



RI Department of Human Services Office of Child Care



COVID-19 Impact Survey Series
Summary of Key Findings
October-December 2020

**RHODE
ISLAND**

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Glossary of Terms

Term	Definition
Attendance	The count of children physically present on a given day in the child care program.
CCAP	RI's subsidized child care program, the Child Care Assistance Program. This program supports low-income, working families access available child care.
CCC	DHS-licensed center-based child care programs.
COVID-Capacity	The count of licensed slots in a program upon reopening under COVID-19 regulations. This number was self-reported in the provider's reopening plan and approved by DHS. Programs began reopening in June 2020.
Enrollment	The count of children registered to participate in a program. This number does not assume attendance.
FCC	DHS-licensed family (or group family) child care programs
Pre-COVID Capacity	The count of licensed slots in a program. This is determined by the Child Care Licensing Team during the licensing process. Pre-COVID was defined in this survey as prior to March 1, 2020.

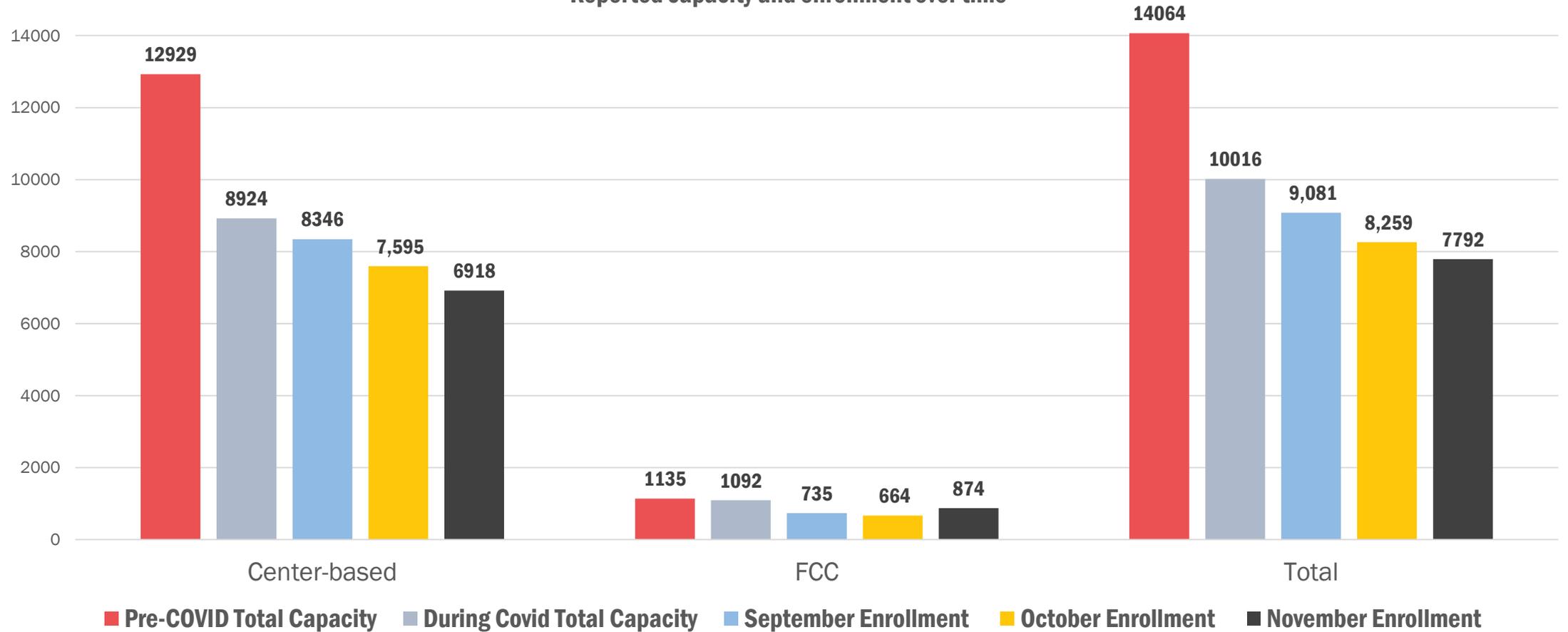
Summary of Survey Series

- In Fall 2020, the Department of Human Services (DHS) worked with Public Consulting Group (PCG) to deploy a series of three surveys to licensed child care providers to understand the impact that COVID-19 had on their businesses and the families they serve.
- Surveys were done online with communications sent to providers including emails from PCG/DHS, phone and/or email contact from DHS licensors and BrightStars staff and a SEIU text campaign to family child care providers (FCC).

	October	November	December
Content Surveyed	<ul style="list-style-type: none"> • Enrollment & Attendance • Costs Associated with Delivering Care During COVID-19 	<ul style="list-style-type: none"> • Enrollment & Attendance • Impact of COVID-19 on CCAP Providers 	<ul style="list-style-type: none"> • Enrollment & Attendance
Data Collection Period	October 1-15, 2020	November 1- 15, 2020	December 1-15, 2020
Count of Survey Respondents	347 (43%) (198 CCC, 149 FCC)	324 (40%) (174 CCC, 150 FCC)	346 (43%) (175 CCC, 171 FCC)
Count of Providers contacted by Phone	560	450	605

Enrollment Trends & Impact of COVID-19

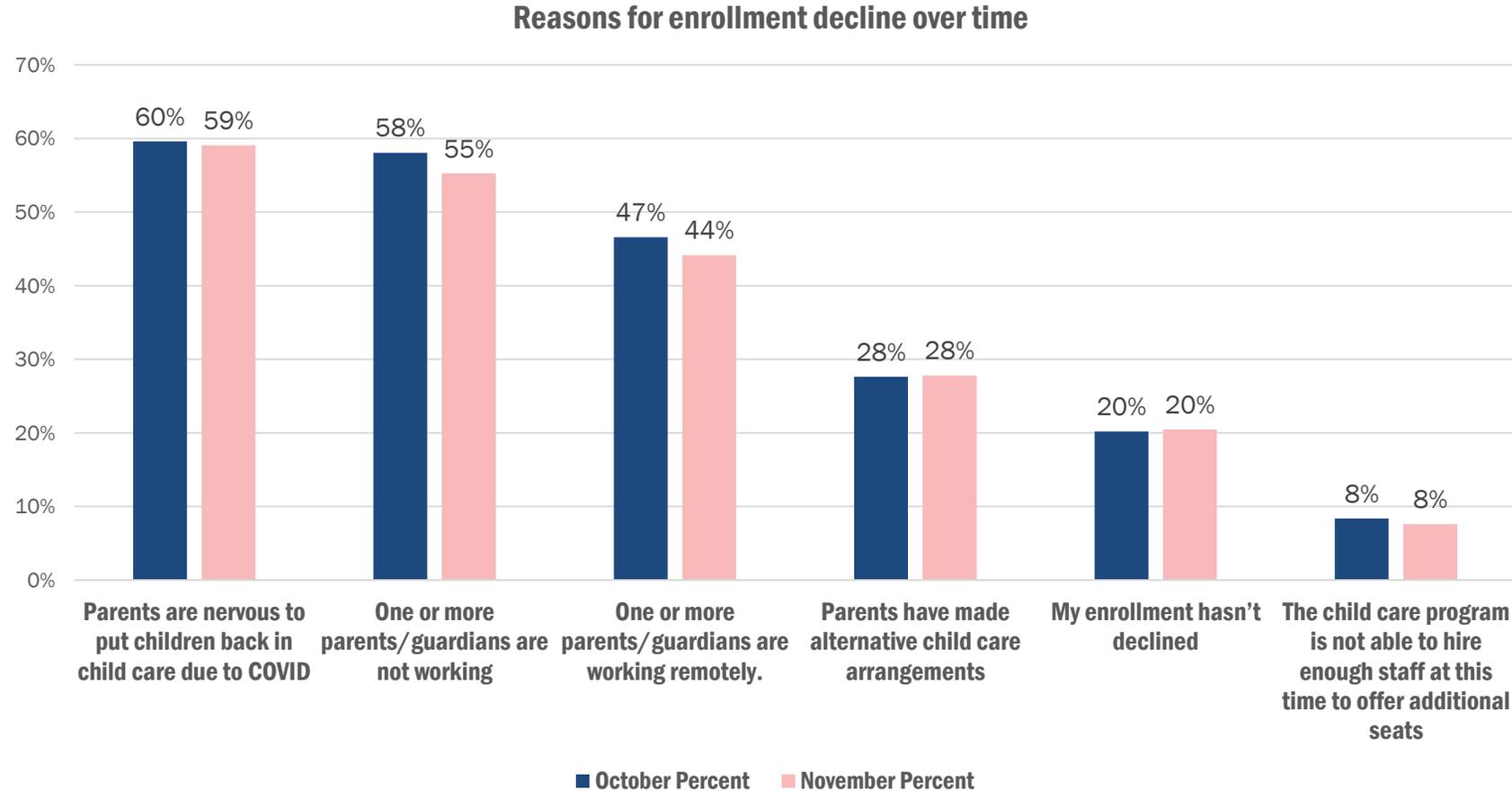
Reported capacity and enrollment over time



Enrollment

If enrollment declined during COVID-19, what are the contributing factors?

Highlighted Finding: The most frequent reason reported for enrollment decline in November was parent nervousness to put children back in care during the pandemic (59% of respondents.)



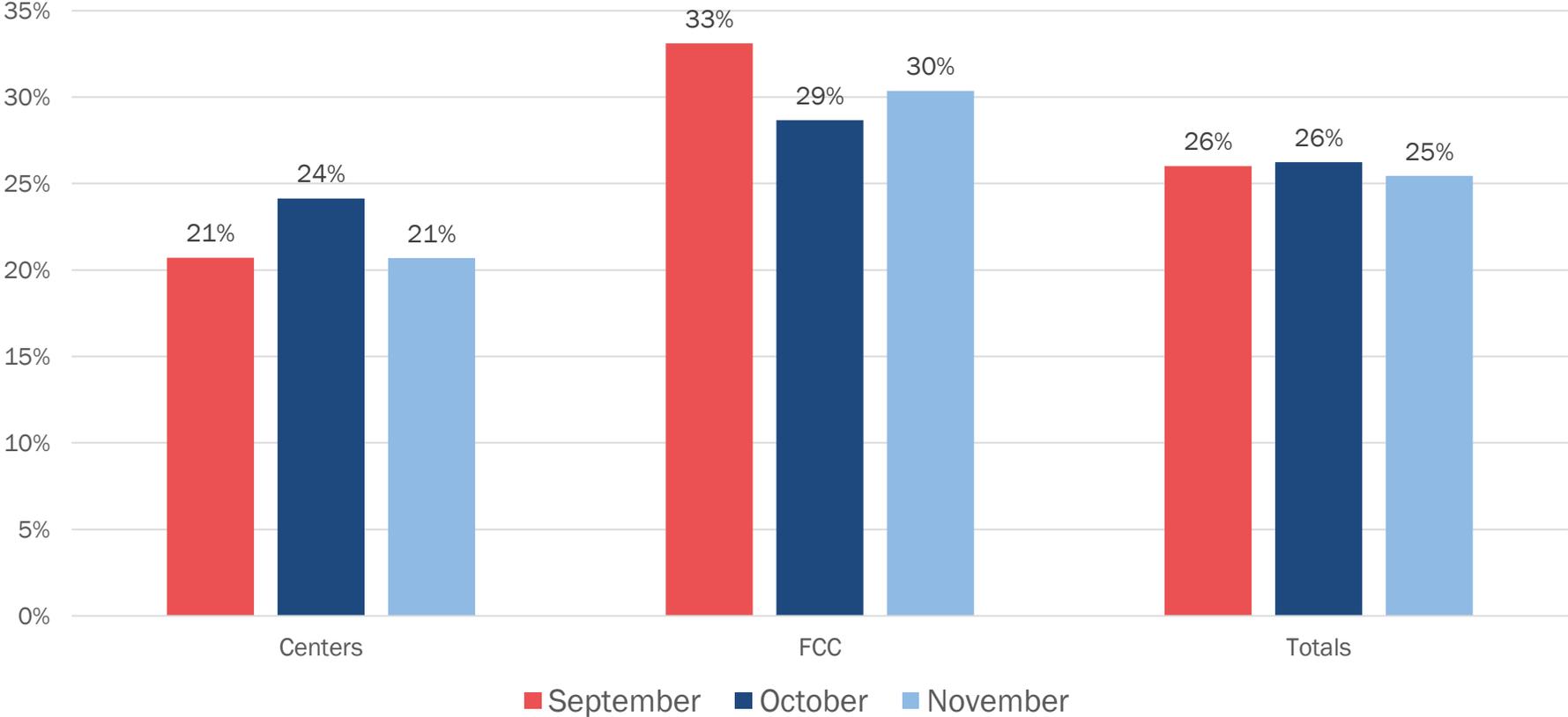
- **Programs outside the urban core and in the urban core similarly rated parent nervousness as a reason enrollment declined (52% v. 48%)**
- **Where programs note enrollment hasn't declined (n=70), 74% were FCC.**

Utilization: Full Enrollment During COVID-19

What are the characteristics of programs who report 100% utilization of their pre-COVID capacity?

Highlighted Finding: FCCs were more likely to report being fully utilized. Over time, fully utilized programs remained consistent.

Percentage of programs by provider type reporting 90-100% utilization over time



For programs with 90-100% utilization:

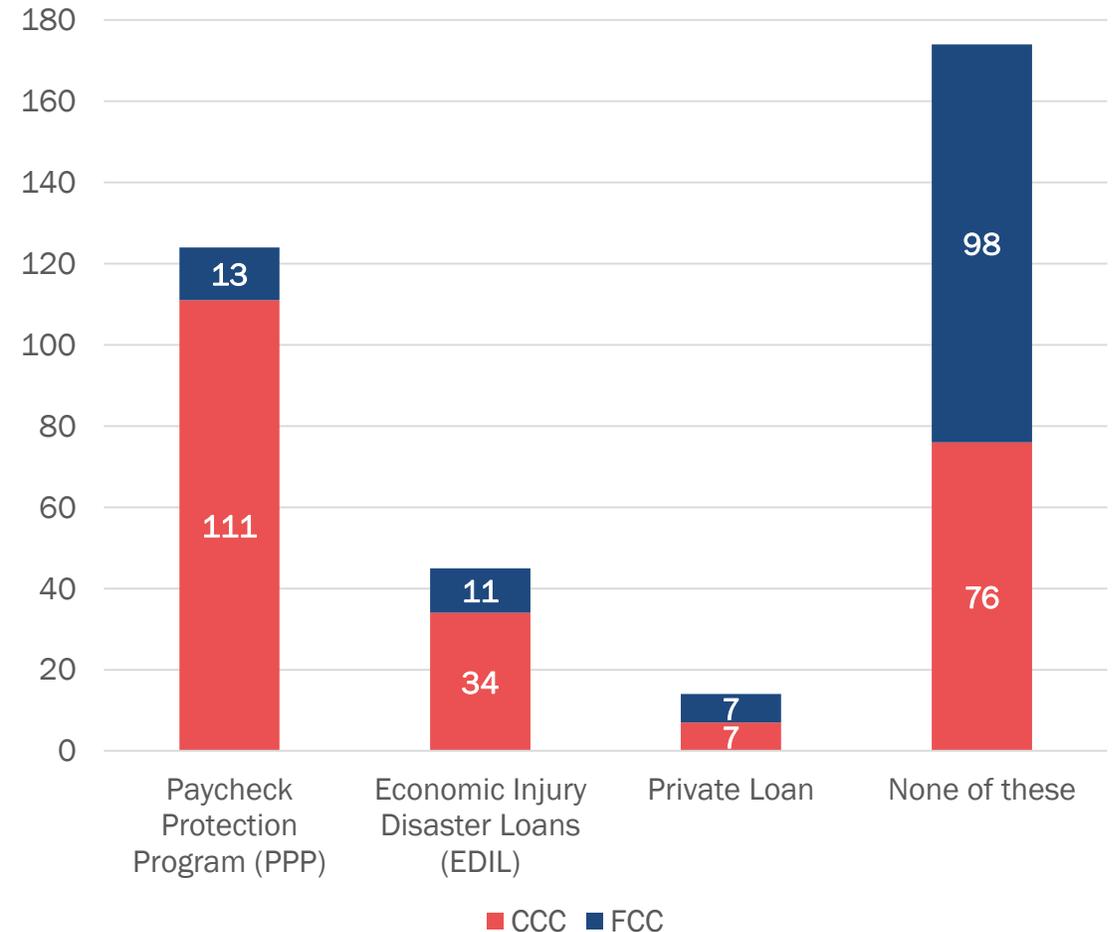
- CCC are more likely to be outside the urban core (86%) while FCC are more likely to be in the urban core (72%).**

Reported Costs Associated with Delivering Child Care During COVID-19

October 2020 Survey Findings

- Nearly **80%** of programs reported they **did not change part-time or full-time private pay tuition rates upon reopening** during the pandemic.
- Reported a **76% increase in monthly cost** (average) associated with the implementation of the new COVID-19 health and safety standards.
- About **40%** of providers reported **accessing funds from the PPP**; many of these providers were Child Care Centers (CCC).
- Family Child Care (FCC) were more likely to report not accessing additional funding.
- Average reported cost of a 2-week closure (the average quarantine period associated with a positive COVID-19 case):
 - FCC: \$1,727.06
 - CCC: 1 classroom: \$5,184.17
 - CCC: Whole Program: \$35,048.89

Providers, By Type, that Accessed Additional Funding



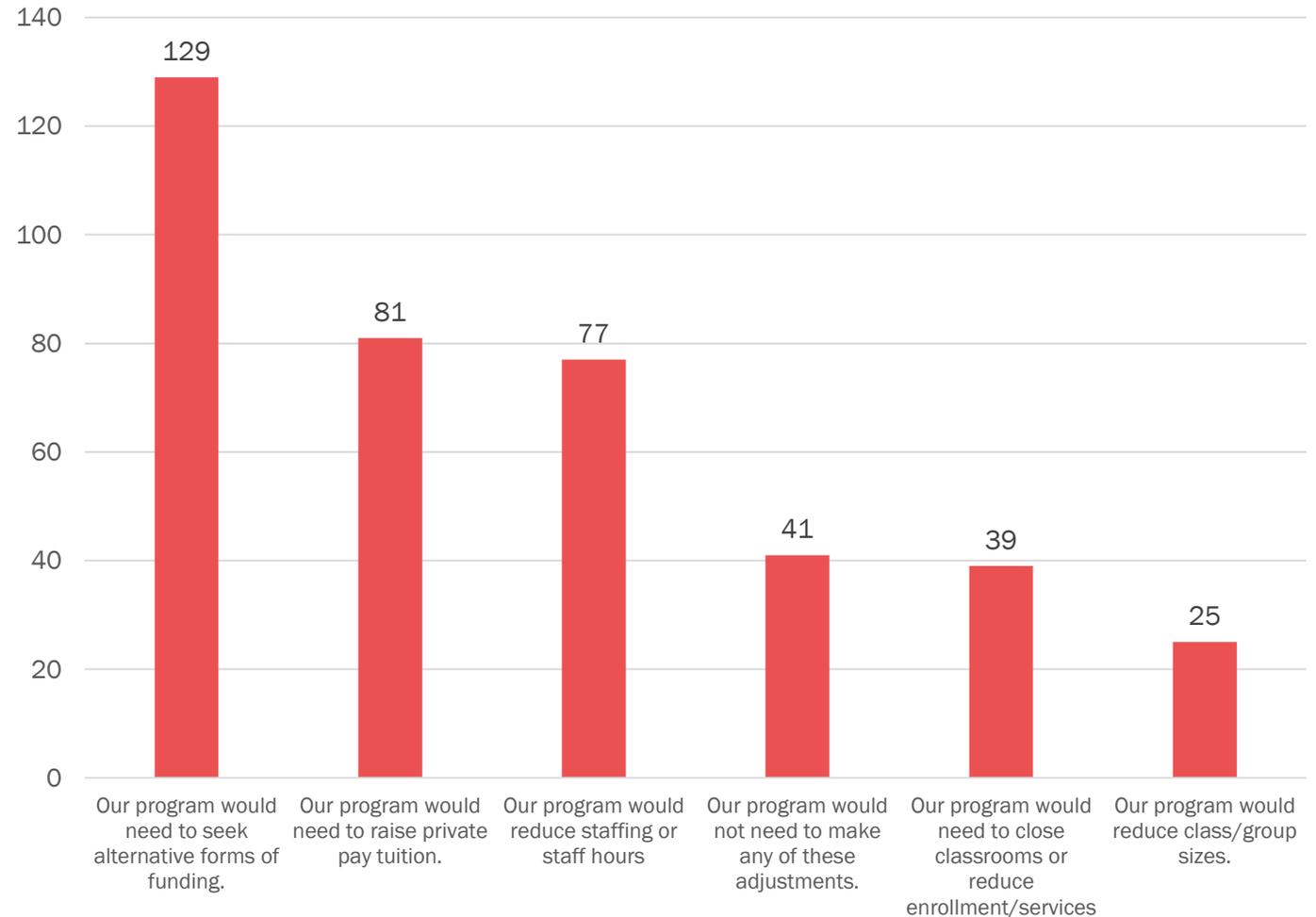
COVID-19 Impact on CCAP Providers

November 2020 Survey Findings

In November, DHS posed a series of survey questions related to providers' use of CCAP COVID rate enhancements. Below are findings related to those questions.

- **77%** of respondents (245 of 320) reported participating in CCAP.
- **30%** of programs reported 75-100% of their total enrolment as CCAP.
- Of providers participating in CCAP, **75%** (183 of 243) reported utilizing the enhanced CCAP rate to support the purchase of PPE.
- More than **40%** (88 of 207) believe the enhanced rate is an incentive to serve additional CCAP children.
- If the enhanced CCAP rate were to end, **55%** of providers cite they would either need to seek alternative forms of funding in order to continue operating or close.

Total Count of Responses if Enhanced CCAP Rate were to End (n=233)





COVID-19 Screening Tool & Exclusion to Care

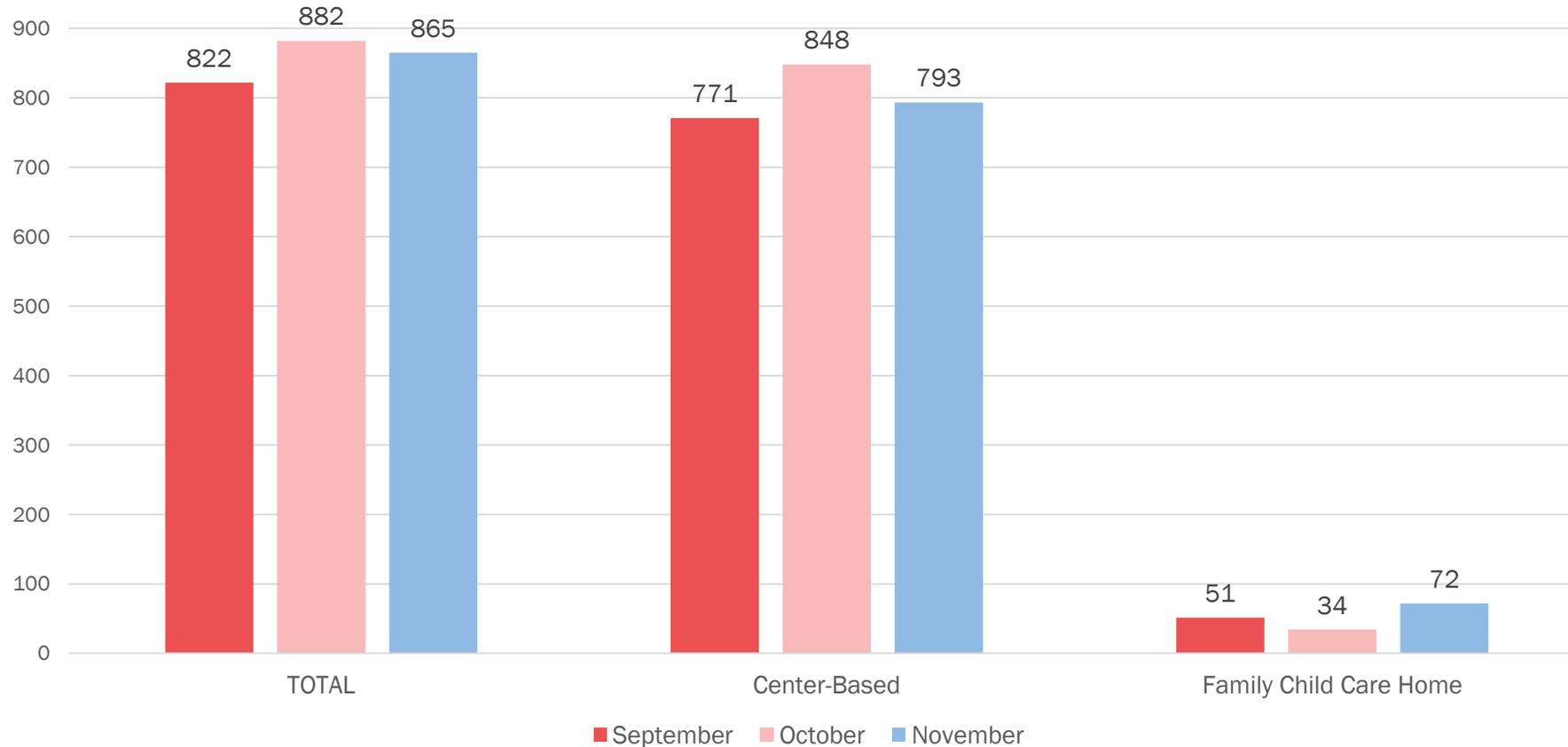
Per the DHS COVID-19 Regulations, programs are required to screen employees, visitors and families prior to entry to appropriate mitigate risks associated with COVID-19 transmission. The Screening Tool can be accessed on Reopening RI.

Prior to COVID-19, CCAP children who were marked 'absent' more than five days/month were not reimbursed for subsidy. This payment practice has been temporarily amended due to increased absences and exclusion criteria associated with the COVID-19 pandemic.

Reported Impact of the COVID-19 Screening Tool on Attendance

How many children were denied access to care for having one or more symptoms identified on the COVID-19 Screening Tool?

Total Children Excluded from Care Over Time



Key Findings:

FCC reported an increase in children excluded from care in November (from 34 in Oct. to 72 in Nov.), while centers reported a decrease.

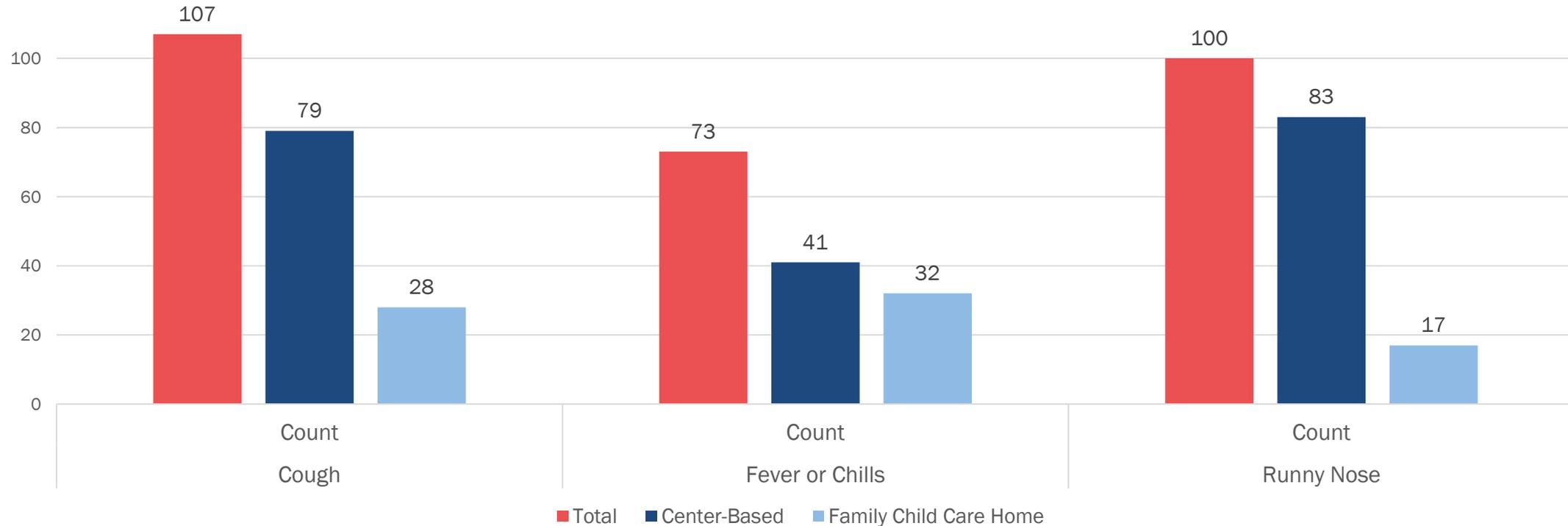
Preschoolers were most frequently excluded from care in both provider types in November

Reported Impact of the COVID-19 Screening Tool on Attendance (Cont.)

For children excluded from care, which of the following were the most common symptoms that contributed to exclusion?

Highlighted Finding: Cough (27.8%) was the overall most frequently cited reason a child was excluded from care in both October and November. This replaces September's most frequently cited reason: runny nose (which is now second most frequently cited).

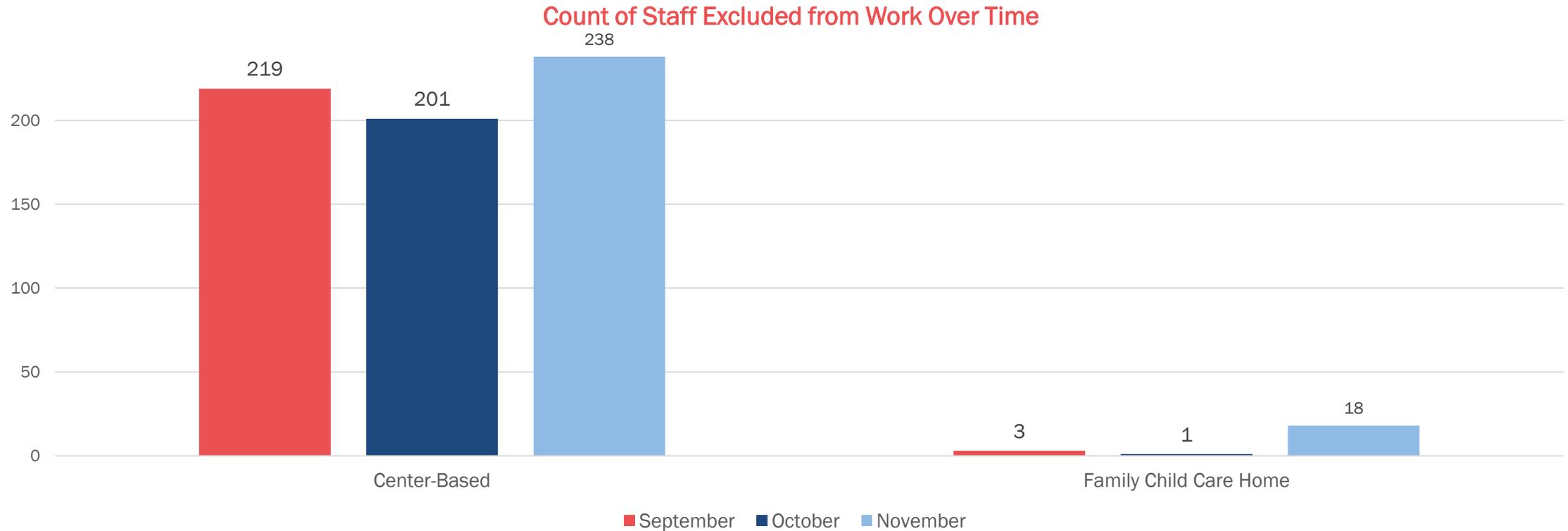
Top 3 Most Frequently Cited Reasons for Exclusion by Provider Type



Reported Impact of the COVID-19 Screening Tool on Staff Attendance (Cont.)

In November how many staff were not permitted to work due to having one or more symptom on the screening tool?

Key Finding: While centers saw an 18% increase in the number of staff excluded from October to November, FCC programs reported a 1700% increase in staff excluded from October to November.





CCAP Enrollment & Attendance Data

Source: Rhode Island Bridges (RIB)

The following slides report CCAP data directly captured from CCAP providers' attendance submissions. Attendance submission for CCAP resumed in September 2020 (Batch 10) for the purposes of informing future COVID-19 recovery decisions in policy.



CCAP Payments During the COVID-19 Pandemic

Timeline: 6/1/20 – present

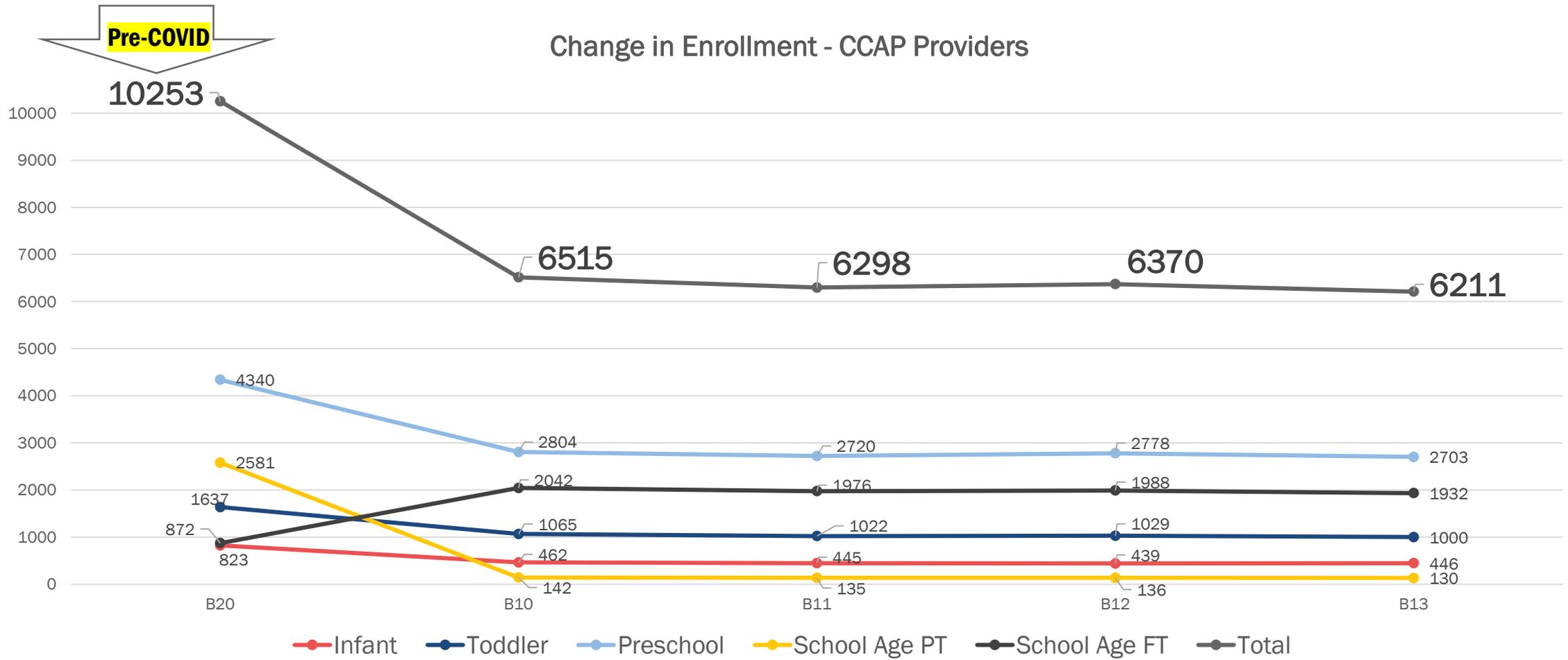
In response to COVID-19, DHS adopted the following CCAP payment practices* to ensure continued support to CCAP providers and families during the pandemic:

- 1. Reimburse CCAP subsidies based on enrollment, not attendance**
- 2. Waive the allowable absence policy for CCAP families (5 days/month)**
- 3. Waive family copays (during the mandated closure period March-May)**
- 4. Upon reopening, reimburse CCAP subsidies using a temporary, enhanced rate (5-Star reimbursement rate or 90th PCTL for already 5-Star providers)**

**Rhode Island submitted three CCDF Plan Amendments and one waiver to adopt these CCAP payment practices during COVID-19*

COVID-19 Impact on CCAP Enrollment (Batches 10-13)

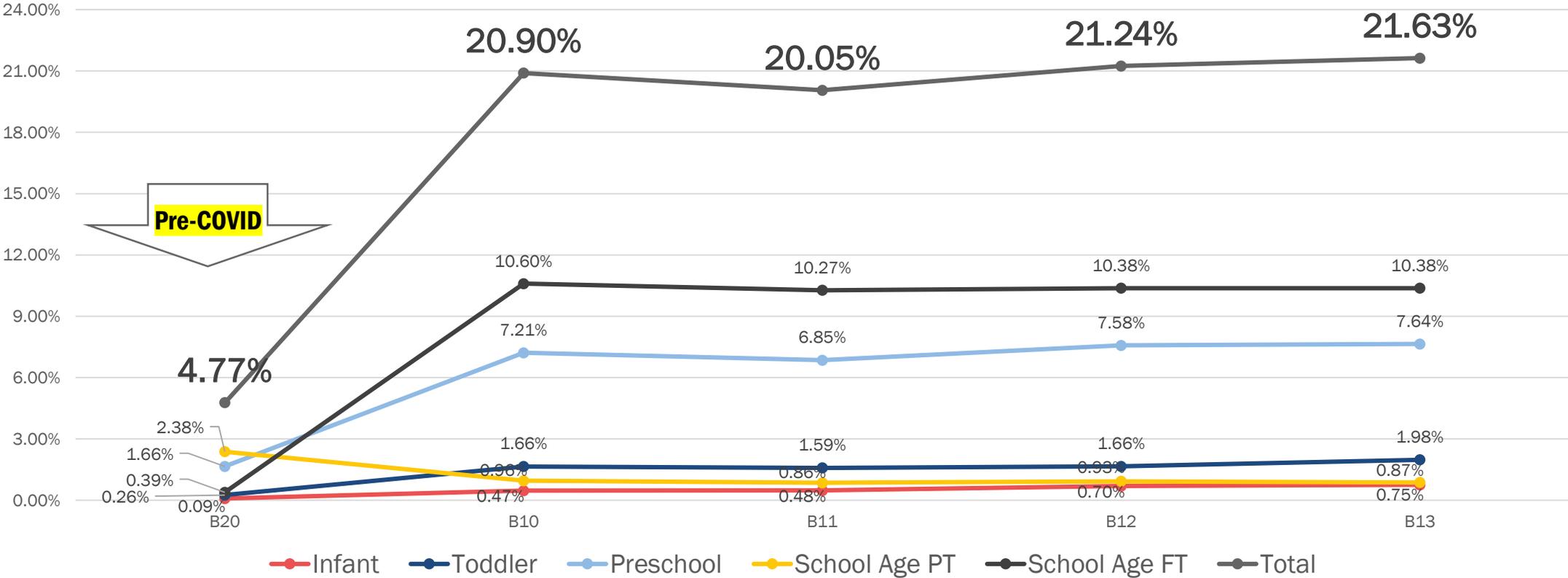
CONCLUSION: CCAP enrollments have decreased 40% since March (pre-COVID)



COVID-19 Impact on CCAP Absences, Batches 10-13

CONCLUSION: Since attendance submission resumed in September (Batch 10) at least 20%, or 1 in 5 children enrolled in CCAP, are marked absent per batch cycle. This is more than a 15% increase in absenteeism as compared to pre-Pandemic batch payment breakdowns.

Absenteeism Rate for Children Enrolled in CCAP





Appendix

Detailed Findings, Attendance & Enrollment

COVID-19 Impact Survey Series
October-December 2020

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Enrollment Trends

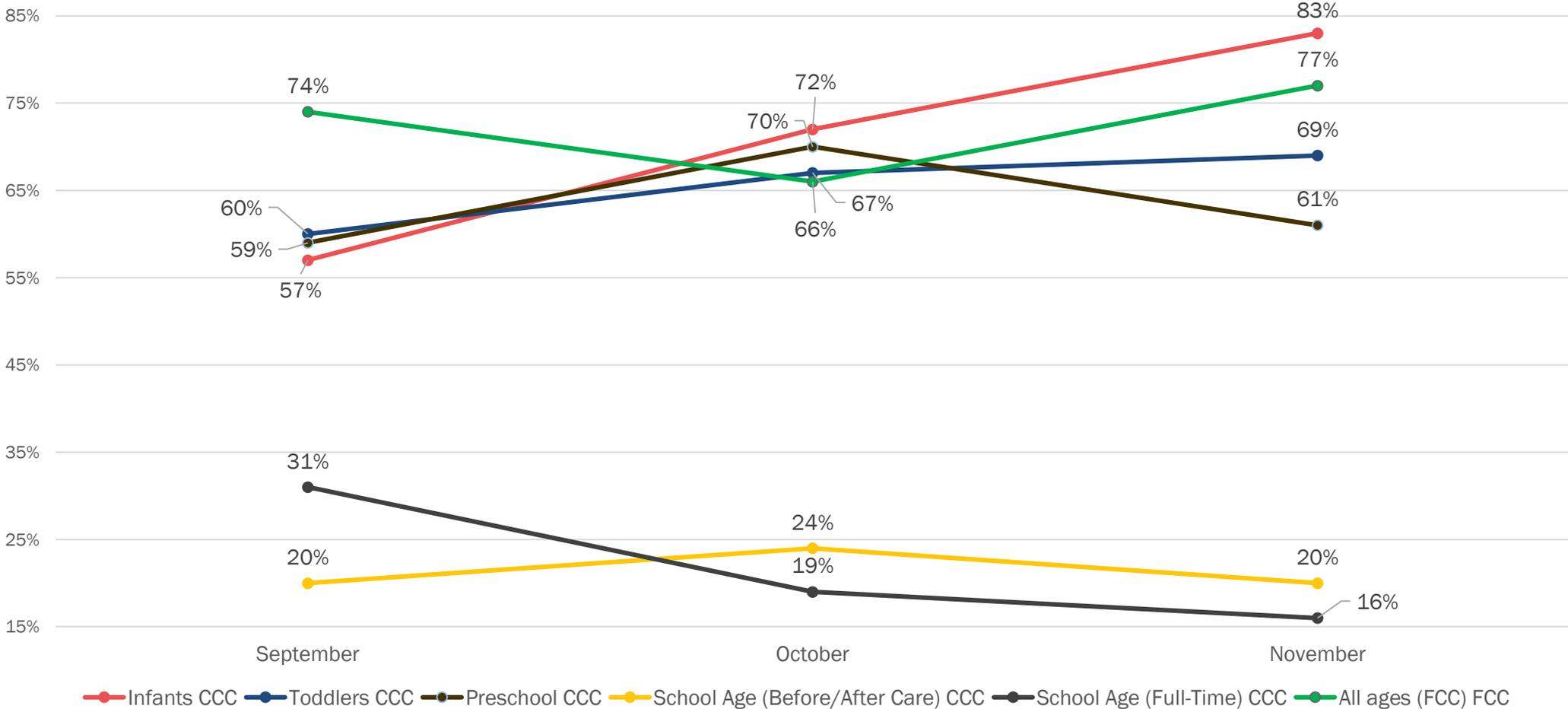
Highlighted Findings:

- Centers reported their enrollment (as a percentage of their pre-COVID capacity) increase for infants and toddlers from September to November.
- While FCCs reported an enrollment decrease in October, it subsequently increased in November.

Reported Full Time Enrollment (Total) as a Percentage of their Program's Pre-COVID Capacity				
Age Group	Provider Type	September	October	November
Infants	CCC	57%	72%	83%
	FCC	74%	66%	77%
Toddlers	CCC	60%	67%	69%
	FCC	74%	66%	77%
Preschool	CCC	59%	70%	61%
	FCC	74%	66%	77%
School Age	CCC	20% (Before/After) 31% (Full Time)	24% (Before/After) 19% (Full Time)	20% (Before/After) 16% (Full Time)
	FCC	74%	66%	77%

Enrollment Trends

Reported Full Time Enrollment as a Percentage of Pre-COVID Capacity Over Time



Attendance Trends

Highlighted Finding(s):

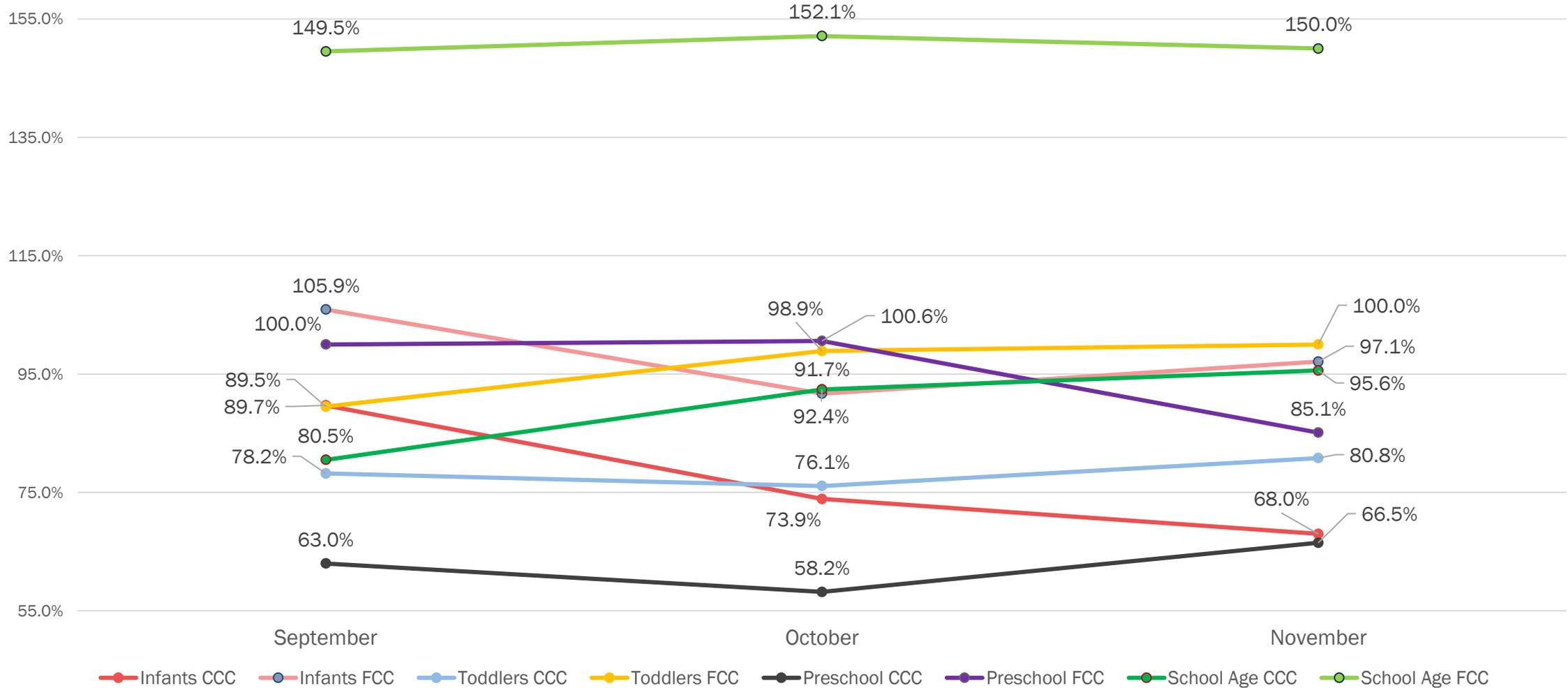
- Centers reported an increase in attendance over the three months for toddlers, preschool, and school age.
- FCCs reported a decrease in preschool attendance in November.

Reported Full Time Attendance (Total) as a Percentage of their Program’s Enrollment				
Age Group	Provider Type	September	October	November
Infants	CCC	89.7%	73.9%	68%
	FCC	105.9%	91.7%	97.1%
Toddlers	CCC	78.2%	76.1%	80.8%
	FCC	89.5%	98.9%	100%
Preschool	CCC	63%	58.2%	66.5%
	FCC	100%	100.6%	85.1%
School Age	CCC	80.5%	92.4%	95.6%
	FCC	149.5%	152.1%	150%

Note: As attendance is self-reported, attendance totals may exceed a provider’s enrollment totals, thus resulting in percentages more than 100%.

Attendance Trends (Cont.)

Reported Full Time Attendance as Percentage of Enrollment





**For questions, please contact:
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