Make or Break Moment: Child Care Providers Weigh in on Survival + Offer Bold Vision for Future

December 2020

Presented by Action for Children
Methodology + Objectives

Survey
- Distributed September 30 to 1,143 Providers;
- Collected 274 responses (190 Centers; 84 Homes)
- The results are statistically significant with 95% confidence and a margin of error of 6%

Focus Groups
- 8 sessions held between 10/7-10/19
- 39 Participants including Child Care Center and Family Child Care Providers

Objectives
- Quantitative data regarding current child care industry crisis
- Solicit suggestions for needed actions and interventions
Affirmed Knowledge

Intersectionality of Systemic Issues + Bias

- Early Childhood Educators (ECEs) and administrators interviewed are well aware of the myriad, complex factors that disproportionately impact many sectors, including their own: racism, gender bias, classism

Real Change Requires Holistic Solutions + Systems Change

- Two-Generation approaches to break cycles of poverty
- Leverage existing resources when possible to address needs of both staff and families (e.g., rental and food assistance, resources to support mental health)
- Policy changes needed at multiple levels of government
Affirmed Knowledge

Early Childhood Educators are Critical

- Child care providers are educators, not babysitters
- ECEs are essential employees and should be celebrated and supported as such
- Economic recovery is impossible without child care

ECEs are Tired + Worried

- Heightened level of stress as essential employees
- Additional responsibilities due to enhanced health and safety guidelines
- Risk of losing business and income
Underlying Values

Parity + Equity

• Between Centers and Family Child Care Providers

• Between Child Care and Public School Systems

• Equal access to opportunities such as emergency grants

• Support distributed based upon need of children served

Collaboration + Clear Communication

• Across Child Care Industry

• Among Providers and Public Funding Partners through established vehicles (e.g. AFC provider meetings)
Underlying Values

**Advocacy + Inclusion**
- Both Centers and Family Child Care Providers Included in Decision Making: Not For Us Without Us

**Early Childhood Education is a Right, Not a Privilege**
- Children should have equal access to high quality Early Childhood Education, regardless of zip code
Current State of Child Care Industry

Central Ohio Child Care Provider Survey Results
SDA9 | October 16, 2020
23% of providers anticipate closing within 3 months

Now, think about your financial situation. Under current operations, how long could you keep your program open without additional public support? (S0615) (n=272)

These 23% enroll 8,000 children

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Center</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>I would not need additional public support</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Up to 3 months</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>3 to 6 months</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>6 months to 1 year</td>
<td>27%</td>
<td>11%</td>
</tr>
</tbody>
</table>
For two thirds of providers, monthly revenue does not cover expenses.

Does the monthly revenue you receive (tuition, fees, grants, etc.) currently cover your monthly operating expenses? (S0603A (2)) (n=272)
42% of providers are paying more than $1,000 monthly for additional costs

Approximately how much do these additional costs add up to PER MONTH? (S0614) (n=272)

These additional costs sum to a projected $3.5M per month across the region.
Cleaning supplies and PPE continue to be largest source of additional expense

What types of additional costs, if any, are your program incurring to accommodate changes that keep children, families, and staff members safe? (S0613) \( n=746 \)

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Center</th>
<th>Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning supplies</td>
<td>24%</td>
<td>11%</td>
</tr>
<tr>
<td>Personal protective equipment (e.g. masks, gloves, face shields, etc)</td>
<td>23%</td>
<td>10%</td>
</tr>
<tr>
<td>Staff costs</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Facility changes (e.g. additional sinks, bathrooms, etc)</td>
<td>9%</td>
<td>4%</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For respondents with a monthly gap, 54% need between $1k and $8k

If your monthly expenses exceed your monthly revenue, what is your current monthly projected financial gap? (S0604) (n=177)
The SDA9 enrollment ratio decreased by 4% over the last survey.
The Franklin County enrollment ratio decreased by 5% over the last survey.
Providers have made 5 changes to their practice on average

If your program is open, what kind of modifications have been made (select all that apply)? (S0511) (n=1,516)

- Increased sanitation procedures: 12% (Center: 5%; Home: 4%)
- Changed drop off and pick up procedures: 11% (Center: 4%; Home: 4%)
- We don’t go on field trips: 10% (Center: 4%)
- Changed how we allow children to use materials & resources: 10% (Home: 4%)
- We have fewer children in each group: 9% (Center: 9%)
- Keep the same teacher with the same group of children: 8% (Center: 5%)
- Lower ratios: 5% (Home: 3%)
- Operating shorter hours: 3% (Center: 3%)
- We have had to pick which children and families can return: 3% (Center: 3%)
- Fewer children: 3% (Center: 1%)
- Operating longer hours: 3% (Center: 1%)
- No significant modifications: 3% (Center: 1%)

Provider Type
- Blue: Center
- Orange: Home
Respondents on average have received financial assistance from 1.5 sources

What types of support has your program received to help it survive? (Choose all that apply) (S0612) (n=462)
38% of respondents have already or plan to increase tuition

Have you had to or are you planning to increase tuition for parents? (S0611) (n=260)

- No: 45% (Center: 18%, Home: 13%)
- Yes: 25% (Center: 25%, Home: 13%)
Most providers have opted to keep the pandemic ratios

Have you decided if you will continue to operate under pandemic rules? (S0408)  
(n=190)

- Yes, we have decided to maintain the pandemic ratios and group size: 53%
- Yes, we have decided to return to pre-pandemic ratios and group size: 38%
- No, we have not yet decided what to do: 9%
Nearly one third of centers are experiencing staff shortages

Based on current enrollment, are you fully staffed? (S0506A) (n=189)

- Yes: 71%
- No: 29%
Staff openings are significant at 725 for the region

How many positions are you seeking to fill? (S0507) (n=54)
Recommendations

Focus Group Feedback + Action Steps
Public Relations + Awareness
Gain Respect + Appreciation

Child Care providers feel underappreciated and undervalued, particularly as they are serving increased and more complicated needs during the pandemic.

- Video and radio PSAs featuring Mayor celebrating ECEs as essential workers focused on education and necessary to overall economic recovery
- Drive-thru recognition event honoring ECEs featuring high profile public officials and others; include give away of PPE
- Virtual Site Visits with providers shared across social media platforms to increase awareness for quality of service, education taking place

“We are not babysitters—we are educators.”
Safe to Return

Centers and Family Child Care Providers both report low enrollment following the mandatory COVID-19 shutdown.

- Public education messaging through video and radio PSAs: it is safe to return to school and that facilities are rigorously cleaned and held to very high standards
- Leverage recent national studies (e.g. Yale University) to inform messaging campaign

“The public needs to know that it is safe to return to Child Care. Given the standards we follow, it is one of the safest environments to be in right now.”
Support for the Workforce
Increased Wages + Benefits

Early Childhood Educators (ECE) are among the lowest paid professionals, earning on average $22,193 per year—the same as a Fast Food Restaurant Cook.

- Increased wages to attract and retain qualified staff after losing staff to positions paying more and offering better benefits
- Bonuses and hazard pay and benefits, such as health insurance
- Pay parity between ECEs and Kindergarten teachers, accounting for education level and years in the field

“We are losing staff to McDonalds and Wendy’s. We cannot compete.”
Wrap Around Supports for Staff

Given their wages, Child Care Center Providers talked extensively about their staff being extremely vulnerable to hunger and homelessness and unable to attend to basic needs.

• Establish funded substitute pools to support Directors and other staff to attend to other needs (take breaks, schedule and attend medical appointments, etc.)
• Direct access to services such as rental and food assistance
• Looking to federally supported model like AmeriCorps or Teach for America, create and implement a pilot program to support ECE’s

“I have staff members who are facing eviction and homelessness. They need help right now and there’s nothing I can do.”
Resources + Infrastructure
Access to Supplies + Resources

While larger Centers concerns are related to pricing and supply chain issues, primarily availability of necessities, Family Child Care Providers and small Centers have limited access to the quantities they need and have incurred significant expense—largely out of their own pockets—for cleaning supplies, modifications, and recreational activities.

• **Mechanism to secure bulk resources** (e.g. PPE, cleaning supplies) and meet additional needs created by supporting school-aged children through virtual learning

• Increased and continued **support to off-set additional costs** for supplies, modifications, and supporting school-aged students through virtual learning

“By the time I end my work day, when I go shopping for supplies, things are sold out. Or, I can’t get enough of what I need for both my family and my business.”
Systems Change

Many Child Care Providers understand that the real change that needs to take place must happen at the systems level.

- **One centralized data system** to eliminate reporting redundancies
- Payments to Providers **based upon student enrollment and not attendance** to mirror the public school model—even if just for the next 12 months via an Executive Order
- Consistent **communication with public funders and ability to reach a person directly** when calling for assistance, particularly in emergency
- **Adjust rates for PFCC** based upon cost of providing care
- **Ease restrictions for PFCC** (e.g. work requirements for all HH members, attendance requirements)

“If we truly value Early Childhood Education, everyone would have equal access, regardless of economic status.”
Improved Safety Measures

The Child Care Industry and ECEs themselves need to be better insulated from the financial impact of the pandemic.

- **Priority COVID testing and rapid testing for ECEs** as essential employees
- **Funded substitute pool** to ensure directors and staff can attend to personal needs and health or avoid closure for Family Child Care providers
- **Increased fees for school-aged students** who are onsite participating in virtual instruction
- **Paid time off** for Directors and Teachers who are sick or quarantining
- **Base funding on enrollment, not attendance** for PFCC

“I am doing more with less--more cleaning, attending to school-aged and pre-K students, homeschooling my own children. It’s a lot.”