

Assessing Minnesota Child Care Providers' Resilience Throughout COVID-19

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Executive Summary

The child care sector in the United States has been one of the hardest hit industries by the COVID-19 pandemic.¹ Child care providers not only needed to adapt to changing demand for in-person services but also needed to be ready with staff and resources when families started to return. For many programs, temporary or permanent closures have been the reality, and staff shortages continue to be a significant challenge.² Amidst this context, many programs have accrued financial debt in order to remain open and safely serve children.³

We invited all licensed center and family child care providers and certified centers^a in Minnesota to complete an online survey from November 2021 to February 2022 to better understand how these providers were faring at that point in the pandemic. The survey included a variety of topics, including closures, financial losses and financial aid, enrollment, professional development, and well-being. This brief summarizes key findings from the survey, as well as previous findings from the [Peacetime Emergency Child Care Grant survey](#), which was administered in Summer 2020 to Minnesota Peacetime Emergency Child Care Grant applicants. We also discuss considerations for policymakers.

Key findings

- **Temporary or permanent closing due to COVID:** Fifty-one percent of licensed centers, 49 percent of family child care providers, and 30 percent of certified center respondents reported closing either temporarily or permanently since March 2020.
 - Among licensed centers that have needed to close a classroom since March 2020, 43 percent were medium-sized centers.
- **Changes in revenue:** Medium and large licensed centers were significantly more likely to report receiving “much less” revenue in 2020 compared to 2019 than family child care providers.
 - Licensed centers were significantly more likely to report that costs of doing business had increased compared to family child care providers.
- **Unrecovered financial losses:** Center size was also a significant factor in whether a program was experiencing financial losses not covered by state or federal grants. Compared to small-sized licensed center respondents, medium-sized licensed center respondents were more likely to report financial losses not covered by state or federal grants.

^a Note: In Minnesota, the Department of Human Services (DHS) oversees licensure of family child care and center-based programs. However, DHS has the authority to certify license-exempt programs (e.g., programs operated by a school or other organizations whose purpose is to provide child care services; Head Start; camps) that wish to accept child care subsidies.

- Black providers across all settings were significantly more likely than their White counterparts to report experiencing financial losses not covered by state or federal grants.^b
- **Use of personal funds for program costs:** Almost 90 percent of family child care providers indicated using personal funds to cover program costs, compared to one-third of licensed centers and one-fifth of certified centers
- **Needed resources:** Licensed and certified centers reported needing funds to recruit and retain qualified staff, and to pay staff during program closures. Family child care providers reported needing small funds for cleaning and replacement of supplies, along with temporary relief from some licensing regulations.
 - Providers in Greater Minnesota (counties excluding Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington) were more likely than metro-area providers to report lack of time and poor internet access as barriers to accessing virtual professional development.
 - Younger providers were significantly more likely to receive personal financial assistance than older providers.
- **Anxiety and mental health:** Family child care providers were less likely to experience moderate anxiety than licensed center providers.
 - Multi-racial^c providers were significantly more likely to report moderate anxiety than their White counterparts. All three provider types (licensed centers, family child care, and certified centers) scored in the “medium resiliency” category of the Brief Resilience Coping Skills questionnaire, indicating that they have several strategies for coping with stress.

Policy recommendations

Our findings reveal that demand for child care remains, but providers may need additional help navigating staffing shortages and financial losses to serve more families and maintain quality. We have used these findings to inform recommendations for policymakers which are highlighted here and discussed further in the [Policy Recommendations](#) section.

1. **When developing policies, consider the variety of needs for different types of programs and differences by geographic location.** Policymakers should consider that policies to support the early care and education (ECE) sector need to be responsive to the different experiences of each provider type (licensed center, family child care, and certified center) and where in the state they are located. A single policy solution may not be equally effective for all ECE programs. Hearing directly from a wide variety of providers when developing policy solutions is critical prior to their development.
2. **Invest in mental health supports for providers.** Our survey findings indicate that providers have high rates of moderate to severe anxiety, but they may have several strategies to cope with stress. Policymakers may be able to build on these strengths to offer or support the use of multi-faceted models of support for providers. Examples of research-based practices to reduce stress and increase providers’ self-efficacy are shared.
3. **Re-envision financing for early childhood education programs for long-term sustainability.** Calls for financing reform for ECE are not new; however, the pandemic has exacerbated challenges in the field and offers an opportunity to take even incremental steps toward reforms that promote the long-term sustainability of the sector. Examples of this are highlighted.

^b More research is needed to understand the reasons behind this finding, yet previous reports have found that [job losses have disproportionately impacted Black and Latinx workers](#), particularly [Black and Latina women](#). For some families, it may have made financial sense to pull children out of care while a parent/guardian was home. It is also possible that Black child care providers were not able to access financial aid to cover lost revenue as easily as others.

^c Respondents could select more than one race. Individuals who selected more than one race were grouped together to form the “multi-racial” category.

Introduction

Over the past two years, research has documented the impacts of the COVID-19 pandemic on child care programs in the United States. After initial state stay-at-home orders, the child care sector was marked by program closures,⁴ financial instability,⁵ changing enrollments,⁶ and staff shortages.⁷ Within this context, providers have weathered—and continue to weather—the pandemic, which has come at significant costs to mental health and well-being.⁸

To help businesses stay afloat, financial aid was made available by the federal government, including the Economic Injury Disaster Loans (EIDL) in March 2020 and the Paycheck Protection Program (PPP) in April 2020. In Minnesota, state financial relief funds were also created—including the Peacetime Emergency Child Care Grants, Public Health Support Funds, and state Child Care Stabilization Grants—to help providers withstand the financial burden caused by the pandemic.⁹ While financial programs have aided Minnesota child providers,¹⁰ the road to recovery continues. In an April 2022 survey administered by the Federal Reserve Bank of Minneapolis, child care providers shared uncertainty about their ability to remain open, increased operating costs, and the stress endured to manage a program.¹¹

In November 2021, the Minnesota Child Care Policy Research Partnership administered the Minnesota Child Care Provider survey to all licensed and certified child care programs in Minnesota. The aim of the survey was to better understand how child care providers were able to sustain their program or business over the course of the COVID-19 pandemic. Throughout the brief, we discuss findings from this survey, along with select findings from the [Peacetime Emergency Child Care Grant](#) survey, which was administered in Summer 2020 to better understand how funds from a state financial grant relief program were used and whether the program allowed child care providers to remain open longer and serve more children.

Finally, we share considerations on how policymakers and administrators can support child care providers as they continue to balance demand for care and staffing, ensure health and safety, and navigate financial losses.

About the Minnesota Child Care Policy Research Partnership

This brief is part of the Minnesota Child Care Policy Research Partnership, a collaborative between Child Trends, the University of Minnesota, and the Minnesota Department of Human Services. The research partnership is funded through a grant from the federal Office of Planning, Research, and Evaluation in the Administration for Children and Families, U.S. Department of Health and Human Services.

The goal of the partnership is to support children and families in Minnesota by addressing pressing questions that policymakers and researchers have related to equitable access to early care and education (ECE) and improving stakeholders' understanding of the effectiveness of policies and practices that support access.

Find out more information, including publications from the project, on the Child Trends [website](#).



Methodology

Minnesota child care provider surveys

The Minnesota Child Care Policy Research Partnership has administered two surveys of child care providers to understand the impacts of the pandemic on their operations and well-being: the Peacetime Emergency Child Care Grant (PECC Grant 2020) survey and the Minnesota Child Care Provider (MCCP 2021) survey.^d See [Appendix A](#) to learn more about the PECC Grants and the PECC Grant 2020 survey respondents, methodology, and analysis. Also, pop-out boxes containing select PECC Grant 2020 survey findings are highlighted throughout this brief.

Minnesota Child Care Provider 2021 (MCCP 2021) survey

In November 2021, unique survey links for the MCCP 2021 survey were emailed to all licensed and certified child care providers ($N = 8,056$), and approximately 14 percent ($n = 1,094$) responded to at least one question (see Table 1). Respondents from center programs were administrators (who may not have had a teaching role), while family child care providers had both administrative and caregiving roles. Family child care providers comprised the majority of the sample—this fact is highly commendable considering that family child care providers often serve multiple roles in their program (e.g., lead teacher, cook, bookkeeper), typically for lower pay than center child care workers.

While some providers may have responded to and been included in both the PECC Grant 2020 and MCCP 2021 surveys, we are unable to identify the same respondents across both surveys. Findings for the PECC Grant 2020 survey are discussed in this paper because some questions were also included in the MCCP 2021 survey; this can point to general themes experienced by respondents at two different time points during the pandemic.

Topics examined in this brief include program and classroom closures, risk of closure, program finances and financial assistance, enrollment, confidence carrying out COVID-19 health and safety procedures, professional development, and provider well-being.

Finally, survey results reveal examples of correlation but not causation. Survey respondents were asked about topics that occurred over time and at one time point, making it difficult to single out variables that caused a change. There are factors within each topic that are complex and interact in ways that we were unable to measure in the survey. However, when possible, we provide possible contexts and pull from other research which may shed further light on findings.

^d Families served by child care provider respondents were also invited to participate in a separate survey examining child care use and access. Families' use of child care and preferences for certain care types will be examined in future briefs to be posted on the [Minnesota Child Care Policy Research Partnership webpage](#).

Table 1. Overview of the Minnesota Child Care Provider Survey respondents

	Number of respondents	Percentage of respondents
Family child care providers	737	67%
Child care center directors/administrators	286	26%
Certified center	71	6%

Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Analysis

Survey respondents were included in this analysis if they both consented and answered at least one 2021 survey question ($n = 1,094$). Respondents were removed if they consented but did not answer any survey questions ($n = 168$). Initial descriptive analysis included running frequencies, means, proportions, and crosstabulations for constructs of interest. In addition, respondents were given additional questions based on their experiences; thus, not all respondents were given every survey question. Throughout this brief, we include subgroup comparisons using t-test and chi-square to examine whether provider or program characteristics were associated with differences in the survey findings. The decision to test differences in subgroups was primarily driven by hypotheses; that is, the researchers needed to have a reason to believe there might be differences between subgroups based on previous findings in the literature or a strong theory. Table 2 describes the subgroups selected for further analysis.

Table 2. Overview of the Minnesota Child Care Provider Survey respondents

Subgroups	Description	Analyzed with these topics	Rationale/hypothesis
Provider type	Family child care, licensed center, certified center	<ul style="list-style-type: none"> All topics 	Providers are subject to different regulations based on their type. We hypothesized that the way the regulations influence programs' everyday operations would be associated with differences in all topics we asked about in the survey.
Provider age	Five age groups: 21-30, 31-40, 41-50, 51-60, 61+	<ul style="list-style-type: none"> Receipt of personal financial support 	Some types of personal financial assistance were available based on characteristics of phases of life (e.g., receiving a child tax credit for a young child or student loan payment pauses). We hypothesized that a higher proportion of younger providers would have received personal financial support than relatively older providers, given the nature of the personal financial supports that tended to be targeted toward younger people.

Subgroups	Description	Analyzed with these topics	Rationale/hypothesis
Size of center	<i>For licensed centers only:</i> Small license capacity (15–49), medium- license capacity (50–99), large-license capacity (100–149), and extra-large license capacity (150+)	<ul style="list-style-type: none"> • Classroom closures • Cost of doing business • Waitlists 	We hypothesized that classroom closures may have varied by licensed center size, as larger centers will have more children and require more staff than smaller centers. We expected that differences in fixed costs between relatively smaller and larger programs could affect increases in their cost of doing business in different ways. Regarding waitlists, we hypothesized that larger centers would be more likely to maintain a waitlist given more “seats” and enrollment to manage.
Region	Metro area (made up of 7 counties: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington); Greater Minnesota (made up by the state’s remaining 80 counties)	<ul style="list-style-type: none"> • Uncovered financial losses • Confidence in COVID-19 health and safety procedures • Barriers to virtual professional development access 	We expected that programs in the Metro area and Greater Minnesota would have different experiences with financial losses and confidence in COVID-19 health and safety procedures, given the differences in costs and exposure to the pandemic. Because of notable lack of access to high-speed internet in parts of Greater Minnesota, we expected more providers in those counties to report barriers to accessing virtual professional development.
Race and ethnicity	Self-reported race and Hispanic ethnicity ^e ; respondents could select all that applied. <i>Center respondents completing the survey only provided their own race and ethnicity—not for any staff members.</i>	<ul style="list-style-type: none"> • Uncovered financial losses • Personal use of funds • Anxiety • Resilience 	Because 90 percent of survey respondents who reported race/ethnicity data were White and approximately 85 percent of child care providers in Minnesota are White, the research team used the White sample as the reference group. ^{12,13}

^e Due to limited sample sizes, provider types were combined when running race and ethnicity significance testing.

Table 3. Overview of the survey sample (N = 1,094)

Variable	Number of respondents			Percentage of respondents		
	Family child care (n = 737)	Licensed center (n = 286)	Certified center (n = 71)	Family child care (67%)	Licensed center (26%)	Certified center (6%)
Provider age						
21-30	21	11	<10	3%	4%	**
31-40	117	46	<10	16%	16%	**
41-50	117	60	<10	16%	21%	**
51-60	144	44	<10	20%	15%	**
61+	51	12	<10	7%	4%	**
Missing	287	113	46	39%	40%	65%
Size of program (licensed centers only)						
Small	--	73	--	--	26%	--
Medium	--	123	--	--	43%	--
Large	--	53	--	--	19%	--
Extra-large	--	37	--	--	13%	--
Region						
Metro	59	93	14	8%	33%	20%
Greater Minnesota	678	193	57	92%	67%	81%
Race/Ethnicity						
White	437	173	38	59%	60%	54%
Black or African American	10	<10	--	1%	**	--
Hispanic/Latino	<10	<10	--	**	**	--
American Indian/Alaska Native	<10	<10	--	**	**	--
Asian	<10	<10	--	**	**	--

Variable	Number of respondents			Percentage of respondents		
	Family child care (n = 737)	Licensed center (n = 286)	Certified center (n = 71)	Family child care (67%)	Licensed center (26%)	Certified center (6%)
Native Hawaiian/Other Pacific Islander	--	--	--	--	--	--
Middle Eastern/North African	--	--	--	--	--	--
Multi-racial	12	<10	--	2%	**	--
A race/ethnicity or origin not listed here	<10	<10	--	**	**	--
Prefer not to answer	21	<10	--	3%	**	--
Missing	240	83	33	33%	29%	46%

Notes: <10 or (**) indicates that the exact sample size is too small to report without potentially compromising the respondents' privacy. -- indicates no observations and percentages less than 1 percent.

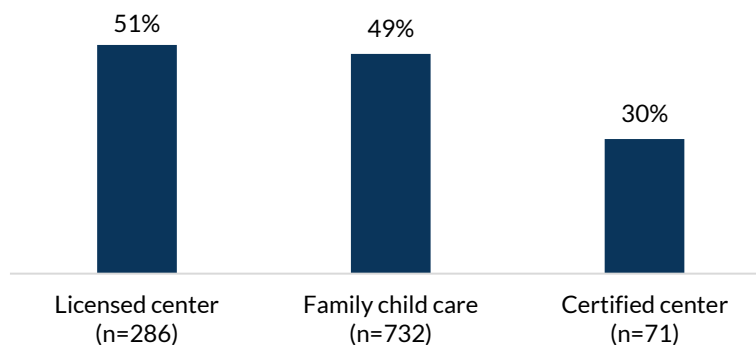
Findings

Program and classroom closures

Program closures

Among survey respondents, 51 percent of licensed centers, 49 percent of family child care, and 30 percent of certified center respondents reported needing to close at some point since March 2020. **Family child care providers and licensed centers were significantly more likely to indicate closure than certified centers.** This finding may, in part, be due to the differences that distinguish certified centers from licensed centers. For example, some certified centers are included in school district funding, which may have kept them from closing their program.

Figure 1. Percentage of respondents who indicated a program or center closure at some point since March 2020 (N = 1,089)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Among licensed centers, extra-large centers were the least likely to have closed at some point since March 2020, relative to smaller-capacity centers. Small centers were significantly more likely to close than large and extra-large centers, and both medium-sized and large centers were more likely to close than extra-large centers.

However, at the time of the survey (November 2021 to February 2022), most programs were operating with similar hours and days as those provided the week prior to stay-at-home orders (92% family child care, 91% certified centers, and 78% centers)—a promising sign that child care programs are slowly recovering and able to serve children and families.

When examining program closures by region and by race and ethnicity, we found no significant associations.

Classroom closures

Licensed center and certified center respondents were asked if they had ever closed a single classroom for a period of time while the rest of the center remained open, since March 2020. Eighty-eight percent of licensed centers and 75 percent of certified centers reported needing to close a classroom. Among licensed centers and certified centers that needed to close a classroom, a confirmed case of COVID-19 (83% licensed centers and 48% certified centers) and lack of staffing (26% licensed centers and 17% certified centers) were the most frequently cited reasons for closure. There was no significant association between program closure and region or race and ethnicity of the respondent.

Note: We did not ask respondents whether they had a classroom closure during the time they completed the survey, yet a large portion of licensed and certified centers have needed to close a classroom due to COVID-19 and lack of staffing. This speaks to the unpredictability of program operations and the important role that federal and state financial aid programs have likely played in cushioning the financial burden of lost revenue.

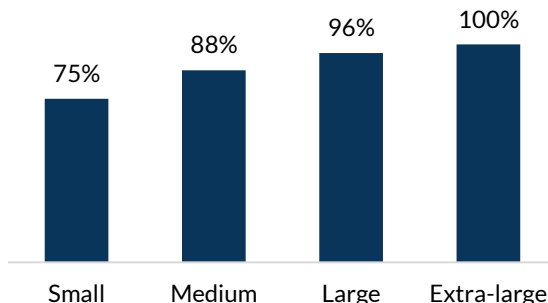
While small-sized centers were more likely to indicate closing their program, all other center sizes were significantly more likely than small centers to report needing to close a classroom since March 2020 (see

PECC Grant 2020 closure findings

At the time PECC Grant 2020 respondents were surveyed (July 31 to September 9, 2020), 17 percent of nonrecipients and 12 percent of recipients had indicated closing their program since Minnesota's stay-at-home order was issued on March 25. At the time of the survey, 85 percent of family child care providers and 88 percent of licensed center providers had already reopened their programs. In addition, licensed center providers most commonly reported their decision to close was due to low enrollment or attendance, whereas family child care providers most commonly reported possible exposure to COVID-19 from someone in their program as their reason for closure.

Figure 2). Of the 247 licensed centers that reported needing to close a classroom, 43 percent were medium-sized centers. Additional findings by size of licensed centers are discussed within the [Cost of doing business section](#) of this brief.

Figure 2. Percentage of licensed center programs that have needed to close a classroom, by size of center (N = 247)



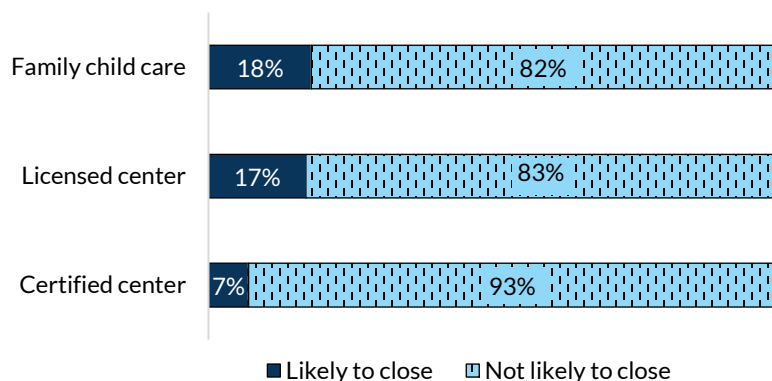
Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Figure does not include certified centers.

Risk of closure

Respondents were also asked how likely it is that they will have to close their business permanently in the next six months. The majority of providers indicated that it was “not likely” they would need to close in the next six months (93% certified centers, 83% licensed centers, and 82% family child care; see Figure 3). There was no statistical significance between likelihood of closure and provider type.

Figure 3. Likelihood of closure in the next 6 months, by provider type (N = 830)



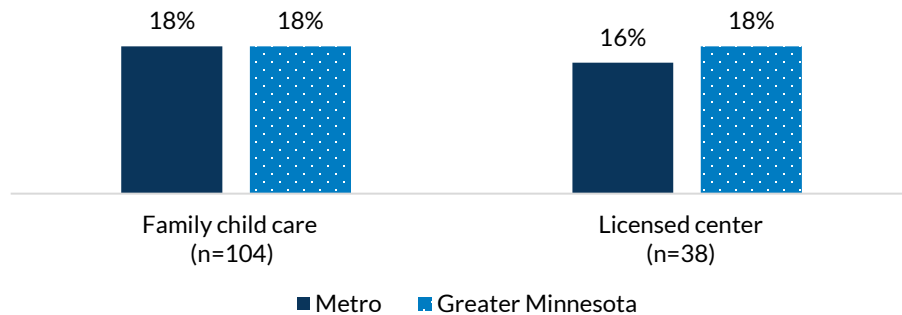
Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged from 22 to 38 percent among respondents (22% licensed centers, 24% family child care, and 38% certified centers). Results should be interpreted with caution.

Among licensed and certified centers who indicated the likelihood of closure in the next six months, 21 programs have needed to close a classroom due to lack of staffing.

Among respondents who shared it was likely that they would close in the next six months, we observed similar rates by provider type and region (see Figure 4).

Figure 4. Percentage of providers reporting “likely to close” in the next 6 months, by region and provider type



Source: Authors’ analysis of the Minnesota Child Care Provider Survey, November 2021.
Note: Certified centers are not included due to a low number of respondents.

Cost of doing business

To learn more about whether or not the cost of operations has been impacted, survey respondents were asked if they believe their costs of running the program increased due to COVID-19. Around half of each provider type reported that their costs of doing business increased (56% licensed centers, 46% certified centers,^f and 44% family child care providers; see Figure 5).^g

Both licensed center and certified center respondents were significantly more likely to report costs of doing business increased compared to family child care providers. Medium- and large-size licensed centers were significantly more likely to report costs increasing compared to other sized programs.

PECC Grant 2020 cost of doing business findings:

Forty-seven percent of center-based providers indicated that the cost of doing business compared to 35 percent of family child care providers. In addition, center-based providers were significantly more likely to report experiencing financial loss due to the COVID-19 compared to family child care providers (75% and 55%, respectively).

Licensed and certified centers that needed to close a classroom were significantly more likely to report that costs of doing business had increased compared to centers that did not need to close a classroom.

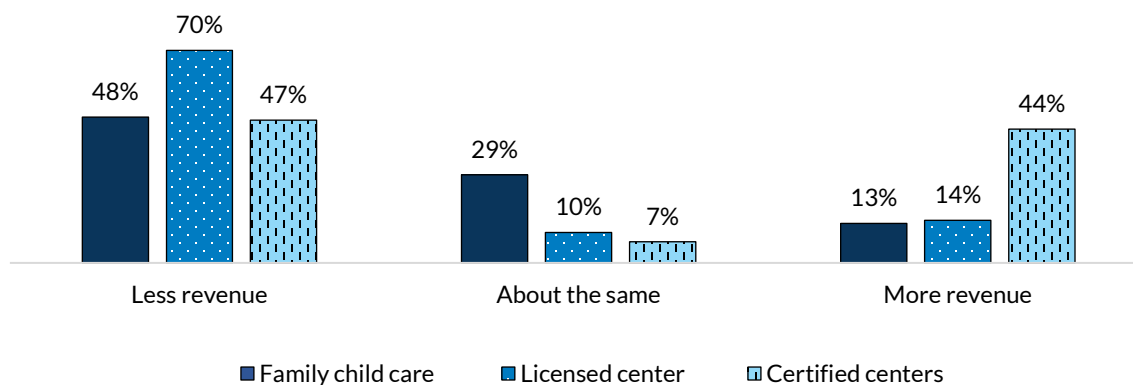
Earned revenue in 2020 compared to 2019

Survey respondents were also asked to indicate whether their 2020 revenue was greater, less than, or about the same compared to revenue received in 2019. **Licensed centers were significantly more likely to report receiving less revenue in 2020 compared to family child care providers. Certified centers were almost evenly split between reporting earning less and more revenue (47% and 44%, respectively).** One possible reason behind this finding may be that respondents who reported earning less revenue were preschool-serving certified centers located in a school. Respondents reporting more revenue may be programs serving school-aged children. When schools closed due to COVID-19, parents may have sent their children to these centers.

^f Forty-six percent represents 20 certified center respondents.

^g Results should be interpreted with caution as missing data were prevalent among each provider type (22% licensed centers, 24% family child care, and 39% certified centers).

Figure 5. Earned revenue in 2020 compared to 2019, by provider type (N = 814)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged from 24 to 39 percent among respondents (24% family child care, 25% licensed centers, and 39% certified centers). Results should be interpreted with caution.

Uncovered financial losses

Survey respondents were asked if their programs were experiencing any financial losses that were not being covered by state or federal grants and to provide an estimate of their total financial losses from the past month (as a reminder, the survey ran from November 2021 to February 2022). Sixty-seven percent of certified centers ($n = 26$), 44 percent of licensed centers ($n = 90$), and 25 percent of family child care providers ($n = 134$) indicated experiencing uncovered financial loss.^h

Examining financial loss by race and ethnicity, Black providers (80%) were significantly more likely to report experiencing or expecting to experience financial loss not covered by federal or state grants compared to White providers (37%).

PECC Grant 2020 financial loss findings:

PECC Grant 2020 respondents were asked if they were *experiencing any financial losses due to the COVID-19/coronavirus outbreak* whereas MCCP 2021 respondents were asked if they were *experiencing any financial losses that are not being covered by state or federal grants?* Among PECC Grant 2020 respondents, licensed centers were significantly more likely to report experiencing financial loss due to COVID-19 compared to family child care providers (75% and 55%, respectively).

To better understand financial loss across centers of varying sizes, we calculated the reported financial loss in the past month per child, using licensed capacity of the center as an approximate estimate of children enrolled, or “seats.” **Medium-sized centers were significantly more likely to experience financial losses not covered by federal or state grants compared to small-sized centers.** There was no significant association between center size and financial loss per seat. We also examined this difference in financial loss per seat for metro-area providers of all types and those in Greater Minnesota; there was no significant association between programs’ geographic locations and financial loss per seat.

There is noticeable missing data from our MCCP 2021 survey for costs of doing business and financial losses not covered by federal or state grants; therefore, findings must be interpreted with caution. Comparing available MCCP 2021 data with PECC Grant 2020 survey findings, we know, proportionally, more PECC 2020 licensed centers and family child care providers reported that their costs of doing business increased due to COVID-19. We also know that a large portion of PECC Grant 2020 licensed center and family child care respondents experienced financial losses due to COVID-19, but a smaller portion of these provider

^h Results should be interpreted with caution as missing data were prevalent among each provider type (27% family child care, 29% licensed centers, and 45% certified centers).

types in the MCCP 2021 survey reported experiencing financial losses not covered by state or federal grants. These findings together may speak to the important role that federal and state financial programs have had in helping child care providers keep their doors open.

Financial losses among licensed centers may have also been experienced differently depending on the size of the center. Medium- and large-sized licensed centers were significantly more likely to report that the costs of doing business increased. These findings also point to the position medium-sized centers are in. Our findings showed that 43 percent of medium-sized centers have needed to close a classroom. Medium-sized centers were also more likely to report that costs had increased due to COVID-19 compared to small-sized centers. The pandemic's impact on supply has largely played into increases in costs all around. More research is needed to understand the characteristics of medium-sized centers, particularly when it comes to the types of funding streams or administrative support that may be present in larger-sized centers.

Needed resources

Survey respondents were asked what resources would be most helpful to them at this time. Licensed and certified center respondents most frequently cited needing qualified staff and funds to recruit and retain staff. Licensed center respondents also frequently cited grants to pay staff during a closure. As noted above, many licensed center respondents indicated needing to close a classroom. While federal and state financial aid programs have likely helped cover lost revenue, additional support is needed to retain high-quality staff, especially when other equal or higher-paying industries are competing for employees.

Licensed and certified center respondents who provided open-ended responses indicated needing funds to provide more benefits such as more sick or paid leave for current staff, to supplement families when their child needs to be quarantined, or to cover families' tuition when the center is entirely closed. Providers also noted how centers have needed to cut programming features (e.g., field trips) in order to relieve budgets, but this comes at the cost of quality. They highlighted a need for funding to support these costs and to make up budgets that were hurt when essential worker care was not fully reimbursed during the height of the pandemic. One respondent noted how they would appreciate suspension of some state regulations so more focus can be given to finding and keeping staff for centers. Providers also shared wanting leniency in getting paperwork in on time as many center directors are teaching in classrooms during the day. A few noted wanting higher child care assistance program (CCAP) reimbursements.

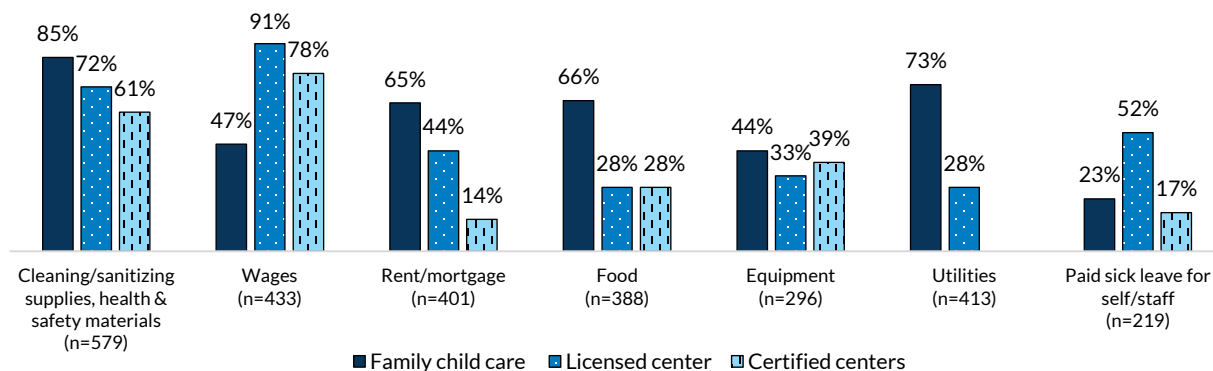
Family child care respondents most frequently cited mini grants for deep cleaning and replacement of supplies as well as temporary relief from some child care regulations. Open-ended responses also noted how providers would like funds to cover tuition costs for parents while a program is closed, and assistance to cover the rise in food and supply costs. Family child care providers also indicated wanting changes in license capacity regulations, increased CCAP reimbursements, and less CCAP paperwork.

Financial assistance

Along with the PECC Grant 2020, Minnesota Department of Human Services administered the Public Health Support Funds (PHSF) to child care programs. A total of 10,082 providers applied for PHSF and 8,989 (89%) received funding. Almost all MCCP 2021 survey respondents that applied for funding received it: 89 percent of licensed centers and family child care providers and 86 percent of certified centers reported receiving PHSF.¹ Among survey respondents who received PHSF, 91 percent of licensed centers and 78 percent of certified centers reported using funds on wages, while 85 percent of family child care providers reported using funds on cleaning and sanitizing supplies or health and safety materials (see Figure 6).

¹ Results should be interpreted with caution as missing data were prevalent among each provider type (22% licensed centers, 23% family child care, and 39% certified centers).

Figure 6. Respondents' reported use of Public Health Support Funds (N = 721)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Other assistance received

Of those who received PHSF, respondents reported also receiving the Peacetime Emergency Child Care Grant (67%) and federal loans/grants (54%) such as the paycheck protection plan (PPP) or economic injury disaster loan (EIDL).

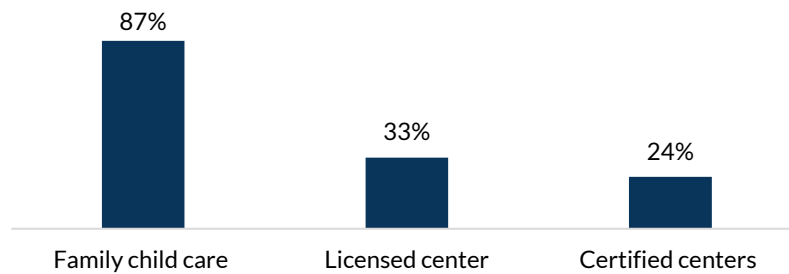
Respondents who did not receive PHSF most frequently reported receiving the Peacetime Emergency Child Care Grant in 2020 (77% licensed centers, 50% family child care providers, and 50% certified centers). Licensed centers also frequently reported receiving federal loans or grants such as the PPP (59%) and the Think Small grant (18%). Family child care and certified center respondents also frequently reported receiving federal loans or grants such as the PPP (36% and 33%, respectively). Certified centers were eligible for some but not all of these types of financial support.^j

Personal fund use

Respondents were asked if they have used any personal funds (e.g., savings account, checking account, credit card) to cover program expenses. Among survey respondents, 87 percent of family child care providers (n = 416) reported using their personal funds on program expenses compared to 33 percent of licensed centers (n = 62; see Figure 7). **Out of the 22 Black respondents who answered this question, 16 reported using their personal funds to cover program costs; however, there was no significant relationship between race and ethnicity and use of personal funds.** Yet, as noted above, Black child care providers were significantly more likely to report experiencing or expecting to experience financial losses not covered by federal or state grants.

^j Certified centers were included in the analyses but are not discussed here due to a low sample size.

Figure 7. Percentage of providers using personal funds to cover program expenses (N = 692)



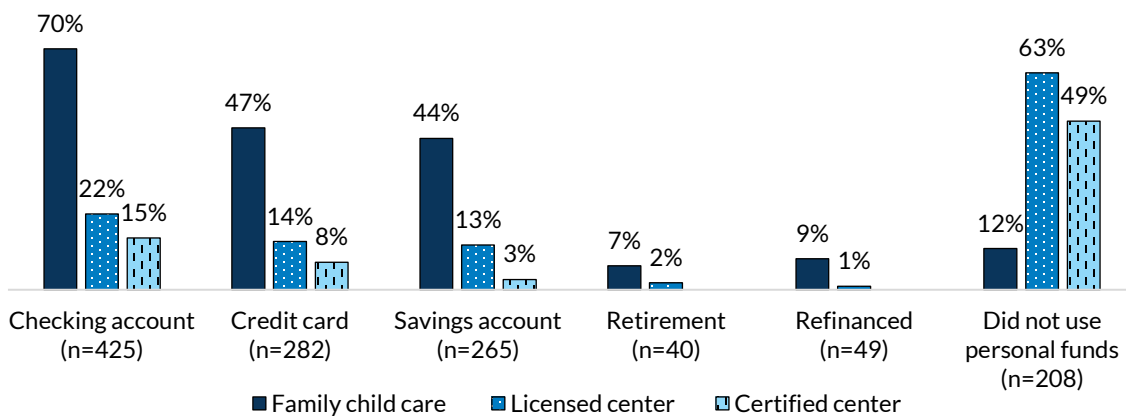
Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged from 34 to 65 percent among respondents (34% licensed centers, 35% family child care, and 65% certified centers). Results should be interpreted with caution.

Family child care providers reported using money from their checking account, savings account, charging a credit card, pulling money from retirement, and refinancing loans to cover program expenses. Over 60 percent of licensed centers and almost 50 percent of certified providers reported that they did not use any personal funds to cover program expenses (see Figure 8).

Licensed center and family child care respondents who indicated that their costs of doing business had increased due to COVID-19 were significantly more likely to report using their personal funds than those who indicated costs did not increase.

Figure 8. Percentage of providers using various forms of personal funds to cover program expenses (N = 778)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged from 27 to 45 percent among respondents (27% family child care, 29% licensed centers, and 45% certified centers). Results should be interpreted with caution.

Personal financial assistance

In the survey, respondents were asked about possible COVID-19 or other personal financial assistance they may have received during the pandemic. Forty-seven percent of family child care, 37 percent of licensed center, and 17 percent of certified center respondents reported receiving personal financial assistance. Among family child care providers who indicated receiving personal financial assistance, 63 percent

reported receiving federal stimulus checks, 26 percent reported receiving expanded child tax credits, and 9 percent reported receiving student loan relief.^k

Forty-seven percent of licensed center-based providers reported receiving federal stimulus checks followed by 20 percent reported new child tax credits and 11 percent reported receiving student loan relief.^l

Among certified centers, 29 percent reported receiving federal stimulus checks.^m

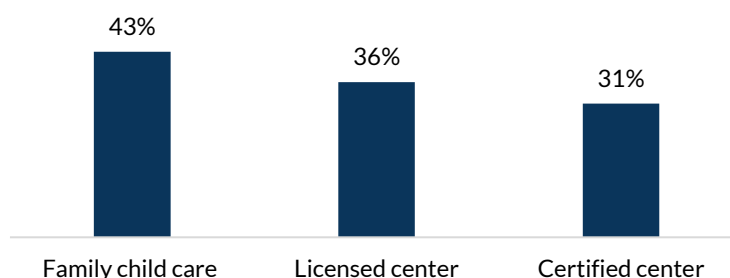
Younger survey respondents were significantly more likely to receive personal financial assistance than older providers.ⁿ

Enrollment and waitlists

Caring for children

To better understand the demand for child care, respondents were asked if they were serving new children as well as serving fewer children since July 1, 2021. The majority of providers indicated serving new children since July 1, 2021 (100% certified centers, 97% licensed centers, and 75% family child care). However, it is important to note that caring for new children does not necessarily mean that programs are at full capacity. Over one-third of licensed and certified centers and over 40 percent of family child care providers reported serving fewer children since July 1, 2021.

Figure 9. Percentage of respondents indicated serving fewer children (N = 993)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Waitlists

Respondents were also asked to select the age groups for which they currently have a waitlist. Waitlists can provide insights in two interrelated ways. First, waitlists can serve as an indicator for child care demand—something providers must manage as children age out of programs. Second, waitlists at the same time as a closed classroom may speak to the capacity of a program to serve children. For programs that experienced staff turnover, had a difficult time finding qualified staff, or needed to close a classroom due to a confirmed COVID-19 case, they may keep a waitlist to tap into once they have staff capacity to serve more children. From our survey, among respondents who indicated needing to close a classroom due to COVID-19, 79

^k Thirty-one percent of family child care providers were missing data on personal financial assistance received. Results should be interpreted with caution.

^l Thirty-one percent of licensed center respondents were missing data on personal financial assistance received. Results should be interpreted with caution.

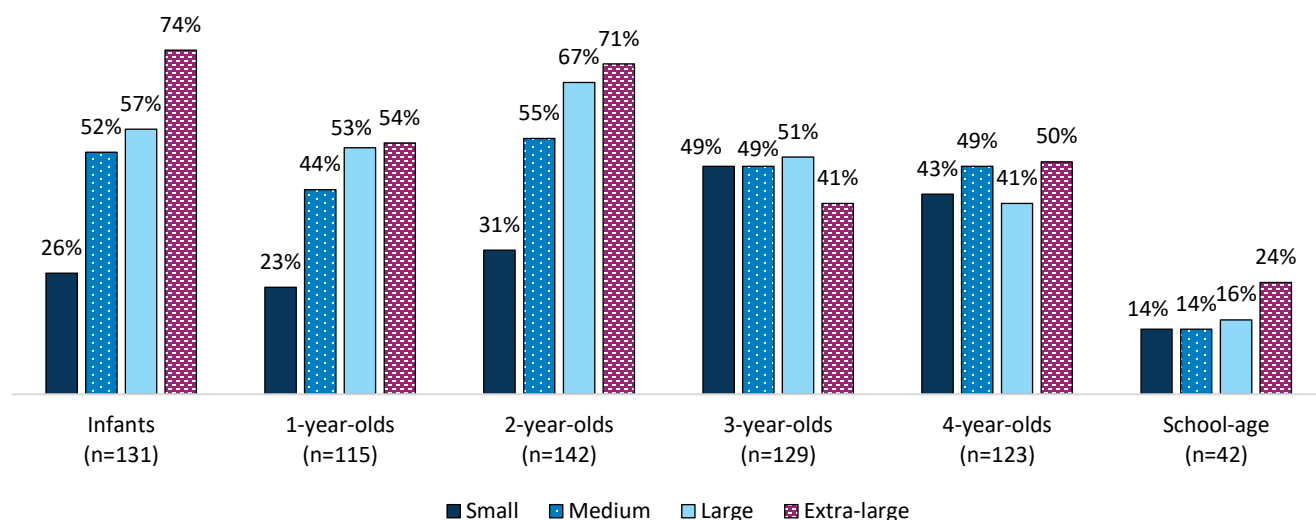
^m Forty-two percent of certified center respondents were missing data on personal financial assistance received. Results should be interpreted with caution.

ⁿ Comparisons between the five age groups were made. For centers, younger providers (23–30, 31–40, and 41–50-year-old providers) were more likely to receive personal financial assistance compared to older providers (51–60+). For family child care, older providers (i.e., 41–50, 51–60, and 60+) were less likely to receive personal financial assistance compared to younger providers (i.e., 31–40).

percent indicated having a waitlist for at least one age group. Waitlists could also signify that a provider is meeting many families' needs. Other programs may decide not to keep a waitlist at all if they feel families will need to stay on it for longer periods of time. From our survey, infant waitlists were most frequently cited by family child care providers, whereas school-age waitlists were most frequently cited by certified centers.

Looking at waitlists by program size, each center size reported experiencing waitlists across each age group. Larger-sized centers were significantly more likely to have infants, 1-year-old, and 2-year-old waitlists (see Figure 10).

Figure 10. Percentage of centers reporting waitlists, by age group and size of program (licensed center only; N = 268)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Waitlist durations

Almost a quarter of family child care respondents reported families needing to wait more than a year and 21 percent of licensed center respondents ($n = 55$) reported families needing to wait 7 to 12 months on a waitlist. Twenty-one percent of certified center respondents ($n = 13$) indicated families needing to wait one to three months. Across each provider type, respondents most frequently reported that it took less than one week to fill an opening.

Confidence in COVID-19-related practices

Survey respondents were asked about their confidence in their ability to carry out different COVID-19 health and safety procedures (e.g., implement social distancing, intensify cleaning and disinfecting, implement screening procedures). It is possible respondents interpreted this question differently. For example, confidence may reflect their personal confidence in their ability to implement procedures, or it may reflect confidence in the procedures themselves (i.e., lack of confidence that a procedure will work or is needed). Forty-four percent of family child care, 35 percent of licensed center, and 33 percent of certified center respondents reported lack of confidence

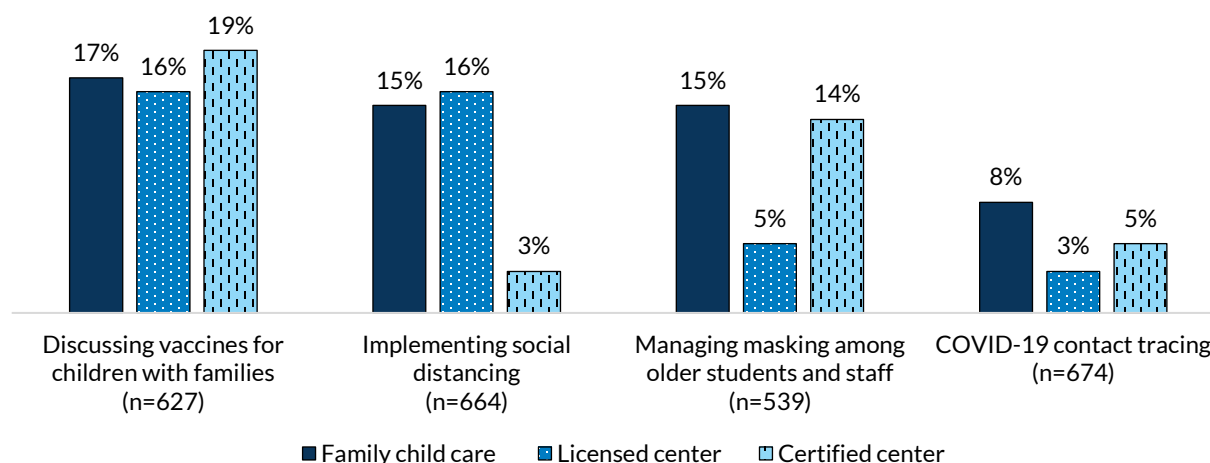
PECC Grant 2020 confidence in COVID-19-related practice findings:

Family child care and licensed center providers most frequently reported lacking confidence in implementing social distancing strategies and managing mask use for staff and older children.

implementing at least one COVID-19 health and safety practice.^o Across each provider type, more providers lacked confidence discussing vaccines for children with families than other COVID-19 related practices. Family child care and licensed center respondents also lacked confidence implementing social distancing and family child care providers and certified centers lacked confidence in managing mask use among staff and older children (see Figure 11).

Of the 17 percent of family child care and 16 percent of licensed center respondents not confident discussing vaccines for children with families, the most frequently cited reason for their lack of confidence was “pushback from families” (57% licensed center and 50% family child care).^p Of the 16 percent of licensed center and 15 percent family child care respondents not confident implementing social distancing, “not having enough resources” was the most frequently cited reason for their lack of confidence (53% licensed center and 52% family child care). Finally, of the 15 percent of family child care respondents not confident managing mask use among staff and older children, the most frequently cited reason for their lack of confidence was “pushback from families” (43% family child care).^q

Figure 11. Percentage of respondents indicating low confidence in COVID-19 health and safety procedures



Source: Authors’ analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged by matrix questions. Discussing vaccines for children with families (34% licensed centers, 46% family child care, and 48% certified centers). Implementing social distancing (33% licensed centers, 42% family child care, and 44% certified centers). Managing masking among older students and staff (33% licensed centers, 49% certified centers, 58% family child care). COVID-10 contact tracing (30% licensed centers, 41% family child care, and 45% certified centers). Results should be interpreted with caution.

Due to the geo-political climate around COVID-19 vaccines, social distancing, and mask use, our team was interested in learning whether confidence in these particular health and safety procedures differed by region. **When looking at confidence among providers in the metro area and Greater Minnesota, family child care providers in the metro area were significantly more likely to have confidence in managing mask use among staff and older children and discussing vaccines for children with families than family child care providers in Greater Minnesota.** Family child care providers in Greater Minnesota most frequently cited pushback from families as a reason for their lack of confidence in both these areas (discussing vaccines: $n = 30$; managing mask use: $n = 18$).

^o Results should be interpreted with caution as missing data were prevalent among each provider type (36% licensed centers, 49% certified centers, and 59% of family child care).

^p Fifty-seven percent of certified centers reported pushback from families as a reason for their low confidence discussing vaccines with families, but this only represented 4 respondents.

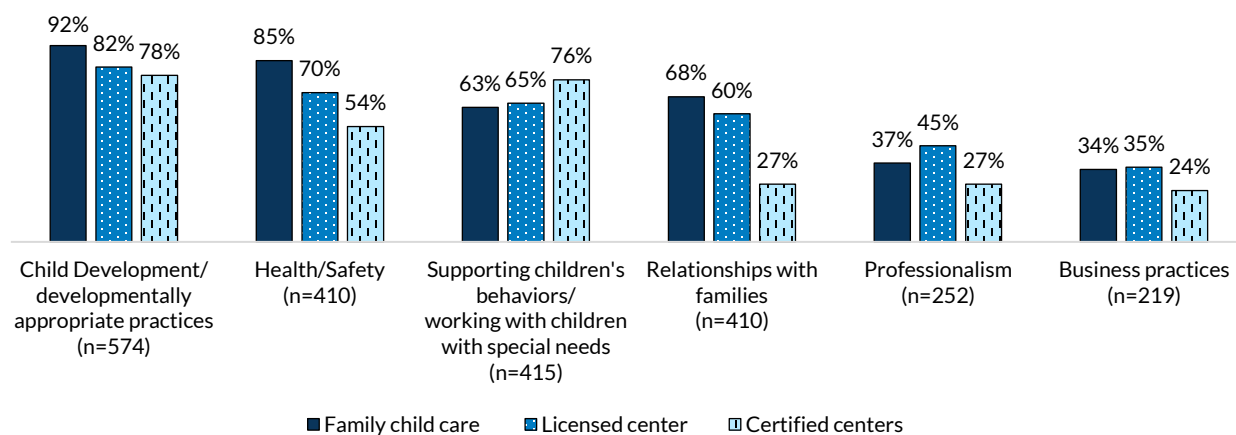
^q Certified center respondents also frequently reported pushback from families as a reason for their low confidence managing mask use among staff and older children, but this only represented 5 certified center respondents.

The amount of missing data from the COVID-19 health and safety confidence questions is recognized and findings should be interpreted with caution. However, as noted above, it is possible that respondents interpreted this question in different ways. Respondents may have skipped over COVID-19 health and safety questions if they did not believe in or experience COVID-19's severity and therefore did not believe procedures were necessary.

Professional development participation

Respondents were asked if they participated in any virtual professional development, coaching or consultation, or college courses over the past year. During this time, training requirements related to licensure were suspended and in-person trainings were not being held due to Minnesota's stay-at-home order. Virtual trainings were provided and increased to meet demand. Nearly all licensed center (96%), certified center (95%), and family child care (93%) respondents reported participating in virtual professional development trainings.[†] Respondents across provider types most frequently reported participating in "child development/developmentally appropriate practices, including assessment and curriculum" (see Figure 12).

Figure 12. Percentage of respondents indicating professional development topics they participated in (N = 649)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Family child care providers who are Parent Aware Rated were significantly more likely to report participating in the professional development topics "relationships with families" and "professionalism" than unrated family child care providers. There were no significant differences between rated and unrated licensed or certified centers and what professional development topics they reported participating in.

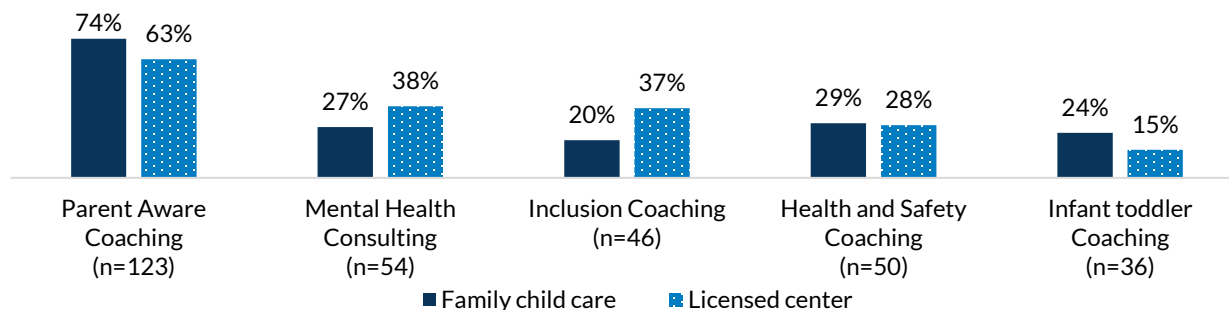
Providers who indicated lack of confidence in social distancing, discussing vaccines with families, and managing mask wearing most frequently cited participating in "child development/developmentally appropriate practices" and "health and safety" professional development topics.

About one-third of licensed center (32%) and one in four family child care (24%) respondents reported participating in coaching or consulting professional development.[‡] Among those who participated in coaching, 74 percent of family child care providers and 63 percent of licensed centers reported coaching for Parent Aware (see Figure 13).

[†] Results should be interpreted with caution as missing data were prevalent across provider types (34% licensed centers, 37% family child care, and 45% certified centers).

[‡] Results should be interpreted with caution as missing data were prevalent among both provider types (34% licensed centers and 37% family child care).

Figure 13. Percentage of respondents who participated in virtual coaching or consulting professional development (N = 691)



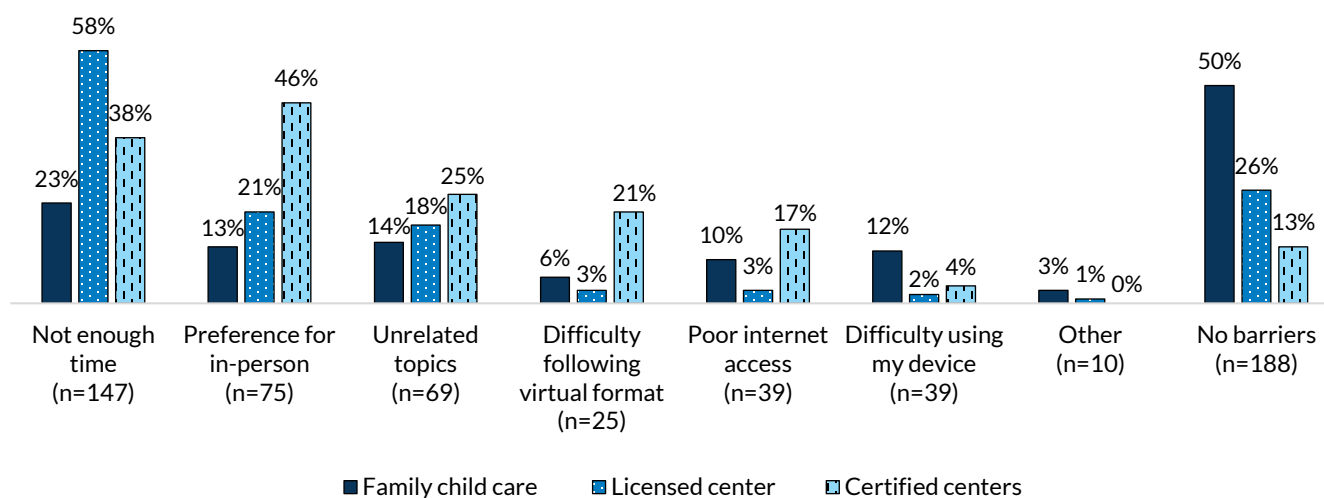
Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Barriers to accessing professional development

Respondents were asked what, if any, barriers they experienced when accessing virtual professional development. Not having enough time, preference for in-person formats, and lack of topics related to their professional development requirements or interests were the most frequently cited barriers across all three provider types (family child care, licensed centers, and certified centers; see Figure 14). Among those who responded, 50 percent of family child care providers (n = 155) reported experiencing no barriers in accessing virtual professional development compared to 26 percent of licensed center (n = 30).^t

When examining barriers to accessing virtual professional development by race and ethnicity and provider age, there were no significant relationships between these factors. **Respondents located in Greater Minnesota were significantly more likely to report not having enough time and having poor internet access as barriers to accessing virtual professional development than metro-area respondents.**

Figure 14. Reported barriers to accessing virtual professional development, by provider type



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged by provider type (58% family child care, 60% licensed centers, and 66% certified centers). Results should be interpreted with caution.

^t Certified centers were excluded here due to a small sample size.

Anxiety and resilience

Instability related to finances and closures has taken a toll on child care providers' mental health and well-being. To gauge the impact of these factors on Minnesota child care providers' mental health and well-being, survey respondents were asked questions from the Generalized Anxiety Disorder-7 (GAD-7)¹⁴—a seven-item questionnaire that asks about how frequently the respondent was bothered by things like feeling nervous or not being able to control worrying in the past two weeks. If a respondent marks all items, the columns are totaled to get a summed score, which can range from 0 to 21. In clinical settings, scores of 10 or above are considered the threshold for seeking further evaluation and possible treatment for anxiety symptoms. For this reason, providers with a summed GAD-7 score of 10–15 were marked as moderately anxious and scores of 15–21 were marked as severely anxious. Providers with a summed GAD-7 score below 10 were marked as no/minimal (score=0–5) or mildly (score=6–9) anxious.

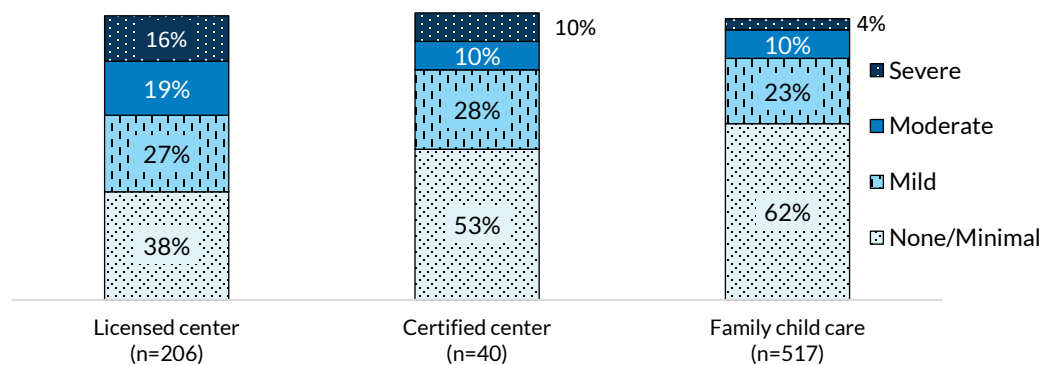
PECC Grant 2020 GAD-7 findings:

Most respondents reported minimal levels of anxiety; however, 15 percent of family child care providers and 27 percent of center-based providers reported moderate or severe anxiety. Licensed center respondents were significantly more likely to report moderate or severe anxiety than family child care respondents.

Findings revealed that the majority of family child care and certified center respondents and over one-third of licensed center respondents reported experiencing minimal or no anxiety. However, 35 percent of licensed center, 20 percent of certified center, and 14 percent of family child care respondents reported experiencing moderate or severe anxiety (see Figure 15). Licensed center respondents were significantly more likely to report severe anxiety compared to family child care and certified center respondents. This finding is perhaps attributable to the additional stressors licensed center respondents faced, including managing licensed center COVID-19 operations for a greater number of children (e.g., cleaning and sanitization, managing mask use, implementing social distancing, etc.); experiencing greater financial instability; and working to recruit and retain child care staff but competing against other higher-paying industries. **Multi-racial providers were significantly more likely to report moderate anxiety compared to White providers, which may indicate the need for targeted mental health supports.** There were no other significant racial differences in GAD-7 scores.

Among licensed center respondents, those who reported higher levels of anxiety were significantly more likely to not feel confident carrying out COVID-19 health and safety procedures.

Figure 15. GAD-7 categories, by provider type (N = 763)



Source: Authors' analysis of the Minnesota Child Care Provider Survey, November 2021.

Note: Missing data ranged by provider type (28% licensed centers, 30% family child care, and 44% certified centers). Results should be interpreted with caution.

Among respondents who indicated that closure in the next six months was likely ($n = 145$), 19 respondents identified anxiety symptoms in the moderate and 23 in the severe categories. Of respondents who participated in consultation and coaching, 25 percent identified anxiety symptoms in the moderate and severe categories.

Anxiety was also examined among region and provider type; however, there were no significant differences found.

In addition to assessing respondents' current levels of anxiety, we also wanted to assess respondents' personal resiliency and ability to cope with stressors.⁴ To do this, we included the four item Brief Resilience Coping Scale (BRCS), a validated tool used to assess a person's ability to recover from or adapt to a difficult situation in a healthy way. The items capture the use of coping strategies (e.g., creative ways to alter difficult situations, belief that one can grow in positive ways by dealing with difficult situations) to address problems despite stressful circumstances. Respondents rate on a scale from one to five how well an item describes them (1=does not describe me at all to 5=describes me very well). Scores of 4–13 indicate low resilient coping, 14–16 medium resilient coping, and 17–20 high resilient coping.¹⁵ **Licensed center, family child care, and certified centers providers had similar resilient coping score means of 15.4, 15.5, and 15.9, respectively, indicating that providers had medium resilient coping.** This may indicate that while providers are facing hardships, providers are able to bounce back during stressful times.

There were no significant associations between resilience coping scores and race/ethnicity.

Policy Recommendations

Based on these survey findings, we provide the following recommendations for policymakers and administrators. Implications may also be relevant for others who are monitoring the ECE field within their states.

When developing policies, consider the variety of needs for different types of programs and geographic location when developing policies. Throughout the survey, findings illustrated that programs' experiences were different based on their type (family child care, licensed centers, and certified centers), and where in the state they were located. Policymakers should consider that policies to support the ECE sector need to be responsive to these differences, and that a single policy solution may not be equally effective for all ECE programs. Hearing directly from a wide variety of providers when developing policy solutions is critical to understanding the feasibility of the policy, what ideas or concerns providers have, and when a policy change has unintended consequences.

Invest in mental health supports for providers. As in 2020, survey findings from 2021 indicate that providers—particularly respondents from licensed centers—have high rates of moderate to severe anxiety. Findings from our survey correspond to findings from a very large-scale national survey that suggest nearly half of child care professionals screened positive for depression during the pandemic.¹⁶ Our survey findings also point to providers having several strategies to cope with stress. Policymakers may be able to build on these strengths to offer or support the use of multi-faceted models of support for providers. There are several research-based practices to reduce stress and increase providers' self-efficacy (their belief that they can perform their job well), including the Infant Early Childhood Mental Health Consultation,¹⁷ reflective supervision,¹⁸ and group or peer-support models.¹⁹ Policymakers could also consider facilitating a broader discussion of wellness as a professional competency for the early education field. Other caring professions such as social work²⁰ and clinical psychology^{21,22} have called for professional competencies to ensure that professionals in their fields have the knowledge and skills to prioritize their mental health. These

⁴ Questions related to respondents' personal resilience and ability to cope with stressors were only asked in the MCCP 2021 survey.

competencies could extend beyond teaching staff to also include leaders who can create working conditions that facilitate—rather than impede—good mental health practices.

Re-envision financing for ECE programs for long-term sustainability. Many providers who responded to the survey reported very complex financial challenges, including experiencing large increased costs, lower enrollment and less revenue, challenges recruiting and retaining qualified staff, and using their own personal funds to support their ECE program. Calls for financing reform for ECE are not new; however, the pandemic has exacerbated challenges in the field and offers an opportunity to take even incremental steps toward reforms that promote the long-term sustainability of the sector. For example, states can take steps to stabilize revenue for providers that accept subsidy payments funded through the Child Care and Development Block Grant (CCDBG), including increasing reimbursement rates, reimbursing based on enrollment rather than child attendance, and using contracts or grants to providers to provide care to subsidy-receiving children. These three approaches are already allowable under CCDBG, and recent examples of states using the approaches during COVID-19 demonstrate their effectiveness in stabilizing revenue.²³

Study Limitations

Limitations of the study should be taken into consideration when reviewing the findings. Family child care providers and licensed centers had a representative sample size (i.e., the provider type is proportional to their population). However, certified centers were underrepresented among survey respondents; 71 responded, yet 234 respondents were needed to be equally representative.

Despite a fairly representative sample, the response rate was low. For comparison, the PECC Grant 2020 survey had a 36 percent response rate. The MCCP 2021 survey was released in November 2021, and despite the survey being extended through February 2022, the time of year may have been challenging for providers. Those who responded may have had time and resources or been particularly motivated to respond. The experiences of those who did not respond may look different than those who did.

Second, in order to include as many responses as possible in the analysis of the survey, the research team decided to include respondents who consented and answered at least one survey question. While this decision maximized the survey sample, not everyone completed every question on the survey. Missing data varied by question, ranging from 0 to 51 percent; therefore, results should be interpreted with caution.

Third, Black, Indigenous, and people of color (BIPOC) make up approximately 15 percent of Minnesota's child care workers; however, they make up a much smaller portion of our study's sample.²⁴ This is a significant limitation given the impacts COVID-19 has had on these communities. In future data collection activities, our team will identify new and different outreach and recruitment strategies to reach BIPOC child care providers so their voice and experiences can be represented in our research.

Finally, the survey was offered only in English. This decision was informed by the PECC Grant 2020 survey—while the survey was available in English and Spanish, no responses were received for the Spanish version of the PECC Grant 2020 survey. In other areas of the Minnesota Child Care Policy Research Partnership project, the research team is making plans to engage providers whose first language is not English in other types of data collection.

As a reminder, survey results reveal examples of correlation but not causation. For example, although we found a correlation between respondents who indicated that their costs of doing business increased due to COVID-19 and those who reported using their personal funds to cover program costs, we are unable to say that personal funds were used *because* program costs increased.

Keeping these limitations in mind, the descriptive analysis and results provide a helpful portrait of the ongoing needs and resilience of child care providers in Minnesota.

Additional Readings

Closures

Barnett, W. S., & Jung, K. (2021). *Seven impacts of the pandemic on young children and their parents: Initial findings from NIEER's December 2020 Preschool Learning Activities Survey*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2021/02/NIEER_Seven_Impacts_of_the_Pandemic_on_Young_Children_and_their_Parents.pdf

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Suggested citation

Ulmen, K., Tang, J., & Warner, M. (2023). *Assessing Minnesota child care providers' resilience throughout COVID-19*. Child Trends. <https://doi.org/10.56417/4484c1442z>

Appendix

Peacetime Emergency Child Care Grant 2020 Survey

To help Minnesota child care providers withstand the financial burden caused by the pandemic, Minnesota created the Peacetime Emergency Child Care Grant program (PECC), a competitive grant program for licensed or certified child care centers and licensed family child care providers with grant awards distributed from April to June 2020. Among those that applied for funding at least once, 68 percent were family child care and 56 percent were center-based providers. In round one, 23 percent of applicants received funding; 30 percent received funding in round two; and 67 percent received funding in round three. Just over 700 programs received grants in all three rounds. In summer 2020, the Minnesota Child Care Policy Research Partnership developed an online survey to understand providers' experiences with COVID-19 and perceptions of the PECC Grant program. In July 2020, a link to the PECC Grant 2020 survey was emailed to all PECC Grant 2020 applicants (N = 5,297). A total of 1,898 licensed center administrators and family child care applicants (36%) completed the survey from July 31 to September 9, 2020. Among the respondents, 58 percent applied for and received the grant (PECC Grant 2020 recipients) and 42 percent applied but did not receive the grant (non-recipients).

For additional information on PECC Grant eligibility please see [FAQs: Peacetime Emergency Child Care Grants](#).

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- ⁵ National Association for the Education of Young Children (2020, July). *Holding on until help comes: A survey reveals child care's fight to survive*. https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf
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