



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



Children

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

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

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

Yes

No

6. If yes, how many are you serving?

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

* 8. Average daily enrollment for the month:

Infants:

Toddlers:

Age 2:

Age 3 to 5:

School Age:

Total:

* 9. Children dropped from enrollment this month:

* 10. Children enrolled this month:

* 11. Current vacancies:

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

- Yes
- No
- No new children enrolled this month

13. 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)

* 14. 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.

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

Full Time

Part Time

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

Yes

No

* 17. How many classroom staff did you retain?

Full Time

Part Time

* 18. How many classroom staff quit?

Full Time

Part Time

* 19. How many classroom staff were laid off?

Full Time

Part Time

* 20. 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.

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

Full Time:

Part Time:

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

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

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



Program Operations

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

Yes

No

26. Please describe how they have shifted:

* 27. Have your staff training needs changed?

Yes

No

28. Please describe how they have changed:

* 29. Have your classroom teaching practices changed?

Yes

No

30. Please describe how they have changed:

* 31. Have your parent engagement practices changed?

Yes

No

32. Please describe how they have changed:

* 33. Are you using more technology with children?

Yes

No

34. Please describe how:

35. 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).



COVID

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

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

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

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

Yes

No

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



Grants

40. Is the Child Care Restoration Grant meeting your needs?

41. If we can provide a second round (October & November) of grants, what needs do you have that are not currently being met:

42. What could we do differently to improve the grant to support your program:



Program

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

- For-profit
- Non-profit
- Government

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

- Yes
- No

* 45. Is this site a franchise operation?

- Yes
- No

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

- Yes
- No

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