Child Care Restoration Grant Narrative Survey

Report Detail

This report is meant to capture specific data about your program, staffing, and children enrolled during the month that you are reporting on. Please respond to the questions as they pertain to the month being reported.

* 1. Select the month you are reporting on:

[   ]

* 2. Name of person completing this report

[   ]

* 3. Email address

[   ]

4. Did your program receive grant funds for round 1 (for July, August, September)?

◯ Yes

◯ No

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Children

For the questions below, enter a 0 if you have no children enrolled in a certain category.

* 5. Current licensed capacity given COVID-related rules and guidance:

[   ]

  * 6. Are you choosing to serve fewer than your COVID licensed capacity?

  ○ Yes

  ○ No

7. If yes, how many are you serving?

[   ]

8. If yes, why? (staffing not available, smaller group size, space limitations, other)

[   ]

* 9. Average daily enrollment for the month:

Infants: [   ]

Toddlers: [   ]

Age 2:   [   ]

Age 3 to 5: [   ]

School Age: [   ]

Total: [   ]

* 10. Children dropped from enrollment this month:

[   ]

* 11. Children enrolled this month:

[   ]

* 12. Current vacancies:

[   ]

* 13. Did any new enrollments transfer from another program?

○ Yes

○ No

○ No new children enrolled this month

14. If you had new enrollments that transferred from other programs, what were the reasons for the transfer (check all that apply):

☐ Previous Program Closed

☐ Parents Wanted New Setting

☐ Other (please specify)

[   ]

* 15. Funding

Number of private pay children:

[   ]

Number receiving Head Start:

[   ]

Number receiving PreK:

[   ]

Number receiving CCAP:

[   ]

Pre-COVID Staffing

For the questions below, enter a 0 if you have no staff to report for a given question.

* 16. How many classroom staff did you have pre-COVID?

Full Time

Part Time

    * 17. Were you able to retain all your pre-COVID classroom staff?

    ◯ Yes

    ◯ No

* 18. How many classroom staff did you retain?

Full Time

Part Time

* 19. How many classroom staff quit?

Full Time

Part Time

* 20. How many classroom staff were laid off?

Full Time

Part Time

* 21. How many (if any) new program staff did you need to hire because of the COVID-related guidance:

Current Staffing

For the questions below, enter a 0 if you have no staff to report for a given question.

* 22. How many classroom staff did you have working this month?

Full Time:

Part Time:

* 23. How many classroom staff did you hire this month?

* 24. How many classroom staff left employment (terminated or quit) this month?

* 25. How many classroom staff were laid off this month?

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Program Operations

These questions only apply to programs that did not receive a round 1 grant but were found eligible in round 2

*26. Have your hours of operation shifted since you have reopened?

○ Yes

○ No

27. Please describe how they have shifted:

[ ]

*28. Have your staff training needs changed?

○ Yes

○ No

29. Please describe how they have changed:

[ ]

*30. Have your classroom teaching practices changed?

○ Yes

○ No

31. Please describe how they have changed:

[ ]

*32. Have your parent engagement practices changed?

○ Yes

○ No

33. Please describe how they have changed:

[ ]

These questions only apply to programs that did not receive a round 1 grant but were found eligible in round 2

* 34. Are you using more technology with children?

○ Yes

○ No

35. Please describe how:

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36. Please describe any new practices you have adopted to increase safety of staff and/or children (e.g. altered cleaning schedule, use of face masks/shield, cycling lunch/snack times).

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COVID

For the questions below, enter a 0 if you had no COVID cases this month.

* 37. How many COVID cases did you have this month among children?

[   ]

* 38. How many COVID cases did you have this month among staff?

[   ]

* 39. Did you have to close your facility at any point this month due to a COVID case or exposure?

○ Yes

○ No

* 40. How many days this month were you closed as a result of COVID?

[   ]

* 41. What are your current rates? Please specify whether the rate is hourly, daily, weekly, etc.
(Example: Enter "$230 per week" instead of just "$230")

Infants	
Toddlers	
Preschool	
School-Age	

* 42. Have you raised your rates for private pay families?

○ Yes

○ No

43. If yes, please give an example of your rates before and after your raised them for a specific age group (e.g., preschoolers).

[   ]

* 44. Do you have a waiting list for ages 0-5?

○ Yes

○ No

* 45. Do you have a waiting list for school-age?

○ Yes

○ No

* 46. Are you serving any children who are doing remote learning?

○ Yes - full-time remote learners

○ Yes - hybrid/part-time remote learners

○ Yes - both full-time and hybrid/part-time remote learners

○ No

47. If you are serving remote learners, are you incurring additional costs because of this?

○ Yes

○ No

48. If you are serving remote learners AND are incurring additional costs, how are you covering those costs?
(Check all that apply.)

☐ Our program is covering some/all of the cost

☐ We are charging families additional fees to cover the costs

☐ The school district is providing some support

☐ Other (please specify)

[   ]

* 49. This month, between your usual revenue sources and funds from the CCRG grant you received, were you able to cover all of your program expenses?

○ Yes

○ No

50. If no, please briefly describe how much you fell short and if there are particular expenses you are having trouble meeting.

[   ]

* 51. If the Child Care Restoration Grants (CCRG) cannot be sustained into 2021, what will be the impact(s) to your program?
(Check all that apply.)

☐ Our program will likely remain open with no changes   ☐ Our program will likely close temporarily

☐ Our program will likely have to reduce hours and/or capacity   ☐ Our program will likely close permanently

☐ Our program will likely raise tuition/fees

52. Please provide any comments that you would like to further explain your answer(s) above.

[   ]

* 53. Is the Child Care Restoration Grant (CCRG) meeting your needs?

○ Yes

○ Somewhat

○ No

54. Please provide any comments about the grant program.

Program

* 58. Is this site operated as a for-profit, non-profit, or government entity?

○ For-proft

○ Non-proft

○ Government

* 59. Is this site part of a larger multi-site and/or multi-service agency or corporation?

○ Yes

○ No

* 60. Is this site a franchise operation?

○ Yes

○ No

* 61. Has there been a change in ownership of this program since the grant was awarded?

○ Yes

○ No

62. If yes, what is the new license number for the program?

[   ]