

Preschool Development Grant Birth to Five

Wisconsin's Early Care and Education Workforce: Summary Report on the Survey of Family Providers

For the Series of Studies of the Wisconsin Early
Care and Education Workforce, Report 3

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Wisconsin Department of
Children and Families



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Authors

Leah Awkward-Rich, Ceri Jenkins, and Laura Dresser

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This is the third of three reports on surveys that, taken together, illustrate the strengths and challenges in Wisconsin's Preschool Development system. The survey we report on here was sent to family providers in the state. Two prior reports described results from surveys of Wisconsin's Early Care and Education (ECE) program directors and the ECE teaching workforce, the [Report on the ECE Program Director Survey](#) (Awkward-Rich, Jenkins, & Dresser, 2021) and the [Summary Report on the Survey of Center-Based Teachers](#) (Pilarz, Claessens, Awkward-Rich, & Hoiting, 2021).

Questions from this survey align, where possible, with questions in the 2015 study on [Wisconsin's Child Care Workforce](#), allowing some five-year comparison of issues.

This survey of family providers was sent to a sample of 600 family providers in the state. Of providers who received the survey, 64% responded. These 381 responses are representative of the geographic and YoungStar distribution of family providers across the state; YoungStar is the state of Wisconsin's quality rating and improvement system. We asked about workforce issues and the challenges brought by the global pandemic.

There are about 2,000 regulated family providers in the state of Wisconsin. This includes providers certified (24% of family providers) and licensed (76% of family providers) by the state of Wisconsin. About 43% of family providers are in the Southeastern region. 76% of family providers participate in the state's YoungStar rating system; 39% are at the 2 Star level in the system, out of the maximum 5 Star rating.

Fewer Family Providers

From 2015 to 2021, the number of family providers in Wisconsin fell by nearly one-fourth from 2,644 family providers to 1,995 family providers over the period. Family providers were 12% of the ECE teaching workforce in 2015 but now account for 9% of the workforce. This long-standing decline of family providers provides important evidence of the current challenges of this work.

Family Providers: Demographics, Income, and Benefits

The typical family provider is caring for 5 children in their home and doing that work 60 hours each week to generate a net monthly income of \$1,790. The implied wage rate of this family provider is just \$7.46 per hour. This barely clears the state's minimum wage of \$7.25.

Family providers are overwhelmingly women (99.6%) with a median age of 51 years and a median of 15 years of experience as a family provider. The educational attainment of family providers has increased: in 2021, 42% of family providers had attained at least an associate's degree, up from 34% as reported in the 2015 study on [Wisconsin's Child Care Workforce](#).

Family providers are more diverse than the state population. Notably, 21% of family providers are Black, a share well above the state’s Black population share of 6%. Additionally, 7% of family providers are Hispanic, slightly above their share in the state population. Family providers also offer linguistically relevant care – 14% work with children in a language other than English.

Median net income for family providers, \$1,790 per month, is very low given the 60 hours per week that family providers work. Net income is low, but it is slightly higher than family providers earned in 2015. Adjusting for inflation, family providers income is up \$134 per month.

There’s some evidence of improvements in benefits that family providers provide themselves. Family providers are more likely to report having paid sick days and holidays than they did in 2015. However, providers’ ability to purchase more expensive benefits – health insurance and retirement – has barely changed since 2015. Just 24% of family providers purchase their own health insurance. Many get insurance through their spouse (38%) or through a public program like Badger Care (27%), **and 8% of family providers go without health insurance.**

Table 0.1: Median Net Income of Family Childcare Providers, 2021 and 2015 (all values in 2020 dollars)

| | 2021 | 2015 |
|--------------------------------|----------------|----------------|
| Median monthly earnings | \$3,500 | \$2,760 |
| Median monthly expenses | \$1,710 | \$1,104 |
| Net income | \$1,790 | \$1,656 |

Table 0.2: Benefits for Family Providers, 2021 and 2015

| Benefit | Share with benefit, 2021 | Share with benefit, 2015 |
|------------------------------------------------------|--------------------------|--------------------------|
| Health insurance paid for out of pocket | 24% | 24% |
| Health insurance from another job | 4% | 3% |
| Health insurance through spouse | 38% | 46% |
| Public Program(i.e. Badger care, Medicare) | 27% | 20% |
| No health insurance | 8% | 8% |
| Provide self a retirement plan | 23% | 22% |
| Provide self paid sick days and vacation days | 63% | 43% |
| Provide self paid holidays | 71% | 55% |

Wellbeing, Burnout, Income Insecurity, and Intention to Stay in the Field

Questions relating to well-being, burnout, and food insecurity help draw a more complete picture of family providers' lives and work. Some 42% of family providers reported that they felt used up at the end of the workday a few times a week or more. One-in-five feel frustrated by their job a few times a week or every day. **One-in-five report that they're worried that food might run out during the month.**

Measures of burnout from the job appears to be substantially higher in the Northern and Western regions of the state. Food insecurity is more intense in the Southeastern region of the state.

The overwhelming majority of family providers, 68%, see providers struggling or leaving the field. Only about 17% said that they see the field as being the same compared to the past, and just 5% indicated that "things are getting easier" for family providers in general.

Strong Commitment to a Challenging Field

The median family provider is 51 years old and, related to that age, 80% of family providers don't see themselves retiring within the next five years. Further, most family providers – 62% – are not planning to leave the field for any reason other than eventual retirement. **Many family providers are strongly committed to the field, despite the challenges in income and stress that we have documented.**

Even so, for a substantial share of family providers, the challenging structure of the work and their own priorities suggest a shorter-term relationship with the field. **More than one-third of family providers – 37% – predict that they will leave family child care within the next five years.**

COVID-19 and Family Providers

The global pandemic caused enormous stress and change in Wisconsin's ECE programs. Our respondents answered questions regarding enrollment in spring of 2021 (March through May), when the pandemic's impact in the state was intense. Family providers reported experiencing a mean enrollment drop of 1 child per program as a result of COVID-19 (from a mean of 6 children to 5 children). While this is a substantial change in enrollment for family providers, it is smaller percentage drop than experienced by center-based ECE programs, as reported in the Report on the ECE Program Director Survey (Awkward-Rich, Jenkins, & Dresser, 2021).

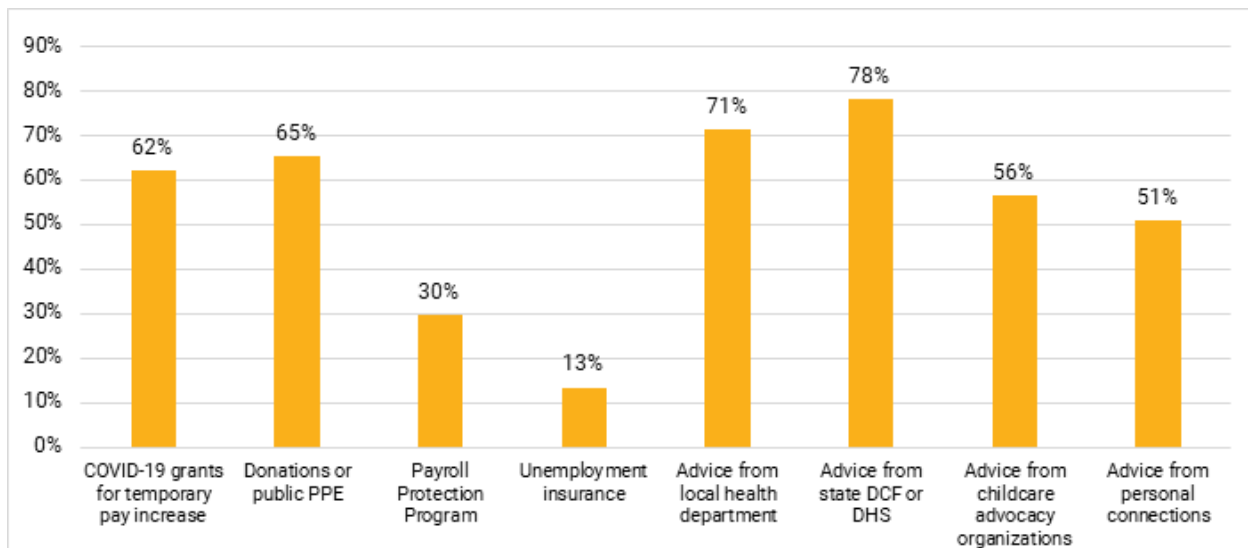
Family providers located in school districts moved to 100% online delivery of content reported the greatest impact on their services: 70% of these family providers experienced increasing interest in their services and 67% were working with more school age children as well.

Family Providers Sought and Received Support

In response to open ended questions, family providers reported considerable concern and stress in running their businesses during the pandemic. **Family providers mentioned illness, changing schedules and procedures, worry for their families' health, increased food costs, increased cleaning, increased communication with families, and unexpected quarantines.**

Respondents were asked about their use of resources during this time and resources were broadly used. Advice from DCF or DHS was a resource for 78% of family providers. 71% of them drew on local health department knowledge as well. Nearly two-thirds of family providers received protective equipment from donations or public sources and **62% connected with COVID-19 grants for temporary wage increases.**


Figure 0.1: Family Providers' Use of COVID-19 Resources



Conclusion

Family providers remain an essential component of the state ECE system. Family providers are more diverse than the state – with a strong representation especially of Black providers – and provide linguistically relevant services for families across the state. Levels of education of family providers have grown and commitment to the field remains strong. With 15 years of providing ECE in their homes at the median, family providers are experienced. More than 60% expect that only retirement will take them out of the field.

Despite these strengths, there are substantial challenges that family providers face. Net income from the work is extremely low and health care and retirement are out of reach on those earnings. Two-in-five family providers report regular feelings of burnout and one-fifth of providers express concern about having enough food to eat in any given month. Nearly two-



thirds of providers report they see themselves and others struggling or planning to leave the field. These challenges likely relate to the long-term decline in the number of family providers in the state: there are three providers in 2021 for every four family providers in the state in 2015.

The pandemic brought new challenges. On average, family providers saw enrollment of 0–5-year-olds decline from 6 before the pandemic to 5 in the spring of 2021. Especially in areas where school districts shifted to 100% remote learning in the 2020-21 school year, family providers increasingly enrolled school age children. Public resources were an important source of support in this context: advice from DCF and DHS was relied on by 78% of family providers; local health departments were useful to 71% of family providers; and 62% of family providers got grants for pay increases.

This survey helps make the unique strengths and challenges of family providers clear. Significant investment perhaps modeled on the investments in ECE that occurred during the pandemic may be one way for the state to continue to support this critical but fragile part of the ECE teaching workforce. Without sustained attention and investment, the number of family providers may continue to fall.

Section 1: Family Provider Survey

Background

This project was designed to examine the state of the Wisconsin Early Care and Education (ECE) Workforce, through three separate surveys and reports:

- Report on the ECE Program Director Survey (Awkward-Rich, Jenkins, & Dresser, 2021) (late 2020);
- Summary Report on the Survey of Center-Based Teachers (Pilarz, Claessens, Awkward-Rich, & Hoiting, 2021) (late 2020 - early 2021); and
- Family providers (spring of 2021).

This paper reports on the survey of family providers; prior papers report on the other two surveys. This report highlights the following: demographics, educational attainment, income, benefits, and other measures of satisfaction of Wisconsin's regulated family providers. We also highlight several questions around how providers have adapted to COVID-19 and its related impacts on demand for and stress among family providers.

The questions from this survey aligned, where possible, with questions for family providers in the 2015 study on [Wisconsin's Child Care Workforce](#). This makes it possible to report on five-year comparisons.

Survey Details

A team from COWS and the Survey Center at the University of Wisconsin-Madison developed and conducted the survey between February 2020 and February 2021 (with a four-month pause due to COVID-19). The survey design was completed in February 2021 and the survey was fielded from March 12, 2021 through May 18, 2021. The survey was designed to document key workforce issues by asking family providers about demographics, wages, benefits, and job quality. Two companion surveys, as noted above, provide detailed information: 1. from ECE program directors about all lead teachers and assistant teachers employed in their programs; and 2. from teachers on their demographic characteristics, work conditions and compensation, education and training, and wellbeing. A prior version of the Wisconsin ECE workforce survey was conducted six years ago in 2015, with a report on findings released in the spring of 2016. Many of the questions on the 2021 survey replicate wording and content from the 2015 survey, and thus provide a basis for comparison of family providers' experience at two points in time. The 2021 survey added questions on the impact of the global pandemic on ECE in the state.

The survey was a 7-page paper questionnaire mailed to family providers, along with a \$10 cash incentive (see Appendix A). The survey packet also included a letter, co-signed by representatives from DCF and WECA, explaining the importance of this study and inviting participation, and a pre-paid return envelope addressed to the UW Survey Center in Madison.

The letter also noted a completion bonus of an additional \$20. Questionnaires had a label bearing the case identification number for each recipient.¹

Sampling Structure and Response from the Field

DCF provided a list on February 25, 2021, which consisted of Wisconsin's 2,045 regulated family providers serving children ages birth to five. After removing the providers who were closed or rated 1 Star,² the universe from which the sample was drawn included 1,995 Wisconsin early care and education regulated family providers serving children 0-5. A sample of 600 family providers was selected for the study, representative of YoungStar ratings and geography of family providers in the state. Of the 600 family providers selected, 381 completed the survey, resulting in a **response rate for the survey of 64%**.

Survey Response Representation across Licensing Region and YoungStar Rating

We have confidence in the quality of these data because of the high quality of the DCF list (including all licensed and certified family providers in Wisconsin) and the high response rate. The 381 responses account for almost one-fifth of all family providers in this state. In terms of geography, we have a broad sampling from across licensing regions. However, while our sample was distributed according to the geographic distribution of the total universe of family providers, response rates were higher in Northeastern and Northern regions, and lower in the Southeastern region.

1 The procedure consisted of the following steps: (1) a mailing to the full sample consisting with cover letter, questionnaire, \$10 incentive and return envelope; and (2) reminder mailing to non-responders, consisting of a similar cover letter, questionnaire, and pre-paid return envelope.

2 There are so few 1 Star programs that there is no way to get a sample with sufficient size for generalization. We excluded these rare cases from sampling frame.

TABLE 1.1: Distribution of Family Providers in Wisconsin, Survey Sample, & Responses by Licensing Region

| | Total | Northeastern | Northern | Southeastern | Southern | Western |
|-----------------------------------------------------|-------|--------------|------------|--------------|------------|------------|
| Total Family Providers Serving Children Under Age 5 | 1,995 | 244 | 189 | 850 | 402 | 310 |
| % Total | | 12% | 10% | 43% | 20% | 16% |
| Number in sample | 600 | 73 | 58 | 256 | 124 | 89 |
| % sample | | 12% | 10% | 43% | 21% | 15% |
| Total Survey Responses | 381 | 64 | 38 | 125 | 86 | 68 |
| % of all responses | | 17% | 10% | 32% | 23% | 18% |

The distribution of responses by YoungStar rating is representative of provider distribution across the state; see table 1.2 below. We are confident that the sample provides a strong picture of Wisconsin’s family providers.

TABLE 1.2: Distribution of Family Providers in Wisconsin, Survey Sample, and Survey Responses, by YoungStar Rating

| | TOTAL | 2 Star | 3 Star | 4 Star | 5 Star | Not participating | Participating, not yet rated |
|-----------------------------------------------------|-------|------------|------------|-----------|-----------|-------------------|------------------------------|
| Total Family Providers Serving Children Under Age 5 | 1,995 | 769 | 372 | 84 | 57 | 471 | 242 |
| % Total | | 39% | 19% | 4% | 3% | 24% | 12% |
| Number in sample | 600 | 231 | 112 | 25 | 17 | 142 | 73 |
| % sample | | 39% | 19% | 4% | 3% | 24% | 12% |
| Total Survey Responses | 381 | 134 | 78 | 19 | 14 | 99 | 37 |
| % of all responses | | 35% | 21% | 5% | 4% | 26% | 10% |

Section 2: Family Providers in the Early Care and Education Teaching Workforce

Family Providers are a Shrinking Share of the Wisconsin Early Care and Education Teaching Workforce

From 2015 to 2021, the number of family providers in Wisconsin fell by nearly one fourth (from 2,644 family providers to 1,995 family providers over the period). Over the same period, the number of teachers working in licensed group settings has grown. Table 2.1 draws on data from the Report on the ECE Program Director Survey (Awkward-Rich, Jenkins, & Dresser, 2021) as well as the family provider survey and shows the shift in the make up of the ECE teaching workforce. Family providers, 12% of the ECE teaching workforce in 2015, now account for 9% of the ECE teaching workforce. Demand for ECE has not fallen in the state, but family providers are less likely to be providing it. Information throughout this report will highlight many strengths and challenges unique to family providers, but it is worth noting the long-standing decline in the number family providers. This is, perhaps, the strongest evidence of the challenge of this work as it is currently structured.

TABLE 2.1: Wisconsin’s Early Care and Education Teaching Workforce, Estimated Total Size

| | 2021 | 2015 |
|---------------------------------|---------------|---------------|
| Center-based lead teachers | 13,667 | 13,190 |
| Center-based assistant teachers | 7,539 | 6,340 |
| Family providers | 1,995 | 2,644 |
| TOTAL | 23,201 | 22,174 |

Family Provider Demographics, Language, Education, and Experience

As is the case with other professionals who work with young children, family providers are almost entirely women (99.6%). The median Wisconsin family provider is 51 years old.

Family providers in the state are racially, ethnically, and linguistically diverse. Table 2.2 shows the racial/ethnic identities of family providers in 2021 and 2015, as well as the percent of providers who speak or teach in a language other than English in 2021. Notably, one-in-five family providers in Wisconsin are Black (up from 13% in 2015 to 21%) which substantially exceeds the overall Black population share (6.5%) in Wisconsin. There is also significant linguistic diversity among family providers, 14% of whom teach in a language other than English. For many families, these providers are a critical resource for services in their preferred language.

TABLE 2.2: Family Providers Identified Race or Ethnicity and Language(s) Spoken or Taught

| | 2021 | 2015 |
|--------------------------------------------------------------------------------------------------------------------|------|------|
| Race* | | |
| Hispanic/Latino | 7% | - |
| White | 68% | 81% |
| Black | 21% | 13% |
| Asian | 1% | - |
| Other (includes Native Hawaiian, Pacific Islander, American Indian, Alaskan Native, other race, or multiple races) | 3% | 7% |
| *Race reported only as White, Black, and Other in 2015 | | |
| Language | | |
| Speak language(s) other than English | 12% | - |
| Teach in language(s) other than English | 14% | - |

The education and experience of Wisconsin’s family providers is provided in Table 2.3. Over 40% of family providers have a higher education degree: 26% have an associates degrees, 12% have a bachelor’s degree, and 4% have a master’s degree or more. An additional 40% have some college experience and 18% have a high school degree or less. Since 2015, educational attainment of family providers has increased, with the share of providers with any college degree rising from 34% to 42% of all family providers and with the share with high school degrees or less falling from 28% to 18%. Degrees specifically in ECE have risen as well. Family providers demonstrate substantial commitment in the field – median experience is 15 years.

TABLE 2.3: Education, Field of Training, and Experience of Family Providers

| | 2021 | 2015 |
|----------------------------------|----------|----------|
| Educational attainment | | |
| High school or less | 18% | 28% |
| Some college | 40% | 38% |
| Associate degree | 26% | 21% |
| Bachelor's degree | 12% | 11% |
| Master's or more | 4% | 2% |
| ECE related training | | |
| AA in ECE or related | 14% | 10% |
| BA in ECE or related | 6% | 3% |
| MA in ECE or related | 2% | - |
| Experience (median years) | | |
| Median years as family provider | 15 years | 15 years |

Section 3: Income and Difficulty of Living on Household Income

Family Provider Earnings, Expenses, and Net Income

Varied approaches to accounting can make consistent and comparable data on family provider earnings and expenses difficult to generate. Even so, there is no doubt that earnings of family providers are very low. Table 3.1 provides a summary of the characteristics of family providers as they relate to their earnings, expenses, and the number of children in their care. Family providers typically dedicate 60 hours per week to their business which is an intense weekly workload and is more intense than the average 55 hours a week reported in 2015. Family providers work 51 weeks out of the year. At the median, family providers care for five children (down one from the median of six children in 2015).

In a typical month, family providers earn \$3,500 and incur \$1,710 in expenses related to provision of care and education (see Table 3.1, below). This leaves family providers with \$1,790 net income each month.

The typical family provider is caring for 5 children in their homes and doing that work 60 hours each week to generate a net monthly income of \$1,790. The implied wage rate of this family provider is just \$7.46 per hour. This barely clears the state's minimum wage of \$7.25.

Neither YoungStar quality ratings nor the education of family providers has substantial impact on income. Monthly earnings are consistently between \$3,500 and \$4,000, across education and YoungStar ratings. Expenses show greater variability but are generally around \$2,000. This leaves providers with monthly net income in the \$1,500-\$2,500 range across all education and YoungStar categories. Family provider income is very low, and neither education nor quality ratings substantially change the picture for providers.

With low net income, most family providers rely on additional sources of income to help them get by. The most frequent additional source of income for family providers is a spouse's income, a source on which 61% of family providers rely. For additional income, 20% of family providers indicated that they have second job. 14% reported having additional income from another, unspecified source. Family providers can have multiple sources of income. For this reason percentages mentioned do not add up to 100%. It is remarkable, given the high hours of work, that one in five family providers also report having outside jobs.

TABLE 3.1: Earnings, Expenses and Median Children Served by Family Providers

| Earnings and expenses | 2021 | 2015 |
|-----------------------------------------------------|-------------|-------------|
| Median monthly earnings | \$3,500 | \$2,760* |
| Median monthly expenses | \$1,710 | \$1,104* |
| Net income | \$1,790 | \$1,656* |
| Other sources of income (shares with source) | | |
| Other job | 20% | 21% |
| Income from spouse | 61% | 67% |
| Additional income from other source | 14% | 21% |
| Time Worked | | |
| Median hours per week | 60 | 55 |
| Median weeks per year | 51 | 51 |
| Children in Care | | |
| Median number of children cared for | 5 | 6 |
| *Converted to 2020 dollars | | |

Family Providers' Difficulty Living on Household Income

We asked family providers how difficult it is for them to live on their household income. Table 3.2 shows the percentage of family providers who reported various levels of difficulty living on their household income (and provides the same by YoungStar rating and licensing region). Consistent with the low income documented above, **two-thirds of family providers reported that they find it difficult to live on their household income.** This includes 10% of family providers who report that it is very or extremely difficult to get by.

The difficulty in living on family income is more intense in the Southeastern Region – nearly three in four providers there report it is difficult to live on household income, and 18% reported it was very or extremely difficult, nearly twice the share for the state overall (10%). Family providers with 2 Star ratings and those that are participating in YoungStar but not yet rated by it also were more likely to find it difficult to live on household income than other providers.

Family providers reported lower levels of difficulty living on their household income compared to teachers in the Summary Report on the Survey of Center-Based Teachers (Pilarz, Claessens, Awkward-Rich, & Hoiting, 2021). Teachers were more than twice as likely to report that it was very or extremely difficult to live on their household income (22%) compared to family providers (10%), a pattern which holds for teachers and family providers of equivalent YoungStar ratings

and regions. Additionally, only about one quarter (26%) of teachers said it was not at all difficult to live on their household income, compared to more than one third of family providers (34%).

TABLE 3.2: Percentage of Family Providers Reporting Difficulty Living on Household Income

| | Very or extremely difficult | Somewhat or a little difficult | Not at all difficult |
|-------------------------------------|------------------------------------|---------------------------------------|-----------------------------|
| All | 10% | 56% | 34% |
| YoungStar Rating | | | |
| 2 Star | 12% | 62% | 26% |
| 3 Star | 13% | 51% | 36% |
| 4 Star | 11% | 42% | 47% |
| 5 Star | 7% | 50% | 43% |
| Not participating | 7% | 51% | 42% |
| Participating, not yet rated | 9% | 65% | 26% |
| Region | | | |
| Northeastern | 6% | 52% | 41% |
| Northern | 14% | 47% | 39% |
| Southeastern | 18% | 56% | 26% |
| Southern | 4% | 59% | 37% |
| Western | 8% | 58% | 34% |

Section 4: Health Insurance, Other Benefits, and Public Assistance

Family Provider Provision of Insurance and Other Benefits

Family providers are small business owners generating monthly net income of around \$2,000, a level of income that can make benefits prohibitively expensive. We asked family providers about their benefits and show key answers in Table 4.1.

Health insurance is a critical resource, perhaps especially in a global pandemic. Just under one-in-four (24%) of family providers purchases health insurance. Two-thirds of family providers find other routes to health insurance coverage. Spouses' employment provides this critical benefit to 38% of family providers. Another 27% get their health insurance through a government program (like BadgerCare or Medicare).³ Almost one-in-ten family providers (8%) have no health insurance coverage at all.

Both the share of family providers without health insurance and the share of family providers purchasing their own health insurance have held steady since the 2015 survey. But there have been two important shifts. First, the share of family providers who get health insurance through their spouse's employment has fallen – from 46% in 2015 to 38% in 2021. And the share relying on a government insurance source (BadgerCare or Medicare) has grown from 20% to 27% over the past six years.

The other costly benefit, retirement, remains out of reach for most family providers. Only 23% of family providers provide themselves a retirement plan, a share very similar to the 2015 results. But two benefits have become more common for family providers across the period. Currently, 63% provide themselves with paid sick or vacation days (up from 43%) and 71% of family providers provide themselves with paid holidays, up from 55% in 2015.

³ In the survey, we asked about public sources of health insurance in one question. This combines access to BadgerCare (the state's Medicaid funding program) and Medicare (available to adults over 65). 90% of providers in the survey are ineligible for Medicare on the basis of age, but 10% of family providers in the state are 65 years or older and thus eligible for Medicare.

TABLE 4.1: Benefits for Family Providers, 2021 and 2015

| Benefit | Share with benefit, 2021 | Share with benefit, 2015 |
|-----------------------------------------------|---------------------------------|---------------------------------|
| Health insurance paid for out of pocket | 24% | 24% |
| Health insurance from another job | 4% | 3% |
| Health insurance through spouse | 38% | 46% |
| Public Program (i.e. Badger care, Medicare) | 27% | 20% |
| No health insurance | 8% | 8% |
| Provide self a retirement plan | 23% | 22% |
| Provide self-paid sick days and vacation days | 63% | 43% |
| Provide self-paid holidays | 71% | 55% |

The increases from 2015 to 2021 in family providers having paid sick, vacation, and holidays suggests a modest improvement in quality of life afforded to family providers. Unfortunately, access to the single most important and expensive benefit, health insurance, remains challenging and retirement is also out of reach for three-fourths of providers.

Family Provider Use of Public Benefits

Given the low levels of income we have documented, family providers might be eligible to receive aid from specific public benefit programs. We asked if family providers or their household members received specific forms of assistance in the past month; results are shown in Table 4.2.

Publicly provided health insurance (via BadgerCare or Medicare) was a resource for one-third of family providers or their family members in the spring of 2021. BadgerCare is means tested access to Wisconsin’s public health insurance program provided by Medicaid. A family provider would only receive BadgerCare if their household income fell below a specific eligibility threshold. Medicare provides health insurance for those aged 65 and up. Notably, 10% of family providers were eligible for Medicare. These public health insurance systems are critical to 34% of family providers. Another “means tested” program, FoodShare WI (sometimes called “food stamps”), is a source of support for 14% of family providers.

The other notable source of support for family providers was COVID-19 pandemic government payments. 45% of family providers reported that they received some government pandemic assistance in the past month. They were asked this question in the spring of 2021.

TABLE 4.2: Family Providers or Household Members Receiving Assistance in Past Month (Spring 2021)

| | |
|---------------------------------------------|-----|
| Wisconsin Shares | 4% |
| W-2 or TANF | 1% |
| FoodShare WI or SNAP | 14% |
| BadgerCare or Medicare | 34% |
| Section 8 Housing | 1% |
| Unemployment Insurance | 7% |
| Disability (i.e. SSI) | 10% |
| COVID-19 pandemic government payment | 45% |

Section 5: Family Providers' Wellbeing and Food Insecurity

The survey also asked about family providers' physical and emotional wellbeing and food insecurity. Table 5.1 below reports these indicators for all family providers (top row) and then provides information broken out by YoungStar rating and licensing region.

More than half of family providers report that their health falls short of "excellent" or "very good." 46% report that their health meets that standard. Some 42% of family providers reported that they felt used up at the end of the workday a few times a week or more. One-in-five feel frustrated by their job a few times a week or every day. **One-in-five report that they're worried that food might run out during the month.**

These answers can be compared to teachers' responses in the Summary Report on the Survey of Center-Based Teachers (Pilarz, Claessens, Awkward-Rich, & Hoiting, 2021) and provide some sense of similarities and difference in wellbeing and food insecurity across the ECE workforce. Similar shares of center-based teachers and family providers reported being in excellent or very good health (teachers: 52%; family providers: 46%) and feeling used up at the end of the workday (teachers: 39%; family providers: 42%). However, family providers were less likely to report feeling frustrated by their job than center-based teachers (teachers: 25%; family providers: 20%) and were less likely to report food insecurity than center-based teachers (for teachers 27% worried food would run out; 20% reported food didn't last; for family providers, 20% and 13%).

The remainder of Table 5.1 shows how wellbeing and food insecurity vary by YoungStar rating and region. **Measures of burnout from the job appears to be substantially higher in the Northern and Western regions of the state.** In these regions, half of family providers report feeling used up at the end of the workday (49% in Northern Region and 55% in Western region, compared to overall 42%). These two regions posted the higher share of family providers that feel frustrated by their jobs a few times a week or every day. 20% of family providers in the state felt this level of frustration compared to 30% of the Northern and Western providers.

Food insecurity is more intense in the Southeastern region of the state. Statewide, 20% of family provider are worried that food might run out at the end of the month, but in the Southeastern region, 33% of providers face this worry. And while 13% of all providers report that they food they bought did not last, in the Southeastern region, 24% of family providers faced this level of food insecurity.

TABLE 5.1: Percentage of Family Providers Reporting Physical, Emotional, and Food Insecurity Outcomes

| | Overall Health | Feelings of Burnout from Job (a few times a week/ every day) | | Food Insecurity | |
|-------------------------------------|-------------------------------|--------------------------------------------------------------|------------------------|----------------------------|------------------------------|
| | Excellent or Very Good Health | Feel Used Up at End of Workday | Feel Frustrated by Job | Worried Food Might Run Out | Food Bought Just Didn't Last |
| All | 46% | 42% | 20% | 20% | 13% |
| YoungStar Rating | | | | | |
| 2 Star | 39% | 36% | 18% | 21% | 18% |
| 3 Star | 44% | 53% | 27% | 24% | 9% |
| 4 Star | 53% | 44% | 28% | 21% | 16% |
| 5 Star | 50% | 50% | 21% | 14% | 7% |
| Participating, not yet rated | 59% | 40% | 18% | 37% | 29% |
| Not participating | 52% | 41% | 17% | 8% | 5% |
| Region | | | | | |
| Northeastern | 45% | 32% | 13% | 8% | 5% |
| Northern | 51% | 49% | 30% | 14% | 8% |
| Southeastern | 45% | 35% | 15% | 33% | 24% |
| Southern | 48% | 47% | 21% | 15% | 9% |
| Western | 46% | 55% | 30% | 16% | 12% |

Section 6: T.E.A.C.H. and REWARD Programs, Professional Development, and The Registry

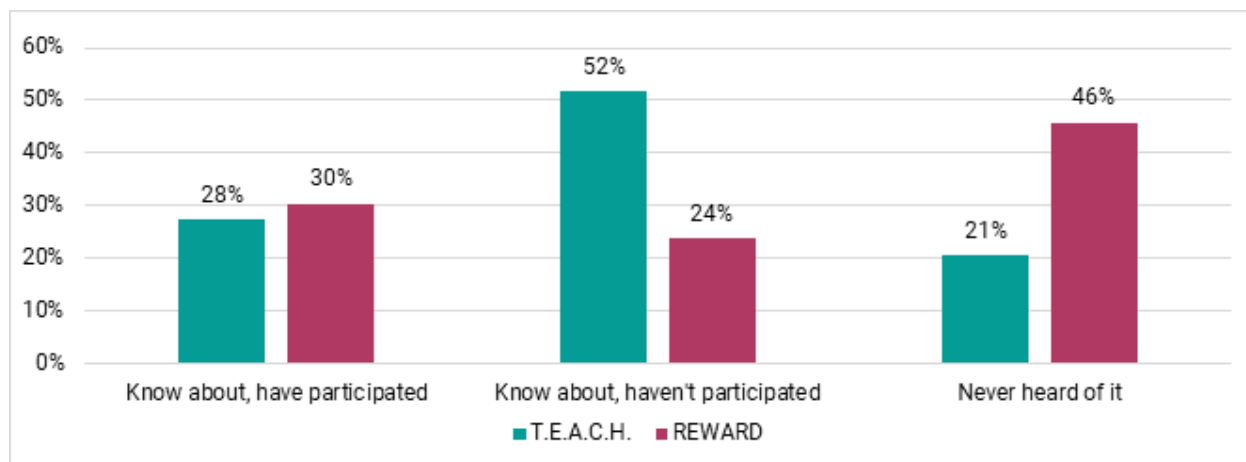
Declining Awareness of T.E.A.C.H. and REWARD Among Family Providers

T.E.A.C.H. and REWARD are Wisconsin programs to support professional development and compensation for the ECE teaching workforce. T.E.A.C.H (Teacher Education and Compensation Helps Early Childhood), a program provided by the Wisconsin Early Childhood Association since 1999, provides scholarships to pay for credit based ECE courses for teachers employed by regulated ECE and school age care settings. The program uses a cost sharing model in which T.E.A.C.H., the scholarship recipient, and the recipient's employer provide portions of the cost of tuition and other expenses. T.E.A.C.H. seeks to enhance the educational attainment of ECE teachers and reduce rates of turnover.

REWARD (Rewarding Education with Wages and Respect for Dedication) provides stipends for eligible early educators. In recognition of the low wages and few benefits provided to ECE teachers, the program offers salary supplements based on educational attainment and tenure in the field. REWARD seeks to reduce turnover rates, increase ECE teacher compensation, and improve the quality of ECE in Wisconsin.

These two programs are important public investments in the teaching workforce for ECE in the state. Figure 6.1 shows the extent to which family providers know about and participate in these programs. Nearly 80% of family providers have heard about T.E.A.C.H. – 28% who have participated in the program and another 52% who are aware of it but have not participated. Just 21% of family providers have never heard of the program. Family providers are substantially less aware of REWARD – 46% of family providers have never heard of it. 30% of family providers know of and have participated in REWARD (slightly higher than for T.E.A.C.H.). Family providers' awareness in 2021 of these programs roughly matches 2015 levels.

FIGURE 6.1: Family Provider Familiarity with & Participation in T.E.A.C.H. and REWARD



Other Professional Development Resources Used by Family Providers

Family providers reported on their participation in professional development and training experiences (see Table 6.1 below). A majority of providers participated in online or correspondence courses/trainings in ECE (70%), and about half participated in trainings or sessions offered by ECE professional organizations (56%) and YoungStar Technical Consulting (48%). About one third (35%) attended a professional membership organization meeting and about one in six (16%) enrolled in an ECE course at a college or university. Few family providers reported participating in practice-based coaching, Wisconsin Early Education Shared Services Network, or other coaching, mentoring, or consultation offerings.

Table 6.1: Family Providers’ Participation in Professional Development and Training

| Professional Development | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Participated in trainings or conference sessions offered by WI early childhood professional organizations (i.e. child care resources and referral agencies) | 56% |
| Attended a meeting of a professional membership organization (i.e. Wisconsin Family Child Care Association) | 35% |
| Enrolled in a course at a college or university relevant to early childhood education | 16% |
| Participated in online/correspondence courses or trainings in early childhood education | 70% |
| Coaching, mentoring, or ongoing consultation | |
| YoungStar Technical Consulting | 48% |
| Practice-Based Coaching | 5% |
| Wisconsin Early Education Shared Services Network (WEESN) | 8% |
| Other coaching, mentoring, or consultation | 10% |

Just 3% of providers are disconnected all of the training and development resources we mention above. That is there were only 11 providers (3% of all family providers) who said both (1) they not heard of T.E.A.C.H or REWARD and (2) they did not participate in any professional development or coaching.

Family Providers Connection to The Registry

We also asked family providers about their membership in Wisconsin’s Early Care and Education Registry (The Registry), or the Recognition System for the Childhood Care and Education Profession. The Registry is a resource for career development and professional growth in Wisconsin. The more comprehensive the engagement of the ECE teaching field, the stronger the resource The Registry can be. About 65% of family providers reported starting or renewing their membership with the Registry within the last 2 years, so awareness of and connection to The Registry is reaching nearly two-thirds of family providers. One-third of family providers are not connected to The Registry. Of those who have not started or renewed in the last two years, the main reasons for not doing so are listed in Table 6.2. Almost a third of these respondents listed “too much of a hassle” as the reason for their disinterest in engagement. Another 23% reported that they found the fees prohibitive.

TABLE 6.2: Main Reason Family Providers Have Not Started or Renewed Registry Membership (top 6 reasons shown)

| | |
|-------------------------------------------|-----|
| Too much of a hassle | 31% |
| Membership fee too expensive | 23% |
| Other concerns with Registry | 8% |
| Too difficult to use online system | 8% |
| In process or not yet time | 7% |
| Other personal reasons | 7% |

Section 7: Family Providers Career Perceptions and Plans

We asked family providers about their view of what is going on in the field and their own plans for the next few years. Table 7.1 shows family providers' perception of whether their work is getting harder or getting easier. **The overwhelming majority of family providers, 68%, see providers struggling or leaving the field.** Only about 17% said that they see the field as being the same compared to the past, and just 5% indicated that "things are getting easier" for family providers in general. While the dominant perception of family providers is one of struggle in the field, the result is slightly better than in 2015 when 74% of providers held this view.

TABLE 7.1: Family Providers' Perception of the Field

| | 2021 | 2015 |
|--------------------------------------------------|------|------|
| Providers struggling or leaving the field | 68% | 74% |
| The field feels the same | 17% | 14% |
| It is getting easier | 5% | 6% |
| Don't know, not enough experience | 10% | 7% |

Family Providers' Future Plans and Potential Reasons for Leaving the Field

While family providers see providers struggling and leaving the field, they also show considerable commitment to it and project staying in it. Family providers were asked how long they intend to stay in the field (Figure 7.1). Aligning with their median age (51 years), more than 80% of family providers indicate that they have five years or more before they plan to retire and just 6% intend to retire in the next two years. While retirement is far off for most respondents, **more than one-third of family providers – 37% – predict that they will leave family child care within the next five years.** Roughly half of them (18% of the 37%) will be leaving the field because they plan to retire within five years and the other half expect to leave family child care within the next five years either to move into other ECE jobs or to move out of the field entirely.

FIGURE 7.1: Family Providers' Plans to Leave Family Child Care and ECE Field

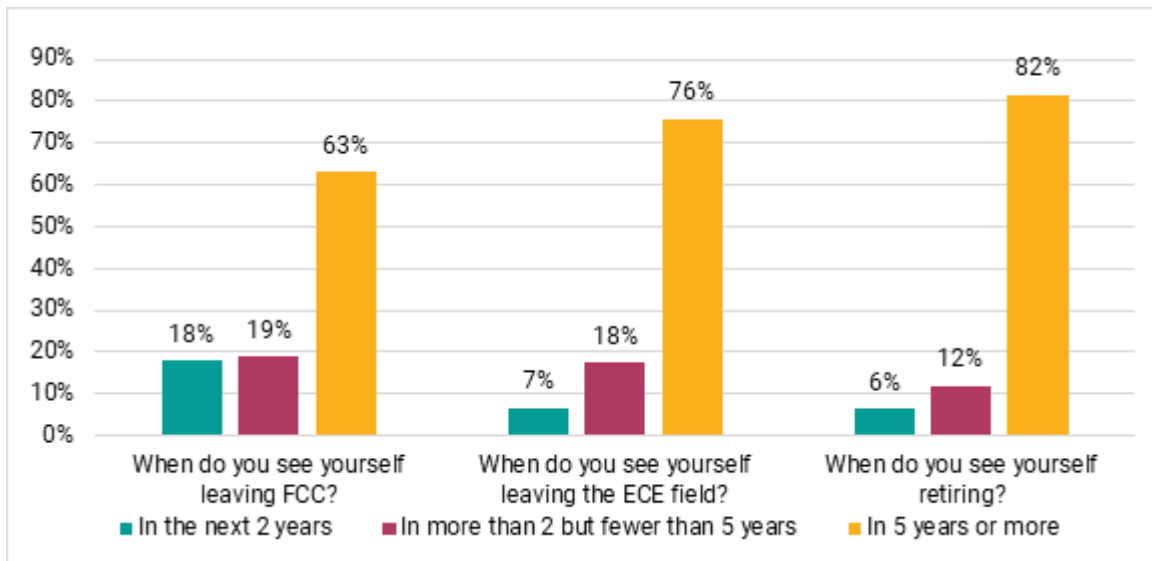
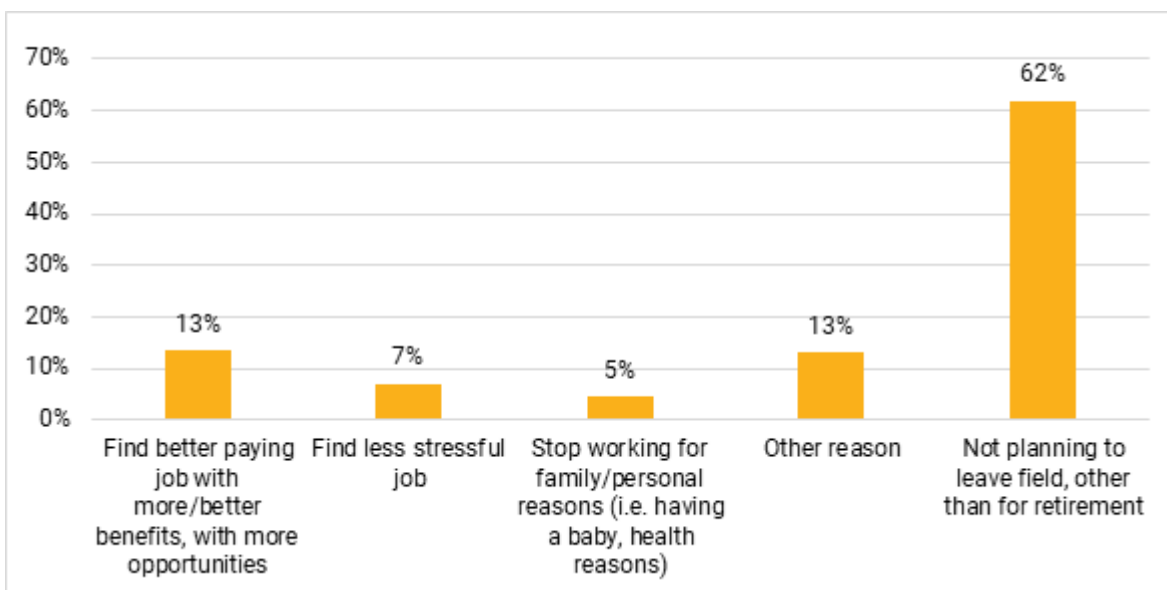



Figure 7.2 shows providers' answer to a separate question regarding the single most important reason of why they would leave the field of early care and education. **The majority of family providers – 62% – are not planning to leave the field for any reason other than eventual retirement.** Half of the remaining 38% of family providers identify issues with job quality (find better wages and benefits, 13%) and stress (find less stressful job, 7%) as reasons to leave the field. The final 18% identify personal reasons (5%) or other reasons (13%) as the primary motivation for leaving, if they intend to leave.

FIGURE 7.2: Family Providers' Reasons for Leaving the Field





Older providers are much more likely to report that they plan to leave the field only for retirement. For younger providers, however, other reasons to leave the field are more important. Even so, of providers ages 21-54, more than half (56%) plan to leave the field only for retirement. The other 45% expect to leave the field before retirement. The most significant reason these providers mention for their plan to leave is to look for job with better pay, benefits, or chances for advancement (17 percent of this age group predicts leaving for this reason).

Section 8: COVID-19 and Family Providers

The impact of COVID-19 on early care and education has been dramatic for families and family providers. Conditions in the ECE sector have shifted repeatedly since March 2020, with changes in program capacity required by local law, fluctuations in public school policies affecting enrollment, changing employment and work structures for families, and new work to maintain health and safety for children, among many other changes. This survey provides a snapshot of how family providers handled these fluctuations between the onset of COVID-19 and survey completion (spring 2021).

Enrollment Decline During COVID-19

We asked family providers for the number of children 0-5 served before March 2020 and the current number of children served. The mean pre-COVID-19 enrollment for family providers was 6 and fell to 5 in spring of 2021. The related decline in tuition likely left providers with less income during the pandemic. Open-ended responses to a question on COVID-19's impact on their program also emphasized this theme. Many providers experienced falling and also unstable enrollment starting immediately in March 2020. In those open-ended responses, some mentioned increasing demand for care for school-aged kids; many more reported losing families that ultimately did not return to care.

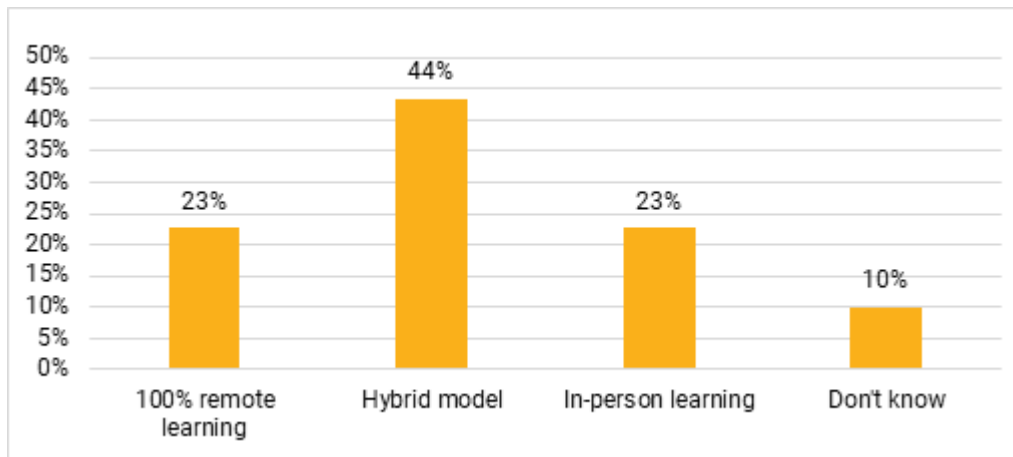
TABLE 8.1: Enrollment of children 0-5 in family childcare programs pre-COVID-19 vs Spring 2021 (during COVID-19)

| | Mean |
|-----------------------------------------------------------------|------|
| Enrollment pre-COVID-19 for all Family Provider programs | 6 |
| Spring 2021 enrollment for all programs | 5 |
| Drop in enrollment | 1 |

Trends in Serving School-Age Kids

We included questions to understand how local public school policies during spring of 2021 may have impacted the demand for family provider programs. Figure 8.1 shows 44% of family providers were close to schools doing hybrid models in the spring of 2021 and that 23% were located where school districts were doing all remote learning and another 23% where schools were all in-person.

FIGURE 8.1: What format of learning is being offered by the public school district?



The family providers who reported that their local public school district had changed to hybrid or 100% remote learning formats were asked if the change in public school format changed the interest in their services and also if their enrollment had shifted to include an increasing number of school age children. The greatest impact on family providers was in the school districts providing 100% remote learning for students – 70% of family providers in these areas saw increased interest in their services and 67% were increasingly working with school aged children. The hybrid model which was more common in the state was less disruptive of family providers. Still 52% in these locations reported increased interest in their services and 44% were increasingly working with school age children.

Table 8.2: Share of Family providers reporting increased interest in their services and increasing work with school age children where local schools provided hybrid or 100% remote learning

| | Increased interest in services | Increasing work with school age children |
|--------------------------------------------------------------------------------|--------------------------------|------------------------------------------|
| All family providers where local schools provided hybrid or 100% remote | 58% | 52% |
| Family providers where local schools 100% remote learning | 70% | 67% |
| Family providers where local schools were hybrid model | 52% | 44% |

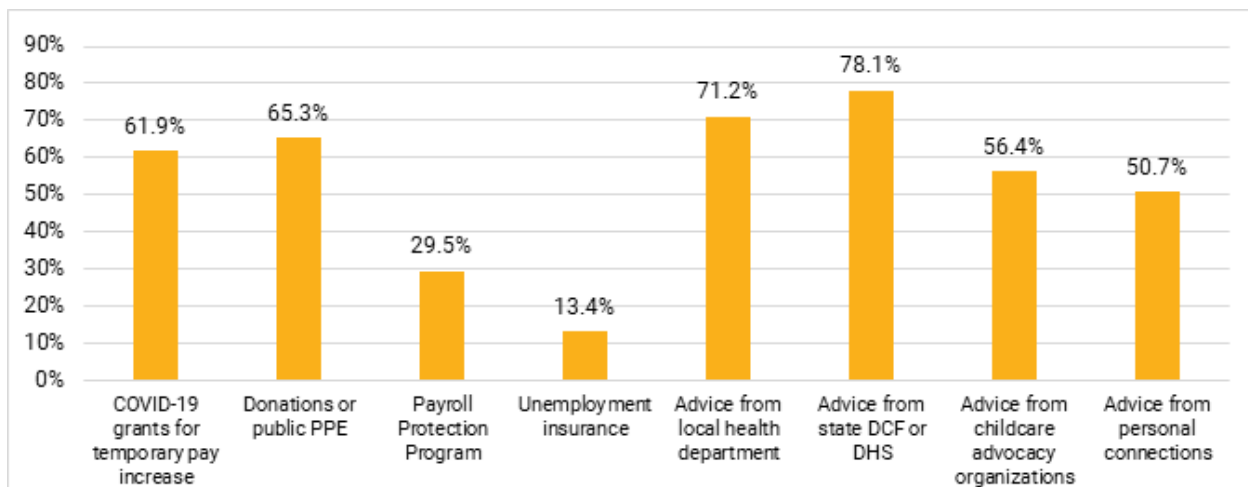
Impact on Work as a Family Provider

We collected open-ended responses about how COVID-19 and new work and concerns associated with it have impacted programs (see Appendix B for the complete file). Providers reported consistent themes in their responses, including stress, illness, changing schedules and procedures, worry for their family’s health, increased food costs, increased cleaning, increased communication with families, and unexpected quarantines and closures. Very few family providers who responded reported little change in their programs; most responses described significant stress and change. Because of the detail in these comments, we believe further analyses of these responses and similar responses from ECE program directors in the Report on the ECE Program Director Survey (Awkward-Rich, Jenkins, & Dresser, 2021) could yield useful information.

Reliance on COVID-19 Resources

We asked family providers about their use of the broad set of supportive resources available during COVID-19. Figure 8.2 shows strong use of COVID-19 resources among family providers. More than 60% of family providers received COVID-19 grants and donations of protective equipment. The Payroll Protection Program and Unemployment Insurance were the least utilized resources. The most widely used resources were advice from state DCF or DHS and from the local health department; more than 70% of providers relied on these resources. COVID-19 has been intense and stressful for family providers, but it is also clear that many family providers did secure public resources, advice, and materials which likely helped them stay open during the pandemic.

FIGURE 8.2: Use of COVID-19 Resources



Looking to the Future

This survey provides rich information on family providers: their net income and benefits, their education and commitment to the field, their financial stress and burnout. Many of the issues discussed here deserve deeper analysis and consideration. It may be especially important to probe the interaction of specific issues. Are the providers who did not connect with COVID-19 resources the same ones who are not aware of T.E.A.C.H. and REWARD? What is the interaction of the age of providers and their plans to remain in or leave the field? Do the answers to open-ended questions help clarify sources of stress and strategies for investment? And equally, what does examining all three surveys at once tell us about the ECE field and best methods to support and improve it? As with all survey reports, we have answered some critical questions with this information but equally we have made a next set of questions clear.

Though the number of family providers in Wisconsin has been declining for some years, family providers remain critical contributors in Wisconsin's overall system of early care and education. Family providers are racially, geographically, and linguistically diverse, and offer a solution to care needs for thousands of Wisconsin families. Family providers bring in relatively low net income but many report wellbeing and food security higher than the center-based workforce teaching in the state. Despite challenges, most family providers have been in the field for years and intend to stay in the field until they retire. Income and benefits are strikingly low and strategies to support income, health insurance, and retirement might be especially meaningful for improving well-being of these providers. The unique strengths and contributions of these providers should be further identified and supported. With deeper understanding of the unique challenges faced by family providers, stronger policy and program investments may help ensure that family providers continue to be a critical component of the state's ECE infrastructure.

APPENDIX A: Study of the Wisconsin Early Education Workforce

1. These questions should be answered by the main caregiver at this family child care program. Please fill out the following questions about yourself.

How many years have you worked as a family child care provider?

Years

2. How many additional years have you worked in the early education field?

Years

3. When do you see yourself...

| | In the next 2 years | In more than 2 years but less than 5 years | In 5 years or more |
|--------------------------------------------------|-----------------------|--------------------------------------------|-----------------------|
| a. ...leaving family child care? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...leaving work in the early education field? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...retiring? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. If you plan to leave this field for reasons other than retirement, which one of the following best describes the main reason you plan to leave?

- To find a job that pays more, with more or better benefits, or with more opportunity for advancement
- To find a job that is less stressful
- To stop working for family or personal reasons, such as having a new baby, or for health reasons
- Other reason → Please tell us:
- Not planning to leave the early care and education field for reasons other than retirement

5. Which of the following best describes the family child care field today, as compared to the past?

- Many family child care providers are struggling to stay in business and/or are leaving the field
- Being in family child care is getting easier
- The field of family child care feels about the same compared to the past
- I do not know or I have not been a child care provider long enough to be familiar with the field

6. Of the family child care providers that you know who have left the field recently, where have most of them gone? Please select only one.

- They found other teaching jobs in early education (center based child care, 4K, Head Start)
- They found jobs in 5K-12 education
- They found other work in the early education field
- They found jobs outside the early education field
- They left the labor market
- I do not know

7. How much time do you devote to your paid child care business? You can choose to report your answer as the number of hours you work by week, or by month.

Please circle one:

Hours Per Week

Hours Per Month

8. During how many weeks of the year do you work as a paid child care provider?

Weeks

9. Thinking about your work over the past month, on average, how many children ages birth to five years old were you paid to care for on a typical day?

Number of children age birth to five enrolled last month

10. Thinking back to early March 2020, before COVID-19, on average, how many children were you paid to care for on a typical day?

Number of children age birth to five enrolled before COVID-19

11. For this question, please focus on the school district that the majority of the families you serve are connected to.

Which one of the following best describes the format that the public school district in the area your program serves was using for the third quarter of this school year (Jan – Mar 2021)?

- 100% remote learning
- A hybrid model of in-person and remote learning
- In-person learning, as normal → Go to question 13
- Don't Know → Go to question 13

12. Has the change in surrounding public schools this year...

| | Yes | No |
|----------------------------------------------------------|-----------------------|-----------------------|
| a. ...increased interest in or demand for your services? | <input type="radio"/> | <input type="radio"/> |
| b. ...resulted in you serving more school-age children? | <input type="radio"/> | <input type="radio"/> |

13. How has COVID-19 impacted your work as a family provider?

14. In Wisconsin, the Department of Children and Families (DCF) offered grants that could be used to provide temporary pay increases since COVID-19 began in March 2020.

Have you used any of these grant funds to provide yourself with a temporary pay increase due to COVID-19?

- Yes Are you still receiving this pay increase? Yes No
 No

15. Have you used each of the following to get through the COVID-19 crisis?

Have you used...

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. ...donations or public distributions of personal protective equipment, including masks, hand sanitizer, face shields, gloves, or cleaning supplies? | <input type="radio"/> | <input type="radio"/> |
| b. ...the Payroll Protection Program? | <input type="radio"/> | <input type="radio"/> |
| c. ...unemployment insurance? | <input type="radio"/> | <input type="radio"/> |
| d. ...advice from a local health department on how to continue to safely provide care during COVID-19? | <input type="radio"/> | <input type="radio"/> |
| e. ...advice from the state Department of Children and Families or the Department of Health Services on how to continue to safely provide care during COVID-19? | <input type="radio"/> | <input type="radio"/> |
| f. ...advice from state or national childcare advocacy organizations like WECA on how to continue to safely provide care during COVID-19? | <input type="radio"/> | <input type="radio"/> |
| g. ...advice from other trusted providers or online communities? | <input type="radio"/> | <input type="radio"/> |
| h. ...some other source? → Please tell us: <input type="text"/> | | |

16. The next questions are about your income, benefits, and the costs of running your business.

How much do you earn as a child care provider? Please state your answer considering all sources of income: fees from families, subsidies like Wisconsin Shares and the Child Care Food Program, etc. Do not subtract any expenses when reporting how much you earn. You can choose to report your answer as monthly or as yearly income.

Please circle one:

\$ Dollars Per Month
Dollars Per Year

17. How much does it cost to run your child care program? Please estimate your total expenses. You can choose to report your answer as monthly or as yearly expenses.

Please circle one:

\$ Dollars Per Month
Dollars Per Year

18. In addition to child care, does your household have any other sources of income? Do you have...

| | Yes | No |
|-----------------------------------------------|-----------------------|-----------------------|
| a. ...one or more other jobs? | <input type="radio"/> | <input type="radio"/> |
| b. ...income provided by a spouse or partner? | <input type="radio"/> | <input type="radio"/> |
| c. ...some other source of income? | <input type="radio"/> | <input type="radio"/> |

19. Which of the following best describes your current source of health care insurance coverage?

- A health insurance plan that you pay for entirely yourself
- A health insurance plan that you receive from another job
- A health insurance plan that you access through your spouse or partner
- BadgerCare, BadgerCare Plus or Medicare
- No health insurance at this time

20. As a child care provider, do you provide yourself with each of the following benefits?

| | Yes | No |
|-------------------------------|-----------------------|-----------------------|
| a. A retirement plan | <input type="radio"/> | <input type="radio"/> |
| b. Paid sick or vacation days | <input type="radio"/> | <input type="radio"/> |
| c. Paid holidays | <input type="radio"/> | <input type="radio"/> |

21. The next questions are about support or preparation for your job and professional development.

In the past 12 months, have you done each of the following to improve your skills or gain new skills in working with children? Have you...

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. ...participated in trainings or conference sessions offered by Wisconsin early childhood professional organizations, such as child care resource and referral agencies (CCR&Rs)? | <input type="radio"/> | <input type="radio"/> |
| b. ...attended a meeting, virtually or in-person, of a professional membership organization, such as the Wisconsin Family Child Care Association (WFCCA)? | <input type="radio"/> | <input type="radio"/> |
| c. ...enrolled in a course at a community college or four-year college or university relevant to your work in early childhood education? | <input type="radio"/> | <input type="radio"/> |
| d. ...participated in online or correspondence courses or trainings in early childhood education? | <input type="radio"/> | <input type="radio"/> |

22. In the past 12 months, have you participated in each of the following types of coaching, mentoring or ongoing consultation to improve your skills in working with children?

| | Yes | No |
|-------------------------------------------------------------------------------------|-----------------------|-----------------------|
| a. YoungStar Technical Consulting | <input type="radio"/> | <input type="radio"/> |
| b. Practice-Based Coaching | <input type="radio"/> | <input type="radio"/> |
| c. Wisconsin Early Education Shared Services Network (WEESN) | <input type="radio"/> | <input type="radio"/> |
| d. Other coaching, mentoring or consultation → Please tell us: <input type="text"/> | | |

23. How familiar are you with the T.E.A.C.H. Program?

- I know about the program and I have participated in it
- I know about the program but I have never participated in it
- I have never heard of the T.E.A.C.H. Program

24. How familiar are you with the REWARD Program?

- I know about the program and I have participated in it
- I know about the program but I have never participated in it
- I have never heard of the REWARD Program

25. The next questions are about your physical, emotional and financial well-being.

In general, how would you rate your health?

- Poor Fair Good Very good Excellent

26. Please indicate how often you experience each of the following feelings using the seven available options. How often do you feel...

| | Never | A few times a year or less | Once a month or less | A few times a month | Once a week | A few times a week | Every day |
|------------------------------------------|-----------------------|----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. ...used up at the end of the workday? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...frustrated by your job? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. Due to COVID-19, has your job...

- ...become less stressful? ...stayed about the same? ...become more stressful?

28.

| | Never true | Sometimes true | Often true |
|--------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|
| a. I/we have worried that my/our food might run out before I/we have money to get more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The food that I/we bought just didn't last, and I/we didn't have the money to get more. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

29. In the past month, have you or someone in your household received any of the following forms of assistance?

Have you received...

| | Yes | No |
|---------------------------------------------------------------------|-----------------------|-----------------------|
| a. ...Wisconsin Shares child care subsidy for your own child(ren)? | <input type="radio"/> | <input type="radio"/> |
| b. ...W-2 or TANF, (Temporary Assistance for Needy Families)? | <input type="radio"/> | <input type="radio"/> |
| c. ...FoodShare Wisconsin or SNAP, also known as food stamps? | <input type="radio"/> | <input type="radio"/> |
| d. ...BadgerCare, BadgerCare Plus or Medicare? | <input type="radio"/> | <input type="radio"/> |
| e. ...subsidized housing or Section 8 housing? | <input type="radio"/> | <input type="radio"/> |
| f. ...Unemployment insurance? | <input type="radio"/> | <input type="radio"/> |
| g. ...Disability, such as SSI, (Supplemental Security Income)? | <input type="radio"/> | <input type="radio"/> |
| h. ...a government payment in response to the coronavirus pandemic? | <input type="radio"/> | <input type="radio"/> |
| i. ...other type of assistance? → Please tell us: | | |

30. Currently, how difficult is it for you to live on your household income? FTE Teaching Staff Needed

Not at all
 A little
 Somewhat
 Very
 Extremely

31. Finally, we have some questions about your background.

Check all of the following categories that describe your race or ethnicity:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Other

32. In what year were you born?

Year of birth

33. What is your gender?

Gender

34. Do you speak any language(s) other than English?

- Yes → What other language(s) do you speak? Language(s)
- No

35. Do you teach children in any languages other than English?

- No, I teach using only English
- Yes, I teach using only a language other than English → What language(s)?
- Yes, I teach using both English and another language → What other language(s)?

36. Which one of the following is the highest level of education you have completed?

- Some high school, but no degree
- High school diploma, GED, or similar credential
- Some college, but no degree
- Associate degree or 2-year college degree In what area of study?
- Bachelor's degree or 4-year college degree In what area of study?
- Master's degree or more In what area of study?

37. The "Registry" is the state of Wisconsin's "Recognition System for the Childhood Care and Education Profession."

Have you started or renewed your membership with the Registry within the last 2 years?

- Yes → Go to question 39
- No

38. Which one of the following is the main reason why you have not started or renewed your membership with the Registry?

- It is too much of a hassle
- It is too difficult to use the online system
- Membership fee is too expensive
- Membership processing time is too long
- Other reason → Please tell us:

39. We would like to link information from the Registry, such as your education or credentials, to your responses to this survey for analysis. Information obtained from the Registry will never be shared or used for any other reason. Do you consent to this linking?

- Yes → What is your registry ID number, if you have one?
- No

Thank you for completing this questionnaire! Please place it in the postage-paid envelope and return it today.

APPENDIX B: Response to open-ended Question: How has COVID-19 impacted your work as a family provider?

- Appendix B - Response to open-ended Question: How has COVID-19 impacted your work as a family provider?
- I was closed without pay for 2 months. Then only one family (one child) returned for 2 months so I had only one paying family for 2 months. Then families slowly returned, part-time so my income significantly dropped. See the extra cleaning requirements, policy changes, + just the scariness of COVID added lots of stress to working with the children + families.
- I have had to let my school-aged children go due to an increased possible risk (3 being in 3 different schools) of catching COVID. Have had to be extremely cautious, spend additional money + hours on cleaning + disinfecting. This has caused additional stress. Have lost some long-term families due to decrease/loss of jobs.
- Everything is way more stressful and scary. From losing the children I have to reaching out to get more. Do I add more families to my program and chance exposure, can't afford to turn anyone away. If I accept an infant is it safe to add more kids and that exposure to everyone. Then there's stress if I add or change my enrollment and my daughter or myself get sick. Just stressful
- 4-K children are here, and 1 family decided against doing 4-K otherwise pretty normal. Most parents are not concerned with what's going on.
- Not really too bad. Had 2 families out with parents having COVID. 4 weeks total. I have not gotten COVID nor my household of 3 adults total.
- The only impact is things cost more and parents don't want to pay an increase in rates
- I had few children but I also received grants plus I got paid for my families receiving assistance. I have never had this much income in 23 years of childcare!!
- More people needing care, some centers closed so family providers were sought out.
- Nothing has changed. Besides extra hand washing, cleaning Pick up + drop off outdoors and parents Being separated
- I did close when the pandemic hit for three months. I did lose some children after opening again but I the spots quickly.
- Closed for 4 months out of fear of exposing my family members. Been difficult to reach full capacity after reopening. Added air purifier. Spend more hours per day cleaning. Limit the space used for daycare more since reopened, due to the purifier being in one room.
- I care exclusively for infants and toddlers. This has meant a lot of extra cleaning; they do put everything in their mouths. It has also delayed introducing certain materials to the environment (like play dough) and extra caution with shared materials/activities. The families and I have been very concerned about the impact of face coverings and the social-emotional growth.

- Below q13 R wrote 'Fractured wrist! Can't use left very well.'
- more stressed and worried. Being a childcare provider. A teacher to K-5th grades. More cleaning. Only can do meetings, training with Zoom
- My day care moms work from home now so their children come part-time now. I chose not to care for 100 percent remote learning children. I care for too many young children.
- More stressful, more school aged children and parents expecting them to complete homework at daycare.
- Yes it has been more difficult because of all the COVID regulations and keeping up with all cleaning and disinfecting.
- It changed a little bit as when the school year started in Sept. 2020 until mid-February 2021 we kept my grandson [name], who is 4 - at home for home schooling. So we incorporated a new routine of learning for him at home, as he went to headstart last school year when he was 3. He went Sept 2019 -> March of 2020, when COVID hit. The home school went pretty good, yet a challenge some days too. He is now back in person - person contact at school, and wears a mask. I provide child care for both my grandchildren. [name]-4 and [name]-2.
- Significantly! My enrollment decreased by 90 percent. I was out of work for 3 months due to parent-children contracting COVID-19. Right now I take in 2-5 year olds. The extra cleaning disinfecting extra hand washing cleaning toys after a child plays with a toy
- Extra stress
- Less kids, some @ home with parents who are working from home. And they are here fewer hours per week = less income.
- It led me to leave elementary teaching and become an in-home family provider because my young children need care but providers kept bailing on us or taking too many kids, etc.
- Supplies and food cost has increased. Anxiety over exposure is extremely high.
- It has decreased the children come to the daycare.
- There has been an increase of demand, with parents calling and saying they're unable to find childcare. They mention lot of wait list, even for big centers
- Yes more school agers
- I was 'closed' for 2 1/2 months in 2020, because no one 'needed' me. Other than that not at all. Other than being nervous to take more kids due to COVID. Now I'm vaccinated - so fear is gone.
- Having my school aged kids home virtually learning + needing more attention. Having COVID myself and having to close for almost 3 weeks for myself and family to quarantine negatively affected paycheck
- We lost a few children and also gained a few children recently.
- So far so good no problems haven't had to close for COVID-19

- Increase in school ages it very hard to focus on school ages in their schoolwork and also focus on the other children that have been a challenge.
- I've had to shut down to quarantine, resulting in a loss of income. I've also received several grants that more than made up for that loss of income. There's been an added stress regarding allowing kids to attend w/ symptoms.
- Not too much. At the beginning I had 3 children that stayed home for some time. 2 of them gave me half of my usual pay. So I feel very lucky. Now it's pretty much back to normal.
- Due to COVID-19 I have lost a lot of business and children coming to my daycare.
- I closed for 3 months in 2020. As the 2020/2021 school year began there was much more work involved in daily cleaning, etc. I also lost a family due to COVID-19 with 2 children and had 2 other families contract the virus which was very stressful. On the positive side we had virtually no other illnesses pass around at all the entire year.
- I have been open the whole time because of essential workers, 90percent of my parents are essential workers. I have been very busy with virtual school.
- more safety issues, more stressful for me and families
- STRESS [R underlined 'STRESS' twice] for keeping the kids mental health comforted. Parents stress levels so HIGH.
- I'm constantly busy from caring for the birth to five years to assisting the school-age children on navigating through their Chromebooks during virtual learning.
- It hasn't. My families were able to keep their jobs.
- I stayed open during these unprecedented times to service essential workers. Came in contact a few times with families that tested positive.
- Loss of work due to exposure/quarantine. Challenges in food/cleaning/supplies for a while.
- I lost 2 families in March, 1 family, 2 children stayed, 1 family every other week last summer only. 2020
- COVID-19 impacted my family daycare with myself and kids contracting COVID-19. It has burned me out and as a result have long symptoms.
- Lost half of my kids when COVID hit last year. Much more sanitary work.
- with my parent that I have it has not. they have worked the whole time
- more cleaning no trips/field trips stricter rules on drippy nose/colds lot of irritated parents
- It has gotten a little stressful because many of the children are learning online and many more demands are put on us providers trying to juggle the day-to-day routines and help the online learners.
- I have lost a couple of weeks of daycare pay because of a family being gone because of COVID.
- Increased efforts to keep 'everyone' safe... sanitation, health monitoring, homeschooling school-aged children (enrolled)

- I lost one child to the COVID-19, her mom has 3 kids and is working from home!
- Much more time spent cleaning. An over abundance of emails to keep up with. Very stressful wondering if COVID-19 is going to be exposed my program or my family.
- I have had to become a teacher to 4-K, Kindergarten, 2nd + 4th grade, while caring for non-school aged kids.
- Stopped
- It is impacted my family & I. Sometimes, parents don't tell the truth while I have to protect other families & my own family (my husband has pre-existing heart & lung problem & I have my elderly mother living with us). As a family provider, I try my best, including to keep our boys 100 percent virtual learning. I just hope parents willing to keep their children at home when they are not feeling good.
- I was closed for 3 months due to COVID and 100percent remote-online learning with my two school aged children and having high risk family members. I also had two families that were unemployed during this time and kept their kiddos home.
- Yes
- more cleaning, having to write policies that include COVID rules
- Yes, less children
- I have - more part-time children - I make less money -
- I refused to watch school age children for fear I would be exposed to COVID-19
- It has made me afraid to work with more children not wanting to catch COVID from working with others in my home.
- I have lost 3 children because their parents work from home now. It affected our outside time because the parents I have are nervous and ask that the child stay in.
- I was closed for 14 days because a school-ager who is only here for about 45 minutes before school - got COVID. I worry every day what will happen next.
- A lot more time put into COV19 safety measures. Income impacted due to keeping the school age children already enrolled into my program.
- My childcare became very full which required extra help, extra cleaning expenses, and I lost more money than I made.
- lost a lot of families and income (entire 2nd shift)
- I have lost some families because they were able to work from home or a parent's job change (essential worker) needed more hours than I could offer so they used a center that offered a special rate for essential workers. I also had a loss of income.
- A couple kids are being cared for by family instead of a daycare setting.
- I was not paid when myself, my family or daycare kids were in quarantine because of COVID.
- went down on number of children for a while. 2 to three hours of extra cleaning a day. cost on food + cleaning went up with no change in daycare costs.

- Had a full house from March 2020 end of August due to school shutting down. Kids schedules change often due to parents work schedule changing to work at home.
- More sick days
- I changed policies, but overall there's been little impact
- More wifi needed for kids computer (updated)
- N/A just more cleaning and sanitizing around the center
- Extra hours spent each week cleaning, and the fear of having to close for quarantine at any given moment.
- I had to shut down March 17-June 1st. I had 2 kids here virtual learning when I reopened due to COVID.
- Many families are wondering when COVID-19 will clear up to send as many children as possible to childcare centers.
- -Receiving children that you don't know if they have been exposed to COVID-19 has really impacted my work. -Children coming and going, so financially it has caused a severe economic strain.
- Not too much aside from having to close for a week to quarantine. And at least 2 other closing to get tested.
- At first I had kids that were supposed to leave for school but school was 100 percent remote learning. So instead of filling their spots I kept them with me and they did their virtual classes at my house. Now they are in school full-time.
- More working hours to sanitize, less child enrollment, less continued education completed.
- It has been very [R underlined 'very'] nice that I don't have people showing up at my house all the time. I meet with the food program via phone visits.
- There is a lot more cleaning + sanitizing going on in my childcare. Also LOTS [R underlined 'LOTS'] more hand washing. I also made masks for everyone to wear - 4 different sizes.
- just lost 2 wks of pay because I had COVID!
- I never [R underlined 'never' twice] closed. Parents still had to work
- Having the 2 boys home + on virtual school for the majority of the last year was very hard. Keeping them focused + at their ipads was challenging. I feel like it left less time for the 3 yr. old, for teaching. Very [R underlined 'Very' twice] stressful.
- -lots more cleaning + stress -unplanned changes, number in attendance + closings -the need for constant evaluation + policy changes + updates -constant following CDC + other COVID updates
- I'm slowly losing families
- Business is slow at the moment a lot of people are still out of work.
- I now have a 4th grader home schooling during the morning hours on 'work' days

- not much at all. I have the same families and the same number of children.
- it has been the same- I'm have been lucky
- More time to be safe for COVID-19
- I had to close because I don't have the children enrolled because parents are still out of work.
- -Increased paperwork -Rewriting of policies -Increased stress for their health + safety along with my families health + safety -Rearranging classrooms, setting up virtual yet visible classrooms -Extended hours + rotating schedules
- Many families want really part time hours but don't' want to pay for part time rate. Hard time to enroll
- I have been lucky and so far it has not!
- When COVID hit NO children came for week scare the parent was.
- I have siblings that are now homeschooling- one sibling is high risk - here homeschooling for both, unable to take other children due to high risk children.
- Focusing a lot of my time on school age children who remote learning especially if they are low in academics. It's almost impossible for them to do work virtually independently.
- I work for all teachers. Their lives and work demands have been constantly changing and so has mine. I lost 2 children, gained 3. Schedules and drop off/pick up times always changing.
- Last year I was impacted due to loss of families. I was open during all of last year due to care needed for some essential worker families.
- I have had two different families get COVID - so lost wages there. Then I got sick (not COVID).
- Stress of uncertain economy. Stocking up supplies + food. Built extra storage for this. Extra cleaning. Some parents working from home. Change of students on a regular basis. Huge demand for childcare but not being able to take them with being licensed for 8 students. I don't want to even get a cold. Limiting my time in public places. Taking extra vitamins to stay healthy. Scared when a child gets a cold. Have parents take child to doctor.
- Off for the time I had COVID. Demand for more kids - was full
- There is a lot more rules and regulations, more cleaning and sanitizing. I have had to shut down once due to COVID scared to have to do it again.
- Yes, more families are working from home.
- Never ending cleaning
- More hours, less time off. Spending more \$ on supplies, crafts, books, food.
- I did not have children to care for due to the parents working from home or not working for a month. Had to become a 'nurse' and decide who should attend and who shouldn't.
- Realmente al principio de Marzo pero despues regresaron mis ninos. [Translation by GVS: Really at the beginning of March, but after that my kids returned]

- My parents took the virus seriously so we have been able to continue daycare, mask wearing by all!
- tremendously no children for an entire year
- following CDC guidelines, doing a lot more cleaning, adjusting to wearing a mask, changing illness guidelines- more strict. Reassuring parents that I'm doing everything possible to keep kids safe, living day to day of losing parents/enrollment due to COVID, making sure bills can be paid if enrollment gets low.
- Lost two children due to losing helper and had to close early
- More cautious with family mask wearing. Lots of cleaning. Constantly wiping working hands.
- I have lost one family, products were hard to come by, and lost income due to families being in quarantine.
- It has caused us to take extra precautions with those that we chose to work with. Just so that we all stay safe and keep our bubble as small as possible. We've laid out guidelines that we felt kept the community safe and luckily everyone agreed.
- We have kids in and out due to quarantine. It is challenging to try and accommodate everyone.
- -My #'s have gone up and down throughout the year -Program had to be closed due to having to quarantine.
- Some days I felt like the younger ones just played as I didn't want the older ones to fall behind but now back to full time school we can do our learning themes again!
- more precautions and limitations with activities provided.
- It hasn't!
- It was full to the max + at the beginning when the kids were not able to go to school so I had all the school agers here that'd normally be gone in the day caused a lot of stress!
- We clean everything daily and more often. We don't have community visitors or go outside the childcare property.
- Last year my household family all got COVID had to close daycare 1 month
- Making it difficult with school-agers and trying to help them. Still provide care for the other children.
- lack of income
- I can't have too many kids at one time
- Working with more school age kids. Making sure temps are being taken daily to ensure safety.
- Many extra hours cleaning - very stressful navigating illness policies - very stressful trying to get needed supplies - very stressful even trying to get vaccinated.

- Enrollments went down substantially
- Huge negative impact. I lost business and had to close often for quarantine. Almost went out of business.
- COVID-19 impacted my work as a family provider because I stressed and worried about myself and or children being sick or exposed.
- It cost more to care for children during this time.
- I've had children come and go for many reasons, mainly parents losing jobs or working from home. It's been difficult to keep children enrolled or find new enrollee's when they leave. I have been lucky. I've been able to remain open.
- Impacted new procedures for health and safety.
- It's been a challenge trying to accept families who need childcare and staying within ratios. Turning families away all the time, not enough space.
- I joined the field at a time when COVID was no longer keeping people quarantined. It has impacted my work through by requiring me to be more cautious about sanitizing, spreading germs and following sick policies.
- last year I was down about 5 children, when we were asked to quarantine
- When the kids were off of daycare because the parents had or were exposed to the COVID virus
- For about 5 mos in 2020, I was left caring for 2 children. It took until Jan. 2021 to increase to 5 children. I prefer not to work with school age children on a daily basis. B+A school was fine before. Mainly set up to care for younger children.
- There have been so many COVID cases that I am afraid to take children.
- Yes, it has made it tricky to add new families for fear of upsetting current family that was practicing strict social distancing. Wanted to maintain trust.
- more cleaning, cautious about the people I allow in my home. Very few calls from people looking for childcare
- Much more stressful. Kids coming more sporadic hours/times.
- Since everyone has different ways of dealing with COVID-19, a noticeable impact is communicating with parents on all ends of the spectrum while maintaining a safe place for all kids in my care. Navigating how to determine payment if a child was off due to personal conviction to stay home or possible exposure due to COVID-19 was also a challenge. There was 1-3 months that some of my families took off for due to COVID-19 uncertainty. TOP 3 impacts of COVID-19 1. Isolation/impersonal interactions due to masks & kids missing socialization at a critical time of development 2. Financial 3. Inconsistency -schedules -how to handle
- I lost some families due to COVID. They worked from home or lost jobs.

- I have had to reduce my numbers in order to reduce stress due to my own kids virtual learning + to accommodate 4-K students attending that were unplanned. I make less income now + feel much more stressed.
- In the beginning I lost 4 of my kids as parents were teachers. But I was paid in the beginning per contract. But after a month I broke contract for them. Payments stopped. Luckily I survived it and eventually kids returned plus an additional 1. Cleaning has been a huge stress. Not to mention the safety for all of us.
- -I closed down temporarily from mid-March - end of May 2020 during 'Safer at Home' orders, unpaid. Was pregnant + nervous, and my DC parents were at home during this time as well (remotely working). -Being more cautious w/ any signs of illness w/ anyone present as well as DC parents
- Because I have a long history with this childcare family, we agreed at the beginning of lockdown how we would work cooperatively to assure - as much as possible - each other's continued health and continued childcare uninterrupted. Only because of this, level of trust and commitment, my business has been impacted much less than other providers. However, for the past number of years I worked another job opposite childcare - a job which provided health insurance - and I have not had a second during the pandemic.
- I lost a few clients, gained a few, but now trying to work school-age in my schedule/routine is a bit stressful due to me mainly taking children under 4.
- A family (mother) laid off in March 2020 1 child + pregnant (two spots). A family with 2nd child was supposed to stop in May 2020. The mother decided childcare wasn't necessary.
- It has added the stress of remote learning for school age children; increasing internet cost, supplies and time to be a teacher for them.
- Lost one family because parents stayed home, couldn't afford daycare. Also uneasy to stay open for fear of contracting COVID-19. Retired earlier than planned because of COVID-19
- Increased stress and anxiety. Difficulty buying supplies, increased cost of certain supplies. Family stress has also increased more time involved cleaning, researching virus, online trainings for continued ed. hours.
- -a large # of school age children need care -longer hours (more cleaning) -more \$ spent on cleaning + supplies to assist in social distancing
- very little change, I'm embarrassed to say how little life changed for me and my husband and the children. We were all so very happy this past year - but we all stayed at home or daycare
- Sanitizing/cleaning more Less weeks of pay
- COVID-19 has impacted, in such ways as keeping disinfecting, keeping masks on, social distancing, as well as our mental health, of the big changes, which has giving us more time to explore new hobbies.

- I work more hours due to extra cleaning. I also worked extra hours due to distant learning. Have also lost money due to families having to quarantine. I do not charge when COVID related. It's not their fault! Many major appliances broke down from being overworked. Food costs went up, supply cost went up.
- March 2020 - May 2020 - I had 3 families choose to keep their kids home. They did pay me half tuition. I was opened the whole time until December when COVID hit my whole daycare and I was forced to close for 24 days.
- When school age children are here I've had to find a quiet work space for them when they need to be online for virtual classes.
- I don't have as many kids as before. Doing virtual learning with the kids is hard.
- Not at all
- Stayed the same!
- loss of pay weeks at a time due to parents quarantining
- more families requesting care. School age and babies. Because I have already enrolled school agers that need full care instead of before/after care, I don't have room for children under age 2.
- Initially, I was shut down from March-May
- Opportunity for more work and more children chose to do what works for myself and families I serve. Made choice to hold spots for absent children and not replace with new children until world adjusts.
- Increased sanitizing, temperature checks, the feeling of current families carrying germs to my daycare home, increased food bill to keep children healthy and no daycare parents coming into my home at drop off and pickup. I'm one that likes that communication and that has not happened much.
- Nothing has changed business wise for me.
- I have had 2 close down for 2 weeks twice. I have also had a child miss days due to waiting on results for COVID-19 tests.
- Stressful, worried about being closed w/out income due to COVID. Price increase of food is ridiculous!
- income
- To name a fear - loss of income, stress about my own health and the health of my household, so much extra time and expense spent in cleaning/sanitizing child care equipment and environment, loss of our normal child care program - ie field trips, special activities or classes, trying to keep current with all of the health dept. mandates and protocols - constantly changing information, social isolation for myself, the children and their families, sadness that this is 'normal' for these children to have basically gone nowhere in the past year. And so much more.

- I have lost my connection with other providers/supports. Many retired. Lots of phone calls + emails from parents looking for care. My daycare families are so thankful to have safer, consistent care.
- Parents weren't sending children
- Most of parents work from home now
- I have lost 1/2 of my children because parents got laid off or fired from job.
- We have had a lot of infant parents bring in their children so they can focus more on the school-aged children.
- Not good
- As more spending on electricity has impacted on my daycare, the internet in responsible parents who want one to help them with assignments, exams, even provide them with materials and I do not see that they do not even give thanks for helping these children, I had one that I arrived in December at zero since September I did not do work or assignments and fewer exams, with me it went up to 80 and now the child looked happy and participated they no longer bring him because they want me to receive it at 4am when I open at 6am and close at 5pm. Where are the social workers of the schools and so there will be many.
- Yes
- No in person support like Young Star food program w/ DCF
- A lot more hours to stay open due to cleaning, etc. No rest time, parents were/are all essential workers.
- Every aspect of taking care of children, their parents, getting supplies food, sanitary precautions has made it more difficult. Stressful [R underlined 'Stressful' twice]
- I am leaving family childcare as the stress of keeping family safe is too much. After several communicable diseases coming through, COVID is the straw that broke the camel's back.
- COVID-19 has impacted my work very little.
- I've been getting lots of extra calls for childcare. I have more school age children. More stressful w/ lots of extra cleaning, worried about keeping my family safe healthy.
- It has been very complicated. It's very frustrating trying to teach toddlers and help school agers with daily work etc.
- More work as far as cleaning also having to exclude kids for illnesses like runny noses + having families that need to quarantine + when my family gets sick it's hard too because I have to close.
- Increased my numbers for daily care.
- teaching in home schooling, eat in par because of kids out for weeks because of COVID.
- It hasn't really impacted me at all, besides taking more measures for keeping a cleaner environment.

- *Less income *More cleaning
- Made it more stressful - money, family expectations, trust issues between families with me. Fear has made things more difficult for kids + parents.
- Lost a few children but gained school agers on Wednesdays (our virtual day)
- When it first started last May with COVID. I took care of 3 extra school age children.
- Make it harder to work by trying to keep the kids in mask gives my family feelings of worry about COVID due to servicing so many families.
- Somewhat - in the beginning parents panicked. Children (school age) started coming here when no place to turn + I took the extra hours with a lot [R underlined 'lot'] less pay. Children needed a familiar place/friends to continue some normalcy in the pandemic for the children.
- More parents are looking for remote learning assistance.
- less kids enrolled
- I lost 5 kids due to the pandemic. I spend a little more time cleaning, but not a lot. I have always cleaned fairly well.
- I thankfully have not been impacted
- Had to serve more children all at once feeding them all changing program because of COVID-19 making sure everyone washed these hands more than the before. Had clean hand but mask up.
- Yes + no
- Yes
- Much more cleaning - expense for cleaners. More hours per day - longer days.
- at least an extra hour per day to cleaning + lost 2 families
- It has not affected me nor my business :)
- The stress and panic, how the children pass for the last year
- Yes more kids at a time until they went back to in person learning. Now it same.
- More children, take attention away from my infants/toddlers so I could help my school-agers w/ their homework + trying to navigate their iPads.
- I was unable to enroll more children this school year because of providing care for the school age siblings of the younger children. So loss in revenue as older siblings were present every other week and I did not charge the parents when older children were in school.
- I lost almost all my preschool. I also lost all my enrolled children when COVID hit and then got children back in summer.
- At first there was extreme stress when we were allowed to take extra school agers but now it's back to normal.
- Lots of unpaid weeks

- Work has not changed much due to the COVID-19 crisis. All of my families are working the same as before the crisis.
- I spend more time cleaning. I also worry more about getting COVID. There are times when there were limits on items and would have to go to store more than I would like.
- Parents lost their jobs, so I lost the kids I was caring for
- Yes, at the beginning of the pandemic I lost half of the children who attended my daycare
- Made it more stressful - afraid to bring in new families.
- Made life very stressful. Parents are struggling to pay for daycare.
- Lost some kids to parents becoming unemployed
- It hasn't, really, other than asking adults entering to sanitize + mask. COVID has been good for business. Demand was already high, now it is way [R underlined 'way' twice] up. I was closed a couple of months last year, that's it.
- I could write a book!! The biggest impact was financially. I did not expect all of my families to pull out of daycare suddenly last March. I did not have policies in place or signed so my loss of income was significant. I started getting my kiddos back in July but since then, I have had to shut my doors 8 different times (unpaid) with positive tests of COVID within my daycare and their families. The positive impact on my daycare is that we have all learned (myself and my daycare families) that if we work together with the use of masks, parents staying outside, hand washing, sanitizing and temp. checks, that we can get through this as a team. <3 I have the best daycare families!
- I have had to do some non-traditional school via Zoom. Actually a wonderful experience I had to be quarantined unexpectedly. Along with everyone else in my daycare. We all took a break and right back to normal after the 15 day break. Only 1 child 1 parent had COVID-19. No one else had any symptoms. I do clean and sanitize more.
- Yes, more families are either at home collecting unemployment or have family members who are, and they are caring for their families.
- Lost one child. Gained newborn from family already enrolled. Very stressful always worried about contracting COVID. Much more paranoid about health and hygiene.
- Business is normal :)
- Limited interaction with parents, specialists etc
- More service for children in school
- yes, I lost 2 of my 3 children due to COVID. I had to eventually let them go and rebuild my families.
- Lost half child capacity. Income down
- I am just starting my Family Child Care and it has been a little struggle. No one is showing anything. I really want to get a big facility. I lost a couple of children because of the COVID. And then some families did not want to sign their children up because of the COVID. So

there goes my finances for the bigger facility I am just going to keep praying and God will continue blessing me.

- Yes lost 2 families
- Less income for me and my expenses and I paid the same money for my employee (TAXES)
- COVID-19 has decreased my services to some families due to the parents losing their jobs
- Need more material/supplies to clean and more children to attend daycare
- Greater cost for normal cleaning supplies. Parents are more on edge - as a provider I am more concerned of illness (COVID) coming in.
- Having to navigate illnesses with families and navigate a pandemic.
- yes, more work with extra cleaning
- Pre-COVID, I averaged one to two calls a week from people seeking child care. Since March 2020 I have received approx. 3 calls total until present day.
- I have less children.
- dealing with school agers keeping them focused on their work takes up too much of my time
- Closed for 2 months
- Loss of families due to their jobs Mar-Sept 2020
- I now have older siblings that should have been in person for school. I have them here at my house helping with online instruction.
- Becoming more diligent about how I spend my free time to ensure I am not exposed and putting my family or clients at risk.
- Loss of money last year as parents stayed home.
- More care for school age children.
- Children have stayed home to quarantine.
- children enrolled to start dropped out.
- It is very difficult physically and mentally. The unknown of trusting parents to keep everyone safe/and our personal families through contact with ourselves
- No impact except for more cleaning and symptom checker
- COVID has made some relationships between daycare families tense at times. Disagreeing on policies/protocols, more emotional (parents). With my business being in my home, I initially closed for two months to access what to do. That was very stressful. I have a child with a heart issue & asthma.
- More sanitation, temperature taking, more attention to hygiene habits, excluded items such as playdough, sensory tables due to germ sharing, etc.
- From closing for 10 weeks to super cleaning daily. To changing my program for the outside, until it got too cold, to never leaving the yard for a long time. Keeping everyone healthy, kids, families and my family, also myself. Lots of school.

- Yes, only cared for essential workers. Families came back as restrictions were lifted. Not back to normal until Sept. 2020
- Extra cleaning and disinfecting has extended my work day from 13 hours to 14 or 15 hours.
- At the of the pandemic, many parents lost their jobs, which affected my environment, of course my salary. Emotionally we still are, until everything is back to normal and parents trust that their children are safe in daycare.
- Yes, with the school ager it affects my ratio for children that were 1st shift/2nd shift only while kids were in school
- Less kids was attending.
- Keeping current families. Two clients had babies just after COVID lockdown had 2 or 3 children for 12 weeks because all children (siblings) of newborns could not attend childcare per doctor orders. NOT enrolling any new children at this time. And most impact all the extra cleaning.
- Took less children
- For one just trying to stay open
- Allowed me to work less hours since one family worked from home, still getting some pay
- more helping children with school work and increased food + time for kids.
- Other than myself and 1 enrolled child was infected with the virus and had to shut down 2 times that was the only effect
- Some families are struggling financially but don't want to lose their daycare spot. I lost pay when families were off.
- Increased interest in small family childcare
- I'm down 2 full time children - (That extra unemployment kept people home) I send kids home quicker if they appear to be getting sick. So far no COVID here but cannot afford to be closed. I talked to families about staying safe + getting tested or quarantine. No field trips. No parents in my house. No family engagement days. This whole yr has been a challenge. Trying to get cleaning supplies + just toilet paper was a challenge. Cleaning all day behind kids was a challenge. Etc. Etc. Etc. Having 2 openings + being afraid to fill it with someone who didn't mask or stay safe.
- It has brought less business during this time.
- Less hours - more children staying home because parents are making less and are able to care for children at home. More part time so harder to schedule.
- COVID-19 has impacted outings, family gatherings + my confidence in new enrollments due to fear of getting current children who are enrolled sick. I have more rules/policies for families to follow. I'm more strict on my payment policy due to not enrolling new families. I usually have a back to school carnival, Halloween party, + Christmas dinner. All were

cancelled this year due to COVID-19. I still held events w/ my enrolled children w/ out their families.

- Forced to close due to personal health risks. Unable to open until myself + family members high risk are vaccinated.
- Not a whole lot always did the normal cleaning. But had to make sure no child came in sick.
- I have to do more cleaning all day and handwashing I keep parents up to date on COVID laws & childcare.
- More people need care
- I had to close my daycare because my 1 yr old in the daycare tested positive. I also closed for 2 weeks at the start of the pandemic to clean + sanitize.
- I have had to close twice as I waited for results, had parents keep their children at home for weeks, and had to be more aware in my free time for my families.
- At the start of it, I went from 8 kids to only 2 part-time kids for 4 months. I have not been full since. My full time families are now part-time because parents work from home
- More time spent cleaning/sanitizing Families finding the illness policy hard to follow Loss of income during quarantines due to COVID
- Slower, more days off, less pay
- I closed at the beginning of the pandemic for over a month due to concerns over the virus. Other than that, business hasn't changed for me.
- Parents were forced to be laid off work since parents were out of work. Child care wasn't a necessity for the families in my care
- have to wear masks increase cleaning have to ask parents + child if they have been exposed to COVID or have it.
- positive impact - I had increase income due to school age kids of essential workers needing full time care. I also had increase support from my childcare families negative impact - hard to find disinfectants and supplies during shutdown
- lost 2 children
- Actually numbers increased because parents are bringing kids to smaller settings such as fam! Child care.
- more washing of hands, and cleaning down all the surfaces
- Way more stress, worrying about keeping every one healthy, worried about my own family, disconnect to daycare families
- I started in April 2020 - Easy to find families due to others closing.
- I lost 3 months income at the beginning of the pandemic due to shut down. I have had to close more than once for quarantine due to one of my families or myself being in contact w/ a COVID positive person. Definitely cleaning + sanitizing more. Had to change my sick policy to include for COVID symptoms.

- Before COVID-19, I would receive at least three calls per week for interest in childcare services. As the year progressed, the calls for mostly infant care changed to calls/care for school agers or no calls at all. I know our area of the state is still facing unemployment and reduced hours of employment because of capacity issues or businesses concerned about expenses versus income.
- I have a lot more cleaning and sanitizing to do! I had a period where some children's parents were working from home and didn't need daycare which meant no money for daycare.
- Thankfully it hasn't - grants covered COVID closures
- It has not really changed.
- More families in general needing one.
- As a child care provider that is only worker in my center this past year has had many many countless hours added for cleaning to keep COVID out of my center and all our families healthy.
- COVID has not impacted too much, except to take precautions.
- I closed March 2020, due to pre-existing conditions/COVID, and am just reopening April 2021, after I'm fully vaccinated.
- I feel like everything I have worked for over 21 years just exploded on March 13, 2020. It's been heartbreaking, stressful, & has really put things into question.
- I don't normally have school aged children but did take siblings of existing families. Had to be flexible for families that had to quarantine.
- Many changes to drop off/pick up policies daily temp checks. General increased level of stress - extra cleaning, extra worry
- Yes, felt helpless cause of laws couldn't help more families.
- Low funds Kids not coming Kids being sick
- When the Safer At Home order occurred at the end of March 2020, all of my families opted to keep their children home, except for one, then they had an exposure to COVID. I ended up closing for 3 weeks. One family left my care due to job loss/relocation, the rest only came back part-time due to job loss, I was full again in Sept of 2020 but have struggled to balance the schedules of my young children and school-age remote learners.
- The enrollment was up and down...
- I'm new to childcare and COVID-19 really have put my business at risk for closing. It's very hard to get families to trust because everyone scared of getting COVID.
- Gets harder More cleaning more families to keep sanitary needing more No visits or family involvement
- I have been skeptical about bringing in new families
- Yes. One of our teachers was tested positive and caused us to close for 14 days. Parent wasn't too happy about that.

- Added more stress, assisting special needs 4K child with computer - online meetings, 'Little kids are not made to sit still.' As well as helping other kids with daily needs. Loss of 3 months income, lower numbers due to parents working at home. Extra cleaning
- Yes, impacted my enrollment
- Increase in school agers Increase in sanitation duties and supplies
- A lot of parents wanted their children back in a smaller group setting. I have been doing so much more cleaning/spraying it's not funny.
- The risk was scary, not knowing if the families of the children I serve were social-distancing, washing hands, etc. Also, paying for supplies up front was hard. Didn't get sanitizer, bleach, etc until much later.
- It has made it more difficult. Parents are upset about stricter sick policy. Having to quarantine.
- More hours spend cleaning, taking temperatures daily, more + longer hand washing. Stress level increase knowing that I am putting myself and my family in harm's way by being open. But if I close I have no income.
- As a family provider, COVID-19 has impacted my business because the cost for sanitizing supplies has more than tripled to ensure the children in my care are safe.
- COVID-19 has impacted my business very heavily most of my parents lost their jobs due to COVID-19 which impacted my hours of operation which resulted in a loss of income. The state barely helps small business owners out which help there were a lot of people close down due to the lack of help I wish we as small business owners could get help with wages and grants made easier to [ilg]
- It hasn't
- Pocas familias con capacidad de pago por desempleo [Translation by GVS: Few families able to pay due to unemployment]
- Having to clean a lot more
- It's affected my first shift enrollment which caused less income for me.
- Increased stress levels due to fear of the virus and potentially needing to close.
- more to do making sure the children were kept apart + washing hands more often. We use disposable plates, cups, spoons etc washing more
- I work more hours. Have retained children who should have left for school. Had to work w/ out pay for a while with some families, didn't receive co-pays for most of 2020 and into 2021. Most evenings after care there are additional meetings and obligations via Zoom now. It has R been positive in showing the community that not all professions are available 7-5 M-F, and virtual classes, conferences, doctor appointments, and meetings can be valuable.

- More people are staying home which is causing (1) less demand for child care and (2) more providers (unregulated) saturating the market. Staying full is a challenge.
- COVID has slowed down enrollments. It's hard for these babies to have to wear masks all day. Parents lost jobs.
- I lost all my before and after children
- Increase PPE supplies purchased. Fear of COVID transmission. Limit enrollment.
- In the beginning but now doing good
- It has become much harder with the sanitizing and having to keep the school age kids focused on their homework and classes
- Keeping my count lower. Don't let parents in. More stressful. Worry about illness all the time.
- I lost several families because some worked from home. Then some returned. I have 2 kids that would have gone to public school and only attended before + or after school, but because of COVID attend all day here and do virtual learning. I stopped enrolling new families because of COVID and my expenses increased - food - delivery costs, cleaning supplies
- very stressful with the lack of COVID-19 information the unknown
- I am 60 years now as of January, 2021. I shut down my childcare center for 2 months. Reopened but had to close 2 times for 2-3 weeks because of could exposure from day care parents. My health insurance is very expensive, so with a heavy heart I closed my day care. The risk is too high. I had planned to provide care for about 3 more years. I followed all protocols and then some.
- Yes, more parents are afraid to have their kids come for services.
- No. Children have no school, they not coming in childcare
- in 2020 more school age children. Stress when families start traveling for holidays. Stress when having to enforce quarantining when returning. Writing more policies to reflect this. More children.
- I would say just added stress, longer days to clean and sanitize and stressed families.
- Yes, we closed for a month early in COVID when little was known about it.