

Study of Early Education in
Louisiana COVID-19 Survey
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Child Care Leaders' Experiences with COVID-19: First Findings from the Study of Early Education in Louisiana

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The arrival of the COVID-19 coronavirus pandemic to the United States in early 2020 quickly disrupted every aspect of daily life, including the care and education of young children. In Louisiana, an executive order closed all public schools, including state-funded pre-k programs, statewide on March 13, 2020. By the end of March, most Head Start programs were also closed. Child care centers, the third major provider of formal early care and education (ECE) and a key work support for low-income families, were not included in the governor's executive order closing schools. Instead, the owners and directors of early learning centers were left to make individual decisions about whether or not to close their businesses and how best to support their employees. Notably, official health guidance – for example, encouraging children to stay home, limiting group sizes, encouraging hand washing and frequent cleaning– made providing care to young children both more difficult and more costly. Child care programs already operate on razor-thin margins, and staying open became infeasible for many programs.

The challenges faced by child care programs in Louisiana echo challenges nationwide; some estimates suggest that up to half of child care programs shut down during the height of COVID-19 in March and April (Bipartisan Policy Center, 2020). As states work to reopen child care, many questions remain about programs' experiences with closures, their ability to re-open, and their needs moving forward. Surveys, including several by the National Association for the Education of Young Children (NAEYC) and by the Louisiana Policy Institute for Children (LPIC), have provided important information, highlighting the large financial impacts for child care sites and the extreme uncertainty child care owners were feeling about their ability to re-open (NAEYC, 2020; LPIC, 2020). While these surveys provided invaluable information from large numbers of early educators both nationwide and in Louisiana, response rates were quite low. In many cases, just 20 to 30 percent of early educators who were invited to complete the surveys did so. This raises questions about whether the experiences reported by those who completed the surveys accurately capture the experiences of all providers.

This report presents results from the Study of Early Education in Louisiana (SEE-LA) COVID-19 Leader Survey, which avoids this limitation by drawing on an established research-practice partnership, inviting all publicly-funded child care programs operating in two geographic areas (Jefferson and Rapides parishes in Louisiana) to participate, and achieving a substantially higher response rate than previous COVID-19 surveys. The survey was conducted in collaboration with the Louisiana Department of Education, the Jefferson Early Childhood Collaborative, and the Rapides Early Childhood Network.

The sample for this survey included at least one child care leader (e.g. owner, site director, assistant director) from every Type III child care center (which includes all centers eligible for subsidies) operating in each parish in the fall of 2019. All of these leaders, including 132 site leaders from 88 child care sites, were invited to take the survey, even if their site was not currently open. Surveys were distributed through email between April 20 and May 29 2020. Across both parishes, 75 site leaders from 60 sites completed the survey. In other

words, 68% of the subsidized child care centers in these two parishes are included, a far higher rate than in other recent surveys about the impact of COVID-19 on child care.

Jefferson and Rapides parishes are the 2nd and 10th biggest parishes in Louisiana. They are diverse and provide useful case studies for Louisiana. In both parishes, 27% of children live in poverty, a number that exceeds the national average, and a high proportion of families receive means-tested services (US Census Bureau, 2019). In 2018, Jefferson was about 53% White, 28% Black, 15.5% Hispanic, and 4% Asian; and Rapides was about 61% White, 32% Black, 3% Hispanic, and 2% Asian (US Census Bureau, 2018). Echoing the challenges child care programs faced throughout Louisiana and nationwide, most child care sites in Jefferson and Rapides closed for at least some period of time following the start of the COVID-19 pandemic. Only 25% of sites in our sample remained open throughout the duration of the survey, while 75% of sites reported closing either temporarily or permanently. This echoes statewide data from Louisiana suggesting that about 70% of child care closed by the end of April (e.g., Guidry, 2020).

The SEE-LA COVID-19 survey asked child care leaders questions about their experiences with COVID-19, in terms of both their work and their individual wellbeing, with the goal of informing community and policy supports for child care as it reopens. Understanding child care leaders' wellbeing is important. Strong leadership is essential for the successful functioning of child care centers: for the quality of care provided and the growth of young children (Buettner et al., 2016; Douglass, 2017; Roberts et al., 2019; Smith & Lawrence, 2019; Whitaker et al., 2015; Yoo et al., 2007). By providing information about how program practices changed in the wake of COVID-19 and the wellbeing of directors during the pandemic, this survey highlights the unique challenges the sector faces as the economy re-opens. The report is organized around four topical areas:

1. Changes to site operations changed in response to COVID-19, both from sites that leaders reported as open and retrospectively from sites leaders reported are closed
2. The experiences of child care leaders whose sites closed, including when and why they closed, how closure affected staff, and plans for re-opening
3. The experiences of child care leaders whose sites remained opened, including changes in enrollment, challenges in accessing needed resources, and perceived challenges for moving forward
4. Child care leaders' wellbeing during COVID-19

SITE OPERATIONS

Site operations changed significantly in response to the COVID-19 pandemic. This section describes those changes and includes responses from both the sites that stayed open and those that eventually closed. Analyses presented here are based on responses from one leader per site (typically the site’s owner or director) (N=60).

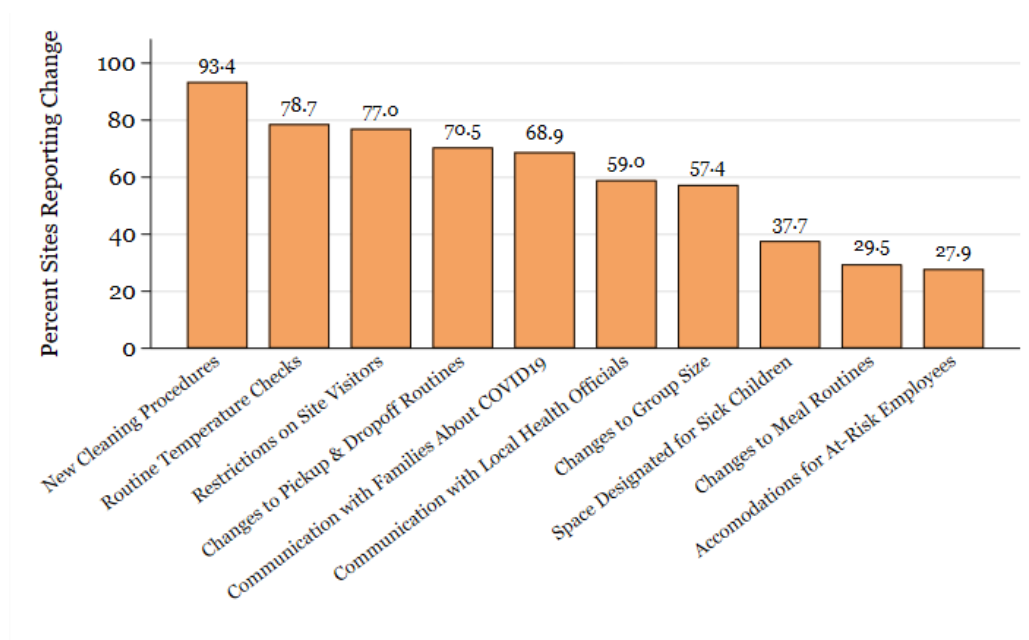
While the majority of site leaders reported no confirmed cases of COVID-19, four did have confirmed cases and six more suspected they might. Table 1 shows data about confirmed positive cases and suspected positive cases.

Table 1. Confirmed and Suspected COVID-19 Cases in the Community, All Sites

	Percent of Sites
Confirmed Case of COVID-19	7.84%
Suspected Case of COVID-19, but Not Tested	12.24%

Leaders reported making a number of changes to mitigate risks related to the virus. As shown in Figure 1, the most common changes included the adoption of new cleaning procedures (93%), regular temperature checks (79%), restriction of visitors (77%), changes in pick-up and drop-off procedures (71%), information provided to families about the virus (69%), communication with health officials (59%), and limiting group sizes (57%).

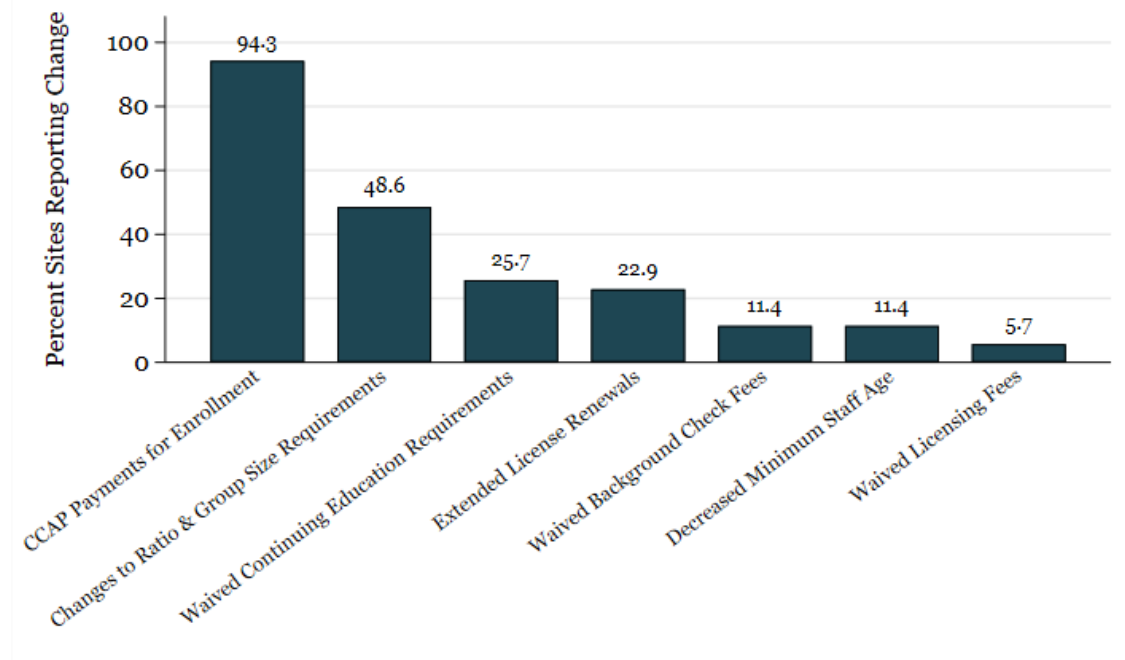
Figure 1. Changes in Site Routine in Response to the Pandemic, All Sites



Site leaders spent hundreds of extra dollars in an effort to adapt their site for the pandemic. Even though most sites eventually closed, average spending per site was over \$700, with some spending as much as \$4000.

Louisiana allowed several changes to licensing requirements to help providers operate safely. Many site leaders reported taking advantage of these changes. As shown in Figure 2, nearly all site leaders reported that they received CCAP payments based on enrollment rather than attendance (94%). About half changed their ratios and group sizes in accordance with new requirements (49%), and roughly a quarter waived continuing education and proof of documentation requirements (26%), and took advantage of extensions to license renewals (23%). For some leaders, these changes to licensing requirements were crucial: one leader reported “if we could not have received CCAP payments with no attendance...we would not have been able to open both of our [facilities].”

Figure 2. Site Leader Utilization of Changes to Licensing Requirements, All Sites



Site leaders also reported on additional support they received from outside organizations such as state or local governments, nonprofits, banks, or other sources during the pandemic. As shown in the first column of Table 2, access to these additional supports was relatively low. Just half of child care leaders were able to access funds to pay staff during their closure. Take-up of other supports was even lower: mental health services (33%); low-interest loans (26%); funds for supplies (16%); staff COVID-19 testing (13%); and additional staff (8%). Some leaders expressed dissatisfaction with the availability of financial supports in particular. One reported that they “applied for [a] loan but [the] government [had run] out of funds,” another reported having to take out private loans to pay expenses, and a third reported that there was “definitely an obvious disparity between the method in which funds and services are distributed.”

Table 2 also shows that among those site leaders who did access supports, most viewed those resources as somewhat or very useful. For example, 92% reported that mental health services were useful; 83% reported that funds for supplies were useful; and 79% reported that funds to pay staff were useful.

Table 2. Additional Supports Received by Site Leaders and Support Usefulness, All Sites

	% Sites Received Support	Of the Sites That Received this Support: Percent That Found it...		
		“Not at All” or “Not Very” Useful	Neutral	“Somewhat” or “Very” Useful
Funds to Pay Staff During Closure	50.0%	10.5%	10.5%	79.0%
Mental Health Services for Staff and/or Children	32.6%	0.0%	8.3%	91.7%
Low-Interest Loans	26.3%	0.0%	30.0%	70.0%
Funds for Cleaning Supplies, Healthcare Supplies, Etc.	15.8%	0.0%	16.7%	83.3%
Free & Available COVID-19 Testing for Teachers and Staff	13.2%	20.0%	20.0%	60.0%
Additional Teachers, Staff, or Volunteers	7.9%	0.0%	33.3%	66.7%
Free & Available COVID-19 Testing for Children and Families	0.0%	n/a	n/a	n/a

CLOSED SITES

Most Type III child care sites in Jefferson and Rapides closed for some period of time due to the COVID-19 pandemic. As noted above, in our sample, 75% of sites were closed at the time that the leader responded to the survey. This section includes information about when and why they closed, how much time they had prior to closing, whether they thought they would open again, and how much they paid their staff during closure. Analyses here include one leader from each of the closed sites (N=45).

Among sites that closed, nearly all closed in March. Figure 3 shows that about 65% of leaders from closed sites reported closing in mid-March, and about 24% in late March. More than a third of child care leaders (36%) cited recommendations from the local health department, the governor, and/or LDOE as their “primary” cause for closing, with financial considerations (e.g. reduced enrollment or cost of staying open) (25%), and staff shortages (21%) as the next most common reasons (see Figure 4).

Figure 3. Approximate Date of Site Closure, Closed Sites

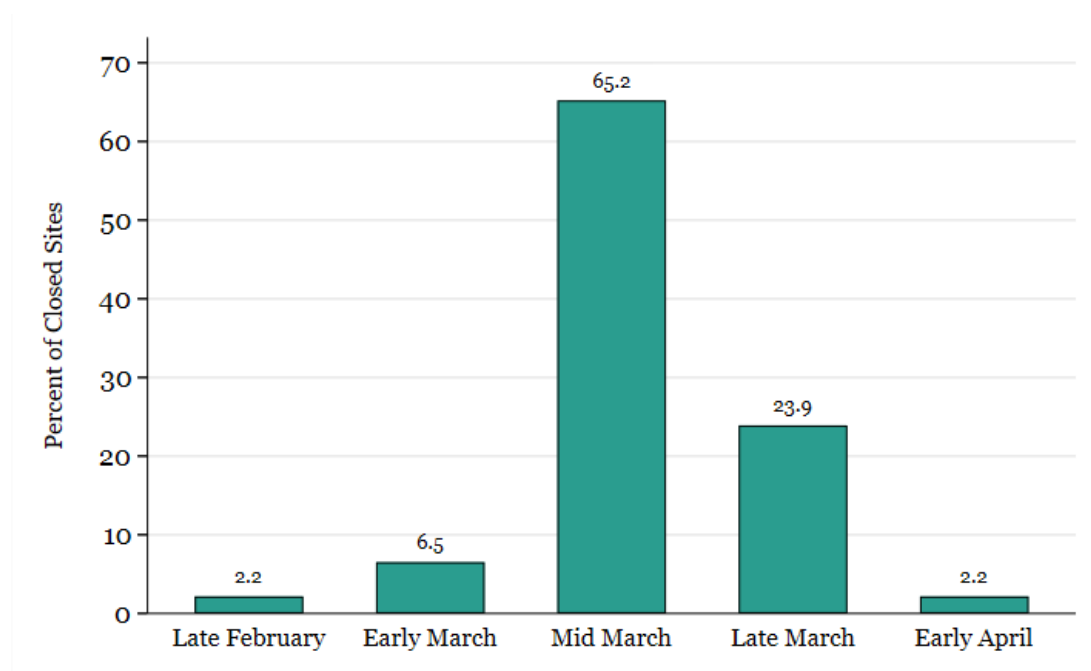
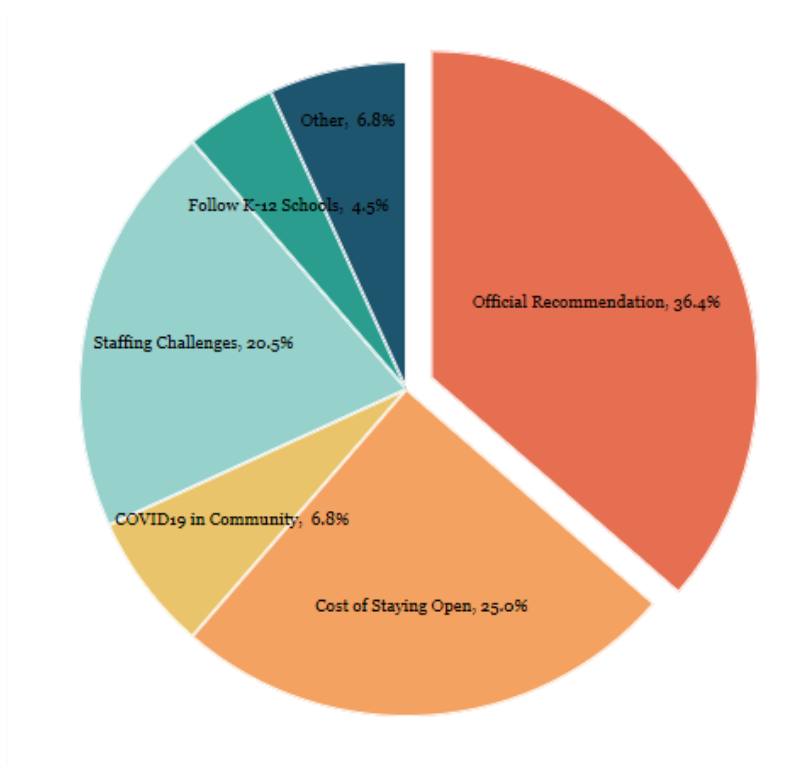


Figure 4. Primary Reason for Site Closure, Closed Sites



Most closures occurred abruptly. As shown in Table 3, 39% of site leaders reported having less than a day in between the decision to close and closing, and another 39% reported having only one or two days. One leader reported that they would have been grateful for a day or two of warning before closure because they “only had about one hour [of] notice.”

Table 3. Length of Time Between Decision to Close and Closure, Closed Sites

Length of Time	Percent of Sites
Less Than 1 Day	39.13%
1 or 2 Days	39.13%
3 to 6 Days	10.87%
1 to 2 Weeks	10.87%

Table 4 shows leaders' estimation of the likelihood that sites will be able to re-open after the pandemic. While the majority of child care leaders at closed sites reported it was very likely they will reopen after the pandemic, 16% were not confident they would survive closure, highlighting the precarity of the sector.

Table 4. Likelihood of Reopening After the Pandemic, Closed Sites

	Not likely	Somewhat Likely	Very Likely
This site will reopen after the coronavirus pandemic.	4.44%	11.11%	84.44%

As shown in Table 5, there was substantial variability in programs' ability to pay staff during closure. While 21% reported that all staff was still being paid, over 44% of site leaders reported not paying any of their staff during closure. For those staff who did receive wages during closure, the amount paid remained largely the same: 85% of site leaders reported that staff wages were unchanged (not shown).

Table 5. Amount of Staff Being Paid, Closed Sites

This site is paying...	Percent of Sites
No Staff	44.19%
Some Staff	25.58%
All Staff	20.93%
Other*	9.30%

*The majority of "other" responses indicated that sites had paid staff for a portion, but not all, of the time that the site was closed.

OPEN SITES

Given that the vast majority of sites closed, it is not surprising that only a small number of survey respondents reported their sites remained open (7 in Jefferson, 8 in Rapides). Leaders from all 15 of these sites reported serving at least some children of essential workers, and most said that all children served were from families of essential workers.

Most leaders of open sites reported that both enrollment and attendance had decreased significantly. They reported serving new children, most commonly children of essential workers, siblings of already enrolled children, or children from recently closed sites. Several site leaders noted they felt a sense of responsibility to stay open specifically for children of essential workers. One wrote that their site was still open “because someone has to care for the essential worker children,” and another said that by staying open, they were “taking care of essential personnel” because they “know how needed they are.”

Site leaders reported that many crucial supplies were hard to find, especially disinfectant spray and wipes, hand sanitizer, thermometers, toilet paper, paper towels, and gloves.

Leaders of open centers expressed a host of concerns including worries over staff experiencing high levels of stress, families bringing in sick children, and low enrollments. One leader noted “it is very hard to stay open when your student roll was reduced from 55 to a few children...we are barely paying regular bills.”

WELLBEING

The survey asked site leaders about their own wellbeing including their financial wellbeing and mental health. Leaders' wellbeing has been linked to the quality of their leadership, teachers' wellbeing, and children's development in ECE programs (e.g., Buettner et al., 2016; Douglass, 2017; Roberts et al., 2019; Smith & Lawrence, 2019; Whitaker et al., 2015; Yoo et al., 2007). These analyses include responses from all 75 leaders who completed the survey.

The pandemic had a substantial impact on leaders' financial wellbeing. Table 6 shows that among leaders whose sites were closed, most reported they were not receiving a salary (56%), and about a third of those who were still receiving a salary were receiving a partial salary only. This is striking given that 62% of these leaders reported that they were continuing to do work for their site during the closure. One leader who was not receiving any payment explained the predicament they were in: "If I start working part time [at my site] I could lose my unemployment but if I don't...I could lose my job."

Table 6. Site Leader Salary Status, Closed Sites

Salary Status	Percent of Site Leaders
I have not received a salary	55.6%
I have received part of my salary	14.8%
I have received all of my salary	29.6%

In line with these financial losses, 78% of leaders reported that it was "somewhat," "very," or "extremely" difficult to make ends meet (Table 7).

Site leaders also reported high levels of food insecurity: 31% of leaders said that they sometimes or often worried that food would run out, 21% said that their food sometimes or often did not last, and 16% of leaders said that they sometimes or often could not afford balanced meals (Table 8). Overall, a third of leaders reported they were food insecure in at least one way.

Table 7. Current Difficulty of Living on Household Income, All Sites

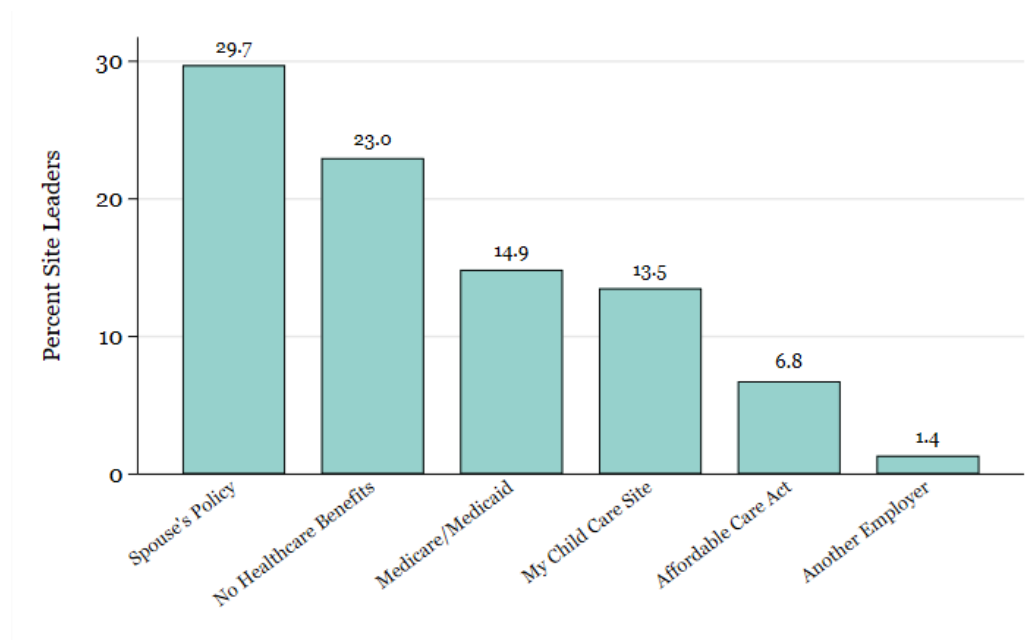
Difficulty	Percent of Site Leaders
Not at All Difficult	22.0%
Somewhat Difficult	63.2%
Very Difficult	10.3%
Extremely Difficult	4.4%

Table 8. Measures of Site Leader Food Insecurity, All Sites

	Never true	Sometimes true	Often true
I/we have worried that my/our food might run out before I/we have money to get more.	69.4%	23.6%	7.0%
The food that I/we bought just didn't last, and I/we didn't have the money to get more.	79.5%	17.8%	2.7%
I/we couldn't afford to eat balanced meals.	83.6%	13.7%	2.7%

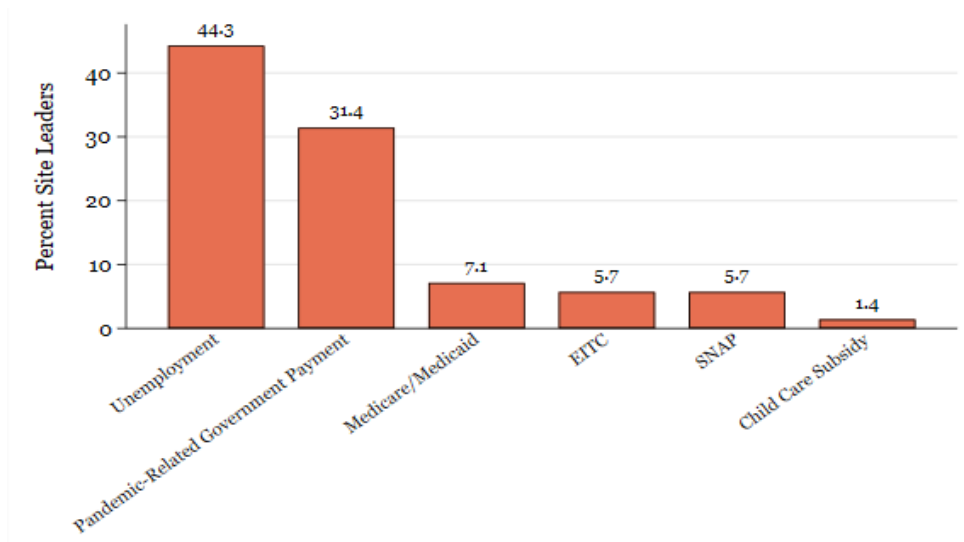
Beyond financial insecurity, nearly a quarter of child care leaders (23%) reported that they did not have health insurance. Among the 77% who did, there was substantial variability in the source of that insurance. As shown in Figure 5, the most common method of access to health insurance held was through a spouse's policy (30%). Just 14% accessed health insurance through their site.

Figure 5. Sources of Site Leader Healthcare Benefits, All Sites



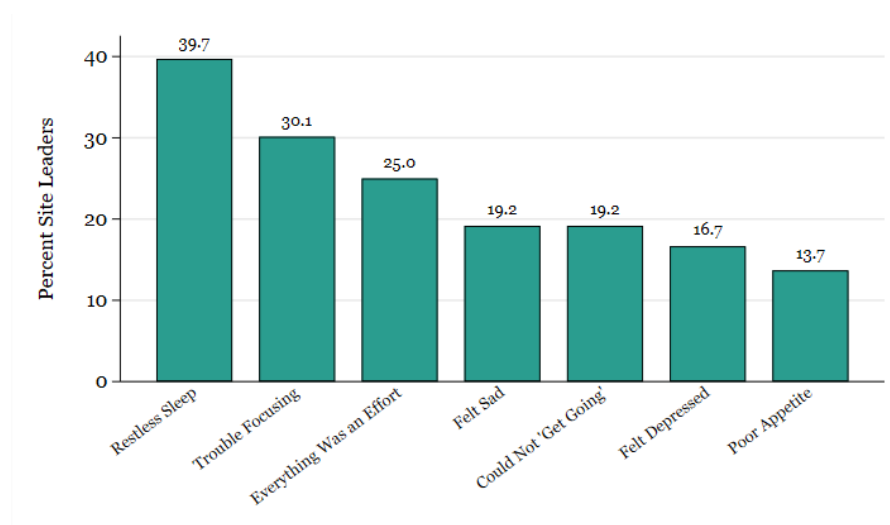
Many child care leaders reported receiving some type of public support in the past month (Figure 6), including 44% who indicated they received unemployment benefits and 31% who received pandemic-related government payments. Despite the substantial financial insecurity leaders experienced, about a quarter reported receiving no public assistance at all over the past month.

Figure 6. Sources of Public Assistance Obtained by Site Leaders in the Past Month, All Sites



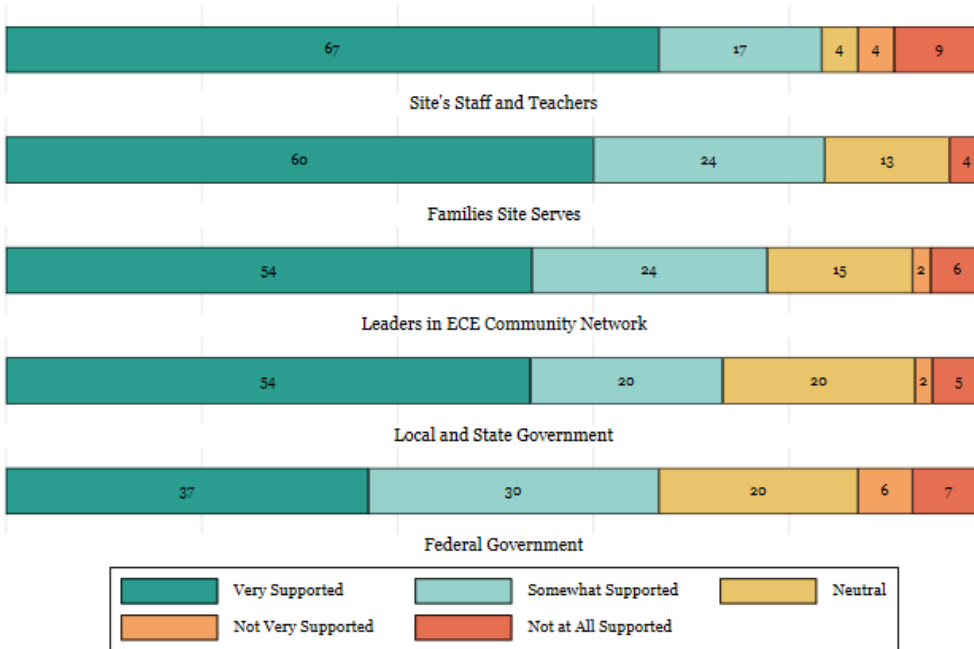
This financial insecurity may have impacted leaders’ mental health during COVID-19. In Jefferson and Rapides, nearly a third of leaders (32%) reported clinically-relevant levels of depressive symptoms on the Center for Epidemiological Studies Depression Scale, a widely-used, well-validated measure. This rate of depression is high: on average, 10% of adults in the United States are depressed. Figure 7 shows leaders’ self-reports of individual depressive symptoms. Notably, about 40% of leaders reported having trouble sleeping; 30% reported trouble focusing, and 25% reported that they felt everything they did was an effort.

Figure 7. Leader Report of Individual Depressive Symptoms Experienced at Least Occasionally in Past Seven Days, All Sites



Site leaders did report that they felt supported by a variety of groups, despite the hardships COVID-19 created (Figure 8). More than half of site leaders reported feeling “very supported” by site staff and teachers (67%), the families they serve (60%), leaders in their ECE community network (54%), and state and local government (54%). In contrast, only 37% reported feeling “very supported” by the federal government.

Figure 8. Perceived Support from Families, Staff, Local Leadership, and Government Entities, All Sites



CONCLUSION

The re-opening of child care is essential for parents to go back to work and the economy to begin to recover. Unfortunately, COVID-19 has been devastating for many child care providers. While many provided some care in the early weeks of the pandemic, by late march most programs had closed, leading to revenue losses that may put their businesses at long-term risk.

The SEE-LA COVID-19 survey found that providers had to make substantial changes to the way they operated their programs and spent a substantial amount of money on their program due to COVID-19. Providers worried about their ability to stay open with new social distancing requirements and with the continued burden of staying open. While centers remained open, shortages of key supplies—including disinfectant spray and wipes, hand sanitizer, thermometers, toilet paper, paper towels, and gloves—were not uncommon.

Most child care leaders whose sites closed reported they no longer received salary, and many reported that they could not pay their staff either. In turn, leaders reported it was difficult to make ends meet. Most were relying on some form of public support and many were food insecure. Fully a third of child care directors reported depression symptoms at clinical levels.

For policymakers hoping to support child care as an essential tool for re-opening, these data indicate that many programs will need financial assistance both to re-open and to survive as COVID-19 reduces their ability to serve a large number of children. They further suggest that new challenges may arise because of the conditions early educators have faced and will continue to face. Federal dollars will be necessary to ensure that this sector—which provides essential care to a vast number of low-income children—is able to rebuild and continue to serve young children and their families.

Report Update: July 1, 2020

This report is updated to correct errors in Figure 6 related to the percentage of respondents that received child care subsidies and Temporary Assistance for Needy Families (TANF).

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