



# ILLINOIS CHILD CARE COVID IMPACT REPORT

PREPARED BY INCCRRA, FEBRUARY 2022



## ABOUT INCCRRA

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The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) is a statewide organization which – in partnership with 16 local Child Care Resource and Referral (CCR&R) agencies – is a recognized leader, catalyst, and resource for making high quality, affordable early care and education and school-age care options available for children and families in Illinois.

## ACKNOWLEDGMENTS

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## EXECUTIVE SUMMARY

In recent years, the early childhood education industry has struggled with increased facility closures, high employee turnover, and a shortage of skilled labor. The COVID-19 pandemic has brought changes that have further shaken the industry. With 12,396 child care facilities and over 89,000 employees currently active in the industry in the state of Illinois, we sought to survey as many providers as possible to assess the impacts of this pandemic. Among other things, we found large differences in enrollment, new changes to keep everyone safe, and high stress levels among providers and staff members.

## KEY FINDINGS AND HIGHLIGHTS

- 71.9% of child care centers and 45.3% of family child care homes closed their doors with the Governor's initial mandated closure on March 21, 2020.
- Majority of facilities were closed just over 2 months, reopening on June 1, 2020.
- Enrollment dropped significantly (cut approximately in half) for centers and homes between January 2020 and July 2020, and, as of June 30, 2021, enrollment still had not returned to pre-pandemic levels.
- Most facilities have indicated using extra cleaning policies, temperature taking, and mask requirements to keep their programs safe.
- The Child Care Restoration Grant assisted nearly 80% of surveyed facilities during the pandemic, and the Paycheck Protection Program helped nearly half.
- Nearly 40% of all providers needed to increase their prices to stay open.
- Family child care home providers showed more overall stress than child care center providers regarding their programs and the children and families they serve.
- Use of technology has increased greatly in facilities, though internet access is a struggle for families and providers alike.
- Family-Provider relationships have been impacted by all the changes the pandemic brought about.
- Providers' top priority and biggest issue was trying to keep everyone safe and healthy.
- Providers indicated that they are ready to leave behind the need for personal protective equipment (PPE) and social distancing in their facilities.
- Providers intend to continue cleaning practices, increased communication, and stricter policies post-pandemic.

# INTRODUCTION

## PURPOSE OF STUDY

The COVID-19 pandemic has had a negative effect on the already struggling child care industry across the country. In Illinois, parents struggle to find and afford child care, and providers receive one of the lowest annual salaries in the nation.<sup>1</sup> The Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) received support from the Illinois Department of Human Services (IDHS) to more closely examine the impact of the COVID-19 pandemic on the early childhood education industry in Illinois as restrictions began to ease in March of 2021. This report explores some of the overarching effects of the COVID-19 pandemic on the state's early childhood educators, parents, and the industry as a whole.

## ILLINOIS CHILD CARE INDUSTRY WORKFORCE CONSIDERATIONS

There are over 89,000 individuals that work in the early childhood education field, either in child care centers or family child care homes. One of the main issues that ECE workers face is low wages. The median hourly wage for a teacher in a child care center in 2020 was \$13.85, and assistant teachers made even less at a median of \$11.00 per hour. These wages consistently rank very low, coming in at the 2nd or 3rd percentile in the country.<sup>1</sup>

The child care industry also has high turnover rates, with teachers only staying at the same employer for 4.9 years, and assistant teachers only staying for 2.5 years.<sup>1</sup> Turnover impacts the quality of children's care as well as other staff members. Turnover rate is provided as a percentage, found by taking the number of staff that left in a year divided by the number of staff employed at the center. The statewide turnover rate in FY 2021 for teachers was 39.5% (a 7.1% increase from the 32.4% in FY 2019), and for assistants was 55.9% (a 9.8% increase from the 46.1% in FY 2019). Comparing these rates to the 1.2% increase for teachers and the 7% increase for assistants between FY 2017 and FY 2019 suggest that the COVID-19 pandemic has only worsened the turnover issue.<sup>2</sup>

## ACCESS TO CHILD CARE

The 2019 American Community Survey conducted by the United States Census Bureau indicated that Illinois had 602,110 children under the age of 6 with both parents working in the household. As of June 30, 2021, there are 3,005 licensed centers with a licensed capacity of 238,972, and 6,797 family child care homes with a licensed capacity of 61,940 for a total licensed capacity of 300,912 throughout the state.<sup>3</sup> These data suggest an average capacity of 79 children in each child care center and an average of 9 children in each family child care home. The state has had a decrease of 956 total facilities (761 family child care homes and 195 child care centers) in just the past two years, equating to a loss of 19,474 licensed capacity slots. As it is, Illinois does not have enough licensed capacity to meet the need for care and has lost capacity in this last year, likely due to factors related to the COVID-19 pandemic.

## COST OF CHILD CARE

The cost of operating a child care center is 45% higher than pre-pandemic, rising from an average of \$958 to \$1,391 monthly cost. The cost also rose for family child care homes rising from \$751 to \$1,291 for a 72% increase. The increase is driven by various issues including additional staff members to assist with new procedures (e.g., taking temperatures and walking children to classrooms) and increases in sanitation costs.<sup>4</sup> This cost increase is difficult on the providers and causes concern about the stability of the program. Our findings show that some providers have increased the rates charged to parents just to stay open. The average rate parents can expect to pay each week is \$201.29 for infants and \$174.82 for preschoolers (3's and 4's), as of June 31, 2021 (INCCRRA, 2021).

<sup>1</sup> Whitehead, J. (2021). *Illinois' Early Childhood Workforce 2020 Report*. Bloomington, IL: INCCRRA.

<sup>2</sup> Norton, J., Salrin, R., Lee, C., & Whitehead, J. (2022). *Illinois Salary & Staffing Survey of Licensed Child Care Facilities: FY2021*. Retrieved from: <https://www.dhs.state.il.us/OneNetLibrary/27897/documents/Child%20Care/FY21SSSV.7.IDHS.FINAL.pdf>

<sup>3</sup> INCCRRA. (2021). [Total Provider Database Report FY21 Q4]. Unpublished raw data. United States Census Bureau. (2019). *B23008: Age of Own Children Under 18 Years in Families and Subfamilies by Living Arrangements by Employment Status of Parents* [2019 American Community Survey 1-Year Estimates]. Retrieved from <https://data.census.gov>

<sup>4</sup> Workman, S., & Jessen-Howard, S. (2020). *The true cost of providing safe child care during the coronavirus pandemic*. Center for American Progress. [https://cdn.americanprogress.org/content/uploads/2020/09/03121957/COVIDchildcarebrief-update.pdf?\\_ga=2.210661077.154292768.1599570163-1523320013.1588171808](https://cdn.americanprogress.org/content/uploads/2020/09/03121957/COVIDchildcarebrief-update.pdf?_ga=2.210661077.154292768.1599570163-1523320013.1588171808).

# METHODOLOGY

## SURVEY DEVELOPMENT

Three surveys were created by INCCRRA to collect information from child care centers and family child care homes: the Salary and Staffing Survey, the Brief COVID-19 Impact Survey, and the In-Depth COVID-19 Impact Survey. The Salary and Staffing Survey is a survey the Illinois Department of Human Services (IDHS) is required by legislative rule (20 ILCS 505/5.15) to conduct of licensed child care facilities every two years covering wages/salaries, benefits, and qualifications of new caregivers. IDHS contracts with INCCRRA to conduct this survey. Two versions of the Salary and Staffing Survey were made to differentiate between licensed child care centers and licensed family child care homes. INCCRRA added a section to both versions of the Fiscal Year 2021 (FY 2021) Salary and Staffing Survey called "COVID-19 Impact". This section contained 11 questions for both licensed family child care homes and licensed child care centers, with an additional five questions for licensed child care centers. The additional five questions were not asked to licensed family child care homes due to having a focus on classrooms and staffing.

The Brief Survey was formatted around the same 11 questions in the COVID-19 Impact section of the Salary and Staffing Survey. The Brief Survey included an additional seven questions about enrollment that were already part of a different section in the Salary and Staffing Survey. There was only one version of the Brief Survey, regardless of facility type or license status.

The In-Depth Survey was created as a follow-up to the Brief Survey. The last question on the Brief Survey and in the COVID-19 Impact on the Salary and Staffing Survey asked if the provider would be interested in answering some more in-depth questions regarding the pandemic. Two versions of the In-Depth Survey were created to differentiate between child care centers and family child care homes. Both versions contained the same 21 questions, but the version for child care centers had two additional questions regarding classroom closures and staffing issues.

All three surveys were available to respondents as an online survey through SurveyMonkey (surveymonkey.com), or as a mailed paper survey, however the primary source of collection for the Brief Survey was a phone call from INCCRRA temporary workers to the child care centers and family child care homes. Copies of the Brief Survey, In-Depth Survey, and the COVID-19 Impact section from both versions of the Salary and Staffing Survey may be found in Appendix A.

## RESPONDENTS & SURVEY ADMINISTRATION

Initially, invitations to complete the Salary and Staffing Survey were mailed and/or emailed to 9,027 licensed child care providers. An additional 3,373 providers were added to the list for the Brief Survey to include those who were license exempt or those who had opened a facility since February 2020, for a total of 12,400 providers (4,810 child care centers, 7,568 family child care homes, 22 unknown/not applicable). Of the 9,027 that received an invitation for the Salary and Staffing Survey, 1,033 had already completed the survey by the time survey administration and data collection started for the Brief Survey. The 1,033 providers who had completed the Salary and Staffing Survey were removed from the Brief Survey contact list. With 11,367 providers remaining, temporary workers were able to contact/attempt contact with 8,321 of them.

On April 5, 2021, INCCRRA started the Salary and Staffing Survey administration process, which involved sending an email invitation to the 7,403 providers that had emails listed in the database to complete the Salary and Staffing Survey. The process continued with a mailed letter and postcard reminders to all 9,027 licensed providers. There were 2,441 total raw data responses to the Salary and Staffing Survey.

The Brief Survey administration process began on May 3, 2021. Five temporary INCCRRA employees began calling the 11,367 providers who were either not invited or had not yet completed the Salary and Staffing Survey. There was a total of 1,643 raw data responses from the Brief Survey, for a total of 4,084 raw data responses across both surveys.

If providers accidentally completed both the Salary and Staffing Survey and the Brief Survey, data was kept for the Brief Survey and discarded from the Salary and Staffing Survey (for purposes of this report), unless the Salary and Staffing Survey data was more complete. If providers completed a survey more than once, the one with the earliest timestamp was kept for analysis, unless another one was more complete. Once all duplicates and completely blank surveys were removed, there were 1,717 responses from the Salary and Staffing Survey and 1,528 responses from the Brief Survey, for a total of 3,245 child care facilities (1,232 child care centers and 2,013 family child care homes) represented in this report.

Of the 4,084 raw data responses, 1,250 providers indicated they were interested in completing the In-Depth Survey. Surveys were sent by email or as a paper copy (per provider preference) over the course of 10 weeks (May 10th, 2021, to July 12th, 2021). Of the 1,250 surveys sent out, a total of 375 surveys were returned. Once all duplicates and completely blank surveys were removed, there were a total of 320 responses (150 child care centers and 170 family child care homes) represented in this report.

## SURVEY DATA AND ANALYSIS

It is important to note that there may be a different number of responses for each question due to incomplete surveys. The number of responses will be denoted with a lowercase *n*. There are also a few times where the data was trimmed of outliers which will be noted throughout the Findings section. The analyses described for the Brief Survey consist primarily of descriptive statistics (mean, median, mode). Several one sample, dependent sample, and independent sample *t*-tests were used to compare significant differences in means, using an alpha of .05. The data for the In-Depth Survey consisted primarily of open-ended questions that were categorically coded. If more than one code was mentioned in the respondent's answer, each code was marked. There were also several questions throughout both surveys asking to "Select All That Apply," where the total count will not equal 100%. Finally, the results are presented by topic (e.g., enrollment or staffing challenges) rather than by survey type (Brief Survey or In-Depth Survey). Thus, the findings from both surveys are intertwined with each other throughout the Findings section.



## FINDINGS

### INITIAL MANDATED CLOSURE

When the Illinois governor announced a mandated closure of all child care facilities on March 21, 2020, facilities had the option to completely shut down or to remain open by 1) applying for an emergency license to provide care for essential workers (child care centers) or 2) operating under restricted guidelines (family child care homes). When facilities were asked about their decision in the Brief Survey, 54.7% (out of  $n = 3,086$  responses) decided to close and 45.3% decided to remain open by applying for a license or operating under restricted guidelines.

The decision amongst child care centers was not as evenly divided. Nearly 72% (71.9%; out of  $n = 1,087$  responses) decided to close their doors, and only 28.1% applied for an emergency license to continue providing care. Among homes, the split was exactly the opposite of the overall state breakdown, with 54.7% (out of  $n = 1,999$  responses) of providers deciding to operate under restricted guidelines and 45.3% of providers deciding to close.

### APPLYING FOR EMERGENCY LICENSING

Wanting to understand more about providers' experiences with emergency licensing, all providers who participated in the In-Depth Survey were asked if they had any issues applying for emergency licensing when the state shut down in March of 2020. There was a total of 311 respondents. The most frequent response (63.7%) was no issues applying. For those who did have issues with applying ( $n = 63$ ), the issues most frequently reported were a lack of families to serve (28.6%) and lack of staff (27%).

*"The paperwork was VERY redundant. DCFS already had 99% of the paperwork that was requested. It took A LOT of time to gather everything just to resubmit for the emergency license."*

-Child Care Center

We broke responses down by facility type (child care centers,  $n = 141$  and family child care homes,  $n = 170$ ). Centers most often reported (52.5%) that they had no issues applying for emergency licensing. For those who did have issues ( $n = 44$ ), it was due to a lack of staff (36.4%) and a lack of families to serve (25%). Family child care homes also most often reported (72.9%) that they had no issues applying for emergency licensing. For those who did have issues ( $n = 19$ ), it was due to a lack of families to serve (36.8%) and lack of information (31.6%). Overall, most providers did not run into any problems while applying for emergency licensing.

### DAYS CLOSED

We asked child care facilities in the Brief Survey what date they reopened after the initial mandated shut down. We were interested in the number of days facilities were closed with the initial closure but asked about the reopening date with the assumption that a date would be more easily remembered than a certain number of days closed. For many, the exact date was remembered (e.g., June 10, 2020). For some, only the month and year were remembered (e.g., June 2020). If this was the case, the first day of the month was recorded as the reopening date (e.g., June 1, 2020). For analysis purposes, the number of days closed was calculated by taking the reopening date minus March 21, 2020, and is inclusive of weekends. For example, if a facility reopened on June 10, 2020, the number of days closed equals 81. Responses were excluded from analysis if:

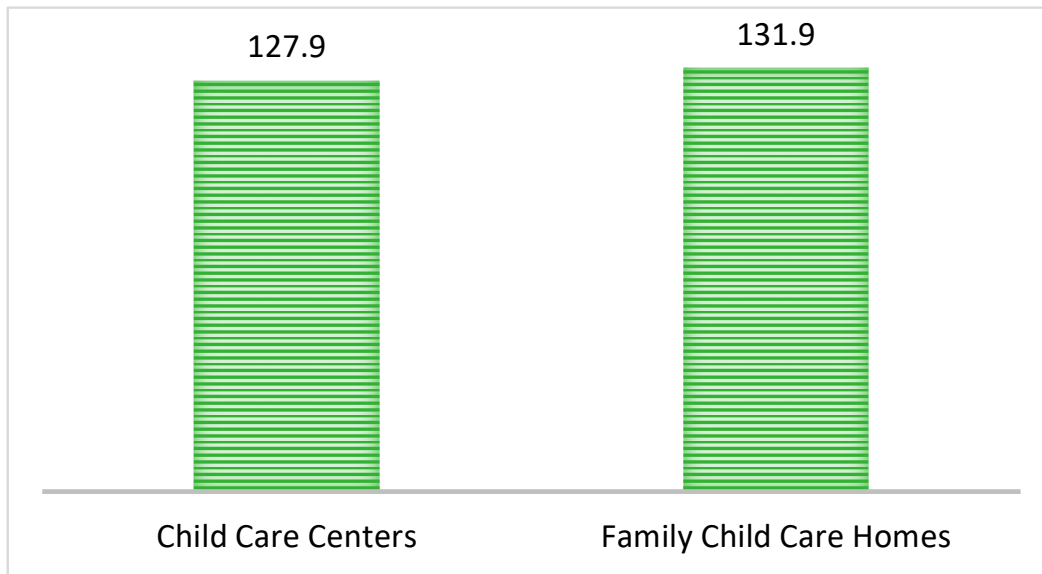
- Only the month was reported (e.g., May) due to uncertainty if this was May 2020 or May 2021.
- An explanation was provided rather than a date (e.g., "When we were told we could reopen").
- If the date provided was before the date of the Governor's announcement (March 21, 2020).
  - Outliers were three standard deviations above the mean of all facilities combined.

The following formula was used, thus all values above 502 days were excluded from analysis:

$$\begin{aligned}\text{mean} + (3 * \text{standard deviation}) &= \\ 133.3 + (3 * 123.14) &= \\ 502.72\end{aligned}$$

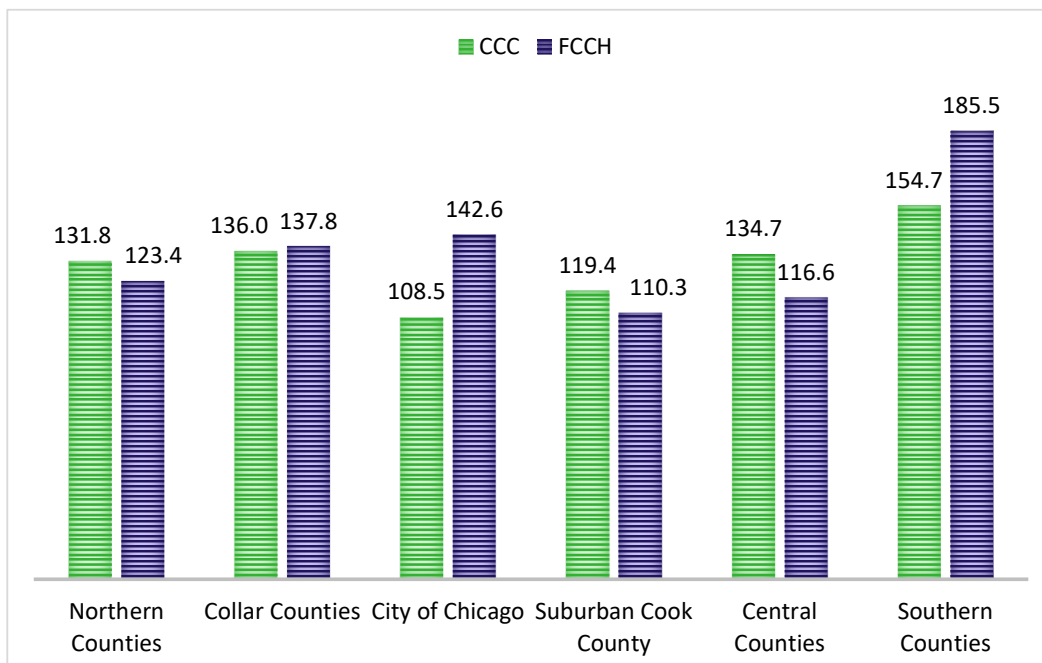
For all facilities ( $n = 1,585$ ), the average number of days closed was 129.9, which means the average reopening date was July 30, 2020 (mode = June 1, 2020 (72 days); median = June 18, 2020 (89 days)). When we break down by facility type, family child care homes ( $n = 794$ ; mean = 131.9 days, reopening August 2, 2020) were closed for an average of 4.1 days longer than child care centers ( $n = 790$ ; mean = 127.9, reopening July 27, 2020). The mode was 72 days (reopening June 1, 2020) for both facility types. The median was 86 days (reopening June 15, 2020) for child care centers and 102 days (reopening July 1, 2020) for family child care homes, for a difference of 16 days. Figure 1 shows the average number of days closed by facility type.

**Figure 1 | Average Number of Days Closed by Facility Type**



We further investigated this question by looking at potential differences between state regions. Figure 2 breaks down the means by region of the state as well as by facility type. A list of counties and map of the state regions may be found in Appendix B. The figure shows that the region with the longest average closure of both centers and homes was the South with 155 and 185 average days of closure, respectively. For centers, the regions with the next longest average closures were the Collar Counties at 136 days and Central Counties at 135 days. For homes, the next longest average closures were the City of Chicago at 143 days and Collar Counties at 138 days. Centers with the shortest average closures were in the City of Chicago at 109 days and Suburban Cook County at 119 days. For homes, the shortest average closures were in Suburban Cook County at 110 days and Central Counties at 117 days.

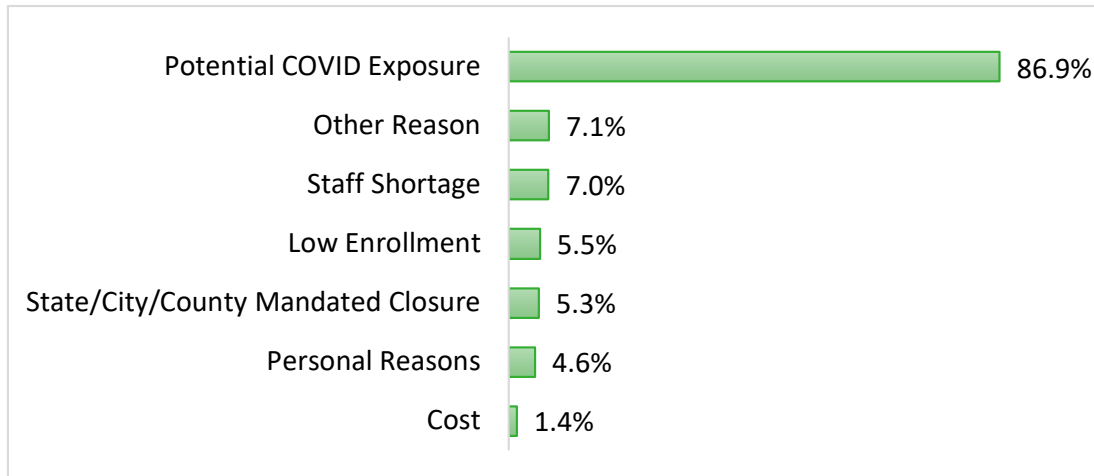
**Figure 2 | Average Number of Days Closed by State Region**



## ANOTHER CLOSURE PERIOD AND REASONS

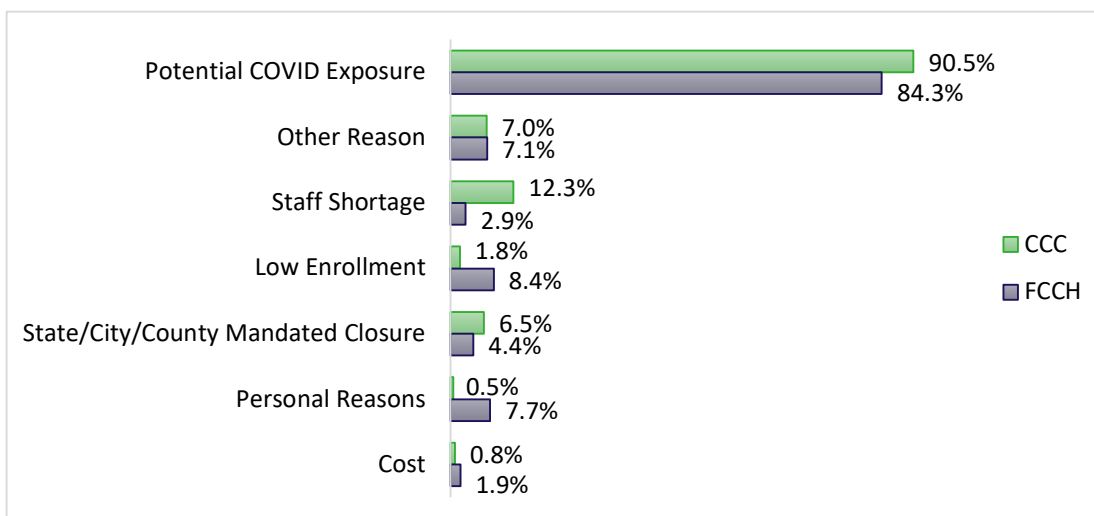
Providers were asked if they had to temporarily close again after the initial mandated closure. Of the 2,991 responses to this question, 68.9% did not need to close again and 31.1% had to close temporarily for another reason. Potential COVID exposure was the most frequent reason (86.9%;  $n = 919$ ) for having to close again. Other closure reasons were the second most frequent response at 7.1% of respondents. Some of the reasons given in this category of responses were very unique, such as no electricity or a protest, while others mentioned remote learning. Figure 3 shows the reasons providers gave for another closure period.

**Figure 3 | Reasons for Another Closure Period: All Facilities <sup>5</sup>**



The patterns are a bit different when looking specifically at child care centers ( $n = 1,047$ ), with 61.6% not reporting another closure and 38.4% reporting another closure. Three hundred ninety-eight (398) of the 402 “Yes” respondents explained the reason for closing again, with 90.5% of them indicating the closure was due to a potential COVID-19 exposure. Staff shortage was the second most frequent response (12.3%). Nearly three-quarters of family child care homes (72.9%;  $n = 1,944$ ) did not report another closure while 27.1% did report another closure period. Potential COVID exposure was again the most common reason for closing another time (84.0%;  $n = 521$ ). Low enrollment was next frequent for family child care homes at 8.3%. Figure 4 shows the percentage of providers that gave each response by facility type.

**Figure 4 | Reasons for Another Closure Period by Facility Type <sup>6</sup>**



<sup>5</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

<sup>6</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

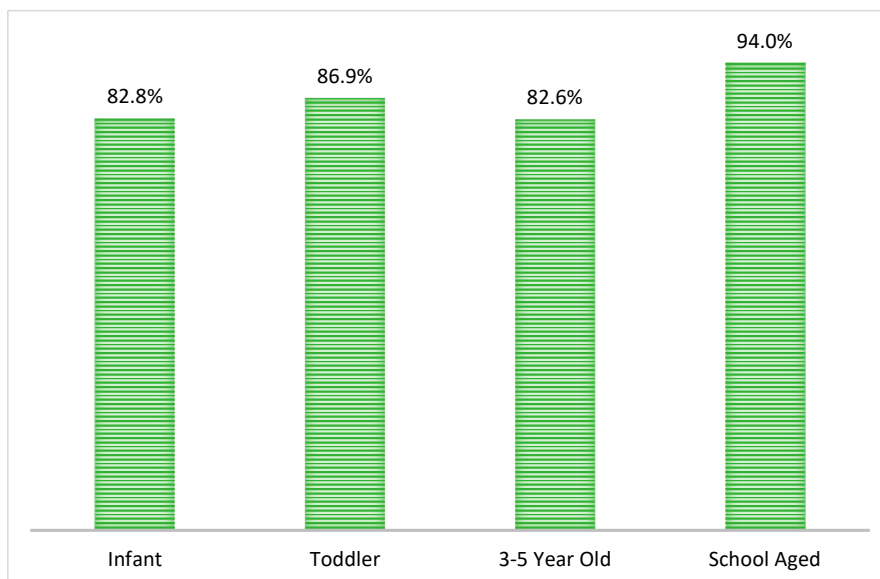
## CENTER CLASSROOM STATUS

To get a sense of the number of classrooms currently open or closed in centers, the In-Depth Survey asked centers to report the number of classrooms they were licensed to operate and the number of classrooms that they currently had open per age group. We took the means of responses for both questions to determine the percentage of classrooms currently open. When the means were compared, we found that 82.8% of infant classrooms, 86.9% of toddler classrooms, 82.6% of 3-5 year-old classrooms, and 94.0% of school aged classrooms were operating. For all age groups, except one, centers are operating, on average, less than 90% of the classrooms that they are licensed for. Figure 5 shows the percentages of open classrooms compared to the number of licensed classrooms, and Table 1 shows the average number of classrooms centers are licensed to operate and how many were operating as of June 30, 2021.

**Table 1 | Average Number of Operating Classrooms by Age Group**

	Average Classrooms Licensed to Operate	Average Classrooms Operating as of June 30, 2021
Infant ( <i>n</i> = 46)	1.6	1.3
Toddler ( <i>n</i> = 50)	2.4	2.0
3-5 Year Old ( <i>n</i> = 54)	2.9	2.4
School Aged ( <i>n</i> = 39)	1.4	1.3

**Figure 5 | Average Percent of Classrooms Open by Age Group**



## ENROLLMENT DIFFERENCES

We asked all child care providers in the Brief Survey what their estimated average enrollment was on January 31, 2020, July 31, 2020, and currently (April, May, or June 2021, depending on when the survey was completed). As Table 2 shows, the average enrollment of child care centers dropped below 50% by July 2020, and has rebounded to just over 75% of pre-pandemic totals as of June 2021. Dependent samples *t*-tests indicated significant differences between all three means, all *p*'s < .001. There were a few outliers above the value of 600 that were excluded from the analysis, for a remaining sample size of 1,024.

**Table 2 | Descriptive Statistics of Enrollment: Child Care Centers**

	January 31, 2020	July 31, 2020	June 30, 2021
Mean	80.3	37.3	61.2
Median	70.0	30.0	53.5
Mode	65	0	30

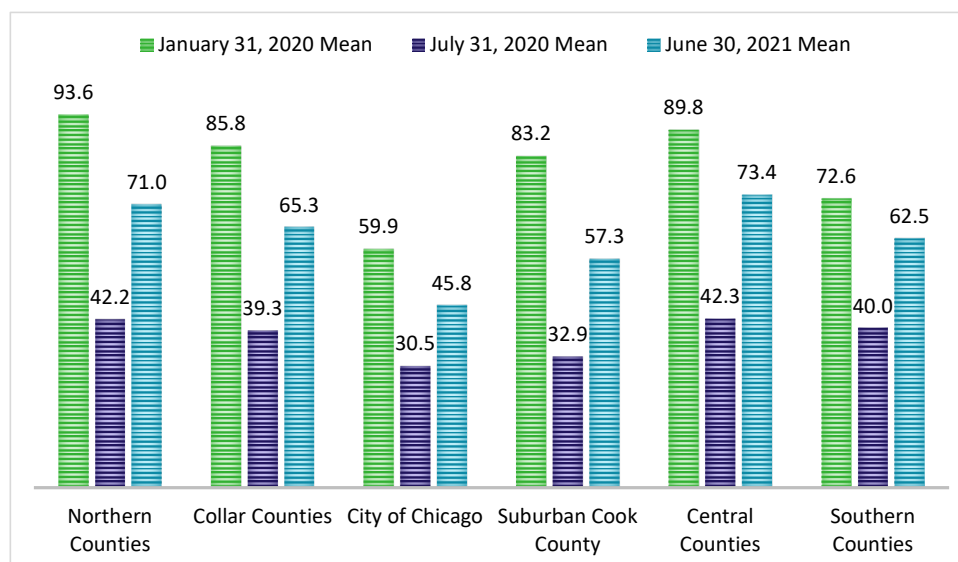
As Table 3 shows, the average enrollment for family child care homes dropped below 65% by July 2020, and has rebounded to about 80% as of June 2021. Dependent samples *t*-tests indicated that there were significant differences between all three enrollment averages, all *p*'s < .001. If a provider reported a number above 16 for average enrollment, the case was excluded from this analysis.

**Table 3 | Descriptive Statistics of Enrollment: Family Child Care Homes**

	January 31, 2020	July 31, 2020	June 30, 2021
Mean	8.5	5.6	6.9
Median	8.0	6.0	7.0
Mode	8	6	8

Enrollment changes were further broken down by region. To determine which regions had seen the most improvement, we used the average enrollment number from each time point (January 31, 2020; July 31, 2020; Current) to determine what percent of January 2020 enrollment the July and Current enrollment numbers represented. We calculated the differences between those percentages, and the region with the largest percent increase was considered to have the greatest overall enrollment rebound. For center enrollment, shown here in Figure 6 as a chart of means and in Table 4 as percentages of January enrollment, the Central region had the best enrollment rebound with a 34.6% difference (from 47.1% to 81.7% of pre-COVID enrollment), followed by Southern Counties and Northern Counties. The region with the slowest rebound was the City of Chicago with a 35.4% difference (from 51.0% to 76.4% of pre-COVID enrollment).

**Figure 6 | Regional Enrollment Means Over Time: Child Care Centers**



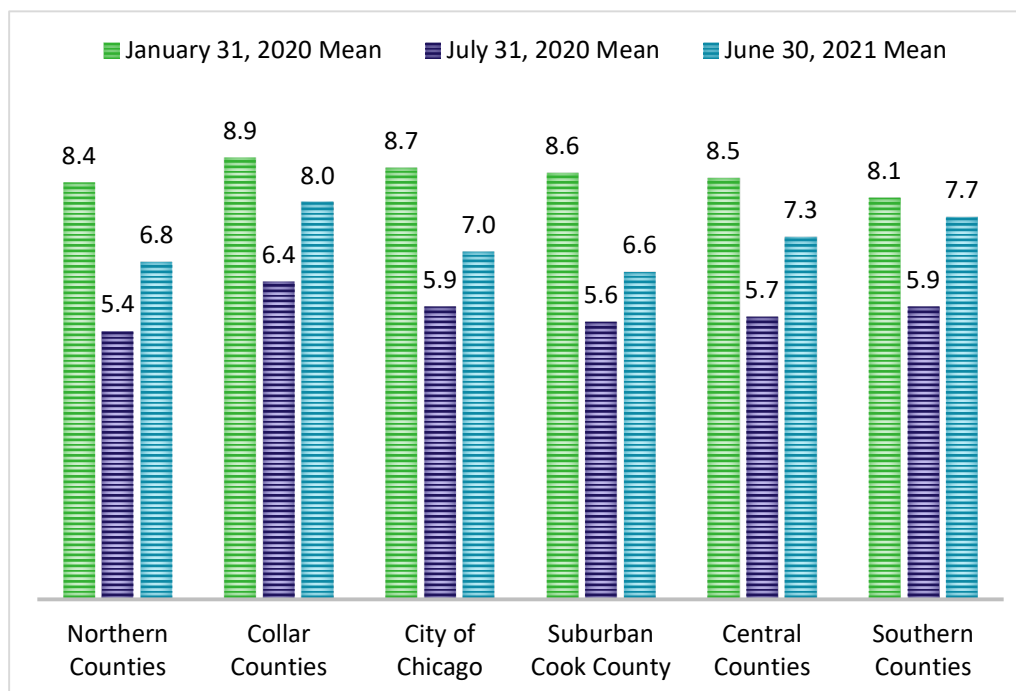
**Table 4 | Enrollment Percentages Based on Pre-COVID Enrollment: Child Care Centers**

	January Enrollment	July % Pre-COVID Enrollment	Current % Pre-COVID Enrollment	Δ from July to June 30, 2021 %
Northern Counties	100%	45.1%	75.8%	30.7%
Collar Counties	100%	45.8%	76.1%	30.3%
City of Chicago	100%	51.0%	76.4%	25.5%
Suburban Cook County	100%	39.5%	68.9%	29.4%
Central Counties	100%	47.1%	81.7%	34.6%
Southern Counties	100%	55.0%	86.1%	31.1%



For family child care home enrollment, seen in Figure 7 as a chart of means and Table 5 as percentages of January enrollment, the region with the best enrollment rebound was the South with a 21.5% difference (from 73.7% to 95.2% of pre-COVID enrollment), followed by the Central and Collar Counties. The region with the slowest rebound was Suburban Cook County with a difference of 11.8% (from 64.8% to 76.6% of pre-COVID enrollment). It is important to note that family child care homes were not as affected by enrollment drops as centers.

**Figure 7 | Regional Enrollment Over Time: Family Child Care Homes**



**Table 5 | Enrollment Percentages Based on Pre-COVID Enrollment: Family Child Care Homes**

	January Enrollment	July % Pre-COVID Enrollment	Current % Pre-COVID Enrollment	Δ from July to June 30, 2021 %
Northern Counties	100%	63.5%	80.1%	16.6%
Collar Counties	100%	71.8%	90.3%	18.5%
City of Chicago	100%	68.3%	80.6%	12.3%
Suburban Cook County	100%	64.8%	76.6%	11.8%
Central Counties	100%	67.4%	86.5%	19.1%
Southern Counties	100%	73.7%	95.2%	21.5%

## ENROLLMENT PREFERENCE

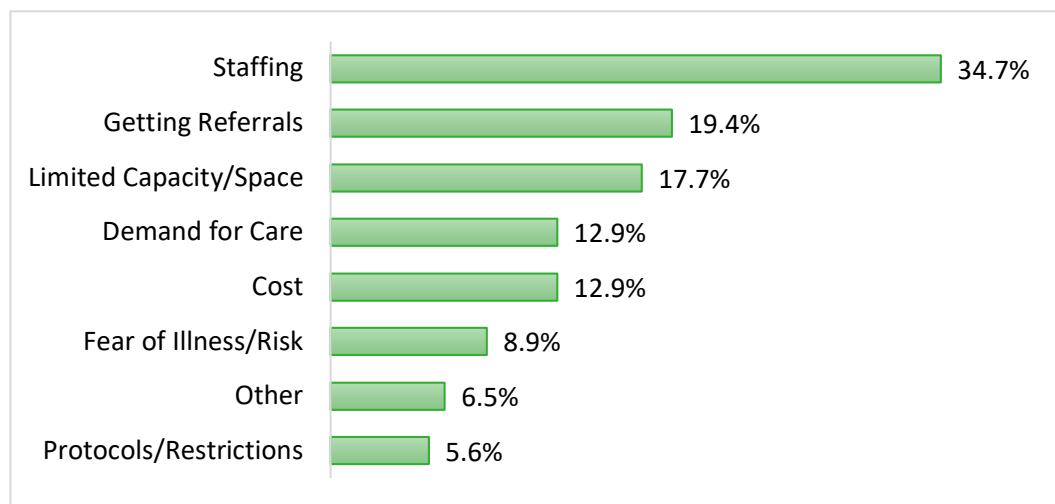
All providers were asked on the In-Depth Survey whether they currently had as many children enrolled as they would like to have enrolled. There were 281 respondents. The majority of providers reported that they do not have as many children enrolled as they would like (72.6%).

When respondents were separated by facility type, both facility types followed the trend of the statewide data. However, 78.9% of the centers ( $n = 133$ ) reported not having as many children enrolled as they would like, and 66.9% of the homes ( $n = 148$ ) reported not having as many children enrolled as they would like. This difference could be due to the size and cost of running centers. When the state initially shut down and reduced enrollment capacities, homes may have had to reduce enrollment by just a few children. Meanwhile, larger centers may have had to reduce their enrollment by dozens of children. The loss of so many more children, and the higher overhead costs for centers, may be reasons more centers feel as though their current enrollment is not enough.

Providers were also asked what their challenges to enrollment have been. There were 250 respondents (124 centers and 126 family child care homes). The most reported challenge for centers was staffing (34.7%). This was followed by getting referrals (19.4%) and limited capacity/space (17.7%). The least reported challenge for centers was protocols and restrictions (5.6%). Percentages of all responses for child care centers are shown in Figure 8.

*“Many families want to enroll their children in Part-Time (because they are working from home) so we get less profit from the same spots but still have our staff working full-time and paying them full-time so they do not have to lose income.”*  
 - Child Care Center

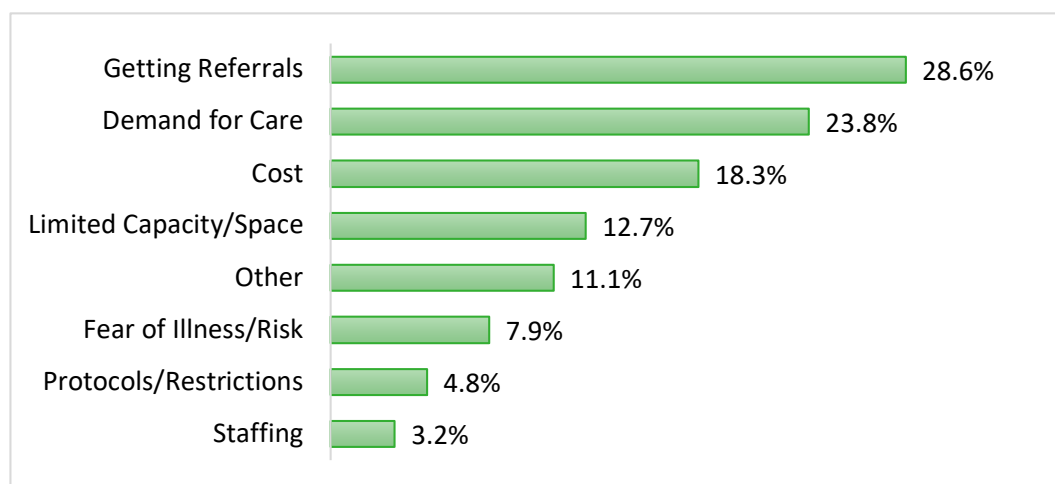
**Figure 8 | Provider Challenges to Enrollment: Child Care Centers<sup>7</sup>**



Homes had different challenges than centers. Homes reported that their biggest issue was getting referrals (28.6%). This was followed by demand for care (23.8%) and the cost of providing care (18.3%). The least reported challenge for homes was staffing (3.2%). The variation in number of staff required to operate centers versus homes likely explains why staffing is the least reported challenge for homes and most reported for centers. All responses for family child care homes are shown in Figure 9.

*“Convincing parents that it is safe to send children to day care and that it is worth the money to pay for it. They are saving a lot of money by keeping kids home.”*  
 - Family Child Care Home

**Figure 9 | Provider Challenges to Enrollment: Family Child Care Homes<sup>8</sup>**

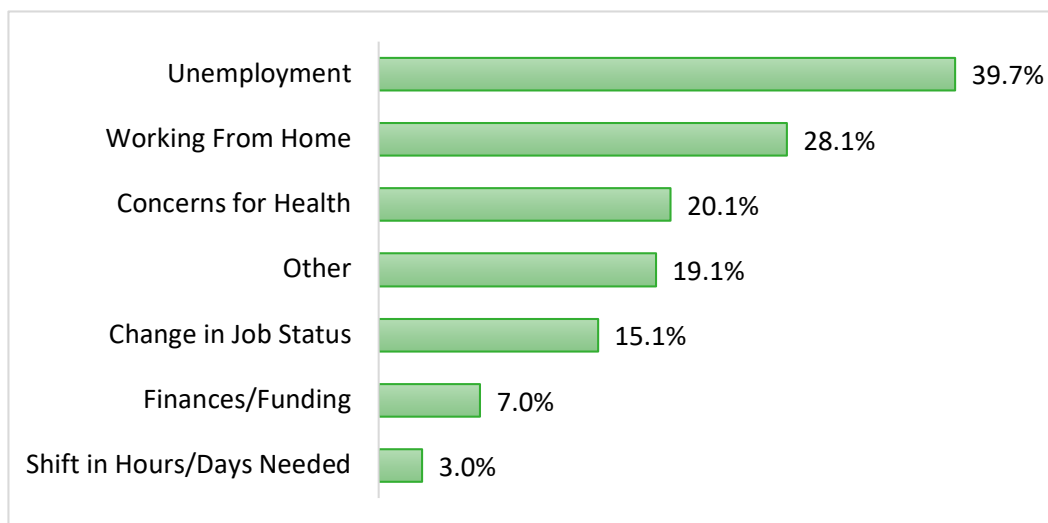


<sup>7</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

<sup>8</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

Providers responding to the In-Depth Survey were asked about perceived barriers to families enrolling their children in child care. As Figure 10 shows, the 199 respondents' most perceived barrier to families enrolling their children was unemployment (39.7%) followed by families working from home (28.1%) and concerns for health (20.1%). The least reported barrier was families shifting the days or hours that they needed care (3.0%).

**Figure 10 | Perceived Family Barriers to Enrollment: All Facilities <sup>9</sup>**



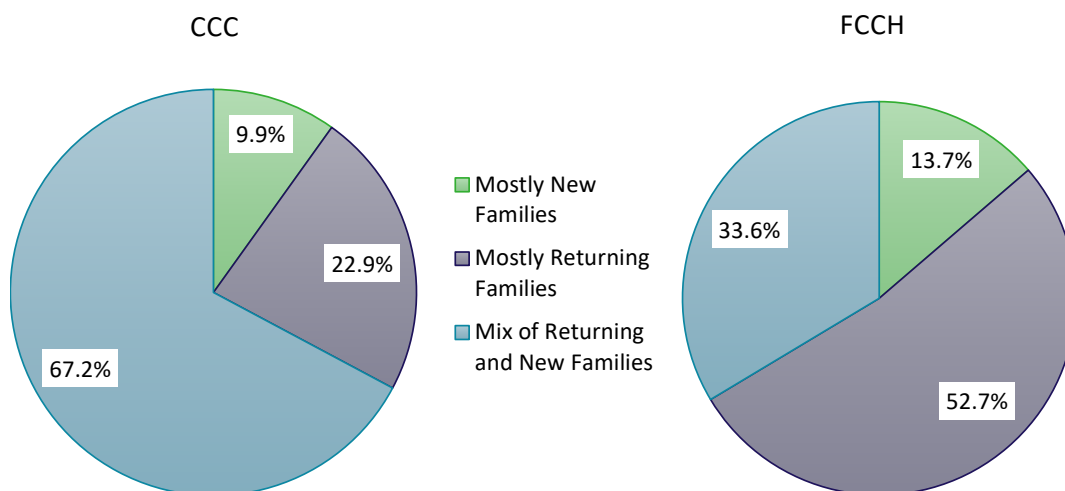
*"Unemployment or change in job status. Parent working remotely or having older siblings attending school remotely. Finding it cost effective to save money since one parent/caregiver is at home daily."*  
- Child Care Center

*"Some of my parents are now working from home and no longer need daycare. And some of them have lost their jobs."*  
- Family Child Care Home

Providers responding to the In-Depth Survey were also asked about which families were enrolling as regulations allowed for greater capacities. Of the 277 respondents, 49.5% reported that enrolling families included a mix of returning and new families. Nearly forty percent (38.6% reported enrolling returning families with 11.6% reported enrolling mostly new families.

After breaking down responses by facility type, child care centers ( $n = 131$ ) primarily reported seeing a mix of returning families and new families enrolling (67.2%). Homes ( $n = 146$ ), however, reported that they mostly had returning families enrolling as regulations allowed for greater capacity with 52.7% of responses. All responses are shown in Figure 11.

**Figure 11 | Family Enrollment as Regulations Allow Greater Enrollment by Facility Type**

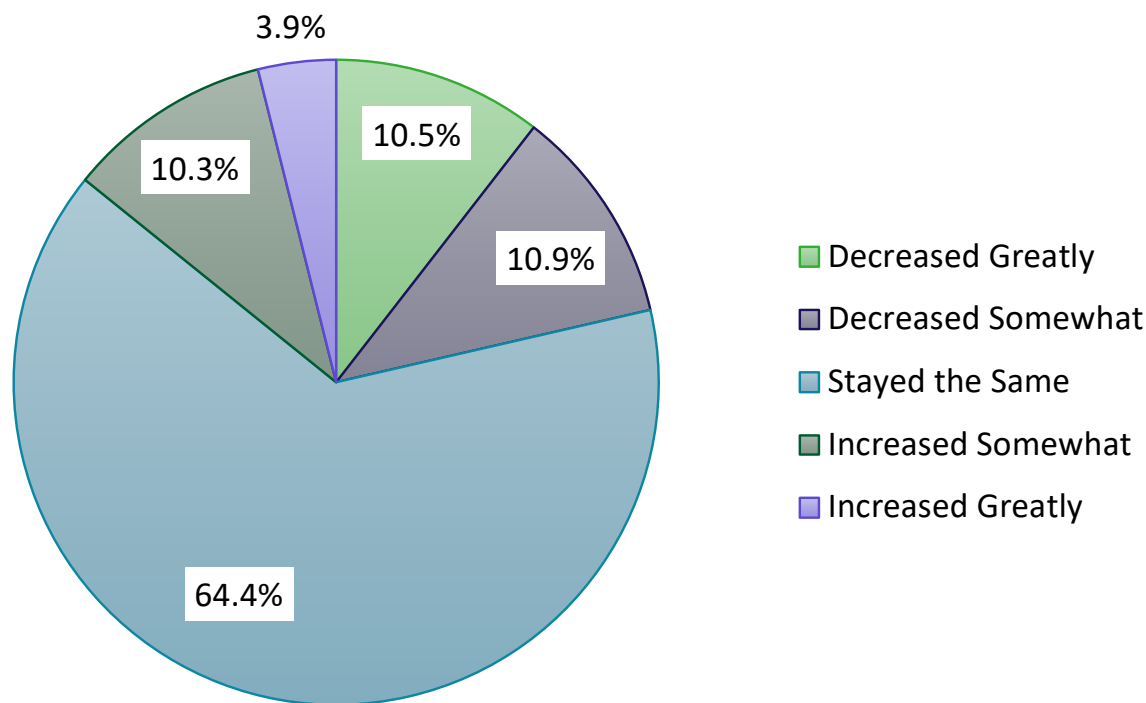


<sup>9</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

## CCAP PERCENTAGE DIFFERENCES

In the Brief Survey, providers were asked to reflect on the number of enrolled children in their program who receive financial assistance through the Illinois Department of Human Services (IDHS) Child Care Assistance Program (CCAP). For all facilities ( $n = 1,373$ ), the average current CCAP percentage of enrolled children is 44.6%, with a median of 40.0%. Although the most frequent percentage was zero (24.3% of responses), at least one CCAP child is served by 75.7% of facilities. Of the 1,364 that answered the question of how their CCAP percentage has changed, 64.2% reported that it had not changed since the beginning of the pandemic. Percentages of all responses are shown in Figure 12.

**Figure 12 | Change in CCAP Percentage: All Facilities**

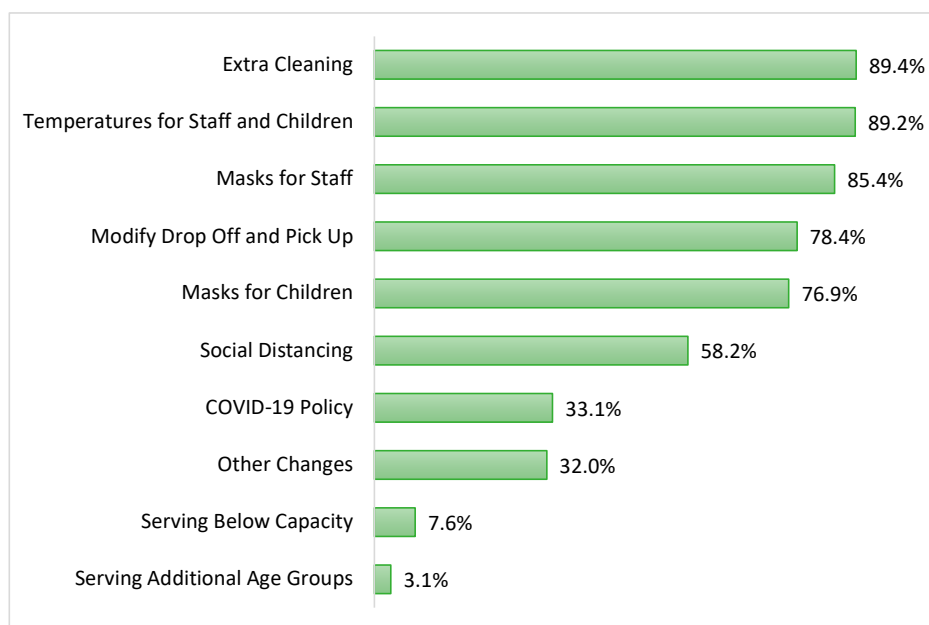


When we broke responses down by facility type, the average current CCAP percentage of enrolled children for child care centers ( $n = 542$ ) is 40.6%, with a median of 32.5% and a mode of zero (20.3% of responses), though at least one CCAP child was served by 79.7% of centers. Of the 540 that answered how their percentage has changed, majority of centers (61.5%) reported that the CCAP percentage stayed the same since the beginning of the pandemic. Family child care homes ( $n = 831$ ) reported the average current CCAP percentage is 47.2%, with a median of 43.0% and a mode of 100% (28.6% of responses). Just about two-thirds (66.0%) of home reported that the percentage had not changed.

## PROGRAM CHANGES

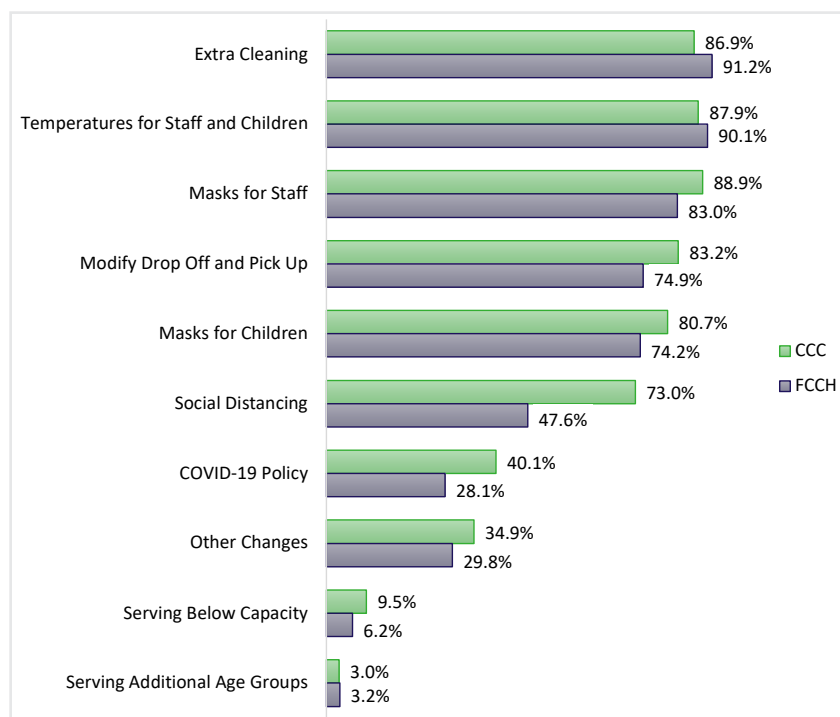
The Brief Survey continued by asking respondents about any changes made to their program during the pandemic. Of the 1,442 that reported changes made due to the pandemic, 89.4% of facilities reported including extra cleaning and 89.2% reported taking temperatures of staff and children. Other frequent responses were requiring masks for staff members (85.4%), modifying drop off and pick up policies (78.4%), and requiring masks for children (76.9%). Some of the common responses written in for "Other Changes" were no parents allowed in classroom, change shoes upon arrival, more frequent handwashing, and removal of cloth toys. All changes made to programs and their corresponding percentages are shown in Figure 13.

**Figure 13 | Changes to Program: All Facilities <sup>10</sup>**



As far as differences between facility types, 88.9% of child care centers indicated requiring masks for staff. Temperatures for staff and children (87.9%), extra cleaning (86.9%), and modifying drop off and pick up policies (83.2%) were also frequently selected. The pattern of responses for family child care homes was almost identical to the pattern for all facilities, aside from the switch in COVID-19 Policy and Other Changes. Over 90% of the 841 respondents indicated adding extra cleaning to their program (91.2%) and taking temperatures of staff and children (90.1%). Eighty-three percent reported requiring masks for staff members. Other common responses were modifying drop off and pick up policies (74.9%) and requiring masks for children (74.2%). The least frequent change for both facility types was serving additional age groups (3.0% of centers and 3.2% of homes). All changes and corresponding percentages for centers and homes are provided in Figure 14.

**Figure 14 | Changes to Program by Facility Type <sup>11</sup>**



<sup>10</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

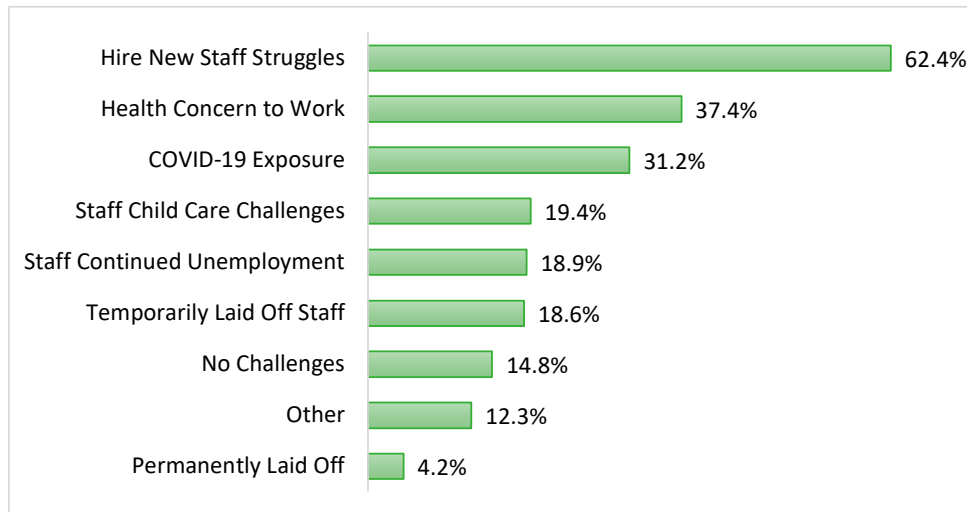
<sup>11</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".



## STAFFING CHALLENGES

Providers were asked what staffing challenges they experienced during the pandemic. Of the 660 child care centers that answered the question, 62.4% reported that they have struggled to hire new staff when needed. Another 37.4% indicated their staff expressed health and safety concerns about coming back to work, and about a third (31.2%) had staff who missed work for a COVID-19 exposure. Other issues mentioned by providers were finding qualified teachers, shortened hours, low enrollment, and budget issues. Figure 15 shows the breakdown of staffing challenges reported by centers.

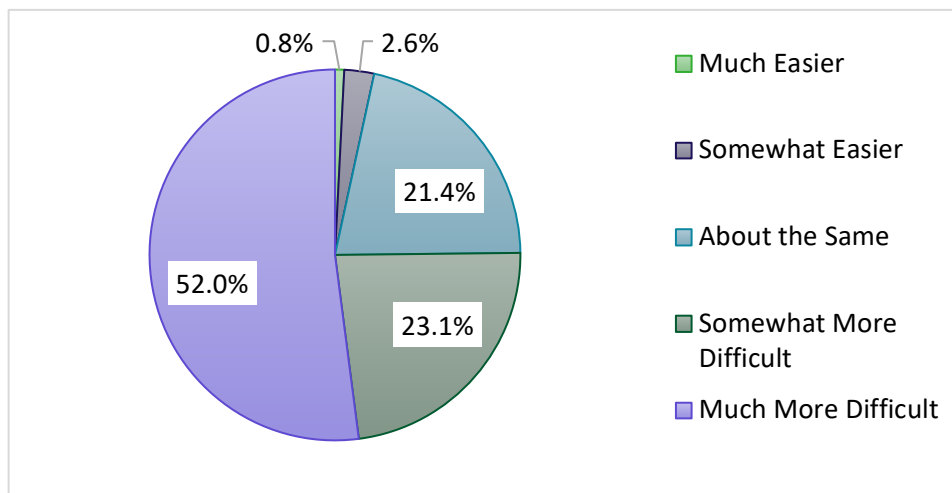
**Figure 15 | Brief Survey Staffing Challenges: Child Care Centers <sup>12</sup>**



Family child care home providers ( $n = 834$ ) frequently reported no staffing challenges (69.8%) because the majority of them work on their own without additional staff. The providers who did experiencing challenges, listed hiring new staff as the most frequent challenge (12.4%).

Child care center providers were asked additional questions regarding staffing and their classrooms. The first question asked if filling staffing roles during the pandemic had become easier or more difficult. Over half (52.0%) of the 467 respondents said that filling roles was much more difficult than it was previously. Almost a quarter (23.1%) said it was somewhat more difficult, and 21.4% said it was about the same. This breakdown is shown in Figure 16.

**Figure 16 | Ease of Filling Roles in Child Care Centers**



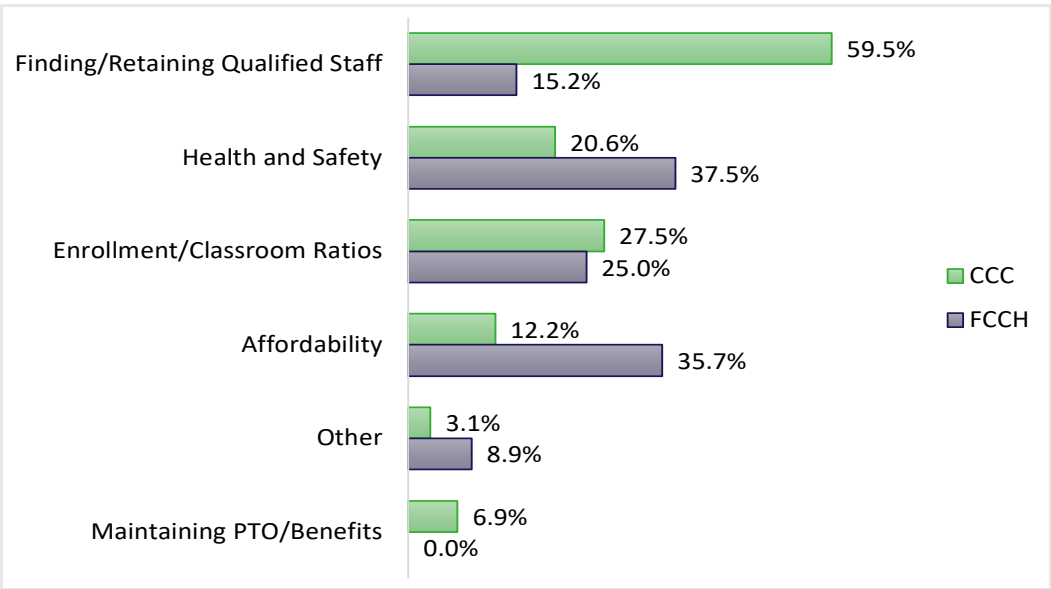
<sup>12</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

The In-Depth Survey also asked what staffing challenges providers faced during the pandemic, giving providers an opportunity to provide more detail than the Brief Survey. Though responses were similar to the brief survey responses, centers mentioned issues with enrollment and classroom ratios and homes mentioned affordability as additional staffing challenges (see Figure 17).

*“There are not enough qualified, good, and willing to work teachers available. They can make more doing any other job that doesn’t also pose a health risk. Also, we are asking them to do too much.”*  
 - Child Care Center

*“My care home is small but still two of my helpers quit. It was difficult for the people who work with me to keep working with me because they are afraid of being infected with COVID-19.”*  
 - Family Child Care Home

**Figure 17 | In-Depth Survey Staffing Challenges by Facility Type <sup>13</sup>**

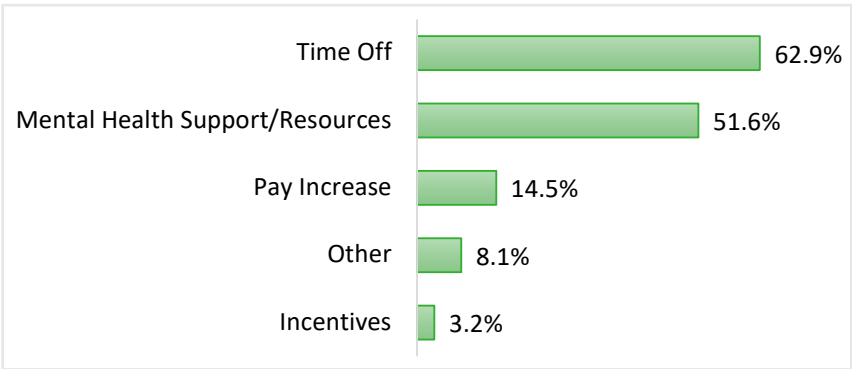


All providers were then asked what new or increased staff supports they had implemented throughout the pandemic. There were 83 respondents. The two most reported supports were time off (59.0%) and mental health support or resources (43.4%). The least reported (2.4%) were incentives, such as gifts, team outings, or monetary incentives.

When looking at the breakdown between facility types, centers (*n* = 62), as shown in Figure 18, most common supports were time off (62.9%) and mental health support or resources (51.6%).

*“We can’t afford any [staff supports] and are barely making ends meet. With increased costs and less income, we’ve had to cut salaries. We’ve brought treats, flowers, and anything we can do to help but staff have reports feeling burnt out and exhausted. Two of our best staff have indicated they would like to retire early.”*  
 - Child Care Center

**Figure 18 | New or Increased Staff Supports: Child Care Centers <sup>14</sup>**



<sup>13</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

<sup>14</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

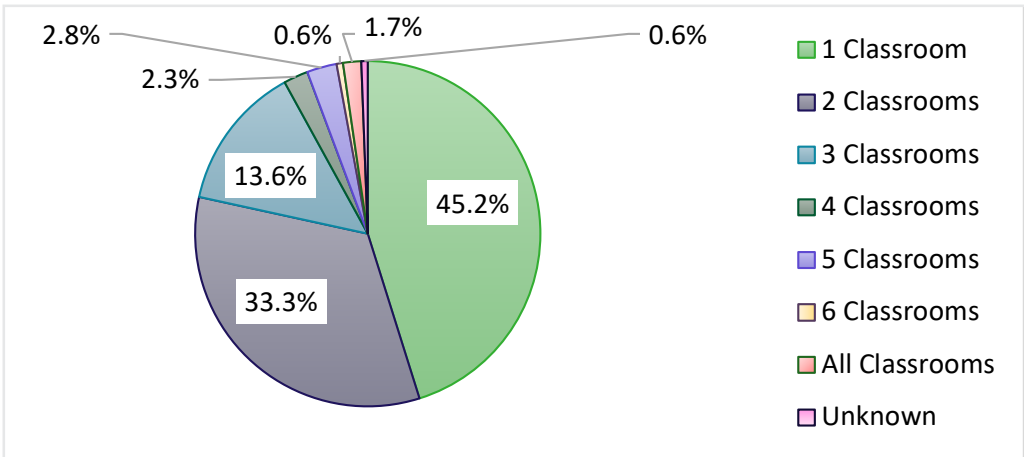
For homes ( $n = 21$ ), the most common support was time off (47.6%), followed by a tie among mental health support, pay increase, and other supports. Homes did not report any incentives. This is another question that is likely impacted by the difference in staffing patterns across centers and homes.

Center providers were asked if their enrollment capacity changed due to being unable to hire staff and an inability to meet certain staff to children ratios. There was a nearly even split across the 476 responses, with 55.3% saying their enrollment capacity did not change, and 44.7% saying their enrollment capacity did change.

Child care centers were also asked whether they needed to keep classrooms closed due to a lack of staff. (Family child care homes do not usually have classrooms, so these questions were omitted for them). Roughly a quarter of respondents (26.7%) shared that they have had to keep classrooms closed while most respondents said they did not (73.3%).

The Brief Survey asked child care center providers if they had to close any classrooms due to the inability to fill staff roles, and if so, how many classrooms were closed. Fortunately, the majority of facilities were able to leave all classrooms open, with 61.7% of the 473 respondents indicating they did not have to close any classrooms. The remaining 38.3% did have to close some classrooms due to not being able to fill staff roles. Of the 181 facilities that had to close some classrooms, 177 indicated how many. Almost half (45.2%) only had to close one classroom, 33.3% closed two, and 13.6% closed three. Figure 19 shows the reported number of classrooms closed.

Figure 19 | Number of Classrooms Closed: Child Care Centers



## DAYS EXPENSES SAVED

In the Brief Survey, we asked all providers how many days expenses they had saved prior to COVID in case they were without income. This provides information about how long they would be able to stay afloat if their facility had to close for any reason. We excluded all cases that reported above 120 (chosen as the outlier cutoff using SPSS analysis) for saved days expenses leaving 2,105 responses (child care center  $n = 584$ ; family child care home  $n = 1,521$ ). Across all facilities, the average number of saved days expenses was 24.2 days. The average for child care centers was 33.4 days, and the average for family child care homes was 20.7 days. All descriptive statistics are shown in Table 6. An independent samples t-test indicated that the difference in number of days expenses saved was significantly different between the two facility types,  $p < .001$ .

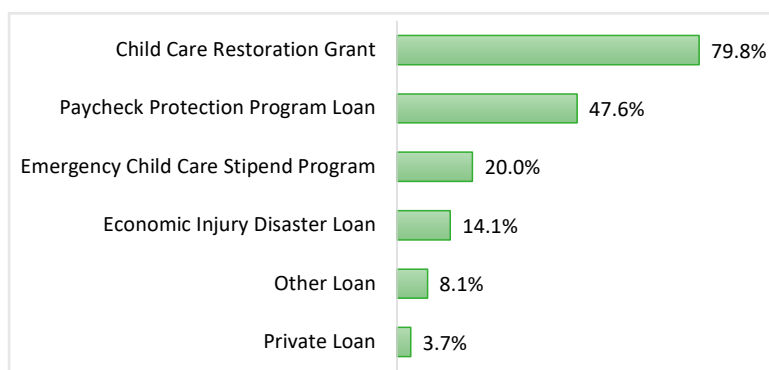
Table 6 | Descriptive Statistics of Days Expenses Saved by Facility Type

	All Facilities	Child Care Centers	Family Child Care Homes
Mean	24.2	33.4	20.7
Median	14.0	30.0	10.0
Mode	0	0	0

## ADDITIONAL FUNDING APPLICATIONS AND OPPORTUNITIES

Child care providers in the state of Illinois were able to apply for additional funding opportunities to help them stay open during the pandemic. Three-quarters of all facilities ( $n = 2,917$ ) responding to the Brief Survey applied for additional funding opportunities. The most common funding opportunity was the Child Care Restoration Grant, with 79.8% of providers applying. The Paycheck Protection Program was utilized by nearly half of all programs (47.6%). Some of the other types of funding opportunities applied for by providers were Small Business Administration (SBA) and unemployment. Some providers also mentioned applying for opportunities but not receiving any funding. Figure 20 depicts each additional funding opportunity and how many providers were helped by that opportunity.

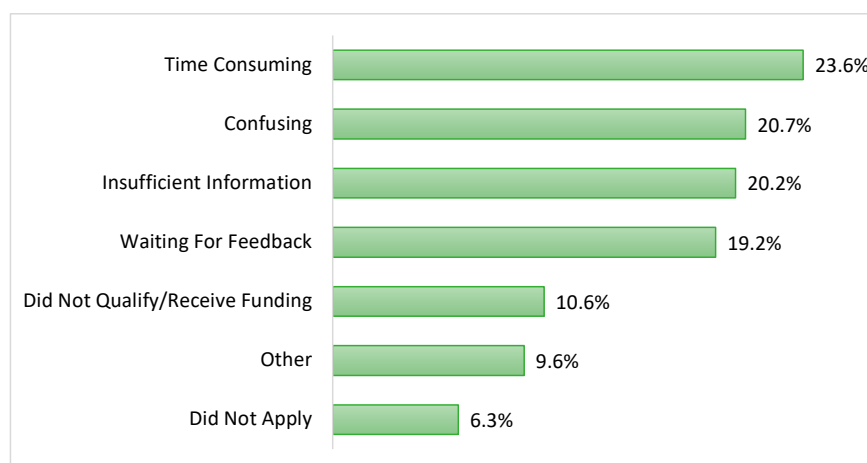
**Figure 20 | Additional Funding Opportunities Applied For: All Facilities <sup>15</sup>**



When looking across provider types, 81.8% of centers ( $n = 963$ ) applied for additional funding to stay open. Approximately 10% fewer family child care homes ( $n = 1,954$ ) applied for additional funding (71.6%). The Child Care Restoration Grant supported 82.3% of child care centers and 78.3% of family child care homes, whereas the Paycheck Protection Program assisted 70.1% of child care centers and only 35.2% of homes. These findings may have limitations, as the wording in the Brief Survey was slightly different than the Salary and Staffing Survey. Unfortunately, this may have caused some confusion with the question, and we may not have an accurate measure of how many applied and received versus those who just applied and did not receive.

Providers responding to the In-Depth Survey were asked if they had had any issues applying for additional funding during the pandemic. There were 208 respondents. The most common issue providers reported having was that applying for funding was time consuming (23.6%). This was followed by applications being confusing (20.7%), insufficient information (20.2%), and waiting for feedback from the sources of funding (19.2%). Of the responses, only 6.3% said that they did not apply for additional funding. These breakdowns are shown in Figure 21.

**Figure 21 | Issues Applying for Additional Funding: All Facilities <sup>16</sup>**



After breaking down responses by facility type, child care centers ( $n = 86$ ) mostly reported that applications for additional funding were time consuming with 32.6% of responses. This was followed by insufficient information (20.9%), confusion (19.8%), and waiting for feedback (18.6%). However, there were a few providers who mentioned having no issue with applying for funding, as seen below.

<sup>15</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

<sup>16</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

*"Finding time without interruptions...I did a lot of weekend work."*  
- Child Care Center

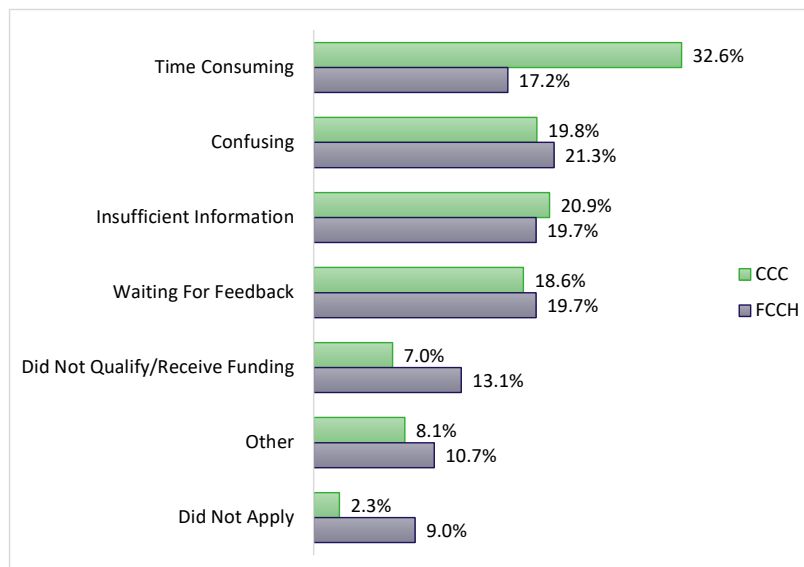
*"I found the processes rather easy and self-explanatory. I know others had a more difficult time, but I thought it was easy to understand and an easy process to complete. The most difficult part was waiting for approval and then for the actual check."*  
- Child Care Center

The most reported issue that homes ( $n = 122$ ) had while applying for additional funding was confusion (21.3%). This was followed by insufficient information (19.7%), waiting for feedback (19.7%), and time consuming (17.2%). Centers and homes did differ on the number of respondents who did not apply for additional funding; centers had 2.3% of respondents say that they did not apply while homes had 9.0%. This difference could be due to the confusion that family child care homes had with applications. However, not all providers felt they had issues applying and shared that funding they received kept them open throughout the pandemic, as seen in quotes below. The breakdown of responses by facility type are in Figure 22.

*"The steps to apply can be confusing. Sometimes the training/how to information doesn't match the actual application. News about funding isn't normally sent directly to me and I end up hearing about it from other providers so sometimes I miss the funding all together."*  
- Family Child Care Home

*"The grants and the PPP were easy to apply for and literally kept us from closing our doors."*  
- Family Child Care Home

**Figure 22 | Issues Applying for Additional Funding by Facility Type <sup>17</sup>**



The questions regarding additional funding in the Brief, In-Depth, and Salary and Staffing Surveys asked primarily about issues encountered in applying for and receiving additional funding throughout the pandemic. However, INCCRRA has conducted narrative surveys in accordance with the Illinois Child Care Restoration Grants (CCRG) that gave participating providers the chance to share how the grants have impacted them. Many providers expressed that the CCRG funds have had a positive impact on their programs. Crucial aspects of providing care have been made easier for providers, such as paying bills, covering salaries, lowering cost of care for families, and more. Some also shared that without these funding opportunities, they would have had to close their doors for good. Examples from providers responding to these earlier surveys can be seen below. <sup>18</sup>

*"These funds are needed to continue offsetting the loss in child care payments and copayments which are used to cover the expenses of the program, including staff salaries, rent, additional supplies, custodian, etc."*

*"Without the CCRG funds, we would either have to close or raise our rates \$68 per week per child, which would devastate our families, especially those utilizing CCAP funds."*

*"With the help of the Child Care Restoration Grant we have been able to retain our staff and provide additional PPE, supplies, equipment, and support to the at-risk children we serve."*

<sup>17</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

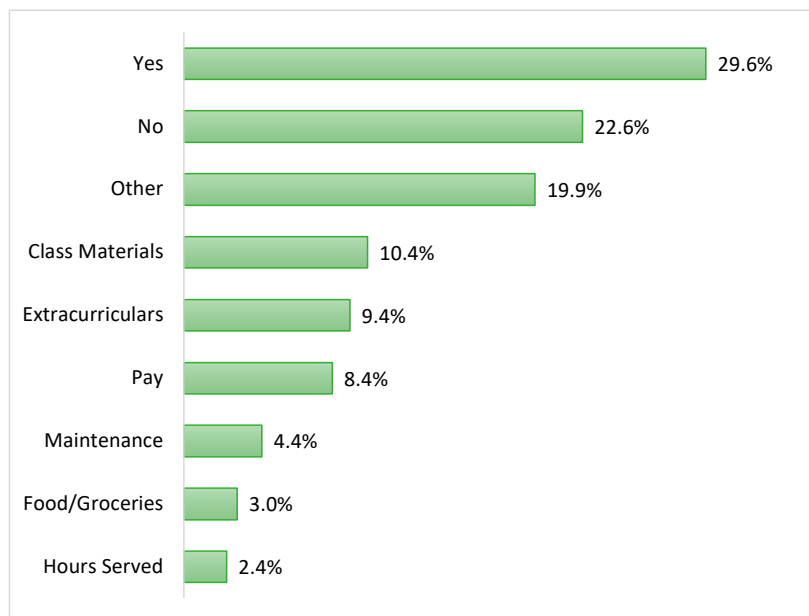
<sup>18</sup> Note: Facility type information was unavailable for these quotes.



The In-Depth Survey asked providers (n = 297) how pandemic related costs (e.g., PPE, additional cleaning supplies) impacted the way they ran their facility. Most providers did express that pandemic related costs impacted the way they ran their facility by replying “yes” (29.6%). Many also provided a more detailed response (combined percentage of detailed categories = 57.9%). Specifically, providers stated that class materials (10.4%), extracurriculars (9.4%), and pay (8.4%) were the most impacted. The breakdown of impacts of pandemic related costs in all facilities is visualized in Figure 23.

*“Our budget is totally in the hole this year. We are not buying any new toys, equipment, [or] supplies.”*  
 - Child Care Center

**Figure 23 | Impact of Pandemic Related Costs: All Facilities <sup>19</sup>**

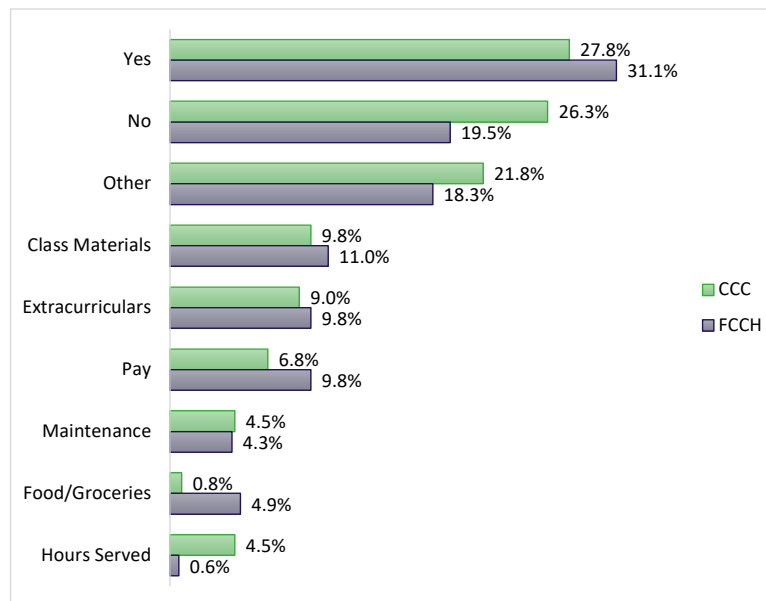


Child care centers (n = 133) and family child care homes (n = 164) breakdowns showed similar results. For centers, class materials (9.8%), extracurriculars (9.0%), and pay (6.8%) were the top three impacts. Homes reported the same- class materials (11.0%), extracurriculars (9.8%), and pay (9.8%), however, child care centers were more likely to not have been impacted by pandemic related costs (26.3%) than family child care homes (19.5%). Figure 24 shows the impact of pandemic related costs by facility type.

*“We have cut back on other activities, such as trips and special guests, in order to cover pandemic related costs. I also cut back my own paycheck in order to cover the costs of additional PPE, cleaning supplies, and rising food costs.”*  
 - Family Child Care Home

<sup>19</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

**Figure 24 | Impact of Pandemic Related Costs by Facility Type <sup>20</sup>**



The Brief Survey asked providers about any use of their own savings. Across all facilities ( $n = 1,398$ ), 63.7% of providers used their own credit card or savings for supplies or personal protective equipment (PPE), without certainty they would be reimbursed. Child care centers ( $n = 540$ ) were significantly less likely to use their own credit card or savings in comparison to family child care homes ( $n = 858$ ), with only 36.7% of centers reporting they did compared to 80.8% of homes. This is likely due to revenue and expense differences between centers and homes.

We asked providers responding to the In-Depth Survey if they had to increase prices to remain open. Of the 283 respondents, 61.8% reported that they did not need to increase their prices to remain open. We then examined responses by facility type. Both facility types followed the same trend as all facility types. While not a specific measure, investigator familiarity with all open-ended responses and consideration of the high percentage of providers applying for additional funding, the impact of pandemic related costs, and use of personal savings by providers may inform the low percentage of increased prices. This may be due to perceived providers' desire to exhaust all options prior to raising prices to maintain accessibility and affordability of care for families.

## FINANCIAL, HEALTH AND SAFETY, AND WELL-BEING STRESS LEVELS

We asked all providers in the Brief Survey to rate how stressed they were regarding three areas: the financial stability of the program, the safety of themselves and staff, and the health and well-being of the families they serve. These results contributed to an understanding of how the pandemic mentally and emotionally affected child care providers. The responses were given on a 1-10 Likert scale, with 1 meaning "not at all worried/stressed" and 10 meaning "the most worried/stressed I have ever been".

The most frequent response for all three measures was a 10 – the most worried/stressed I have ever been, making up 26.2% (out of  $n = 2,933$ ) of responses for financial stability, 23.9% (out of  $n = 2,925$ ) for safety of themselves and staff, and 25.1% (out of  $n = 2,922$ ) for health and well-being of families they serve. Family child care home providers responded with a "10" on the Likert scale more frequently than child care centers on all measures, with an average of 28.7% of responses being a 10 for family child care homes, and only 17.6% of responses as a 10 for child care centers.

The average (mean) response from child care centers regarding the financial stability of program was a 6.5, while family child care homes had a mean of 7.0. Safety of themselves (providers) and staff had lower average responses from both child care centers (5.4) and family child care homes (6.6) compared to financial stability of the program. The average (mean) response from child care centers on our final measure, health and well-being of families they serve, was a 5.9, and family child care homes had a mean of 6.9. Table 7 includes the sample sizes and descriptive statistics of all three measures by facility type.

<sup>20</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

**Table 7 | Descriptive Statistics of Stress Levels by Facility Type**

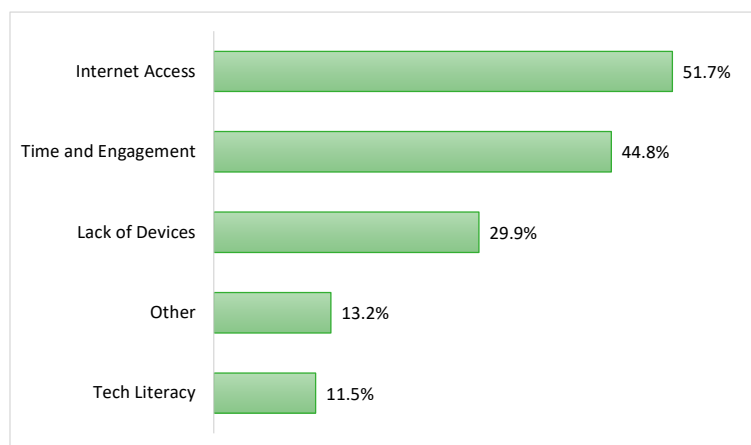
			Financial Stability	Safety of Myself and Staff	Health and Well-Being of Families
Facility Type	Child Care Center	n	969	970	968
		Mean	6.5	5.4	5.9
		Median	7.0	5.0	6.0
		Mode	10	10	10
	Family Child Care Home	n	1,964	1,955	1,954
		Mean	7.0	6.6	6.9
		Median	8.0	7.0	8.0
		Mode	10	10	10

## VIRTUAL LEARNING

### FAMILY BARRIERS

Providers ( $n = 174$ ) responding to the In-Depth Survey were asked about perceived barriers that impacted families' ability to facilitate virtual learning. The most common barrier reported was access to internet with 51.7% responses. This was followed by time and engagement (44.8%) and lack of devices (29.9%). Tech literacy was the least reported (13.2%). The breakdown of responses is depicted in Figure 25.

*"Virtual learning was very challenging for the families. Some had internet trouble. Some didn't have devices. Some were not engaged. It was difficult for the 4 months we were closed."*  
- Child Care Center

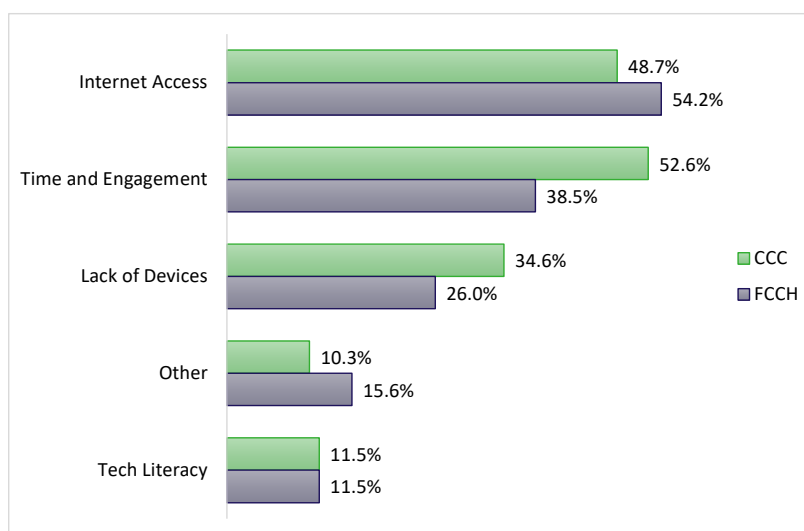
**Figure 25 | Perceived Family Barriers to Virtual Learning: All Facilities<sup>21</sup>**

When looking at responses by facility type, centers' ( $n = 78$ ) perception of the largest barrier for families and virtual learning was time and engagement with 52.6% responses, followed by internet access (48.7%) and lack of devices (34.6%). Homes ( $n = 96$ ) differed and listed internet access as their top barrier with 54.2% of responses. This was followed by time and engagement (38.5%) and lack of devices (26%). A comparison of the responses by facility type is shown in Figure 26.

*"Internet and Google crashing. Kids not able to get on. Kids getting kicked off. Not enough support for the kids or people trying to help them."*  
- Family Child Care Home

<sup>21</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

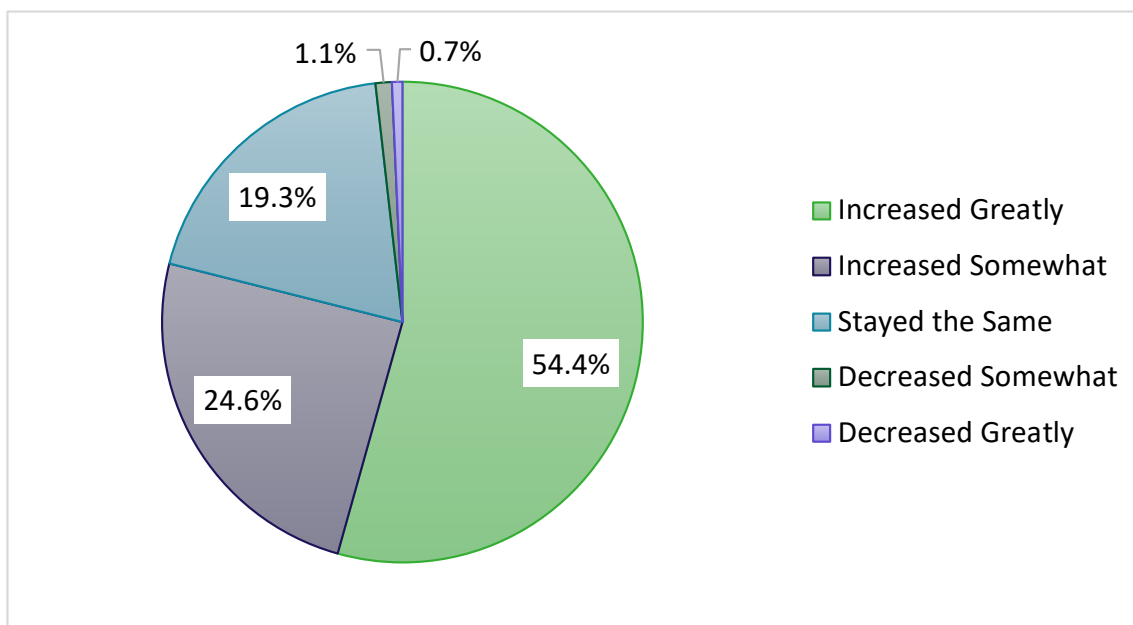
**Figure 26 | Perceived Family Barriers to Virtual Learning by Facility Type<sup>22</sup>**



### USE OF TECHNOLOGY

Providers were then asked how children's use of technology had changed since the beginning of the pandemic. There were 285 responses. Most providers shared that children's use of technology has increased greatly (54.4%). Nearly one-fifth (19.3%) of providers felt that there was no change to the amount of technology used. A minimal number of providers felt that the amount of technology used by children had decreased (1.1% felt use had decreased greatly and 0.7% felt use had decreased somewhat). The response breakdown is shown in Figure 27.

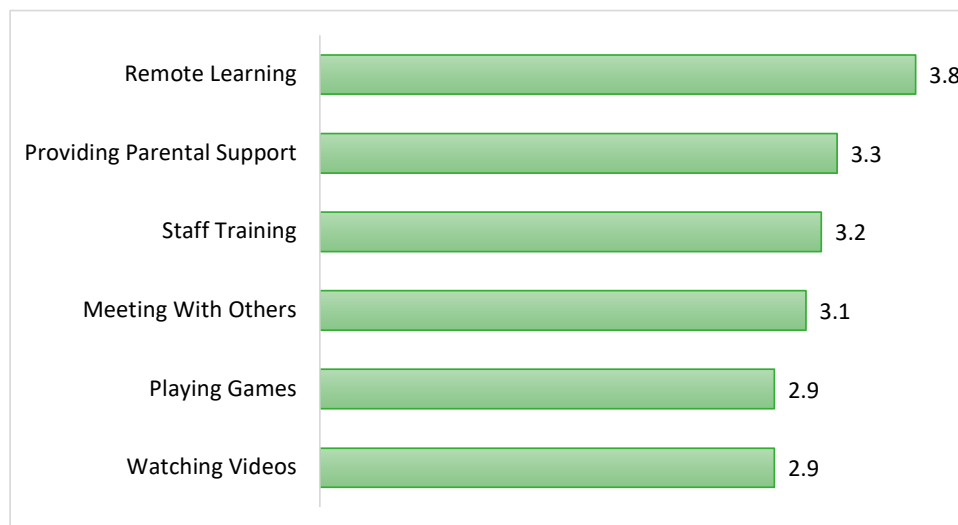
**Figure 27 | Children Use of Tech: All Facilities**



<sup>22</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

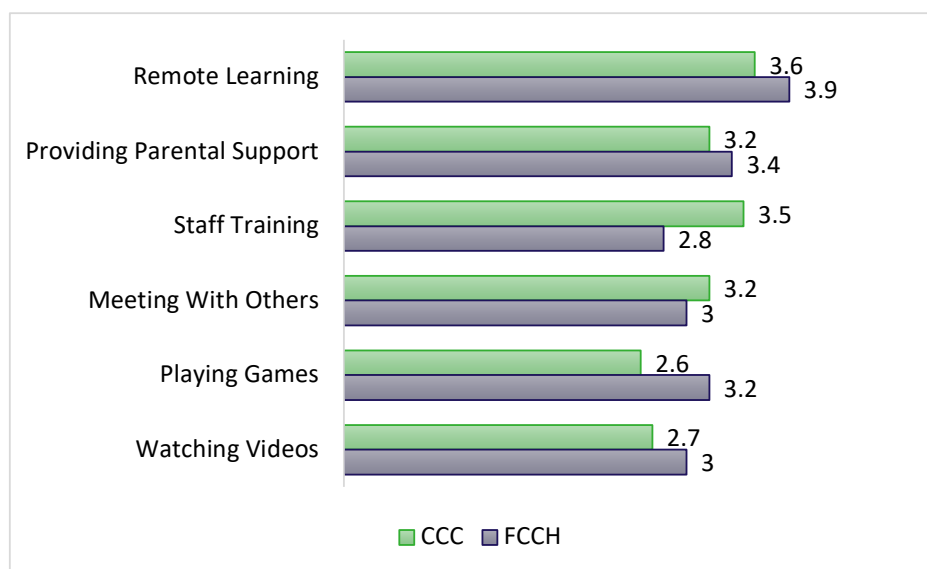
Providers were then asked to rank how their facility utilized their technology. They were provided with six options to rank from 1 (least used) to 6 (most used). Providers could also indicate if not applicable to their facility. The most frequent use was remote learning with an average (mean) of 3.8 (median = 4.0;  $n = 202$ ). The least frequent use of technology was watching videos (mean = 2.9;  $n = 167$ ). The means for tech use for all facilities are shown in Figure 28.

**Figure 28 | Means of Ranked Tech Use: All Facilities**



When responses were examined based on facility type, child care centers shared some similarities with homes. The most frequent use of technology for centers and homes was remote learning with an average (mean) of 3.6 (median = 4.0;  $n = 113$ ) for centers and an average (mean) of 3.9 (median = 4.0;  $n = 113$ ) for homes. The largest difference between child care centers and family child care homes is the use of technology for staff training. While the lowest ranked for homes, it was one of the highest ranked for centers. This is likely due to centers having much more staff than homes. Figure 29 shows means by facility type.

**Figure 29 | Means of Ranked Tech Use by Facility Type**

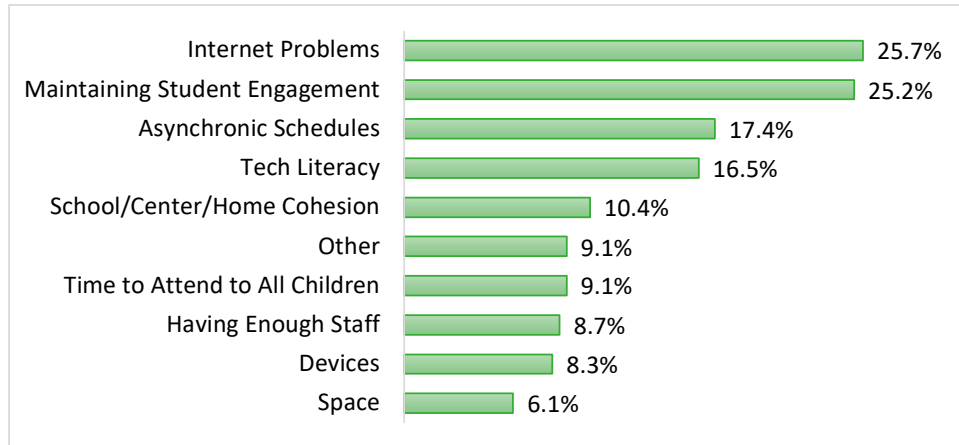




## PROVIDER CHALLENGES

Providers were asked what challenges they had with virtual learning in their facilities. There were 230 respondents. The two most common problems facing providers were internet problems (25.7%) and maintaining student engagement (25.2%). The least reported response was having the space to serve virtual learners in their facility with 6.1%. The percentage for each response is shown in Figure 30.

**Figure 30 | Provider Challenges with Virtual Learning: All Facilities<sup>23</sup>**



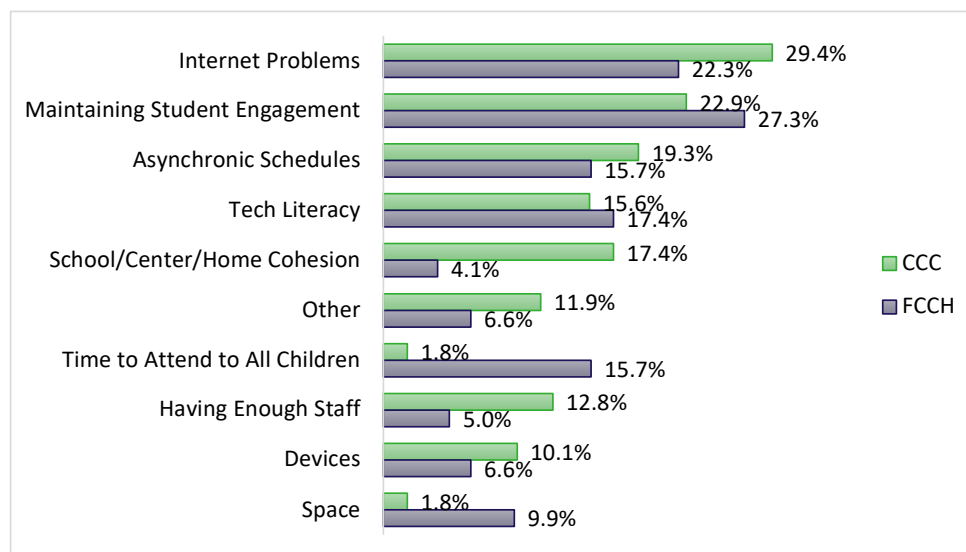
When responses were broken down by facility type, child care centers ( $n = 109$ ) reported that their most challenging aspect of virtual learning was internet problems (29.4%) and their least reported challenges were space (1.8%) and time to attend to all children (1.8%).

*"We need more space, better technology, the staff to supervise the virtual learning and a better internet connection."*  
- Child Care Center

Homes ( $n = 121$ ) reported that maintaining student engagement was their biggest challenge (27.3%) and the least reported challenge facing home providers was school, center, and home cohesion (4.1%). Variations across facility types could be due to the difference in the number of staff and children between centers and homes. Percentages of responses by facility type may be seen in Figure 31.

*"The most challenging is not being able to fully support the children while they learn remotely because we don't have enough staff to care for younger children and help the remote learners. We can only give them minimal support, like accessing the internet, provide writing material and answer some questions. Children that need more hands-on are very difficult to help."*  
- Family Child Care Home

**Figure 31 | Provider Challenges with Virtual Learning by Facility Type<sup>24</sup>**



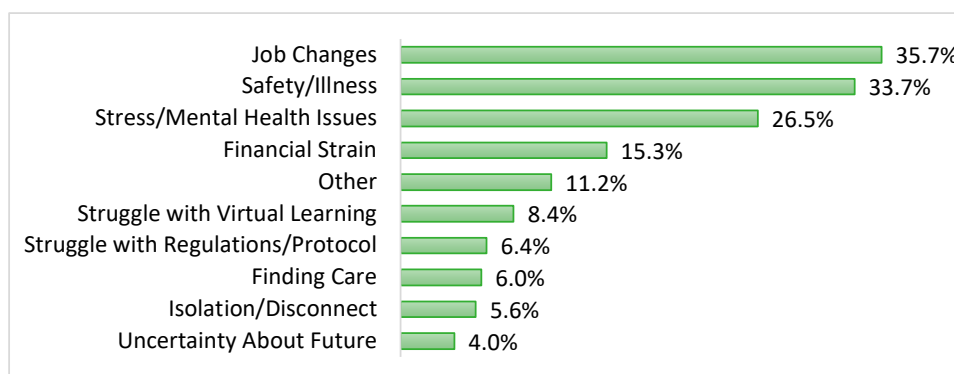
<sup>23</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

<sup>24</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

## IMPACT ON FAMILIES

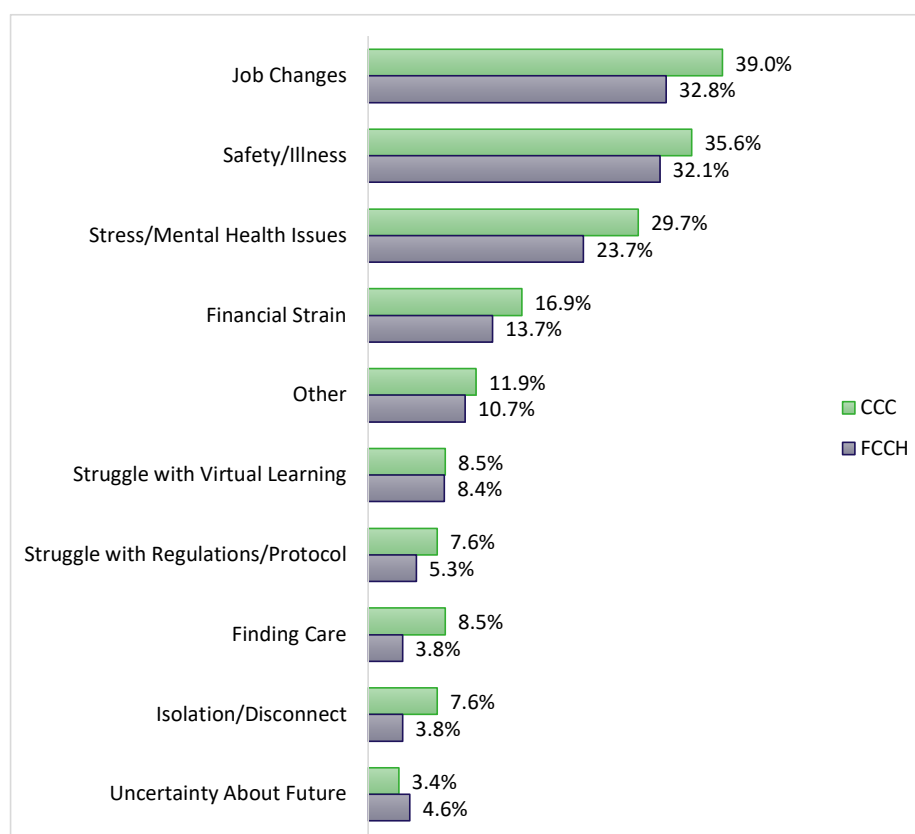
Providers responding to the In-Depth Survey were asked to report what struggles they have seen families face throughout the pandemic. There were 249 respondents. The two most reported struggles providers perceived that families were facing were job changes (35.7%) and safety/illness (33.7%). The least reported struggle that providers perceived for families was uncertainty about their future (4.0%). Figure 32 shows all responses and percentages.

**Figure 32 | Perceived Struggles Families Face: All Facilities <sup>25</sup>**



When responses for this question were broken down by facility type, centers ( $n = 118$ ) and homes ( $n = 131$ ) reported similarly in regard to the biggest issues families were facing- job changes (39.0% and 32.8%, respectively) and safety/illness (35.6% and 32.1%, respectively). However, they differed with regard to the issues least faced, with centers reporting uncertainty about the future (3.4%) and homes reporting isolation and disconnect and finding care (both 3.8%). Responses from both facility types is shown in Figure 33.

**Figure 33 | Perceived Struggles Families Face by Facility Type <sup>26</sup>**

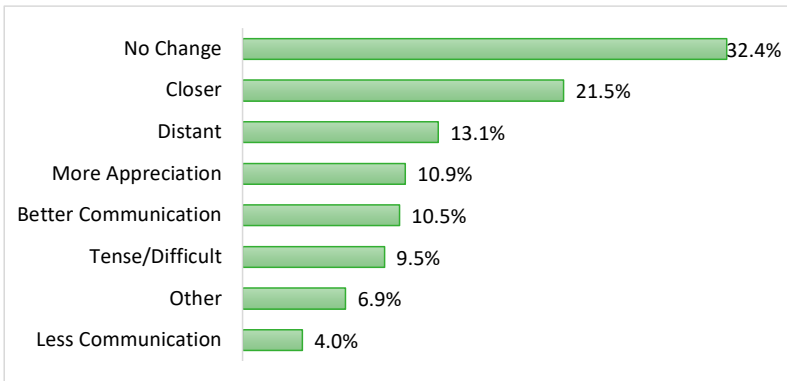


<sup>25</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

<sup>26</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

Providers were asked whether their relationship with the families they serve has changed over the course of the pandemic and how. There were 275 respondents. The most common response indicated that providers did not notice a change in their relationship (32.4%). The way that providers least reported their relationship to their families changed was with less communication (4.0%). The changes to provider/family relations for all facilities are shown in Figure 34.

**Figure 34 | Changes to Provider/Family Relations: All Facilities <sup>27</sup>**



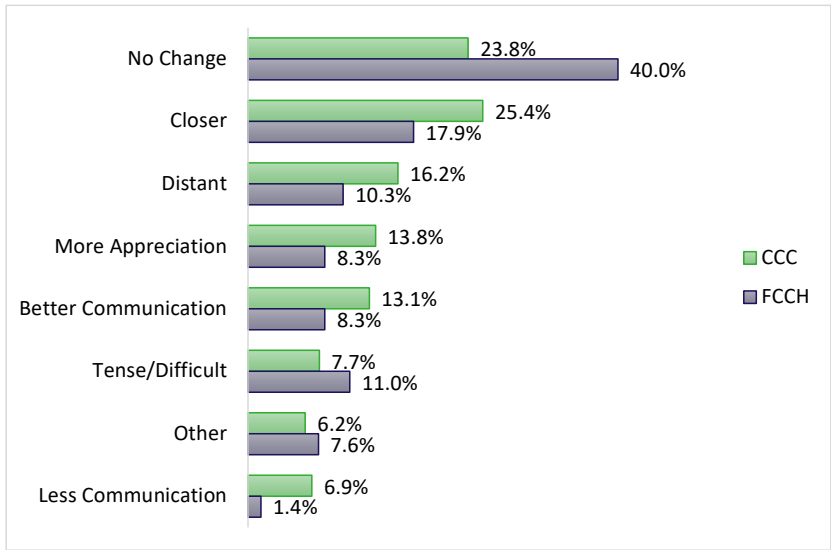
After separating responses by facility type, the most reported responses for centers (*n* = 130) were that their relationships with families became closer (25.4%) or they did not notice a change (23.8%). The least reported response for centers was less communication with 6.9% of responses.

*“I think it has really improved. During the 3 months we were closed, we kept in touch [with] all of the families every few weeks... checking in on everyone’s health, seeing if they needed anything (specifically food), and keeping them informed on our reopening. I think they realized that we were, and are, still concerned about their family’s well-being.”*  
 - Child Care Center

Homes’ (*n* = 145) responses differed slightly. The most reported response was that there had not been any change to their relationship with families (40.0%). The least reported response for homes was less communication (1.4%). Figure 35 depicts these findings by facility type.

*“Most are understanding. Some were angry about changes to stay COVID safe. The closeness is lost due to the personal interaction being less and parents not coming in to pick up their children.”*  
 - Family Child Care Home

**Figure 35 | Changes to Provider/Family Relations by Facility Type <sup>28</sup>**



<sup>27</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

<sup>28</sup> Note: The percentages will not add up to 100% due to the question asking to “Select All That Apply”.

## SINGLE BIGGEST ISSUE

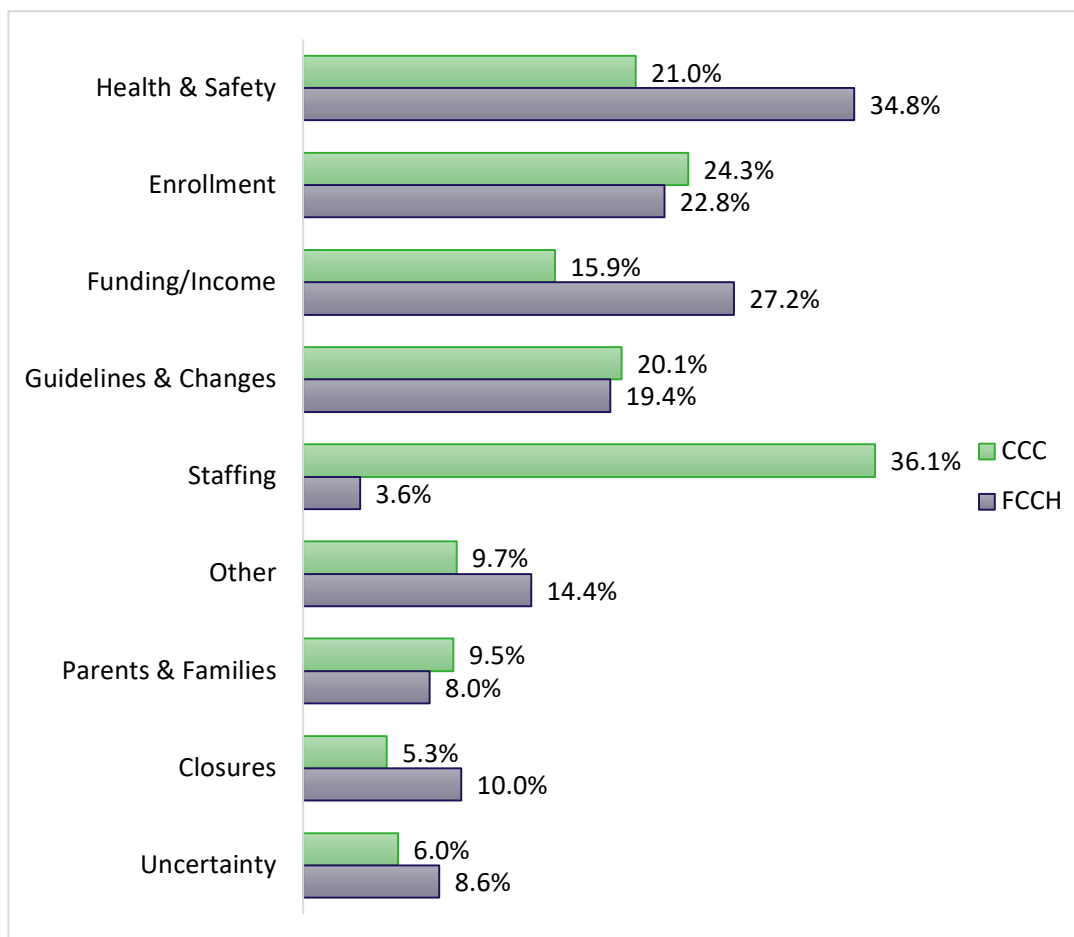
To finish the Brief Survey, providers were asked what they would consider as the single biggest issue they experienced during the pandemic. The biggest issue reported by child care centers was regarding staffing (36.1%;  $n = 548$ ). Enrollment and health and safety were the other two most frequent responses of child care centers, (24.3% and 21.0%, respectively). The least frequent response was closures (5.3%).

*"In the beginning of the pandemic, it was financial. Then it became keeping everyone healthy. Now it is trying to hire staff."*  
- Child Care Center

Family child care home providers reported health and safety as the largest issue they faced (34.8%;  $n = 839$ ), but unlike centers, funding and income (27.2%) was more frequently reported than enrollment issues (22.8%). The least frequent response was staffing (3.6%). The breakdown for family child care homes and for centers is shown in Figure 36.

*"Low income but cost of everything going up. I worry about how I pay my bills. That is a lot of stress that isn't healthy. I may have to get a personal loan so I can pay my bills."*  
- Family Child Care Home

**Figure 36 | Single Biggest Issue by Facility Type <sup>29</sup>**



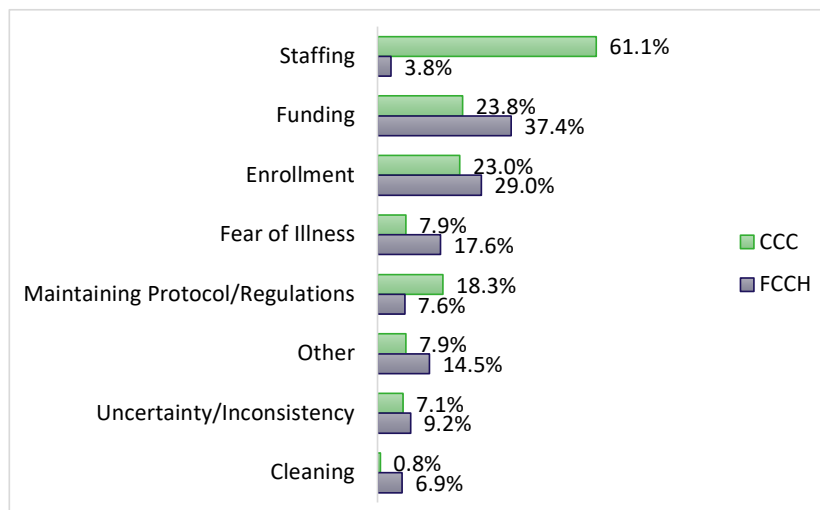
<sup>29</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

Providers were asked in the In-Depth Survey what other issues they were facing during the pandemic. There were 257 respondents. The most reported issue facing facilities is staffing (31.9%) The least reported issue facing facilities was cleaning (3.9%).

When responses were divided by facility type, the most common response for centers ( $n = 126$ ) was staffing (61.1%). The least reported issue facing centers was cleaning (0.8%).

The most common response for homes ( $n = 131$ ) was funding (37.4%). The least reported issue facing homes was staffing (3.8%) of responses. Homes differed greatly from centers on staffing, and the breakdown by facility type is shown in Figure 37.

**Figure 37 | Other Issues Facing Providers by Facility Type** <sup>30</sup>



<sup>30</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".



## MOVING FORWARD

Providers in the In-Depth Survey were asked what they would like to leave behind with the pandemic. This question, like most of the questions in the In-Depth Survey, was presented in an undefined, open-response format to allow the opportunity to capture a range of experiences from providers. Some responses were in regard to general pandemic concerns like death and staying home, while others were more specific to providers' day-to-day impacts on their facilities. We had 268 respondents who answered. The majority of responses showed that providers would like to leave behind masks and PPE (55.6%). The least reported responses were staffing struggles (3.0%) and virtual learning/trainings (3.0%).

Once responses were divided by facility type, centers ( $n = 131$ ) most reported wanting to leave behind masks and PPE (60.3%). The least reported response for centers was illness/death (1.5%).

*"I spent a day in the two-year-old classroom in a mask. I had totally underestimated what an adaptation the teachers must make, it was horrible. The worst thing is the weekly phone conference calls for our leadership team, I can't wait for us to be able to talk together in the same room. I worry about the youngest of our children who are not being understood when they are wearing the mask. I want to get back to sharing and family style lunches and having parent events."*

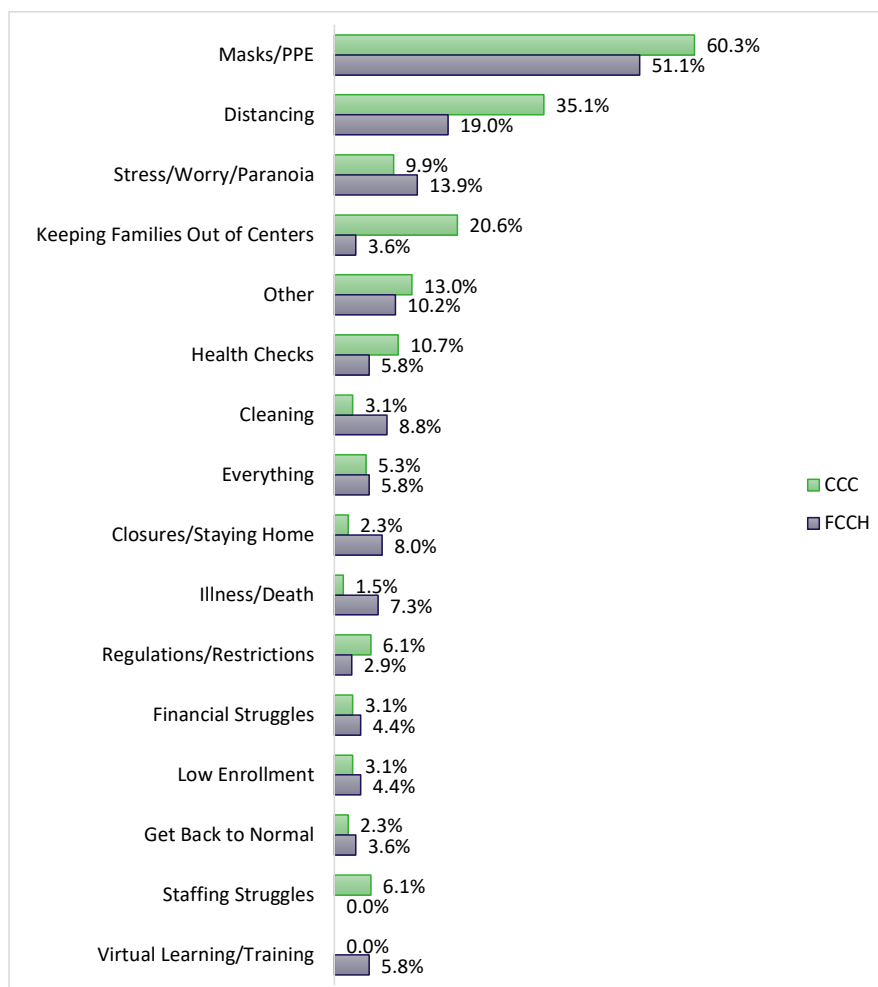
- Child Care Center

Homes ( $n = 137$ ) most frequently reported that an aspect of the pandemic they would like to leave behind are masks and PPE (51.1%). The least reported response for homes was regulations and restrictions (2.9%). Figure 38 visualizes the differences in responses by facility type.

*"I look forward to hugs and kisses. So, for me leaving no contact behind and masks. I want to see them smile again and I want them to see me smile. I also want to leave behind all the stress as I have never been this stressed out before!"*

- Family Child Care Home

**Figure 38 | Leave Behind Post-Pandemic by Facility Type**<sup>31</sup>



<sup>31</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

Finally, we asked providers what aspects of the pandemic they intend to bring with them post-pandemic. We had 232 respondents. The most reported aspect of the pandemic providers want to continue is cleaning/personal hygiene (42.2%). This was followed by other (12.9%), which included a variety of unique responses such as self-care, consideration for others, and using more creativity in day-to-day situations. The least reported aspect that providers want to continue was staffing changes (2.2%).

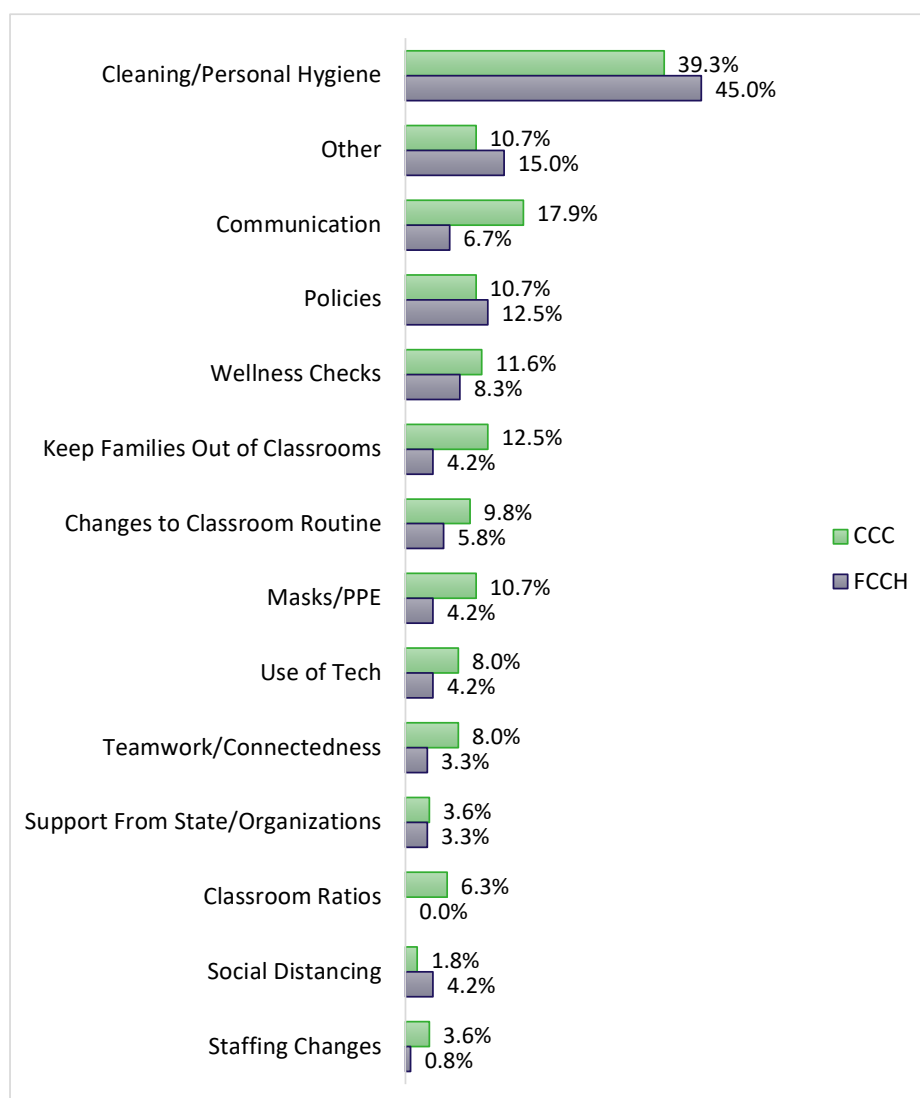
When the responses were divided by facility type, centers ( $n = 112$ ) most reported keeping cleaning/personal hygiene habits post pandemic (39.3%). The least reported item for centers was social distancing (1.8%).

*"The extra cleaning that goes on in the center. Having parents drop off at the door in the morning has been life changing, kids come in more confident and a lot less crying goes on. Hope the communication between families stays."*  
- Child Care Center

Homes ( $n = 120$ ) most reported keeping cleaning/personal hygiene habits post pandemic (45.0%). The least reported item for homes was staffing changes (0.8%). Figure 39 shows the percentages of responses by facility type.

*"The increased sanitation had been great. The parent communication is wonderful since they can't come in the house. I would also like the parents to still not enter the home. The drop off and pick up with the kids has been so smooth."*  
- Family Child Care Home

**Figure 39 | Bring With Post-Pandemic by Facility Type** <sup>32</sup>



<sup>32</sup> Note: The percentages will not add up to 100% due to the question asking to "Select All That Apply".

## DISCUSSION

The Brief Survey asked child care providers about the impact the COVID-19 pandemic had on various aspects of their centers or their homes. The questions asked were about topics such as enrollment, changes made to the program, and staffing challenges. We had a total of 3,245 providers fill out the survey to some degree, which equates to about a quarter of all child care providers in the state of Illinois. We were able to get a feel for how the COVID-19 pandemic impacted providers as a whole, and where differences existed between child care centers and family child care homes.

## LIMITATIONS

There were a couple of questions in the Brief Survey where the wording was potentially confusing or did not match up with the Salary and Staffing Survey wording. The first question was regarding the saved days expenses and read "Prior to COVID, how many days' expenses did you have saved in case you were without income? (an estimate is fine)." Some of the providers were confused by this and answered with a dollar amount instead of a specific number of days. Others simply left the question blank or said they were not sure what the question was asking.

The second question was about the additional funding opportunities. The wording in the Brief Survey was slightly different than the Salary and Staffing Survey and read "What additional funding opportunities did you successfully apply for and receive?." This may have caused confusion with the question, and we may not have an accurate measure of how many applied and received versus those who just applied and did not receive. The question on the Salary and Staffing Survey gathered a more accurate measure by first asking "Did you need to apply for additional funding to remain open?" and then asking "If yes, did you successfully receive:" with each funding opportunity listed as an option to check.

The question order within the In-Depth Survey may have affected how providers answered some of the questions, especially when we asked providers what they would like to leave behind with the pandemic and what they would like to bring with them post-pandemic. Many providers responding to the question asking what they would like to leave behind mentioned things that they would like to do or changes they want to implement. If the question asking what they would like to bring with post-pandemic came prior to asking what they would like to leave behind, we may have had clearer responses.

Similarly in the In-Depth Survey, questions regarding families may not have been explicit enough about looking for perceived experiences of families. Providers were sometimes very clear about providing their thoughts about their families, and some responses were less concise. The relationship that they have with their families may have influenced their perceptions.

Finally, some open-ended questions within the In-Depth Survey may have provided richer data if we had filtered responses with a yes/no question prior to the open-ended response. For example, "did you apply for emergency licensing at the beginning of the pandemic" prior to asking what issues providers had applying for emergency licensing may have given more responses regarding troubles applying for the emergency licensing and less responses stating that they did not apply or have issues.

## IMPLICATIONS

The data gathered suggest that more child care centers decided to close with the initial mandated closure compared to family child care homes. We believe this could have been due to the larger enrollment numbers, greater number of staff in child care centers, and a larger space requiring more robust cleaning/hygiene strategies. Family child care homes, with their smaller enrollment numbers and generally one to two staff members in a more manageable space, may have had an easier time adjusting for and meeting the restricted guidelines than centers. The process of applying for an emergency license was found to have been more time consuming for large centers than for family child care homes. We did find, however, that those family child care homes that closed remained closed for a longer time than centers that had closed. The length of time may have differed between centers and homes due to homes potentially having difficulty getting children to return, especially due to the small size of the space, unemployment among parents, or due to the increase in costs to run the home with the additional PPE needs and requirements. The cost of PPE may have affected homes more than centers due to being a much smaller business and being unable to absorb that extra cost as a center might have been able to. Thankfully, most facilities were lucky enough to not have to experience another temporary closure period. Those that did have to close again reported potential or confirmed COVID-19 exposure amongst staff, children, parents, or themselves as the most common reason for having to close again. Staff shortage was another common issue for centers, and enrollment was an issue for homes.

Most providers, regardless of type, expressed that their enrollment was not where they would like it to be or where it could be. Our survey findings suggest that enrollment numbers dropped almost half (family child care homes) or over half (child care centers) compared to enrollment before the pandemic. Enrollment did increase between July 31, 2020 and the time of the survey, but it was still significantly lower than what it was before the pandemic. We also found that enrollment bounced back more quickly in more rural regions of the state than in the more urban areas. Providers believed employment changes for families were a large factor for families deciding to enroll or not enroll. Even though enrollment numbers changed, the percentage of CCAP children was reported to stay the same for majority of facilities, with an average in the 40% range.

Our data also suggest that all facilities were highly concerned about the health and safety of the children and the staff, with the most common responses about changes made to the program being extra cleaning, requiring masks for staff members, and taking temperatures of staff members and children. We did not ask in these specific surveys if these changes were to be permanent, but data from another survey completed by INCCRRA suggests that some changes may be ones that facilities are looking to keep for the long term, particularly with regard to cleaning/hygiene.<sup>33</sup> Many providers, however, indicated they were very eager to leave changes such as masking and social distancing in the past and get back to the normal pre-pandemic ways.

Our facilities reported having huge difficulties hiring new staff members. They could not find good, credentialed applicants, and some reported issues with candidates showing up to interviews or wanting to remain on unemployment. Child care centers indicated that the hiring process became much more difficult in comparison to previous years, and unfortunately this led to the closure of one or more classrooms for temporary periods. Finding qualified staff to hire would have likely prevented these classroom closures, as the centers would have been able to staff each room appropriately with the staff to child ratios and social distancing guidelines. In hand with difficulty finding qualified staff to hire, providers also felt that they were struggling with staff retention. Not many providers responded to our question regarding staff supports during the pandemic, but those who did are mostly offering time off from work. Facilities' inability to provide more supports to their staff, whether financially or otherwise, could also be impacting their ability to hire and retain qualified staff.

Child care centers had more days' expenses saved up than family child care homes, and home providers reported having to use their own credit card or own savings more frequently than centers on items for the program without being sure of reimbursement. These two findings go hand in hand with the knowledge that the centers are larger businesses than homes, suggesting that the revenue difference between centers and homes likely affected these outcomes. Regardless of this, financial stability was the highest stressor for both homes and centers, although family child care homes had higher levels of stress (on all three measures) compared to centers. In addition, nearly 40% of all providers needed to increase their prices to stay open, and pandemic related costs are having the most impact on classroom content, like extracurriculars and materials, and provider pay. On the plus side, there were funding opportunities that centers and homes could apply for and receive, and the most common ones were the Child Care Restoration Grant and the Paycheck Protection Program. Some providers mentioned having issues applying for the additional funding: child care centers felt that applications were very time consuming, and family child care homes felt that the application process was very confusing. Unfortunately, there were also a number of applicants that did not meet the eligibility requirements for these programs and were unable to receive them.

Virtual learning has led to a significant increase in children's use of technology in facilities. Staff are also using technology for a variety of reasons such as assisting with remote learning, providing parental support, and staff training. The largest barrier to virtual learning, for providers and families, is a lack of internet access or poor internet service. Another of the biggest challenges to virtual learning for family child care homes has been maintaining student engagement, likely due to the staffing differences between centers and homes. Having little to no staff makes it more difficult for family child care home providers to facilitate virtual learning and a lack of dedicated facilities/technology exacerbates this challenge.

<sup>33</sup> Illinois Network of Child Care Resource and Referral Agencies (INCCRRA). (2020). [Emergency Preparedness Plan Survey]. Unpublished raw data.

Families have historically been more difficult for researchers to be able to survey and get a feel for what some of their biggest needs are from the child care system. Child care providers give us a unique window into what families are facing as they interact with them on an almost daily basis. Through this survey, providers have shown us that families are struggling with job changes, staying safe and healthy, mental health, and finances. Unemployment within families and the cost effectiveness of care was attributed to families not enrolling their children in care. When asked how their relationship has changed with families, child care centers trended toward more positive relational changes with the families they serve. On the other hand, family child care homes were more likely to share that they had a negative relational change with their families. This could be due to an increase in purposeful communication between centers and families, while homes needed to create stricter policies to protect their homes and families from illness.

Our findings showed that providers saw the health and safety of everyone as the single biggest issue during the pandemic, but providers also shared that they are most looking forward to leaving behind PPE and social distancing once our communities move out of the pandemic. Child care centers are also ready to bring families back into their facilities rather than keep them out of classrooms. Meanwhile, family child care homes are ready to stop worrying so much about the health and safety of themselves, their own families, and the families they serve. Providers indicated that they are more likely to keep the cleaning and personal hygiene practices that came out of the pandemic. Child care centers reported that they are enjoying and intend to continue the increased communication habits they have started amongst staff and with their families, while family child care homes intend to keep their sickness and attendance policies in place.

Overall, the results of our surveys showed how the already struggling child care industry was impacted by the COVID-19 pandemic. Child care centers and family child care homes experienced some similarities (e.g., drops in enrollment) and some differences (e.g., higher levels of stress in homes). We were even able to get a bit of insight into how families with children in child care have been impacted by the pandemic. Our hope is that the child care industry can overcome the challenges of the pandemic and continue to grow stronger.

### Illinois Network of Child Care Resource and Referral Agencies



#### Brief COVID-19 Impact Survey

You recently indicated you would like a copy of our Brief COVID-19 Impact Survey mailed to you. Please read instructions below and reach out with any questions. Thanks!

#### Instructions:

- Please read and follow all directions carefully for each question. For some questions, you will need to check the appropriate box; for some questions, you will need to circle the appropriate number; and for some questions, you will need to write in the appropriate number or information requested.
- Please **DO NOT** write your name anywhere on the questionnaire. We have given each survey a number to help us keep track of which providers have returned their forms and which need reminders. **All information will be kept confidential.**
- Please try to answer every question as accurately as possible, adding explanatory notes only when necessary.
- Please complete the questionnaire and return it in the enclosed, stamped envelope to:

Jordan Norton  
INCCRRA  
1226 Towanda Plaza  
Bloomington, IL 61701

- Thank you for taking valuable time out of your busy schedule to complete this survey. The survey will take approximately 10 minutes to complete. It need not be completed at one sitting, but we ask that you return it to us within 2 weeks of receiving it. Your investment of time will contribute to knowledge that will improve the conditions and address the needs of all child care providers in Illinois.

Thank you again.

**Please return by June 30, 2021!**



1. What is your type of child care facility?
  - a. Child Care Center
  - b. Family Child Care
  - c. Group Family Child Care
2. What county is your facility located in? \_\_\_\_\_
3. What is your S&SS passcode? \_\_\_\_\_
4. **(For Centers)** After the Governor issued an order closing child care programs at the beginning of the pandemic did you: **\*SKIP TO QUESTION 6\***
  - ☐ Close down
  - ☐ Apply for emergency license to serve frontline workers or other essential workers
5. **(For Homes)** After the Governor issued an order closing child care programs at the beginning of the pandemic did you:
  - ☐ Close down
  - ☐ Remain open under increased regulation serving only frontline workers or other essential workers
6. If you closed at the beginning of the pandemic, when did you open again? (Approximate MM/DD/YYYY) \_\_\_\_\_
7. Since the state's reopening after the initial mandated closures/regulations, have you had to close for any other period of time?
  - a. Yes → **If yes, answer question 8.**
  - b. No → **If no, skip to question 9.**
8. Why did you have to close for another period of time? (select all that apply)
  - ☐ State/County/City mandated closure
  - ☐ Potential COVID exposure
  - ☐ Staff shortage
  - ☐ Low enrollment
  - ☐ Cost
  - ☐ Personal Reasons
  - ☐ Other (please specify) \_\_\_\_\_
9. What was your estimated average enrollment January 31, 2020? \_\_\_\_\_
10. What was your estimated average enrollment 6 months later, roughly July 31, 2020? \_\_\_\_\_
11. What is your current estimated average enrollment? \_\_\_\_\_
12. Please estimate the current percentage of your enrolled children utilizing the CCAP program: \_\_\_\_\_
13. Since the beginning of the pandemic has the percentage of enrolled children utilizing CCAP:
  - a. Increased Greatly
  - b. Increased Somewhat
  - c. Stayed the Same
  - d. Decreased Somewhat
  - e. Decreased Greatly

14. What changes, if any, have you made to how you operate your program? (select all that apply)
- ☐ Modify drop off and pick up policies
  - ☐ Keeping children in more separated rooms for social distancing
  - ☐ Intentionally (not government mandated) reducing the number of children we serve below current capacity
  - ☐ Requiring face masks for staff
  - ☐ Requiring face masks for children age 2 and above
  - ☐ Taking temperatures of staff and children
  - ☐ Extra cleaning (by staff or hired professional cleaners)
  - ☐ Offering child care to children outside normal age range to make up for low enrollment
  - ☐ Creating a policy on how to handle any possible COVID-19 cases for staff and/or children (communicating with parents; temp closure; etc)
  - ☐ Other (please specify) \_\_\_\_\_
15. What staffing challenges, if any, have you faced since the beginning of the pandemic (March 2020)? (select all that apply)
- ☐ Permanently laid off staff based on changed needs
  - ☐ Temporarily laid off staff
  - ☐ Staff who were temporarily laid off preferred to continue collecting unemployment
  - ☐ Staff have expressed concern for health/safety to come back to work
  - ☐ Staff have their own child care challenges based on closures and/or virtual schooling
  - ☐ Have struggled to hire new staff when needed
  - ☐ Staff missed work for COVID-19 exposure, or exposure in their home
  - ☐ No staffing challenges
  - ☐ Other (please specify) \_\_\_\_\_
16. Prior to COVID, how many days' expenses did you have saved in case you were without income? (an estimate is fine) \_\_\_\_\_
17. Did you need to apply for additional funding to remain open during the pandemic?
- a. Yes → ***If yes, answer question 18.***
  - b. No → ***If no, skip to question 19.***
18. What additional funding opportunities did you successfully apply for and receive? (select all that apply)
- ☐ Paycheck Protection Program Loan (Federal)
  - ☐ Economic Injury Disaster Loan (Federal)
  - ☐ Child Care Restoration Grant (State)
  - ☐ Emergency Child Care Stipend Program (CCR&R)
  - ☐ Private Loan
  - ☐ Other (please specify) \_\_\_\_\_
19. Have you had to use your own savings, or place charges on a credit card (where you are uncertain you will be reimbursed), for cleaning supplies or other personal protective equipment?
- a. Yes
  - b. No

20. On a scale of 1 to 10, with 1 being 'not at all worried/stressed' and 10 being 'the most worried/stressed I have ever been,' how would you rate your level of concern on the following issues:

- a. Financial stability of program: 1 2 3 4 5 6 7 8 9 10
- b. Safety of myself and other staff members: 1 2 3 4 5 6 7 8 9 10
- c. Health and well-being of families we serve: 1 2 3 4 5 6 7 8 9 10

21. What would you say is the single biggest issue you've faced as a child care provider this last year?

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22. Would you be interested in answering some more in depth follow up questions we have? This would just be a virtual survey that we would email to you and you could fill out at your own pace, and I would just need your name and email address.

- a. Name \_\_\_\_\_
- b. Email \_\_\_\_\_

COVID-19 IMPACT

1. After the Governor ordered the closure of child care facilities, did you:
   
☐ Decide to close    ☐ Apply for emergency license to serve essential workers
2. If you closed, when did you open again? \_\_\_\_\_
3. Since reopening after initial mandated closures/regulations, have you had to close for any other period? ☐ Yes ☐ No
4. If you have had to close for any period since reopening or accepting more children, why? (check all that apply)
   
☐ State/County/City mandated closure    ☐ Potential COVID exposure    ☐ Staff shortage
   
☐ Low enrollment    ☐ Cost    ☐ Personal Reasons    ☐ Other
5. What was your average estimated enrollment January 31, 2020? \_\_\_\_\_
6. What was your average estimated enrollment 6 months later, roughly July 31, 2020? \_\_\_\_\_
7. What is your current estimated average enrollment? \_\_\_\_\_
8. Prior to COVID, how many days of operational reserves did your business have? (estimate if fine) \_\_\_\_\_
9. Did you need to apply for additional funding to remain open? ☐ Yes ☐ No
10. If yes, did you successfully receive (check all that apply):
   
☐ Paycheck Protection Program Loan (Federal)    ☐ Economic Injury Disaster Loan (Federal)
   
☐ Child Care Restoration Grant (State)    ☐ Emergency Child Care Stipend Program (CCR&R)
   
☐ Private Loan    ☐ Other
11. Which of the following, if any, staffing challenges have you faced since the beginning of the pandemic (March 2020)? (Check all that apply)
   
☐ Permanently laying off staff based on needs changing    ☐ Temporarily laid off staff
   
☐ Staff who were temporarily laid off preferred to continue collecting unemployment
   
☐ Staff have expressed concern for health/safety to come back to work
   
☐ Staff have their own child care challenges based on closures and/or virtual schooling
   
☐ Have struggled to hire new staff when needed
   
☐ Staff missed work for COVID-19 exposure, or exposure in their home
   
☐ None    ☐ Other
12. Has filling roles become more or less difficult throughout the pandemic?
 

<b>Much</b>	<b>Somewhat</b>	<b>About the Same</b>	<b>Somewhat More</b>	<b>Much More</b>
<b>Easier</b>	<b>Easier</b>		<b>Difficult</b>	<b>Difficult</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
13. Have you had to close any classrooms due to inability to fill staff roles? ☐ Yes ☐ No
14. If yes, how many classrooms? \_\_\_\_\_
15. Has your enrollment capacity changed due to being unable to hire staff and thus unable to meet certain staff to children ratios? ☐ Yes ☐ No
16. On a scale of 1 to 10, with 1 being 'not at all worried/stressed' and 10 being 'the most worried/stressed I have ever been,' how would you rate your level of concern on the following issues:
   
Financial stability of program: 1 2 3 4 5 6 7 8 9 10
   
Safety of myself and other staff members: 1 2 3 4 5 6 7 8 9 10
   
Health and well-being of families we serve: 1 2 3 4 5 6 7 8 9 10
17. If you are interested in answering some more in depth questions about your COVID-19 impact/response, please leave your information below (again all answers are kept confidential, your contact information will only be used to send a follow-up virtual survey):
   
Name: \_\_\_\_\_
   
Email: \_\_\_\_\_

COVID-19 IMPACT

1. After the Governor ordered the closure of child care facilities, did you:
  - ☐ Decide to close    ☐ Operate under restricted guidelines serving essential workers
2. If you closed, when did you open again? \_\_\_\_\_
3. Since reopening after initial mandated closures/regulations, have you had to close for any other period? ☐ Yes ☐ No
4. If you have had to close for any period since reopening or accepting more children, why? (select all that apply)
  - ☐ State/County/City mandated closure    ☐ Potential COVID exposure    ☐ Staff shortage
  - ☐ Low enrollment    ☐ Cost    ☐ Personal Reasons    ☐ Other
5. What was your average estimated enrollment January 31, 2020? \_\_\_\_\_
6. What was your average estimated enrollment 6 months later, roughly July 31, 2020? \_\_\_\_\_
7. What is your current estimated average enrollment? \_\_\_\_\_
8. Prior to COVID, how many days of operational reserves did your business have? (an estimate is fine) \_\_\_\_\_
9. Did you need to apply for additional funding to remain open? ☐ Yes ☐ No
10. If yes, did you successfully receive (check all that apply):
  - ☐ Paycheck Protection Program Loan (Federal)    ☐ Economic Injury Disaster Loan (Federal)
  - ☐ Child Care Restoration Grant (State)    ☐ Emergency Child Care Stipend Program (CCR&R)
  - ☐ Private Loan    ☐ Other: \_\_\_\_\_
11. On a scale of 1 to 10, with 1 being 'not at all worried/stressed' and 10 being 'the most worried/stressed I have ever been,' how would you rate your level of concern on the following issues:
  - Financial stability of program: 1 2 3 4 5 6 7 8 9 10
  - Safety of myself and other staff members: 1 2 3 4 5 6 7 8 9 10
  - Health and well-being of families we serve: 1 2 3 4 5 6 7 8 9 10
12. If you are interested in answering some more in depth questions about your COVID-19 impact/response, please leave your information below (again all answers are kept confidential, your contact information will only be used to send a follow-up virtual survey):
 

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## Illinois Network of Child Care Resource and Referral Agencies



### In-Depth COVID-19 Impact Survey

You recently indicated you were interested in answering some in-depth questions regarding the impact the COVID-19 pandemic has had on the child care industry. Please read instructions below and call Corinne Lee at (800) 649-1884 or direct at (309) 829-5327 ext. 333.

#### Instructions:

- Please read and follow all directions carefully for each question. For some questions, you will need to check the appropriate box; for some questions, you will need to circle the appropriate response; and for some questions, you will need to write in the appropriate number or information requested.
- Please **DO NOT** write your name anywhere on the questionnaire. We have given each survey a number to help us keep track of which providers have returned their forms and which need reminders. **All information will be kept confidential.**
- Please try to answer every question as accurately as possible, adding explanatory notes only when necessary.
- Please complete the questionnaire and return it in the enclosed, stamped envelope to:

Jordan Norton  
INCCRRA  
1226 Towanda Plaza  
Bloomington, IL 61701

- Thank you for taking valuable time out of your busy schedule to complete this survey. The survey will take approximately 30-45 minutes to complete. It need not be completed at one sitting, but we ask that you return it to us within 2 weeks of receiving it. Your investment of time will contribute to knowledge that will improve the conditions and address the needs of all child care providers in Illinois.

Thank you again.

**Please return by June 30, 2021!**



## Basic Information

1. What is your type of child care facility?
  - a. Child Care Center
  - b. Family Child Care
  - c. Group Family Child Care
2. What county is your facility located in? \_\_\_\_\_

## Classroom Closures

3. As capacities have increased have you had to keep some classrooms closed due to lack of qualified staff?
  - a. Yes
  - b. No
4. For each of the following categories how many classrooms are you licensed for?
  - a. Infant \_\_\_\_\_
  - b. Toddler \_\_\_\_\_
  - c. 3-5 years old \_\_\_\_\_
  - d. School aged \_\_\_\_\_
5. For each of the following categories how many classrooms are currently open?
  - a. Infant \_\_\_\_\_
  - b. Toddler \_\_\_\_\_
  - c. 3-5 years old \_\_\_\_\_
  - d. School aged \_\_\_\_\_

## Finances/Funding

6. Did you encounter any issues in applying for emergency license or opening to essential workers after initially closing due to the pandemic (March 21, 2020)? Please explain.

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7. How have pandemic related costs (e.g., PPE, additional sanitation supplies, remodeling costs) affected your center/home? In other words, have you had to cut back on funds for other things/other activities to stay in budget with the added pandemic related expenses? Please explain.

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## Staffing

8. What new or increased supports for staff well-being are you encouraging during the COVID-19 pandemic?

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9. What has been the most challenging for you/your center regarding staffing during the pandemic?

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## Virtual Learning

10. If virtual learning was an option, did parents encounter barriers to it? What kind? (e.g. no internet access, lack of devices, etc.)

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11. Since the beginning of the pandemic would you say the children's use of technology has:

- a. Increased Greatly
- b. Increased Somewhat
- c. Stayed the Same
- d. Decreased Somewhat
- e. Decreased Greatly

12. Please rank the ways that your center utilizes technology from the least used (1) to the most used (6):

- a. Staff training \_\_\_\_\_
- b. Meeting with others \_\_\_\_\_
- c. Watching videos \_\_\_\_\_
- d. Playing games \_\_\_\_\_
- e. Remote learning \_\_\_\_\_
- f. Providing support to parents \_\_\_\_\_

13. What has been the most challenging for you/your center regarding virtual learning/tech?

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## Enrollment

14. Do you currently have as many children enrolled as you would like to/are able to have enrolled?
- a. Yes
  - b. No

15. Have families been unable to remain enrolled due to unemployment or other factors? If so, do you know what factors have most affected enrollment?

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16. As regulations allowed greater enrollment did you see:

- a. Mostly returning families enrolling
- b. A mix of returning families and new families enrolling
- c. Mostly new families enrolling

17. Have you had to increase prices for families in order to remain open? (Yes/No)

- a. Yes
- b. No

18. What has been the most challenging for you/your center regarding enrollment?

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## Assistance

19. What were the most difficult parts of applying for additional funding through state or federal programs?

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20. What other issues are you still facing running a child care program during this pandemic?

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## Impact on Families

21. What kinds of issues have you seen among families throughout the pandemic?

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22. How has your relationship with the families you serve changed, if at all, over the course of the pandemic?

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### **Hope/Plans Moving Forward**

23. What aspects of the pandemic are you looking forward to leaving behind post pandemic?

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24. What aspects are you looking forward to keeping with you and your center post pandemic?

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Illinois Network of Child Care Resource and Referral Agencies



In-Depth COVID-19 Impact Survey

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Thank you again.

**Please return by June 30, 2021!**

### Basic Information

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  - b. Family Child Care
  - c. Group Family Child Care
2. What county is your facility located in? \_\_\_\_\_

### Finances/Funding

3. Did you encounter any issues in applying for emergency license or opening to essential workers after initially closing due to the pandemic (March 21, 2020)? Please explain.

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4. How have pandemic related costs (e.g., PPE, additional sanitation supplies, remodeling costs) affected your center/home? In other words, have you had to cut back on funds for other things/other activities to stay in budget with the added pandemic related expenses? Please explain.

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### Staffing

5. What new or increased supports for staff well-being are you encouraging during the COVID-19 pandemic?

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6. What has been the most challenging for you/your center regarding staffing during the pandemic?

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## Virtual Learning

7. If virtual learning was an option, did parents encounter barriers to it? What kind? (e.g. no internet access, lack of devices, etc.)

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8. Since the beginning of the pandemic would you say the children's use of technology has:

- a. Increased Greatly
- b. Increased Somewhat
- c. Stayed the Same
- d. Decreased Somewhat
- e. Decreased Greatly

9. Please rank the ways that your center utilizes technology from the least used (1) to the most used (6):

- a. Staff training \_\_\_\_\_
- b. Meeting with others \_\_\_\_\_
- c. Watching videos \_\_\_\_\_
- d. Playing games \_\_\_\_\_
- e. Remote learning \_\_\_\_\_
- f. Providing support to parents \_\_\_\_\_

10. What has been the most challenging for you/your center regarding virtual learning/tech?

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## Enrollment

11. Do you currently have as many children enrolled as you would like to/are able to have enrolled?

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- b. No

12. Have families been unable to remain enrolled due to unemployment or other factors? If so, do you know what factors have most affected enrollment?

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13. As regulations allowed greater enrollment did you see:

- a. Mostly returning families enrolling
- b. A mix of returning families and new families enrolling
- c. Mostly new families enrolling

14. Have you had to increase prices for families in order to remain open? (Yes/No)

a. Yes

b. No

15. What has been the most challenging for you/your center regarding enrollment?

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#### **Assistance**

16. What were the most difficult parts of applying for additional funding through state or federal programs?

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17. What other issues are you still facing running a child care program during this pandemic?

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#### **Impact on Families**

18. What kinds of issues have you seen among families throughout the pandemic?

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19. How has your relationship with the families you serve changed, if at all, over the course of the pandemic?

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#### **Hope/Plans Moving Forward**

20. What aspects of the pandemic are you looking forward to leaving behind post pandemic?

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21. What aspects are you looking forward to keeping with you and your center post pandemic?

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# APPENDIX B

## GEOGRAPHIC REGIONS

### Northern Counties:

Boone, Bureau, Carroll, DeKalb, Grundy, Henry, Jo Daviess, Kankakee, Kendall, LaSalle, Lee, McHenry, Mercer, Ogle, Putnam, Rock Island, Stephenson, Whiteside, Winnebago

### Collar Counties:

DuPage, Kane, Lake, Will

### City of Chicago

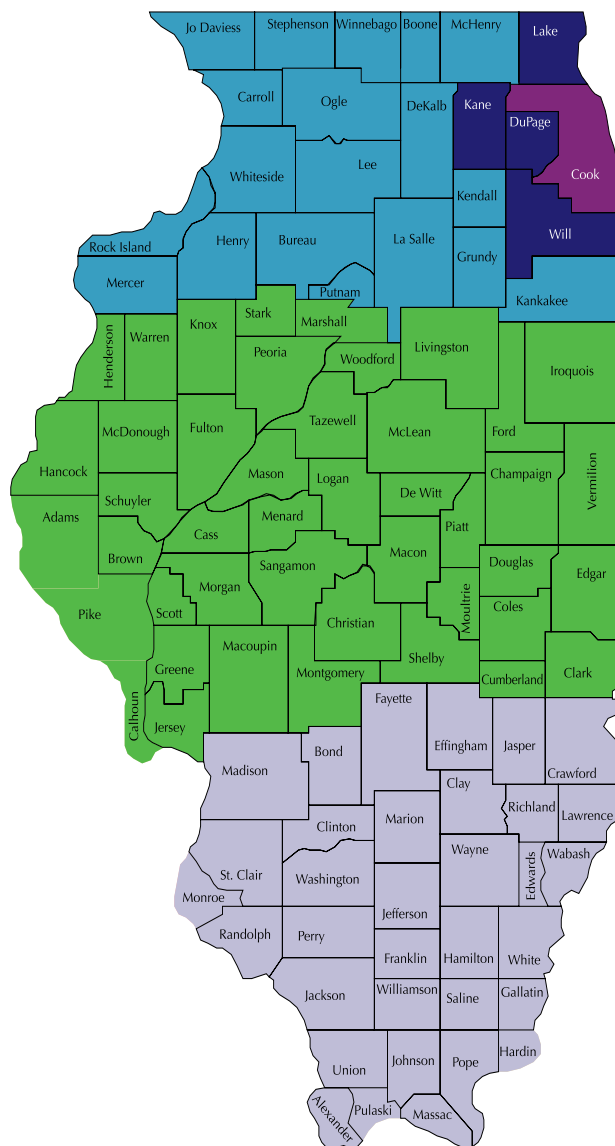
### Suburban Cook County

### Central Counties:

Adams, Brown, Calhoun, Cass, Champaign, Christian, Clark, Coles, Cumberland, DeWitt, Douglas, Edgar, Ford, Fulton, Greene, Hancock, Henderson, Iroquois, Jersey, Knox, Livingston, Logan, Macon, Macoupin, Marshall, Mason, McDonough, McLean, Menard, Montgomery, Morgan, Moultrie, Peoria, Piatt, Pike, Sangamon, Schuyler, Scott, Shelby, Stark, Tazewell, Vermilion, Warren, Woodford

### Southern Counties:

Alexander, Bond, Clay, Clinton, Crawford, Edwards, Effingham, Fayette, Franklin, Gallatin, Hamilton, Hardin, Jackson, Jasper, Jefferson, Johnson, Lawrence, Madison, Marion, Massac, Monroe, Perry, Pope, Pulaski, Randolph, Richland, St. Clair, Saline, Union, Wabash, Washington, Wayne, White, Williamson



### Illinois Geographic Regions

- Northern Counties
- Collar Counties
- City of Chicago & Suburban Cook County
- Central Counties
- Southern Counties