

The State of COVID-19 in Early Learning Child Care Facilities in Manitoba

January 13, 2022

Why are we doing this?

There is an acute need for government resources to be provided to Early Learning and Child Care (ELCC) programs to keep childcare workers and children safe during the COVID-19 pandemic. Every day childcare workers are asked to spend many hours with unvaccinated children, many of whom are unmasked and can not physically distance. This is often done without the protection of quality of masks (KN95/N95) that have been shown to reduce the rates of transmission, and often in poorly ventilated spaces. This sector has also not been prioritized for rapid tests. Given the current widespread community infection rate of the omicron variant in Manitoba and around the world, childcare staff carry a heavy mental load with anxieties of interacting with potentially infectious children and the possibility of spreading infection to the children they provide care for and their families.

No government data is available for parents in Manitoba to make informed decisions about sending their children to childcare or to inform site level policies and project staffing. Children under five who are not eligible for the vaccine are required to isolate for 10 days following a COVID+ close contact. Each isolation takes a minimum of one parent out of the workforce for 10 days, and often entire households. The potential risks of long-term disease following infection in young children remain unknown. Children have been asked not to meet grandparents, engage in playdates, or attend many scheduled activities for almost two years now. They cannot protect themselves against COVID-19 with vaccinations, so why are we not doing everything we can to protect our children and the predominantly-female workforce that is entrusted with their care?

What did we do?

Survey: In an attempt to fill this gaping hole and obtain a snapshot of the past and current state of COVID-19 infections in Manitoba's childcare sector, we wrote and circulated a survey hosted on google forms to childcare facilities in Manitoba. The survey was open from January 6th to January 13th. We asked questions about the number of children and staff that had COVID infections and were isolating before December 15th ("pre-omicron"), and from December 15th to present. Qualitative questions were also asked about the resources that had been received from the province, the resources that are currently required, and an open-ended question at the end that simply asked "*Is there anything else you would like to tell us?*" The survey was distributed by email through the Manitoba Child Care Association (which has a mailing list of 900+ licensed facilities), on Twitter (initial post by @acgerstein was retweeted 147 times with 56,386

impressions), and on Facebook on the "Winnipeg Daycares" (7700 members) and "Childcare is Essential" (3225 members) pages. We are very appreciative of everyone who shared the survey and took the time to fill it out. We received 332 responses by noon on January 9th, and these are the facilities captured in our initial analysis. We received an additional 30 responses before the survey was closed that may be included in future analysis.

Quantitative Methods: The questions that were analyzed aimed to collect demographic information ("*How many staff work at your location?*", "*How many children are at your facility at least once a week?*", "*Do you work in a licensed or unlicensed facility?*", "*Does the facility operate out of a family home?*", information symptoms and vaccination "*How many staff who work in your facility are not fully vaccinated (at least 2 doses)?*", "*To your knowledge, at any point in the pandemic has any child been sent to your facility who exhibited COVID symptoms (including but not limited to: cough, sore throat, fever, loss of taste or smell, pink eye)*", and information about the past and current state of COVID-19 infections in staff and children ("*How many staff were COVID+ at any point in the pandemic prior to December 15, 2021? (by PCR or rapid test)*", "*How many children were COVID+ at any point in the pandemic prior to December 15, 2021? (by PCR or rapid test)*", "*How many staff are currently COVID+ (by PCR or rapid test)?*", "*How many staff that work in your facility are currently isolating due to close-contact with a COVID+ individual?*".

The data was downloaded from google sheets at noon on Sunday January 9th, 2022. Data was "cleaned" by ensuring that number responses were coded quantitatively (i.e., responses of "none", "zero", "0" were coded as 0). A small number of answers that were internally inconsistent were removed (e.g., one center that wrote they had 210 staff isolated when they only employ 120 staff, a second center that wrote they had 624 staff yet only had 24 children). Cases where a minimum number was indicated (e.g., "at least two children") were recoded as the minimum number provided. Quantitative data questions were independently analyzed by AG in the R programming language and SS in Stata.

Qualitative Methods: Two closely related open-ended questions were analysed qualitatively: "*What additional resources would you like from the government to assist you in keeping staff and students safe from COVID?*" and "*Is there anything else you would like to tell us?*".

Data were split into bands of thirds, with each PhD-trained qualitative researcher taking one-third. This is a novel approach to data analysis; this horizontal approach, rather than a vertical approach provided an opportunity to each analyse both questions. Owing to time constraints for analysis, all researchers agreed to some a priori / purposive coding, to which additional codes were added as necessary. After initial coding was completed, these researchers met virtually to discuss the codes. Consistent themes were identified and all researchers agreed that theoretical saturation had been reached.

What did we find?

Demographics: We received responses from 332 different facilities, representing 4402 staff and 18305 children. Nearly all responses were from licensed facilities (95.2%). The majority of responses were from facilities ($N = 258$, all licensed) rather than homes ($N = 73$). Manitoba has 718 childcare centres and 443 licensed family homes hence our survey captures data from 36% of licensed facilities and 13% of licensed homes in Manitoba. There are an unknown number of unlicensed home daycares in the province, we received data from 15.

The number of staff in daycare facilities ranged from 1 to 81 with a median number of 14, which is what we use to delineate facilities with a 'high' and 'small' number of staff.

Quantitative summary: Childcare facilities in Manitoba are currently dealing with numbers of staff and children COVID-19 cases that eclipse cases from earlier in the pandemic. This likely mirrors the prevalence of omicron in the community. At the time the surveys were filled out, the total number of current COVID+ staff members was 375, with an additional 467 currently isolating due to close contact. This represents a minimum of 842 staff vacancies. We expect these numbers to increase in the upcoming days and weeks. The current number of positive staff eclipses the total number of staff that were COVID+ for the entire pandemic up to December 15.

We broke down the results into the three types of facilities ("high staff", "low staff" and "home"):

- Three out of four high-staff facilities currently have at least one positive staff member, and four out of five (82%) have either a sick staff member or a staff member isolating due to close contact.
- One out of four lower staff facilities currently have at least one positive staff member, and over half (53%) have either a sick staff member or a staff member isolating due to close contact
- In home daycares, 7% of staff currently had COVID at the time of the survey and 10% had either a positive staff member or a staff member isolating - that translates to ~10% of home daycares presumably shut down entirely.

75% of facilities report a child being sent to the center with COVID symptoms at least once.

Unvaccinated close contacts have to isolate for 10 days - which impacts everyone.

"Our centre has had four children test positive, resulting in 21 children isolating."

It is not possible to know the true number of children that are currently COVID+ or isolating. The province no longer reports childcare-associated cases to facilities and parents are not required to disclose. Open facilities report current absences up to 80% of children and it is unknown whether this is due to positive cases, isolation, or parents just keeping their kids at home. With those caveats, a minimum of 441 children across all facilities are currently COVID+, with an additional 1166 isolating due to close contact.

Qualitative summary: A total of 5 preliminary themes were identified. These themes, along with a description of each theme, and supporting verbatim quotations (*in italics*), are listed below.

1. Universal calls for PPE

Nearly all participants spoke of a need for additional personal protective equipment (PPE). The type of PPE desired has evolved during the pandemic, with current demands for N95 and KN95 masks that are neither expired nor broken. However, there were still calls for sanitization and cleaning supplies, as well as relief from other duties to accommodate the time demands of cleaning.

“we receive NO additional time to devote to cleaning or rearranging rooms and trying to keep germs at bay.”

“At first it was expired medical masks and then we got the good ones after complaining”

“Multiple boxes of masks were broken or only contained one ear loop attached to the mask.”

2. Better and more timely communication

Many respondents spoke about receiving conflicting information, being overwhelmed with ever-changing information. However, some participants also spoke of having to seek information themselves, or not being able to speak with agencies that provide such information.

“We need more timely or proactive communication from the province. We need to be treated as critical service workers not just lip service.”

“the lack of communication from this government is seriously impeding our ability to offer the safest possible environments for our children and staff.”

“Also so much information and changes and emails it’s getting overwhelming and confusing”

“most importantly better disbursement of information and guidance from public health. We often cannot get ahold of govt staff to get information quickly, or there is no info even available. We were most recently told staff do not even isolate when exposed to positive children in their room. This seems ludicrous as the children are in very close proximity to our faces during the day and are unvaccinated and not wearing masks. If the cohort of children must isolate after exposure, it makes no sense that staff continue to come to work and even work in other cohorts potentially exposing other children!”

3. Rapid tests for all

Many participants made calls for rapid tests for all staff, regardless of vaccination status, as well as for children who attend child care and their families. Participants spoke of having to access testing sites, then wait for several days for test results. Participants spoke of working with children whose families were not able to stay home with their child with flu symptoms.

“Rapid Tests should be provided to child care centres for their staff - we are waiting for staff to get appointments at the rapid test centres and finding that they are waiting a few days, which means that we are out those staff while they are waiting for a test, and then again waiting for their results. The fact that we haven't been given rapid tests is again another slap in the face from the provincial government.”

“I hope we have emergency Rapid test kit even all the staff are fully vaccinated. Still we are taking care of unvaccinated children. Most of them suddenly have symptoms in the middle of the day. Parents usually said probably just a flu or part of teething coz 0 of their family is sick. Parents cant afford to be off to work for a week or more if their kids have mild flu symptoms. We still have to follow the covid guidelines this time.”

A small group of participants also described their **guilt for being asymptomatic and not having access to rapid tests after being a close contact, then developing symptoms.**

“I had a child that tested positive from a PCR test. I continued to work, as I didn't have symptoms, as the government tells us to do. Then 3 days later I felt sick. Public Health is no longer contacting child care centres. If you have questions you need to call public health (3 hour plus wait). If I had an antigen test on hand I may have been able to test before symptoms and not have shared as much virus with the other children I cared for. Besides now I'm sick and am not physically able to go sit in a car for hours to pick up an antigen test. Now I have probably infected at least 3 more families with children under 4 years as well as a 3 month old infant (I sure hope not).”

4. Financially unprotected/money

Participants recalled being underpaid and not receiving wage adjustments or increased operating grants for their centres in the years prior to the pandemic. Since the start of the pandemic, they have likewise not received such adjustments or increases.

Child care workers are already living at the brink of, or just hovering above, poverty. I cannot afford to miss work and this pandemic cannot afford for sick people to keep showing up to work. Stress alone weakens the immune system and child care workers were dealing with an overwhelming amount of stress before the pandemic (from staff shortages, inadequate funding from the province, parents who are required to pay more for childcare). No one I work with is showing up as their best and it's really fucking sad.

But, they are now managing further financial struggles, ranging from limited sick time, to the loss of parent fees when children are not able to attend, either due to staffing constraints mandating that the number of children in attendance has to be restricted, or because parents are keeping their children home.

“We had to use time we accrued that wasn't sick time, when we were sick. Earlier on we were forced to isolate if we had symptoms, then we lose precious time with our families and to uphold our mental

stability - because we have no banked time (back when we were told to isolate at the development of any common symptom until symptom free)."

"consistent payment for lost revenue of parent fees and payment of wages for staff in isolation (not all applications are approved)"

5. "Tired of being the gum on the bottom of the governments shoe"

This theme, the name of which is a participant quote, reflects how the sector feels underappreciated and want to be respected for their work. In some cases, participants commented that they were considering leaving the sector as a result of these sentiments.

"the government of manitoba consistently is disrespecting Early Childhood Professionals and showing a total disregard for their health wellness, and safety of the children and staff in early childhood education"

"We are very underpaid and unappreciated yet we come to work every day and give a 110%"

" the fact that this predominantly female-composed workforce is constantly being ignored from both a provincial government standpoint and public health is appalling. The lack of respect being shown is outrageous."

**Also, if the government is now requiring that people are not having to isolate when being a close contact, that is incredibly reckless. We've had parents be close contacts and their child not be deemed a close contact and they still send their children. We're playing Russian Roulette here.*

"We are deemed as critical workers so the respect and wages to reflect that would be amazing! We have lost so many ECE and CCA's the last 2 years that there is a staffing shortage."

"I've been in the field for over 25 years and have always felt lack of acknowledgment in this sector. This pandemic the government has shown so much more disrespect for our sector. Forcing us to be open threatening operating grants (in the beginning), lack of support of hearing our struggles and seeing what we need to keep our staff feeling safe. Many are leaving the field. When they have thanked our field at one point in this it meant nothing, that was meant more for media. How about sending out to the media that parents need to follow the policies in place right now and not blow up at centres who are trying to meet ratios and keep everyone safe."

A small group of participants also highlighted the incongruence of COVID protocols and funding for schools vs. child care centres.

"Closing schools and redoing their ventilation systems, providing extra funding, giving rapid tests, upping wages and much more while COMPLETELY neglecting those of us who work with children who cannot be masked or vaccinated while not having raised our wages in YEARS is a total slap in the face to ECE/CCA."

"I think this government has to acknowledge child care in every update. They need to let the public know that if it weren't for us the economy would not be moving. They can not just keeping giving money to the schools and leave child care out. They should also be up front with the public about how many children are allowed to be in one room without social distancing."

Other comments

1. In total, the word "thanks" (or variations thereof) was used 42 times. This is anecdotally far higher than any other research study in which many of us have been involved.
2. Similarly, the word "love" (for their job) was used 3 times.
3. Participants made calls for "help": *"We are all so strained, please, we need help."*
"There's this expectation that we have always done whatever has been asked of us and that we must continue to do so but it just isn't humanly possible."

What are the caveats?

This was an online cross-sectional survey drawn from a convenience sample of staff from childcare facilities in Manitoba. Only those who were reached by email or through social media; had online access to the survey; and were able to fill-out the survey online are represented here. The results should be viewed as formative research, as the survey was not meant to be a representative sample of all childcare facilities (or staff) in Manitoba, but rather a "snapshot" in time of the current environment of childcare facilities. All responses were self-reported and anonymous; no attempt was made to validate responses, and the possibility exists for duplicate responses from the same facility. Given the need for timely responses, and the potential harms in revealing sensitive information about childcare facilities, we prioritized anonymity in the survey.

How can we protect children <5 and childcare workers?

- Rapid grants for ventilation improvements including HEPA air filtration, CORSI-Rosenthal Air Filter Boxes, or similar devices for childcare facilities
- N95/KN95 masks (5 per staff per month) and rapid tests (2-3 per staff per week) distributed to all childcare facilities immediately regardless of license status or staff vaccination status
- First and second dose appointments for vaccination for all children born in 2017
- Boosters prioritized for childcare workers
- Robust infrastructure to publicly track and report infections in children attending care
- Immediate investment into mental health supports for childcare workers
- Resources for centres on how to optimize mask use and for parents on when to keep their child home (e.g. any symptoms, or family member awaiting test results)

- *Clear* information provided from government to staff and parents around isolation requirements and when parents can or can not send their children
- Create a Provincial strategy in partnership with workers in the sector to address staffing shortages in childcare due to testing positive or isolating (increased wages aligned with Federal investments a curated resource pool of substitute staff)

Who is collecting and analyzing this data?

Dr. Aleeza Gerstein

Assistant Professor, Departments of Microbiology & Statistics Departments at the University of Manitoba; CIFAR Azrieli Global Scholar

Web: <https://microstatslab.ca> Twitter: @acgerstein

Dr. Lauren Kelly

Assistant Professor, Departments of Pharmacology & Therapeutics and Community Health Sciences

Web: <https://clinpharmlab.ca>, Twitter: @PharmaLauren

Dr. Alicia Nijdam-Jones

Assistant Professor of Clinical Psychology

Web: <https://ccfplab.ca/>

Dr. Susan Prentice

Professor in the Department of Sociology; Duff Roblin Professor of Government

Web: <http://umanitoba.ca/faculties/arts/departments/sociology/facstaff/prentice.html>,

Twitter: @SusanPrentice

Dr. Jennifer Protudjer

Assistant Professor, Department Pediatrics and Child Health; Endowed Research Chair in Allergy, Asthma and the Environment; Research Scientist, Children's Hospital Research Institute of Manitoba

Web: www.jenniferprotudjer.ca, Twitter: @jprotudjer

Dr. Souradet Shaw

Assistant Professor, Department of Community Health Sciences & Medical Microbiology and Infectious Diseases

CRC in Program Science and Global Public Health (Tier II)

Web: <https://umanitoba.ca/medicine/department-community-health-sciences/faculty-staff/profile-souradet-shaw>, Twitter: @SouradetS

Table 1: Characteristics of ELCC Survey (Preliminary)*

Characteristic	No.	%
Licensed		
No	15	4.5
Yes	316	95.2
UK	1	0.3
Total	332	100.0
Family Home		
No	258	77.7
Yes	73	22.0
UK	1	0.3
Total	332	100.0
Anyone in home isolation		
No	123	37.0
Yes	12	3.6
Missing	197	59.3
Total	332	100.0
Symptoms		
No	47	14.2
Yes	252	75.9
Maybe	30	9.0
Missing	3	0.9
Total	332	100.0
Facility Type		
<14	126	48.6
14+	133	51.4
Total	259	100.0
Staff currently positive (Facility Only)		
No	111	43.5
Yes	144	56.5
Total	255	100.0
Child currently positive (Facility Only)^		
No	118	51.3
Yes	112	48.7
Total	230	100.0
Anyone currently positive (Facility Only)		
No	79	31.9
Yes	169	68.1
Total	248	100.0

* Based on results up to Jan. 9, 2022. Table created on 12 Jan 2022

^ Caveat that child-associated cases are very imprecise, over 10% of centers

Table 2: Characteristics of ELCC Survey, by Facility Type (Preliminary)*

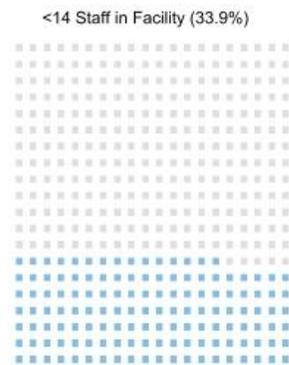
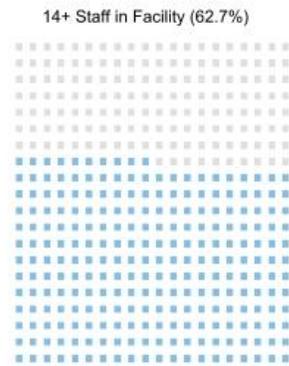
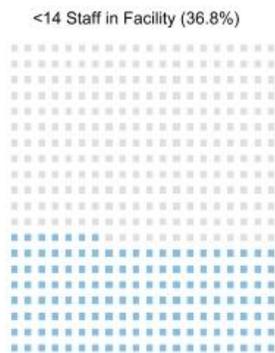
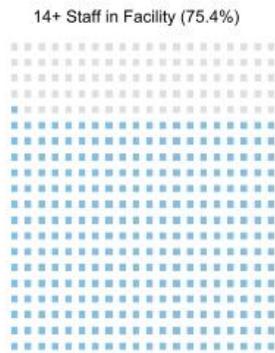
	<14 Staff		14+ Staff		Total		p **
	No. Cases	%	No. Cases	%	No. Cases	%	
Symptoms							0.149
No	16	12.7	9	6.8	25	9.7	
Yes	100	79.4	106	79.7	206	79.5	
Maybe	10	7.9	16	12.0	26	10.0	
Missing	0	0.0	2	1.5	2	0.8	
Total	126	100.0	133	100.0	259	100.0	
Anyone in home isolation							0.807
No	31	24.6	31	23.3	62	23.9	
Yes	0	0.0	0	0.0	0	0.0	
Missing	95	75.4	102	76.7	197	76.1	
Total	126	100.0	133	100.0	259	100.0	
Staff currently positive (Facility Only)							0.000
No	79	63.2	32	24.6	111	43.5	
Yes	46	36.8	98	75.4	144	56.5	
Total	125	100.0	130	100.0	255	100.0	
Child currently positive (Facility Only)							0.000
No	74	66.1	44	37.3	118	51.3	
Yes	38	33.9	74	62.7	112	48.7	
Total	112	100.0	118	100.0	230	100.0	
Anyone currently positive (Facility Only)							0.000
No	60	50.0	19	14.8	79	31.9	
Yes	60	50.0	109	85.2	169	68.1	
Total	120	100.0	128	100.0	248	100.0	

* Based on results up to Jan. 9, 2022. Table created on 12 Jan 2022

** Based on Chi-square tests of association

Staff Currently COVID-19 Positive (Facilities Only)

Children Currently COVID-19 Positive (Facilities Only)



Source: ELCC Survey