



Commonwealth of the Northern Mariana Islands
Department of Community and Cultural Affairs
Office of the Secretary



Caller Box 10007
Saipan, Mariana Islands 96950
Tel. (670) 664-2587 Fax (670) 664-2571

Robert H. Hunter
Secretary

Vivian Sablan
Administrator
Division of Youth
Services

Rita Chong
Historic Preservation
Officer
Historic Preservation Office

Parker Yobei
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Executive Director
Chamorro/Carolinian
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Commission

Maribel D. Loste, M.Ed
Program Administrator
Child Care and
Development Fund
(CCDBG)

Low Income Home Energy
Assistance Program
(LIHEAP)

Gordon Salas
Childcare Licensing
Program

Garapan Street Market

June 8, 2020

To: All CCDF Families

Re: Needs Assessment Survey

Dear Parents:

I hope that this letter finds you and your family in good health.

The Covid-19 health crisis has greatly impacted our way of living. As we slowly get back to our new normal, I would like to inform that the CCDF Office is here to support you as you return to your work, education program, or job training activities.

Attached you will find a Needs Assessment Survey. The data gathered here will inform decisions regarding Emergency Child Care. Emergency Child Care is care provided while your usual center-based programs are closed.

Please find time to complete the survey and return them no later than June 15, 2020. You may submit electronically to your respective Eligibility Specialists or drop them in our drop box located in front of the CCDF Office.

Should you have any questions regarding the survey, please do not hesitate to contact your Eligibility Specialists; Genevieve Guerrero at 664-2576 or via email at dccajguerrero@gmail.com or Joella Rosario at 664-2575 or via email at ccdf.jrosario@gmail.com.

Take care and be safe.

Sincerely,


Maribel Loste
CCDF Program Administrator

Attachment

Cc: File

G. Guerrero, ES
J. Rosario, ES

CCDF CHILD CARE NEEDS ASSESSMENT/SURVEY

(Covid-19 Health Crisis)

CCDF is looking into ways of helping parents access emergency child care while their daycare centers are currently closed. Your information will be used to make decisions regarding emergency child care services. **This form is to be completed only by current CCDF eligible families.** Please complete the form and return by **Monday, June 15, 2020.** You can email the completed form back to your eligibility specialist or drop it off to the CCDF Office, Bldg 1347, Capitol Hill. If you have any questions regarding the survey, do not hesitate to contact your eligibility specialist.

Answer all questions based on your current situation during COVID-19.

1. Has anyone in your household experienced a change in their work situation as a direct result of COVID-19 or coronavirus? Please select all that apply.

- Yes, I am now working remotely or at home.
- Yes, I am working less hours.
- Yes, I have been laid off or furloughed.
- Yes, my employer has closed.
- No, no one in my household has experienced a change.

2. What is your household's current need for child care during COVID-19?

- Full time care
- Half day care
- Evening care
- Overnight care
- Sick child care
- Drop in care
- Extended care (12+ hours)
- None, I or someone in my household can care for my child(ren) during this time.

3. If child care centers continue to stay closed, what is your household's preference for child care during COVID-19?

- Immediate family/ relative care - A relative who is my child(ren)'s grandparent, aunt, or uncle by blood is available to provide care.
- Extended family/ relative care - A relative who is NOT my child(ren)'s grandparent, aunt or uncle by blood is available to provide care.
- Neighbor/ friend care - A neighbor or friend is available to provide care.
- None - I have no need for child care.

4. In your view, do you believe child care is an essential service that should remain open in the CNMI amidst COVID-19?

- Yes
- No
- Unsure

5. I would send my child to Emergency Relative Care, if available. Emergency Relative Care is child care provided by a relative instead of a daycare center, while your child(ren)'s centers are closed.

- Yes
- No
- Uncertain

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6. Do you feel there is a need in the community for Emergency Relative Care if available for essential workers/ first responders?

- Yes
- No
- Uncertain

DEMOGRAPHICS

1. How would you describe your current employment situation during this COVID-19 lockdown?

- Currently working in-person at work site
- Currently working remotely at home
- Recently laid off (within the past two months)
- Recently furloughed (within the past two months)
- Unemployed for over two months, and looking for work
- Unemployed for over two months, and NOT looking for work
- Disabled, unable to work
- Student, taking online classes
- Retired
- Homemaker
- Other, please specify _____

2. How many days a week are you currently working during COVID-19 lockdown? _____

3. How many hours a day are you currently working during COVID-19 lockdown? _____

4. What hours are you working during COVID-19 lockdown? If your schedule is different each day, please list work hours by day during the most recent past week:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

5. Describe your children:

| | Gender (Male / Female) | Age | Grade | Special Needs | Disability |
|---------|---------------------------|-------|-------|--|------------|
| Child 1 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Child 2 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Child 3 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Child 4 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Child 5 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Child 6 | _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |