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One year later: Follow up results from a survey on COVID-19 and child care in Canada

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Childcare Resource and Research Unit

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Table of contents

- 5 **About this report**
- 6 **Introduction**
 - The 2020 context and the first COVID-19 survey
 - The 2021 survey
- 12 **Results – Child care centres**
 - Open/closed status
 - Enrollment in 2021 compared to pre-COVID
 - COVID-19 cases and closures
 - COVID-19 vaccines
 - Child care workforce layoffs
 - Paid sick days
 - Government financial support during COVID-19
 - Financial situation of the centre
 - Current problem areas
- 23 **Results – Family child care homes**
 - Open/closed status
 - Enrollment in 2021 compared to pre-COVID
 - COVID-19 cases and closures
 - COVID-19 vaccines
 - Government financial support during COVID-19
 - Financial situation of the family child care home
 - Current problem areas
- 29 **Open-ended responses – Centres and family child care**
- 30 **Discussion**
 - Enrollment and staffing issues
 - Federal benefits
 - The child care workforce
- 37 **Conclusions**
- 42 **References**
- 44 **Appendix: Provincial/territorial child care landscape**
 - Were child care services closed for regular use due to a provincial/territorial or community health order?
 - Was emergency child care provided for essential workers?
 - Were closed services permitted to charge fees for services not used?
 - Was regular and/or additional funding available for open or closed centres?
 - Were child care workers prioritized for vaccines?
 - Did families pay for emergency child care?

List of Tables

- Table 1 Number of respondents (weighted), by centre or FCC, by jurisdiction.
- Table 2 During the week of April 26th to April 30th 2021 was this centre open or closed?
- Table 3 Which of the following best describes your enrollment in the week of April 26th-30th 2021 compared to before COVID-19, that is, before March 2020?
- Table 4 Which of the following factors do you think are contributing to the centre's lower enrollment? Check all that apply.
- Table 5 Mean number of cases per centre by province.
- Table 6 As of today, what proportion of the staff in your centre have had at least one dose of a COVID vaccine?
- Table 7 Has your centre received any of these federal government benefits since the pandemic began? Check all that apply.
- Table 8 How important were the federal benefits to the overall financial health of the centre?
- Table 9 How important were the federal benefits in terms of preventing the centre from closing?
- Table 10 To what extent do you believe these benefits (federal, provincial, municipal) taken together met your financial needs over the past year?
- Table 11 To your knowledge, which of the following federal worker support benefits did staff at your centres receive?
- Table 12 Please rate the child care centre's current financial situation compared to before COVID-19.
- Table 13 Currently, how much of a problem for your centre is each of the following? Check all that apply.
- Table 14 Number of family child care homes open, temporarily closed or permanently closed in the 2021 reference week.
- Table 15 Which of the following factors do you think are contributing to the family child care home's lower enrollment? Check all that apply.
- Table 16 To what extent do you believe these benefits (federal, provincial, municipal) taken together met your financial needs over the past year?
- Table 17 Please rate the family child care home's current financial situation compared to before COVID-19.
- Table 18 Currently, how much of a problem is each of the following for your family child care home?
- Table 19 Themes in general comments, 2021.

About this report

This report presents data from a follow-up survey of licensed child care centres and regulated family child care providers across Canada about the effects of the COVID-19 pandemic. Conducted in May of 2021, the survey included questions on enrollment, operations, finances, government financial supports received, cases of COVID-19, the vaccination status of staff and challenges. The respondents were drawn from a larger group surveyed on similar issues a year earlier in the late spring of 2020 during the pandemic's first wave. The data presented here are primarily based on the 2021 follow-up survey with data from the 2020 survey presented for comparison between the two points in time during the COVID-19 pandemic.

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Introduction

COVID-19 first arrived in Canada in January 2020, and by mid-March, provinces and territories had begun closing their regulated child care centres¹ to other than emergency use, following closure of public schools. As non-essential workplaces were also closed across Canada by provincial/territorial orders, many families with young children, including those normally in school, were required to work from home, caring for and “home schooling” their children at the same time. Other parents could not work from home but also lost their usual child care.

The 2020 context and the first COVID-19 survey

In the spring of 2020, almost all provincial/territorial governments, which hold the primary responsibility for child care in Canada, closed all or much of the supply of regulated child care, permitted and supported emergency child care for parents deemed to be “essential workers”, developed other financial supports for services, and established emergency health and safety protocols (Friendly, Forer, Vickerson, & Mohamed, 2021). Across the provinces and territories, what was funded, what was required to close, who was eligible for emergency services, what government support was available, and health and safety rules varied enormously. As the pandemic proceeded, policies were modified and remodified as policymakers and service providers scrambled to respond to an unknown, shifting, and anxiety-producing situation.

In April 2020, the Childcare Resource and Research Unit (CRRU), together with the Canadian Child Care Federation and Child Care Now, undertook a Canada-wide survey to understand the state of regulated child care services and the impact of COVID-19 on service providers approximately two months after the first widespread closures. The survey’s purpose was “to collect information about the impact of the COVID-19 crisis on the child care sector...to contribute to informed

¹ All provinces/territories offer also regulated family child care, which is either individually licensed/monitored or under the aegis of a licensed/approved agency. Most regulated family child care was not closed during the pandemic.

decisions; to support the child care sector, and to provide public information.” It was to be completed by the person most responsible for an individual child care centre or regulated family child care home.² The reference week for the 2020 survey was April 27th to May 1st 2020, before child care services began to reopen in most jurisdictions after the pandemic’s first wave. Outreach to potential respondents was assisted by provincial/territorial child care officials, municipal officials in Ontario, partner organizations, as well as through social media.

After data cleaning and weighting for responses representing multiple centres, the database included 8,300 responses (5,729 centre-based programs and 2,571 regulated family child care (FCC) providers/homes). The survey should not be assumed to be a representative sample of the larger pool of child care centres (17,542 in 2019) (Friendly, Feltham, Mohammed, Nguyen, Vickerson & Forer, 2020) or regulated family child care homes. There was, however, substantial representation in all jurisdictions (except Nunavut and the Northwest Territories), both English- and French-speaking respondents, centres and family child care, and for-profit and non-profit service providers. Results for centres and family child care were analyzed separately. A [report](#) on this first survey was published in July 2020, followed by a peer-reviewed [article](#) published in October 2021.

Over the next 12 months after this survey, Canadian provinces and territories experienced successive waves of COVID-19 infection, and varying situations of restrictions and support. By late August 2020, almost all regulated child care services in Canada were open to regular use and have remained so, despite some provinces experiencing successive waves of COVID-19 in the winter and early spring of 2021 before vaccination programs became widespread in May and June of 2021. Although all provinces and territories opened schools in September 2020, some closed again for varying periods in the winter and/or spring of 2021. Child care services, however, largely remained open across Canada, with some short-term exceptions as well as a longer-term closure of Ontario’s school-age provision. (See the Appendix to this report).

² Regulated family child care homes are individually licensed in some provinces/territories and operate under an agency model in several others.

Since reopening after the first pandemic wave in 2020, child care centres and regulated family child care homes have had to contend with a new and shifting reality - whether for health and safety considerations, limitations to cohort sizes, and low or less predictable enrollment. Thus, what had at first appeared to be a short-term but exceptional event soon required day-to-day adaptation and long-term attention.

At the end of the 2020 survey, when respondents were asked if they were willing to be contacted for further research, 60% consented to be re-contacted (N =2,913 [2,179 from centres and 734 from FCC]). Respondents from centres were somewhat more likely to consent than those providing FCC (63% for centre-based vs. 54% for FCC). The percentage consenting was 70% or higher in five jurisdictions (NB, SK, YT, NU, NT) and less than 50% in one (PE). Most of these respondents provided an email address for contact purposes.

The 2021 survey

In April 2021, the Childcare Resource and Research Unit undertook a follow-up survey using the list of consenting 2020 survey respondents (centre directors or regulated family child care providers). The purpose of this new survey was to understand how the past year of COVID-19 had affected child care services and to provide an updated picture of the current state of child care provision across Canada. For the 2021 survey, a reference week of April 26 to April 30 was chosen, so the time period between the two surveys was exactly one year.

The 2021 follow-up survey was emailed to the 2,913 consenting respondents from the first survey using the contact information they provided. In response to this solicitation, the follow-up survey had 1,298 respondents (970 from centres, 328 from FCC), an overall return rate of 45%, with no difference in centre and FCC return rates. Of the 970 centre respondents, 927 represented single centres, and 43 represented multiple centres³, which ranged from two to 151 centres. All but five of the FCC respondents represented single FCC providers; the few multiple FCC respondents (FCC agencies responsible for multiple FCC providers)

³ Although our original aim was that the person most responsible in each single centre would complete a questionnaire, this proved to be unworkable for larger, multi-site service providers. Thus, the follow-up survey questionnaire was tailored to allow a respondent to respond on behalf of multiple centres.

represented between four and 46 FCC providers. Three jurisdictions had return rates of more than 50% (BC, MB, YT); the lowest return rates were in NT and NU (0%), QC (23%), and PE (31%). Eighty-seven percent of the surveys were completed by the same person who had completed the initial survey.

Table 1 below shows the number of centre and FCC respondents by province/territory. Due to some relatively low numbers, it will not be possible to report results for all jurisdictions. Centre results by province have been reported when the total number of respondents in that jurisdiction totalled more than 20 and respondents represented at least 5% of all licensed centres in the province.⁴ Family child care home results by jurisdiction are not reported in tables, given the lower FCC numbers in most jurisdictions, and the lack of data on the total number of active homes across Canada.

TABLE 1 Number of respondents (weighted), by centre or FCC, by jurisdiction.

Jurisdiction	Number of centres	Number of FCC homes
Newfoundland and Labrador	2	13
Prince Edward Island	4	0
Nova Scotia*	55	7
New Brunswick*	53	17
Quebec	66	8
Ontario*	621	154
Manitoba*	102	28
Saskatchewan*	61	26
Alberta*	182	38
British Columbia*	270	144
Yukon	8	2
Northwest Territories	0	0
Nunavut	0	0
TOTAL	1424	437

*Note: Provinces denoted with an * meet the centre reporting parameters: more than 20 centres and respondents represent at least 5% of all licensed centres in the province.*

This follow-up survey asked for respondents' contact information (facility name, postal code, and email address), to enable a direct linkage

⁴ Total number of centres was sourced from *Early Childhood Education and Care in Canada, 2019*.

between respondents' 2021 data and the responses provided in the previous survey. Linkage was not always successful due to factors such as changes to a facility's contact information, changes in the person completing the survey, and data entry errors. In the end, 84% of the centre respondents, and 85% of the FCC respondents, were successfully linked to their 2020 data.

This report

This report presents the survey data collected in the late spring of 2021 from centres and regulated family child care providers who had also participated in the 2020 survey. It is based on the results from the 2021 survey and in some instances includes comparisons between the two time periods derived from the overall survey data and from linkages between service providers 2020 and 2021 responses. Centres and family child care results are reported in separate sections. Open-ended responses were coded for general themes, and then summarized, with some illustrative verbatim examples. Finally, a summary of publicly available information about the Canada-wide state of child care related to COVID-19 is included in an Appendix for reference. The report concludes with a discussion of the results and conclusions drawn.

Open/closed status

As Table 2 shows, during the 2021 reference week (April 26 – April 30, 2021), 92% of centres reported being open (though some may have had rooms closed), 8% were temporarily closed, and less than 1% reported being permanently closed. This is a stark contrast to one year prior, when 72% of centres across Canada reported being closed except for emergency child care.

Of the centres temporarily closed (or with temporarily closed rooms) in 2021, 82% reported that public health authorities had closed the centre. Of the 359 centres providing reasons for being temporarily closed, 312 were located in Ontario. It should be noted that the 2021 reference week was within the period in which the Ontario government had mandated the closure of all public schools and before- and after-school child care programs (except emergency care). This was considered a "public health

closure". The next most common reason reported for a temporary closure (20%) was a COVID-19 case or exposure of a child or staff member.

Only five responding centres said they had closed permanently. Their reasons for closing included "a personal decision" and low enrollment. It should be noted that this is almost certainly not a proportionate sample of permanent closures, as such centres may well not have received the survey invitation by email or elected to not complete it. It is interesting, however, that only one of the respondents among the five permanently closed centres in the 2021 survey had said on the 2020 survey that they would probably or definitely close.

TABLE 2 During the week of April 26th to April 30th 2021 was this centre open or closed?

	Canada (#)	Canada (%)
Open (including some rooms closed) ⁵	1,430	91.8
Temporarily closed	123	7.9
Permanently closed	5	0.3
TOTAL	1,558	100.0

⁵ This is only reported for respondents completing the survey on behalf of single centres, it was not possible to ask respondents for multiple centres about room closures.

Results – Child care centres

Enrollment in 2021 compared to pre-COVID

Centres that were open were asked about their enrollment for the 2021 reference week. Compared to enrollment reported on the 2020 survey during the first wave of COVID, 2021 enrollment was markedly improved but still considerably lower than pre-COVID enrollment. For single centres that were open at the time of the 2020 survey, the mean enrollment was 8.2 children, only 14% of the mean pre-COVID enrollment of 57.4 children. A year later, mean enrollment had improved to 43.3 children, or 76% of pre-COVID enrollment.

In 2021, 73% described enrollment as somewhat or much lower than before COVID-19; only 8% described enrollment as higher (see Table 3). There was considerable variation among provinces on this question. Seventy-eight percent of Alberta centres and 73% of Ontario centres described their enrollment as “much lower”, while only 22% of British Columbia centres reported enrollment as “much lower” and 45% reported enrollment as “about the same.” For-profit centres were less likely to report lower enrollment in 2021 compared to pre-COVID (56% of for-profit centres reported lower enrollment than pre-COVID vs 79% of non-profit centres).

TABLE 3 Which of the following best describes your enrollment in the week of April 26th-30th 2021 compared to before COVID-19, that is, before March 2020?

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Much higher than before COVID-19	59	4.6	9.3	10.4	1.5	4.0	10.7	4.9	3.6
Somewhat higher than before COVID-19	42	3.3	4.7	0.0	1.1	2.0	7.1	4.9	4.8
About the same as before COVID-19	242	18.9	25.6	33.3	6.6	17.0	21.4	3.7	45.4
Somewhat lower than before COVID-19	258	20.2	7.0	39.6	18.3	37.0	32.1	8.6	24.5
Much lower than before COVID-19	678	53.0	53.5	16.7	72.5	40.0	28.6	77.9	21.7

Respondents were asked why they thought the centre had lower enrollment, with multiple responses allowed. The results are summarized in Table 4. Seventy-nine percent selected “Some families stopped using the centre due to fears about COVID-19” and 76% of centres selected “Some families stopped using the centre due to unemployment/less employment time/working from home”. These responses were generally similar across provinces/territories. The “fears about COVID-19” category was selected by more than 55% of centres in all jurisdictions except New Brunswick, where only 30% of centres selected this option. Alberta was the only jurisdiction where more than 50% of centres selected “Parents are unable to afford child care fees” (57%), compared to much lower percentages choosing this in other provinces, such as Ontario (18%) and British Columbia (11%).

TABLE 4 Which of the following factors do you think are contributing to the centre's lower enrollment? Check all that apply.

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
The centre has limited enrollment for health and safety reasons	327	35.0	53.8	55.6	20.9	67.5	40.0	63.1	31.3
The centre has temporarily closed some rooms	166	17.8	3.8	14.8	21.3	20.8	11.4	19.9	6.1
The centre has been unable to hire enough staff	158	16.9	3.8	33.3	15.2	26.0	34.3	5.7	26.1
Some families stopped using the centre due to unemployment/less employment time/working from home	712	76.2	30.8	66.7	85.2	59.7	82.9	73.0	67.8
Parents are unable to afford child care fees	213	22.8	7.7	7.4	17.6	11.7	37.1	56.7	11.3
Some families stopped using the centre due to fears about COVID-19	735	78.7	73.1	29.6	84.6	57.1	77.1	80.1	80.0
Other	317	33.9	57.7	7.4	47.7	32.5	14.3	18.4	6.1

When asked to select the most important reason for lower enrollment, the two most common responses were “Some families stopped using the centre due to fears about COVID-19” and “Some families stopped

using the centre due to unemployment/less employment time/working from home”, both reported by 33% of centres.

COVID-19 cases and closures

When centre respondents were asked “Since August 2020, has this centre (or a room in this centre) been closed due to a COVID-19 case or outbreak?”, 30% of single centre respondents reported having at least one closure. Of these, two-thirds of these were closed only once.⁶

Across Canada, the mean number of COVID cases reported per child care centre was an average of 1.0 case in children and an average of 0.7 staff cases per centre. Table 5 shows the range of the mean number of cases by province for both children and staff. In the same time period, 69% of single centres reported zero COVID-19 cases in children and 72% of single centres reported zero cases in staff.⁷ Quebec and Alberta had a higher mean number of child cases and a higher mean number of staff cases per centre than other provinces.

TABLE 5 Mean number of cases per centre by province.

P/T	Mean cases, children	Mean cases, staff
NS	0.3	0.1
NB	0.0	0.0
QC	2.6	1.2
ON	1.0	0.8
MB	0.7	0.4
SK	0.7	0.7
AB	2.1	1.3
BC	0.4	0.3
CA	1.0	0.7

TABLE 6 As of today, what proportion of the staff in your centre have had at least one dose of a COVID vaccine?

	Canada (#)	Canada (%)
All staff	150	11.8
Most staff	586	46.0
Some staff	438	34.4
None of the staff	64	5.0
Don't know	37	2.9
Total	1,275	100.0

COVID-19 vaccines

As shown in Table 6, as of the date that each respondent completed the survey, 58% of centres reported that most or all staff had received at

⁶ This data is only available for respondents who answered on behalf of a single centre, and not available for those who answered on behalf of multiple centres.

⁷ This data is only able to be reported for single centres, as there was no centre-by-centre breakdown of cases asked for multiple centres.

least one dose of a COVID vaccine. Sixty-one percent of not-for-profit centres reported that most or all staff were at least partially vaccinated compared to 51% of for-profit centres. The jurisdictions within our reporting criteria with the highest proportion of most/all staff at least partially vaccinated were Ontario (68%), and British Columbia (67%), while the jurisdictions with a lower proportion were Nova Scotia (17%), New Brunswick (17%), Manitoba (33%) and Alberta (42%).⁸

Child care workforce layoffs

The 2021 survey asked centre respondents if they had laid off any staff due to COVID-19 between August 2020 (when most centres across Canada had reopened) and May 2021, that is, after the first wave until the survey's dissemination. About three-quarters (71%) of centres reported no layoffs during this time period, with another 16% reporting "some" (not "most" or "all") staff laid off. In comparison, when asked in the 2020 survey about layoffs from March 2020 to May 2020 (during the first wave, when most centres were closed), 71% reported they had laid off some or all of the staff. There was no difference by auspice in terms of layoffs since centres were reopened in August 2020. This differs from the 2020 survey results when 27% of closed non-profit centres had no staff layoffs, compared to 18% of for-profit centres.

Although there were no mass layoffs in any province after the widespread centre closures in spring 2020, the 2021 survey found that an average 29% of centres Canada-wide reported layoffs. Alberta respondents were most likely to report layoffs (40% of centres) and respondents from New Brunswick were least likely (14%). Across the other provinces, the proportion of centres with COVID-related layoffs were: British Columbia (17%), Saskatchewan (35%), Manitoba (26%), Ontario (34%) and Nova Scotia (20%).

The 2021 survey also asked how many of the staff that had been laid off since the pandemic began due to COVID-19 had been re-hired. Of the 64% of centres that reported having had some layoffs, 74% said that all

⁸ Yukon (75%) and Quebec (73%) responses were below the reporting criteria of $N \geq 20$ and $N \geq 5\%$ of centres in jurisdiction.

or most of their staff had been re-hired. This percentage was somewhat higher for not-for-profit centres (84% vs. 73%) than for-profit centres

Paid sick days

The 2021 survey asked centres if they provided paid sick days for their employees, although not how many sick days were provided. Seventy-eight percent of centres reported providing paid sick days, with a notable difference between non-profit and for-profit centres: 92% of non-profit centre employers surveyed reported providing paid sick days, compared to 52% of for-profit employers. At the time of the survey, Prince Edward Island, Quebec, Ontario, Manitoba, British Columbia and Yukon all had either temporary or permanent paid sick day policies.

Government financial support during COVID-19

The survey asked a number of questions about uptake of general (not specific to child care) federal benefit programs, both those that apply to employers (centres) and those aimed at employees, as well as additional support that came from (or was perceived as coming from) other levels of government.

TABLE 7 Has your centre received any of these federal government benefits since the pandemic began? Check all that apply.

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Canada Emergency Wage Subsidy (CEWS)	1,006	76.9	37.2	44.7	95.3	92.1	81.5	91.0	40.9
Canada Emergency Business Account (CEBA)	343	26.2	18.6	29.8	16.7	33.7	24.1	53.0	25.8
Canada Emergency Rent Subsidy (CERS)	302	23.1	9.3	4.3	24.3	18.8	7.4	51.2	9.9
Did not receive any of the above	245	18.7	53.5	46.8	3.9	5.9	16.7	5.4	48.4

Employer benefits

The most commonly reported federal benefit available to service providers/employers was the Canada Emergency Wage Subsidy (CEWS), which 77% of centres reported receiving (see Table 7). The Canada Emergency Business Account (CEBA) was reported as received

by 26% and the Canada Emergency Rent Subsidy (CERS) by 23%; only 19% reported receiving none of these. Non-profit employers were more likely to have received CEWS (83% vs. 60%), but less likely to have received CEBA (17% vs 52%) or CERS (14% vs. 36%). Notably, although only 19% of all centres Canada-wide reported not receiving any of the federal benefits, 48% of British Columbia centres reported receiving no federal benefits.

Most of the centres that reported receiving CEWS in the last year had reported in the 2020 survey that they either had applied (46%) or planned to apply (26%). At the time of the 2020 survey, the CEWS program was in its early stages, and there may have been confusion at the time about eligibility for the benefit. Only 5% of centres that reported receiving CEWS in the current survey had already begun to receive it a year earlier.

A year later, with most centres receiving at least one general federal benefit, centres were asked how important these federal benefits were over the course of the COVID-19 pandemic. Across Canada, 84% of centre respondents said that, taken together, the federal benefits were “very important” for the overall financial health of the centre (see Table 8), while 79% said the federal benefits were “very important” in terms of preventing the centre from closing (see Table 9).

Comparing the 2020 and 2021 responses for those centres which took part in both surveys, 17% reported receiving at least one of the federal employer benefits in 2020, compared to 80% who reported receiving at least one employer benefit in 2021. Not-for-profit centres were somewhat more likely to report receiving federal benefits; 85% to 71% of for-profit centres.

TABLE 8 How important were the federal benefits to the overall financial health of the centre?

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Very important	867	83.7	90.0	84.0	86.8	90.5	77.8	77.1	76.9
Quite important	87	8.4	5.0	16.0	5.2	6.3	13.3	17.8	9.2
Somewhat important	73	7.0	5.0	0.0	7.3	3.2	6.7	3.8	13.8
Not important	1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	8	0.8	0.0	0.0	0.8	0.0	2.2	1.3	0.0

TABLE 9 How important were the federal benefits in terms of preventing the centre from closing?

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Very important	818	79.0	70.0	80.0	86.0	77.9	80.0	70.1	66.2
Quite important	120	6.4	10.0	20.0	8.1	13.7	4.4	22.3	13.8
Somewhat important	68	3.7	15.0	0.0	5.2	5.3	11.1	6.4	8.5
Not important	20	1.1	5.0	0.0	0.0	3.2	0.0	0.0	10.0
Don't know	10	0.5	0.0	0.0	0.8	0.0	4.4	1.3	1.5

Centres were also asked if they received any other additional financial support from any level of government to help deal with the financial stresses of the pandemic. On the 2021 survey, 70% of centres indicated they had received additional support from any of level of government (federal/provincial/territorial/municipal) in the time period between the beginning of the pandemic, March 2020 and May 2021. This was most prevalent in British Columbia, where 75% of centres said they had access to additional federal/provincial/municipal support.

Of centres that received additional support from all levels of government, 86% reported that these supports came from provincial/ territorial governments, followed by 42% coming from the federal government and 37% from the municipal level. It is important to note that the vast majority of the "municipal" responses were from Ontario, where child care service administration is managed at a municipal/regional level by either Consolidated Municipal Service Managers (CMSMs) or District

TABLE 10 To what extent do you believe these benefits (federal, provincial, municipal) taken together met your financial needs over the past year?

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Completely	363	40.8	31.4	30.3	57.9	50.8	29.8	11.3	30.8
Mostly	213	23.9	45.7	33.3	14.5	25.4	36.2	17.4	35.2
Somewhat	233	26.2	17.1	24.2	21.7	20.3	25.5	47.0	26.9
A little	52	5.8	5.7	9.1	1.3	1.7	6.4	21.7	5.5
Not at all	14	1.6	0.0	0.0	2.6	1.7	0.0	0.9	1.1
Don't know	15	1.7	0.0	3.0	2.1	0.0	2.1	1.7	0.5

Social Services Administration Boards (DSSABs). Funds from the senior levels of government typically flow through this local government level. As Table 10 shows, 41% of centres reported that, taken together, the government benefits received (federal, provincial/territorial, municipal) completely met their financial needs over the past year. Alberta centres were lowest, with only 11% of centre respondents reporting that these benefits completely met their needs. By contrast, 51% of Manitoba centres reported that these benefits completely met their needs.

Employee benefits

Centre directors were also asked about whether their staff, when laid-off, had used federal employee benefits. Overall, more than 90% of centre respondents reported that, to the best of their knowledge, their laid-off staff applied for and received at least one federal benefit since COVID-19 began (see Table 11). The Canada Emergency Response Benefit (CERB) was the most commonly reported federal benefit for laid-off staff (87%) followed by Employment Insurance (EI) (52%). Comparing provincial/territorial rates of CERB take-up, Manitoba was highest (95%), followed by Ontario (93%) and British Columbia (86%). It should be noted that [CERB was replaced by part of Employment Insurance](#) in September 2020, by which time child care centres had widely opened across Canada.

TABLE 11 To your knowledge, which of the following federal worker support benefits did staff at your centres receive?

	Canada (#)	Canada (%)
Canadian Emergency Response Benefit (CERB)	750	87.1
Employment Insurance (EI)	449	52.1
Canadian Recovery Benefit	126	14.6
Canadian Recovery Sickness Benefit (CRSB)	187	21.7
Top-up for Low Income Workers	46	5.3
None	8	0.9
Don't know	81	9.4

Financial situation of the centre

Table 12 shows that in the 2021 survey, 21% of centres said their financial status was much worse than before COVID-19, while 36% of centres said

their financial situation was about the same. Despite being less likely to report lower enrollment than their non-profit counterparts, for-profit centres were more likely to report their financial situation as worse or much worse than pre-COVID (63% vs. 38% for non-profit). More than half (53%) of Alberta’s centres identified their financial status as much worse than before COVID-19, much higher than in Manitoba where 6% of centres identified their financial status as much worse, or New Brunswick, where this was true for 8% of centres.

TABLE 12 Please rate the child care centre’s current financial situation compared to before COVID-19.

	Canada (#)	Canada (%)	NS (%)	NB (%)	ON (%)	MB (%)	SK (%)	AB (%)	BC (%)
Much better than before COVID-19	44	3.3	2.2	6.1	0.7	18.6	12.3	1.8	1.5
Somewhat better than before COVID-19	89	6.7	8.7	10.2	2.9	20.6	15.8	2.9	8.8
About the same as before COVID-19	475	35.5	26.1	44.9	44.2	23.5	21.1	10.6	38.5
Somewhat worse than before COVID-19	389	29.1	43.5	20.4	27.0	29.4	29.8	28.8	32.7
Much worse than before COVID-19	284	21.2	17.4	8.2	20.1	5.9	10.5	52.9	16.5
Not sure	57	4.3	2.2	10.2	5.0	2.0	10.5	2.9	1.9

Interestingly, there was little relationship between a centre’s reported financial status in 2020 and 2021. Both centres reporting “same or better” and those reporting “worse” (than pre-COVID) in 2020 reported their financial status to be similar in 2021: 47% centres reporting “same or better” in 2020, and 47% of those reporting “worse or much worse” in 2020, both rated their financial situation as worse/much worse in 2021. However, centres that reported “worse” in 2020 were more likely to choose “much worse” in 2021.

Centres reporting their financial situation as “worse” or “much worse” on the 2021 survey were asked to identify the reason(s) for this assessment. Ninety-one percent of these centres stated their “worse” financial situation was due to “lost or reduced parent fee revenue” and 31% chose “lost or reduced government funding” as a cause. In the 2020 survey,

the pattern of responses was similar, with many more centres identifying loss of parent fee revenue as responsible for deterioration of their financial situation rather than lost or reduced government funding.

When asked about the practical effects of the centre's worse-off financial situation, 44% reported they had "difficulty meeting wage/salary costs, 33% had "difficulty meeting fixed costs such as rent/mortgage and utilities", and 21% had "difficulty meeting the cost of benefits."

Current problem areas

Respondents were asked to rate the extent to which their centre was currently experiencing a problem related to six different aspects of their provision of child care. For each type of problem, there were three options: "not a problem", "somewhat a problem", "a big problem". The pattern of results is shown in Table 13. The table separates centres reporting on the 2021 survey that their current financial situation was worse than pre-COVID and centres who reported their financial situation to be unchanged or better than pre-COVID.

TABLE 13 Currently, how much of a problem for your centre is each of the following? Check all that apply.

	Financial situation reported to be worse than pre-COVID			Financial situation reported to be same/better than pre-COVID		
	Not a problem (%)	Somewhat of a problem (%)	A big problem (%)	Not a problem (%)	Somewhat of a problem (%)	A big problem (%)
Lower enrollment	8.6	33.2	58.2	28.4	30.3	41.3
Higher health/safety-related costs	4.9	47.3	47.8	16.0	63.9	20.1
Staffing difficulties	23.7	42.0	34.3	25.5	52.0	22.5
Inadequate government funding	22.8	47.9	29.3	36.0	53.1	9.9
Lack of reserve funds	36.7	36.7	26.6	41.6	50.3	8.1
Costs of reopening after a closure	51.3	38.1	10.6	45.3	50.6	4.1

Not surprisingly, centres that had reported being in a worse financial situation than pre-COVID were more likely to report current “big problems” across all six aspects, compared to centres that had reported doing as well or better than pre-COVID.

Second, there were two aspects where this difference between the two groups - “worse” and “same”/“better” - was less pronounced: staffing difficulties and lower enrollment. These two aspects were reported as the two most problematic overall. Lower enrollment was the highest ranked “big problem” both for those with “worse” financial situations (58%) and those with “same” or “better” financial situations (41%) while about 75% in both groups reported staffing to be “a big a problem” or “somewhat a problem.”

Higher costs associated with COVID health and safety requirements were much more problematic for centres reporting a “worse” financial shape; 48% of the “worse” group said this was a “big problem” compared to 20% for the “same/better” group. Similarly, inadequate government funding was a “big problem” for 29% of “worse” centres (vs. 10%), as was lack of reserve funding (27%, vs. 8%).

Results – Family child care homes

Open/closed status

Table 14 shows that 93% of family child care providers in the survey reported being open in the 2021 reference week (April 26-30 2021), similar to the results for centres. A year earlier, regulated family child care was less likely to have been closed than centres. In the April 2020 reference week, about 61% of family child care homes had been open (of which 24% only accepted children of essential workers), compared to only 28% of centres open in 2020, with 76% of those only accepting children of essential workers. It should be noted that a number of jurisdictions with mandatory closures of child care centres in the first COVID-19 wave did not have the same closures for regulated FCC (Friendly et al., 2021).

TABLE 14 Number of family child care homes open, temporarily closed or permanently closed in the 2021 reference week.

	Canada (#)	Canada (%)
Open	458	93.3
Temporarily closed	31	6.3
Permanently closed	2	0.4
Total	491	100.0

Enrollment in 2021 compared to pre-COVID

Of the 458 open family child care homes responding to the 2021 survey, 42% described their enrollment as about the same as before COVID-19. Notably, only 21% reported that enrollment was much lower than before COVID-19, compared to 53% of centre-based programs reporting much lower enrollment. Ontario had the highest rate of FCC providers describing enrollment as “much lower” in 2021 (38%).

Table 15 shows that In 2021, for FCC providers reporting lower enrollment than pre-COVID-19, the two most common contributing factors (similar to centres) reported were “Some families stopped using the

family child care home due to unemployment/less employment time/working from home” (76%), and “Some families stopped using the family child care home due to fears about COVID-19” (66%). When asked to choose the most important contributing factor, the first (“some families stopped using the FCC home due to employment-related”) factor dominated, chosen by 56% of FCC respondents.

TABLE 15 Which of the following factors do you think are contributing to the family child care home’s lower enrollment? Check all that apply.

	Canada (#)	Canada (%)
The family child care provider or agency has limited enrollment for health and safety reasons	24	13.8
Some families stopped using the family child care home due to unemployment/less employment time/working from home	133	76.4
Parents are unable to afford child care fees	89	51.1
Some families stopped using the family child care home due to fears about COVID-19	115	66.1
Other	41	23.6

COVID-19 cases and closures

Family child care respondents were asked “Since August 2020, has this family child care home been closed due to a COVID-19 case or outbreak in the home?” This question was only asked of single FCCs, not of respondents answering for multiple FCC homes (i.e., operating under an agency model). Eight percent of FCC respondents reported having had at least one closure; of these few FCC homes that closed, 82% were closed only once. The highest proportion of FCC closures due to a COVID case or outbreak was in Alberta (12% of FCC respondents) and Ontario (11% of FCC respondents). Across Canada, the mean number of cases of COVID in children per FCC home was 0.2 and the mean number of cases of adult child care providers per FCC home was 0.1.

Government financial support during COVID-19

Family child care providers were not eligible for federal benefit programs aimed at employers (such as CEWS or rent subsidy) and therefore were not asked about these specific programs. They were asked, however, were asked if they themselves had applied to any of the federal benefits

for unemployed workers. In the 2021 survey, 41% reported they had received none of these federal benefits, a somewhat lower proportion than reported in the 2020 survey in which 63% of family child care providers had reported applying for none of the federal individual benefits. However, these federal programs had just been rolled out at the time of the 2020 survey, so the increase in uptake between 2020 and 2021 was not surprising.

Similarly to centre staff, CERB was the most commonly claimed federal benefit by FCC providers in 2021, although uneven by province. It was identified as received by 39% of FCC providers, almost four times more than the second most common benefit, the Canada Recovery Benefit. It is important to note that FCC providers would have only been eligible for federal benefits such as CERB, CRSB and the Canadian Recovery Benefit if their family child care home was closed due to COVID-19 for one reason or another.

FCC providers were also asked if they had received any financial support from any level of government to help them with the financial stresses of the pandemic. Eighty-two percent of family child care providers surveyed reported receiving financial support from a government source to help them with the financial stresses of the pandemic. Sixty-six percent of FCC respondents reported that their financial support came from the provincial/territorial level (66%), followed by the federal government (24%) and the local/municipal level (17%). Ontario was the only jurisdiction where only a minority of FCC respondents reported funding from the provincial government; it also accounted for almost all of the FCC respondents reporting municipal government funding. As we noted earlier, funding reported as coming from the provincial/territorial government by service providers may have come from the federal government (for example, Safe Restart money, which was transferred from federal to provincial/territorial governments and flowed to ELCC services over varying periods of time, depending on the jurisdiction). Similarly, funding reported as municipal in Ontario may well have come from the province, and/or from the federal government. Our figures represent the FCC provider's perspective about where the money came from, not necessarily where it originated.

When asked to what extent all benefits (federal, provincial, municipal) taken together had met their financial needs over the past year, only 13% of FCC respondents reported that the benefits completely met their needs. This figure was much lower than the percent of centres reporting their needs being completely met (41%). However, 30% of FCC providers said the benefits mostly met their needs with 39% reporting their needs were “somewhat” met (see Table 16).

TABLE 16 To what extent do you believe these benefits (federal, provincial, municipal) taken together met your financial needs over the past year?

	Canada (#)	Canada (%)
Completely	41	12.5
Mostly	100	30.4
Somewhat	128	38.9
A little	46	14.0
Not at all	11	3.3
Don't know	3	0.9
Total	329	100.0

Financial situation of the family child care home

As Table 17 shows, on the 2021 survey, almost half of the FCC providers (46%) reported that their financial situation was “about the same” as before COVID-19. Thirty-four percent stated that in 2021, they were in either a “somewhat worse” or “much worse” situation than before COVID-19. This is a much smaller proportion of FCC respondents than reported on the previous survey, when more than 60% reported their financial situation to be worse or much worse than pre-COVID. The proportion of FCC providers who identified their financial situation as “about the same as before COVID-19” was highest in British Columbia and Ontario.

It is notable that in the 2021 survey, only in SK did more than 50% of FCC providers report a “somewhat worse” financial situation than before COVID-19. This was also true in the 2020 survey, when Saskatchewan providers were also most likely to respond “much worse” or “worse” to this question.

TABLE 17 Please rate the family child care home's current financial situation compared to before COVID 19.

	Canada (#)	Canada (%)
Much better than before COVID-19	12	2.9
Somewhat better than before COVID-19	22	5.2
About the same as before COVID-19	192	45.7
Somewhat worse than before COVID-19	98	23.3
Much worse than before COVID-19	44	10.5
Not sure	52	12.4
Total	420	100.0

Overall, FCC respondents who rated their financial situation in 2020 as “same or better” and those who answered “worse” than pre-COVID had modestly different results for the corresponding question in 2021 about their financial situation compared to pre-COVID. Forty-one percent of the 2020 “same or better” FCC respondents rated their 2021 financial situation as “worse” or “much worse” – compared to 49% in 2020.

When asked in 2021 to identify the factors to which they attributed their worsened financial situation, the largest factor was “lost or reduced parent fee revenue”, which was cited by 81% of FCC providers, while only 18% cited “lost or reduced government funding”. In the 2020 survey, 96% of centres reported “lost or reduced parent fee revenue” as a factor, and 33% cited “lost or reduced government funding”.

Among provinces/territories with enough responses to meet the reporting criteria (British Columbia, Alberta, Saskatchewan, Manitoba and Ontario), British Columbia had the lowest percentage of FCC providers attributing their worsened financial situation to “lost or reduced parent fee revenue” (60%), compared to more than 70% of providers in all other jurisdictions.

Current problem areas

Respondents were asked to rate the extent to which they were currently experiencing a problem in five different aspects of their provision of child care. For each type of problem, there were three options: “not a problem”, “somewhat of a problem”, “a big problem”. The pattern of results in Table 18 shows results separately for FCCs whose current financial

situation was reported to be worse than pre-COVID, and FCCs whose financial situation was unchanged or better than before COVID.

TABLE 18 Currently, how much of a problem is each of the following for your family child care home?

	Financial situation worse than pre-COVID			Financial situation same/better than pre-COVID		
	Not a problem (%)	Somewhat a problem (%)	A big problem (%)	Not a problem (%)	Somewhat a problem (%)	A big problem (%)
Lower enrollment	24.5	33.1	42.4	76.1	15.8	8.1
Lack of reserve funds	29.4	33.1	37.5	59.2	28.9	11.9
Inadequate government funding	25.2	51.8	23.0	64.7	23.8	11.5
Higher health/safety-related costs	27.7	52.6	19.7	32.9	58.1	9.0
Costs of reopening after a closure	58.5	33.0	8.5	69.1	26.3	4.6

Not surprisingly, FCC providers who had, in 2020, reported a “worse” financial situation than before COVID were more likely in 2021 to report a “big problem” across all five aspects compared to FCCs reporting “same” or “better” than pre-COVID. The difference was greatest for two aspects: first, lower enrollment, which was more than five times as likely to be a big problem for those in “worse” financial shape before COVID; and second, lack of reserve funds, which was more than three times as likely to be a big problem for those in “worse” financial shape.

Open-ended responses – Centres and family child care

As a final question on the 2021 survey, all respondents were offered the opportunity to respond to a broad final open-ended question: “If you have any comments or additional information about the effects of COVID-19 on you or on the provision of child care generally, please include it here. The comments may be about the present or the future on any topic, e.g. funding, staffing or meeting the challenges of a post COVID world”. The responses were coded into eight themes as well as an “other” category. There were a total of 658 responses including centres and family child care.

As Table 19 shows, staffing concerns was the dominant category identified, with 48% of respondents reporting a staffing-concern issue. Financial concerns were the next most common; 36% of respondents identified financial concerns. Interestingly, enrollment concerns, which had been the top concern on the close-ended question asking about “big problems” were singled out by only 11% in this open-ended question. Twelve percent wrote about the benefits of the government funding, while a very few (1%) said the government funding had not been beneficial. An additional 8% of respondents identified the uncertainty of policy and guidance, and another 8% mentioned health and safety issues. Finally, 7% (32 respondents) wrote about the value of ECEs and the importance of universal child care.

TABLE 19 Themes in general comments, 2021.

	Canada (#)	Canada (%)
Staffing concerns	217	47.6
Financial concerns	162	35.5
Government funding, beneficial	56	12.3
Government funding, not beneficial	6	1.3
Enrollment concerns	48	10.5
Policy/guidance uncertainty	36	7.9
Health and safety	36	7.9
Value of ECEs/importance of child care	32	7.0
Other	65	14.3

Discussion

The 2021 survey results from a snapshot more than one year into the COVID-19 pandemic show that although Canada was not “back to normal”; child care services had widely reopened and were functioning, albeit many at lower capacity and with other identified challenges. At the time of the second survey (snapshot week – April 26 – 30 2021), although some centres and family child care homes were affected by short-term closures due to positive COVID cases or outbreaks, and a province-wide longer-term closure of all school-age centres in Ontario, most regulated child care was open. The Appendix provides further information about this.

In the 2020 survey, while 64% of closed centres had said they would definitely reopen post-pandemic, a substantial minority (36%) had expressed degrees of uncertainty about whether they would reopen. The 2021 survey strategy was not designed to specifically encourage responses from permanently closed centres; in the end, only five centres and two family child care homes reported permanently closing between May 2020 and May 2021.

However, responses to questions on the 2021 survey and open-ended comments from the 2020 and 2021 survey shed some light on the actual rate of closure. In the 2020 survey, many comments from the final open-ended question described how uncertainty meant service providers feared they’d be closed for several months without financial support, or that CERB would end before they reopened. As one 2020 comment stated “we need more emergency funding so we won’t have to close our program” and another noted “[if] I can’t get any funding then I have to make the decision whether to close my daycare permanently”. However, the high rate of reported receipt of general federal benefits such as CEWS suggested that many centres did receive much of, or some of, the funding they needed to remain open: 41% of centres described their financial needs as completely met and 24% described them as mostly met in 2021; 79% of centres that received federal benefits described

these benefits as “very important” in preventing them from closing.

Thus, permanent child care closures were not as widespread as was originally feared before the general federal benefits were well established. As provinces/territories have not published data on permanent closures due to COVID-19, how many child care services have actually closed due to COVID is unknown.

Enrollment and staffing issues

Although child care services were widely open across the country at the time of the 2021 survey compared to 2020, enrollment continued to be an issue, as most centres across Canada reported lower than pre-COVID average enrollment in late April – early May 2021. Compared to enrollment reported on the 2020 survey during the first wave of COVID, 2021 enrollment was markedly improved but still considerably lower than pre-COVID enrollment. In 2020, (single) centres that were open reported their mean pre-COVID enrollment to be 57.4 children. At the time of the 2020 survey, it had been 8.2 children, or 14% of pre-COVID enrollment, while in 2021, enrollment was 43.3 children, or 76% of pre-COVID enrollment.

In 2021, 73% overall described enrollment as somewhat or much lower than before COVID-19. There was, however, considerable variation among provinces; Alberta and Ontario centres (78% and 73% respectively) described enrollment as “much lower” in 2021, while only 22% of centres in British Columbia, which had provided substantial funding to both open and closed centres in the first pandemic wave, reported “much lower” enrollment. When asked about the reasons to which they attributed low enrollment, the top two were that families were concerned about the risks of COVID-19 or that they no longer required care due to a different work schedule or job loss. As one respondent described, “we have had continual fluctuation in our enrollment. Parents withdrawing due to job loss or ‘online’ school learning and new families requiring child care. This has taken a lot of extra manpower.”

In the question about reasons for low enrollment, “unable to hire enough

staff” was a low ranking choice – sixth out of six named reasons. This result is in contradiction to responses about staffing elsewhere in the survey. For example, in another question on which centres were asked how large a problem they were experiencing in May 2021 in any of seven areas, 75% of centre respondents reported that staffing difficulties were “somewhat” or “a big problem” – one of the two top problems. As well, staffing concerns were the dominant response to the survey’s final open-ended question: 48% of respondents mentioned staffing concerns in their comments. It may be that staffing difficulties were not associated by the respondents with low enrollment because of transient low demand resulting from reduced parent employment and fears about COVID-19, thus precluding the need to hire staff. However, as other questions on the survey show, many respondents remained concerned that they would not be able to hire staff in the future when demand for child care increases once again. There also may be a subtle difference in the way these two staffing-related questions were phrased: the question on the causes of low enrollment specified “unable to hire enough staff”, while the question assessing main problems framed it as “staffing difficulties”. Staffing difficulties is a more broad and multi-faceted category – low staff morale, retention of existing staff are all challenges that could also be interpreted as staffing difficulties.

Notably, family child care providers reported “much lower” enrollment at approximately half the rate that centres did. Family child providers also did not select parents’ fear of COVID-19 as the most important reasons for their low enrollment, unlike centres. This may suggest that families enrolled in family child care homes were less concerned about COVID-19 risks, possibly due to smaller groups of children. It may also be related to the much lower rate at which family child care was closed by provincial/territorial governments at the beginning of the pandemic, so parents continued to use the same familiar service provider.

Federal benefits

The widespread use, importance and efficacy of the general federal benefits for child care emerged as a significant theme in the 2021 survey. Financial support programs such as the Canada Emergency Response

Benefit (CERB), Canada Emergency Wage Subsidy (CEWS) and the Canadian Emergency Business Account (CEBA) were rolled out quickly by the federal government as broad policy instruments applicable to many sectors, including regulated child care centres. Although not specifically designed for child care, these programs were widely taken up by for-profit and non-profit child care programs across most provinces/territories to varying degrees. By the May 2021 survey, 83% of non-profit centres and 60% of for-profit centres had applied for CEWS, the benefit program with the highest take-up. Although in general, provinces/territories continued to flow whatever regular operational funding was available, the regular funding was unlikely to have been enough to compensate for the loss in revenue from parent fees due to lower enrollment. Thus, these general federal benefits provided the stop-gap funding that allowed many programs to keep their doors open. As one respondent noted “without CEWS our centre would have shut down permanently in the summer of 2020. I was able to save 60% of child care spaces and staff.” However, most of the federal benefit programs for employers were terminated as of October 2021. At the time of the follow-up survey (May 2021), one respondent described a concern about CEWS’ eventual end, commenting “without CEWS continuing I do not foresee any child care centre remaining viable including ours”.

Although federal benefits take-up was widespread, provincial/territorial funding decisions affected how likely it was that a centre or a FCC provider would apply for federal benefits and how key these were for their overall financial health. In British Columbia only 41% of centres applied for CEWS, compared to 91% in Alberta and 95% in Ontario. British Columbia provided substantial funding to both open and closed centres between April 1 and August 31, 2020 and left the decision to close optional, even in the first pandemic wave. Thus, Temporary Emergency Funding (TEF) provided seven times the normal Child Care Operating Funding (CCOF) to centres that stayed open and twice the normal funding to centres that were closed. While British Columbia reverted to its normal child care funding in September 2020, the effects of the emergency funds may have had a stabilizing effect that was absent in jurisdictions with lower levels of funding. In the general comments, one respondent stated “we like to keep our fees as low as

possible for families and run a pretty tight budget, so this would have had a huge impact on our operating costs and we would have had to pass this along to families if it wasn't for the Temporary Emergency Funding that we received from the BC Provincial Government." and another explained how "BC Childcare Operating Funding was the only reason our centre could remain open and not go bankrupt during the early months of the pandemic."

The 2021 survey responses found that both centres and FCC providers in Alberta accessed federal benefits at an especially high rate yet rated overall financial health lower than in other jurisdictions. At the same time, Alberta had the lowest percentage of centres that reported their financial needs were met; only 11% of respondents said these benefits completely met their needs. It may be that Alberta's relatively low level of support meant that the federal benefits may not have been able to cover all the gaps.

In addition to the general federal benefits aimed at employers and CERB, which bolstered EI, the federal government also included earmarked funds for child care services in the [Safe Restart](#) program. These funds were intended to "help provinces and territories safely restart their economies and make our country more resilient to possible future surges in cases of COVID-19...addressing key priorities, agreed to by Canada's First Ministers, for the safe restart of Canada's economy over the next six to eight months" (Government of Canada, 2020). Regarding child care, the "Government of Canada provided \$625 million to address the reduced availability of child care spaces and the unique needs stemming from the pandemic", the specific uses of which were outlined in [bilateral letters of agreement](#). Although Safe Restart was announced in the fall of 2020, the funds were spent over a longer time frame. Thus, the Safe Restart funds are likely to have been at least part of the funds from "any level of government – federal, provincial/territorial, municipal" that respondents identified. On the 2021 survey, 70% of centres indicated they had received additional support from "any level of government – federal/provincial/territorial/municipal" – in the time period between the beginning of the pandemic in March 2020 and May 2021. Respondents, however, were likely to know which level of government they directly

received the funds from, not necessarily where it originated.

The child care workforce

According to the 2021 survey results, since centres reopened (by August 2020) following the first wave, there have been limited staff layoffs. For those in the child care workforce who returned to work, the challenges shifted from navigating unemployment benefits and concerns about contagion and new health and safety protocols, to continuing to cope with COVID-related health and safety protocols and advocating for vaccine prioritization and paid sick days as they returned to work.

The follow up survey (May 2021) was conducted during a period of time in which there were rapidly evolving vaccine policies and limited vaccine supply. Provinces and territories each created their own vaccine prioritization systems based on who they deemed to be high risk populations – some provinces/territories distributed vaccines incrementally based on age groups, while others focused on “hot-spot” regions. Some prioritized frontline workers, which may or may not have included child care staff.

In the survey, these differences in vaccine priority systems are borne out in the variations among provinces/territories. Yukon, which received a higher allowance of national vaccine supply due to its northern location, reported 75% of staff to be partially or fully vaccinated.⁹ Quebec, which reported 73% of staff to have had at least one shot, Ontario (68%), and British Columbia (67%) all had policies which prioritized child care workers. During the survey time range, Ontario announced that child care staff in centres were eligible for a first shot, although many had already received it due to their geographical location in a “hot spot” region. In contrast, Nova Scotia, in which 17% of our respondents reported being at least partially vaccinated, and New Brunswick (17%) rolled out eligibility based on age alone; the child care workforce were not eligible as “frontline workers”. These provinces also had low rates of community transmission at that time.

⁹ Note that Yukon's data is based on only eight centres which responded to the survey.

Many survey respondents described their frustration with their province's respective vaccination priority systems and provinces' lack of recognition for the ECE workforce in the survey's general comment question. One respondent explained "as a critical worker who worked straight through the pandemic with no break, it would have been appreciated to be closer to the top of the list for vaccine." and another noted "[ECEs] are not thought of when it comes to being a priority for a vaccine, [and] we are last to be thought of when it comes to closing schools or businesses". In the time since this survey was conducted, all provinces/territories have expanded eligibility to all aged 12 or older. Thus, as of November 6, 2021, vaccination rates in the eligible population (12+) are much higher than they were last spring, ranging from 85% in Alberta to 97% in Newfoundland and Labrador (Public Health Agency of Canada, 2021).

As the vaccine has become widely available and vaccination rates are high, the workforce conversation has shifted to mandatory vaccination policies. Mandatory COVID-19 vaccine policies for those working in licensed child care services have been announced in Newfoundland and Labrador, New Brunswick, Nova Scotia and Manitoba and in school-based child care in Ontario. Although data on this policy's effect is not yet available, there has been anecdotal discussion that this may contribute to staff shortages in some provinces due to vaccine hesitancy. Although the survey was conducted several months before these mandates were announced, some centre operators expressed concern about this in May 2021. As one centre operator explained "currently having staff saying they do not want to be vaccinated. Not sure about the impact that will be on my centre's enrollment or job security." Another respondent noted the need for a province wide mandate, explaining that "some staff don't want to get the vaccine if it's not government mandatory policy. They will quit the job if it's only a centre policy."

Conclusions

Although this survey had an overall return of 1424 centres and 437 FCC homes, this is a convenience sample of a previous convenience sample, with at least two likely consequences – some biased estimates, and limitations in our capacity to do provincial breakdowns for all jurisdictions due to lower response numbers. The biases are unknown, and cannot be properly compensated.

Nonetheless, the ability to link most of the current responses with their previous responses does provide the ability to make some strong statements about change over time based on two snapshots, one year apart, of a non-linear and fast-moving natural intervention (COVID-19) as well as the various provincial child care policy responses to COVID-19. However, we do not have specific information about the experiences of the respondents between these two time points, nor about their experiences between the time of the second survey (April/May 2021) and the present time (January 2022). There have been important events since the spring of 2021 that could certainly affect the responses of the respondents concerning many of the themes explored in the surveys – enrollment, staffing, financial situation, financial support. These important events include new COVID-19 variants (particularly the rise of the Delta variant), the availability of vaccines, vaccine hesitancy, recent changes in the level of financial supports, especially federal employer and employee supports, and the historic federal commitments to improved ELCC funding and policy.

As Canada takes the lessons of the pandemic into the child care system-building promised in the 2021 federal budget and Liberal platform in the 2021 federal election, it will be important to have the up-to-date information that comes from the capacity for ongoing data collection. Our survey research alone – for two snapshot weeks during an almost two-year long pandemic – cannot provide the nuanced information needed for good policy making, especially in an ever-shifting environment such as a pandemic. A publicly managed child care system should

have the built-in capacity for data collection and the ability to accurately monitor the impacts of policy implementation. Investing in child care data collection is essential to ensure that policy is developed to meet the needs of children, parents and service providers.

More broadly, the COVID-19 pandemic had a profound impact on Canadian child care services, destabilizing their operations, staffing and finances. This survey indicates that most of Canada's centres relied on the substantial general federal benefits available to them. The data show that many relied on these significantly and suggest that without them, many more programs would undoubtedly have closed permanently. These survey data from two points in time during the COVID-19 pandemic reinforce how essential sufficient public funding to support services is if child care is to be available and reliable to meet parents' employment needs. This will be critical as the virus subsides and the economy recovers.

This survey highlights how the experiences and effects of COVID-19 brought to light long-standing policy failures of Canada's marketized child care system. As one survey respondent commented:

The need for childcare support for essential service workers particularly underlined the inability of a market-driven system to provide affordable childcare to all who need it when most families cannot make do on a single wage. It is long past time for a publicly funded, universal, affordable childcare system which provides a living wage for childcare workers.

International news reports show that child care services were destabilized and in crisis not only in Canada; the United States, the UK and Australia all experienced similar child care crises, which are continuing. ("A looming child care crisis", 2020; Dent, 2021; Penn et al., 2021). These countries, like Canada, deliver child care through market models that rely heavily on parent fee revenue and demand-side funding. It is noteworthy that in countries where child care does not rely heavily on parent fees for survival such as those in the European Union, the issue of service instability and financial crisis did not arise. An analysis by Blum & Dobrotić (2021) examined the range of immediate child care policy

responses (whether they remained open or closed, and to whom) to COVID-19 in 28 European countries. Ivana Dobrotić commented:

...in some countries the pandemic raised the importance of child-care for the economy and gender equality, and put it higher on political agenda. However, in others, including the UK, it has also highlighted the existing challenges and raised fears of the permanent closure of some capacities (Oxford University, 2021).

With regard to Canada, sociologist Sophie Mathieu, analyzing Quebec's approach to child care and the pandemic, observed:

Quebec was able to rely on a solid and well-established childcare network in which most childcare spots are being subsidized¹⁰ by the government. In other provinces, childcare subsidies (public funding) have been low, mainly because Canada's historical liberal welfare state and trend toward maternal provision of child-care have translated into cash-for-care models that impede better care structures. Universal access to low-cost subsidized child-care seems to have been the buffer against closure in Quebec (2021: 74).

Importantly, one of the significant outcomes of the pandemic has been a political recognition of the failure of the current market-based child care regime in most of Canada. In April 2021, the federal budget announced \$27.2 billion over the next five years to build a "Canada-wide, community-based system of quality child care". Over the past eight months, the federal government has negotiated agreements with eleven provinces and territories, with Ontario and Nunavut remaining. Funding agreements with provinces and territories require a commitment to lower fees by 50% by 2022, and work towards an average \$10/day parent fee for all regulated child care spaces by 2025-2026, as well as expansion of spaces in the non-profit or public sector and attention to remedying the situation of the child care workforce.¹¹ As the survey data indicate, public funding was crucial for child care's survival, and lack of public

¹⁰ Note that the term "subsidized" used in Quebec child care means "publicly funded"; not individual parent fee subsidies which Quebec has not used in many years.

¹¹ The federal government provided an asymmetrical financial transfer with Quebec without conditions due to the province's pre-existing public child care system and low parent fees.

management and coherence contributed to the sector's uncertainty and destabilization. Thus, the federal funding, if implemented strategically by the provinces and territories, has the potential to transform child care provision across Canada and to create the infrastructure that will enable child care to become part of the social public infrastructure all modern economies need.

As COVID-19 cases become stabilized, it would be a mistake to assume child care provision has recovered or returned to "normal". Longstanding problems, such as recruitment and retention of a qualified workforce, uncertain financing and unequal access, both by family income and circumstance, as well as by what sociologist Kate Bezanson has called "[postal code social citizenship](#)"¹² have not been solved but were instead exacerbated by the pandemic (Bezanson, Bevan, Lysack & Hammer, 2020).

As COVID-19 case numbers decrease, vaccines are rolled out to children ages five to eleven, and parents return more fully to work, fears about COVID-19 and families not requiring the care (the primary identified causes of lower enrollment in the 2021 survey) will subside.¹³ However, the issue of hiring and retaining early childhood educators and child care workers continues to threaten the entire system's stability. In many provinces and territories, there were pre-COVID shortages of educators, so the limited number of educators who elect to be unvaccinated and leave their job due to provincial COVID-19 vaccine mandates have ramifications for the sector as a whole. Ultimately, the fragility of the workforce and the funding and policy to support it threatens the project of a publicly funded national child care program and must be addressed in order to develop strong child care infrastructure. This, and the other issues addressed in this research are systemic, not situational.

The Government of Canada has made historic financial and policy commitments to transform early learning and child care. Action plans have begun to be concretized across Canada and attention is shifting from the drama of high level bilateral agreements to the more prosaic

¹² Bezanson used the term "postal code social citizenship" to mean inequality of access to essential social goods by place of residence.

¹³ At the time the report was written, Canada had not yet entered the Omicron surge of later 2021.

details of policy implementation and program development. In this, learning from the lessons of the pandemic will be of key importance for “getting it right”.

COVID-19 has interrupted families’ lives and strained public finances on a massive scale. It has taken 50 years of advocacy, research and policy making to win the opportunity to build an equitable, publicly funded child care program for all children across Canada. In this once-in-a-generation opportunity, choosing the right policy options can lead the way to child care’s transformation in a just and effective recovery for Canada.

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Appendix: Provincial/territorial child care landscape

This describes the provincial/territorial child care landscape at the time of the second survey. (Reference week: April 26th 2021 - April 30th 2021. Survey opened: May 16th 2021. Survey closed: June 1st, 2021).

This information was gathered from publicly available sources and may not be exhaustive. This summary organizes the material using themes developed for the first COVID survey 2020.

Were child care services closed for regular use due to a provincial/territorial or community health order?

During the reference week of April 26 - April 30, 2021 and the survey period which concluded on June 1st 2021, child care services across the country were predominantly open. Most centres were able to operate at full capacity to provide child care to families with some exceptions, as below:

In Newfoundland, Prince Edward Island, Quebec, Manitoba, British Columbia and the Northwest Territories, regulated child care services were open at full capacity to provide care to all children and families.

In the following provinces/territories, there were various restrictions based on public health guidelines:

- In Nova Scotia, during a [province-wide shutdown](#), all schools were closed from April 27 to June 9, 2021. During school closures, [regulated child care](#) remained open to all families with the [focus on providing service to essential workers](#). Child care centres were limited to [60% capacity](#) from May 5, 2021 and returned to 100% capacity on June 2, 2021.
- In [New Brunswick](#), centre-based programs and schools in most regions (except for Edmundston) were open with group size capped at 15 children.

- In Ontario, all [school-age programs](#), including before and after school care for JK – Grade 6, were closed from April 15, 2021 to the end of the school year (June 28, 2021) due to provincially mandated school closures. This mandate noted that all school-age child care programs whether in schools or outside schools were to close as a result of increased community-based COVID-19 cases in the province.
- In Manitoba, from May 12, 2021 to June 28, 2021, schools in all regions moved to [remote learning](#). As a result, before and after school child care along with full day child care programs were not permitted to enroll [school-aged children](#) who were using remote learning through their schools.
- In [Saskatchewan](#), the group size limit was 25 children.
- In [Alberta](#), a maximum cohort of 30 people was specified for staff and children.
- In the [Yukon](#), enrollment was limited to children of essential and critical workers.
- In [Nunavut](#), in [Kinngait and Iqaluit](#) all regulated centres and homes were closed from April 20, 2021 to May 12 and June 3, 2021 respectively due to increased COVID-19 cases in these specific communities.

Was emergency child care provided for essential workers?

Generally, emergency child care was provided for essential workers in provinces/territories where child care services were fully or partially closed to regular use.

In Ontario, before and after school programs closed on April 15, 2021 as schools shifted to online remote learning. Emergency school-age child care was provided starting April 19, 2021 for [essential workers](#) with school-aged children. These programs were offered by a mix of providers – public, non-profit and for-profit. In order to be eligible to provide school-age care, providers applied through their local service managers (CMSM/DSSAB) to be approved.

In Manitoba from May 12, 2021 to June 28, 2021, centres were not permitted to enrol school-aged children in before and after school programs if they were attending remote learning through their school board. However, [children with special needs or those of critical services workers](#) were provided with before and after school care if the families were unable to make alternative care arrangements.

In Saskatchewan, under phase 4 of the provincial reopening plan, a certain number of child care spaces in [school-based centres](#) continued to be reserved for health workers and other pandemic response workers while the rest were [available to other workers](#).

In Iqaluit and Kinngait (Nunavut), emergency child care for essential workers was [not provided](#). Territorial officials from the department of education reached out to child care centres in Iqaluit centres to see if any would provide care for essential workers' children but none committed. Centres re-opened on June 3, 2021 in Iqaluit and May 12, 2021 in Kinngait.

Did families pay for emergency child care?

In Ontario, emergency child care for school-age children was 100% funded by the province and provided at no cost to eligible families.

In Saskatchewan, families eligible for emergency child care [paid a child care fee](#) according to the rate set by the child care centre.

Were closed services permitted to charge fees for services not used?

Most jurisdictions did not permit child care services to charge parent fees for services not used in order to "hold their space."

In Nova Scotia, regulated child care services were [compensated](#) for any reduction in parental fees.

In Quebec, [parents were required to pay](#) for the first day of closure if a child care centre shut down due to an outbreak at the facility. Additional rules about holding places and parent fees also applied depending on the COVID situation where services were provided.

In Ontario, during school closures, school-age child care programs (before and after school) were [not permitted](#) to charge fees.

In Manitoba, the government [covered parent fees](#) for schools' remote learning period.

In Iqaluit and Kinngait during closures from April 20, 2021 to June 3, 2021 and May 12, 2021 respectively, centres were not permitted to charge families fees for services not rendered.

Was regular and/or additional funding available for open or closed centres?

Additional funding was available in many jurisdictions. In some instances, the level of government with which the funding originated was not obvious.

In Newfoundland and Labrador, the province provided [full compensation](#) for child care services that were required to close due to contact tracing or positive COVID-19 cases.

In Nova Scotia, all regulated child care services on the Operating Grant Program that remained operational continued to receive their [regular funding](#) regardless of enrollment levels. The province [paid](#) for personal protective equipment and covered emergency costs incurred by centres. [Emergency funding](#) was provided to centres in May 2021 to help with lost parent fees and cover staffing and operational costs.

In June 2021, the province of Quebec announced [additional funding](#) for home child care providers: \$3,500 start up assistance for new providers and \$3,000 a year to providers who take in at least 6 children (\$6,000 if 9 children). Although this additional funding was not COVID-19 specific, it provided incentive for home child care providers to expand.

In Ontario, school-age programs (inside and outside of schools) which were closed due to the provincial mandate received their regular funding and in addition [were not allowed to charge parent fees](#) for services. Programs offering care to non-school age children were open and receiving regular funding. In summer 2020, \$234 million was provided to child care providers as part of the Safe Restart Agreement which

included “pandemic pay” that was in place for 16 weeks between April and August 2020.

In Manitoba, licensed centres and homes could apply for [additional funding support](#) to offset the loss of parent fees for kindergarten and school-age children during schools’ remote learning period from May 12, 2021 and was later [extended](#) to match the extension of schools’ remote learning period to June 30, 2021.

In Saskatchewan, on March 12, 2021, the province announced [additional funding](#) from the federal Safe Start Agreement in the form of two grants. This included a one-time COVID Supplement Grant of \$600 per space to all licensed child care centres and homes and a one-time Deficit Support Grant to programs which experienced deficits based on the financial information submitted to the ministry in February. Prior to that, in December 2020, [COVID funding](#) from the federal Safe Start Agreement was released as a one-time grant of \$100 per space to licensed child care. Centres providing emergency child care received [additional grants](#). Additionally, early childhood educators’ wages were [topped up](#) by \$400 per month for each four week period, up to a maximum of 16 weeks, from March to July 2020.

Territorial officials in Nunavut offered additional funding to providers who would be willing to offer emergency services in Iqaluit and Kinngait. However, no centres committed to providing the services.

Were child care workers prioritized for vaccines?

In six provinces (Newfoundland and Labrador, Prince Edward Island, Quebec, Ontario, Alberta, and British Columbia), child care workers were prioritized for vaccination against COVID-19, in some places as early as April 2021.

[Newfoundland and Labrador](#) child care workers became a priority group for vaccination in April 2021.

In [Prince Edward Island](#) and [Quebec](#), early childhood educators became eligible for vaccination in mid-April.

In [Ontario](#) and [British Columbia](#), child care workers were prioritized for the vaccine starting late April 2021.

[Alberta](#) prioritized vaccination for child care workers as of May 4, 2021.

In [Saskatchewan](#) and [New Brunswick](#), child care workers in schools became eligible for vaccination in March 2021 and June 2021 respectively.

The remaining provinces and the three territories did not prioritize child care workers for COVID-19 vaccines. However, in many cases, child care workers may have been vaccinated if they met the age eligibility according to the vaccine rollout plan of their province/territory. For example, in Manitoba, all adults (18+) have been [eligible](#) to get vaccinated as of May 21, 2021. Or they may have been vaccinated because they lived in a “hot spot”.