

2021 CHILDCARE STATUS REVIEW SURVEY

Facility Name: _____ Facility ID #: _____

Person Completing This Survey: _____ Job Title: _____

1. Was your child care program **open, temporarily closed, or permanently closed** in October

2020? (Check Only One Answer)

- a. We were **completely closed**
- b. We were **temporarily closed**
- c. We were open (Go To Question 6).....

If you were closed in October, please answer the following questions.

2. In which month did you close? **Month** _____

3. Did **COVID** influence your decision to close?

- Yes.....
- No (**Skip to Question 5.**).....

4. **IF YES**, Did you close for any of the following reasons? (**CHECK ONE RESPONSE FOR EACH.**)

- | | Yes | No |
|--|--------------------------|--------------------------|
| a. Direct exposure to COVID-19 | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Myself or my staff are a member of the vulnerable population | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Myself or my staff have someone in their household who are vulnerable | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Loss of revenue (families pulling children out of childcare) | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Loss of revenue (families unable to pay tuition)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To care for my children or family members..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Lack of support/supplies to operate safely (cleaning supplies, PPE, testing or screening tools) | <input type="checkbox"/> | <input type="checkbox"/> |
| h. No health insurance..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Not enough staff..... | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Schools were ordered closed..... | <input type="checkbox"/> | <input type="checkbox"/> |
| k. State or local level close mandated | <input type="checkbox"/> | <input type="checkbox"/> |

l. Other (**SPECIFY**) _____

5a. Have you **reopened since October 2020** or do you have any plans to **reopen in 2021**? (Check One Answer)

- Yes
- No.....

5b. If Yes, when did you reopen or what is your estimated reopen date: **Month** _____ **Year** _____

If you were closed in October 2020, please SKIP to the end of the survey.

OPEN FACILITIES: COMPLETE USING THESE INSTRUCTIONS:

- Please answer **every** question and fill in **every** box unless asked to skip questions.
- In all questions that refer to “**before COVID,**” please enter data based on **March 2020**.
- For Questions 5 through 7, information should be given for the month of **October 2020**.
- **School-age** children are **age 5 - 12 attending school** and receiving care in **October 2020**.
- If rates varied for the same child care service, **enter the rate that most parents are charged**.
- Rates should be for on-time payment and on-time pick-up of children. If parents receive a discount for paying early, enter the rate they would have paid without a discount.
- If parents paid more than you regularly charge due to late payment or because they picked up children late, **do not include these extra charges**.

SECTION I. FULL-TIME ENROLLMENT & RATES - CHILDREN 0-5 YEARS OLD, NOT IN SCHOOL

If you had any children 0-5 years old, not in school, enrolled full-time in child care in October 2020, answer Question 6. Include children who are 5 years old but not yet enrolled in kindergarten.

If no children 0-5 years old, enrolled in October 2020 full-time, CHECK HERE__ and skip to Question 7.

6. In the chart below, record your full-time 0-5 enrollment.

*If you have mixed-age classrooms, **BREAK OUT** information into the age groups listed. →*

	Infants Under age 1	1-year olds	2-year olds	3-year olds	4-year olds	5-year olds not in school
a. How many children in each age group were enrolled full-time in October 2020? (Include the NC Pre-K children in this count.)						
b. Is this an increase, decrease or about the same number of children you had before COVID , in March 2020?	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>
c. Of the enrolled children listed in row a. , how many children were completely private paid ?						
d. Of the enrolled children listed in row a. , how many participated ONLY in the NC Subsidized Child Care Program ?						
e. How many full-time child care slots do you have for each age group, even if they were not filled in October?						
f. What was the full-time rate that you charged private-paying parents in October 2020? (Enter private-paying rate even if you did not have private-pay children in October 2020.)	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____
g. Was this rate charged weekly or monthly?	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>
h. Is this rate an increase, decrease, or about same rate you charged before COVID , in March 2020?	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>

If you had any children 0-5 years old, not in school, enrolled part-time in child care in October 2020, answer Question 7. Include children who are 5 years old but not yet enrolled in kindergarten.

If no children 0-5 years old, not in school, enrolled part-time in October 2020, CHECK HERE _____, and skip to Question 8.

7. In the chart below, record your part-time 0-5 enrollment.

<i>If you have mixed-age classrooms, BREAK OUT information into the age groups listed. →</i>	Infants Under age 1	1-year olds	2-year olds	3-year olds	4-year olds	5-year olds not in school
a. How many children in each age group were enrolled part-time in October 2020? (Include the NC Pre-K children in this count.)						
b. Is this an increase, decrease or about the same number of children you had before COVID , in March 2020?	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>
c. Of the enrolled children listed in row a. , how many children were completely private paid ?						
d. Of the enrolled children listed in row a. , how many participated ONLY in the NC Subsidized Child Care Program ?						
e. How many part-time child care slots do you have for each age group, even if they were not filled in October?						
f. What was the part-time rate that you charged private-paying parents in October 2020? (Enter private-paying rate even if you did not have private-pay children in October 2020.)	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____	\$ ____ . ____
g. Was this rate charged weekly or monthly?	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>	Week <input type="checkbox"/> Month <input type="checkbox"/>
h. Is this rate an increase, decrease, or about same rate you charged before COVID , in March 2020?	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/>

SECTION II. SCHOOL AGE CHILDREN AGES 5-12 IN SCHOOL

If you **had any** school-age children ages 5-12 **enrolled** in child care in **October 2020**, answer Question 8.

If **no** school-age children were enrolled in **October 2020**, CHECK HERE ____, and skip to Question 9.

8. Record Child Care Enrollment for School-Age Children 5-12, Not in School

a. How many school-age children were enrolled in child care at your facility in October 2020 ?	_____
b. Is this an increase, decrease, or about the same number of children you had enrolled before COVID, in March 2020 , or is this a new program? (CHECK ONE)	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/> New Program <input type="checkbox"/>
c. Of the enrolled school-age children listed in a., how many were COMPLETELY private paid ?	_____
d. Of the enrolled school-age children listed in a., how many participated ONLY in the NC Subsidized Child Care Program ?	_____
e. What rate did you charge private-paying parents for school-age care in October 2020 ?	\$_____. ____
f. Was the rate you charged per day, week, or month for care? (CHECK ONE)	Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/>
g. Is this an increase, decrease, or about the same amount you charged before COVID, in March 2020 , or is this a new program? (CHECK ONE)	Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Same <input type="checkbox"/> New Program <input type="checkbox"/>
h. Is your 5 to 12 school-age program currently providing remote curriculum instruction for enrolled children? (CHECK ONE)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Only child care providers receiving NC Subsidized Child Care Program should ANSWER question 9.

If **no children** received the **NC Subsidized Child Care Program**, CHECK HERE ____ and go to question 10.

9. Only child care providers enrolled with the NC Subsidized Child Care Program should respond to the following question.	
a. If your weekly private-pay price is higher than the total of the NC Voucher payment, do you charge families the difference? Yes __ No __ (If No, Skip to Question 10.)	
b. About what percentage of the parents actually pay the difference? _____%	

10. Do you have any currently enrolled families on the waiting list for subsidized care? Yes __ No __
--

SECTION III. FACILITY OPERATING INFORMATION

11. What percentage of your enrollment capacity was being used in October 2020? (Check One)

Between 0 - 25% of capacity was filled

Between 26 - 50% of capacity was filled

Between 51 - 75% of capacity was filled

Between 76 - 100% of capacity was filled

12. How does the number of staff hours worked per week in October 2020 compare to your pre-COVID staffing level in March 2020? (Check One)

In October 2020, it was between 0 - 25% of the March staffing level

In October 2020, it was between 26 - 50% of the March staffing level

In October 2020, it was between 51 - 75% of the March staffing level

In October 2020, it was between 76 - 100% of the March staffing level

In October 2020, it was more than 100% of the March staffing level

13. Have you laid off or furloughed staff since March 2020? (Check One)

a. Yes, Laid off

b. Yes, Furloughed

c. No

d. No because I am the sole provider with no staff

e. Other (SPECIFY) _____

Laid off workers are workers who have lost or left their jobs because their employer has closed or moved, there was insufficient work for them to do, or their position or shift was abolished.

Furlough is an unpaid leave of absence where employees still technically retain their jobs. Furlough itself means that workers cease working for their employers and do not earn a salary. The idea is that this is a temporary arrangement, and workers will at some point be able to return to their jobs.

14. Is your program losing money by being open? (Check One) Yes (Go to Q15)

No (Skip to Q16)

15. If yes, approximately how much money is your program losing PER MONTH, on average? \$ _____

16. When it comes to the current and future financial sustainability of your child care program, please tell us if you are not worried, somewhat worried or very worried about the following.	Not Worried	Somewhat Worried	Very Worried
a. Making/missing rent or mortgage payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Paying staff or paying myself as a solo provider or owner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Making/missing utility payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paying for staff or my own health insurance and other benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Finding and paying for protective and cleaning supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families and staff returning to my business	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Did you receive any of the following to help operate your program since March 2020 (Do not include assistance from DCDEE.) (CHECK ONE RESPONSE FOR EACH.)	Yes	No
a. Child care subsidy programs (Do not include assistance paid from DCDEE).....	<input type="checkbox"/>	<input type="checkbox"/>
b. Rent assistance/rent relief	<input type="checkbox"/>	<input type="checkbox"/>
c. Free or reduced cost for services (maintenance, landscaping, janitorial, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d. Free or donated materials and/or supplies not provided by DCDEE	<input type="checkbox"/>	<input type="checkbox"/>
e. Small Business Administration Loan	<input type="checkbox"/>	<input type="checkbox"/>
f. Paycheck Protection Program (PPP).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Free or Donated Food (not CACFP)	<input type="checkbox"/>	<input type="checkbox"/>
h. Personal credit cards.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Personal savings	<input type="checkbox"/>	<input type="checkbox"/>
j. Grant Funding (SPECIFY) _____		
k. Other (SPECIFY) _____		

18. Due to COVID, have you adjusted any of the following? (CHECK ONE RESPONSE FOR EACH)	Increased	Decreased	No Change
a. Daily hours of operation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of teachers you employ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff salaries.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff work hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Purchases of equipment/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cleaning costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Number of classrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(IF NO CHANGE to classrooms, Go to h. below) IF CHANGED:	Increased	Decreased	No Change
i. Has the number of infant/toddler classrooms changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Has the number of 3-5-year-old classrooms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Has the number of school-age classrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other Changes (Specify) _____			

19. How did COVID most significantly impact your business?
(Consider impacts on **your families** as well as your operating costs and procedures.)

20. What did you do to reduce the impact of COVID on your business?

21. Please provide any additional information that would help DCDEE or policymakers understand the challenges you are facing or how they can support your program?

THE END

Thank you for completing the survey!

The information you provide will be kept CONFIDENTIAL.

Dr. Yevonne Brannon

NC State University, Center for Urban Affairs and Community

Services Box 7401, Raleigh, NC 27695-7401

Telephone: (919) 515-3211

Fax: (919) 515-3642