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The Nebraska COVID-19 Early Care and Education Provider Survey II: Experiences, Economic Impact, and Ongoing Needs

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The Nebraska COVID-19 Early Care and Education Provider Survey II

Experiences, Economic Impact,
and Ongoing Needs

“Things are starting to take a toll.”

AUGUST 2020

Alexandra Daro, Ph.D., and Kathleen Gallagher, Ph.D.



Acknowledgements

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EXECUTIVE SUMMARY

The Nebraska COVID-19 Early Care and Education Provider Survey II, released in early August 2020, is a second survey following *The Nebraska COVID-19 Early Care and Education Provider Survey* that was conducted in March 2020. Both surveys were conducted by the Buffett Early Childhood Institute at the University of Nebraska.

Results from the March 2020 survey suggested that the coronavirus was negatively impacting early care and education professionals in Nebraska. Imminent threats of illness and directives for enhanced cleaning and precautionary methods (e.g., social distancing) were causing child care providers to experience high levels of stress. They were struggling to access accurate information and cleaning supplies and were fearful of the economic repercussions of decreasing enrollment and/or closure. Nebraska's agencies, philanthropies, and local communities mobilized to provide resources, and federal funding was made available to small businesses via the CARES act.

This second survey examined how licensed family home-based and center-based child care providers in Nebraska have accessed financial supports, how they are coping in the midst of an ongoing pandemic, and what they still need to provide the essential service of early care and education.

The current survey, administered in mid-June 2020 to licensed child care providers across Nebraska, reveals a resilient and dedicated workforce struggling economically and coping with very high levels of stress. The key findings from more than 1,000 respondents include:

Financial Assistance

- One in 3 respondents applied for and received federal assistance from the CARES Act.
- Two in 3 received financial assistance of \$1,000 each from private donors, which they used for food and cleaning supplies, rent/mortgage, and staff salaries.

Economic Impact

- One in 4 providers has seen their income reduced by over 50%.
- Almost all providers have experienced decreased enrollment, with greater enrollment reductions for center-based providers.
- Three in 5 providers report being enrolled in the newly established Nebraska Child Care Referral Network, matching families with open, licensed child care.

Health and Emotional Impact

- In the event of illness from COVID-19, less than 1 in 4 providers has paid sick leave.
- Most providers are experiencing symptoms of stress, such as changes in sleep, difficulty concentrating, social isolation, and anxiety about the future.

Current and Future Needs

- The majority of providers (51%) reported that without financial assistance they will likely close if the pandemic continues or worsens.
- Most providers (87%) would apply for financial assistance, if offered. Less than 1% say they would not seek additional financial assistance.

- Many providers (59%) report using the temporary child care subsidy rule allowing providers to bill when enrolled children are absent.

Both provider surveys provide critical information for state and community leaders as well as working parents who depend on child care. Nebraska is one of the top states in the nation for parental employment; nearly 3 out of 4 children under age 6 have all available adults in the workforce (Voices for Children in Nebraska, 2019). Like elsewhere in the country, child care provides critical economic infrastructure to the state's economy, a point that the COVID-19 pandemic has reinforced from the beginning.

Going forward, in the context of the pandemic and beyond, Nebraska's early care and education providers need the following:

- Ongoing, substantive financial assistance
- Access to affordable essential supplies
- Continued child care subsidy allowances
- Awareness of and access to child care referral network to match families needing care with programs with open slots
- Paid sick leave
- Access to counseling and other services to alleviate stress and support well-being

There is extensive evidence that child care is an underfunded system in "normal times" (Sarver, Huddleston-Casas, Charlet, and Wessels, 2020). The pandemic has both exposed and exacerbated even more severe funding problems in the system, while elevating the urgent need for quality services for children and families. In narrative responses to survey questions, many providers indicated that because of the economic consequences of the pandemic they may retire or leave the industry. A few reported already receiving notices of eviction and mortgage default. Similar to other industries, the child care industry has flaws in the system; the most challenging of which is the serious lack of funding to support quality care and education.

The survey was released to approximately 3,073 licensed providers the week of June 8, 2020. *The Nebraska COVID-19 Early Care and Education Provider Survey II* and summary highlights from *The Nebraska COVID-19 Early Care and Education Provider Survey* released in March 2020 are available at buffettinstitute.nebraska.edu/covid-19-resources.

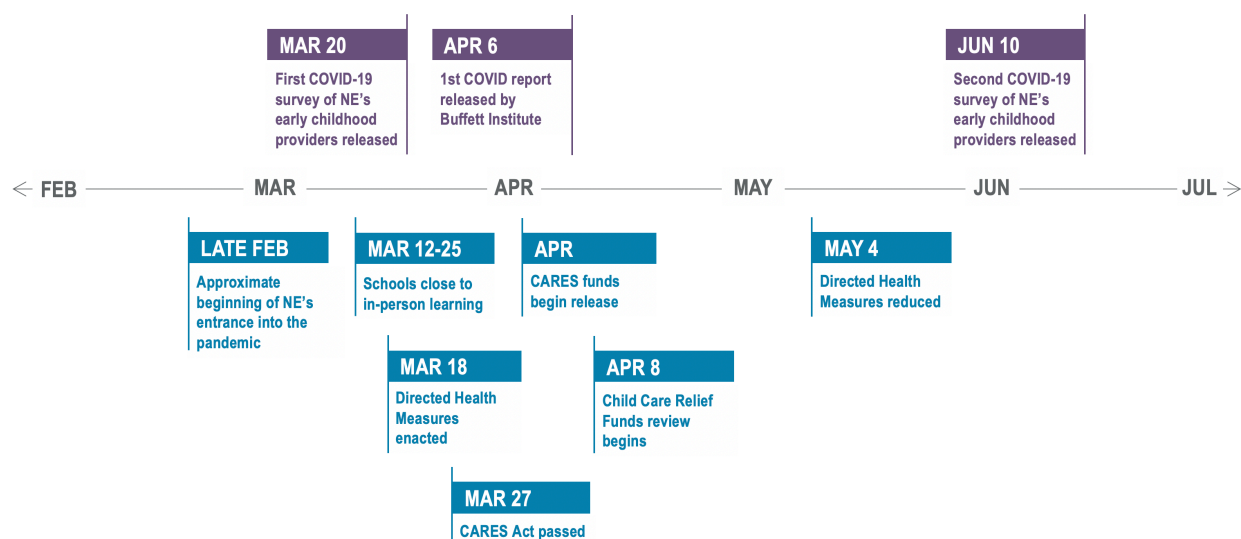
INTRODUCTION

"We were deemed 'essential' during this pandemic - so now how long will that last?"

Quality child care supports learning and development for young children and provides essential support for families' ability to earn a living. As such, it is the pillar of the local and state economies (Sarver, Huddleston-Casas, Charlet, and Wessels, 2020). Nebraska boasts among the highest levels of parental employment rates in the country. In fact, almost 3 out of 4 children under age 6 have all available adults in the workforce (Voices for Children in Nebraska, 2019). While families use a variety of care arrangements for their children, over 3,000 programs across the state provide licensed child care for infants through elementary school. Six in 10 of those are based in licensed family child care homes.

Nebraska first experienced concerns related to the coronavirus (COVID-19) pandemic in late February 2020, and the first Nebraska cases were confirmed in early March. In mid-March, the Buffett Early Childhood Institute at the University of Nebraska surveyed Nebraska's licensed child care providers to understand how they were experiencing effects of the pandemic, such as the required changes to caregiving, and to consider practical needs and policy recommendations that could be addressed (see Figure 1 below). In the March 2020 survey, providers indicated that they were experiencing decreases in enrollment, reduced income, and increased requests to care for school-age children and children of essential workers. They were coping with high levels of stress, linked to economic uncertainty, the threat of potential health problems, and a lack of reliable information (Gallagher & Huddleston-Casas, 2020).

Figure 1. Timeline



Via private funding and federal funds, policy shifts, and community outreach, some providers have had access to funding and materials to support their programs. The current survey examined how these pandemic supports were being accessed by providers and if they were helpful. Furthermore, the survey sought to examine how providers are doing at this juncture, with particular attention to economic and personal well-being.

The survey addressed the following questions:

- How have providers accessed and benefited from financial assistance during the pandemic?
- How has the pandemic impacted providers' economic well-being?
- How has the pandemic impacted providers' health and emotional well-being?
- What assistance is needed to support providers' future economic, health, and emotional well-being?

Survey Methods

The current survey was constructed collaboratively with organizational and agency partners. Questions included items from the March 2020 survey and items from COVID-19 provider surveys conducted by other organizations. More information about the development of the survey and item sources will be described in the technical manual (to be released in fall 2020).

The week of June 8, 2020, seven regional Early Learning Coordinators (ELCs) with the Nebraska Department of Education distributed the English version of the survey via email to all Nebraska licensed family child care home (FCCH) and child care center (CCC) providers for whom email contact information was available (approximately 3,073 providers). The regional ELCs maintain relationships with licensed child care providers and connect them to ongoing professional development. The Nebraska Early Childhood Collaborative (NECC) and Nebraska Children and Families Foundation (NCFF) emailed recipients of the privately funded Child Care Relief Fund to notify them of the need to complete the survey by June 17, 2020. NECC disseminated the Spanish language survey on June 23, 2020, to 59 Spanish-speaking providers, including CCRF fund recipients. The survey emails requested that one owner/provider (FCCHs) or director/owner/administrator (CCCs) respond to the survey. In total, 1,068 providers responded to the English version of the survey (34.8% response rate) and 22 responded to the Spanish version of the survey (37.3% response rate). English and Spanish responses were merged, and after data cleaning, 1,057 respondents remained.

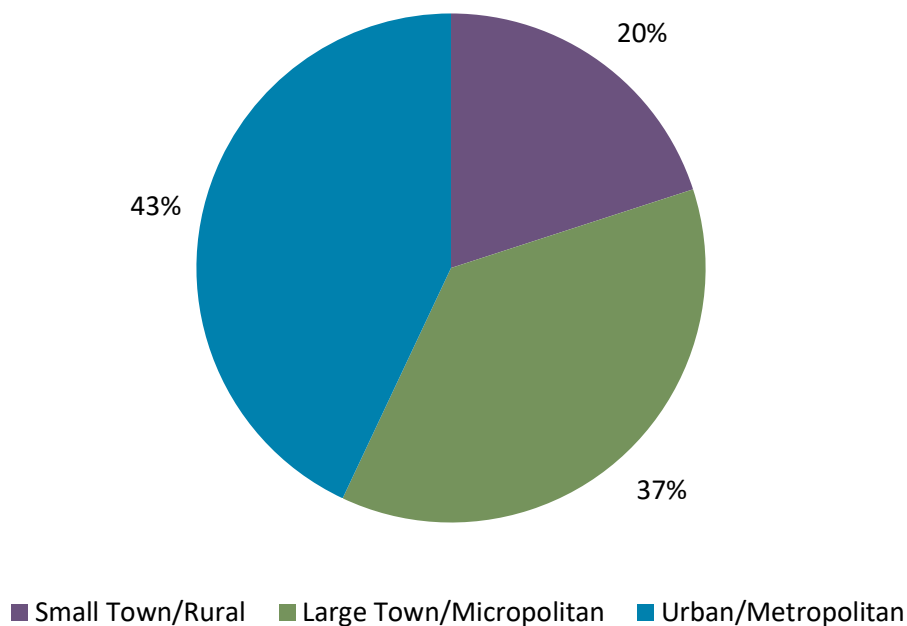
Respondents

A majority of the respondents were Family Child Care Home I or II (FCCH) providers (73%, $n = 771$). Almost one-quarter of respondents were Child Care Center (CCC) providers (23.8%, $n = 252$). FCCH providers were well represented in this data, in that 60% of all of Nebraska's child care providers are licensed as Family Child Care Home I or II and a quarter as Child Care Centers.

The greatest percentage of responding providers lived in urban areas, followed by large towns and small towns. Smaller and rural communities were well represented among the respondents. Providers responded from throughout the state. To examine how provider experiences might differ across community types, three categories based on U.S. Census Bureau (2016) designations of population density were used. Small Town/Rural refers to counties with fewer than 10,000 residents.

Examples of communities located in counties that fall into this category are Harrisburg (Banner County), Springview (Keya Paha County), Curtis (Frontier County), and Pawnee City (Pawnee County). Large Town/Micropolitan refers to counties with 10,000 to 49,999 residents. O’Neill (Holt County), McCook (Red Willow County), Alliance (Box Butte County), and Wahoo (Saunders County) are examples of communities that are in counties classified as Large Town/Micropolitan. Urban/Metropolitan refers to counties with 50,000 residents or more. Omaha (Douglas County), Bellevue (Sarpy County), Lincoln (Lancaster County), and Grand Island (Hall County) are communities in counties that fall into the Urban/Metropolitan category. Figure 2 shows the breakdown of respondents by community type.

Figure 2. Respondents Were from Urban, Town, and Rural Communities



Results of the survey are described below, with a focus on financial assistance, economic impact, health and emotional well-being, and future needs.

FINANCIAL ASSISTANCE

Federal Funding

Federal assistance, in the form of the Paycheck Protection Program and Small Business Administration Loans, was available to providers. The Paycheck Protection Program (PPP) are loans incentivizing small businesses to continue paying their employees. Most PPP loans will be forgiven by the Small Business Administration provided that employers meet the eligibility and retention criteria: loans must be used for payroll costs, interest on mortgages, rent and utilities, and at least 60% of the loan amount must have been used for payroll in order to be forgiven (Small Business Administration, 2020).

Licensed care providers were eligible to apply for the PPP loans if they were sole proprietors, independent contractors, or self-employed, or if they met business size standards (Small Business Administration, 2020). In sum, 584 Nebraska businesses that classified as Child Day Care Services received PPP loans (Cordes, 2020a); those loans retained 4,954 jobs (Cordes, 2020b). Thirty-five percent of survey respondents with open programs applied and received federal funds (See Table 1). Over half of open providers did not apply for the funds.

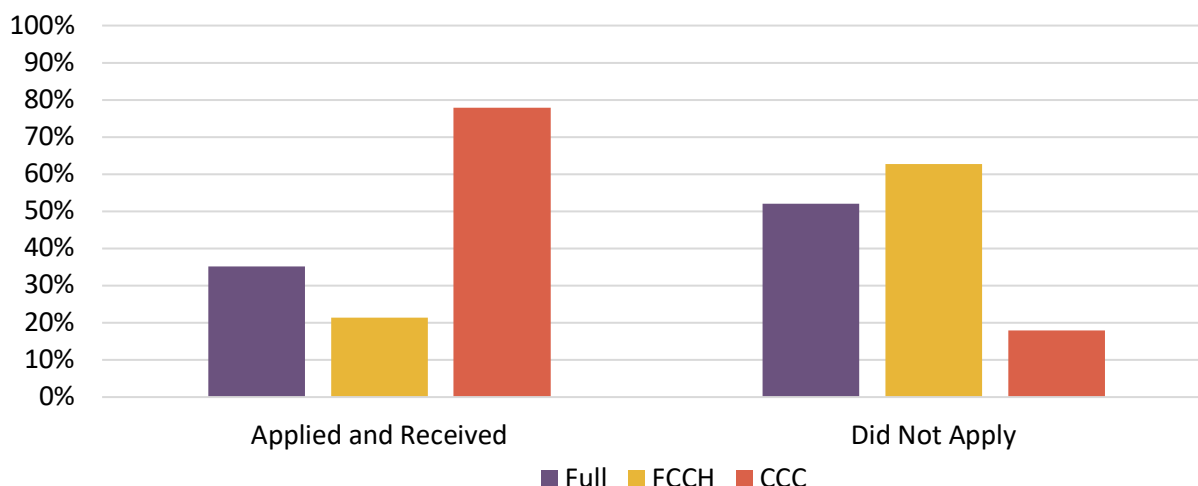
Table 1. Applications for Federal Financial Assistance

	% (n)
Applied and received	35.1% (331)
Applied and did not receive	6.5% (61)
Applied and still waiting	6.5% (61)
Did not apply	52.0% (491)

Just under 78% of CCC providers applied for and received federal funds, while only 21.4% of FCCH providers applied and received funds (See Figure 3). This difference is stark and may suggest that FCCH providers were unaware that they might qualify for federal funding. It may also suggest that CCC providers were plugged into networks that highlighted their eligibility for funding.

"I have not received any funding or help. I need help finding grants and assistance. I've tried several times to apply for unemployment, but the questions don't apply to self-employed people. I don't know how to answer some of the questions ... I've called about applying for the new \$3,500 for home providers but I wasn't given any information on how to get it. I need help financially ... I'm at the point of thinking I should figure out how to get a job outside of my home." – FCCH Provider

Figure 3. Applications for Federal Assistance by Setting Type



Respondents who applied for federal funding were asked if they had a relationship with a local bank that helped them to apply for federal funding. Almost two-thirds (62.9%, $n = 285$) of those who applied for federal funds indicated they have a relationship with a local bank. However, less than half of FCCH providers who applied (46.4%, $n = 122$) had a relationship with a local bank, while a large majority of CCC providers (85.7%, $n = 156$) who applied had a relationship with a local bank. Thus, not only did proportionally more CCC providers apply for federal funds, but they were also more connected to community resources that could increase their successful application.

Private Funding

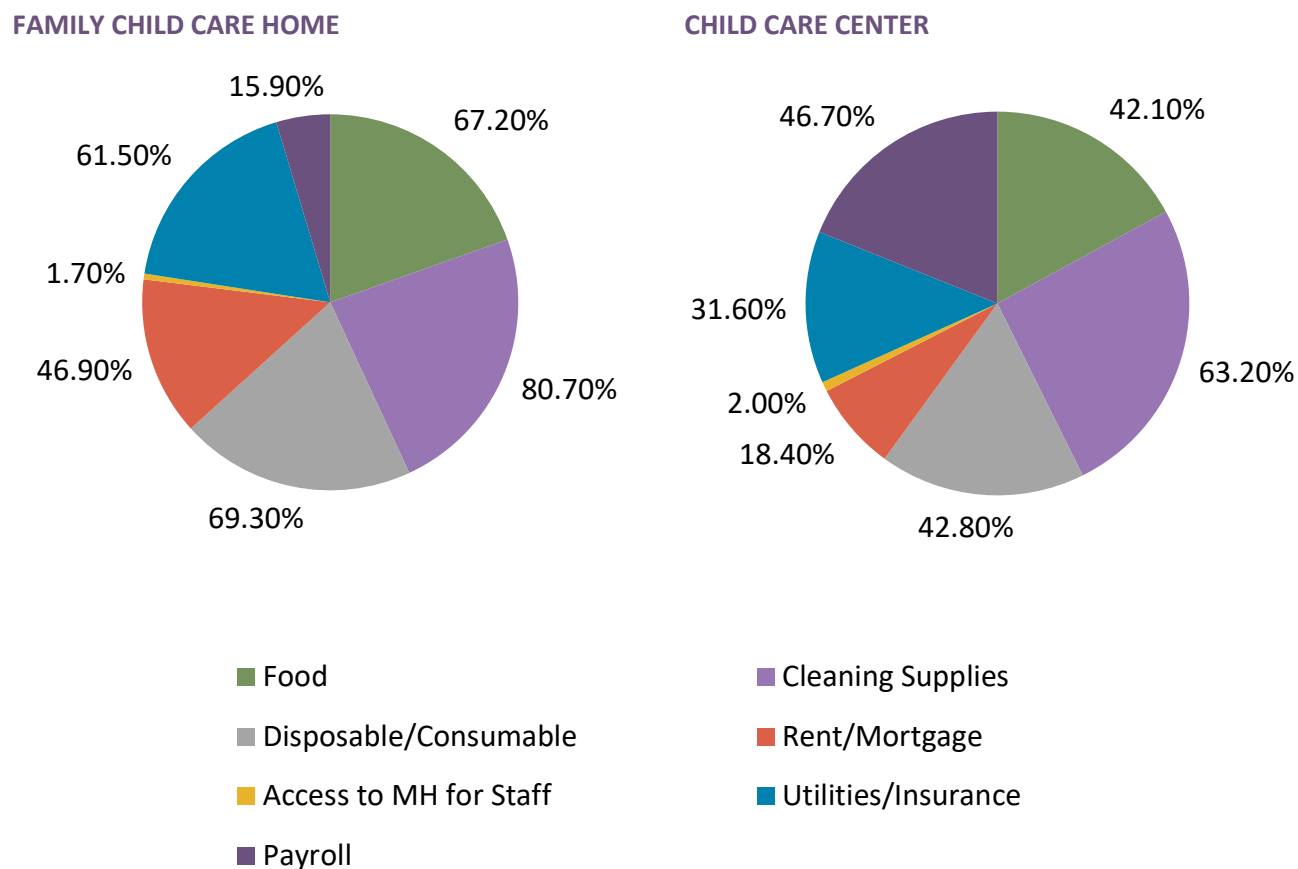
In the March 2020 survey, providers shared their severe and growing economic and resource challenges, and organizations supporting early care and education systems responded to those needs. One such response was a private donation that granted \$1,000 Child Care Relief Funds (CCRF) to providers. Nebraska Children and Families Foundation and the Nebraska Early Childhood Collaborative co-administered these funds. Applicants had to be serving or willing to serve families receiving child care subsidy. Additionally, organizational partners and partner communities were prioritized. Through this initial funding, 990 providers received \$1,000 to support their program/business expenses in the pandemic. Of open providers who responded to the survey, 610 applied and received Child Care Relief funds (61.6% of the total providers who received funds; see Table 2).

Table 2. Providers' Use of Private Child Relief Funds

	% (n)
Applied and received	64.3% (610)
Applied and did not receive	9.3% (88)
Applied and still waiting	3.8% (36)
Did not apply	22.7% (215)

Participants who applied for CCRF reported how they used or intended to use the funds. Cleaning supplies/hand soap/sanitizer were the most common use for the funds (87%, $n = 529$), followed by disposable/consumable materials (71.7%, $n = 436$), food, including formula (70.4%, $n = 428$), utilities/insurance payments (62.8%, $n = 382$), rent/mortgage (47.5%, $n = 289$), payroll expenses (25.7%, $n = 156$), and mental health services for staff (2.0%, $n = 12$). Family-home and center-based child care programs used the funds in slightly different ways, such that more CCC providers used funds for payroll expenses and more FCCH providers used funds for rent/mortgage (see Figure 4).

Figure 4. Center-Based Providers Used More of Their Relief Funds for Payroll Expenses



ECONOMIC IMPACT

Child care providers in Nebraska experienced profound economic impacts in the context of the COVID-19 pandemic. Income reductions, enrollment shifts, increasing costs, and pandemic restrictions resulted in almost ubiquitous financial insecurity across setting and community types.

Some Programs Have Closed

Few respondents (6.3%, $n = 67$) were closed for business, compared to approximately 13% closures statewide for all licensed child care programs (Nebraska DHHS, personal communication, June 25, 2020). Comparatively, statewide unemployment at this time is about 6.7% for all occupations (U.S. Bureau of Labor Statistics, 2020). A higher percentage of CCC providers were closed (4.8%, $n = 12$) than FCCH providers (3.8%, $n = 29$). Large towns reported the lowest percentage of closed providers (5.8%, $n = 22$), followed by urban providers (6.5%, $n = 29$) and small town/rural providers (7.7%, $n = 16$). Roughly a quarter (26.9%, $n = 18$) of providers whose programs were closed reported receiving unemployment.

Income Reduction

Providers with open programs were asked to approximate how much their business or program's income had been reduced since the onset of COVID-19. Few programs had experienced no reduction in income, while 1 in 4 had experienced losing over half their income (Table 3).

Table 3. Income Reduction Rates

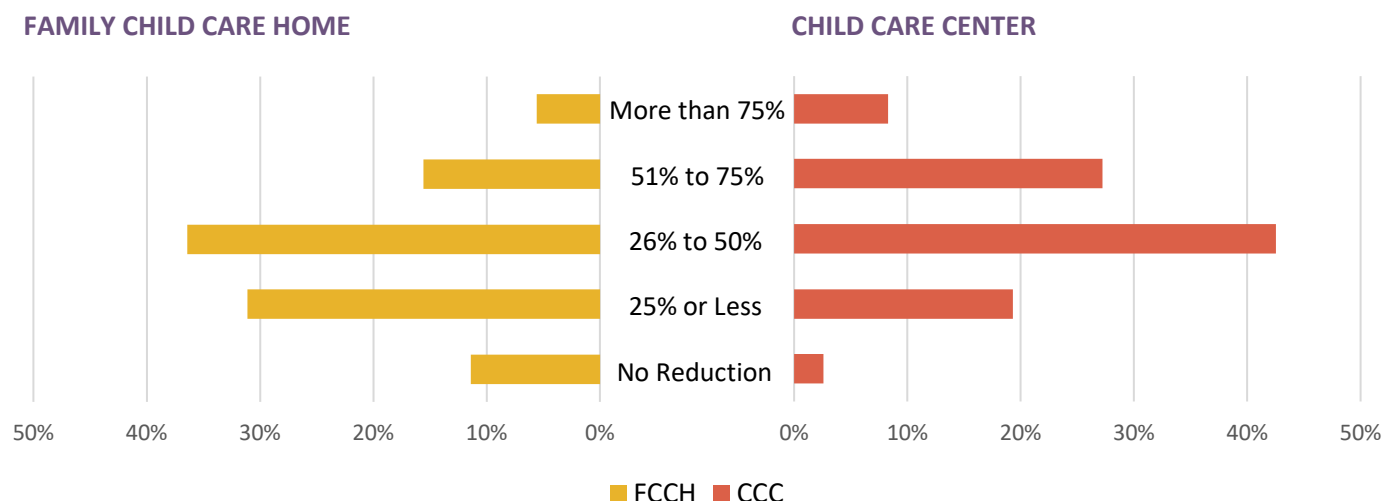
	% (n)
More than 75%	6.5% (63)
51-75%	18.2% (175)
26-50%	37.7% (363)
25% or less	28.3% (273)
No reduction in income	9.3% (90)

Family child care home providers experienced less income reduction than center-based programs.

While over 1 in 10 FCCH providers (11%) reported they had not experienced any income reduction, less than 3 in 100 CCC providers (2.6%) have had their income unaffected. Center-based providers reported greater income reductions for all categories, with 35% reporting an income loss of over 50% (see Figure 5). In their narrative responses, providers attributed loss of income to changes in enrollment, and also noted increased costs for food and cleaning supplies. The need to continue paying staff is greater among CCC providers. This loss of income has been devastating to some providers. One family child care home-based provider indicated that their reduction in income was so severe they had to close their business and move out of their home because they could no longer pay their bills. Another provider echoed this sentiment: *"I have never experienced this kind of loss of income in the [time] I have been in business. If I [don't] pick up more families we will have to sell our home. I've never felt this kind of stress."* A center-

based provider stated that they had to close a third of their locations in order to stay open, and explained that decision with these words: *“To attempt to still have a program at the end of this we had to stop the bleeding.”*

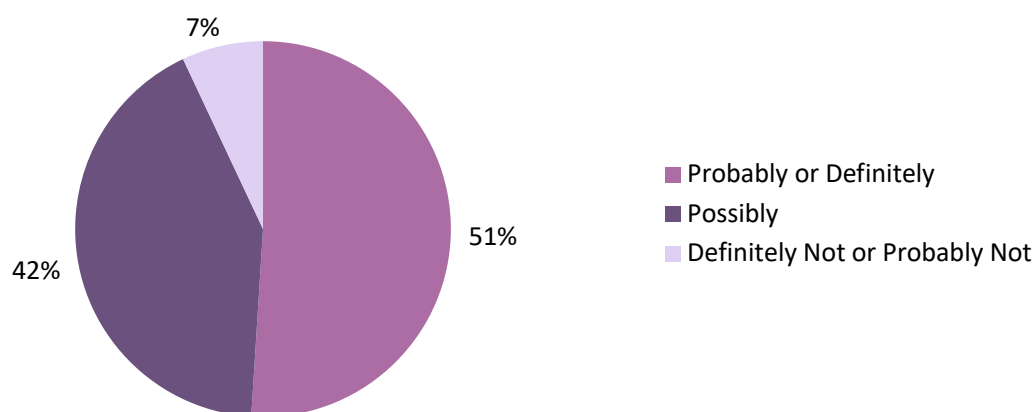
Figure 5. Income Reduction by Setting Type



Financial Assistance to Remain Open

Over half of the providers reported that they would “probably” or “definitely” (See Figure 6) need financial assistance to remain open in the event that the pandemic continues or worsens. It is clear from their responses that providers are on precarious financial footing.

Figure 6. Providers’ Need of Financial Assistance to Remain Open



Enrollment

In June 2020, while this survey was in the field, most of Nebraska had entered Phase 2 of reopening. Guidelines for child care facilities in both Phase 1 and Phase 2 were to restrict group sizes to 15 children or less per room/space. It should be noted that licensing regulations have different group sizes and

adult: child ratio limits, tied to the age of the child. For example, infants and toddlers are in smaller group sizes with fewer children per adult. Financially, this makes it more expensive to care for younger children. Furthermore, licensing requirements for family child care homes limit attendance < 10 (FCCH I) or < 12 (FCCH II). As a result, these guidelines may have had less impact on FCCH providers because reopening guidelines restricted group sizes to < 15. Child care centers, however, are licensed to care for 13 or more children, and were more impacted by the group size guidelines. Nonetheless, FCCH providers experienced enrollment decreases due to families' unemployment, fears of contracting the virus, and working from home. Below we describe overall impacts of enrollment and income changes for providers.

Enrollment Pre-COVID

Providers selected the “ages of children that your program served before the onset of COVID-19.” Almost all respondents cared for infants, toddlers, and preschool-age children, and 3 out of 4 enrolled school-age children. FCCH providers accept proportionally more infants pre-COVID while CCC providers accept proportionally more school-age children. Urban providers accepted proportionally fewer infants and school-agers.

Table 4. Enrollment Across Age Groups Before Pandemic, by Full Sample, Setting, and Community Size

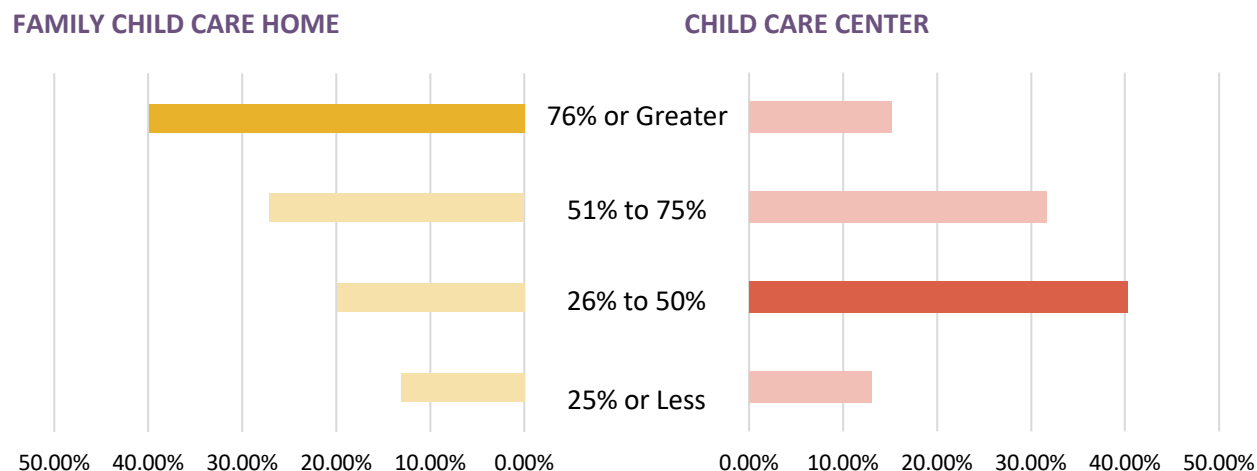
	Full Sample	FCCH	CCC	Small Town	Large Town	Urban
Age Categories	% (n)					
Infant	91.2% (902)	93.4% (684)	88.2% (210)	94.8% (182)	91.9% (328)	89% (374)
Toddler	96.6% (955)	98.5% (721)	94.1% (224)	99.5% (191)	96.4% (344)	95.5% (401)
Preschool	97.8% (967)	98.2% (719)	97.9% (233)	99.0% (190)	97.8% (349)	97.1% (408)
School Age	75.1% (743)	73.6% (539)	80.7% (192)	80.7% (155)	78.2% (279)	70.0% (294)

Changes in Enrollment

Respondents to the survey were asked to compare the percentage of their current enrollment to pre-COVID enrollment. Over 60% (61.7%, $n = 596$) of respondents indicated that they were serving 51% or greater of their pre-COVID enrollment. The greatest proportion of FCCHs (close to 40%) indicated they were operating at 76% capacity or greater, while the greatest proportion of CCCs (more than 40%) indicated that they were operating at 26% to 50% (See Figure 7). These differences in operating capacity likely reflect the impact of the Directed Health Measures and the reopening guidelines—while necessary to support the health and safety of providers, children, and both their families, the capacity restrictions impact the income of all providers and child care centers most severely.

“I’m concerned that we are still only operating at 50% of our typical enrollment because many families are still not working, therefore still haven’t returned ... We are relying on being able to bill based on enrollment, not attendance, in order to make bills.” – Child Care Center Provider

Figure 7. Proportion of Current vs. Pre-COVID-19 Enrollment



Changes in Age of Children Enrolled

In order to further understand how they experienced enrollment changes during the pandemic, providers were asked to indicate changes in the ages of children they served since the onset of COVID-19. Across all ages, providers most commonly reported that they were serving fewer children. However, 1 in 4 providers reported serving more school-age children. A larger proportion of CCC providers reported serving fewer children, while a larger proportion of FCCH providers reported no changes in their enrollment for every age.

Table 5. Changes in Ages of Children Enrolled, by Full Sample and Setting

	Full Sample	FCCH	CCC
Age Categories	% (n)	% (n)	% (n)
Infant			
No Changes	38.8% (363)	44.5% (314)	21.0% (46)
Serving Fewer	57.4% (537)	51.6% (364)	75.8% (166)
Serving More	3.7% (35)	4.0% (28)	*** (<10)
Toddler			
No Changes	34.2% (320)	38.5% (269)	20.7% (47)
Serving Fewer	63.4% (593)	59.5% (416)	75.3% (171)
Serving More	2.5% (23)	2.0% (14)	*** (<10)
Preschool			
No Changes	26.7% (264)	32.2% (226)	14.1% (33)
Serving Fewer	64.6% (639)	62.9% (441)	80.3% (188)
Serving More	4.9% (48)	4.9% (34)	5.6% (13)
School Age			
No Changes	27.9% (241)	33.4% (216)	11.2% (23)
Serving Fewer	46.1% (398)	41.3% (267)	59.7% (123)
Serving More	26.0% (224)	25.2% (163)	29.1% (60)

Paid Sick Leave

Paid sick leave is an area in which economic stability meets provider health. Quarantine for a COVID-19 exposure typically lasts about two weeks. Over a quarter (27.4%, $n = 69$) of CCC providers reported that they offered their employees paid sick leave to cover illnesses of two weeks or more. Providers in urban communities reported the highest percentage of sick leave (36.6%, $n = 48$) (See Figure 8).

In contrast, just over 1 in 10 (11.4%, $n = 87$) FCCH providers reporting having two weeks of paid sick leave. Sick leave for FCCH providers is typically written into their service contracts with families. Again, providers from urban communities reported the highest percentage of sick leave into their contracts with families (15.3%, $n = 47$) (See Figure 8).

Figure 8. Proportion Reporting Sick Leave by Setting and Community Type



HEALTH AND EMOTIONAL IMPACT

How Has the Pandemic Impacted Providers' Health and Emotional Well-Being?

Worries and Concerns Related to COVID-19

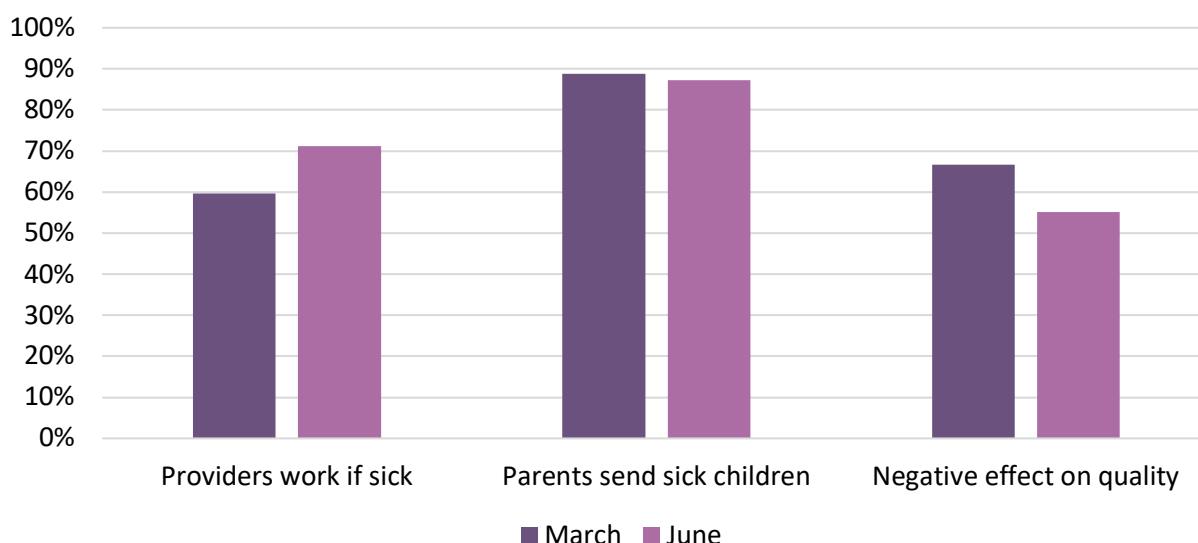
In the March 2020 survey, providers shared their concerns as the coronavirus's impact began in Nebraska. They were highly concerned about the illness and its spread. In summer 2020, child care providers remain highly concerned, and the stress has taken its toll. Providers were asked in both surveys to indicate their level of worry about three items related to the care and education of children. This survey found slightly higher levels of worry related to staff working while ill, with just under 60% vs. 70% reporting they were "somewhat" or "very" worried.

Providers are highly worried about working parents sending sick children to care, with similar rates in March and June. One provider expressed her worries:

"It is tough to deal with parents that bring sick kids—not knowing if the kids [have] just a typical cold or COVID." Another said: "[If] the cases keep rising and clients don't practice safe practices I fear for myself, staff, and children."

In March, roughly two-thirds of providers indicated that they were "somewhat" or "very worried" about the stress of the pandemic negatively impacting the quality of care children were receiving. In June, little more than half (55.1%, $n = 555$) reported this worry. It could be that providers are less worried about their ability to provide quality during the stress of the pandemic. However, these rates of worry about stress and quality practice are still very high.

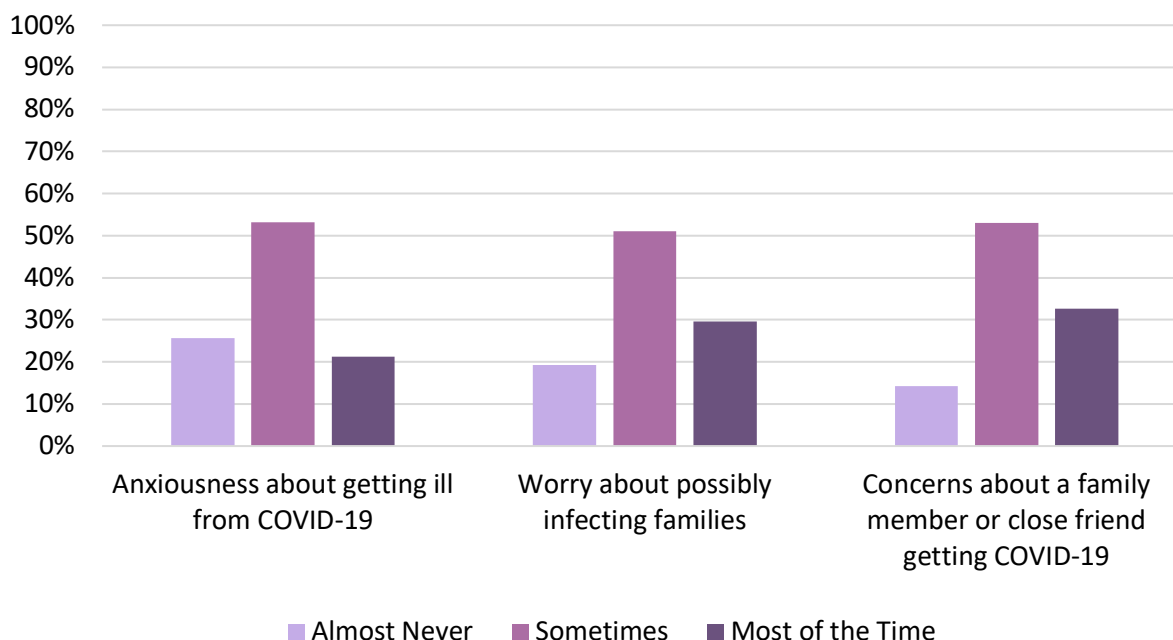
Figure 9. COVID-Related Worries in March and June



Concerns About the COVID-19 Virus

Providers were asked to report the frequency with which they experienced worry about contracting and spreading the virus. The majority of providers reported experiencing these emotions “some” or “most” of the time. One in 5 providers (21.2%, $n = 214$) reported experiencing anxiety about personally contracting COVID-19 “most of the time.” Just under 30% (29.6%, $n = 299$) report worrying about infecting the families they serve “most of the time.” Almost one-third of providers (32.7%, $n = 329$) have concerns about friends and family members contracting the virus “most of the time.”

Figure 10. COVID-19 Illness Concerns



Public health organizations have documented that the effects of the COVID-19 pandemic have disproportionately affected people of color and those living in poverty (Centers for Disease Control, 2020). When providers were asked how often they experienced increased discrimination due to the perception that their race or ethnicity was more prone to COVID-19 most respondents reported that they had not experienced discrimination in the context of COVID-19. However, almost 8% (7.6%, $n = 76$) of providers indicated that they had experienced increased racial discrimination for this reason "sometimes" or "most of the time." Black, Indigenous, and people of color make up 11.8% of Nebraska's population, and 11.4% of Nebraska's population reports having Hispanic ethnicity (U.S. Census Bureau, 2020). Given these state-level values, it is concerning that almost 8% of providers responding to this survey report feeling increased discrimination.

Health and Cognitive Symptoms

A majority of providers are experiencing the effects of stress due to the pandemic, manifest in physical, cognitive, and emotional symptoms. More than three-quarters (78.7%, $n = 793$) of providers reported

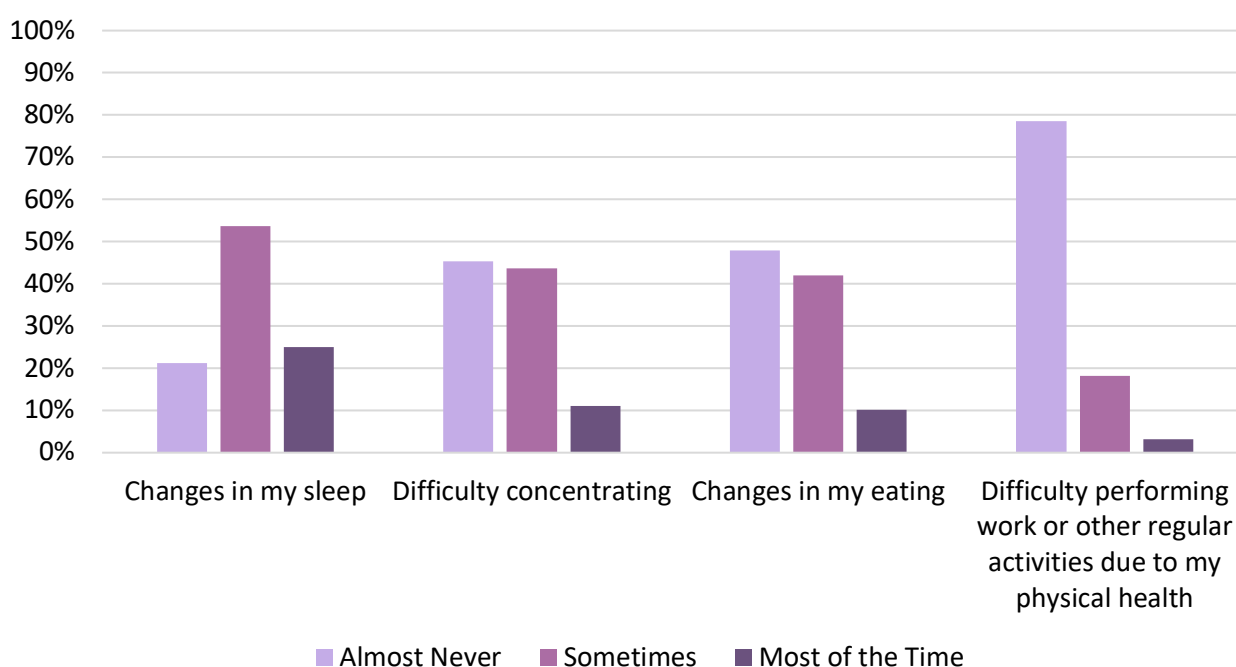
experiencing changes in their sleep “sometimes” or “most of the time.” Over half reported difficulty concentrating (54.7%, $n = 551$) or changes in their eating (52.1%, $n = 526$). Fewer providers, but still over 20% (21.4%, $n = 216$) reported difficulties performing their work or regular duties due to their physical health (see Figure 11).

While experiencing these symptoms in the context of a pandemic is not surprising, provider well-being is important for the job that they do (IOM & NRC, 2015). In order to learn and develop well, young children need to engage in frequent, warm, language-rich, one-on-one interactions throughout each day (Sarver et al., 2020). When caregiving adults in their lives are not well, they are less likely to provide those experiences for children. Simply said, children need caring adults to support their healthy development and education. The figures below illustrate the challenges high numbers of providers are facing, and their narrative responses echoed their concerns:

“The stress and lack of sleep takes a toll.”

“I worry about my own physical health and the financial toll it has started to take on my child care.”

Figure 11. Providers’ Physical and Cognitive Symptoms of Stress



Emotional Stress

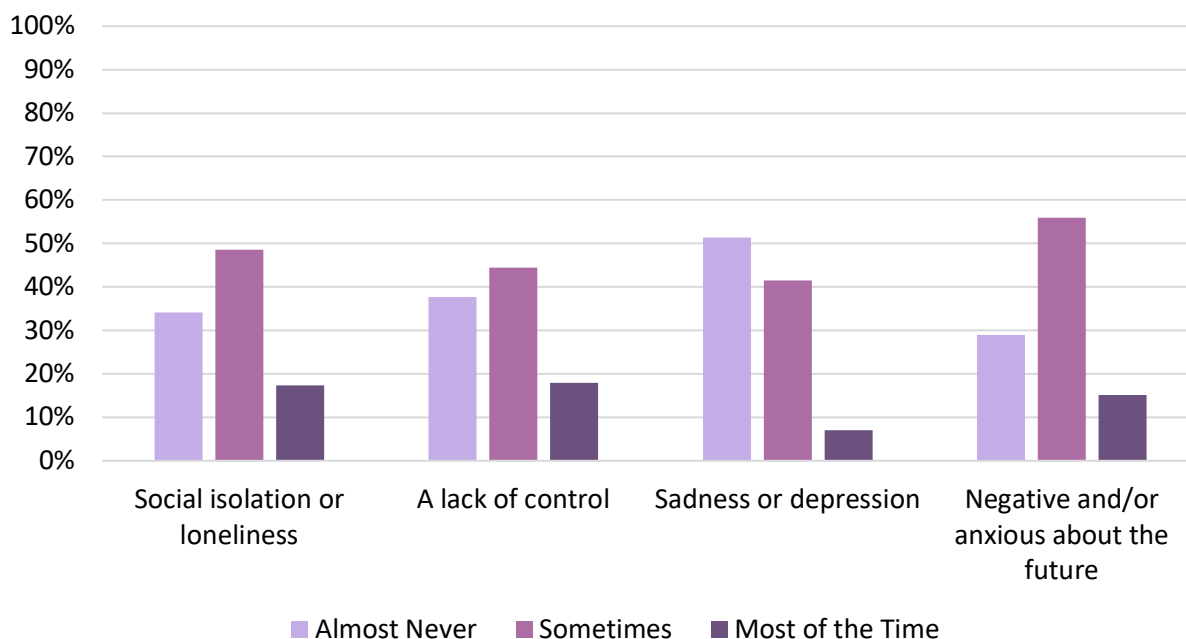
The majority of providers are experiencing symptoms of emotional stress “sometimes” or “most of the time” (see Figure 12). Over 60% of providers reported feelings of social isolation (65.9%, $n = 666$) and feelings of a lack of control (62.4%, $n = 630$) sometimes or most of the time. Just under half of providers (48.6%, $n = 491$) reported feelings of sadness or depression sometimes or most of the time. Finally, 7 in 10 providers (71%, $n = 715$) indicated feeling negative or anxious about the future. Providers wrote about their feelings of stress in the following ways:

“... The stress of income being affected for an uncertain amount of time is as bad as the fear of getting COVID-19 and it going through all of my kiddos and their families. I wake up and work every day scared but knowing I am needed and important to my day care families ...”

“... Not much has changed in my day to day except more risk, added stress, less resources at my disposal for self-care or cleaning.”

“Just feel stressed right now because we don't know what the future holds, if the children will come back, if teachers will stay in this profession, if our industry is permanently negatively impacted by this pandemic.”

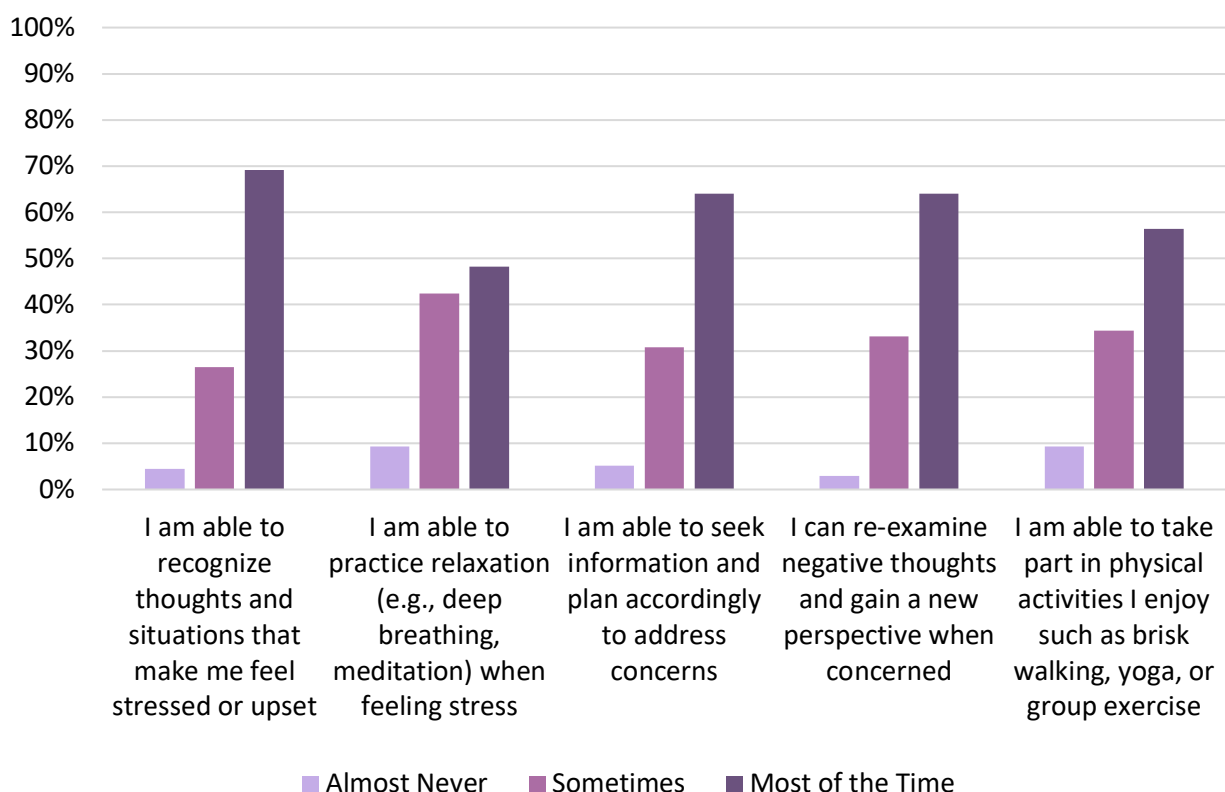
Figure 12. Most Providers Are Experiencing Symptoms of Emotional Stress



Coping and Resilience

Being able to manage high levels of stress is a key competency for professional child care providers. Despite most providers experiencing physical, cognitive, and emotional stress, they report high levels of coping and resilience in the context of this stress. The majority of providers reported being able to engage in coping behaviors most of the time (Figure 13). Over 90% reported being able to recognize stressful thoughts and feelings, practice relaxation when needed, seek information and plan, re-examine and shift negative thoughts, and participate in physical activities.

Figure 13. Frequency of Resiliency and Coping Practices

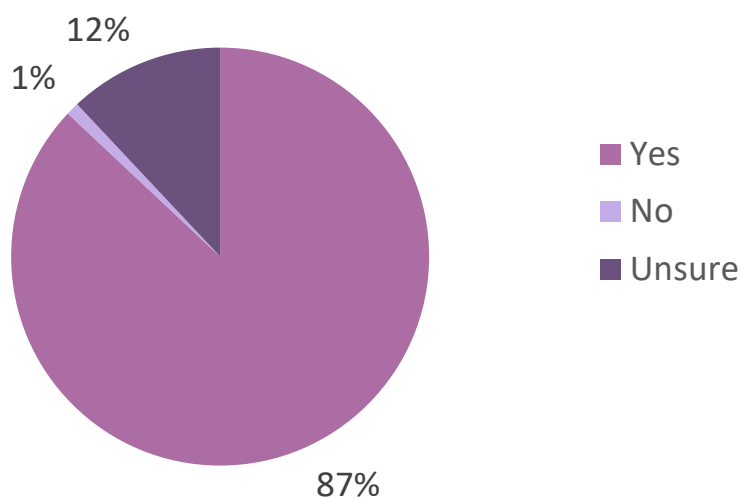


CURRENT AND FUTURE NEEDS

Willingness to Accept Financial Assistance

Asked if they would accept future financial assistance if it were available, 87% of providers indicated they would accept financial assistance, while less than 1% of providers indicated that they would not apply.

Figure 14. Providers Willing to Accept Future Financial Assistance



Asked what they would spend future funds on, providers' most endorsed options were cleaning supplies, covering loss of income, and replacement of materials and supplies (See Table 6).

Table 6. Spending Priorities, by Full Sample and Setting

	Full Sample	FCCH	CCC
	Percent Yes		
Deep cleaning and/or cleaning supplies	79.8% (801)	84.7% (619)	68.4% (162)
Replacement of materials and supplies	75.2% (755)	80.6% (589)	61.6% (146)
Paying staff	33.3% (334)	17.4% (127)	78.1% (185)
Covering loss of income	76.6% (769)	79.6% (582)	69.2% (164)
Paying for professional development on stress and coping in a pandemic	27.4% (275)	21.3% (156)	46.4% (110)

Family-based providers chose deep cleaning or cleaning supplies, replacement of materials and supplies, and covering loss of income the most frequently. CCC providers chose paying staff, covering loss of income, and deep cleaning or cleaning supplies the most frequently. These differences reflect one inherent difference between settings, namely employing staff members, while also highlighting the ongoing need for cleaning supplies.

Child Care Subsidy

Policy changes were implemented in April 2020 to allow providers to bill for days when children on child care subsidy are absent from the program. An executive order by the governor of Nebraska temporarily lifted subsidy regulations preventing providers from billing when an enrolled child receiving subsidy was absent; the executive order allowed for providers to bill for an entire day for COVID-19-related absence. This order stated it will remain in effect for 30 days following the suspension of the COVID-19 state of emergency declaration. Over half (56%) of the respondents reported that their programs serve families funded by child care subsidy (see Table 7).

Table 7. Child Care Subsidy Contracts, by Full Sample and Setting

	Full Sample	FFCH	CCC
	Valid Percent		
Yes	55.6% (545)	44.6% (324)	90.3% (213)
No	42.0% (412)	52.3% (380)	9.3% (22)
I don't know	2.3% (23)	3.0% (22)	***(<10)

Far more CCC than FFCH providers reported serving families funded by child care subsidy. According to the 2019 Nebraska Child Care Market Rate Survey Report (Welch et al., 2019), 35% of FFCH providers and 63% of CCC providers reported they accepted subsidy. Because recipients of Child Care Relief Funds were targeted for this survey, higher proportions serving families receiving subsidy were reported. Of the providers serving families with child care subsidy, just under 60% (59.1%, $n = 318$) indicated they were using the policy change allowing them to bill child care subsidy for absent days. One provider underscored the importance of the ability to bill for absent days: *“The ability to bill for Title [XX] children based on their schedule and not attendance has saved our school.”*

Matching Providers and Families: Nebraska Child Care Referral Network

The Nebraska Child Care Referral Network is a resource born out of the need to match open, established licensed child care programs with families, especially the families of essential workers, who needed care for their children, particularly in the context of the pandemic. The referral network is hosted on a website currently operated by the Nebraska Children and Families Foundation (nechildcarereferral.org). Providers enter their essential program information and open slots for enrollment. Parents can search using different criteria, allowing them to find child care to match their needs. The Nebraska Child Care Referral Network is supported by a partnership between the Nebraska Department of Health and

Human Services, Nebraska Department of Education, Nebraska Children and Families Foundation, Nebraska Extension, First Five Nebraska, Nebraska Early Childhood Collaborative, and the Buffett Early Childhood Institute, in addition to other state and local partners. Respondents were asked if their business or program was listed on the Nebraska Child Care Referral Network website. Just under 60% (59.3%, $n = 575$) of respondents with open programs indicated that their program or business was listed on the network, but over 30% (32%, $n = 310$) indicated that they did not know if they were listed. A higher percentage of CCC providers reported that they were enrolled in the network, and providers in urban areas reported higher participation (see Figure 13).

Figure 15. Providers Enrolled in Referral Network by Setting Type

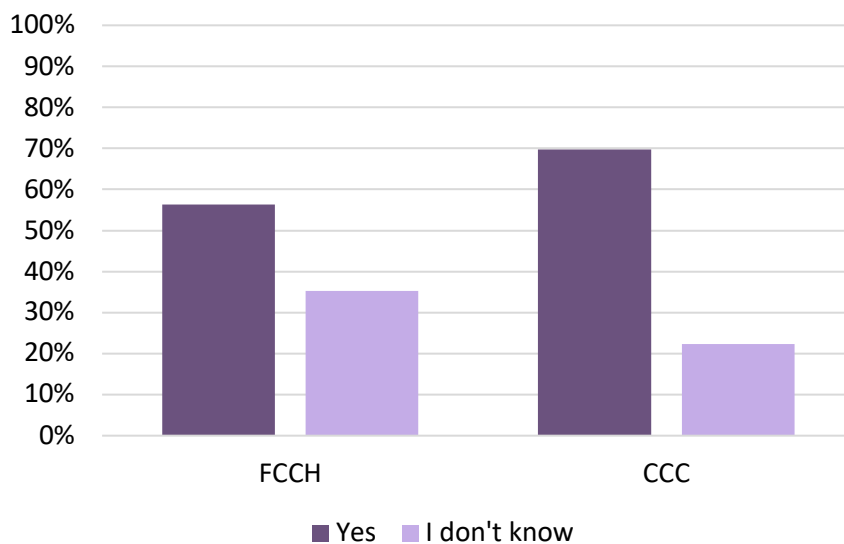
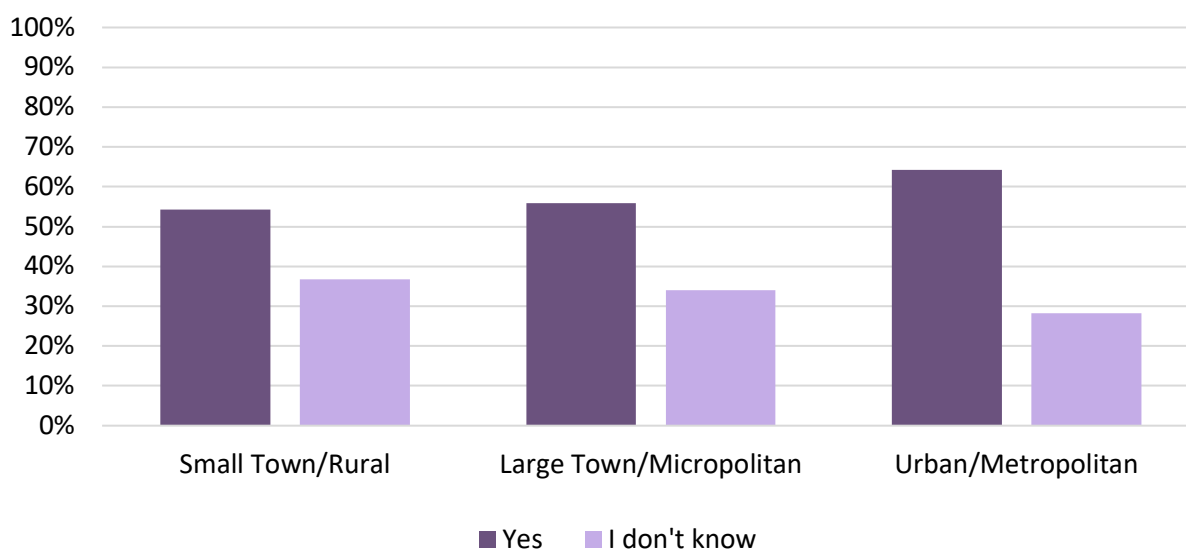


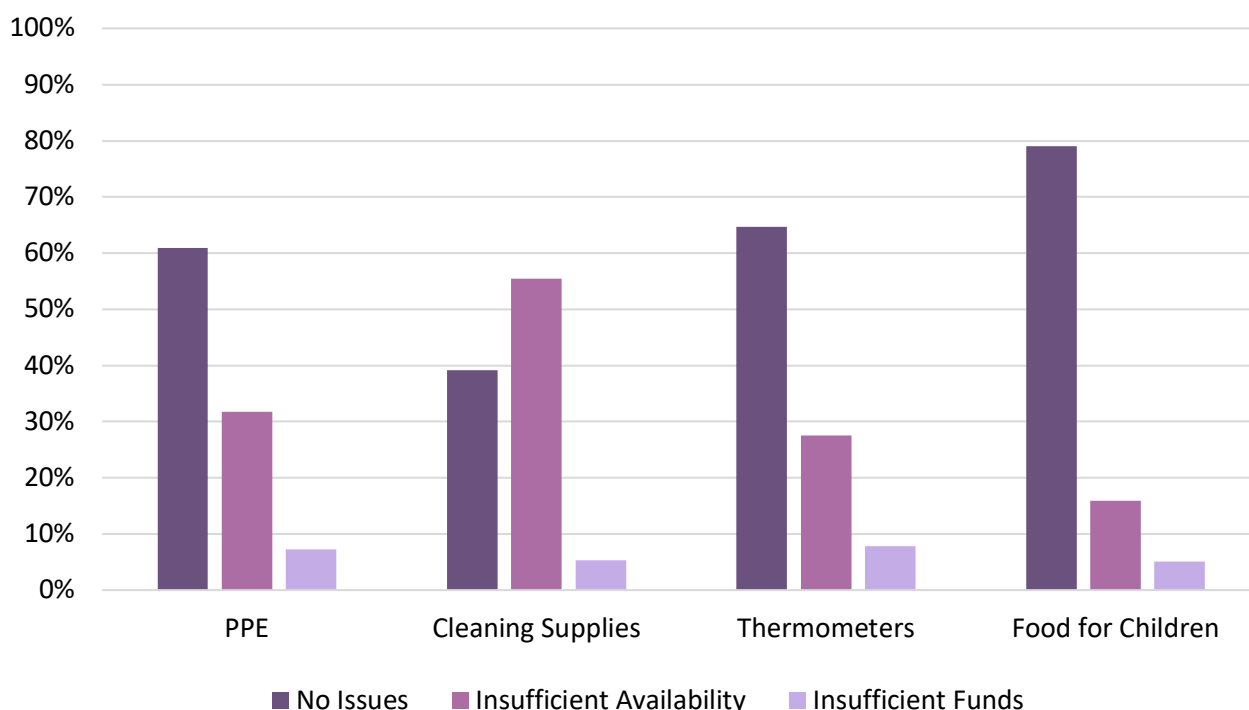
Figure 16. Providers Enrolled in Referral Network by Community Type



Accessing and Affording Essential Supplies

Respondents to the survey were asked to indicate difficulties accessing or affording the following supplies: personal protective equipment (PPE), cleaning supplies, thermometers, and food for children. Most providers reported having no issues accessing food for children (79%) and insufficient availability of cleaning supplies (55%). A third were struggling to access or afford thermometers. Thermometers were being distributed to providers across the state due to private donations while the survey was ongoing, so these data may not reflect the current situation with respect to thermometers. While fewer than 10% of providers are reported insufficient funds as a barrier to accessing these supplies, some providers articulated that increased costs, especially of food, were becoming burdensome. One provider wrote that the cost of supplies “just to clean, feed, and educate” the children in her care had doubled. Another provider indicated “any of my profits are going to the grocery store.” Yet another provider wrote: “The cost of food has drastically changed and availability is getting harder.”

Figure 17. Accessing and Affording Essential Supplies



Personal Supports

Respondents to the survey were asked if they or their staff would be most likely to use specific supports, if available. Consistent with income reduction noted in this report, mortgage or rent payments and assistance with paying for utilities would be highly utilized. Consistent with findings related to providers' stress, 1 in 5 respondents reported that they would access counseling and mental health services for themselves or their staff, with a greater proportion of CCC providers saying they would access mental health supports.

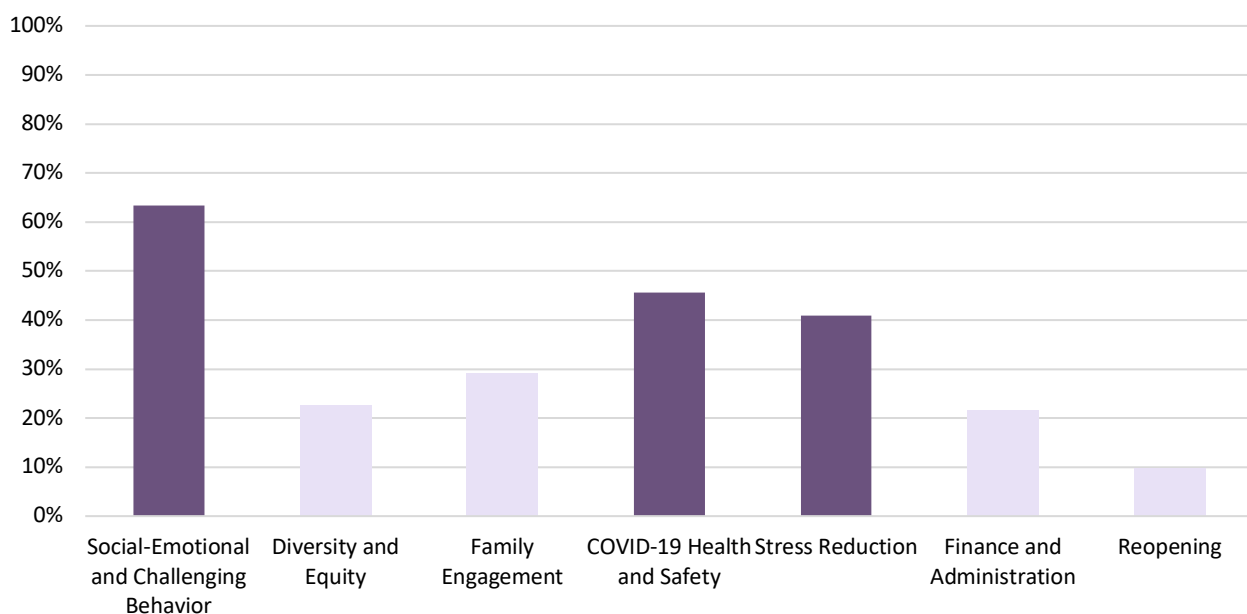
Table 8. Supports Staff Would Use, by Full Sample and Setting

	Full Sample	FCCH	CCC
	Percent Yes		
Assistance with mortgage or rent payments for myself or staff	63.9% (675)	64.9% (494)	64.5% (162)
Assistance with paying for utilities for myself or staff	68.9% (728)	73.5% (559)	61.8% (155)
Counseling/mental health services	19.0% (201)	14.3% (109)	32.7% (82)
None of the above	11.8% (125)	12.1% (92)	8.8% (22)

Professional Development

Licensed child care providers in Nebraska participate in at least 12 hours of approved professional development each year. Asked to prioritize topics for professional learning, providers selected up to three of the following for training to support them in the pandemic. The most highly selected response (63.4%, $n = 73$) was training to support children’s social-emotional development and prevent challenging behavior. The next most endorsed topics were COVID-19 health and safety practices (45.6%, $n = 482$), and practices for stress reduction for providers (40.9%, $n = 432$).

Figure 18. Providers’ Priorities for Professional Development Topics



CONCLUSIONS

While many of Nebraska's early care and education providers were able to access necessary financial and other supports from private and federal funding, the assistance was not sufficient to eliminate the impact of the pandemic on their lives and small businesses. Economic, health, and personal stressors reported from the March 2020 survey remain and are increasing.

Professional providers are experiencing profound economic effects of the pandemic, and they will need assistance to continue to provide the backbone early care and education essential for Nebraska's economy. Furthermore, many providers reported experiencing physical, cognitive, and emotional symptoms of stress over the last few months, yet they remain resilient.

Another source of stress was seen for the providers who reported experiencing increased racial discrimination due to the perception that their race or ethnicity was more prone to COVID-19. Given the state level percentages of Black, Indigenous, and people of color in Nebraska and the disproportionate effect COVID-19 has on them, attention needs to be paid to issues of bias and systemic inequity. **Going forward, it will be important to continue to ask about discrimination and disaggregate health and economic data to learn how some Nebraska citizens are disproportionately and unfairly affected by the pandemic.**

Many of the responding providers had received financial supports from private donors and federal funding. However, supports from several of the first CARES programs, such as the Payroll Protection Program, small business loans, and enhanced unemployment insurance (\$600) ran out days before the release of this report. **New CARES supports distributed through state channels are beginning to take effect, but it remains unclear to the providers if they will be able to access them. However, they are clear in their message that they need and will accept financial assistance.**

Providers assert that they need financial assistance to help with virus-specific necessities including payroll for increased staff, infrastructure (such as rent), and educational supplies. They do not know when their enrollment will return to pre-COVID-19 rates, if ever. The policy change allowing providers to bill child care subsidy for days enrolled children were absent allowed some programs temporary financial stability. **Providers urgently need the child care subsidy policy variance to continue in order to support their economic survival during the pandemic, as well as the enrollment of children whose families struggle to afford child care.**

Despite many businesses closing and reducing the need for child care, families of essential workers (e.g., health providers, food supply chain workers) struggled to find sufficient child care during the pandemic. Many providers struggled with dropping and fluctuating enrollment. The Nebraska Child Care Referral Network was created to address these needs, but while over half of this survey's respondents are enrolled in the referral network, many others did not know about the opportunity. State CARES funds will help refine the referral network site, and providers will benefit from more information and likely find incentive to participate. **Resources to promote the new referral system and provide technical assistance to families and providers will be essential to its success.**

Child care providers are required to participate in professional development every year. In this survey, providers identified their most pressing needs for professional development for themselves and their staff. One primary need is to continue to learn more about how to maintain health and safety in the context of COVID-19. However, high percentages of providers recognized the stress that they, staff, families, and children have been experiencing during the pandemic. Almost 2 out of 3 providers expressed a need for professional learning to support children's social-emotional development. The potential long-term effects of traumatic stress are daunting. Over 40% also recognized the need for stress reduction for child care providers. **It will be essential to dedicate resources and efforts to support the well-being of children and providers (and families, generally) during and after the COVID-19 pandemic, and include professional development addressing stress, trauma, and mental health.**

Going forward, in the context of the pandemic and beyond, Nebraska's early care and education providers need the following:

- Ongoing, substantive financial assistance
- Access to affordable essential supplies
- Continued child care subsidy allowances
- Awareness of and access to child care referral network to match families needing care with programs with open slots
- Paid sick leave
- Access to counseling and other services to alleviate stress and support well-being

Child care is underfunded in "normal times" (Sarver et al., 2020). The pandemic has exposed the severe funding problems in the system, while elevating the dire need for quality services for children and families. In their narrative responses, many providers noted that they may retire or leave the industry. A few reported already experiencing notices of eviction and mortgage default. Like all industries, the early care and education industry has flaws in the system. However, the most challenging aspect of child care is the serious lack of funding to maintain quality programs.

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