

Oregon Child Care and COVID-19: Provider Perspectives through Reopening



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Background and Survey Administration

On March 23, 2020, Governor Kate Brown issued Executive Order 20-12, which ordered child care providers to close unless they were providing Emergency Child Care (ECC). To operate ECC, providers must prioritize the child care needs of essential workers, and follow new health and safety guidelines. These guidelines included additional cleaning and sanitation protocols, as well as requirements to keep groups of children and staff stable and limited to ten children. All memoranda and guidance updates are available here: oregonearlylearning.com/COVID-19-Resources.

Prior to Executive Order 20-12, approximately 3,800 licensed child care programs (both center and family-based) were operating in Oregon. About 2,100 programs applied and were approved to operate Emergency Child Care.

On April 14, Governor Brown announced a three-phase framework for reopening Oregon.¹ The Governor's Office asked the Early Learning Division (ELD) to survey all child care providers on their needs and concerns related to providing child care as Oregon reopens.

From April 22 to May 1, the survey was available on the ELD website and sent to child care stakeholders to distribute to child care providers. The survey was available in English, Spanish, Russian, Vietnamese, Traditional Chinese, and Simplified Chinese. There were a total of 1,631 respondents: 1,487 in English, 128 in Spanish, and 16 in Russian.

The survey asked for provider characteristics and demographics to determine how well the survey sample represented Oregon child care providers. Closed (e.g. multiple choice) and open-ended questions asked respondents about public health requirements, barriers to reopening, and supports needed.

This report presents a brief, initial analysis of data from the survey for immediate use, with more detailed analyses to follow.

Survey responses informed the development of the updated Statewide Standards for Child Care Operations² released on May 14, 2020. As the Governor's Office takes phased steps to reopening Oregon, the ELD will continue to use survey responses to inform how child care can meet the changing needs of children, families, and providers.

1,487	English
128	Spanish
16	Russian
1,631	TOTAL

Table 1: Survey Response

Sample Characteristics

Survey respondents are representative of the population of child care providers in Oregon with respect to race/ethnicity, geographic distribution, ages served, and provider type, except for Regulated Subsidy (n=51) and Relative Providers (n=23), which were not as well represented.

Figure 1 shows the distribution of survey responses by zip code across the state of Oregon. About one third of all responses were from rural or frontier areas.

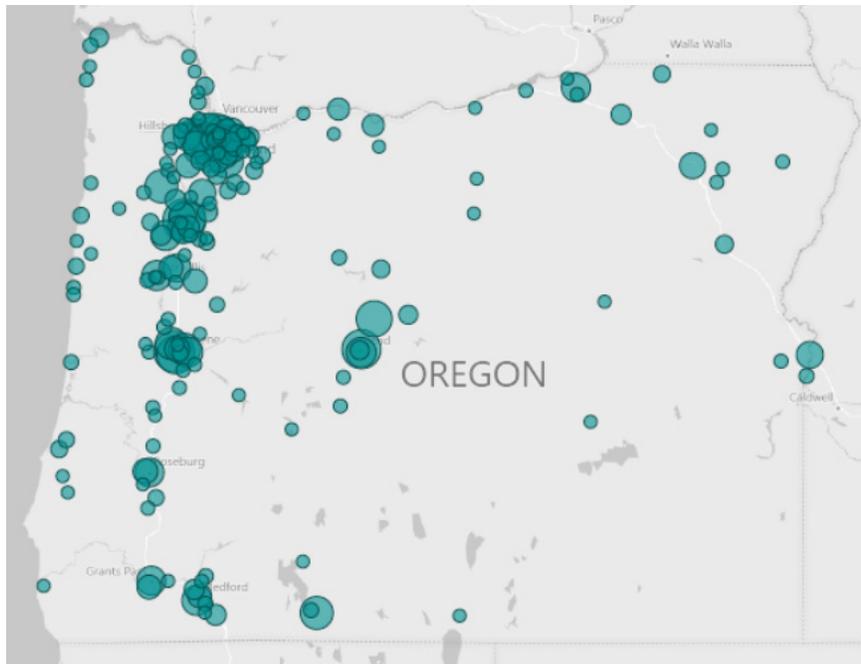


Figure 1: Respondents by Zip Code. Map created Microsoft PowerBI

To assess the survey sample's demographic representation of the overall population of the child care workforce, race/ethnicity data from the survey was compared to a recent analysis by the Oregon Child Care Research Partnership (OCCRP).³ While the analyses are not strictly comparable due to different data collection methods, it appears that survey respondents are representative of the Oregon child care workforce with respect to race/ethnicity⁴ (see Table 2).

Figure 2 shows the distribution of provider types among all survey respondents. Figure 3 shows the distribution of provider types among Spanish survey respondents. The Spanish version of the survey had a much greater proportion of responses from Registered Families (RF) and a much lower proportion of Certified Centers (CC), compared to the total sample. For all further analyses by provider type, Relative Provider (RP) and Regulated Subsidy (RS) were combined for a group total of 72 (respondents who selected both were counted only once).⁵

More than half (62%) of respondents indicated they were either offering Emergency Child Care (ECC) (59%), or not subject to restrictions, as Family, Friend, or Neighbor providers (FFN) (3%). The remaining 38% were not offering ECC, and presumably closed. These proportions are similar to proportions found in the total population of child care providers in Oregon. According to data from the Office of Child Care, 56% of licensed child care providers were open as ECC providers in the first week of May.

Survey responses also represented providers caring for all age groups: 78% indicated they cared for infants and toddlers, 91% cared for preschool-aged children, and 65% for school-aged children. Please note that respondents selected all ages cared for, so percentages add up to more than 100.

Oregon Registry Online (ORO) Race/Ethnicity	ECC Staff	2018 Workforce	Survey Race/Ethnicity	Survey Respondents*
American Indian	1%	1%	American Indian or Alaska Native	5%
Asian	4%	4%	Asian	3%
Black	4%	3%	Black or African American	4%
Hispanic/Latino/Spanish	19%	19%	Hispanic or Latino/a	20%
Native Hawaiian	1%	1%	Native Hawaiian/Pacific Islander	1%
White	69%	70%	White	60%
-	-	-	Middle Eastern/Northern African	1%
Multiracial	1%	1%	-	-
Other	0%	0%	Other	5%

Table 2: Race/Ethnicity of Survey Respondents Compared to Workforce
 * Percentages add up to more than 100 due to multiple selections.

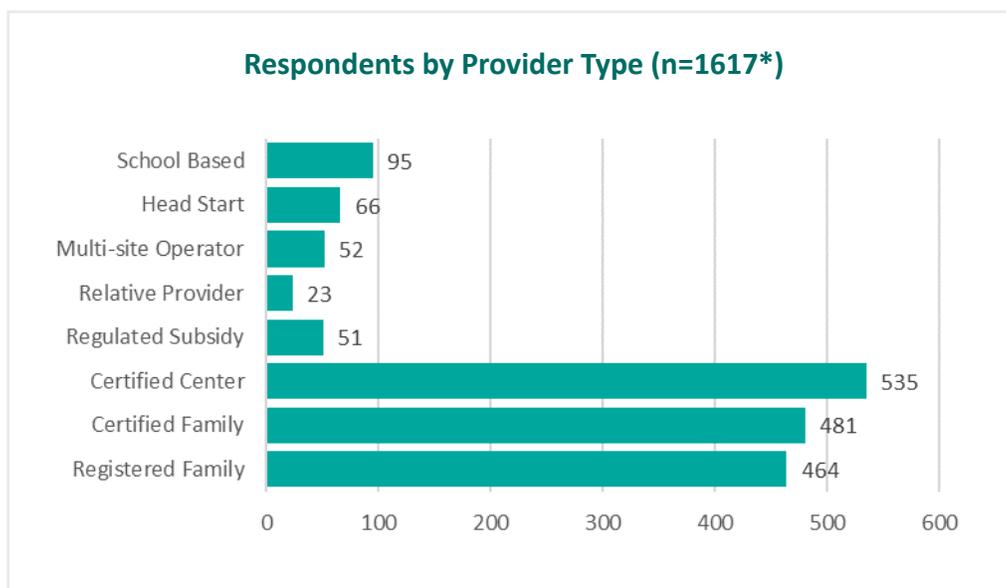


Figure 2: Respondents by Provider Type
 *Respondents selected all applicable types; numbers add up to more than the total number of responses due to multiple selections.

Respondents by Provider Type (n=124*), Spanish Survey Only

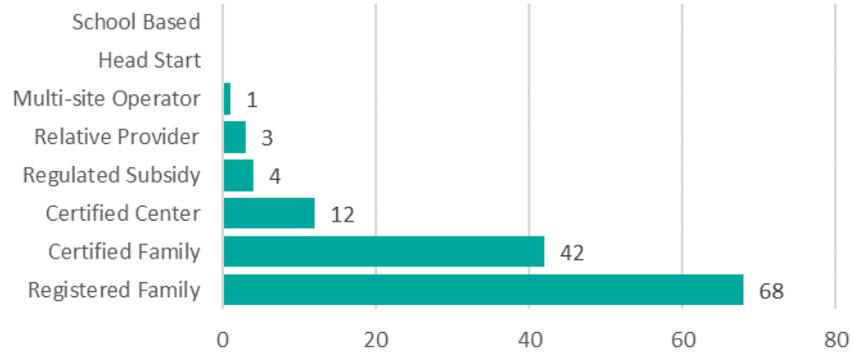


Figure 3: Respondents by Provider Type, Spanish Survey Only
*Respondents selected all applicable types; numbers add up to more than the total number of responses due to multiple selections.

Analysis

The survey asked questions to gain insight and input on the current conditions, barriers to reopening, perspectives on the difficulty and importance of public health requirements, and resources providers need as Oregon reopens.

To find out how many ECC providers might be in danger of closing, respondents were asked if they were planning to close their programs. Of the respondents who said they were currently operating ECC, 7% were planning to close their program. For RS/RP and HS providers, the proportion was much higher; however, these categories had very small group sizes.

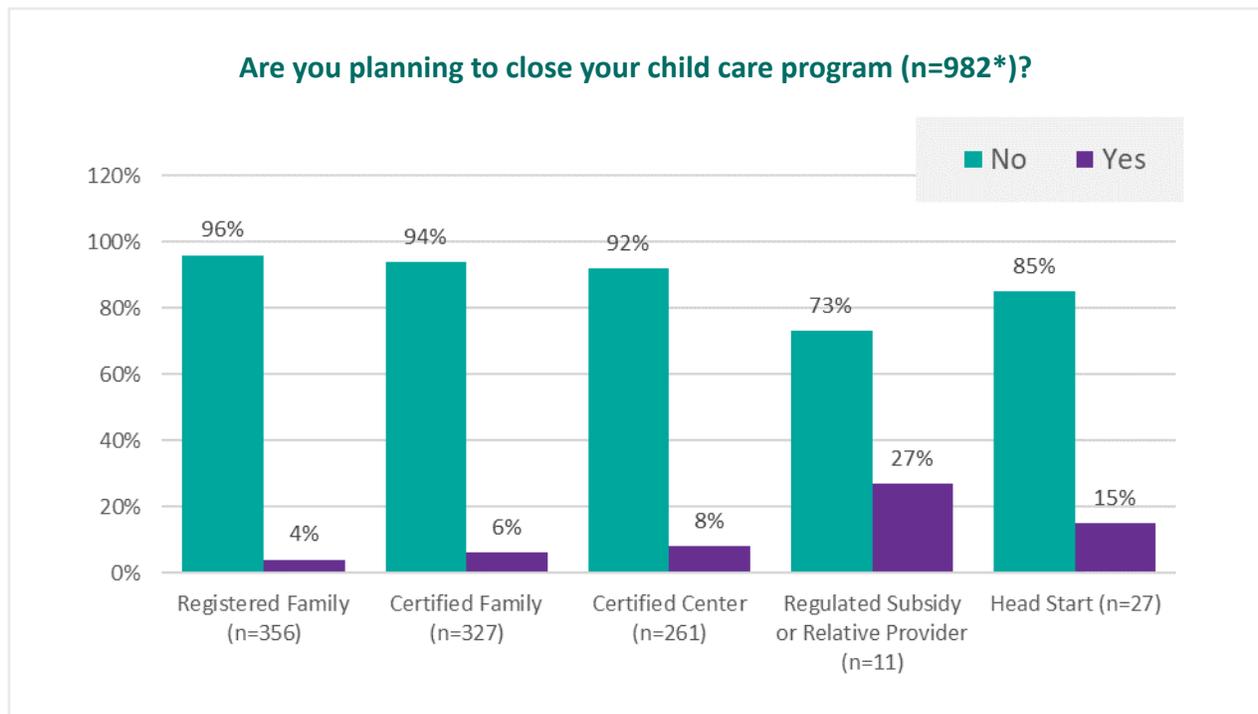


Figure 4: Are you planning to close your child care program (n=982*)?
*Excludes providers who are currently closed.

Importance and Implementation of Public Health Requirements

The survey asked respondents to rank the following requirements according to 1) their importance for safety during COVID-19; and 2) how difficult they are to implement:

- Stable groups of 10 or fewer
- Social distancing of at least 6 feet when possible
- Temperature checks
- Sanitization protocols for toys
- Sanitization protocols for high-touch surfaces
- Prioritizing essential workers
- Access to/Use of adequate Personal Protective Equipment (PPE) for staff providing child care (e.g. masks, gloves)
- Adequate tests to allow for regular COVID-19 testing for child care providers

Please note, respondents did not rank adequate COVID-19 testing with respect to its ease of implementation, as it has not been implemented in child care settings.

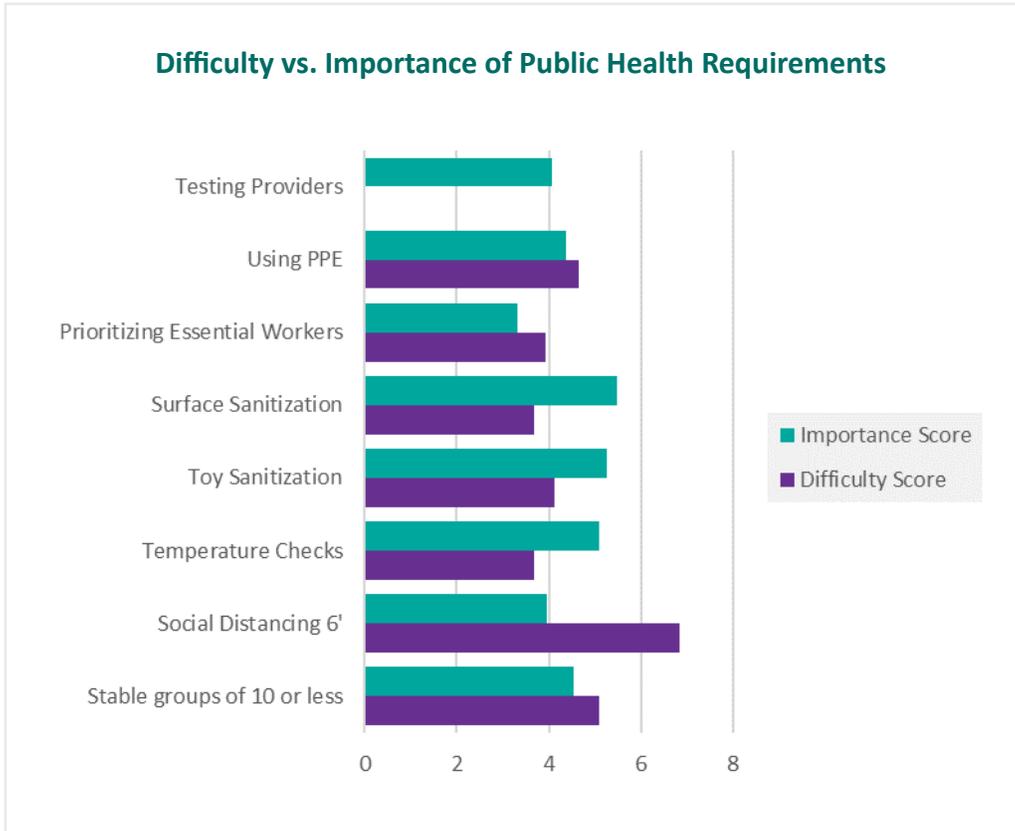


Figure 5: Ranking of Public Health Requirements

Figure 5 compares scores for importance of public health requirements to scores for difficulty of implementing those requirements based on respondents’ rankings. Surface and toy sanitizing, along with temperature checks, were ranked high in importance for safety, while they received lower rankings for difficulty.

Overall, 55% of respondents ranked social distancing highest for difficulty, with 87% ranking it within their top three in difficulty. Further, many respondents emphasized in their responses to open-ended questions that social distancing was impossible for children, and especially infants. One response noted that using the term social distancing in any guideline for child care was misleading.

Respondents also ranked “Stable groups of 10 or fewer” and “Using PPE” among the most difficult requirements to implement.

Further analyses examined differences in rankings by provider type. Please note, since social distancing was a highly ranked and common concern across provider types, it was excluded from the analysis below.

55% of respondents ranked social distancing first for difficulty

87% ranked it somewhere in the top three

Importance for Safety

Sanitizing protocols for both toys and surfaces were ranked high in importance for all provider types except HS, where neither sanitation requirement appeared within HS respondents' top three. RS/RP respondents were the only type who did not include temperature checks within their top three.

Provider Type	Most Important	2nd	3rd
Registered Family	Sanitation protocols for toys	Sanitation protocols for high-touch surfaces	Temperature checks
Certified Family	Sanitation protocols for high-touch surfaces	Sanitation protocols for toys	Temperature checks
Certified Center	Sanitation protocols for high-touch surfaces	Temperature checks	Sanitation protocols for toys
Regulated Subsidy or Relative Provider	Sanitation protocols for high-touch surfaces	Sanitation protocols for toys	Access to PPE for staff providing Child Care
Head Start	Temperature checks	Access to PPE for staff providing Child Care	Stable groups of 10 or fewer

Table 2: Public Health Requirements Ranked from Most to Least Important

Respondents suggested many other requirements to increase safety. Related to programs, respondents suggested the following: washing hands frequently at specified intervals, requiring masks for children, disinfecting clothes and shoes, minimizing items brought from home, maintaining all vaccination records, following “Stay Home, Save Lives” guidelines, and keeping child care closed and doing distance learning instead.

Related to staff, respondents suggested the following requirements: not allowing high-risk staff to work, having sick pay, safe transportation for staff, adequate breaks for mental health, clear and accessible guidelines for all staff, and appropriate coverage to give teachers days off.

Related to families, many respondents emphasized that families should have the same level of responsibility as providers to keep children and child care staff safe. Suggestions included having signed agreements, requiring families to follow public “Stay Home, Save Lives” and social distancing guidelines, staying outside the building and having the same person drop off every day, COVID-19 testing for families, and reporting COVID-19 history, immunity, and symptoms for all family members. Respondents also indicated that requiring doctors to give families a note for their provider any time the children has symptoms would be helpful.

Related to the general framework for reopening Oregon, respondents suggested requiring vaccinations for all children, testing for antibodies, allowing children unlimited child care absences without loss of funding, and better enforcement of health and safety requirements for the general public.

Difficulty of Requirements

While most provider types ranked group size and stability restrictions as the most challenging after social distancing, this was not the case for RF providers, who did not find these restrictions as difficult to implement.

Prioritizing essential workers was more difficult for larger providers, ranked in third place for CF, CC, and HS. RF and RS/RP were the only groups to include sanitizing in the top three for difficulty. Notably, RF providers selected sanitation protocols for toys as both the most important and the most difficult requirement. RS/RP providers similarly ranked sanitizing protocols high in both categories.

Provider Type	Most Difficult	2nd	3rd
Registered Family	Sanitation protocols for toys	Using PPE for staff providing Child Care	Stable groups of 10 or fewer
Certified Family	Stable groups of 10 or fewer	Using PPE for staff providing Child Care	Prioritizing essential workers
Certified Center	Stable groups of 10 or fewer	Using PPE for staff providing Child Care	Prioritizing essential workers
Regulated Subsidy or Relative Provider	Stable groups of 10 or fewer	Sanitation protocols for toys	Using PPE for staff providing Child Care
Head Start	Stable groups of 10 or fewer	Using PPE for staff providing Child Care	Prioritizing essential workers

*Table 3: Public Health Requirements Ranked from Most to Least Difficult**

** Please note, since social distancing was a highly ranked and common concern across provider types, it was excluded from the table.*

An analysis comparing respondents currently providing ECC with those who were closed was conducted to determine if ECC providers who were currently implementing the guidelines ranked their difficulty differently. ECC providers did not differ greatly from those who were closed in their ranking of requirements by difficulty.

Respondents had an opportunity to list other requirements that would be difficult to implement in a child care setting. Respondents mentioned having small children cover coughs and sneezes, having parents keep sick children at home and not mask symptoms with medicine, keeping the general public six feet away, finding substitutes and having enough staff to allow high-risk staff to stay home, taking turns on the playground, staggering meals, keeping parents in the driveway, and completing “busywork” for funding sources. Respondents also commented often on the difficulty of maintaining higher staff to child ratios.

In their responses to open-ended questions, respondents expanded on how the public health requirements listed created difficulties in providing child care. Respondents mentioned not knowing what kind of thermometer to use and how to find them, as well as masks being scary, unsafe, and inhibiting language formation. As discussed in more detail below, many respondents expanded on the difficulty of “Stable groups of 10 or fewer.”

Barriers to Reopening

Respondents selected the biggest barrier to reopening from the following options (only one selection was allowed):

- I am worried about the health and safety of myself, my staff and the children that would be in my care.
- I can't find enough families seeking care for it to be worthwhile for me to reopen.
- I cannot afford to stay open with the reduced group sizes under Emergency Child Care (ECC).
- I can't find staff who are willing to work under the current conditions.
- I can't get supplies, cleaning products and Personal Protective Equipment (PPE).
- Does not apply. Still continuing to provide care.

For those providers not currently open for ECC, concern for health and safety was the biggest barrier by a large margin, followed by being able to afford the reduced group sizes. Figure 6 shows the portion of non-ECC respondents selecting each barrier, excluding those who selected “Does not apply. Still continuing to provide care.”

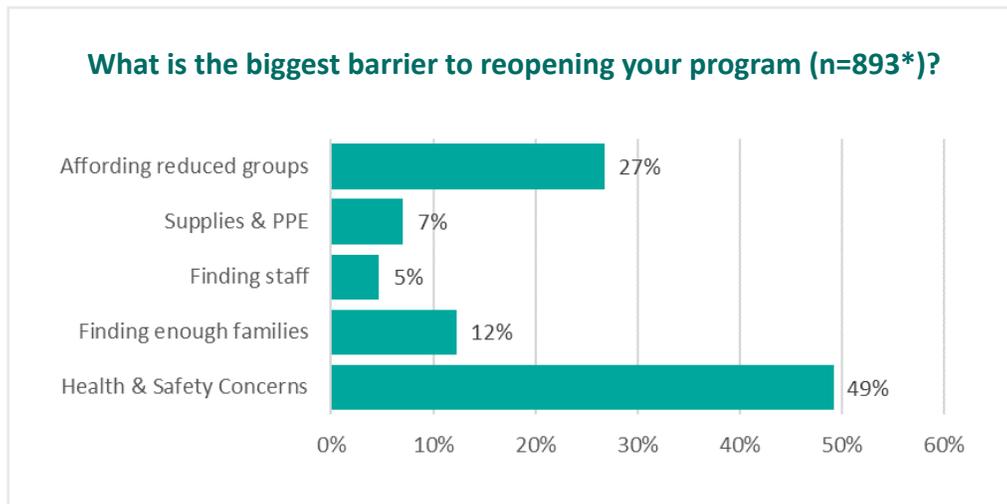


Figure 6: What is the biggest barrier to reopening your program (n=893*)?
*Excludes respondents who selected still providing care

Figure 7 shows barriers to reopening by provider type. While concern for the “health and safety of myself, my staff and the children that would be in my care,” was most commonly selected across all provider types, being able to operate with reduced group sizes was a significant barrier for CC and CF providers.

Barriers to Reopening by Provider Type

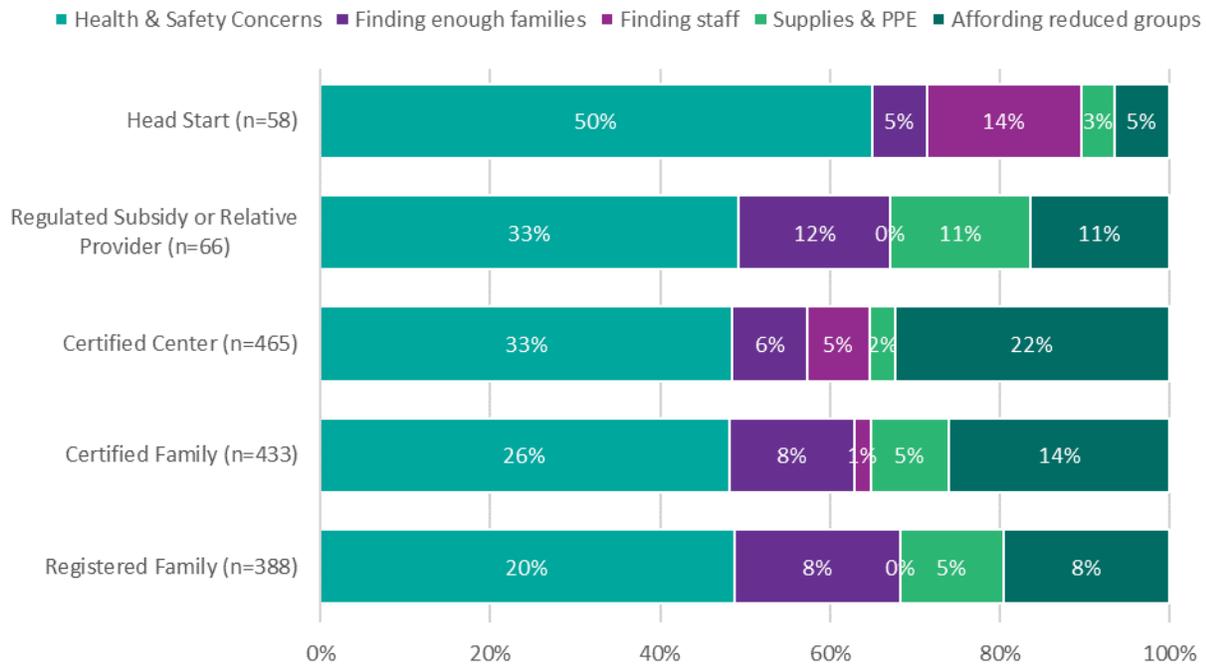


Figure 7: Barriers to Reopening by Provider Type*
 *Excludes respondents who selected still providing care

The responses to open-ended questions indicated that for many providers, all or many of the answer options were significant barriers to reopening, although the question only allowed one choice.

Additionally, many ECC respondents indicated that although their programs were currently open, they faced similar barriers to remaining open. These respondents are likely not included in the percentages reported above, assuming they selected “Does not apply. Still continuing to provide care.” It is important to consider these responses, as many indicated the likelihood of closing if barriers were not addressed.

Many ECC respondents noted that they were operating at a loss or barely covering expenses so they could remain open and serve essential workers. These financial burdens were due to group size and stability requirements, ratios, loss of family need, and essential worker requirements, discussed in more detail below.

Supports Needed to Reopen

Respondents selected all applicable supports they would need to reopen from the following:

- Funding to continue to pay recognition pay to staff who continue to work
- Program stabilization funding for your business to meet basic costs
- Funding for tuition replacement
- Training for staff on enhanced safety protocols

Please note, recognition pay refers to higher pay in recognition of working under more difficult conditions. It is unclear if all respondents understood this phrase, as many also mentioned needing “hazard pay” in their responses to open-ended questions.

All funding supports listed were important for a majority of respondents. However, the analysis by provider type indicated that larger types were driving this result, as RF and RS/RP providers were less likely to select all funding supports. Training for staff was more important for HS and CC types.

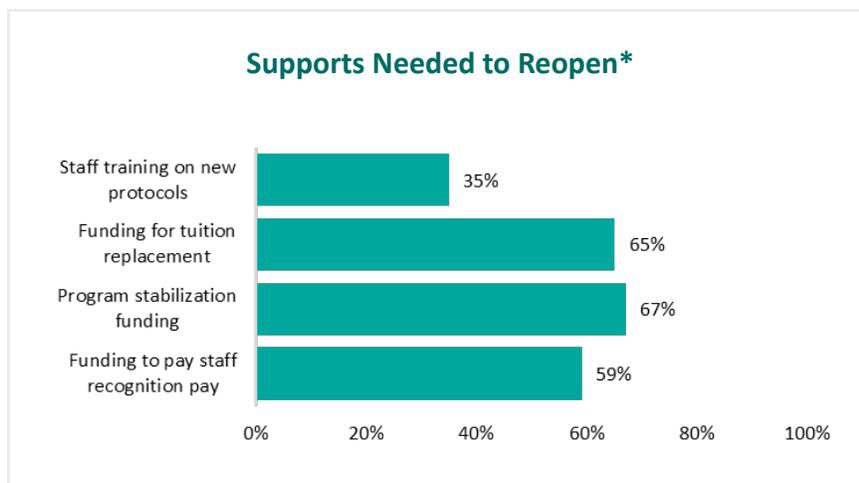


Figure 8: Supports needed to Reopen*

*Percentages add up to more than 100 due to multiple selections

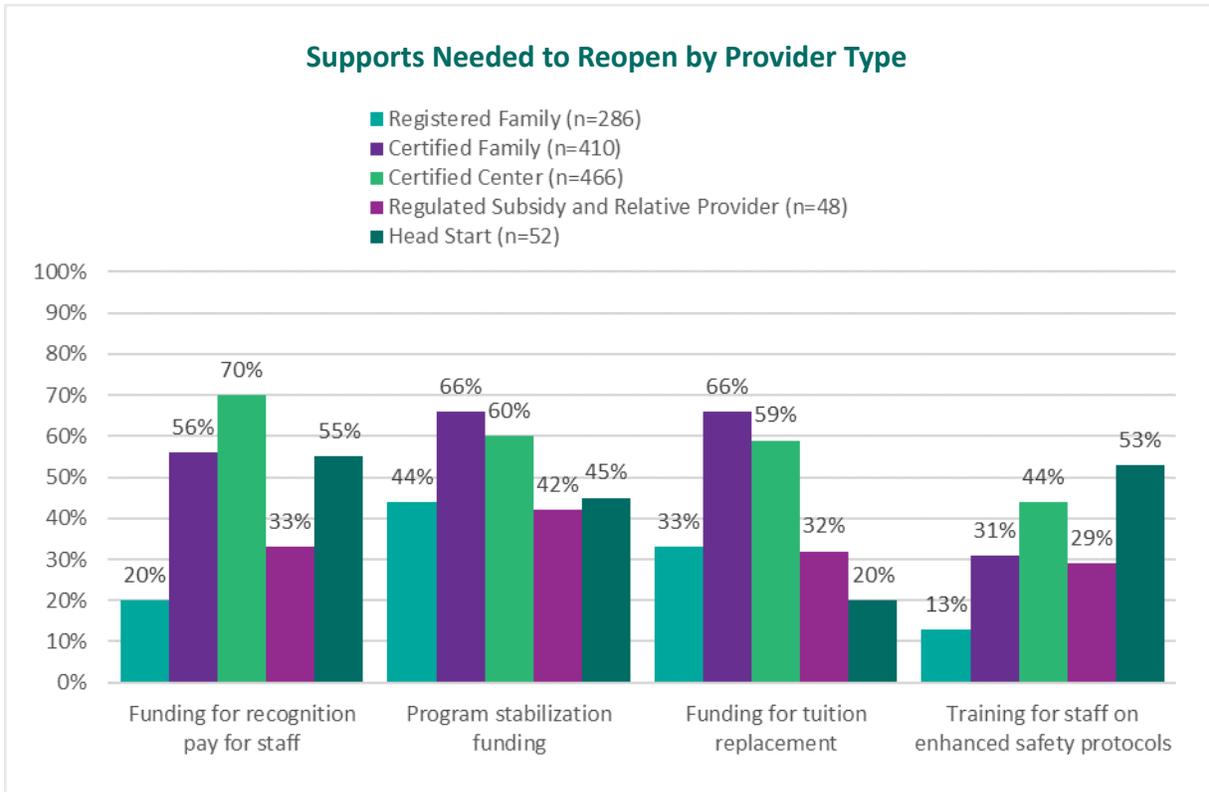


Figure 9: Supports Needed to Reopen by Provider Type

Open-ended Responses

The survey offered several opportunities for open-ended responses. Responses to all open-ended questions had similar themes, which are discussed in the following section.

Many respondents discussed **safety** concerns that would need to be addressed before they were able to open or feel safe continuing to operate in a pandemic situation. These included: being able to test children as well as staff, and to protect themselves and family living in the space. Some respondents felt that it was too soon to relax restrictions in the state.

Many respondents mentioned that they are not able to ensure that families, or the general public, are following social distancing and “Stay Home, Save Lives” order. Respondents said they would feel safer opening if the following were in place: antibody testing, contact tracing, stricter rules for general social distancing in the state, state rules against bringing in sick children, better access to health care for staff/all of Oregon, and more understanding and support from the community.

Many respondents mentioned needing more information about the coronavirus, such as whether antibodies provide immunity. Several respondents thought there needed to be evidence of lower rates of new cases to reopen. Evidence of lower rates ranged from no cases for a couple days, to none in two weeks, to complete elimination of the virus. Some respondents noted they would not be able to open soon because they or their family members were at high risk.

The theme of **financial** strain was widespread among responses. Respondents noted the need for financial help to overcome losses or pay off debt due to closure and/or operating under the higher cost burden of the restrictions, as described below. Many respondents mentioned they need more funding than they received or that they are not eligible for various funding mechanisms, including unemployment, Paycheck Protection Program (PPP), and Small Business Association (SBA) loans. Respondents mentioned several reasons for more funding, including: to cover losses incurred since March, to continue to stay closed for safety reasons, to keep high-risk employees at home with pay, hazard pay, sick leave, substitutes, supplies, and extra staff time or services for cleaning.

Many of the financial concerns related to **group size and stability** restrictions, as well as increased ratios. In addition to reduced group sizes, stability of groups further reduced income by not allowing part-time children to use partial slots. Many respondents emphasized that they would not be able to remain open, or would need funding to operate under these restrictions. Respondents also mentioned difficulties in choosing which families to care for under reduced capacity. Some respondents suggested letting some providers open at full capacity and supporting others to stay closed if they were at high risk or did not have enough families seeking child care.

Related to both safety and financial strain, respondents reported significant difficulty in obtaining all types of **supplies**, from basic necessities such as food and toilet paper, to in demand cleaning supplies and PPE. They also noted the significant amount of extra time and effort required to clean and sanitize, and the related financial burden.



Figure 10: Themes from Open-ended Responses

While only 5% of respondents selected “I can’t find staff who are willing to work under the current conditions,” as the biggest barrier to reopening, open-ended responses listed many problems with **staffing**. Staffing barriers included: staff reluctant to work due to safety concerns, such as being high risk; providers unable to pay at a higher rate for working in dangerous conditions; or not being able to maintain the same rate of pay with increased costs and reduced income. Some respondents mentioned that staff found different jobs since they closed or that staff chose to apply for unemployment because they would make more money. As noted below, many also indicated that staff were not able to work while their children were out of school due to caring for them and/or teaching them.

Respondents specified several ways in which their ability to operate was linked to **schools or higher education** being open. Some providers operated out of school buildings, which are closed. In addition, some providers shared funding with schools, or relied on students and faculty of their university to work for them or need care. More frequently noted was the need for child care staff to care for their own children and see to their distance learning (as well as any school-aged children in care) while schools are closed. Less frequently noted were issues such as losing opportunities to care for children of essential workers to schools who provide free emergency care, losing families who could only pay for afterschool hours, or took their younger children out since they had to stay home with their older children.

Some respondents noted that **demand** for their program would need to increase to reopen. Many said families would have to be back at work to need child care but they also needed to feel safe using child care. Some respondents mentioned specific industries, such as hotels and restaurants, dental offices, and salons opening back up before their families would need child care. Some said that the stay at home “Stay Home, Save Lives” order would need to be lifted, playgrounds opened back up, or school summer programs in place (for providers’ children). Respondents also noted that families working from home would also use care if allowed.

Some respondents noted that they were **ready to reopen**. Many of these respondents indicated that they needed to reopen to avoid having to close permanently for financial reasons. Some respondents indicated the government order to stay closed was the only barrier and they felt regulations were overreaching, while some noted that they wanted to reopen to continue to serve vulnerable families during high stress times and prevent abuse.

Some respondents requested clear guidance and **training** (in addition to written guidance), guidance and training in multiple languages, and training on individual requirements for children and families.

Conclusion

As Oregon begins to reopen, child care providers play an important role in supporting families and children. However, they face a complex set of economic, health, and safety challenges. While respondents indicated that they were operating as ECC providers to support essential workers, many were losing money by remaining open.

Many respondents that chose to close their child care program indicated that if they were not able to open soon, their business would not survive. To open and remain open, many respondents acknowledged that they would need significant funding support or relaxation of the group stability and/or size restrictions. Although a variety of funding options were created to respond to the COVID-19 crisis, many respondents reported not being able to access these funding sources. Respondents also stated that the funding available does not meet their needs to continue to operate their child care business.

Child care providers want to feel safe and ensure a safe environment for children and families. Many respondents shared strong feelings against opening their child care program before a significant reduction in cases or even elimination of the virus, and an increase in awareness statewide. For some of these respondents, opening their child care program is not an option due to their own and/or family members' health risks.

In order to create a safe child care environment, child care providers need access to cleaning and sanitation supplies, as well as basic necessities. Respondents reported difficulty finding and affording basic necessities, PPE, and sanitation products. Providers need support to cover the financial costs of these supplies and resources to access supplies that are in high demand.

Some issues brought up by respondents that may require further exploration include the role of families in following safety protocols, as well as the impact of school closures on staffing and demand.

Further analyses will include a fuller qualitative analysis of responses and analyses by race/ethnicity.



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References

Sektnan, M. and Pratt, M. (2020) Race/Ethnicity & Languages of Oregon's Emergency Care Workforce. Oregon Child Care Research Partnership, Oregon State University. https://oregonearlylearning.com/form_sets/race-ethnicity-and-languages-of-oregons-emergency-child-care-workforce/

Endnotes

- 1 https://drive.google.com/file/d/1_NQIdniPI3DIE1A8WP-t8KJfAPkjbo-/view
- 2 <https://govstatus.egov.com/OR-OHA-COVID-19#collapseOHAGuidance>
- 3 The analysis, found here: https://oregonearlylearning.com/form_sets/race-ethnicity-and-languages-of-oregons-emergency-child-care-workforce/, compared race/ethnicity of the ECC workforce in Oregon to the 2018 workforce using data from the ELD and Oregon Registry Online (ORO).
- 4 The ORO data records one race/ethnicity category per person, whereas the survey recorded all race/ethnicity categories selected by the respondent, resulting in percentages adding up to more than 100.
- 5 The school based and multi-site provider categories were excluded from provider type analyses due to their small group sizes. Respondents who selected these categories are likely also represented in other groups, such as CC, as they were directed to select all types that apply.