

















This survey is being conducted by the Louisiana Policy Institute for Children in partnership with the Childcare Association of Louisiana, Childcare Connections for Northeast Louisiana, Louisiana Association of United Ways, Northwestern State University, Pointe Coupee Early Childhood Coalition, Agenda for Children, On Track by 5 Alliance, United Way of Southeast Louisiana, and Volunteers of America.

The intent of this survey is to learn how the COVID-19 (novel coronavirus) outbreak is impacting child care providers in Louisiana. Your answers will help us understand what is happening with child care in the state during the outbreak. We will use this information to both inform recovery efforts and make the case for more help for the sector. That help may include advocating for temporary loans, mini-grants, or emergency changes in regulations. However, we cannot guarantee that any particular resources will become available or that any regulatory changes will occur as a result of your responses.

Your participation in this survey is entirely voluntary. You do not have to participate, and you can refuse to answer any question. Even if you begin the survey, you can stop at any time.

Your answers will be kept confidential. Results from this survey will only be reported in group form and will not identify you or any other individual.

The survey will take less than 15 minutes to complete.

If you have any questions about this survey, please contact info@policyinstitutela.org.

Thank you for your participation in this survey.

By clicking on the "Next" button below you are indicating that you consent/agree to participate in this survey. If you do not wish to participate in the survey, please close your browser.

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Agenda for















## **Impact of COVID-19 on Louisiana Child Care Providers**

- \* 1. Do you operate more than one early care and education center/business/program?
  - Yes, I operate MORE THAN ONE center/business/program (Redirects to Page 5)
  - No, I operate ONLY ONE center/business/program (Redirects to Page 3)





















2. Where is your business/program located?		
City/Town		
ZIP/Postal Code		
3. What type o	f business/program	are you?
○ Type I		
○ Type II		
○ Type III		
Family Child	Care	
○ In-Home Chi	ld Care	

4. How many children does your business/program typically serve in each age group (per day)?
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 years and up)
5. What is the licensed capacity of your business/program?
(Redirects to Page 10)



















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### 2. Where are your businesses/programs located?

We have provided enough space for up to 6 centers. If you operate more than 6 centers, you can opt to include more than one response per row (for example, "Downtown/Riverfront").

4. How many children do your businesses/programs typically serve in each age group (per day)?
Center 1
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 years and up)
Center 2
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 years and up)

Center 3
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 years and up)
Center 4
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Tiffee Teal Olds
Four Year Olds
School Age Children (5 years and up)

Center 5
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
i wo rear olus
Three Year Olds
Four Year Olds
School Age Children (5 years and up)
concertige cinturent (e years and ap)
Center 6
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
Four Year Olds
School Age Children (5 years and up)

5. What are the l	icensed capacities of your businesses/programs?	
Center 1		
Center 2		
Center 3		
Center 4		
Center 5		
Center 6		
	(Redirects to Page 10)	
	(Redirects to Tage 10)	





















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#### 6. What are your current tuition rates?

The next question will ask you whether tuition is charged on a daily, weekly, monthly, semester, or annual basis.

#### **Full-Time Rate**

Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 Years and up)

Part-Time Rate
Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 Years and up)
Daily Rate (for drop-ins or part-time) Infants (6 weeks to 12 months)
One Year Olds
Two Year Olds
Three Year Olds
Four Year Olds
School Age Children (5 Years and up)

7. How is the tuition above	e charged?			
Full-Time Rate		+	;	
Part-Time Rate		+	<b>;</b>	
Daily/Drop-In Rate		+	<b>;</b>	
8. How many low-income Low-income children includes to Head Start, LA4, or NSECD.  If you operate more than one concenters you operate.	hose who qualify for fr	ee or reduced-price		
9. How many employees  Please include your typical wor  19/coronavirus outbreak).  If you operate more than one ce  Full Time	kforce (whatever was t	rue before any reco	ent changes due to the COVII	D-
Part Time				
10. Does your business  Yes	/program offer en	nployees paid	sick days?	
○ No				
10a. If yes, how many sicl	c days does your bus	siness/program <sub>l</sub>	provide to most employe	es?
11. What is the monthly p This should include your typical outbreak).	•			
If you operate more than one ce	enter, please include vo	our payroll across a	all locations.	

Please provide an estimate if you are not sure of the exact amount.

<b>2. What are the monthly total expenditur</b> This should include your typical expenses (prior to an putbreak).	•		
f you operate more than one center, please include yo	our expenses acr	oss all locations.	
Please provide an estimate if you are not sure of the e	exact amount.		
13. Do you currently have an emergency pandemic?	/ plan for a pi	ublic health cris	is or
○ Yes			
○ No			
4. How worried are you about the following	ng scenarios	Somewhat Worried	Very Worried
Staff may continue to come to work even if they are sick because they cannot afford to stay home/not work	0		0
Families may try to send ill children to your program because parents need child care in order to work	$\circ$	0	0
15. Has your business/program been im	pacted by CC	)VID-19/coronav	irus?
○ Yes			
○ No			

15a. If ye	s, how?
Please che	ck all that apply.
Fewer	children / low child attendance
More o	children / increased child attendance
Emplo	byee absences
Hired	(or trying to hire) additional staff
Increa	sed costs for cleaning supplies
Difficu	ulty in obtaining needed supplies or food
Loss	of revenue
Other	(please specify)
16. Are yo	ou experiencing any financial losses due to the COVID-19/coronavirus </th
O Yes	
O Not ye	et, but I expect to
O No	
16a. If yes	, what is your best estimate of your financial losses to date?

Centers should notify the Louisiana Department of Education of closures (and reopenings) by emit LDOECOVIDI9Support@la.gov and noting the center name, license number, location, and details of closure (or reopening).  Yes (Redirects Page 16)  Not yet, but we plan to  No  Other (please specify)  (Redirects Page 18)	
<ul> <li>Closure (or reopening).</li> <li>Yes (Redirects Page 16)</li> <li>Not yet, but we plan to</li> <li>No</li> <li>(Redirects Page 18)</li> </ul>	ailing
<ul> <li>Yes (Redirects Page 16)</li> <li>Not yet, but we plan to</li> <li>No</li> <li>(Redirects Page 18)</li> </ul>	of the
<ul><li>Not yet, but we plan to</li><li>No</li><li>(Redirects Page 18)</li></ul>	
<ul><li>Not yet, but we plan to</li><li>No</li><li>(Redirects Page 18)</li></ul>	
○ No (Redirects Page 18)	
○ No (Redirects Page 18)	
Other (please specify)	
Other (please specify)	





















closed?
○ Yes
○ No
Other (please specify)
17b. Are you continuing to pay employees while your business/program is closed?
○ Yes
○ No
Other (please specify)





















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17a. Under what circumstances would your business/program close due to COVID-

19/coronavirus?  Please check all that apply.
Possible exposure of someone in my immediate community (families, children, or staff)
A confirmed case in my immediate community (families, children, or staff)
K-12 school closures
Official government guidance requesting that employees in my community work from home
Government mandates
Low enrollment/attendance
Other (please specify)

(Redirects to Page 19)

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Agenda for















## **Impact of COVID-19 on Louisiana Child Care Providers**

18. With the continued spread of COVID-19/coronavirus, how do you think it will impact your business/program over the next weeks and months?  Please check all that apply.
Fewer children / low child attendance
More children / increased child attendance
Employee absences
Will need to hire more staff
Increased costs for cleaning supplies
Difficulty in obtaining needed supplies or food
Loss of revenue
Temporary closure
Other (please specify)

19. What will happen to your business/program if families keep children home for extended periods or if your business/program is closed for an extended period of time?
Please check all that apply.
Layoff employees
Reduce employees' hours
Reduce program hours
Close program permanently
Other (please specify)

20. What steps are you already taking to respond to COVID-19/coronavirus at your business/program?
Please check all that apply.
Increased sanitation/cleaning measures
Changes in sick policies for children (for example: when children will be sent home or asked to remain at home)
Communication with employees about how to prevent the spread of COVID-19/coronaviru
Communication with families about how to prevent the spread of COVID-19/coronavirus
Created a plan for how to respond if an employee, child, or family may have been exposed to COVID-19/coronavirus
Created a plan for how to respond if an employee or child has a suspected case of COVID-19/coronavirus
Communication with families about how you would make the decision to close your program (for example: only if mandated, if schools close, if a child has potentially been exposed, only if a member of your program community has a confirmed case)
Increased business/program hours
Decreased business/program hours
Rescheduled or cancelled events
Other (please specify)

21. What kind of help would be useful to your business/program right now in preparing for the COVID-19/coronavirus?
Please write in anything that you think might help.
Note that your response is being used to inform advocacy and potential recovery responses, but we cannot guarantee that any of these supports will become available.
Regulatory relief (for example: changes to CCAP attendance requirements or licensing regulations)
Low-interest loans
Mini-grants for cleaning supplies
Grants to pay staff during a closure
A template for an emergency plan for a public health crisis or pandemic
Other (please specify)

21a. Which <u>one</u> of the above would be the MOST helpful to you right now in preparing for COVID-19/coronavirus?
Again, note that your response is being used to inform advocacy and potential recovery responses, but we cannot guarantee that any of these supports will become available.
<ul> <li>Regulatory relief (for example: changes to CCAP attendance requirements or licensing regulations)</li> </ul>
○ Low-interest loans
Mini-grants for cleaning supplies
Grants to pay staff during a closure
A template for an emergency plan for a public health crisis or pandemic
Other (please specify)

# 22. If your business/program has to close for a period of time (or has already closed) due to COVID-19/coronavirus, what kinds of support might your business/program need? Please write in anything that you think might help. Note that your response is being used to inform advocacy and potential recovery responses, but we cannot guarantee that any of these supports will become available. Regulatory relief (for example: changes to CCAP attendance requirements or licensing regulations) Low-interest loans Mini-grants for cleaning supplies Grants to pay staff during a closure A template for an emergency plan for a public health crisis or pandemic Other (please specify)

22a. Which <u>one</u> of the above would be the MOST helpful to you if your business/program has to close for a period of time (or has already closed) due to COVID-19/coronavirus?	
Again, note that your response is being used to inform advocacy and potential recovery responses, but w cannot guarantee that any of these supports will become available.	е
Regulatory relief (for example: changes to CCAP attendance requirements or licensing regulations)	
Low-interest loans	
Mini-grants for cleaning supplies	
Grants to pay staff during a closure	
A template for an emergency plan for a public health crisis or pandemic	
Other (please specify)	
23. Is there anything else you would like to share?	