working part time or off-shift to care for their children is fiscally better than having two full-time jobs.
 - Erin replied that the Children's Cabinet is closely tracking child care related to COVID, and she has data and research she can share. Access to child care depends on region and diversity of the workforce. There is both national and local research on this, as well as on the impact on older kids and their parents caused by the movement to on-line education in response to the pandemic.
 - *Note: Erin sent three reports after the meeting, which are attached below.*
 - Minnesota invested in the child care industry early on, trying to address the huge deficit that existed even prior to COVID. That industry is struggling with workforce shortages. The lack of staff means that parents are faced with reduced hours of care and increased costs, and the only way to shift cost is to cut already low wages or charge more.

Overview of ARP priorities identified by the Departments of Employment and Economic Development and Human Services

- Jodi Harpstead, Commissioner of the Department of Human Services (DHS), and Steve Grove, Commissioner of the Department of Employment and Economic Development (DEED), shared a set of ideas that their agencies came up with during course of the past year with input from the community.

They felt it would be helpful for the Council to hear these ideas, but know that they are not directive of where the state wants funds to be spent. The list sums up to a total cost that is more than the ARP dollars available and is not sanctioned by the Governor's Office, but can be used to provide context.

- The framework for categorizing these priorities was based on a spectrum of need. A Truth and Reconciliation Commission was also proposed to examine systemic racism in Minnesota and create recommendations to move the needle on racial disparities.
- DHS was able to fund several economic expansion efforts through sources other than the ARP dollars, such as Home and Community Based Services (HCBS), child care, and mental health funds from the federal government.
- The pillar in the spectrum on economic development and marketing of Minnesota raised a lot of discussion.
 - Brett C. Carter shared a high interest from Excel to partner with DEED on this initiative.
 - Neel Kashkari wanted to know how DEED plans to market Minnesota when it is known to be unwelcoming. He shared about an African American tech entrepreneur who started his business in St. Paul, but eventually decided he could not deal with the unwelcoming environment in Minnesota so moved his business to Texas.
 - Commissioner Grove indicated that this initiative is honest about what has happened in Minnesota in the past few years, and focuses on promoting growth and building what matters.
 - Paul Williams wanted to know how the marketing from DEED compared to marketing by the company Greater MSP. Commissioner Grove clarified that Greater MSP markets the Twin Cities Metro, while DEED is responsible for whole state.
- Marcus Owens asked for further information on the idea to support business development for BIPOC communities and for younger people. He wanted to know if that would include improvement or increased access to procurement and investments for BIPOC companies, or opportunities for youth through pathways to careers and entrepreneurship.
 - Commissioner Grove responded that the BIPOC business development idea included both technical assistance and capital. Improved opportunities for youth included augmented internships with supplemented wages for younger workers.

Small group discussions

- Outcomes and inequities exist because of the current systems. It will be hard to let go of how things are done or have been done in the past. Resetting the trajectory will require thinking boldly.
- Think about how money is distributed, i.e. who is getting the money, and how that disrupts inequities in the system.
- Focus on equitable outcomes and processes. The "how" is important.
- Think long term and multigenerational.
- Focus on initiatives that are "cross-cutting" and address multiple issues.
- Buffer and protect the recipients of the money.
- Amplify what is already working, scale up programs that are successful.
- Think about metrics to determine what works and whether the desired impact is addressed. A systems analysis is needed to find what has been lost and reset the trajectory.

- Themes to consider: child care, K-12 education, mental health, entrepreneurship, housing, workforce readiness, BIPOC community capacity.

Identifying guiding principles

- Co-Chair Paul Williams reminded the Council of the charge from the Executive Order. For November 15, 2021, the Council needs to have immediate actions that can be taken by the public, private, and nonprofit sectors, as well as recommendations on policy changes and investments for the legislature to include in the next legislative session.
- Guiding principles were identified during this meeting. In the October 18 meeting, staff will map out and report back to the Council what they have heard members say. The following two meetings, on October 25 and November 1, will focus on narrowing down priorities through a voting process to rank and prioritize themes.
- The goal of defining guiding principles is to provide a lens to help the Council prioritize the themes.
- Paul Williams suggested pulling together a small group to write a preamble for the Council that contains key definitions, principles, and purpose.

Use one-time dollars effectively

- Create a lasting impact and inclusive culture.
- Choose priorities that address many needs.
- The targeted population will feel the impact now and into the future.

Center equity

- Impact the biggest part of society.
- Develop a common language and definition of equity.
- Address and target equity. Equity can only be advanced if it is already present.
- Be inclusive at the household, community, and industry levels.
- Use diversity and inclusion along with equity to ensure all people have the same opportunities without barriers.
- Instead of using the word "equity", describe exactly is trying to be accomplished and for whom.
- Include geographic regions when thinking about equity.

Build on existing success and momentum

- Direct funds toward programs that are grounded in community, are wanted, and work.

Make progress toward systemic change

- Identify funding amounts that will support transformational change.
- Address fewer proposals with more dollars.

American Rescue Plan: Building an Equitable Economy

Ideas developed by DEED & DHS in consultation with stakeholders throughout 2020-21

October 11, 2021



Stakeholders Consulted

- Both DEED and DHS have consulted hundreds of leaders and organizations over the past year on the American Rescue plan.
- Examples include legislators, civic organizations, equity-focused nonprofits, disability advocates, chambers of councils and trade groups, health equity expert, small business and startup founders, workers in a variety of industries, and labor unions.
- These conversations, in a variety of formats, have led to a running list of ideas for how best to build an equitable economy – some of which have been funded or partially funded so far, and others for which work remains.
- This is a list of ideas – not a strategic plan from the Walz Administration.

Building an Equitable Economy: American Rescue Plan Submissions



Prevent Further Harm from the Pandemic

Partially funded
(\$26.8M)

- **Homelessness Transformation Initiative and Housing Stabilization Backlog Solution** - \$478M to continue sheltering Minnesotans and catch up on backlog of popular Medicaid Housing Stabilization benefit from Interagency Council to End Homelessness

Partially funded

- **Food Security Package w/ Enhancements to Access Food Assistance** - \$168M to continue providing food alternatives and provider capacity from Food Security Workgroup

Deal People into the Economy

Cash Benefits for Minnesotans Living in Deep Poverty

Not Funded

- **Outreach/Research Study for Stim. Payments and Tax Credits** – *\$2M to help people access federal benefits and measure outcomes*

Not Funded

- **Economic Support for Ineligible Minnesotans** - *\$66M in cash payments to MFIP families with outcomes study*

Not Funded

- **Universal Benefits Grants Pilots** - *Up to \$48M for others – Healthcare, DSPs – with outcomes study*

Not Funded

- **MFIP Disregard for Child Support** - *\$10M 3-year study of full child support income disregard for MFIP eligibility*

Deal People into the Economy

Home Care Industry Support

Partially funded
(\$103M)

- **PCA Agency Relief** - *\$200M to develop long-term rate framework to support PCA providers*

Partially funded
(\$1.6M)

- **Increase Funding for Persons Using PCAs, CDCS and CSG Services Due to COVID** - *\$480M for increased hours*

Partially funded
(\$2.1M)

- **Age-Friendly Minnesota** - *\$4M for Age-Friendly Commission*

Deal People into the Economy

Partially Funded
(\$24.7M)

Capacity-Building Grants to BIPOC, Culturally Specific, LBGTQIA+, and Greater MN Providers - \$109M to support:

- *Grants to add Finance Staff, Grant-Writing Staff, Other Admin. Staff*
- *DHS Technical Assistance Staff to Support State Grant Writing*
- *Working with Dept. of Admin. to Transform State Grant Process*

Deal People into the Economy

Technology Access for Telehealth

Partially funded
(\$2.8M)

- **Connection for Equitable Access** - *\$47M for mobile devices and Internet connections*

Not Funded

- **Investments in Telemed for Behavioral Health** - *\$4M for provider capacity for telemed and transportation for patients who can't use it.*

Deal People into the Economy

DHS Infrastructure

Not Funded

- **Direct Care and Treatment Water/Sewer Energy Upgrades - \$29M** to modernize buildings that go back as far as 1860s

Not Funded

- **Advancing Equity Within DHS to Support Equity in MN - \$13M** for community engagement and tribal/county/DHS Equity Partnership

Not Funded

- **One-time DHS Systems Improvements - \$68M** for EMR at DCT; improve customer interfaces; build sustainability

Deal People into the Economy

Partially funded
(\$14.3M)

MUST HAVE - Back-to-Better at DHS - \$36M to provide:

- *Sufficient Compliance and Administrative Funding to*
 - *Exit from COVID Waivers*
 - *Handle Influx of ARP Funds*

Without Audit Findings...

Create Good Jobs

Not Funded

- **Angel Tax Credit** - \$20M to right-size one of MN's most popular job-creation incentives, habitually over-subscribed.

Fully funded
(\$70M)

- **COVID-19 Small Business Recovery Program** - \$50M in rescue grants w/ targets to BIPOC biz & cultural malls

Partially funded
(\$1.5M)

- **Launch Minnesota Start-up Grants** - \$10M in matching incentives to anyone who starts a company & completes training & pulls in private funding.

Not Funded

- **Reasonable Accommodation Fund for Minnesota Small Business** - \$2M to incent biz to hire PWDs

Partially funded
(\$70M - ARP)

- **Border-to-Border Broadband** – Estimates depend on fed numbers, but roughly \$150M over 3 years has a shot at "finishing" the job

Not Funded

- **Strengthen Greater Minnesota Infrastructure** - \$100M for clean water econ development projects w/ PFA

Create Good Jobs

Partially funded
(\$2.25M)

Partially funded
(\$520K)

Fully funded
(\$80M)

Not Funded

Not Funded

Not Funded

- **Redevelopment Infrastructure Program** - \$20M for popular Greater MN grants to clear way for development
- **Economic Development Through Energy Transition** - \$100M in grants to transform MN's electrical grid
- **Rebuild Right Grant Program** - \$20M in grants to ensure green rebuilding on areas hit by civil unrest
- **Capital Investment in New Financial Institutions** - \$10M to capitalize new financial institutions
- **Energy Transition Incentive program** - \$20M to fund green industrial transitions and create jobs.
- **Automation loan program** - \$5M to incent small manufacturers to boost productivity through automation.

Reskill Minnesota's Workforce

Not Funded

- **Drastically expand statewide workforce pipeline program, the Job Training Incentive Program**, to pair nonprofits with hiring businesses - \$10M.

Partially funded
(\$74M)

- **Drastically increase workforce spending for BIPOC Minnesotans** - *\$100M in additional grants through workforce system*

Not Funded

- **Seed a Tech Jobs Program for BIPOC + Women** - *\$50M in scholarships to get more BIPOC + Women into Minnesota's highest-paying jobs.*

Partially funded

- **Youth Jobs Program** - *\$25M to expand pilot to create modern-day "CCC" to put young people to work on infrastructure, other jobs.*

Reskill Minnesota's Workforce

Fully funded
(\$5.11M)

Not Funded

Partially funded

Fully Funded
(\$35M)

Not Funded

- **Empower People with Disabilities** - \$3M in grants to help PWDs w/ mental illness thrive in the workplace through proven program
- **Office of New Americans** - \$3M to substantiate our Office for New Americans to help refugees/immigrants in workforce
- **BIPOC/Women on-the-Job Training Incentive Program** - \$50M to help BIPOC/women w/ wage supplements and OJT in manufacturing, other in-demand industries.
- **Workforce Stabilization Grants** - \$34M in workforce scholarships at community/tech schools for re-skilling
- **Dual Training Grants** - \$2M to boost popular OJT training program

Transform our Systems for Growth

Partially funded
(\$7M)

- **Strengthen and Fund Business Support Network, Particularly for BIPOC Entrepreneurs** - *\$50M to strengthen community lenders to BIPOC small biz through technical assistance & outreach services*

Not Funded

- **Transforming our Resources for Job-Seekers** – *\$25M one-time digital overhaul to rebuild how we deliver workforce services in Minnesota*

Not Funded

- **Digital One-Stop for Small Businesses** - *\$3M project to create a “one-stop” for small biz to navigate state govt, similar to GMD’s “MN Biz First Stop” for big biz.*

Partially funded
(\$8M)
Doesn't est. office

- **Build and Fund a Childcare Office at DEED** – *substantiate DEED’s Childcare efforts w/ \$10M for grants + ongoing staff to administer*

Promote Minnesota to the World

Not Funded

- **Economic Development Marketing Campaign** - *\$5M to market our newly-redesigned economic development website to promote talent attraction & biz development*

Not Funded

- **Recovery Marketing Campaign to Support Minnesota's Tourism Industry Impacts of COVID** - *\$10.5M to promote MN's tourism industry*

Partially Funded
(\$1.5M)

- **Tourism Industry Grants Programs to Reestablish and Rebuild Group Business Lost During the COVID-19 Pandemic** - *\$10M in grants to local destination marketing orgs across MN*

A Transformative Idea: Truth and Reconciliation Commission

- **A deep, long-term examination of systemic racism in Minnesota with recommendations to move the needle, such as:**
 - Transforming DHS
 - Museum and Public Art Installations
 - Street Sign Changes
 - Updating School Curriculum
 - Monetary Reparations or Land Return
- **Some Version Proposed by the House Select Committee on Racial Justice, the United Black Legislative Caucus and the DHS Strategic Anti-Racism Team**

The Impact of the First Year of the COVID-19 Pandemic and Recession on Families With Low Incomes

Office of Human Services Policy

September 2021

HIGHLIGHTS

- People of color, young adults, women, parents of young children, and low-income workers have been disproportionately harmed by the economic effects of the COVID-19 pandemic.
- Economic relief efforts may be insufficient to aid some households, including some low-income workers, renters, and families with undocumented immigrants.
- The COVID-19 pandemic has exacerbated long-standing disparities in access to health care and healthy food for many families, especially low-income families of color.
- For many low-income families, the pandemic has decreased access to child care and increased stress, social isolation, or risk of child maltreatment and intimate partner violence.

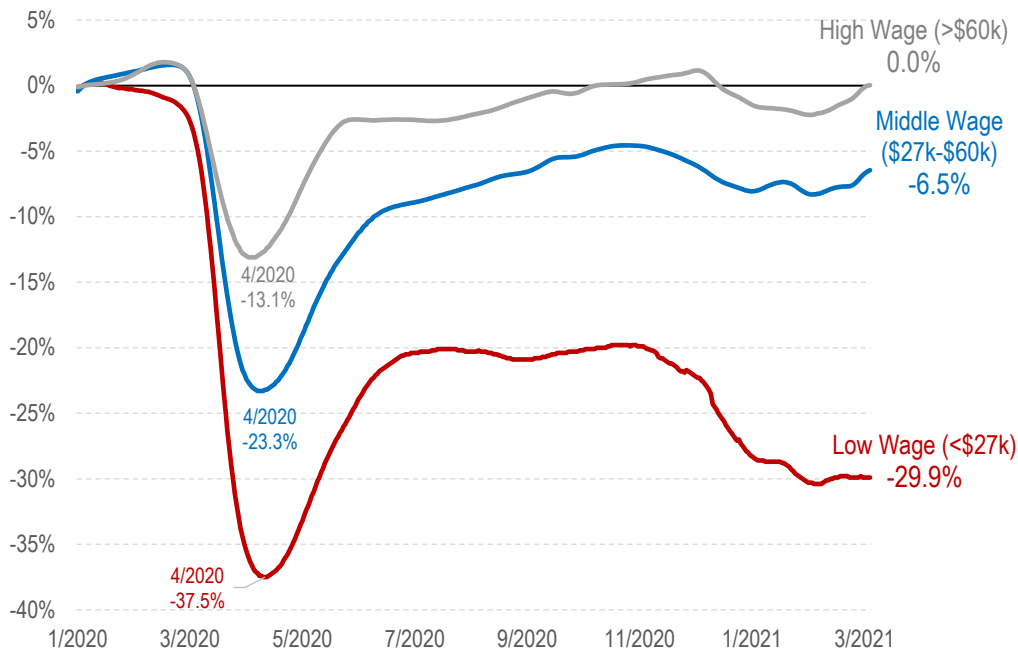
The COVID-19 pandemic and recession have disproportionately harmed Americans, especially people in low-income households. Across the United States, systemic inequalities in employment, wage-earning, health, and well-being have been strained for sub-populations facing poverty or near-poverty conditions. Drawing on recent surveys and studies, this brief details impacts of the COVID-19 pandemic, and the associated recession, on low-income families' employment and income, economic well-being, and physical and mental health. This brief concludes with broad comparisons between the current recession and the Great Recession of 2007 to 2009 across economic and health indicators, particularly for women.

Employment and income effects of the COVID-19 pandemic have disproportionately hit households with historical barriers to employment.

Low-income families, as well as people of color, women, youth, and parents, experienced particular hardship due to the disparate economic impacts of the pandemic.

Impacts on Low-Income Families. In 2020, the COVID-19 pandemic and associated recession amplified preexisting employment inequalities. Low-wage workers lost jobs at five times the rate of middle-wage workers, while high-wage employment actually increased over the first year of the pandemic (Chetty et al., 2020). See Figure 1. Nearly half of lower-income families (those earning less than approximately \$40,000 per year), report that they or someone in their household has lost a job or taken a pay cut as a result of the pandemic. The same is true for 42 percent of middle-income families and 32 percent of upper-income families (Parker et al., 2020). During the pandemic's first year, many families struggled to meet basic economic needs. As Figure 2 shows, people who faced job losses or pay cuts—which disproportionately affected low-income workers—were more likely to experience financial hardship, including difficulty paying bills, such as rent, mortgage payments, and medical expenses, and accessing food (Despard et al., 2020; Parker et al., 2020).

Figure 1: During the pandemic, employment rates have decreased most for workers in the bottom wage quartile.

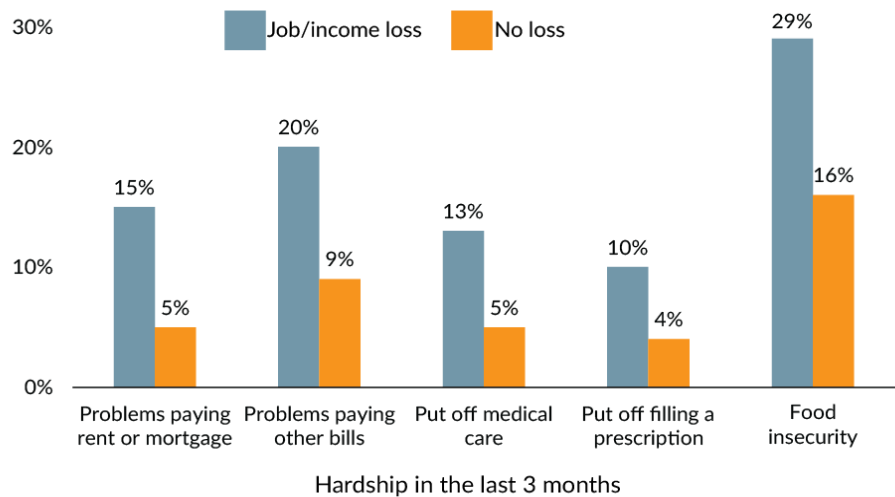


Created by ASPE using data from tracktherecovery.org (Chetty, Friedman, Hendren, Stepner, and the Opportunity Insights Team, 2020). Change in employment rates (not seasonally adjusted) based on payroll data from Paychex and Intuit, worker-level data on employment and earnings from Earnin, and timesheet data from Kronos.

Consequences for People of Color, Women, and Youth.

Since March of 2020, people of color, young adults, women, and low-income workers have lost jobs at disproportionately high rates. Workers in these groups comprise a large proportion of the labor force subject to lay-offs in the leisure and hospitality sectors (Alon et al., 2020, 2020; Escobari et al., 2020; Gould & Kassa, 2020; Maxwell & Solomon, 2020). For more information on the impacts on young adults, see "XXXXXX," available at (COVID landing page URL).

Figure 2: Families experiencing job and/or income loss were more likely to experience economic hardships than families without job or income losses.



Source: Despard, M., Michal Grinstein-Weiss, Yung Chun, and Stephen Roll. (2020, July 13). COVID-19 job and income loss leading to more hunger and financial hardship. *Brookings*. <https://www.brookings.edu/blog/up-front/2020/07/13/covid-19-job-and-income-loss-leading-to-more-hunger-and-financial-hardship/>

The pandemic's negative economic impacts have disproportionately increased the economic insecurity of

Black and Hispanic individuals and families, who tend to have fewer financial reserves to buffer against extended periods of job loss or decreased earnings (Lopez et al., 2020). Black and Hispanic people are also over-represented

in low-wage jobs and industries affected by the pandemic, which means that racial and ethnic inequities also grew as Black and Hispanic workers saw disproportionate increases in unemployment (Meade, 2021).

Effect on Parents. The pandemic also pushed parents, especially mothers, out of the workforce (Alon et al., 2020; Bateman & Ross, 2020; Modestino, 2020). By spring of 2020, mothers were twice as likely as fathers to have stopped working due to a lack of child care, while thirteen percent of all parents reported a job loss or reduction in hours after initial school closures (Modestino, 2020). With fewer options for alternative child care, women of color, women without a college degree, and low-income women lost more hours of work to care for children than higher-income and White women (Modestino, 2020).

Poverty Impacts. As job losses spiked in the spring of 2020, Congress passed legislation intended to help families mitigate job disruptions and losses. The Coronavirus Aid, Relief, and Economic Security (CARES) Act,¹ passed in late March, included temporary expansions of Unemployment Insurance as well as Economic Impact Payments to most adults, providing brief respite for families in the pandemic's initial months. Monthly poverty rates were lower in April and May 2020 than before the pandemic (Han et al., 2020; Parolin et al., 2020) though rates increased over the summer and then surpassed pre-pandemic levels. However, rates of deep poverty—defined as incomes below 50 percent of the poverty level—were higher than pre-pandemic rates, even in April 2020, likely because many very low-income families experienced difficulty receiving Economic Impact Payments and Unemployment Insurance (Han et al., 2020; Parolin et al., 2020).

COVID-19 relief measures initially missed or may be insufficient for some low-income families.

While the CARES Act helped many families, relief measures were not equitable. From late December 2020 to late January 2021, only a quarter of people who were unemployed received Unemployment Insurance benefits; about two-thirds of those not receiving benefits did not apply because they did not believe they were eligible, and about a quarter did not apply because they were not sure how to (Forsythe, 2021). As many as 12 million people who are not required to file taxes, most of whom have very low incomes, did not automatically receive Economic Impact Payments for which they were eligible for (Marr et al., 2020). The Urban Institute's Coronavirus Tracking Survey found that 70 percent of all adults—but only 59 percent of adults below the poverty level—had received an Economic Impact Payment by late May 2020. Black and Hispanic adults were less likely than non-Hispanic White adults to have received the payment by late May 2020, though the low reciprocity rate for Hispanic individuals is largely attributable to eligibility criteria excluding families with undocumented immigrants (Holtzblatt & Karpman, 2020). By late September 2020, nearly 95 percent of eligible adults had received an Economic Impact Payment (Murphy, 2021).

Eviction moratoria enacted at local, state, and federal levels have prevented over a million evictions during the pandemic. However, many families still have insufficient income to pay for housing and risk eviction when the moratoria are lifted (Fish et al., 2020). One in seven renters was behind on rent as of March 2021; this rate was closer to one in five for Black, Hispanic, and Asian renters (Center on Budget and Policy Priorities, 2021). Despite many households struggling to pay rent, moratoria have prevented eviction filing rates from increasing during the pandemic; in several states evictions filings remain lower than pre-pandemic levels (Fish et al., 2020; The Eviction Tracking System, n.d.). Housing experts are concerned, however, that once eviction moratoria expire, low-income families may face a surge of evictions (Fish et al., 2020; Louis et al., 2020; The Eviction Tracking System, n.d.).

¹ <https://www.congress.gov/116/bills/hr748/BILLS-116hr748enr.pdf>

The COVID-19 pandemic and recession have disproportionately affected the physical health of low-income families and some communities of color.

Both low-income families and people of color are more likely to work or commute in places with higher risk of exposure to the COVID-19 virus. In addition, women and Black and Hispanic adults – especially those who have low incomes – have been more likely to experience disruptions in access to health care and healthy food.

Risk of Exposure. Members of low-income families and families of color are more likely than higher-income and White families to contract COVID-19 (CDC, 2020). Racial and socioeconomic disparities in contracting COVID-19 may be partially explained by differences in essential worker status (Rogers, 2020). White, high-income, and college-educated workers are much more likely to have work-from-home options than low-income workers, people of color, and those without a college degree (Collyer et al., 2020; Gould & Shierholz, 2020; Gould & Wilson, n.d.; McNicholas & Poydock, 2020; Rho et al., 2020). In the early months of the pandemic, Black and Hispanic workers in New York City, for example, were much more likely to be required to work on-site (Collyer et al., 2020). On-site work increases the risk of virus exposure not just in the workplace but also via potentially crowded public transit (Dubay et al., 2020; Hawkins, 2020). In addition, low-wage workers are least likely to have access to paid leave to allow them to stay home if they become sick or become exposed to COVID-19 (Bureau of Labor Statistics, 2021). These combined risks of workplace and transit exposure may contribute to further disparities in health outcomes by race and income due to increased demands on health care providers serving low-income communities.

Overall Access to Health Care. The COVID-19 pandemic has disrupted access to health care and caused many low-income and Black and Hispanic Americans to delay non-emergency medical care (Czeisler, 2020). Delays in care have led to increased illness severity and death among patients with non-COVID-19 medical conditions or illnesses. (Chen & McGeorge, 2020; Woolf et al., 2020). Nearly 41 percent of all adults have avoided medical care because of concerns about COVID-19 (Czeisler, 2020). During the pandemic, Black and Hispanic adults have been more likely than White adults to delay emergency care. The pandemic has also limited the ability of women—particularly low-income women and women of color—to access and afford contraception and other sexual and reproductive health services (Lindberg et al., 2020). Delaying access to contraception may increase women’s risk of unintended pregnancy, hold extensive financial implications, and disrupt women’s ability to work and attend school (Sawhill, 2015).

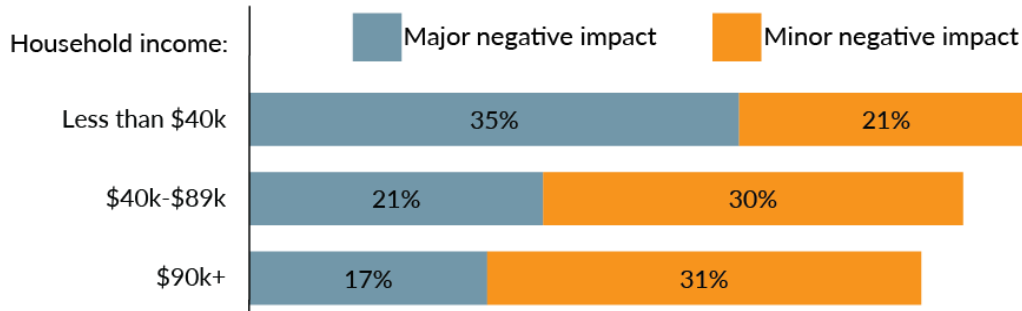
Healthy Food Access. Health concerns also include access to quality food. Food security, defined by the USDA as the ready availability of nutritionally adequate and safe food, has decreased during the pandemic, particularly among Black and Hispanic households. In 2019, 35.2 million Americans lived in food insecure households (Coleman-Jensen et al., 2020), or about 1 in 30 adults nationwide. Access to food decreased dramatically amidst the pandemic: between 1 in 20 and 1 in 10 adults reported not having enough to eat in 2020 (Winship & Rachidi, 2020; Ziliak, 2020). For Black adults, this rate was about 1 in 5 (Ziliak, 2020). Black and Hispanic families in particular report concerns about having enough to eat or have experienced a reduction in the quality, quantity, or variety of food (Schanzenbach & Tomeh, 2020; Waxman et al., 2020). As of March 2021, food insufficiency among Black and Hispanic households was two times higher than it was among White households (CBPP, 2021).

SMALLER SURVEYS CITED IN THIS MEMO, BY DATE OF DATA COLLECTION

 <p>New York COVID-19 and Parent-Child Psychological Wellbeing Gassman-Pines et al. February–April 2020 N = 8,222 person-days from 645 individuals</p>	 <p>National COVID-19’s Early Impact on Home Visiting The Home Visiting Applied Research Collaborative (HARC) April 2020 N = 1312</p>	 <p>National Identifying the Primary Mental Health Problems and Needs of Children, Adolescents, and Their Caregivers during the Coronavirus Pandemic Fitzpatrick et al. April–July 2020 N = 133</p>
 <p>National Socioeconomic Impact of COVID-19 Survey Social Policy Institute at Washington University in St. Louis April 2020, August 2020, November 2020, and February 2021 (four waves) N = 2,300 (each wave)</p>	 <p>National Rapid Assessment of Pandemic Impact on Development—Early Childhood project (RAPID-EC) University of Oregon Center for Translational Neuroscience April 2020–Present N = 8,390 (as of November 2020)</p>	 <p>National Challenge of Childcare During the COVID-19 Recession Alicia Sasser Modestino May–June 2020 N = 2,557</p>
 <p>Oklahoma Tulsa SEED Study OU-Tulsa Early Childhood Education Institute May–July 2020 N = 586 (parents) N = 118 (teachers)</p>	 <p>Illinois Impact of the COVID-19 Crisis on Family Dynamics in Economically Vulnerable Households Kalil et al. May–July 2020 N = 572</p>	 <p>National Coronavirus Tracking Survey Urban Institute May 2020 and September 2020 (two waves) N = 4,352 (Wave 1) N = 4,007 (Wave 2)</p>
 <p>National Well-being of Parents and Children During the COVID-19 Pandemic Patrick et al. June 2020 N = 1011</p>	 <p>National National Association for the Education of Young Children (NAEYC) Pandemic Survey NAEYC November 2020 N = 6,071</p>	 <p>National Preschool Learning Activities Survey National Institute for Early Education Research (NIEER) December 2020 N = 1,450</p>

COVID-19-related stress and social isolation have disproportionately affected low-income families.

Figure 3: Low-income Americans are nearly twice as likely to say that COVID-19 related stress has had major negative impacts on their mental health than high-income Americans.



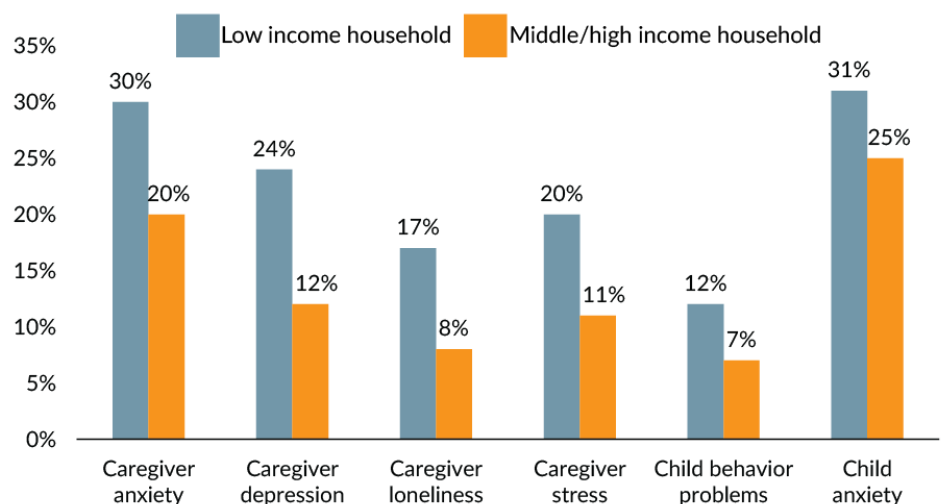
Source: Panchal, N., Kamal, R., & 2021. (2021, February 10). The Implications of COVID-19 for Mental Health and Substance Use. *KFF*. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Individuals with lower incomes—especially parents—have reported increased mental health challenges and stress during the pandemic.

Economic Stress. Economic uncertainties associated with the COVID-19 pandemic increased stress levels for many individuals and families, impacting mental health and overall well-being. As shown in Figure 3, pandemic-related economic impacts on low-wage workers contribute not only to financial stressors but also disparities in reported mental health concerns across the income spectrum (LegalShield Law Index, 2021). While more than half of all adults say their mental health was negatively affected by pandemic-related stress, low-income adults were almost twice as likely to report major negative impacts compared to high-income adults (Panchal et al., 2020).

Stress on Parents. Increased caregiving responsibilities amid pandemic-related school and child care closures has heightened stress levels among parents, with low-income parents particularly affected (Russell et al., 2020). Parents who experience increased COVID-19-related stress, including stress caused by job disruption, income loss, child care demands, food access, and physical illness, are also more likely to report increased anxiety or depressive symptoms than parents who did not experience such stressors (Gassman-Pines et al., 2020; Patrick et al., 2020; Rucker et al., 2020). As Figure 4 shows, stressors in households with young children are magnified in low-income families coping with the many pandemic-related challenges (*American Dream*, 2020).

Figure 4: Low-income households with young children are more likely to report mental health problems than higher income households.



Source: *American Dream vs American Reality: The increasing challenges of lower-income households with young children in the time of COVID-19*. (2020, May 12). Rapid Assessment of Pandemic Impact on Development Early Childhood (RAPID-EC) Household Survey Project and the Center for Translational Neuroscience at the University of Oregon. <https://medium.com/rapid-ec-project/american-dream-vs-american-reality-9a0ebfc7ee6b>

Families with lower incomes have experienced lower access to quality child care and increased safety risks during the COVID-19 pandemic.

Families with lower incomes have been more likely to lose access to child care, including in-person care, during the pandemic. In addition, the pandemic has created both conditions likely to increase risk factors of intimate partner violence and child maltreatment as well as barriers for professionals to assess these risk factors and provide services.

Access to Child Care. Inequities in access to quality in-person child care have presented disproportionate caregiving burdens and intensified low-income parents' stress. Many licensed child care providers are not located in low-income neighborhoods and many child care providers closed or began operating at limited capacity during the pandemic. Low-income households with young children were twice as likely as higher-income households to lose pre-established child care arrangements because of permanent closures or job loss (*American Dream*, 2020). Additionally, among children still enrolled in child care, children living in poverty are less likely to have access to in-person care than higher-income children. Unequal access to child care may contribute to low-income children's disproportionate learning loss as well as increased parental stress (Barnett & Jung, 2021). Further, disparate effects arise among providers serving low-income families because of tighter profit margins present even prior to the COVID-19 pandemic, and more community financial instability than with providers serving higher-income communities (Kalluri, 2021; NAEYC, 2020).

Child Maltreatment. COVID-19 driven stressors, including increased financial anxiety and job loss, as well as decreased connection to vital social networks and community resources, have increased risk factors for child maltreatment, particularly in families with child maltreatment concerns prior to the pandemic (Brown et al., 2020; Lawson et al., 2020; SAMHSA, 2020). Parents with children aged four through 10 report that job loss was associated with increased parental stress and self-reported emotional and physical child mistreatment (Lawson et al., 2020). Stay-at-home orders likely prevent abuse from being noticed and reported by educators, who are teaching virtually, and social service providers, who have largely transitioned to interacting with families by phone or video call (Barboza et al., 2020; Bullinger et al., 2020; HARC, 2020; Supplee & Crown, 2020). Following the implementation of stay-at-home orders, reports to Child Protective Services and children's overall emergency visits declined (Barboza et al., 2020; Bullinger et al., 2020). Conversely, substantiated reports of child neglect in high-income counties have risen because of increased child injuries and poisonings that may be partially attributable to inconsistent supervision while parents are working (Bullinger et al., 2020).

Intimate Partner Violence. Intimate partner violence risk factors have also increased during the pandemic, and, furthermore, there are more barriers preventing victims from connecting with resources and support networks (Evans et al., 2020; Jetelina et al., 2021; Kaukinen, 2020; Lindberg et al., 2020; Piquero et al., 2021). While individuals of all income levels can experience intimate partner violence, those in households with lower incomes experience it at higher rates, and evidence suggests that poverty, financial stress, and low income—which have been exacerbated by the COVID-19 pandemic—can increase risk for intimate partner violence (Breiding et al., 2014; Niolon et al., 2017). Data on intimate partner violence is difficult to collect during the pandemic because responding to surveys at home may place victims at increased risk of abuse (Kaukinen, 2020). Economic stress, high levels of male unemployment, and increased stress at home, caregiving burdens, and social isolation are all estimated to have increased incidents of intimate partner violence by about eight percent (Kaukinen, 2020; Piquero et al., 2021). Victims report the severity of sexual abuse has worsened during the pandemic with non-sexual physical violence less severe, possibly because abusive partners want to avoid hospitals (Jetelina et al., 2021). Additionally, COVID-19-related social distancing and stay-at-home measures likely make it more difficult for victims of intimate partner violence to connect with support resources; one in three victims has reported difficulty accessing services during the COVID-19 pandemic (Lindberg et al., 2020).

Low-income families have been particularly affected during the COVID-19 recession, with certain populations likely to struggle more than during the Great Recession.

As with the Great Recession of 2007-2009, families with lower incomes have been particularly negatively affected by the COVID-19 recession. However, this recession may ultimately leave deeper mental health impacts but result in fewer losses of health care coverage for low-income populations. Furthermore, this recession has impacted women more than during the Great Recession.

Economic Impacts. Low-income families were hit hardest and were also the slowest to recover during recent recessions, from 1990–1991 and 2007–2009 (Bennett & Kochhar, 2020). In the United States, the Great Recession of 2007–2009 and the current COVID-19 recession both exacerbated deeply-embedded racial and economic inequalities, affecting low-wage workers most (Alon et al., 2020; Escobari et al., 2020; Gould & Kassa, 2020; Kochhar & Passel, 2020; Maxwell & Solomon, 2020). Notably, women and people of color (specifically Black and Hispanic workers) are overrepresented in the low-wage workforce (Ross and Bateman, 2019). Low-wage workers' slow return to pre-recession employment rates following the Great Recession suggests that targeted interventions may be needed to effectively support low-wage workers following the COVID-19 recession, which would help boost equity and overall recovery efforts nationwide. Without sufficient support, families of color stand at risk of experiencing the largest percentage declines in wealth due to the COVID-19 recession, as they did as a result of the Great Recession (McKernan et al., 2014).

Impact on Women. Unlike the Great Recession, during which men saw higher rates of job loss, the COVID-19 recession has disproportionately impacted women. Women have been forced out of the labor market to care for children as many schools and child care centers have closed or switched to virtual learning (Alon et al., 2020; Bateman & Ross, 2020; Modestino, 2020). Moreover, the COVID-19 recession has disrupted schools and the child care industry in ways unseen in previous recessions. Closures and capacity limits have resulted in supply-side decreases among child care facilities that disproportionately serve low-income families (Ali et al., 2020).

Health. Health burdens imposed by the pandemic on low-income families may continue long into the future. Beyond the potential health consequences of COVID-19 and its variants, economic recessions are associated with detriments to physical and mental health, particularly concerning rates of depression and anxiety (Forbes & Krueger, 2019). Americans who experienced significant economic losses during the Great Recession were more likely than those with fewer financial problems to be sick, commit suicide, chronically abuse alcohol, experience chronic depression and anxiety, and report declines in self-reported physical health (Forbes & Kreuger, 2019; Margerison-Zilko et al., 2016). Long-lasting impacts of the COVID-19 recession on low-income families' mental health may be worse than after previous recessions because unlike previous recessions, the COVID-19 recession has also left families more socially isolated (Bitler et al., 2020).

Health Care Coverage. Losses of health insurance coverage during the COVID-19 recession may be moderate, rather than severe, because this is the first economic crisis after implementation of the Affordable Care Act (ACA) (Holahan, 2011; McDermott et al., 2020). ACA provisions may mitigate increases in the uninsured rate typically associated with job loss (Agarwal & Sommers, 2020). Sixty percent of workers who lost jobs during the Great Recession became uninsured, translating to about 9.3 million Americans, while the uninsured rate did not change as job losses mounted in 2020 (McDermott et al., 2020; Cawley et al., 2011; Huang et al., 2014). Medicaid expansions and enrollment in marketplace insurance plans may have offset the losses of employer-based health insurance. Medicaid enrollment increased by 9.6 million or 15 percent from February 2020 before the COVID-19 pandemic to February 2021 ("Monthly"). In addition, low-income jobs that did not offer benefits represent a large share of jobs lost during the pandemic (McDermott et al., 2020).

Efforts to address the long-term impacts of the COVID-19 pandemic on economic well-being should prioritize an equitable recovery.

The COVID-19 pandemic has caused massive economic and public health disruptions. Previously existing economic inequalities have been amplified by the pandemic and disproportionately affect women, Black and

Hispanic workers, young adults, and people with low incomes. Many people, especially those with lower incomes prior to the pandemic, have faced significant declines in their economic, physical, and mental well-being. While innovative and useful research continues to emerge, future studies will inform overall economic recovery by drawing on increasingly robust data sources. Additional information and analysis will help policymakers better understand how the pandemic has disproportionately affected populations that have historically faced barriers to accessing services. Addressing the long-term impacts of the COVID-19 recession on poverty and economic well-being will require efforts to mitigate inequity in employment opportunities, a potential surge in evictions after moratoria are lifted, lasting harms on wealth and income among low-wage workers, and health outcomes related to contingent stressors such as food insecurity, abuse and neglect, and increased rates of depression and anxiety among families in the United States.

Acknowledgments:

Researchers from the Institute for Research on Poverty at the University of Wisconsin-Madison provided the research base for this brief. This brief reflects critical contributions from HSP analysts who provided content and review. They are: Amanda Benton, Nina Chien, Laura Erickson, Erica Meade, Laura Radel, Alayna Schreier, and Alec Vandenberg.

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Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**NATIONAL SNAPSHOT OF
STATE AGENCY APPROACHES TO
CHILD CARE DURING THE
COVID-19 PANDEMIC**

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Principal Deputy Inspector General

September 2020
A-07-20-06092

Office of Inspector General

<https://oig.hhs.gov/>

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: September 2020
Report No. A-07-20-06092

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Audit

Federal law requires agencies of State government to prepare for disasters, including the need to provide for the continuity of child care. The Child Care and Development Fund (CCDF) program provides subsidized child care services to low-income families, families receiving temporary public assistance, and families transitioning from public assistance so that family members can work or attend training or education. This audit provides a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic in child care settings. Our objective was to identify the approaches that CCDF lead agencies in each State and the District of Columbia (State agencies) adopted to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs in response to the COVID-19 pandemic.

How OIG Did This Audit

Our findings are based on responses to a questionnaire and followup interviews that we conducted with State agencies between April 30 and June 16, 2020, with an as-of date of April 30, 2020, which focused on closures of child care facilities as well as stay-at-home or shelter-in-place directives, issuance of guidance to providers on protective measures, State agencies' disaster plans, use of CCDF flexibilities to lessen the impact of COVID-19, waiver requests, and the most significant challenges and concerns that State agencies identified.

National Snapshot of State Agency Approaches to Child Care During the COVID-19 Pandemic

What OIG Found

In response to the COVID-19 pandemic, State agencies have adopted various approaches to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs.

Nationally, State agencies reported that about 63 percent of child care centers and 27 percent of family child care providers (collectively, child care facilities) had closed during the COVID-19 pandemic. Eight States reported that more than 75 percent of their child care facilities had closed. Twenty other States reported that between 50 and 75 percent of these facilities had closed.

All of the State agencies reported that they issued guidance to child care providers on protective measures recommended by the Centers for Disease Control and Prevention, and although almost all of the State agencies said that they were following the provisions of their disaster plans, 26 State agencies said that they revised or intended to revise those plans. Many State agencies used the flexibilities afforded to them by the Administration for Children and Families (ACF), the cognizant Federal agency, to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. To implement changes to their CCDF programs, many State agencies sought changes in their State requirements, requested waivers from ACF, and submitted CCDF plan amendments.

The most frequently identified challenges, according to State agencies, were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety considerations on the part of child care staff members, and the lack of and inability to secure personal protective equipment and cleaning supplies. The State agencies' most frequently identified concerns once the pandemic has abated were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain staff.

Conclusions

The information in this report was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. This report makes no recommendations. It is intended that ACF use this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic. Because we make no recommendations, ACF did not provide written comments on our draft report, but it did provide technical comments, which we addressed as appropriate.

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INTRODUCTION

WHY WE DID THIS AUDIT

Federal law requires agencies of State government to prepare for disasters, including the need to provide for the continuity of child care—before, during, and after a state of emergency has been declared. Following the declaration of a public health emergency, Congress appropriated to the Department of Health and Human Services (HHS), Office of Inspector General, a total of \$12 million to conduct oversight of HHS’s response to the COVID-19 pandemic. Those oversight activities include this audit, which is intended to provide HHS, Administration for Children and Families (ACF), and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing pandemic. In particular, we focused on Child Care and Development Fund (CCDF) lead agencies in each State and the District of Columbia (State agencies) and the approaches they have taken to ensure the health and safety of the children and providers in their CCDF programs while ensuring continued access to child care services during the pandemic. By responding to a questionnaire, and to followup questions we posed in subsequent interviews, State agencies explained their approaches, experiences, and perspectives as of a specified point in time: April 30, 2020.¹

We are summarizing this information and reporting it to ACF, which administers the CCDF program at the Federal level, as it continues to lead efforts to ensure both continued access to child care and the health and safety of children, families, and child care staff. In addition, State agency administrators and program officials may find the information about each other’s strategies useful in their own efforts to address the issues they are facing. Although ACF had previously obtained some program information related to each State’s CCDF program, it did not have some of the data that we obtained or a comprehensive summary of data in the format presented in this report. It is intended that ACF use the information in this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic.

OBJECTIVE

Our objective was to identify the approaches that State agencies adopted to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs in response to the COVID-19 pandemic.

¹ We initially surveyed two States—Iowa and Utah—and then refined our questionnaire, communicated with all of the other State agencies, and conducted followup interviews as necessary.

BACKGROUND

Child Care and Development Fund Program

CCDF subsidizes child care services to assist low-income families, families receiving temporary public assistance, and families transitioning from public assistance to obtain child care so that family members can work or attend training or education. The services are administered (and funded in part) by each State. Under the provisions of the Child Care and Development Block Grant Act of 1990 (CCDBG Act) and section 418 of the Social Security Act (the Act), these services are funded in part by the CCDF Federal program.² States receive block grants and other Federal funds to operate their child care programs. Within ACF, the Office of Child Care administers the CCDF program and, among other things, issues information memorandums and guidance to State agencies. In fiscal year (FY) 2019, ACF provided \$8.1 billion to States, territories, and Tribes to fund CCDF programs. In FY 2018 (the most recent FY for which these numbers are available), CCDF served approximately 1.3 million children under age 13 from 813,200 low-income working families each month.

Under the CCDF program, States have considerable latitude in implementing and administering their child care programs. Each State must develop, and submit to ACF for approval, a CCDF plan that identifies the purposes for which CCDF funds will be expended for three grant periods³ (i.e., 3 FYs) and that designates a lead agency (i.e., a State agency) responsible for administering child care programs. State agencies can make changes to their CCDF programs by submitting waiver requests and CCDF plan amendments to ACF for approval.

Each State agency must assure compliance with the approved CCDF plan and administer its CCDF program in accordance with the program's authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)).

COVID-19 and Effect on Child Care Services

COVID-19 is caused by a highly contagious coronavirus. Disease severity ranges from mild to lethal, with some demographic groups at heightened risk for more severe disease. Common symptoms include fever, fatigue, dry cough, sore throat, and shortness of breath. The World Health Organization (WHO) issued a global health emergency alert on January 30, 2020,⁴ and

² The CCDBG Act, P.L. 101-508, Nov. 5, 1990, as amended (42 U.S.C § 9858 *et seq.*).

³ Section 658E(b) of the Child Care and Development Block Grant Act of 2014, P.L. No. 113-186 (enacted Nov. 19, 2014), changed this requirement from a 2-year grant period. The 3-year grant period became effective for FYs 2016 through 2018 CCDF plans.

⁴ National Public Radio, *WHO Declares Coronavirus Outbreak a Global Health Emergency*. Accessed at <https://www.npr.org/sections/goatsandsoda/2020/01/30/798894428/who-declares-coronavirus-outbreak-a-global-health-emergency-on-january-30-2020> on March 2, 2020.

HHS declared a public health emergency for COVID-19 on January 31, 2020.⁵ On March 11, 2020, the WHO characterized COVID-19 as a pandemic. As of August 23, 2020, HHS, Centers for Disease Control and Prevention (CDC), had reported over 5.6 million confirmed cases in the United States and approximately 175,000 deaths.

The COVID-19 pandemic is fast-moving, as are the efforts to address it. We recognize that HHS, Congress, and other Federal, State, local, and Tribal governmental entities are taking substantial actions on a continual basis to support child care programs and providers in responding to this pandemic.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provides supplemental CCDF funding to State agencies.⁶

Almost all schools in the United States canceled in-person classes for the last portion of the 2019–2020 school year to limit the spread of the virus. However, many child care facilities remained open, providing child care services for children of health care workers, first responders, and other essential workers.

HOW WE CONDUCTED THIS AUDIT

The information in this report was obtained to provide ACF and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic; it is not a review of ACF-level responses to the pandemic. Our findings are based on responses to a questionnaire completed by State program administrators in all 50 States and the District of Columbia (i.e., the State agencies). We conducted the questionnaire and followup interviews (as necessary) between April 30, 2020, and June 16, 2020, with an as-of date of April 30, 2020. We received a 100-percent response rate from the 50 States and the District of Columbia.

⁵ HHS, *Secretary Azar Declares Public Health Emergency for United States for 2019 Novel Coronavirus*. Accessed at <https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html> on January 31, 2020.

⁶ [The CARES Act, P.L. No. 116-136, Mar. 27, 2020](#). The CARES Act appropriated \$3.5 billion in supplemental CCDF discretionary funds. This appropriation provided State agencies with additional funds to prevent, prepare for, and respond to COVID-19, and expanded flexibility to provide child care assistance to families and children. The April 30, 2020, as-of date for our questionnaire was just over 1 month after the President signed this bill into law. States generally received their funding awards days before our as-of date, and our questionnaires and followup communications did not ask about CARES Act funding decisions.

The questionnaire focused on six key areas:

- closures of child care facilities as well as statewide stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19,⁷
- whether State agencies issued guidance to child care providers on protective measures recommended by CDC,
- whether State agencies' disaster plans addressed the continuation of child care services,
- State agencies' use of CCDF flexibilities to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care,
- CCDF waiver requests and plan amendments submitted by State agencies, and
- State agencies' most significant challenges and concerns as a result of the pandemic.

The information in this report was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. Since our interviews, ACF and State agencies may have addressed some of the issues and identified new ones. Additionally, in their responses to the questionnaire and during the interviews, State agencies may not have shared with us all of their issues or all of the actions they have taken. We did not independently verify the information that the State agencies provided to us or determine the effectiveness of the actions that the State agencies identified.

The information in this report is provided for informational purposes only and, therefore, the report does not contain any recommendations.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Additional details on our audit scope and methodology appear in Appendix A.

⁷ Our questionnaire used the terms "closures" and "closed," which represented both temporary suspensions of operations and permanent shutdowns.

FINDINGS

In response to the COVID-19 pandemic, State agencies have adopted various approaches to ensure access to safe child care as well as to protect the providers rendering that care in their CCDF programs.

Nationally, State agencies reported that about 63 percent of child care centers and about 27 percent of family child care providers (collectively, child care facilities) had closed during the COVID-19 pandemic.⁸ Eight States reported that more than 75 percent of their child care facilities had closed. Twenty other States reported that between 50 and 75 percent of these facilities had closed. A total of 44 States and the District of Columbia issued statewide actions involving stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19.⁹

All of the State agencies reported that they issued guidance to child care providers on protective measures recommended by CDC, such as physical distancing, modified dropoff and pickup procedures, and screening of children. In addition, almost all of the State agencies reported that they were adhering to the provisions of their disaster plans to address the continuation of child care services, but 26 State agencies also stated that they revised or intended to revise those plans.

Many State agencies used the flexibilities afforded to them by ACF to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. These flexibilities enabled the State agencies to support child care services despite disruptions to families and providers and to give essential workers the opportunity to place their children in child care. Moreover, to implement changes to their CCDF programs in response to the COVID-19 pandemic, many State agencies sought changes in their State laws, regulations, or guidance; requested waivers from ACF; and submitted CCDF plan amendments to ACF.

State agencies used a variety of approaches to ensure the health and safety of child care and continued access to child care during the pandemic. Many State agencies also identified for us the most significant challenges that they were facing. The most frequently identified challenges were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety considerations on the part of child care staff members, and the lack of and inability to secure

⁸ We collectively refer to child care centers and family child care providers as "child care facilities" for this report. Percentages reported in this paragraph refer to closures of all child care facilities, not just those facilities that provide child care services to families receiving assistance from the CCDF program. Federal regulations use the term "family child care providers" (also known as "home-based child care providers") to refer to individuals who provide child care in the home in which they reside (45 CFR § 98.43(a)(2)(i)). A child care center provides care in a nonresidential setting.

⁹ Hereafter in this report, the term "States" includes the District of Columbia.

personal protective equipment (PPE) and cleaning supplies.¹⁰ State agencies also identified their most significant concerns regarding child care facilities once the pandemic has abated. The three concerns most frequently identified were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain sufficient staff available to work.

FEDERAL REQUIREMENTS AND GUIDANCE

We summarize relevant Federal requirements and guidance below. For additional details on these Federal requirements and guidance, see Appendix B.

Federal Statutes and Regulations

Child care services are administered under the provisions of the CCDBG Act, as amended (42 U.S.C § 9858 *et seq.*), and section 418 of the Act.

The CARES Act (footnote 6) (1) appropriated approximately \$3.5 billion in supplementary CCDF discretionary funds to “prevent, prepare for, and respond” to the COVID-19 pandemic; and (2) expanded flexibility to provide child care assistance to families and children.

Federal regulations require that State CCDF programs comply with the provisions of their ACF-approved CCDF plans and be administered in accordance with the program’s authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)).

Furthermore, each State agency must certify in its CCDF plan that it has monitoring policies and practices to ensure that the child care providers follow health and safety requirements (45 CFR § 98.15(b)(10)).

ACF Guidance

ACF Information Memorandum (IM) [CCDF-ACF-IM-2011-01](#) (Feb. 17, 2011) provides guidance to assist State agencies in the development and maintenance of their emergency preparedness and response plans. Recommendations for planning for continuation of services to families receiving CCDF services include a recommendation that CCDF plans consider implementing policies to temporarily continue to pay providers in cases when children are unable to attend child care due to pandemic flu or other disaster.

[ACF IM CCDF-ACF-IM-2017-02](#) (Nov. 27, 2017) states that relevant Federal requirements enable States, territories, and Tribes affected by emergency situations to exercise options to continue providing child care services despite disruptions to families and providers. This document describes nine options available to State agencies. Some of the options include a requirement

¹⁰ PPE refers to protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer’s body from injury or infection. This includes respirators and face masks.

to submit CCDF waiver requests or plan amendments for greater flexibility in spending CCDF funds in emergency situations.

[ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020) advises State agencies of the supplementary funding appropriated in the CARES Act.

ACF has also recently issued several other information resources relevant to CCDF programs operating during the COVID-19 pandemic:

- [Information About COVID-19 for CCDF Lead Agencies: Relevant Flexibilities in CCDF Law](#) (Mar. 13, 2020),
- [Office of Child Care COVID-19 Resources](#) (initially published Mar. 13, 2020, regularly updated thereafter), and
- [CCDF Frequently Asked Questions in Response to COVID-19](#) (initially published Mar. 13, 2020, regularly updated thereafter).

CDC Guidance

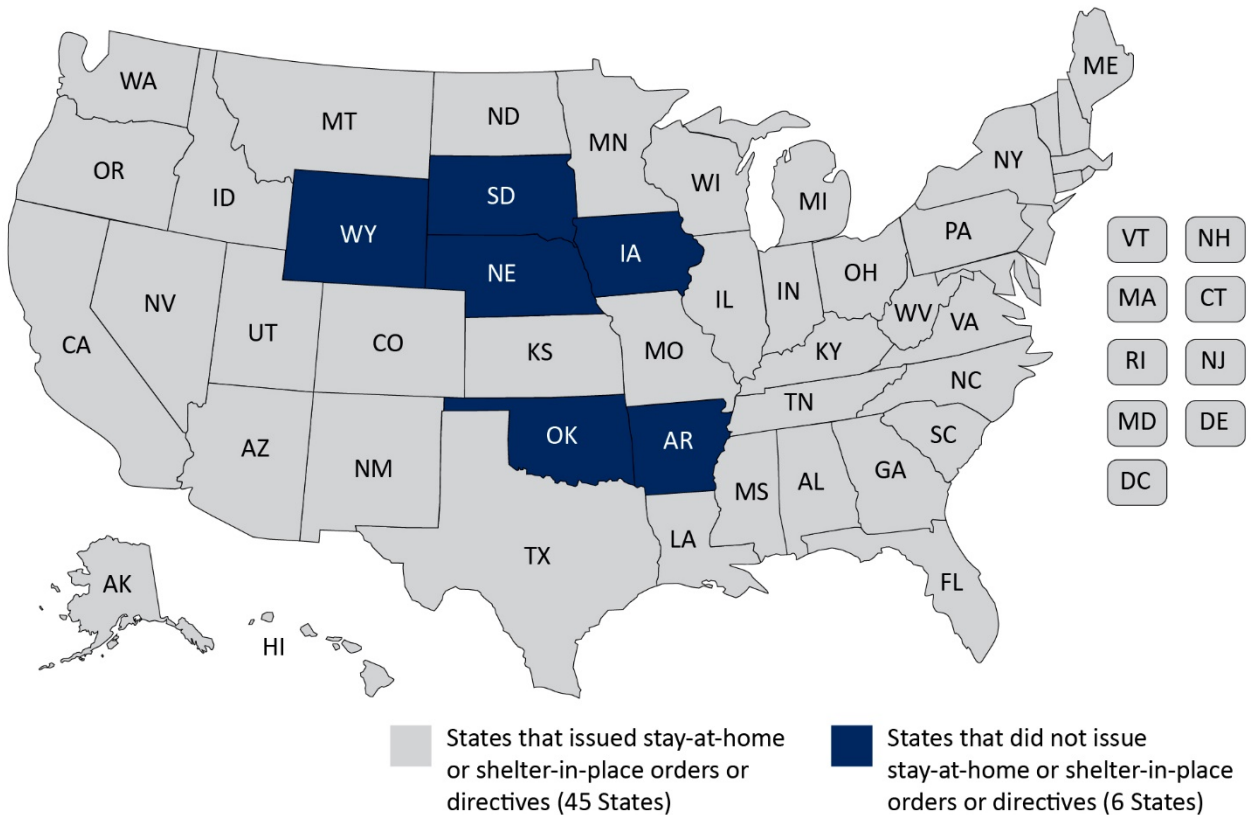
CDC issued its “[Guidance for Child Care Programs that Remain Open](#)” (Apr. 6, 2020, updated Apr. 21, 2020), which states: “No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children and their families from the spread of COVID-19.” The guidance to child care providers also specified the following measures: “Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness. Require sick children and staff to stay home. Have a plan if someone is or becomes sick.” The guidance was updated on April 21, 2020, to address the screening of children upon arrival at child care facilities and to identify additional options for instances when PPE is in short supply.

CLOSURES OF CHILD CARE FACILITIES AND STATEWIDE ACTIONS DESIGNED TO SLOW OR MINIMIZE THE SPREAD OF COVID-19

We asked the State agencies background questions to elicit information on how the individual States were addressing the COVID-19 pandemic and how the pandemic was affecting the CCDF child care providers in each State. The following summarizes their responses:

- A total of 45 States (footnote 9) issued stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19, as depicted in Figure 1 on the following page (question number 1 in the questionnaire in Appendix C).

Figure 1: States With Stay-at-Home or Shelter-in-Place Orders

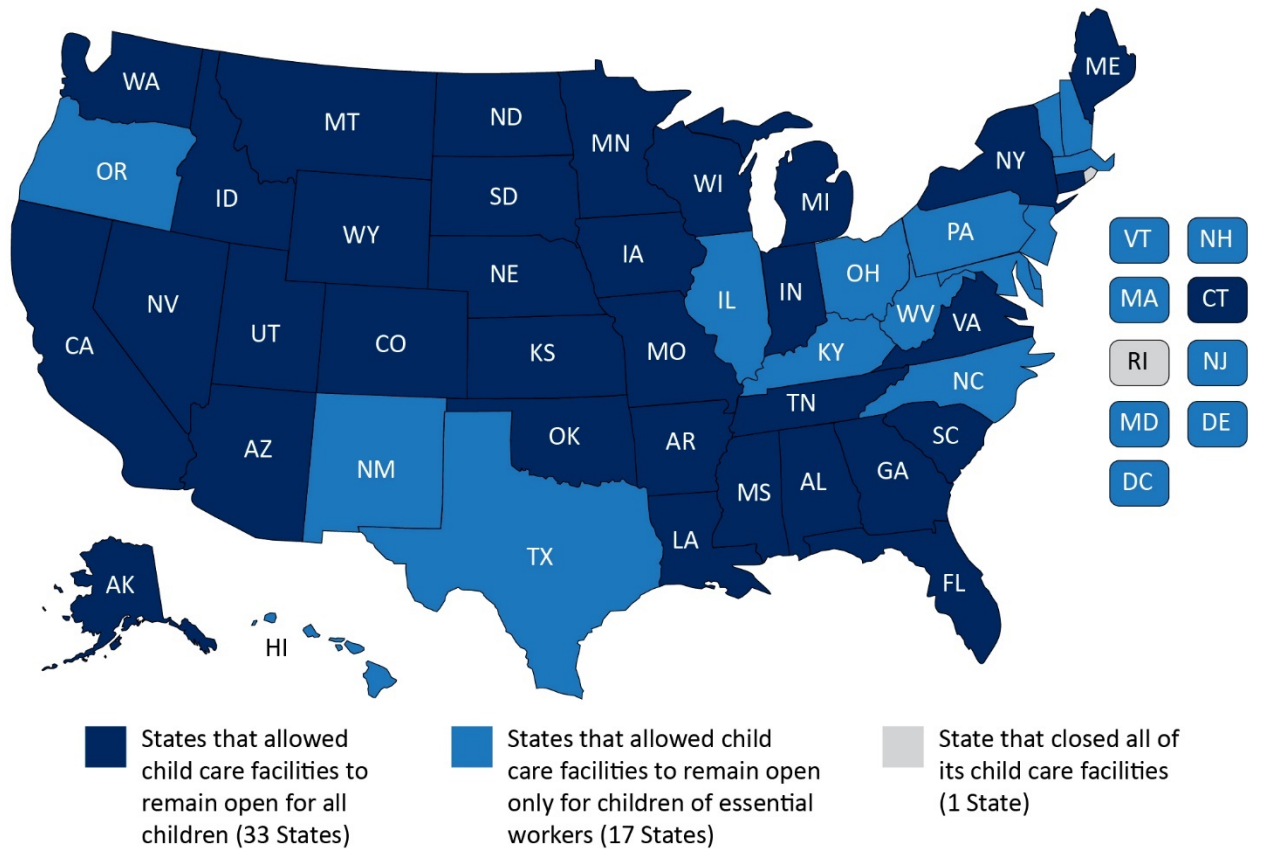


- Although most States closed nearly all of their school buildings and school districts generally switched to remote learning, 33 States allowed child care facilities to remain open for all children and an additional 17 States allowed child care facilities to remain open to care only for children of essential workers. One State (Rhode Island) closed all of its child care facilities.¹¹ See Figure 2 on the following page (question number 3 in the questionnaire in Appendix C¹²).

¹¹ Rhode Island State agency officials told us that all child care facilities were closed, except for one facility on a hospital’s campus that served the children of essential workers.

¹² State agencies’ responses to question number 3 on our questionnaire addressed just the child care providers in their CCDF programs, not all of the child care providers in their States.

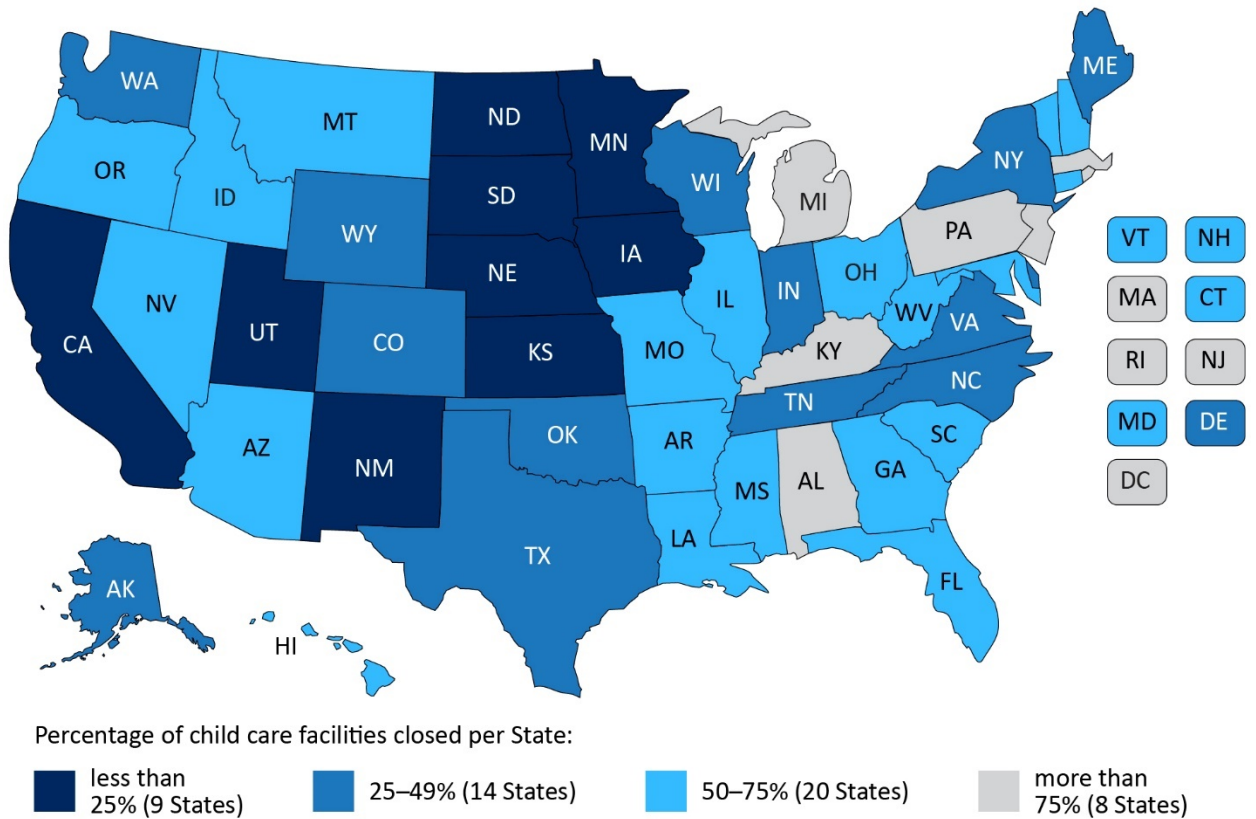
Figure 2: States' Approaches To Keeping Child Care Facilities Open



Nationally, State agencies reported that 74,399 out of 117,327 child care centers (about 63 percent) and 32,121 out of 117,289 family child care providers (about 27 percent) (footnote 8) had closed during the COVID-19 pandemic. Eight States reported that more than 75 percent of their child care facilities (i.e., child care centers and family child care providers) had closed. Of these eight States, Kentucky, New Jersey, and Rhode Island reported that all family child care providers in their States had closed. Twenty other States reported that between 50 and 75 percent of their child care facilities had closed. See Figure 3 on the following page (question number 4 in the questionnaire in Appendix C¹³).

¹³ State agencies' responses to question number 4 on our questionnaire addressed all of the child care providers in their States, not just the child care providers in their CCDF programs.

Figure 3: Percentages of Closed Child Care Facilities by State



STATE AGENCIES’ ISSUANCE OF GUIDANCE TO CHILD CARE PROVIDERS ON PROTECTIVE MEASURES RECOMMENDED BY CDC

All of the State agencies (100 percent) reported that they issued guidance to child care providers on protective measures that CDC recommended for children and for providers rendering child care. These measures included physical distancing, modified dropoff and pickup procedures, and screening of children.¹⁴ Specifically, the State agencies reported that they adopted various approaches in an effort to mitigate the spread of COVID-19 at the child care facilities. The reported strategies included:

- A total of 48 States recommended physical distancing (question number 6 in the questionnaire in Appendix C). CDC recommends various strategies for physical distancing, including keeping the same group of children together each day with the same child care staff member, canceling or postponing special events such as festivals or special performances, and having administrative staff telework from their homes.

¹⁴ All references to CDC recommendations in this section of the report are to “Guidance for Child Care Programs that Remain Open,” cited earlier.

- A total of 43 States recommended dropoff and pickup procedures (question number 7 in the questionnaire in Appendix C). CDC recommends various strategies for dropoff and pickup procedures, including placement of a hand hygiene station at the entrance to each facility, keeping sign-in stations outside, staggering arrival and dropoff times, and requesting that the same person drop off and pick up the child every day.
- A total of 44 States recommended procedures for screening children on arrival at facilities (question number 8 in the questionnaire in Appendix C). CDC recommends that persons who have a fever of 100.4 degrees Fahrenheit or above or other signs of illness should not be admitted to a child care facility.
- A total of 45 States recommended intensified cleaning and disinfecting processes (question number 9 in the questionnaire in Appendix C). CDC guidance recommends that child care facilities intensify their application of national standards, established by the National Resource Center for Health and Safety in Child Care and Early Education (NRC), for cleaning, sanitizing, and disinfecting educational facilities for children.¹⁵ These standards include developing schedules for cleaning and for disinfecting, routinely cleaning, sanitizing, and disinfecting surfaces and objects frequently touched, especially toys and games.
- A total of 36 States recommended wearing face coverings, as recommended by CDC (question number 10 in the questionnaire in Appendix C).¹⁶
- A total of 46 States provided guidance for actions when a person at the facility was found to have tested positive for COVID-19 (question number 11 in the questionnaire in Appendix C). CDC recommends the use of isolation rooms or areas (such as a cot in a corner of the classroom) to isolate a sick child, closing off areas used by the person who is sick, and waiting up to 24 hours or longer before cleaning and disinfecting to allow respiratory droplets to settle.

Several State agencies reported that in addition to forwarding CDC guidelines, they issued separate guidance and recommendations for health and safety measures for providers to consider. One State agency told us that it “centralized all COVID-19 communication for early childhood providers on the Governor’s Office of Early Childhood Development website. This allowed parties to go to one location for all related information rather than search several state agency websites.”

¹⁵ NRC has maintained and continues to develop national health and safety standards for early care and education settings, as compiled in “Caring for Our Children: National Health and Safety Standards; Guidelines for Early Care and Education Programs.” Available online at <https://nrckids.org/CFOC> (accessed on Jun. 19, 2020).

¹⁶ CDC recommends face coverings for all individuals except babies and children under age 2 because of the danger of suffocation.

STATE AGENCIES' DISASTER PLANS

Almost all of the State agencies reported that they were adhering to the provisions of their disaster plans to address the continuation of child care services, but 26 State agencies also stated that they revised or intended to revise those plans.

The CCDBG Act (footnote 2) addresses disaster preparedness and the needs of children—including the need for safe child care—before, during, and after a state of emergency has been declared. This legislation requires each State to develop a written, comprehensive, multi-hazard plan that addresses emergency preparedness, response, and recovery efforts specific to that State's child care services and CCDF program. To gain an understanding of the effectiveness of the State agencies' disaster plans during the COVID-19 pandemic, we asked the State agencies whether the provisions of their disaster plans were followed and whether those plans had changed. The State agencies' responses to these questions are summarized below:

- A total of 49 States reported that they were adhering to the provisions of their disaster plans (question number 13 in the questionnaire in Appendix C).
- A total of 26 States responded that they revised or intended to revise their disaster plans (question number 14 in the questionnaire in Appendix C).

Although the majority of the States said that they were following the provisions of their disaster plans, we did not independently verify those responses. For the 26 State agencies that responded that they revised or intended to revise their disaster plans, the shortcomings that they identified generally involved the unique circumstances that this pandemic has created. Two of the twenty-six State agencies added that they would update their Continuity of Operations Plans to include provisions addressing work from home and remote work.¹⁷ Further, in its response to us, one State agency said that it revised its disaster plan to better address protocols regarding acquisition, prioritization, and allocation of PPE.

State agencies also reported on interim measures that they had taken once the pandemic had been declared. For example, one State agency reported that it had issued additional guidance and created a "Childcare Assistance in Isolation Response" manual. This State agency added that once the pandemic was over, it would review, change, and update its disaster plans based on its experience with the pandemic. Similarly, another State agency said that it would review and revise its disaster plans and added that it had implemented additional actions that went above and beyond the provisions of its existing disaster plans.

¹⁷ A Continuity of Operations Plan establishes policy and guidance ensuring that critical functions continue and that personnel and resources are relocated to an alternate facility in case of emergencies.

One State agency that said it had followed its disaster plan commented as follows:

Following provisions in the Disaster plan, emergency coordination steps were followed and a massive stakeholder forum was created with federal, state, county, local, private and volunteer service organizations to establish a system of emergency care. . . . Temporary staffing was also discussed and a viable solution was created to help not only these emergency child care providers who need additional staff, but to also help these temporarily out of work staff members whose facilities closed. [Two other agencies of the State government] collaborated . . . to create a standing job board in order to help facilitate employment and to help the emergency providers with the resources they need, all the while making sure the safety and well-being of the children is first.

Furthermore, another State agency reported that it had revised its disaster plan just before COVID-19 spread to the United States in an attempt to anticipate the events that might occur in its State.

STATE AGENCIES' USE OF CHILD CARE AND DEVELOPMENT FUND FLEXIBILITIES TO LESSEN THE IMPACT OF COVID-19 ON CHILD CARE PROVIDERS AND TO ENSURE CONTINUED ACCESS TO CHILD CARE

Many State agencies used the flexibilities afforded to them by ACF to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care. In response to emergency situations, ACF issued an IM ([CCDF-ACF-IM-2017-02](#)) on November 27, 2017, that addresses the flexibilities the States have to continue to provide child care services despite disruptions to families and providers. These flexibilities enabled the State agencies to support child care services despite disruptions to families and providers and to give essential workers the opportunity to place their children in child care.

State agencies' reported actions included the following, which we summarize here in the order in which these subject areas are addressed in (1) the IM cited above, (2) the questionnaire we sent to the State agencies (Appendix C), and (3) the State-by-State breakout of these subject areas in Appendix D:

- A total of 36 States paid child care providers based on the number of children who were enrolled rather than the number of children actually in attendance (question number 21 in the questionnaire in Appendix C).¹⁸

¹⁸ According to ACF, before the COVID-19 pandemic, only 16 States were paying child care providers based on the number of children who were enrolled rather than the number actually in attendance.

- A total of 42 States allowed a more lenient absence policy under which child care providers would be paid even when the enrolled children are absent for more than the number of days normally permitted (question number 22 in the questionnaire in Appendix C).
- A total of 20 States awarded CCDF funds to child care providers that had not previously served CCDF-eligible children (question number 23 in the questionnaire in Appendix C).
- A total of 25 States enrolled newly eligible children (for example, children of individuals designated as essential workers during the COVID-19 pandemic) (question number 24 in the questionnaire in Appendix C).¹⁹
- A total of 8 States changed their definition of “working,” which allowed families to be eligible for the CCDF program while they were attempting to find work, participating in community services, and engaging in similar activities (question number 25a in the questionnaire in Appendix C).
- A total of 11 States changed their income eligibility thresholds, which represent the income a family must exceed before being terminated from the CCDF program (question number 25b in the questionnaire in Appendix C).
- A total of 16 States established new priority rules that would, for example, give children of essential workers higher priority for placement in child care facilities (question number 25d in the questionnaire in Appendix C).
- A total of 20 States broadened their definitions of “protective services” to permit emergency eligibility for children affected by a declared emergency (question number 26 in the questionnaire in Appendix C).
- A total of 19 States waived their income eligibility requirements for protective services. States have the option to waive, on a case by case basis, the income eligibility requirements for children who receive or need to receive protective services, such as the children of essential workers (question number 27 in the questionnaire in Appendix C).
- A total of 29 States lengthened the minimum 12-month eligibility to a longer period (question number 29 in the questionnaire in Appendix C).
- A total of 23 States lengthened the designated periods for job searches (i.e., the periods of time in which families were eligible to receive child care services while the parents or

¹⁹ ACF issued another memorandum to State agencies ([ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020)), which described “newly eligible children” of essential workers as an expanded flexibility afforded under the CARES Act.

guardians were looking for work) (question number 31 in the questionnaire in Appendix C).

- A total of 32 States eliminated or reduced copayment requirements. States have this option for only those families that meet certain criteria as established by the State. If the criteria effectively waive copayments for all families eligible to receive CCDF services, this no longer is a flexibility and the State agency would need a waiver from ACF (question number 33 in the questionnaire in Appendix C).
- A total of 19 States used existing CCDF quality improvement funds for child care providers to purchase equipment and supplies, to fund professional development and staffing, or to execute minor repair or remodeling of child care facilities, particularly if necessary to meet applicable standards for healthy and safety.²⁰ The State agencies may use this flexibility to target providers that experience a disruption in funding due to an emergency (question number 35 in the questionnaire in Appendix C).

STATE AGENCIES' SUBMISSION OF CHILD CARE AND DEVELOPMENT FUND WAIVER REQUESTS OR PLAN AMENDMENTS

To implement changes to their CCDF programs in response to the COVID-19 pandemic, many State agencies sought changes in their State laws, regulations, or guidance; requested waivers from ACF; and submitted CCDF plan amendments to ACF. In our questionnaire, we asked the State agencies whether they submitted a waiver request or CCDF plan amendment to ACF in response to the COVID-19 pandemic. In their responses, 38 State agencies reported that they had submitted waiver requests or CCDF plan amendments and 10 other State agencies reported that they were planning to do so but had not finalized their submissions as of April 30, 2020. Three State agencies reported that they were not planning to submit either waiver requests or CCDF plan amendments (question number 17 in the questionnaire in Appendix C).

Waivers are required when a State agency wants to administer changes to its CCDF program outside of what is required or permitted by Federal law. Furthermore, changes being requested through waivers cannot be implemented until they have been approved by ACF.²¹ (This contrasts with requirements associated with CCDF plan amendments, which permit State agencies to implement substantial changes to the CCDF programs (but not outside of what is required or permitted by Federal law) and which State agencies must submit to ACF within 60 days after making those changes in their programs.) Many State agencies were, at the time

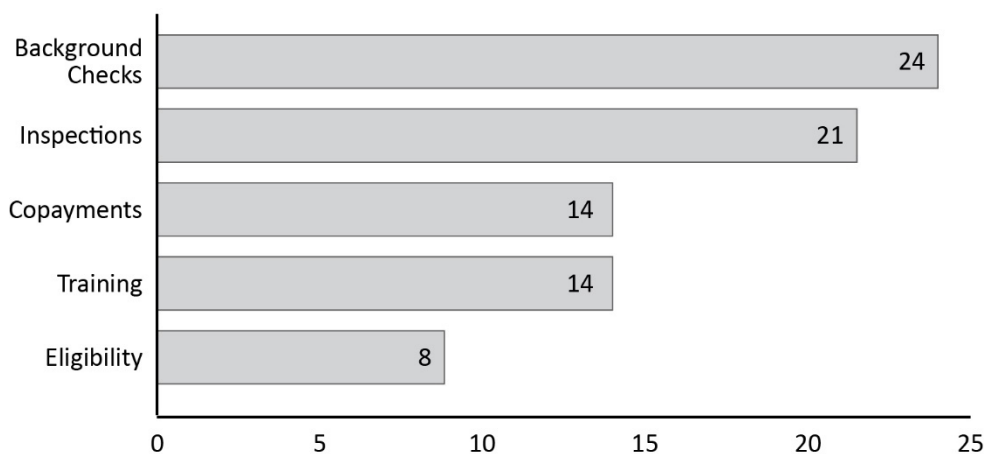
²⁰ States and Territories are required to reserve and use a portion of their CCDBG funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. ACF gives State agencies the flexibility during emergencies to use these funds for the purposes described above.

²¹ Within 90 days after receipt of the waiver request or, if additional followup information has been requested, within 90 days after the receipt of such information, ACF is required to notify the Lead Agency (i.e., the State agency) of the approval or disapproval of the request (45 CFR § 98.19(d)).

of our survey, waiting on approval from ACF on their waiver requests (the focus of the data in Figure 4).

Figure 4 depicts, by number of States, the principal subjects of the waiver requests that State agencies had submitted or planned to submit to ACF as of April 30, 2020.

Figure 4: Subjects of Waiver Requests



The most common subjects of the waiver requests identified during our audit were as follows (some States submitted more than one waiver request, and not all State agencies provided information on the areas their waiver requests were addressing):

- A total of 24 States made waiver requests that addressed providers' inability to obtain background checks required by Federal regulations. Child care providers were having issues obtaining fingerprints for prospective employees for the background checks that were required for those individuals. Facilities that provided fingerprinting had suspended their operations because of the COVID-19 pandemic. (Requirements for in-State background checks appear in Federal regulations at 45 CFR § 98.43(b)(3).)
- A total of 21 States made waiver requests that addressed State agencies' inability to safely conduct required onsite inspections of child care facilities. (Requirements for enforcement of child care facility licensing and health and safety requirements appear in Federal regulations at 45 CFR § 98.42(b)(2)(i).)
- A total of 14 States made waiver requests that addressed State agencies' requests to provide financial assistance to families receiving child care by waiving copayments. (Requirements regarding contributions and copayments from families whose incomes are at or below the poverty level appear in Federal regulations at 45 CFR § 98.45(k).)

- A total of 14 States made waiver requests that addressed State agencies’ difficulties in conducting required training for new employees and for those employees with ongoing training requirements. (Requirements for pre-service and orientation training appear in Federal regulations at 45 CFR § 98.44(b)(1); requirements for ongoing training appear in Federal regulations at 45 CFR § 98.44(b)(2).)
- A total of 8 States made waiver requests regarding children’s eligibility for child care services, which included expanded child care eligibility (up to 12 months) for children of essential workers. (Requirements for the eligibility determination process appear in Federal regulations at 45 CFR § 98.21(a).)

The waiver requests that State agencies submitted dated from early March through May 2020.²² At the time of our questionnaire and followup communications with the State agencies, many of them were waiting for ACF approval of these requests. Of the 38 State agencies that said they had submitted waiver requests, 30 States noted that they were awaiting approval (question number 18 in the questionnaire in Appendix C). Fifteen State agencies commented about what they perceived as the prolonged period that it took, given the urgency of the situation, for ACF to approve their waiver requests. Subsequent to our survey, ACF approved a significant number of these waiver requests, within the required 90 days (footnote 21). According to ACF, it approved waivers for 38 States in 3 batches on April 21, June 8, and June 30, 2020.

Further, our analysis of State agencies’ responses revealed that a similar policy change might cause one State agency to submit a waiver request, a second State agency to submit a CCDF plan amendment, and a third State agency to implement its desired change without submitting either an amendment or a waiver. Inconsistent use of waivers and CCDF plan amendments might reflect deviations between what is being done and what the Federal law allows. Unless a waiver or a CCDF plan amendment is requested, ACF might be unaware of how a State agency is operating certain aspects of its CCDF program. Additionally, some State agencies commented to us that there was confusion as a result of what they regarded as unclear and delayed guidance from the Federal Government, which might have led to these inconsistencies.

One State agency commented as follows:

ACF could have granted blanket waivers for regular CCDF funds for all states, rather than asking each state to submit individual waivers to alleviate these challenges. The waiver process has slowed down state efforts. It has taken longer than almost two months for our waivers to be approved. Also, any support connecting with other states and understanding other solutions would

²² Some of the State agencies reported that they submitted waiver requests after our April 30, 2020, as-of date. To give the most complete possible picture of this aspect of State agency responses to the pandemic, we are including these waiver requests in the data we report here.

have been helpful. We were ultimately able to do this research on our own, but it delayed our responses and was surely duplicative with what other states were doing as well.

Although some State agencies made similar comments, other State agencies told us that they were very appreciative of the support and communication that ACF had provided to them throughout the first several months of the COVID-19 pandemic. In this context, ACF told us that the Office of Child Care considered blanket waivers early on as a method of waiver approval. However, ACF added, the Office of Child Care does not have the authority under the CCDBG Act to issue blanket waivers.

STATE AGENCIES' MOST FREQUENTLY IDENTIFIED CHALLENGES AND CONCERNS AS A RESULT OF THE PANDEMIC

Although State agencies used a variety of approaches to ensure the health and safety of child care and continued access to child care during the pandemic, many State agencies also identified the most significant challenges and concerns that they were facing as they worked to ensure the health and safety of the children and providers in their CCDF programs in response to the pandemic while ensuring continued access to child care (question numbers 40 through 46 in the questionnaire in Appendix C).

Challenges Affecting State Agencies' Responses to the COVID-19 Pandemic

The most frequently identified challenges, according to State agencies, were communication with stakeholders, difficulties with fingerprinting for prospective child care employees' background checks, insufficient funding for providers, health and safety of child care staff members, and the lack of PPE and cleaning supplies.

Challenges Involving Communication With Stakeholders

With respect to communication with stakeholders, State agencies described challenges involving communication with child care providers as well as communications from ACF, other Federal agencies, and other agencies of States' governments. Several State agencies attributed the difficulties they experienced in disseminating accurate and consistent information to child care providers to changing guidance from public health officials at different levels of government. Some State agencies told us that they would like to have seen a more coordinated approach from ACF and that they needed clearer, more comprehensive, and more timely guidance than they received. In addition, State agencies experienced difficulties in communicating with child care providers that had closed or suspended operations.

One State agency commented as follows: "So many things to do, not enough staffing capacity to respond to all of the inquiries and changes quickly. Response or guidance from federal and state agencies are delayed." Another State agency commented: "Because of the fluidity of the

pandemic, guidance from several entities changed frequently. Ensuring that the most current information and guidance was distributed timely became our biggest challenge. We resolved this by using several communication modalities in order to get the information out quickly to all providers and partners.”

Although several State agencies noted that communication was an issue, a few State agencies commented that they regarded communication with their providers as one of their biggest successes. One State agency commented as follows: “We have successfully maintained open lines of communication at state and local levels, and worked hard to ensure that child care providers and families receive updated information. This has been a challenge, but the system has performed well in this regard. Providers and families look to state and local agencies to provide guidance and assistance during their time of need. It has been important for us to demonstrate strong leadership at this time.”

Challenges With Fingerprinting for Prospective Child Care Employees’ Background Checks

State agencies also commented on the difficulties that the pandemic had caused in obtaining fingerprint checks for prospective child care employees’ background checks. One State agency commented that it was difficult to hire “because many fingerprint locations are closed and getting a child care background check has become a heavy burden.” Many State agencies reported that they had submitted or planned to submit waiver requests to address these difficulties. For example, one State agency commented: “The fingerprint-based check requirements were an issue until the waiver was approved to postpone some of the components of the comprehensive background check. This has allowed individuals to work with name-based clearances and reduced the wait time for staff to be hired and in place.”

Challenges Involving Insufficient Funding for Providers

Regarding comments on insufficient funding for child care providers, several State agencies mentioned the loss of income that providers were sustaining because of capacity limits once the public health emergency had been declared and as a result of lost payments from families that did not qualify for the CCDF program (i.e., “private pay”).²³

One State agency commented as follows: “Lack of available funding to providers to offset the financial loss caused by the capacity restrictions. Currently, approximately only [one-third] of

²³ Child care providers may serve both children whose families meet CCDF eligibility requirements and children whose families do not meet the eligibility criteria. For the first group, ACF provides a CCDF subsidy, and for the second group, ACF generally does not; rather, these noneligible families pay the full “private pay” rate for child care. Although 36 States modified their CCDF programs so that child care providers were paid based on the number of children who were enrolled rather than the number of children actually in attendance, ACF informed us that that modification did not apply to child care providers that rendered services exclusively to “private pay” families. However, child care providers that rendered services to CCDF-eligible families could apply this modification to their “private pay” families.

child care slots in [the State] are paid with CCDF dollars and paying on enrollment vs. attendance will not account for the remainder of the [two-thirds] slots not filled.”

Challenges Involving Health and Safety of Child Care Staff Members

State agencies identified a variety of challenges that child care providers had conveyed regarding the health and safety of their staff members. These challenges included difficulties in attracting and retaining child care staff due to fears of exposure and transmission; concerns of staff that they might infect family members who were at high risk; and staff shortages due to quarantine requirements, the need to remain home with their own children, or both. One State agency commented: “There is a shortage of staff that are willing to work in a pandemic either because children are out of school or they have family members with compromising health conditions, and they don’t want to endanger them.”

Challenges Involving Availability of Personal Protective Equipment and Cleaning Supplies

Several State agencies commented on challenges involving the availability of PPE and cleaning supplies. State agencies reported difficulties in obtaining PPE and supplies (as of April 30, 2020), including cleaning and disinfecting supplies, thermometers, cloth face coverings, gloves, and other supplies.

Concerns Regarding Child Care Facilities

We asked the State agencies what they envisioned as their most significant concerns regarding child care facilities once the pandemic has abated. The three concerns most frequently identified were the need to ensure that there would be enough providers to meet child care needs, the need for funding to stabilize the industry, and the need to hire and retain sufficient staff available to work.

Concerns Regarding Sufficient Number of Child Care Providers To Meet Child Care Needs

At the time of our questionnaire, State agencies reported that about 63 percent of child care centers and about 27 percent of family child care providers had closed. Most State agencies expressed concerns as to whether these child care facilities would be able to reopen to meet child care needs, and several State agencies also raised questions as to whether these facilities could remain economically viable after the pandemic has abated.

With respect to the concern that many State agencies expressed over whether there would be enough providers to meet child care needs after the pandemic has abated, one State agency commented about this concern and current challenges:

[The State agency] anticipates a high rate of child care programs permanently closing both during the pandemic and in the immediate aftermath. The

economic model for child care programs does not afford it deep reserves to draw off of in hard times and the effect of this pandemic could be devastating. Rebuilding the supply [of child care providers] will be a critical economic activity for the state. In the near future, rebuilding the supply will likely be challenged by the need to incorporate the health and safety measures adopted during the pandemic, such as increased sanitation, reduced group sizes, and contact mitigation. These changes will increase the cost of providing care.

Another State agency (from a midsize State) commented: “Like many states, [the State] had challenges with child care deserts and infant/toddler child care to support our workforce. We anticipate losing up [to] 40,000 slots due to child care business closures.”

Concerns Regarding Need for Funding To Stabilize the Child Care Industry

The State agencies that expressed concerns over funding to stabilize the child care industry after the pandemic has abated were primarily concerned with funding shortfalls brought on by the need to operate child care facilities at reduced capacities. Consequently, State agencies reported the need for increased funding until child care providers can operate at full capacity. One State agency commented about the need to “[i]dentify a new mechanism for funding child care that is less reliant on enrollment, given the fluctuations in capacity that we will need to implement for the foreseeable future. Stabilizing the system to ensure that it can withstand the transformation over the next few years.”

Concerns Regarding the Need to Hire and Retain Sufficient Child Care Staff

Many State agencies also expressed concerns over the need to hire and retain sufficient child care staff, which one State agency referred to as “securing the workforce.” Another State agency described this concern as follows: “Incentivize the workforce—largely now unemployed from the field—to come back into underpaid jobs that are [more] stressful and dangerous than when they left.”

CONCLUSIONS

Federal law requires State agencies to prepare for disasters, including the need to provide for the continuity of child care—before, during, and after a state of emergency has been declared. Although the approaches that the State agencies used varied, the State agencies have focused their resources and efforts to address child care needs during this global health crisis.

The information in this report was obtained to provide ACF and other decisionmakers (e.g., State and local officials) with a national snapshot of State-level approaches to some of the issues posed by the ongoing COVID-19 pandemic. This information was current when we conducted our questionnaire and interviews but may not represent all of the issues that ACF and State agencies have faced or the actions they have taken to address those issues. Since our

interviews, ACF and State agencies may have addressed some of the issues and identified new ones. Additionally, in their responses to the questionnaire and during the interviews, State agencies may not have shared with us all of their issues or all of the actions they have taken. This report makes no recommendations. However, it is intended that ACF use this report to support State agencies as they work to address ongoing issues that could impede access to child care as a result of the COVID-19 pandemic. Because we make no recommendations, ACF did not provide written comments on our draft report, but it did provide technical comments, which we addressed as appropriate.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

This audit focuses on State-level actions and challenges in response to the early stages of the COVID-19 pandemic; it is not a review of HHS-level responses to the pandemic. Our findings are based on responses to a questionnaire completed by program administrators in all 50 States and the District of Columbia (i.e., the State agencies). We conducted the questionnaire and followup interviews (as necessary) between April 30, 2020, and June 16, 2020, with an as-of date of April 30, 2020. We received a 100-percent response rate from the 50 States and the District of Columbia.

We did not assess the State agencies' or ACF's internal controls as part of this audit.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws, regulations, and guidance;
- met with ACF staff to (1) gain an understanding of the challenges confronting the CCDF program during the COVID-19 pandemic as well as the information and guidance that ACF has provided to the State agencies outlining the flexibilities allowed during this pandemic, (2) obtain a list of ACF-approved waivers, and (3) obtain a list of State agency contacts;
- developed a questionnaire that focused on six key areas:
 - closures of child care facilities as well as statewide stay-at-home or shelter-in-place orders or directives designed to slow or minimize the spread of COVID-19,
 - whether State agencies issued guidance to child care providers on protective measures recommended by CDC,
 - whether State agencies' disaster plans addressed the continuation of child care services,
 - State agencies' use of CCDF flexibilities to lessen the impact of COVID-19 on child care providers and to ensure continued access to child care,
 - CCDF waiver requests and plan amendments submitted by State agencies, and
 - State agencies' most significant challenges and concerns as a result of the pandemic;

- initially surveyed two State agencies—those of Iowa and Utah—and then refined our questionnaire;
- surveyed, between April 30 and June 16, 2020, the remaining State agencies (including that of the District of Columbia) based on the refined questionnaire, and conducted followup interviews with 44 State agencies to clarify their responses as necessary, with an as-of date of April 30, 2020;
- discussed the results of our audit with ACF officials on July 8, 2020, and gave them detailed information pertaining to the issues we identified; and
- issued our draft audit report to ACF on August 27, 2020, for review; ACF did not provide any formal comments for inclusion in this final report, but it provided technical comments on September 2, 2020.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

APPENDIX B: FEDERAL REQUIREMENTS AND GUIDANCE

Federal Statutes and Regulations

Child care services are administered under the provisions of the CCDBG Act, as amended (42 U.S.C § 9858 *et seq.*), and section 418 of the Act, which state that the disaster plan shall demonstrate the manner in which the State will address the needs of children in child care services provided through programs authorized under this subchapter, including the need for safe child care, for the period before, during, and after a state of emergency declared by the Governor or a major disaster or emergency (as such terms are defined in section 102 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5122)).

[The CARES Act](#) (footnote 6) appropriated approximately \$3.5 billion in supplementary CCDF discretionary funds to prevent, prepare for, and respond to the COVID-19 pandemic as well as expanded flexibility to provide child care assistance to families and children.

Federal regulations state that in their CCDF plans, each State agency must assure that upon approval of the plan by ACF, it will have a program in effect that complies with the plan and that is administered in accordance with the program’s authorizing legislation and all other applicable Federal laws and requirements (45 CFR § 98.15(a)(1)). Furthermore, each State agency must certify in its CCDF plan that it has monitoring policies and practices to ensure that the child care providers follow health and safety requirements (45 CFR § 98.15(b)(10)).

Each CCDF plan must include “[a] description of the health and safety requirements, applicable to all providers of child care services for which assistance is provided under the CCDF” (45 CFR § 98.16(l)).

ACF Guidance

[ACF IM CCDF-ACF-IM-2011-01](#) (Feb. 17, 2011) provides guidance to assist State agencies in “developing, exercising, and maintaining written child care emergency preparedness and response plans pursuant to submission of the CCDF plan” (page 1). Recommendations for planning for continuation of services to families receiving CCDF services include a recommendation that CCDF plans consider implementing “policies to temporarily continue to pay providers for absence days in the event that children are unable to attend due to a disaster (e.g., pandemic flu)” (page 4).

[ACF IM CCDF-ACF-IM-2017-02](#) (Nov. 27, 2017), “Flexibility in Spending CCDF Funds in Response to Federal or State Declared Emergency Situations,” states that relevant Federal requirements enable States, territories, and Tribes affected by emergency situations to exercise “options to continue providing child care services despite disruptions to families and providers. Some of these options . . . would require the [State agency] to submit a CCDF plan amendment or waiver request” to ACF. This document describes nine options available to State agencies to exercise flexibility in spending CCDF funds in emergency situations:

Option A: Use quality dollars to provide immediate assistance to displaced families.

Option B: Change the CCDF Lead Agency’s eligibility or priority criteria to permit uninterrupted child care.

Option C: Broaden the Lead Agency’s definition of protective services to permit emergency eligibility.

Option D: Examine the Lead Agency’s income eligibility threshold and what the Lead Agency counts as income.

Option E: Waive copayments for displaced families.

Option F: Use quality improvement dollars for child care providers to purchase equipment and supplies and to fund professional development and staffing.

Option G: Increase resources available to CCDF families (e.g., transferring Temporary Assistance for Needy Families dollars).

Option H: Use the Federal early childhood training and technical assistance system.

Option I: Request Temporary Waivers for Extraordinary Circumstances.

[ACF IM CCDF-ACF-IM-2020-01](#) (Apr. 29, 2020) advises State agencies of the supplementary funding appropriated in the CARES Act.

ACF has also recently issued several other information resources relevant to CCDF programs operating during the COVID-19 pandemic:

- [Information About COVID-19 for CCDF Lead Agencies: Relevant Flexibilities in CCDF Law](#) (Mar. 13, 2020),
- [Office of Child Care COVID-19 Resources](#) (initially published Mar. 13, 2020, regularly updated thereafter), and
- [CCDF Frequently Asked Questions in Response to COVID-19](#) (initially published Mar. 13, 2020, regularly updated thereafter).

CDC Guidance

CDC issued its “[Guidance for Child Care Programs that Remain Open](#)” (Apr. 6, 2020, updated Apr. 21, 2020), which states: “No matter the level of transmission in a community, every child care program should have a plan in place to protect staff, children and their families from the spread of COVID-19.” The guidance to child care providers also specified the following

measures: “Encourage staff to take everyday preventive actions to prevent the spread of respiratory illness. Require sick children and staff to stay home. Have a plan if someone is or becomes sick.” The guidance was updated on April 21, 2020, to address the screening of children upon arrival at child care facilities and to identify additional options for instances when PPE is in short supply.

APPENDIX C: STATE AGENCY QUESTIONNAIRE

CCDF CHILDCARE SERVICES DURING COVID-19 PANDEMIC STATE AGENCY SURVEY AS OF 4/30/2020

(Please make your typed response in red font)

CLOSURES

1. Does your State have or did your State have a State-wide stay-at-home or shelter-in-place order or directive? YES NO If so, what is the effective date(s) of the order or directive?
2. Are the schools closed in your State? YES NO Varies by School/District Please explain.
3. Are the CCDF childcare providers in your State open during the COVID-19 pandemic? YES NO Essential Only Please explain.
4. Please provide the State's total number of licensed childcare centers, the total number of licensed home childcare providers and the number of closed providers for each as of 4/30/2020.

CDC GUIDANCE

5. Did your State issue guidance to childcare providers regarding childcare services? YES NO How was it disseminated? Please provide web address or electronic copy (PDF) of the documents.
6. Did your State require childcare providers to implement social distancing? YES NO Please explain.
7. Did your State require childcare providers to implement drop off and pick up procedures? YES NO Please explain.
8. Did your State require childcare providers to implement procedures for screening children upon arrival? YES NO Please explain.
9. Did your State require childcare providers to intensify cleaning and disinfection efforts? YES NO Please explain.
10. Did your State require childcare providers and/or children to wear face coverings? YES NO Please explain.
11. Did your State provide guidance to childcare providers if a child or employee tests positive for COVID-19? YES NO If yes, please provide web address or electronic copy (PDF) of the documents.

DISASTER PLAN

12. What provisions did your State include in its State Disaster Plan for the continuation of childcare services? Please explain.
13. Were the provisions of your State's Disaster Plan followed? YES NO If No, please explain.
14. Did the State's Disaster Plan change as a result of the COVID-19 pandemic? YES NO If so, how did it change? Please explain.
15. Please provide an electronic copy (PDF) or web address of your current State Disaster Plan.

OPTIONS OFFERED BY THE ADMINISTRATION FOR CHILDREN AND FAMILIES (ACF)

under the provisions of [CCDF-ACF-IM 2017-02](#)

16. In response to the COVID-19 pandemic, has your State enacted new legislation, regulations, or guidance? YES NO Please explain.
17. In response to the COVID-19 pandemic, has your State submitted a CCDF Plan amendment or waiver request to ACF, Office of Child Care? Not Yet YES NO Please explain.
18. Was the CCDF Plan amendment or waiver request approved? YES NO Awaiting Approval
19. Please provide an electronic copy (PDF) or web address of the amendment or waiver request.

Option A: Use quality dollars to provide immediate assistance to displaced families.

20. Has your State changed how provider subsidies are awarded? YES NO Please explain.
21. Are provider payments currently based on enrollment rather than attendance? YES NO Please explain.
22. Has your State provided more generous absence day policies? YES NO Please explain.
23. Have CCDF funds been awarded to childcare providers who do not serve CCDF eligible children? YES NO

**CCDF CHILDCARE SERVICES DURING COVID-19 PANDEMIC
STATE AGENCY SURVEY AS OF 4/30/2020**

Option B: Change the CCDF Lead Agency's eligibility or priority criteria to permit uninterrupted childcare.

24. Did new children become eligible for CCDF benefits as a result of the COVID-19 pandemic? (e.g., families of healthcare workers, emergency responders, etc.) YES NO
25. Have your State's CCDF eligibility criteria changed? YES NO Please explain.
- a) Has the definition of "Working" changed to include families seeking employment, participating in community service, or similar activities? YES NO
- b) Has your State changed income eligibility thresholds? YES NO Please explain.
- c) Has your State changed its definition of what counts as income? YES NO Please explain.
- d) Has your State established new priority rules? (e.g., healthcare and emergency) YES NO Please explain.

Option C: Broaden the Lead Agency's definition of protective services to permit emergency eligibility.

26. Has your State broadened the definition of Protective Services? YES NO Please explain.
27. Has your State waived income eligibility for Protective services? YES NO Please explain.

Option D: Examine the Lead Agency's income eligibility threshold and what the Lead Agency counts as income.

28. Has your State changed its eligibility redetermination policies? YES NO Please explain.
29. Has your State lengthened the minimum 12-month eligibility to a longer period? YES NO
30. What is the eligibility period before a redetermination is required?
31. Has your State lengthened the period of continued assistance for purposes of job search beyond the minimum 2-month period? YES NO
32. What period of time is currently allowed for continued assistance for job searchers?

Option E: Waive co-payments for displaced families.

33. Has your State waived co-pay requirements for families? YES NO
34. Has your State revised its sliding fee schedules to reduce co-pays for some or all families? YES NO

Options F, G, H and I – Has the State agency exercised any of the following options?

35. Option F: Use quality dollars to provide supply-building grants to providers. YES NO
36. Option G: Increase resources available to CCDF families (e.g., transferring Temporary Assistance for Needy Families (TANF) dollars). YES NO
37. Option H: Use the Federal early childhood training and technical assistance system. YES NO
38. Option I: Request Temporary Waivers for Extraordinary Circumstances. YES NO Please explain if there have been any additional waiver requests not discussed in questions 17-37.
39. Has the State implemented any other procedures to reduce the spread of COVID-19 not previously discussed?

STATE ASSISTANCE/GUIDANCE to CHILDCARE PROVIDERS as a result of the COVID-19 PANDEMIC

40. Has your State experienced any issues in getting new centers or Emergency Centers licensed? YES NO Please explain.
41. Are childcare providers experiencing any issues getting new employees hired? YES NO Please explain.
42. What type of other financial assistance (not included in the ACF options) has the State provided to keep childcare providers operating?
43. What has been your biggest challenge during the COVID-19 pandemic?
44. What do you envision as your biggest challenge once the COVID-19 pandemic is over?
45. What additional flexibilities could ACF have granted to alleviate these challenges?
46. Do you have any recommendations on how to improve the State or Federal responses to the COVID-19 pandemic?

APPENDIX D: STATE AGENCY APPROACHES TO LESSEN THE IMPACT OF COVID-19

Question	Paid based on enrollment	Allowed a more lenient absence policy	Awarded funds to non-CCDF serving providers	Enrolled newly eligible children	Changed the definition of working	Changed income eligibility thresholds	Established new priority rules	Broadened definition of protective services	Waived income eligibility requirements for protective services	Lengthened 12-month eligibility	Lengthened periods for job searches	Eliminated or reduced copay requirements	Used CCDF funds to award building grants
Question Number	Q21	Q22	Q23	Q24	Q25a	Q25b	Q25d	Q26	Q27	Q29	Q31	Q33	Q35
Alabama		X		X			X	X	X	X	X		
Alaska		X	X	X	X								X
Arizona			X	X				X	X		X		
Arkansas		X		X	X		X	X	X	X		X	
California	X	X		X			X	X				X	
Colorado		X	X							X	X		X
Connecticut	X		X							X	X		
Delaware	X	X							X	X	X	X	
Florida	X	X		X	X		X	X	X	X		X	X
Georgia	X	X	X	X			X				X		
Hawaii	X			X				X	X		X	X	
Idaho	X	X									X		X
Illinois		X	X	X				X	X	X			
Indiana		X					X			X	X		X
Iowa	X	X									X		
Kansas	X	X	X	X		X		X	X	X	X	X	X
Kentucky	X	X								X	X	X	
Louisiana	X	X		X			X	X	X			X	
Maine	X	X	X	X		X	X			X	X	X	
Maryland	X			X								X	X
Massachusetts	X	X								X	X	X	
Michigan	X	X	X							X			
Minnesota	X	X								X			
Mississippi	X	X		X		X	X			X	X	X	
Missouri	X	X	X						X	X	X		
Montana	X	X									X	X	X

	Paid based on enrollment	Allowed a more lenient absence policy	Awarded funds to non-CCDF serving providers	Enrolled newly eligible children	Changed the definition of working	Changed income eligibility thresholds	Established new priority rules	Broadened definition of protective services	Waived income eligibility requirements for protective services	Lengthened 12-month eligibility	Lengthened periods for job searches	Eliminated or reduced copay requirements	Used CCDF funds to award building grants
Question Number	Q21	Q22	Q23	Q24	Q25a	Q25b	Q25d	Q26	Q27	Q29	Q31	Q33	Q35
Nebraska		X								X			
Nevada	X	X	X	X	X	X	X			X		X	X
New Hampshire	X	X	X		X	X				X	X	X	X
New Jersey	X	X					X	X	X	X	X	X	X
New Mexico	X	X		X				X	X	X	X	X	
New York		X		X		X		X	X			X	
North Carolina	X		X	X		X	X	X	X			X	X
North Dakota		X			X							X	
Ohio	X	X								X		X	
Oklahoma		X		X	X			X	X	X		X	
Oregon		X	X			X						X	X
Pennsylvania	X	X									X		
Rhode Island	X	X									X	X	X
South Carolina	X	X	X	X		X	X	X	X			X	X
South Dakota		X											
Tennessee	X	X	X	X	X		X	X	X	X		X	X
Texas	X	X	X	X		X	X	X			X	X	X
Utah	X		X	X		X		X	X			X	X
Vermont	X			X			X			X			
Virginia		X								X		X	
Washington	X	X						X		X		X	X
West Virginia	X			X				X	X			X	
Wisconsin	X	X								X			
Wyoming			X										
District of Columbia	X	X	X							X		X	
TOTALS	36	42	20	25	8	11	16	20	19	29	23	32	19
% Responded Yes	71%	82%	39%	49%	16%	22%	31%	39%	37%	57%	45%	63%	37%



Save the Children®

CHILDHOOD IN THE TIME OF COVID



U.S. COMPLEMENT TO THE GLOBAL CHILDHOOD REPORT 2021

Every Child Has a Right to a Childhood

Childhood should be a time when our nation’s youngest citizens develop into the adults who will care for and lead our country, our world, and our shared future. Every child deserves love, care and protection so they can develop to their full potential. Yet for millions of children in the United States – and hundreds of millions more children around the world – childhood is ending too soon.



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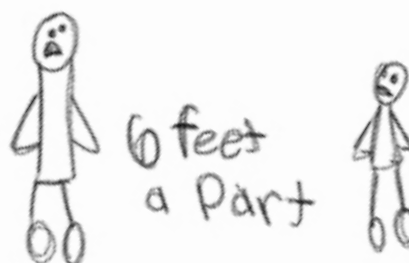


Published by Save the Children

501 Kings Highway East, Suite 400
 Fairfield, Connecticut 06825
 United States
 (800) 728-3843
 savethechildren.org

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ISBN: 1-888393-40-8



Childhood in the Time of COVID

A generation of children in America are experiencing multiple hardships brought on by the coronavirus. Many millions more children are now hungry, missing out on school and worried about their family's economic future. For children who were struggling before COVID-19, things have gotten worse. Going back to “normal” will not be enough for these kids. Massive investments are needed to help the most disadvantaged children to recover and catch up. Without these investments, the future of our children and our nation is at risk.

America's kids are in trouble

As we approach the one-year mark of nationwide school closures and stay-at-home orders, Save the Children examined how the unprecedented events of 2020 impacted families with children across America.

We present a child-focused analysis of U.S. households and a first-ever ranking of states showing where kids are faring best and worst during the pandemic. The *COVID Child Protection Ranking* examines three hardships that are making it more difficult for children to reach their full potential: hunger, lack of tools for remote learning and trouble making ends meet.

Evaluating four months of data on these three factors in all 50 states, Save the Children found families are suffering in every state and at every income level. But the poorest families are struggling the most.

The best states for children during the pandemic are Minnesota, Utah, Washington and New Hampshire. The worst states for children are Louisiana, Mississippi, Texas and New Mexico.

Where a state lands on this COVID ranking is strongly linked to its placement on last year's *End of Childhood State Ranking*. Seven states are in the bottom 10 on both rankings. This shows that many of our worst fears for vulnerable children have become realities during the pandemic. Huge disparities along geographic, income and racial/ethnic lines – “childhood equity gaps” – are depriving children of the futures they deserve.

Children who are poor, children who live in rural areas and children from communities of color appear to be faring worst through the pandemic. They are more likely to be food insecure, are disproportionately affected by the digital divide and are likely to experience the greatest learning loss. Their families are more likely to become sick with and die from COVID, to be affected by job and income losses, to be struggling with housing costs, and/or to have fewer child care options. As a result, childhood equity gaps are likely to grow.

This year's analysis also finds states where children are faring best are not necessarily the ones with the lowest COVID case rates. What matters more are the resources and protections in place for children and families. Similarly, the states where children are faring worst are not necessarily the ones with the highest COVID case rates, pointing to widespread devastation where safeguards are not as strong.

For example: Utah, North Dakota and South Dakota have had some of the highest COVID case rates in the country, yet they all scored in the top 10 for protecting their kids from the worst ravages of the pandemic. Meanwhile, New York and West Virginia have had relatively low rates of the disease, yet much more suffering among children and families, compared to other states.

A full analysis of the findings begins on page 12, and the ranking is on page 21.

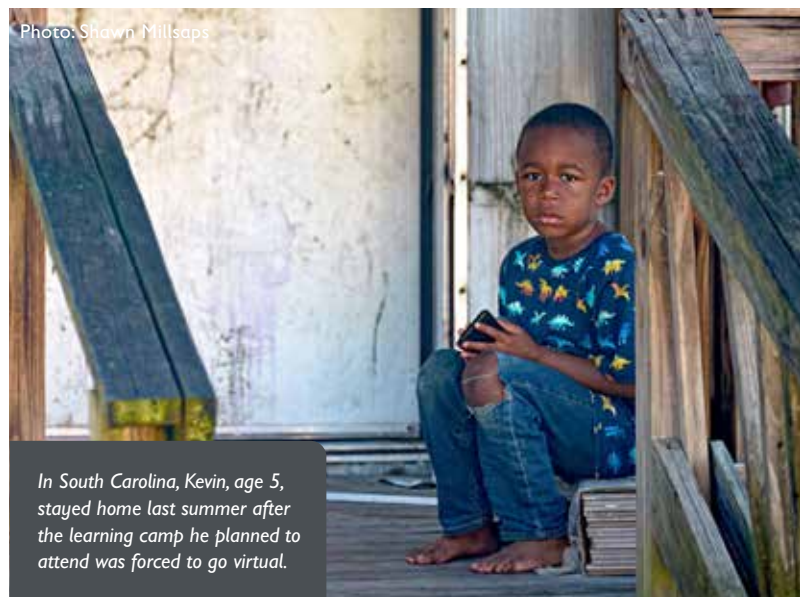


Photo: Shawn Millsaps

In South Carolina, Kevin, age 5, stayed home last summer after the learning camp he planned to attend was forced to go virtual.

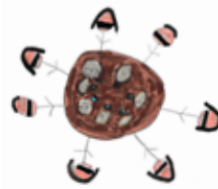
KEY FACTS ABOUT U.S. KIDS AND COVID

- The U.S. has 4% of the world's population but 24% of global COVID cases and 19% of COVID deaths.
- 18% of America's families have lost a family member or close friend due to COVID.
- Over 2 million U.S. children have had COVID – 1 in 8 cases nationwide.
- Families are suffering in every state and at every income level.
- Two-thirds of families are having difficulty making ends meet.
- Close to 1 in 5 families doesn't have enough to eat.
- 1 in 3 families has had trouble accessing medical care.
- 3 in 4 families report symptoms of anxiety. Over half report symptoms of depression.
- 1 in 5 parents/caregivers who aren't working say it's because they are caring for children home from school or not in daycare.
- Over half of families say their children are spending less time learning.
- COVID has hit the poorest families the hardest. They are about 15 times as likely to struggle with hunger as the wealthiest families, 4 times as likely to lack internet for educational purposes and 9 times as likely to have difficulty paying bills.
- Black and Hispanic families are more likely to be affected by school closure and job loss, to lack enough food, to have inadequate tools for remote learning and to be struggling with housing costs.
- Over 85% of U.S. counties with the highest COVID case and death rates in 2020 were rural.

Sources: American Academy of Pediatrics, The Annie E. Casey Foundation, Children's Hospital Association, Johns Hopkins University, Social Policy Institute, USAFacts.org and U.S. Census Bureau.

“
Ever since
COVID started
we've all been
sad and lazy.”

– Khloe, age 10



About the 2021 Global Childhood Report and Index

Save the Children's fifth annual *Global Childhood Report* evaluates the best and worst countries for children by examining factors that rob children of their childhoods around the world (ill health, malnutrition, exclusion from education, child labor, teen births, early marriage and violence). The United States consistently trails other advanced countries in helping children reach their full potential.

In this year's analysis, the U.S. scores 948 out of 1,000 and ranks 43rd out of 186 countries. This is at least 25 points behind most Western European countries and is also lower than Belarus, Croatia and Lebanon.

Save the Children's *End of Childhood State Ranking* in 2020 looked at the major reasons why childhoods were ending too soon in America, using data for five indicators (infant mortality, child food insecurity, failure to graduate high school on time, teen births, and child homicides and suicides). This was a pre-COVID baseline for how children in America were doing before the crises of 2020. The results largely predicted where children would suffer the most during the pandemic. States where COVID has hurt families the most are those where childhood was already at greatest risk. Seven states are in the bottom 10 on both the 2020 *End of Childhood State Ranking* and the *COVID Child Protection Ranking*. This suggests the *End of Childhood Ranking* could be used as an "early warning system" to help decision-makers target investments to the most vulnerable children who need help most.

Deepening Crises for America's Children

Even before the pandemic, the U.S. was failing many of its children. Each year, Save the Children's *Global Childhood Report* evaluates and ranks 180+ countries on how well they protect and provide for their children. The U.S. consistently scores far below other advanced nations on measures of child well-being that include health, hunger, education, teenage childbearing and violence.

After the first known cases of COVID in America were discovered in January 2020, the U.S. failed to contain the virus. By the end of that year, the U.S. led the world in COVID cases and deaths. At that time, it had 4% of the world's population, but 24% of global confirmed cases and 19% of total deaths. It also had the seventh highest cumulative case rate and the 14th highest death rate of any country in the world.¹

A survey conducted in November and December of 2020 found 18% of U.S. households with children had a family member or close friend die due to COVID. For Black families, the rate was 19%. For Hispanic families, it was 24%.²

The U.S. has lagged behind most peer countries in meeting the needs of children and families during the pandemic. At its peak, unemployment in the European Union (EU) increased by 20%, while in the U.S. it shot up 320%.³ Most peer countries are providing broad economic relief packages that include stopping loan payments, preventing the shut-off of utilities and banning evictions. The U.S., by comparison, provided only narrow federal relief in 2020.⁴

Also, unlike the U.S., most peer countries are providing internet to students at low or no cost.⁵ As a result, students in the U.S. are more disconnected than students in other high-income countries. Only two EU countries have lower levels of internet access than the U.S. – Bulgaria and Romania.⁶ At the start of the pandemic, upwards of 15 million K-12 U.S. public school students lacked adequate internet for distance learning at home.⁷

Peer countries are doing better than the U.S. in supporting students and parents during COVID. The vast majority of high-income OECD countries with data available are taking additional measures to minimize the impact of school closures on the well-being of students, including providing mental health support to learners, additional child protection services and support to counter interrupted school meals. Nearly all countries

also offer additional support for parents and caregivers. Over 60% of countries surveyed report child care services remain open for children who need them and half of the remaining countries have emergency child care available for frontline workers. A handful of countries are even offering financial support to families to pay for private child care.⁸

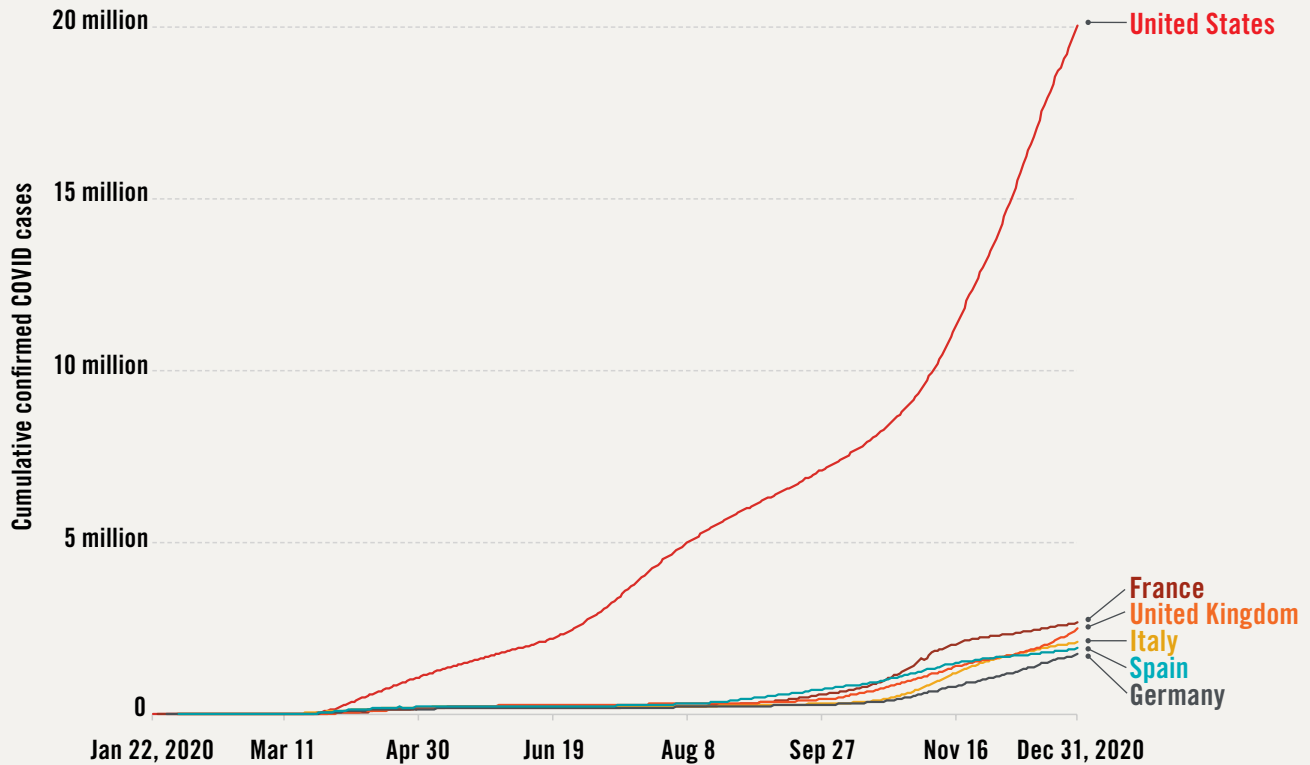
The impact of COVID on America's families has been devastating. Poverty and hunger increased in America in 2020. Child poverty decreased in the early months of the pandemic because of stimulus payments and enhanced unemployment benefits, but it rose by 2.6 million between June and December 2020 – the fastest increase in history.⁹ Compared to before the pandemic, about 9 million more families with children under age 18 are struggling to pay their bills.¹⁰ And 2.7 million more families are going hungry.¹¹

Photo: Shawn Millsaps



10-year-old Perry arrives at school. He is on a modified schedule due to the pandemic and only attends classes on Mondays and Tuesdays.

U.S. HAS HAD TWICE AS MANY COVID CASES AS THE 5 HARDEST-HIT EU COUNTRIES COMBINED



By the end of 2020, the U.S. had nearly twice the number of confirmed COVID cases as the five most-burdened EU countries – France, UK, Italy, Spain and Germany – combined (20 million vs. 11 million), despite having roughly the same population (327 million in the U.S. vs. 324 million in these countries).

Source: Johns Hopkins University CSSE COVID-19 Data

“

First Mommy takes my temperature. Then I put on my mask. Next I use sanitizer. And we stay 6 feet apart.”

– Briley, age 6



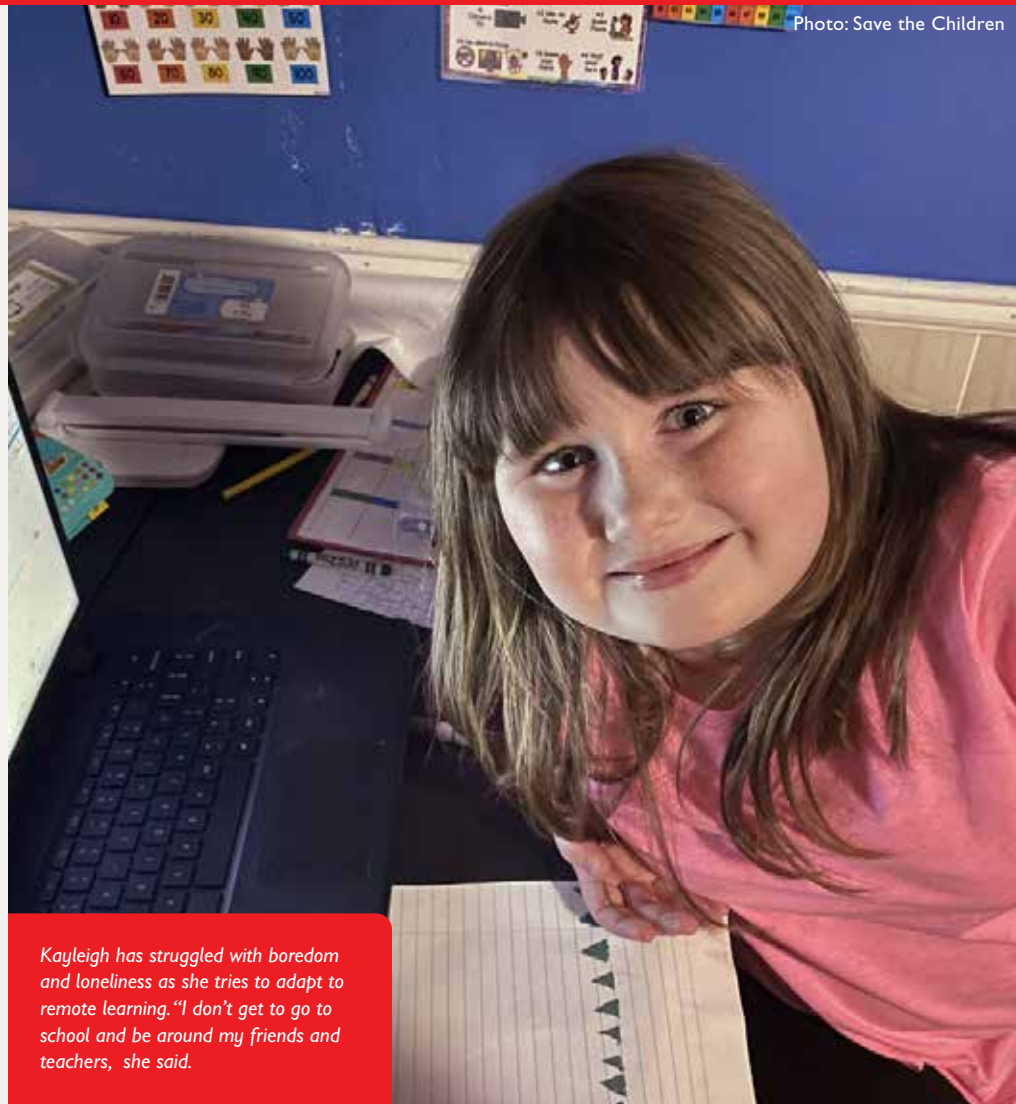
Support During Hard Times in South Carolina

Kayleigh, a 6-year-old in southwestern South Carolina, is one of millions of children whose life has been dramatically changed as a result of COVID. Due to business slowdowns, Kayleigh's parents are working fewer hours, which has led to difficulty in paying the bills and providing for their daughter's needs. As a result, Kayleigh has had to move in with her Aunt Jessica and Uncle Fred.

Experiences like this are increasingly common. Nationwide, two-thirds of families with children are having difficulty making ends meet. In South Carolina, 73% of families say it has been difficult to pay for usual household expenses.¹²

Along with the challenges of her new living situation, Kayleigh has also faced some hardships with remote learning. She misses the classroom, and virtual school is only four days a week, three hours a day. She has struggled with her reading, and has had a tough time with three- and four-letter words.

And like so many kids, Kayleigh misses ordinary life before COVID. "I don't get to go places. I don't get to go to the playground or eat in restaurants," said Kayleigh. "I don't get to see my brothers much because I'm doing virtual school at my aunt and uncle's house. I don't get to go to



Kayleigh has struggled with boredom and loneliness as she tries to adapt to remote learning. "I don't get to go to school and be around my friends and teachers," she said.

school and be around my friends and teachers."

Her Aunt Jessica said "keeping Kayleigh excited about school and making sure she's getting the education she needs to be successful" has been one of her biggest challenges. She added, "I want her to have the best of life. I want her to graduate from high school. I want her to be successful in all that she does."

Fortunately, participation in Save the Children's programs, including School Age Literacy, Afterschool and SummerBoost Camp, has provided Kayleigh with structured opportunities that have helped her adjust to her new circumstances. She was reluctant and shy when she started the

programs, but thanks to the academic support Kayleigh has received from Save the Children, she is now a more confident student.

"Save the Children has helped Kayleigh continue to increase her reading ability. Her confidence has grown, and she now has a desire to read more," said Luther, a program coordinator at Kayleigh's school.

In addition to the learning support Kayleigh is receiving, her family and families across her community have also benefited from the many distribution events that Save the Children has hosted, providing books, shoes, soap, hand wipes and other much-needed items.

National and State Findings

COVID has taken a tragic toll on America's children. It has brought illness, loss and desperation to millions of families. Children are missing out on the social, emotional and academic fundamentals of childhood. Too many are experiencing hardships and trauma that will echo through their lives and communities for years to come.

The pandemic has left millions of families financially strapped and stretched parents to the limit as they juggle work and helping kids with remote learning. It has shut children out of schools that taught them and cared for them. It has deprived children of playtime with friends and hugs from grandparents. And it has brought depression and anxiety into their homes. In short, the pandemic has robbed kids of the normalcy that is essential to their healthy growth and development.

Millions more kids are going hungry

Close to 1 in 5 U.S. families reported they did not have enough food to eat in December 2020. There are an estimated 17 million hungry children now in America – 6 million more than before the pandemic.¹³ Food scarcity is highest in Louisiana (25%), Arkansas (23%), and Kentucky, Maryland, Oklahoma and Washington, D.C. (all 22%).¹⁴

The nation's poorest children are upwards of 15 times as likely as the wealthiest kids to be hungry. 41% of families making less than \$25,000 a year report they do not have enough food, compared to less than 3% of families earning \$200,000 a year or more.¹⁵ In California, estimates suggest all of the wealthiest families have enough to eat, but half of the poorest do not.

Children of color are twice as likely as white children to face hunger. 28% of Black families and 25% of Hispanic families said they sometimes or often don't have enough food to eat, compared to 13% of white families.¹⁶

Children from poor families who relied on meals served at school as part of the National School Nutrition Program face especially daunting obstacles. Many studies have shown that hungry children have a hard time learning. They have less energy, are more easily distracted and less interested in schoolwork.¹⁷ Hunger makes it even more difficult for disadvantaged children to overcome the significant challenges of remote learning.

Students struggling to learn, sliding backwards

An entire generation of children has had their education disrupted, from preschool to senior year of high school. For any child, being cut off from school, teachers, friends and normal routines can be difficult. For the most vulnerable children – many of whom were already behind – it's devastating.

High-quality child care, pre-K, Early Head Start and Head Start programs were already in short supply before the pandemic hit. For low-income children especially, these programs provide essential preparation for success in kindergarten and beyond. In 2020, child care providers faced increased costs and decreased revenue from low enrollment and new safety requirements. By April 2020, 60% of child care providers across America had closed their doors, and most that remained open had reduced spaces or hours.¹⁸ In July, 41,500 program closures were reported, totaling over 1.7 million spots, or one-third of



Save the Children staff in Tennessee prepare food to distribute to students and their families.

Photo: Alisha Messer / Save the Children

“
When the
pandemic
is over I will
be so glad
not to wear
a mask all
the time!”

– Collin, age 9



the child care capacity in states with available data.¹⁹ In December 2020, nearly 1 in 5 parents/caregivers who were not employed said the main reason they were not working was because they were caring for children home from school or not in daycare.²⁰

Students in kindergarten through 12th grade faced myriad obstacles, with the most vulnerable being the worst-affected by learning losses. Nationwide, 28% of families with children in this age group reported in-person classes were canceled for the 2020-2021 school year. 40% of families in Kentucky said in-person classes were cancelled. The rate is 39% in Alaska and 37% in Arizona, Michigan, New Mexico and Washington, D.C.²¹

At least 1 in 4 children do not always have the tools they need for distance learning (internet and/or computer), with rural kids the most disconnected.²² And the poorer a family is, the greater the likelihood that kids are missing out – 38% of families making less than \$25,000 a year say they do not always have a computer available for educational purposes and 43% say internet is not always available. The digital divide is largest in West Virginia, where 40% of families do not always have internet available for school. The rate is over one-third in Montana, Oklahoma and Texas.

Nationwide, more than half of all families say their children in grades K-12 are spending less time on learning activities now compared to a typical school day before COVID. The problem is most severe in West Virginia and

Oregon, where 70% and 65% of families, respectively, say children are spending less time on learning. In eight other states, the share is over 60%.²³

Early in the pandemic, only 60% of low-income students were regularly logging into online instruction, compared to 90% of high-income students. Engagement was also lagging behind in schools serving predominantly Black and Hispanic students, with just 60-70% logging in regularly.²⁴ Lower-income students are also less likely to have a conducive learning environment, such as a quiet space with minimal distractions, devices they do not need to share, high-speed internet, and parental academic supervision.²⁵

Black and Hispanic students are more likely to be learning remotely. They are also more likely than white students to have no live access to teachers. Most experts agree that without any live instruction, many students will struggle to progress. The reality is that many months of learning have already been lost. If the status quo continues, students of color stand to lose 11 to 12 months of learning by the end of the school year, compared to 7 to 8 months for white students.²⁶

These catastrophic learning losses mean high school drop-out rates will probably increase, resulting in up to 1 million more dropouts.²⁷ The virus is disrupting many of the supports that can help vulnerable kids stay in school: academic engagement and achievement, strong relationships with caring adults, and supportive home environments. In normal circumstances, students who miss 10% of school days, or more, in any year between 8th and 12th grade are 7 times more likely to drop out.²⁸ In the



Photo: Shawn Millsaps

Second grader Aryania reads a book during Save the Children's guided independent reading program at her school.

wake of school closures following natural disasters, such as Hurricane Katrina (2005) and Hurricane Maria (2017), some 12-20% of students never returned to school.²⁹

Troubling data from California suggest nearly 1 in 5 elementary school students statewide has missed at least 10% of classes – at least double the rate in 2019 – which studies show can lead to devastating lifelong consequences.³⁰ Public school enrollment, especially in preschool and kindergarten, has dropped sharply in states and big cities across the country, including Arizona, Massachusetts, Missouri, Montana, New York City, Ohio and Wisconsin.³¹

Nationwide, an estimated 3 million vulnerable students – who are homeless, in foster care, have disabilities or are non-native English speakers – appear not to be in school at all.³²

Families losing income, facing homelessness

Early in 2020, it was estimated that almost 12 million children in America were living in poverty – a burden borne disproportionately by Black and Hispanic kids, as well as those living in rural areas. Then COVID forced

even more parents out of work. By the end of the year, over half of all households with children (56%) said they had lost income since the pandemic started and more than a third expected further loss of income in the future (36%).³³ Rates are highest in Nevada, where 68% of families lost income, followed by Michigan (66%), California and Hawaii (both 64%).³⁴

Nationwide, two-thirds of U.S. families are having difficulty making ends meet. 69% of households with children report difficulty paying for usual household expenses, while 45% of families say it's been somewhat or very difficult to keep up with expenses for food, supplies and bills.³⁵ Families in Louisiana, Mississippi, Nevada, New Mexico and Oklahoma are struggling the most to keep up with expenses. Over half of families in these states say it's been somewhat or very difficult to pay bills.³⁶

In addition, 1 in 4 families that rent are behind on payments – almost twice the rate for households without children.³⁷ Rates are highest in Washington, D.C., where an estimated 45% of renter families are behind on their rent. States with similarly high rates include Tennessee (36%) and Connecticut (35%).

Black and Hispanic families are having an especially difficult time making rent payments. Nationwide, 28% of

“

When corona wasn't out I played with my friends and saw them, but now I can't do all those things.”

– Isabella, age 8





Black households that rent and 24% of Hispanic households that rent are behind on their payments, compared to 12% of white households.³⁸

Fear of eviction weighs heavily on those who are behind on their rent and millions of families with children may be forced from their homes in 2021.³⁹

Devastating impact on emotional health

In December 2020, 3 in 4 parents and caregivers in America were experiencing high levels of anxiety – feeling nervous, anxious or on-edge for at least several days a week. More than 60% said they were not able to stop or control worrying. Symptoms of anxiety were especially prevalent in Louisiana (81%), Maine and Michigan (both 79%).⁴⁰

Families also reported widespread depression. In late December, 3 in 5 adults in households with children nationwide said they had little interest or pleasure in doing things for at least several days over the past week. Rates were highest in Michigan, Montana, New Mexico and West Virginia, where 68% to 70% – over two-thirds of families – reported feeling down, depressed or hopeless.⁴¹

Studies have shown that parental depression can have a far-reaching effect on child development, with implications for future success in life. When parents suffer depression, kids may become anxious or sad. They may have behavior problems. Health may suffer. And grades may decline, too. One large study found that at age 16, children of parents who had experienced depression scored 4 to 4.5 percentage points lower in their school grades than children of non-depressed parents. These small grade differences can be important, sometimes making the difference between an A grade or B, or between a C and D, which can shape decisions about whether to stay in school or quit altogether.⁴²

The quality of education can make a difference well beyond school years. Better-educated individuals have higher earning potential, so they can provide better for their families and contribute more to the overall economy. They are less likely to develop unhealthy habits or to be obese than those who don't finish high school. They also tend to have a lower risk of heart disease and diabetes.⁴³

Braydon, age 9, drew pictures of his life before and during the pandemic. He wrote "Why do this to me COVID 19?" and "COVID 19 give my cousin back."

“I remember thinking ‘Is this the end of the world?’”

In June 2020, as coronavirus outbreaks began to spread rapidly across agricultural communities in California’s Central Valley, Olga and her husband Ramon both tested positive for the disease. The doctor told them the entire family – including three children aged 7, 4 and 3 – had to quarantine.

“I felt as if my world was crumbling under my feet,” said Olga. “How were we going to be able to care for our children? What if we both died? What would happen to our children?”

Their 7-year-old son Ivan had to become the adult in the family, taking care of his younger sisters, making sure they wore their masks, feeding them meals Olga prepared, and getting them ready for bed.

The family required more food with everyone at home. Olga and Ramon are seasonal farmworkers who work full-time and did not qualify for unemployment benefits or stimulus payments. They got by with the help of Olga’s sisters, who left boxes of food on their doorstep.

One day before quarantine was to be lifted for the family, Olga’s father passed away from COVID, leaving the family devastated emotionally and financially. Olga’s father had been an integral part of the family’s support system as he was often the caregiver for the children while Olga and her husband worked. The family relied on him to care for the children before and after school.

Food continued to be a problem, either because it was too expensive or not available. “It was a struggle to find household items and food at the

Photo: Photo: Jose Alcantar / Save the Children



Ramon, Olga and their young children have endured multiple hardships. The couple both had COVID. Olga lost her father to the disease. And it’s been hard to pay bills and afford food.

markets. All the shelves were empty. I remember thinking ‘Is this the end of the world?’” Waiting in long food pantry drive-through lines became the family’s normal way of getting the food they needed. Often they had to travel to neighboring towns.

The couple’s two daughters – Alexa and Stephanie – participate in Save the Children’s early learning programs, so the family’s struggles were well known to staff. When Save the Children launched a pilot cash transfer program in July, it came just in time. The payments – totaling \$1,000 – were the lifeline the family needed to purchase food and catch up on bills. As part of the pilot, families

also received training on nutrition and financial wellness, as well as a cookbook with healthy recipes using inexpensive ingredients.

Olga is grateful for the help of Diana, the Save the Children staff member who checks in on the family regularly. “Not only did she guide me to resources ... but she has helped me stay focused on my role as a parent with virtual home visits, check-up calls to provide emotional support, and listening to me when I was so down. Today, I live every day with caution, but look forward to the fun and learning my children and I get to participate in.”

Where Are Kids Faring Best and Worst During COVID?

The U.S. Census Bureau conducts a bi-weekly Household Pulse Survey to understand the social and economic effects of COVID. Save the Children analyzed these data in detail, focusing on households with children under age 18 (hereafter referred to as “families”). To better assess where children have been most and least protected during COVID, and to illustrate how disparate the effects of COVID have been on families, we looked at four months of survey data and developed Save the Children’s *COVID Child Protection Ranking*. We also evaluated how racial and income inequality impacts families nationally and within each state.

The *COVID Child Protection Ranking* uses three indicators that are particularly important to children during the pandemic: food scarcity, lack of access to tools for remote learning and difficulty paying for household expenses. Having access to enough food and continuing to learn are essential for a child’s healthy growth and development. When a family can’t meet its regular expenses – including housing – it creates a level of stress and trauma that further threatens a child’s ability to thrive. The ranking reveals where hunger, learning loss and financial stress are most widespread. This analysis also shows how risks have multiplied for the most vulnerable children and identifies where inequities are greatest.

Here are 10 things to know about COVID and its impact on kids in America:

- 1. Families are suffering in every state and at every income level. But the poorest families are struggling the most.** Estimates suggest families making less than \$25,000 per year are about 15 times as likely to struggle with hunger as families making \$200,000 or more per year. Their children are 4 times as likely to lack internet for remote learning and to have no live contact with teachers. The poorest households are twice as likely to have lost jobs or wages during the pandemic compared to the wealthiest households. They are 9 times as likely to have trouble paying their bills and 12 times as likely to be behind on rent. They are about twice as likely to report

Photo: Shawn Millsaps



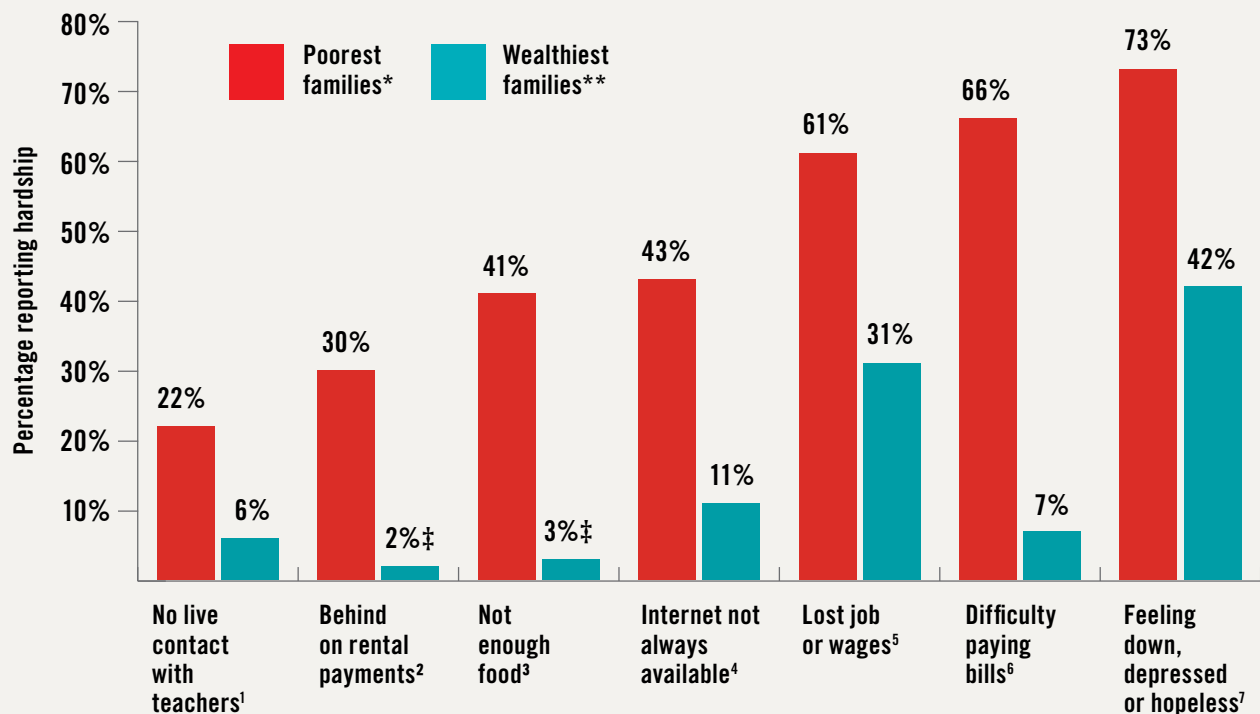
9-year-old Alina from eastern Tennessee only attends school two days a week.

symptoms of depression. Poor communities are also getting sick with and dying from COVID at higher rates.⁴⁴

- Over the last five months of 2020, Minnesota, New Hampshire, Utah and Washington consistently ranked among the 10 best states for families. The worst states for families were Mississippi and Louisiana – the only two states to always place in the bottom 10.



THE POOREST FAMILIES ARE MANY TIMES MORE LIKELY TO EXPERIENCE PANDEMIC-RELATED HARDSHIPS



* 2019 household income under \$25,000 ** 2019 household income of \$200,000 or more

¹ Adults living in households with at least one child attending public, private or home school for kindergarten through 12th grade reporting students in their household had no live contact with teachers (not in person, by phone or by video) in the last seven days

² Adults in renter households reporting the household is not currently up-to-date on rent payments

³ Adults living in households with children aged 0-17 reporting their household sometimes or often did not have enough food to eat in the past seven days

⁴ Adults living in households with at least one child attending public, private or home school for kindergarten through 12th grade reporting that internet is not always available to children for educational purposes

⁵ Adults reporting they or someone in their household has experienced a loss of employment income since March 13, 2020

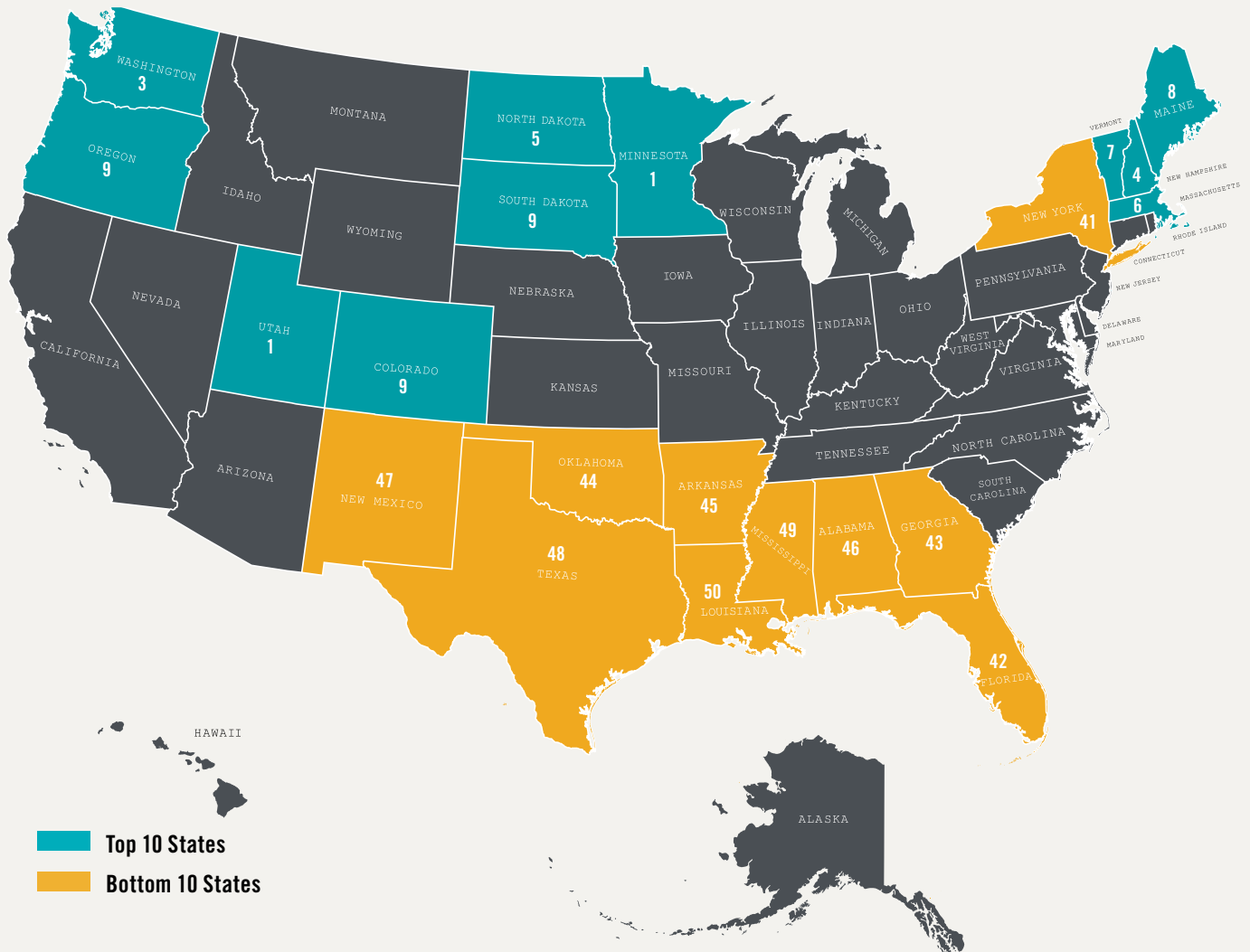
⁶ Adults reporting it has been somewhat or very difficult for the household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses and student loans in the past week

⁷ Adults reporting feeling down, depressed or hopeless for at least several days over the last seven days

‡ Coefficients of variation for these estimates are large and may indicate serious data quality issues related to sampling error.

Source: Save the Children's analysis of the U.S. Census Bureau, Household Pulse Survey, Week 21 (December 9-21, 2020). Only respondents who provided a valid response are included.

WHERE CHILDHOOD IS MOST AND LEAST PROTECTED DURING COVID



3. Families in Louisiana are hurting the most. The state ranks last on hunger and tools for remote learning and in the bottom 5 on difficulty paying bills. 25% of families do not have enough to eat, 25% usually do not have access to the internet or a digital device for educational purposes and 50% are struggling to pay for household expenses. And the poorest in the state are even worse off. 72% of the poorest households are struggling to keep up with usual expenses; over half say it's very difficult to pay for things like food and rent. The wealthiest families in Louisiana, by comparison, are all getting enough to eat, and with few exceptions, can meet their regular household expenses.

4. State-level ranks hide huge disparities. Even in the best states, the poorest families are often much more likely to suffer the negative effects of COVID than the wealthiest families. In Oregon (which ranks 9th), for example, 70% of the poorest households have lost jobs or wages during the pandemic, compared to 35% of the wealthiest households. In Colorado (which also ranks 9th), 83% of the poorest households are having difficulty making ends meet, compared to 21% of the wealthiest households. In Vermont (which ranks 7th), only 44% of the poorest families say a computer or learning device is always available for educational purposes, compared to 90% of the wealthiest families. In Minnesota (which is 1st), 78% of the poorest

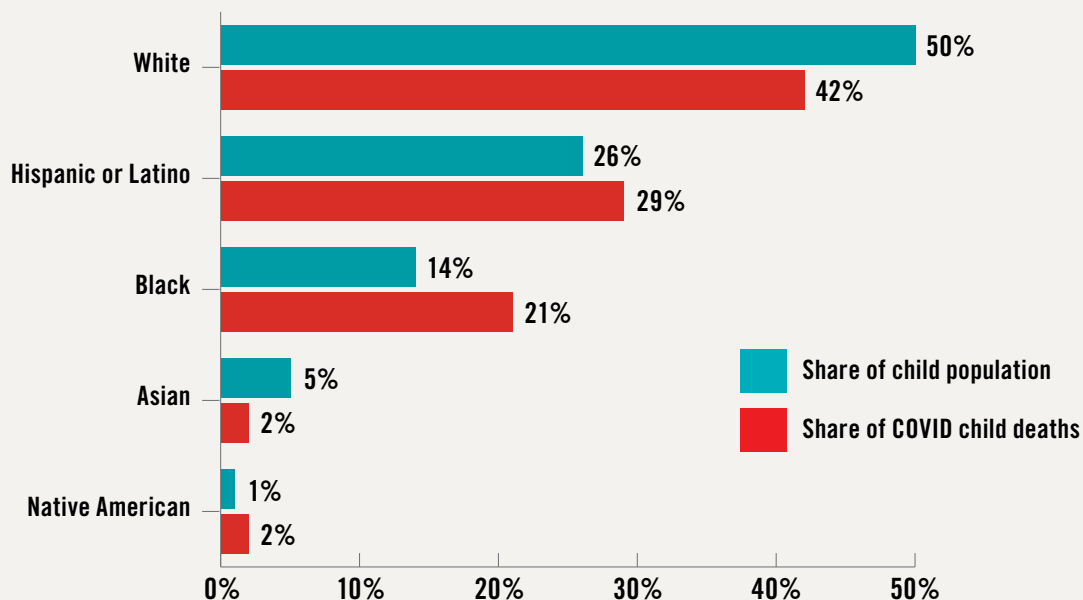
households are not able to stop or control worrying, compared to 35% of the wealthiest households. And in Utah (which also ranks 1st), 81% of the poorest households are feeling down, depressed or hopeless, compared to 28% of the wealthiest households.

5. Children in Black and Hispanic families have been disproportionately affected by the pandemic. These families are twice as likely as white families to lack enough food and are about 1.5 times as likely to have difficulty paying bills and to lack the tools needed for remote learning.⁴⁵ Equity gaps are even greater within many states. In Maryland, Hispanic and Black families are almost 4 times as likely to face hunger compared to white families (rates are 35%, 34% and 9% respectively). Hispanic families are similarly disadvantaged in New York, where 38% do not have enough food, compared to 11% of white families. In Washington,

D.C., Black families are 6 times as likely to struggle paying bills as white families (rates are 62% vs. 10%) and 8 times as likely to lack the tools they need for remote learning (rates are 19% vs. 2%). In Connecticut, Black families are 4 times as likely to lack internet and digital devices (23% usually don't have them available vs. 6% of white families). In New York, estimates suggest they are three times as likely to lack the tools they need to learn from home (rates are 20% for Black families vs. 6% for white families).⁴⁶

Communities of color are also more likely to be affected by school closure and job loss. 1 in 3 Black and Hispanic families (31% and 32%) report cancelled classes, compared to 1 in 4 white families (26%). Two in 3 Black and Hispanic families (63% and 67%) report losing employment income, compared to 50% of white families.⁴⁷ Families of color are also twice as likely to be struggling with housing costs.⁴⁸

MOST CHILDREN WHO HAVE DIED FROM COVID ARE CHILDREN OF COLOR

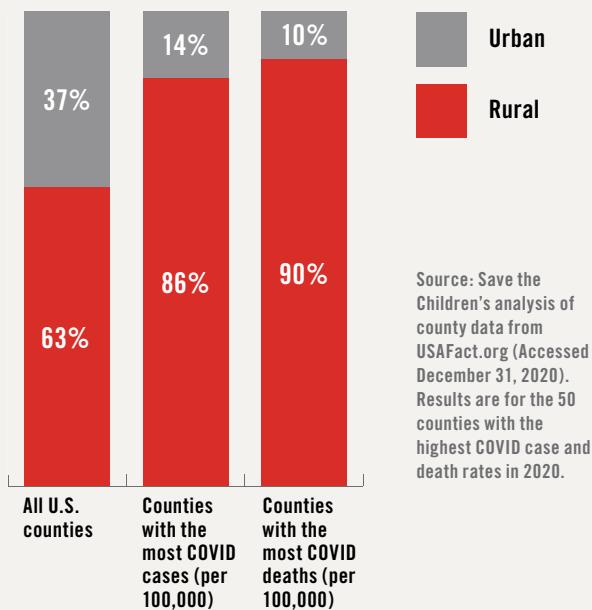


Over half of all children who died from COVID in 2020 were children of color. 14% of children in the U.S. are Black, yet they account for 21% of COVID child deaths for which race is known. Similarly, 26% of children in the U.S. are Hispanic but they account for 29% of COVID deaths among children for which ethnicity is known.

Note: Racial and ethnic groups represented in this table are mutually exclusive. Race/ethnicity was available for 80% of all COVID deaths. These data represent the geographic areas that provided it and are not necessarily generalizable to the entire U.S. child population.

Source: Save the Children's analysis of data from the CDC COVID Data Tracker (Accessed December 31, 2020) and population data from The Annie E. Casey Foundation. KIDS COUNT Data Center. <https://datacenter.kidscount.org>

COUNTIES WITH THE HIGHEST COVID CASE AND DEATH RATES ARE RURAL



6. **Urban areas were hardest hit in the early months of the pandemic, but rural case rates rose sharply during the summer of 2020 and by year's end, total COVID case and death rates were higher in rural areas.**⁴⁹ In fact, 85 of the 100 counties with the most cases per 100,000 people are rural, as are 89 of the 100 counties with the most COVID deaths per 100,000.⁵⁰ Rural communities are much more likely to have underlying health problems, aging populations, and to have difficulty accessing health care because they lack health insurance and/or live far from hospitals, making them more vulnerable to severe illness or death from COVID than urban areas.⁵¹

Some 43% of rural households have lost jobs or wages since the start of the pandemic and 42% are having serious financial problems, including depleting savings and struggling to pay for food and housing. 17% of rural households report missing or delaying payment of major bills to ensure everyone had enough to eat. 54% of rural households with children report they have experienced serious problems caring for their children, including one-third who say they face serious problems keeping their children on track with education. 40% of rural households with children report either serious problems with their internet connection or no high-speed internet connection at home.⁵²

“

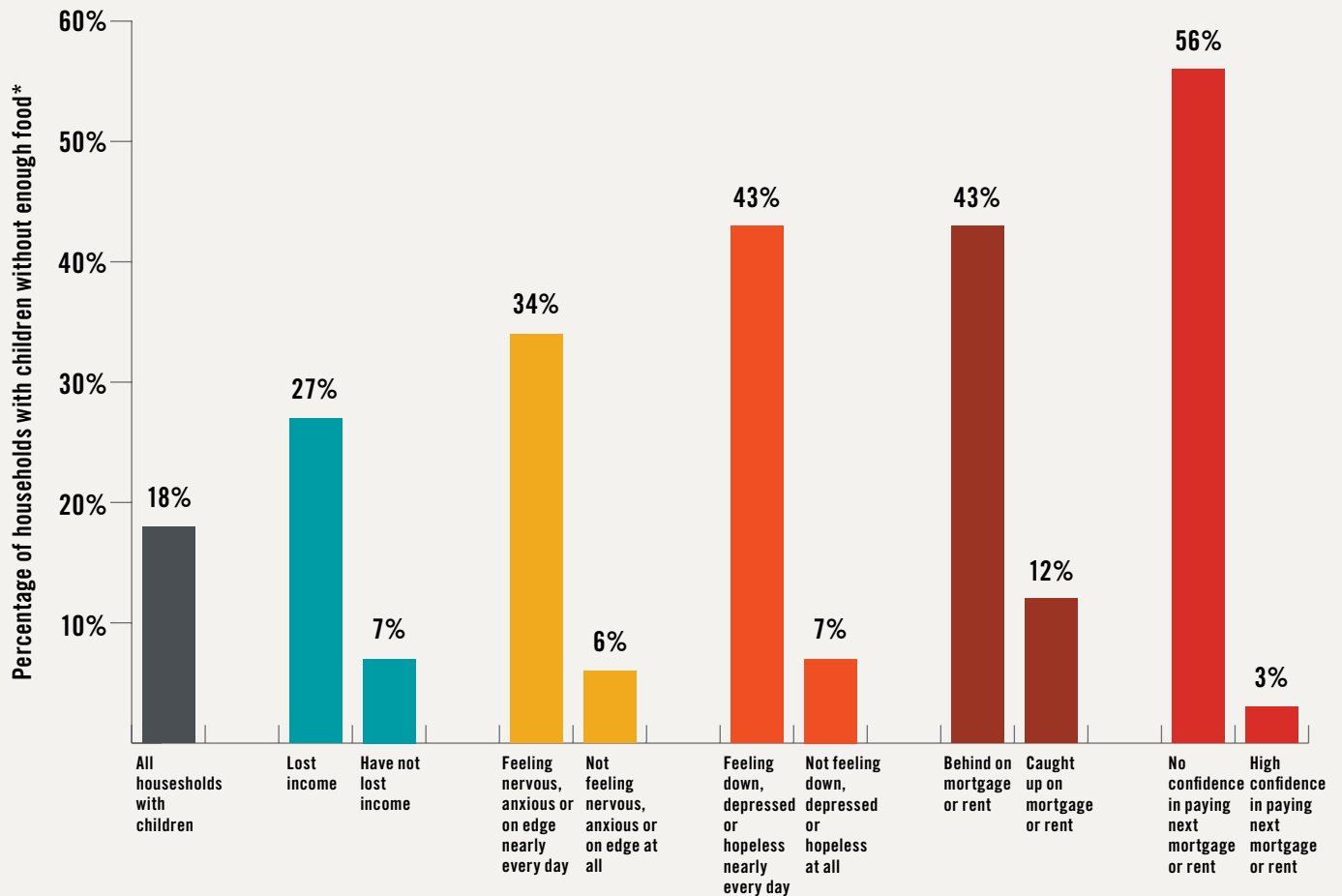
Before COVID my cousins and I played on my grandparents' farm. Since COVID, we cannot see our grandparents or play together.”

– Braydon, age 9



7. **While there has been a dramatic increase in poverty overall in the second half of 2020, families with children were especially hard hit.**⁵³ The number of households with children that had trouble paying bills doubled over the course of 2020. Households with children were 40% more likely to experience this type of economic hardship compared to households without children.⁵⁴ Hunger in households with children is also up by almost two-thirds compared to before the pandemic, and households with children are 70% more likely than households without children to lack enough food.⁵⁵ They are 80% more likely to be behind on rent payments.
8. **Many families with children in America are facing multiple and overlapping disadvantages during the pandemic.** For example, half of all kids who struggled with hunger before the pandemic also lack consistent internet for educational purposes – twice as many as those who were getting enough to eat pre-pandemic.⁵⁶ Kids whose families have lost jobs during the pandemic are about twice as likely to face eviction⁵⁷ and 4 times as likely to go hungry as kids whose families did not lose income. And families who are frequently feeling anxious or depressed experience hunger at 5 to 6 times the rate of families who are not experiencing these symptoms at all.

RISK OF HUNGER IS MUCH HIGHER FOR FAMILIES EXPERIENCING OTHER PANDEMIC-RELATED HARDSHIPS



*The percentage of adults living in households with children aged 0-17 who reported that their household sometimes or often did not have enough food to eat in the past seven days. Only respondents who provided a valid response are included.

Source: Save the Children's analysis of the U.S. Census Bureau, Household Pulse Survey, Week 21 (December 9-21, 2020)

9. States where COVID has negatively affected families the most are those where childhood was already at great risk, based on the findings of *The Land of Inopportunity: Closing the Childhood Equity Gap for America's Kids: 2020 U.S. Complement to the Global Childhood Report*. Seven states scored in the bottom 10 on both rankings: Alabama, Arkansas, Georgia, Louisiana, Mississippi, New Mexico and Oklahoma. This supports the finding in last year's report that the *End of Childhood State Ranking* can serve as an early warning system – helping decision-makers to target investments where they are needed most.

10. By the end of 2020, more than 2.1 million children in America had tested positive for COVID-19, representing 12% of all cases in states reporting cases by age.⁵⁸ This translates to an overall rate of 2,828 cases per 100,000 children. Child case rates are lowest in Hawaii, Maine and Vermont. Rates are highest – at least twice the national average – in North Dakota, South Dakota and Tennessee. Children in these highest-rate states are at least 5 times as likely to test positive for COVID as children in the lowest-rate states. At least 211 children died from COVID in 2020.⁵⁹

Remote Learning Help for Working Parents in Mississippi

Working parents are in a tough situation. They must make difficult decisions regarding their need to earn a living and support their children's learning. The challenges are particularly risky for single parents with fewer resources, having to navigate these extraordinary circumstances on their own.

This is the scenario that Ilesha, a single mom in the Mississippi Delta, found herself in last summer. "Finding a balance between working a full-time job and helping my son succeed in school has been the biggest challenge for me," she said.

In Mississippi, 47% of families say their children are spending less time on learning activities compared to a typical day before COVID. When the pandemic struck, half of all K-12 students in Mississippi lacked the tools they needed for remote learning – the highest rate of any state.⁶⁰

Ilesha's 5-year-old son Raheem is described as being an "energetic, smart and curious" child. But he was not reading any books at all. He was easily distracted and found it difficult to stay focused on learning. "My child was just sitting at home with nothing educational to do," said Ilesha.

He was in need of resources and learning materials at home to ensure that he would be prepared for the start of kindergarten in the fall. "In my rural community, we have limited

Photo: Save the Children



After a rough start with at-home learning, Raheem is now reading and getting ready for kindergarten in the fall.

resources such as books, technology and internet access," said Ilesha.

Fortunately for Ilesha and Raheem, help was on the way through Save the Children's KinderBoost. Ilesha enrolled Raheem in the kindergarten readiness program that offers children a curriculum in math, literacy and motor skills. Save the Children's national education team modified the curriculum to be successful in a remote setting,

with children participating from home. Learning packets and activity kits were available for pick up and in some communities delivered directly to homes.

KinderBoost made learning exciting for Raheem. He's now reading at kindergarten level, and looks forward to learning every day. He especially enjoys his favorite book, *Pete the Cat*. Raheem said the program has made him "feel like a smart kid."

Recommendations – Advocating for America’s Kids

Every child deserves a bright future, yet COVID has been a horrific disruptor to progress for kids. The childhood equity gap in America puts many children at a disadvantage simply based on who they are and where they live. Urgent action is needed to ensure all of America’s children can reach their full potential.

Save child care

The impact of COVID on the child care industry, as well as children and families across the country, is unprecedented and continues to worsen. Countless child care programs – already operating on tight budgets – now face the real threat of not being able to pay their staff, rent and other expenses. As a consequence, they are confronted with the possibility of having to close their doors permanently. Experts estimate that if child care providers do not receive emergency relief funding, around 4.5 million child care slots could disappear, accounting for roughly half of all licensed child care slots.⁶¹ Mass closures of child care programs following the pandemic would be devastating to working families and their employers. Even prior to the pandemic, inefficiencies in our child care system cost the economy \$57 billion a year due to lost earnings, productivity and revenue.⁶²

So far, federal stimulus funding has not gone far enough to support state budgets this year and beyond. Many states are signaling multibillion-dollar budget cuts that will result in families losing access to child care, preschool and full-day kindergarten.

High-quality early childhood education has been shown to improve school readiness by providing comprehensive educational, health and development services. Lack of school readiness is one of the main factors in the academic achievement gap between white students and Black and Hispanic students which starts in the early years of life. Access to high-quality early learning and preschool is a crucial factor in helping to narrow this gap. In particular, according to a Head Start Impact Study, programs like Head Start help reduce this racial/ethnic gap by providing access to high-quality programs.⁶³

Without robust funding, irreparable harm will be done to the kids and families who need high-quality early childhood interventions most.

Nourish the nation by combating child hunger

For over a decade, child hunger in America trended downward. Since the Great Recession in 2007, according to the U.S. Department of Agriculture, the number of households with children that reported struggling with food security steadily declined, dropping to a two-decade low of 13.6% in 2019, about 1 in 7 kids.⁶⁴ Today, almost 1 in 5 young children are not getting enough to eat – 3 times higher than during the worst period of the Great Recession.⁶⁵ According to research done for this report, food insecurity has disproportionately impacted Black and Hispanic families, who are twice as likely to struggle with hunger during the pandemic as white families.



Save the Children staff and volunteers distribute food boxes in eastern Kentucky.

Photo: Shawn Millsaps



Jaylah, age 11, drew this picture of her virtual classroom. Describing her typical day, she said: "I get on Zoom and do my school work."

Pre-pandemic, nearly 90% of the nation's counties with the highest rates of child food insecurity were rural. This hasn't changed.⁶⁶ With many schools closed, getting nutritious meals to children outside school buildings proved one of the biggest challenges to overcome during widespread school closures last spring.

Unfortunately, nonprofits and generous individuals cannot fill the food gap. Specific, focused investment at the federal and state level is essential to ensure children do not continue to go hungry. The federal government has stepped up to increase benefits and funding for the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) as well as providing much-needed waivers to allow schools to continue to provide

at-home, free and reduced-price meals to children who would normally receive them in school.

Every SNAP dollar spent generates about \$1.54 in economic activity, so this investment helps local communities and economies, too. It is also critical for helping children grow and breaking the cycle of poverty. Meeting children's basic nutritional needs helps ensure they are healthier and better able to succeed in school. When children grow up smarter, stronger and healthier, our nation is smarter, stronger and healthier, too.

But this problem will not end even when the last of the vaccine is distributed. The additional benefits and supports for these children and families will need to be made permanent until all children have access to the food they need.

COVID Child Protection Ranking 2020

		2020 COVID-19 CASE RATE†	
	United States	5,923	
1	Minnesota	7,325	
1	Utah	8,482	
3	Washington	3,182	
4	New Hampshire	3,180	
5	North Dakota	12,138	
6	Massachusetts	5,259	
7	Vermont	1,166	
8	Maine	1,799	
9	Colorado	5,745	
9	Oregon	2,662	
9	South Dakota	11,159	
12	Wisconsin	8,866	
13	Connecticut	5,151	
14	Virginia	4,096	
15	Idaho	7,826	
16	Rhode Island	8,302	
17	New Jersey	5,317	
18	Hawaii	1,473	
19	Pennsylvania	4,932	
20	California	5,614	
21	Wyoming	7,626	
22	Montana	7,607	
23	Iowa	8,842	
24	Nebraska	8,545	
25	Missouri	6,336	
26	Alaska	6,147	
27	Illinois	7,539	
28	Indiana	7,502	
29	Kansas	7,635	
30	Maryland	4,576	
31	Ohio	5,909	
32	Michigan	5,293	
33	South Carolina	5,894	
34	North Carolina	5,080	
35	Delaware	5,812	
36	Arizona	7,041	
37	Kentucky	5,937	
38	West Virginia	4,700	
39	Nevada	7,227	
40	Tennessee	8,505	
41	New York	4,861	
42	Florida	5,977	
43	Georgia	6,167	
44	Oklahoma	7,510	
45	Arkansas	7,371	
46	Alabama	7,277	
47	New Mexico	6,733	
48	Texas	5,992	
49	Mississippi	7,251	
50	Louisiana	6,695	
33*	District of Columbia	4,075	

Photo: Save the Children



Jansen, who is enrolled in a Save the Children Head Start program in Louisiana, helps his mother carry food into their home from a Save the Children school bus delivery.

10 Best States
10 Worst States



* Result for D.C. had it been included in the ranking

† COVID-19 case rate reported to the CDC (per 100,000 population) from January 21, 2020 to December 31, 2020

Sources: Save the Children's analysis of data from The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>, and CDC COVID DATA Tracker

COVID Child Protection Ranking 2020 – Year-End View

NOVEMBER 25–DECEMBER 21

		Not enough to eat ¹	Inadequate tools for remote learning ²	Difficulty paying bills ³
	United States	17.9%	12.2%	45.1%
1	Washington	11.0%	7.4%	36.4%
2	Connecticut	13.1%	7.0%	36.6%
3	New Hampshire	13.8%	6.4%	36.6%
4	Maine	9.3%	10.3%	35.9%
5	Minnesota	13.2%	5.5%	40.3%
6	South Dakota	11.7%	10.2%	36.5%
7	Utah	11.5%	11.9%	32.6%
8	North Dakota	14.3%	10.2%	36.0%
9	Massachusetts	14.4%	9.0%	38.6%
10	Wisconsin	13.3%	10.8%	38.1%
11	Virginia	14.2%	11.1%	39.1%
12	Oregon	15.8%	6.7%	44.1%
12	Rhode Island	13.3%	8.7%	46.3%
14	Idaho	13.5%	16.0%	34.9%
15	Missouri	15.6%	11.5%	39.1%
16	New Jersey	15.7%	9.3%	43.7%
17	Kansas	16.8%	11.8%	38.3%
18	Alaska	14.3%	12.2%	42.5%
18	Colorado	16.2%	9.7%	44.0%
20	Illinois	17.2%	10.4%	41.2%
21	Vermont	13.2%	18.6%	40.3%
22	Ohio	17.7%	12.2%	39.9%
23	Montana	15.3%	14.3%	42.1%
24	Wyoming	16.7%	12.2%	43.7%
25	Pennsylvania	19.9%	10.2%	43.1%
26	Nebraska	16.2%	16.1%	41.5%
27	California	17.3%	9.9%	48.9%
28	Indiana	15.0%	13.9%	47.4%
29	New York	19.1%	8.3%	49.4%
30	Hawaii	19.7%	7.9%	49.7%
31	Georgia	18.6%	13.9%	43.3%
31	Iowa	16.3%	15.6%	44.7%
31	Nevada	18.2%	8.9%	55.9%
34	Maryland	21.6%	9.3%	46.6%
35	Michigan	18.3%	12.5%	46.2%
36	Tennessee	18.2%	18.7%	41.2%
37	South Carolina	16.7%	16.4%	45.5%
38	North Carolina	19.9%	15.2%	43.4%
39	Delaware	17.5%	14.3%	48.3%
40	Kentucky	22.1%	10.9%	47.1%
41	Arizona	21.0%	13.6%	46.3%
42	Alabama	18.4%	20.4%	45.4%
42	Florida	18.8%	15.9%	47.0%
44	West Virginia	19.1%	16.7%	47.6%
45	New Mexico	21.3%	12.7%	55.6%
45	Texas	21.4%	14.7%	49.1%
47	Mississippi	20.8%	15.6%	55.2%
48	Oklahoma	21.7%	18.2%	54.4%
49	Arkansas	23.0%	20.4%	49.4%
50	Louisiana	24.8%	25.0%	50.0%
42*	District of Columbia	21.7%	14.1%	45.1%

Photo: Shawn Millsaps



6-year-old Aubrey from eastern Tennessee only attends school on Mondays and Tuesdays.

10 Best States

10 Worst States

* Result for D.C. had it been included in the ranking

- 1 Adults living in households with children aged 0-17 who reported their household sometimes or often did not have enough food to eat in the past week
- 2 Adults living in households with at least one child in K-12th grade who reported that internet and a computer aren't usually available to children for educational purposes
- 3 Adults living in households with children aged 0-17 who reported it has been somewhat or very difficult for their household to pay for usual household expenses in the past week

Source: Save the Children's analysis of data from The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>

COVID Child Protection Ranking 2020 – 4-Month View

Survey Weeks		13-14	14-15	15-16	16-17	17-18	18-19	19-20	20-21	Average Rank (Aug 19-Dec 21)	2020 COVID-19 Case Rate†	
		Aug 19- Sep 14	Sep 2- Sep 28	Sep 16- Oct 12	Sep 30- Oct 26	Oct 14- Nov 9	Oct 28- Nov 23	Nov 11- Dec 7	Nov 25- Dec 21			
1	Minnesota	4	3	1	1	3	5	1	5	2.9	7,325	
1	Utah	1	4	2	2	2	1	4	7	2.9	8,482	
3	Washington	3	1	4	6	4	3	2	1	3.0	3,182	
4	New Hampshire	2	2	6	10	1	1	3	3	3.5	3,180	
5	North Dakota	5	5	3	3	6	14	6	8	6.3	12,138	
6	Massachusetts	21	15	8	8	5	7	11	9	10.5	5,259	
7	Vermont	10	7	11	8	8	6	16	21	10.9	1,166	
8	Maine	8	13	7	13	26	25	5	4	12.6	1,799	
9	Colorado	12	7	5	5	17	24	23	18	13.9	5,745	
9	Oregon	17	12	11	7	13	17	22	12	13.9	2,662	
9	South Dakota	27	5	20	24	9	12	8	6	13.9	11,159	
12	Wisconsin	7	9	10	11	32	31	14	10	15.5	8,866	
13	Connecticut	15	10	23	34	20	18	7	2	16.1	5,151	
14	Virginia	27	19	17	15	16	20	12	11	17.1	4,096	
15	Idaho	14	18	16	16	24	25	12	14	17.4	7,826	
16	Rhode Island	25	23	27	32	7	4	21	12	18.9	8,302	
17	New Jersey	36	32	13	4	13	16	24	16	19.3	5,317	
18	Hawaii	11	11	21	26	15	10	32	30	19.5	1,473	
19	Pennsylvania	19	22	14	11	18	20	30	25	19.9	4,932	
20	California	25	24	19	20	20	12	17	27	20.5	5,614	
21	Wyoming	6	13	14	21	23	33	32	24	20.8	7,626	
22	Montana	8	15	23	28	25	28	27	23	22.1	7,607	
23	Iowa	24	26	25	14	11	19	28	31	22.3	8,842	
24	Nebraska	17	17	9	19	28	30	34	26	22.5	8,545	
25	Missouri	32	25	22	41	34	10	10	15	23.6	6,336	
26	Alaska	15	20	32	47	29	22	9	18	24.0	6,147	
27	Illinois	33	29	26	23	11	27	25	20	24.3	7,539	
28	Indiana	30	30	34	29	20	8	20	28	24.9	7,502	
29	Kansas	29	36	29	17	30	32	15	17	25.6	7,635	
30	Maryland	22	33	37	33	10	9	31	34	26.1	4,576	
31	Ohio	44	40	41	24	27	23	19	22	30.0	5,909	
32	Michigan	35	34	30	42	33	14	18	35	30.1	5,293	
33	South Carolina	13	27	18	18	47	49	44	37	31.6	5,894	
34	North Carolina	23	31	30	22	39	42	36	38	32.6	5,080	
35	Delaware	19	21	37	39	36	41	36	39	33.5	5,812	
36	Arizona	30	27	27	36	37	34	43	41	34.4	7,041	
37	Kentucky	46	43	41	27	30	28	28	40	35.4	5,937	
38	West Virginia	34	41	46	31	18	36	36	44	35.8	4,700	
39	Nevada	38	44	34	35	44	35	26	31	35.9	7,227	
40	Tennessee	44	37	33	30	37	37	35	36	36.1	8,505	
41	New York	38	34	37	48	42	39	48	29	39.4	4,861	
42	Florida	41	39	34	39	35	44	47	42	40.1	5,977	
43	Georgia	37	42	45	43	43	43	41	31	40.6	6,167	
44	Oklahoma	41	37	40	38	41	46	49	48	42.5	7,510	
45	Arkansas	40	45	41	44	46	40	46	49	43.9	7,371	
46	Alabama	48	45	44	37	48	47	41	42	44.0	7,277	
47	New Mexico	47	49	50	45	40	38	39	45	44.1	6,733	
48	Texas	43	47	47	45	45	44	39	45	44.4	5,992	
49	Mississippi	50	50	49	49	50	48	45	47	48.5	7,251	
50	Louisiana	49	48	48	50	49	50	50	50	49.3	6,695	
33*	District of Columbia	51*	50*	41*	26*	5*	3*	30*	42*	31*	4,075	

10 Best States ■ Low
 10 Worst States ■ Medium
■ High

Sources: Save the Children's analysis of U.S. Census Bureau's Household Pulse Survey data for Weeks 13-21 (August 19, 2020 to December 21, 2020) from The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>, and CDC COVID DATA Tracker

† COVID-19 case rate reported to the CDC (per 100,000 population) from January 21, 2020 to December 21, 2020

* Results for D.C. had it been included in the ranking

Methodology and Research Notes

Every child has a right to childhood. The concept of childhood is defined in the Convention on the Rights of the Child.⁶⁷ It represents a shared vision of childhood: healthy children learning and playing, growing strong and confident with the love and encouragement of their family and an extended community of caring adults, gradually taking on the responsibilities of adulthood, free from fear and protected from harm. This ideal contrasts starkly with the childhood many children experience. Pandemic-related hardships have made the ideal even harder to achieve.

Technical note for the COVID Child Protection Ranking 2020

The *COVID Child Protection Ranking* identifies where children have been most and least protected during the COVID-19 pandemic. It incorporates four months of data from the U.S. Census Bureau’s Household Pulse Survey, from the start of Phase 2 (August 19, 2020) to the last survey of 2020 (ending December 21, 2020), corresponding to collection periods (i.e., “weeks”) 13 to 21.

The ranking includes three indicators: not enough food to eat, inadequate tools for remote learning and difficulty paying bills. Definitions are provided in the table below. Data are sourced from The Annie E. Casey Foundation, KIDS COUNT Data Center, <https://datacenter.kidscount.org>. KIDS COUNT pools survey data into a two-period rolling average. They also provide the margin of error for these estimates.

The methodology for the *COVID Child Protection Ranking* mirrors that used to calculate last year’s *End of Childhood State Ranking 2020*. State ranks were calculated for each indicator, from 1 = best to 50 = worst. An average rank for each state based on all three indicators was calculated

for each period, i.e., (indicator 1 rank + indicator 2 rank + indicator 3 rank)/3 = average rank. States were then re-ranked based on this average rank to give a 1 to 50 state ranking for each survey period.

To get states’ overall rank for the entire 4-month timeframe, this process was repeated. Ranks for the eight survey periods were averaged, i.e., (period 1 rank + period 2 rank + period 3 rank + period 4 rank + period 5 rank + period 6 rank + period 7 rank + period 8 rank)/8 = average rank. States were then re-ranked from 1 to 50 based on this average rank.

States’ overall ranks were compared to their 2020 COVID case rate. These data were sourced from the CDC’s COVID DATA Tracker and give the number of cases for every 100,000 people from January 21, 2020 to December 31, 2020. Rates were categorized as shown below, according to groupings used by the CDC on their map (covid.cdc.gov/covid-data-tracker/#cases_casesper100k), accessed December 31, 2020.

Standard errors for all estimates prepared for this report were evaluated. Unless otherwise noted, coefficients of variation are under 30%. All comparisons made are statistically significant at the 90% confidence level.

INDICATOR	DEFINITION (Link to data source)
Not enough food to eat	The percentage of adults living in households with children aged 0-17 who reported that their household sometimes or often did not have enough food to eat in the past seven days (datacenter.kidscount.org/data/tables/10882)
Inadequate tools for remote learning	The percentage of adults living in households with at least one child attending public, private or home school for kindergarten through 12th grade who reported that internet and a computer or digital device is sometimes, rarely or never available to children for educational purposes (datacenter.kidscount.org/data/tables/10889)
Difficulty paying bills	The percentage of adults living in households with children aged 0-17 who reported that it has been somewhat or very difficult for the household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, students loans, and so on in the past week (datacenter.kidscount.org/data/tables/10896)

	COVID case rate (per 100,000)
Low	0 to 4,096
Medium	4,097 to 6,733
High	6,734 to 12,138

Note: Metrics reflect the percentage of adults in households with children aged 0-17 who are experiencing these pandemic-related hardships. They are used to approximate rates for families with children aged 0-17.

- ¹ Johns Hopkins University, Coronavirus Resource Center. (Accessed December 31, 2020)
- ² Social Policy Institute. *Socio-Economic Impacts of COVID-19 Survey, Wave 3*. (2020)
- ³ In the early months of the pandemic, the unemployment rate in the U.S. quadrupled, from 3.5% in February 2020 to 14.7% in April. The EU's unemployment rate, by comparison, rose by only one-tenth of 1% (from 6.5% to 6.6%), although it later peaked at 7.8% in July as job losses tied to the pandemic mounted. Source: Eurostat, *European Statistical Recovery Dashboard*.
- ⁴ As of December 31, 2020, 18 of 34 (53%) high-income OECD countries were providing broad relief, 12 countries, including the U.S., were providing narrow relief and 4 were providing no debt or contract relief. Source: Thomas Hale, Noam Angrist, Emily Cameron-Blake, Laura Hallas, Beatriz Kira, Saptarshi Majumdar, Anna Petherick, Toby Phillips, Helen Tatlow and Samuel Webster. *Oxford COVID-19 Government Response Tracker*. Blavatnik School of Government. (2020)
- ⁵ 15 of 21 high-income OECD countries surveyed said they offered or negotiated access to the internet at subsidized or no cost; at least 3 countries that did not provide internet returned to fully in-person classes. Source: UNESCO, UNICEF and the World Bank. *Survey on National Education Responses to COVID-19 School Closures, round 2*. (Paris, New York and Washington, D.C.: 2020)
- ⁶ In 2019, 4.7% of U.S. households with children under 18 did not have access to the internet at home, paid or otherwise (6.5% of households did not have a paid internet subscription at home). Across the EU, only 2% of households with dependent children did not have access to the internet at home in 2019. Rates were 6% in Romania and 9% in Bulgaria. Three other non-EU European countries also have lower rates of internet access than the U.S.: Albania (9%), Bosnia and Herzegovina (13%) and Montenegro (6%). Sources: U.S. Census Bureau. *ACS 1 – Year Estimates-Public Use Microdata Sample (2019)* and Eurostat. (Accessed January 27, 2021)
- ⁷ Approximately 9 million of these students live in households with neither an adequate connection nor an adequate device for distance learning. An additional 1 million have an adequate connection but no device. Source: S. Chandra, A. Chang, L. Day, A. Fazlullah, J. Liu, L. McBride, T. Mudalige and D. Weiss. *Closing the K-12 Digital Divide in the Age of Distance Learning*. (San Francisco, CA: Common Sense Media and Boston, Massachusetts: Boston Consulting Group: 2020)
- ⁸ Survey responses are available for 21 of 34 high-income OECD countries. Source: UNESCO, UNICEF and the World Bank. *Survey on National Education Responses to COVID-19 School Closures, round 2*.
- ⁹ Using poverty estimates from Bruce D. Meyer and James X. Sullivan. *Near Real Time COVID-19 Income and Poverty Dashboard (2020)* and demographic data from U.S. Census Bureau, *2020 Demographic Analysis*, we estimate the number of children living in poverty has risen from 9.8 million (or 13.1%) in June 2020 to 12.4 million (or 16.6%) in December 2020 – a 27% increase. The overall poverty rate rose by 2.4 percentage points between June and December 2020 (from 9.3% to 11.8%), pushing more than 8 million people into poverty. This rise is nearly double the largest annual increase in poverty since the 1960s.
- ¹⁰ In 2019, when asked “which best describes your ability to pay all of your bills in full this month,” 22% of respondents with children under age 18 said they “can’t pay some bills.” This corresponds to about 8.2 million families. In late December 2020, 45% of adults living with children aged 0-17 – some 17 million families – reported it had been somewhat or very difficult for the household to pay for usual household expenses in the past week, including but not limited to food, rent or mortgage, car payments, medical expenses and student loans. Sources: Federal Reserve, SHED 2019, U.S. Census Bureau, Household Pulse Survey, Week 21 and U.S. Census Bureau, *America’s Families and Living Arrangements: 2020, Table H2*.
- ¹¹ The percentage of adults living in households with children aged 0-17 who reported that their household sometimes or often did not have enough food to eat in the past week was used to approximate the share of households with children struggling with hunger. In late April 2020, 11.1% of households with children – some 4.2 million families – said they did not have enough food before the pandemic. In December 2020, 18.3% of households with children – some 6.9 million families – said they did not have enough food in the last week. Sources: U.S. Census Bureau, Household Pulse Survey, Weeks 1 and 21 and U.S. Census Bureau, *America’s Families and Living Arrangements: 2020, Table H2*.
- ¹² In South Carolina, 73% of adults in households with children aged 0-17 reported it had been a little, somewhat or very difficult for the household to pay for usual household expenses in the past week. 46% said it was somewhat or very difficult. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ¹³ Gundersen, C., M. Hake, A. Dewey, E. Engelhard. *The Impact of the Coronavirus on Food Insecurity in 2020, Update October 2020*.
- ¹⁴ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 31, 2021)
- ¹⁵ 90% confidence intervals are (34% to 47%) and (0% to 5%), respectively. The coefficient of variation for the wealthiest families’ estimate is large and may indicate serious data quality issues related to sampling error. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ¹⁶ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 31, 2021)
- ¹⁷ See, for example: Cheryl Vince-Whitman, Carmen Aldinger, Beryl Levinger and Isolde Birdthistle. *School Health and Nutrition*. (UNESCO: 2001) and Feeding America. *What Happens When a Child Faces Hunger?*
- ¹⁸ Bipartisan Research Center. *Nationwide Survey: Child Care in the Time of Coronavirus*. (2020)
- ¹⁹ Child Care Aware. *Picking Up the Pieces: Building a Better Child Care System Post COVID-19*. (Arlington, VA: 2020) and Child Care Data Center.
- ²⁰ 18% of adults in households with children who did not work in the last week said the main reason they were not working was that they were caring for children not in school or daycare. Source: Save the Children’s analysis of U.S. Census Bureau, Household Pulse Survey, Week 21.
- ²¹ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 31, 2021)
- ²² In December 2020, 25% of adults living in households with at least one child attending public, private or home school for K-12th grade said internet was not always available to children for educational purposes. 21% said a computer or digital device was not always available for educational purposes. Source: U.S. Census Bureau, Household Pulse Survey, Week 21. This is consistent with a pre-pandemic study that found about 30% of all K-12 public school students lacked an adequate internet connection, a distance learning device, or both. Rural communities were the most disconnected, with 2 in 5 rural students (37%) lacking adequate home internet access, compared to 1 in 5 urban students (21%). Source: S. Chandra, et al. *Closing the K-12 Digital Divide in the Age of Distance Learning*.
- ²³ The 8 other states are (in order of highest to lowest rates): Vermont, California, New Hampshire, Maine, Idaho, Alaska, Kentucky and Washington. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ²⁴ McKinsey & Company. *COVID-19 and Student Learning in the United States: The Hurt Could Last a Lifetime*. (2020)
- ²⁵ Many parents continue to work full-time outside their homes, so their children may not have an adult at home to supervise learning. Source: Brooke Auxier and Monica Anderson. *As Schools Close Due to the Coronavirus, Some U.S. Students Face a Digital “Homework Gap.”* (Pew Research Center: 2020). Many white-collar workers, however, are able to work remotely and thus provide at least some supervision. Source: Dana Goldstein, Adam Popescu and Nikole Hannah-Jones. “As School Moves Online, Many Students Stay Logged Out,” *New York Times*, April 6, 2020. Also, 1 in 10 public school students in New York City, for example, lives in shelter housing, which can mean several children sharing a single room. Source: Anna North. “The Shift to Online Learning Could Worsen Educational Inequality,” *Vox*, April 9, 2020.
- ²⁶ McKinsey & Company. *COVID-19 and Learning Loss – Disparities Grow and Students Need Help*. (October 2020)
- ²⁷ Researchers estimate that an additional 2% to 9% of high school students could drop out as a result of COVID and associated school closures – some 232,000 to 1.1 million students. Source: McKinsey & Company. *COVID-19 and Student Learning in the United States: The Hurt Could Last a Lifetime*.
- ²⁸ Utah Education Policy Center, University of Utah. *Research Brief: Chronic Absenteeism*. (2012)
- ²⁹ “Declining Enrollment, Shuttered Schools,” *Education Week*, September 19, 2018 and *Legacy of Katrina: The Impact of a Flawed Recovery on Vulnerable Children of the Gulf Coast*. (Children’s Health Fund, National Center for Disaster Preparedness: 2010) cited in: McKinsey & Company. *COVID-19 and Student Learning in the United States: The Hurt Could Last a Lifetime*.
- ³⁰ School Innovations & Achievement. *Preliminary Chronic Absence Patterns & Trends Analysis*. (2020)

- ³¹ Sources: Ellen Barry. "U.S. Public School Enrollment Drops as Parents, Frustrated By Lockdown, Pull Their Children Out," *New York Times*, November 28, 2020; Eliza Shapiro. "Fewer Kindergarten Students Means Money Problems for Schools and Learning Concerns For Children," *New York Times*, November 29, 2020; and Eliza Shapiro. "Enrollment in NYC Schools Drops Sharply, Especially Among Preschool-Age Children," *New York Times*, January 29, 2021.
- ³² Bellwether Education Partners. *Missing in the Margins: Estimating the Scale of the COVID-19 Attendance Crisis*. (October 2020)
- ³³ U.S. Census Bureau, Household Pulse Survey, Week 21.
- ³⁴ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 31, 2021)
- ³⁵ U.S. Census Bureau, Household Pulse Survey, Week 21.
- ³⁶ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 31, 2021)
- ³⁷ 26% of adults living in renter households with children aged 0-17 report the household is not currently up-to-date on rent payments, compared to 15% of adults in renter households without children. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ³⁸ Ibid.
- ³⁹ See, for example, National Council of State Housing Agencies. *Estimation of Households Experiencing Rental Shortfall and Potentially Facing Eviction (8/19/20 – 11/23/20)*.
- ⁴⁰ Percentage of adults living in households with children aged 0-17 who reported that they felt nervous, anxious or on edge for at least several days (i.e., several days, more than half the days and nearly every day) in the past week. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ⁴¹ Ibid.
- ⁴² Shen, Hanyang, Cecilia Magnusson, Dheeraj Rai, Michael Lundberg, Félice Lê-Scherban, Christina Dalman and Brian K. Lee. "Associations of Parental Depression With Child School Performance at Age 16 Years in Sweden." *JAMA Psychiatry*, Vol. 73. No. 3. (2016)
- ⁴³ See, for example, Cutler and Lleras-Muney. 2008. "Education and Health: Evaluating Theories and Evidence." In *Making Americans Healthier: Social and Economic Policy as Health Policy*. (New York: Russell Sage Foundation; 2008) and Kaestner, Schiman and Ward. 2020. "Education and Health Over the Life Cycle." *Economics of Education Review*. Vol. 76. (2020)
- ⁴⁴ As of December 16, 2020, the cumulative COVID case rate in high-poverty counties was 27% higher than in low-poverty counties; the cumulative death rate was 54% higher. High-poverty is defined by the CDC as rates above 17.3%, low-poverty as rates below 12.3%. Source: Centers for Disease Control and Prevention. CDC COVID Data Tracker (Accessed January 27, 2021)
- ⁴⁵ 28% of Black adults and 25% of Hispanic or Latino adults in households with children aged 0-17 reported their household sometimes or often did not have enough food to eat in the past seven days, compared to 13% of white families. 60% of Black adults and 56% of Hispanic or Latino adults in households with children aged 0-17 reported it has been somewhat or very difficult for the household to pay for usual household expenses, compared to 37% of white families. 17% of Black adults and 14% of Hispanic or Latino adults living in households with at least one child attending public, private or home school for kindergarten through 12th grade reported that internet and a computer or digital device are not usually or always available to children for educational purposes, compared to 10% of white families.
- ⁴⁶ The Annie E. Casey Foundation. KIDS COUNT Data Center. (Accessed January 21, 2021)
- ⁴⁷ Ibid.
- ⁴⁸ 28% of Black renter households and 24% of Hispanic renter households are behind on their rent, compared to 12% of white renter households.
- ⁴⁹ As of December 31, 2020, the cumulative case rate in rural (i.e., non-metro) areas was 6,625 (per 100,000 population), compared to 6,032 in urban (i.e., non-metro) areas. The cumulative death rate in rural areas was 115 per 100,000 and 104 per 100,000 in urban areas. Source: CDC's COVID Data Tracker. (Accessed January 25, 2021)
- ⁵⁰ Save the Children's analysis of COVID county data for December 31, 2020 from USAFacts.org and Rural-Urban Continuum Codes from USDA Economic Research Service.
- ⁵¹ USDA. *Rural America at a Glance: 2020 Edition*. (2020)
- ⁵² NPR, The Robert Wood Johnson Foundation and Harvard's T.H. Chan School of Public Health. *The Impact of Coronavirus on Households in Rural America*. (2020)
- ⁵³ See endnote 10.
- ⁵⁴ In 2019, when asked "which best describes your ability to pay all of your bills in full this month," 22% of respondents with children under age 18 said they "can't pay some bills." This corresponds to about 8.2 million families. In late December 2020, 45% of adults living with children – some 17 million families – reported it had been somewhat or very difficult for the household to pay for usual expenses in the past week, including but not limited to food, rent or mortgage, car payments, medical expenses and student loans – roughly double the rate in 2019. This was also 40% higher than the share of adults in households without children who reported it had been somewhat or very difficult to pay for expenses in December 2020 (32%). Sources: Federal Reserve, SHED 2019, U.S. Census Bureau, Household Pulse Survey, Week 21 and U.S. Census Bureau, *America's Families and Living Arrangements: 2020*, Table H2.
- ⁵⁵ In late April 2020, 11.1% of adults in households with children said they did not have enough food before the pandemic. In December 2020, 18.3% of adults in households with children said they did not have enough food in the last week – a 65% increase. The food scarcity rate for adults in households without children in December 2020 was 10.8%. Source: U.S. Census Bureau, Household Pulse Survey, Weeks 1 and 21.
- ⁵⁶ 47% of adults living in households with at least one child in K-12th grade who sometimes or often did not have enough food to eat before March 13, 2020, say internet is not always available to their children for educational purposes, compared to 22% of adults in households with school-aged children who had enough food before the pandemic. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ⁵⁷ 57% of adults in renter households where someone has experienced a loss of employment income since March report they are somewhat or very likely to be evicted in the next two months, compared to 31% of respondents in renter households that have not lost income. Note: These estimates are for respondents who are not current on rental payments and are for all households, not only households with children. Source: U.S. Census Bureau, Household Pulse Survey, Week 21.
- ⁵⁸ American Academy of Pediatrics and the Children's Hospital Association. *Children and COVID-19: State Data Report*. Version: 12/31/20 (2020)
- ⁵⁹ CDC COVID DATA Tracker. (Accessed December 31, 2020)
- ⁶⁰ S. Chandra, et al. *Closing the K-12 Digital Divide in the Age of Distance Learning*.
- ⁶¹ Jessen-Howard, Steven and Simon Workman. *Coronavirus Pandemic Could Lead to Permanent Loss of Nearly 4.5 Million Child Care Slots*. (Center for American Progress: 2020)
- ⁶² Bishop-Josef, Sandra, Chris Beakey, Sara Watson and Tom Garrett. *Want to Grow the Economy? Fix the Child Care Crisis. Workers and Employers Feel Pain in Pockets and Productivity*. (Council for a Strong America: 2018)
- ⁶³ Puma, Michael, Stephen Bell, Ronna Cook and Camilla Heid. *Head Start Impact Study: Final Report*. (U.S. Department of Health and Human Services: 2010)
- ⁶⁴ U.S. Department of Agriculture. *Food Security in the U.S.: Key Statistics & Graphics*.
- ⁶⁵ Bauer, Lauren. *The COVID-19 Crisis Has Already Left Too Many Children Hungry in America*. (Brookings: 2020)
- ⁶⁶ 9 of the top 10 and 93 of the top 100 counties with the highest projected 2020 child food insecurity rates are rural. Overall, child food insecurity rates in rural areas are projected to exceed those in urban areas (27% vs. 24%). Source: Save the Children's analysis of C. Gundersen, et al. *The Impact of the Coronavirus on Food Insecurity in 2020, Update October 2020*.
- ⁶⁷ Childhood means more than just the time between birth and adulthood. It refers to the state and condition of a child's life – to the quality of those years. As the most widely endorsed human rights treaty in history, the Convention on the Rights of the Child, adopted by the UN General Assembly in 1989 and ratified by all but one country, represents a global consensus on the terms of childhood. Although there is not absolute agreement on the interpretation of each and every provision of the Convention, there is substantial common ground on what the standards of childhood should be. Source: UNICEF. *The State of the World's Children 2005*.

ACKNOWLEDGEMENTS

Photo: Shawn Millsaps



Children in South Carolina wait in the car at a Save the Children distribution of food and essential household items.

This report was directed and written by Tracy Geoghegan from Save the Children. The researchers were Beryl Levinger and Nikki Gillette. Special thanks to Roy Chrobocinski, Sara Luciano and Jeremy Soulliere for substantive inputs. Thanks also to Joe Ansah, Shannon Hubler, Lois Jensen, Maribel Paredes and Victoria Zegler for production and editorial support. Design by Alison Wilkes.



Save the Children believes every child deserves a future. Since our founding over 100 years ago, we've changed the lives of over 1 billion children. In the United States and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming their lives and the future we share.

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ON THE COVER

5-year-old Aleeah outside of her school in eastern Tennessee. Aleeah is on a modified schedule due to COVID-19 and only attends school on Mondays and Tuesdays.

Photo: Shawn Millsaps