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NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

NEW YORK STATE BIRTH THROUGH FIVE (NYSB5-R) PRESCHOOL DEVELOPMENT GRANT

Update to the 2019 Needs Assessment Report

DECEMBER 2020

Conducted by

CENTER FOR HUMAN SERVICES RESEARCH
UNIVERSITY AT ALBANY State University of New York

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Executive Summary

Overview

In 2019, the New York State Council on Children and Families (CCF) in partnership with the Center for Human Services Research (CHSR) at the University at Albany, State University of New York conducted a comprehensive needs assessment of the state's early childhood care and education system (ECCE). As noted in the 2019 NEW YORK STATE BIRTH THROUGH FIVE (NYSB5) PRESCHOOL DEVELOPMENT GRANT NEEDS ASSESSMENT REPORT, the State's expanded investment in ECCE infrastructure reflects a strong commitment to supporting young children and families. Findings related to system building, data and workforce development, access to quality programs and vulnerable populations influenced the creation and implementation of innovative initiatives to support families. See https://www.ccf.ny.gov/files/4915/7773/1159/nysb5_na_report.pdf.

In March 2020, the lives of New Yorkers were upended by the rapid onslaught of the COVID-19 pandemic in New York, especially in and around New York City, and the subsequent safety actions taken by New York State (NYS) (e.g., orders closing schools statewide and the New York State on PAUSE executive order). With continued funding from the federal Preschool Development Birth Though Five (NYSB5) Grant, this report provides an update to the 2019 Needs Assessment by specifically examining the impact of the pandemic on ECCE personnel and families and the ECCE infrastructure.

Methodology

Electronic Survey: A survey asked for parents' experiences with and opinions about early childhood programs and services both before and since the COVID-19 pandemic. The survey was available in English and translated into seven languages: Spanish, Russian, Korean, Bengali, Creole/Haitian, Simplified Chinese, and Yiddish. 651 individual responses were included in the analysis.

Key Informant Interviews: Thirty-three key informant interviews were conducted via Zoom with ECCE program representatives throughout NYS from child-focused services, parent-focused services and early care administration and research programs.

Secondary data sources related to COVID-19 were selected via a literature review and recommendations from NYSB5 partners and CCF (e.g., pandemic-related guidance documents, reports, and statistics).

Summary of Key Findings

1. **The pandemic took a significant human toll**
   ECCE staff and families were significantly impacted by the pandemic. Foremost was their fear of and actual exposure to the virus and illness; some experienced the death of people in their families, workplaces, and social worlds. For some, basic needs were unmet; some people experienced food or housing insecurities. Supportive services for young children with developmental delays and disabilities were interrupted. The temporary or permanent closure of child care programs resulted in unemployment and the unavailability of programs for families in need of care (e.g., child care). Families scrambled to find affordable, available programs in their areas. Lost or reduced income due to unemployment or reduced hours caused or exacerbated financial difficulties. Staff, families, and children had to adjust to new safety protocols in workplaces, child care facilities and elsewhere (e.g., home visits either virtually or in outdoor spaces). People working from home were challenged by isolation, lack of privacy, maintaining work-life balance, caregiving, and supporting the virtual schooling of children. Staff and families working remotely and those conducting and/or receiving virtual programs and services needed the

requisite technology and technical knowledge. Lack of equipment created setbacks. Moreover, staff and families of children receiving Early Intervention and special education services were impacted when such services were no longer offered or curtailed and when virtual programming was not an adequate option. Similarly, some families caring for children with developmental delays or disabilities were overburdened by the extra work that virtual programming entailed; some children had difficulties related to listening, focusing, and sitting in front of a computer for any duration. Programs incurred additional burdens responding to the disparate needs of staff members and families as they devised and implemented numerous mitigating strategies that addressed collective and individual needs.

2. **Maintaining health and safety standards was of the utmost importance in the ECCE system**
Ensuring the health and safety of employees and families resulted in business and program operational changes, notably implementing cleaning and safe contact protocols; shifting to a socially distanced and/or remote workforce; and pivoting to virtual communications, information sharing, and programming.

ECCE programs imposed a wide range of safety protocols
Programs were faced with the daunting challenge of keeping staff and families safe while continuing operations. This necessitated quickly assessing their unique situations, determining what needed to be done, implementing changes, formalizing new policies, and reassessing changes in response to the evolving pandemic and external events affecting their operations and the families they serve. To ensure safety, programs drew on federal, state, and municipal government agencies and early childhood support organizations for regulations, information, resources, and guidance (e.g., social distancing and masking; cleaning and disinfecting and addressing COVID-19 exposure and illness).

Programs shifted to a socially distanced and/or remote workforce
Many programs transitioned to a socially distanced or remote workforce, implementing a variety of strategies that included flexible hours or schedules for their staff and in-office rotations or staggered schedules to allow for social distancing. While this mitigated workplace exposure to the virus, it created challenges. Programs that did not have sufficient technology or technical expertise to support remote work had to procure hardware and software to support remote operations, thus increasing operational costs. The learning curve and frustration levels associated with establishing remote technology varied among employees. Some staff had difficulty balancing their work and family life, especially when children or other household members were also in the home. As time went on, some staff experienced isolation from coworkers and clients, particularly when in-person work had been the norm. Programs met challenges in a variety of ways, for example, developing telecommuting policies and work rules and encouraging staff communications through frequent staff meetings and teleconference platforms.

Programs pivoted to virtual programming
Many programs changed to virtual services to accommodate parents and children, providers, and stakeholders. This included program delivery, routine communication, and information sharing. For example, staff and families recorded and shared videos of themselves performing certain activities (e.g., reading); YouTube videos facilitated teaching classes or sharing information; Facebook groups enabled the dissemination of information to many families at once, parenting groups were conducted over Zoom. A scheduled in-person child care conference for professionals was changed to a virtual format resulting in high attendance. The value of virtual programing was recognized (e.g., maintaining safe contact, increasing efficiency, reducing travel) and so were the barriers (e.g., lack of technology and expertise). Though virtual services worked for some situations, they were not a panacea. Infants and toddlers, for example, did not benefit from virtual services unless their parent was either present or the focus of the service (e.g., parent training). Virtual services were inadequate for children enrolled in Early Intervention and special education programs serving children with disabilities. Virtual speech therapy and physical therapy are not effective substitutes for in-person services.

Virtual services can be problematic for children diagnosed with ADHD or autism spectrum disorders as they might have issues related to listening, focusing, and sitting in front of a computer for any duration.

3. **Programs implemented additional services**

   Many programs purchased, coordinated, or supplied goods directly to families when they had not previously done so, often using funding obtained from government programs or private foundations. Such items included food, clothing, infant supplies, personal protective equipment (PPE), toilet paper, cleaning supplies, school supplies or learning materials, technology for virtual visits or children's schooling. Some programs created distribution centers in parking lots; others delivered essential items to families at their homes.

   Programs drew on established and new collaborations with community partners for one-way or mutual assistance. Some worked with local supermarkets or faith-based organizations to distribute food products; others partnered with local social services agencies to acquire and distribute goods or connect families to needed resources such as food pantries.

   Some programs helped connect families with needed resources through referrals or new partnerships (e.g., helped essential workers meet their child care needs; helped families apply for financial assistance for rent, utilities, or other expenses).

   Programs also reported providing guidance and information, and debunking misinformation — first about the coronavirus and later about vaccines. Programs also helped families with other COVID-related medical needs, including obtaining testing or coordinating services for sick clients.

4. **The pandemic created financial difficulties for programs**

   Fiscal concerns and hardships arose for programs due to revenue loss or reduction from various sources (e.g., contracts, traditional funding sources, philanthropic donations, and parent-paid tuition fees) and increased costs (e.g., COVID-related safety expenses such as cleaning supplies and personal protective equipment, reconfiguring space for social distancing, purchasing technology for virtual operations). To lessen fiscal strains programs employed a variety of strategies such as securing loans from government programs; relief funding from umbrella agencies, and community and faith-based groups; blending and braiding funds; re-allocating existing funds and drawing on cash reserves. Cost cutting was realized through furloughing, keeping vacant positions open, and suspending longstanding activities such as travel.

   While government programs such as the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), and the Paycheck Protection Program established by the CARES Act, benefitted many providers (e.g., obviated furloughing staff), some experienced difficulties in obtaining this funding, thus adding to financial hardships. Some programs could not sustain operations and closed temporarily or permanently.

Conclusions

Recommendations are offered to optimize fiscal and program operations in the following areas;

- virtual/hybrid service delivery models;
- addressing the digital divide;
- mental health resources and supports;
- enhancing community and private sector partnerships;
- maximizing funding, and
- contingency planning.

The findings and recommendations presented in this report will be further reviewed by the CCF and its partnering agencies to help plan for emergencies and to build upon the quality services offered within the ECCE system.

Acronyms

CARES Act, The Coronavirus Aid, Relief, and Economic Security Act

CCF, New York State Council on Children and Families (NYSB5 grantee)

CCR&R, Child Care Resource & Referral

CHSR, Center for Human Services Research, University at Albany, State University of New York

CDC, Centers for Disease Control and Prevention

COVID-19, Coronavirus disease identified in 2019

DOH, New York State Department of Health

ECCE, Early Childhood Care and Education

NYC, New York City

NYS, New York State

NYSB5, New York State Preschool Development Grant Birth through Five

NYCDOHMH, New York City Department of Health and Mental Hygiene

OCFS, New York State Office of Children and Family Services

PPE, Personal Protective Equipment

PPP, Paycheck Protection Plan

US, United States

WIC, Special Supplemental Nutrition Program for Women, Infants, and Children

Introduction

In 2019, with funding from the federal Preschool Development Birth Though Five (NYSB5) Grant, the New York State Council on Children and Families (CCF) partnered with the Center for Human Services Research (CHSR) at the University at Albany, State University of New York to conduct New York's first-ever comprehensive needs assessment of its birth through five early childhood care and education (ECCE) system. The initial NEW YORK STATE BIRTH THROUGH FIVE (NYSB5) PRESCHOOL DEVELOPMENT GRANT NEEDS ASSESSMENT REPORT[1] (hereafter 2019 Needs Assessment) examined the availability, accessibility, and quality of the ECCE system and the possibility of a mixed delivery system (MDS), where more than one funding stream is used to enhance or expand services for children and families, especially for vulnerable or underserved populations. It identified areas of success and promise, and areas in need of improvement. As described in that report, New York State (NYS) is actively engaged in several innovative, cross-sector initiatives to increase collaboration or coordination and improve support to young children and their families. Still, much work remains to ensure that efforts are not duplicated, and program efficiency and quality are improved.

This report provides an update to the 2019 Needs Assessment by examining the impact of the COVID-19 pandemic on the ECCE system, specifically on the disruptions in care and services caused by COVID-19 from March 2020 through March 2021. Beginning in March 2020,[2] the pandemic caused massive disruptions to the lives of NYS residents, including disruptions to ECCE programs and services. While COVID-19 presented extreme challenges to standard operating practices, it underscored and intensified many of the needs discussed in the 2019 Needs Assessment. An already over-burdened and under-funded system became even more so as ECCE capacity decreased and programs had to expend additional funds to comply with disinfection protocols and accommodate social distancing protocols. Further, other programs designed to support families with young children (such as home visiting programs and family advocacy programs) had to shift service delivery methods and program activities to continue to meet the needs of families in a manner that followed health and safety guidelines.

Methodology

The New York State Early Childhood Advisory Council meetings provided a collaborative forum to review the objec-tives of the 2020 Needs Assessment and seek input and guidance from all NYSB5 partners (including the New York State Office of Children and Family Services (OCFS); New York State Education Department; New York State Office of Temporary and Disability Assistance; and the Center for Human Services Research, University at Albany, State University of New York (CHSR); New York Early Childhood Professional Development Institute, The City University of New York; New York State Office of Mental Health (OMH); and New York State Department of Health (DOH)). Activities quickly shifted, however, when COVID-19 forced programs to close and/or provide services remotely and stay-at-home orders directed families to remain home as much as possible. NYSB5 partners discussed the impact of these changes, including disappearing revenue sources on an already stretched system, and the sudden need to provide remote services to young children and their families, many of whom have limited access to technology. At the same time, the ECCE workforce and families with young children faced immediate threats to their own and loved ones' health from the virus. It became clear that the 2020 update to the NYSB5 Needs Assessment must focus on the impact of COVID-19 on the ECCE system.

To accomplish this goal, CCF and CHSR developed protocols to collect primary and secondary data related to the pandemic and its impact. Primary data sources included a parent survey and key informant interviews with repre-

1 Available at: https://www.ccf.ny.gov/files/4915/7773/1159/nysb5_na_report.pdf
2 Timeline of COVID-19 : March 1, 2020: First confirmed case in New York State; March 7, 2020: State of Emergency declared for New York State; March 16, 2020: First of several orders closing schools statewide; March 22, 2020: New York State on PAUSE (stay-at-home order for all nonessential workers) executive order became effective; May 15, 2020: New York State on PAUSE executive order expired, phased regional reopening plan put in place, in some regions where specific criteria were not met, PAUSE was extended to May 28, 2020.

sentatives from ECCE programs across the state. The development and procedures for each are described in the following sections. Secondary data sources were selected via a literature review, as well as recommendations from NYSB5 partners and CCF. These included: pandemic-related federal, state, and local guidance documents, reports, and statistics; COVID-19 information on government and ECCE program websites; research studies; and newspaper and radio reporting.

Parent Survey

The survey was designed by CHSR to gather data from parents, guardians, or primary caregivers (hereby collectively referred to as parents)[3] of children ages birth through five years old who participate in the ECCE system (e.g., center-based child care, Head Start, prekindergarten, nursery school, family child care, Early Intervention). Its design was informed by CCF and the parent survey conducted for the 2019 Needs Assessment. The updated parent survey asked about parents' experiences with and opinions about early childhood programs and services, before the COVID-19 pandemic and since the pandemic started. The survey covered topics such as program information, accessibility and availability, social media and TV usage, COVID-19 impacts on the family, and demographic information. It included both multiple-choice and open-ended questions. The parent survey took approximately 15 to 20 minutes to complete.

The survey was offered online using the Qualtrics platform; it was available in English, Spanish, Russian, Korean, Bengali, Creole/Haitian, Simplified Chinese, and Yiddish. An anonymous survey link and QR code were created and disseminated via a variety of email channels.

The link to the electronic survey was disseminated between mid-February and early April 2021. CCF's distribution plan involved emailing NYSB5 partners and other stakeholder groups with an initial message containing the survey link, and then relying on snowball sampling to increase respondent numbers, i.e., requesting that recipients distribute the link to any parents they knew who might be eligible to complete the survey. NYSB5 partner agencies also posted the survey link on their websites, e-newsletters and social media. Additionally, 32 Facebook parenting groups and 13 Instagram parenting pages were contacted to post the survey information and links. The survey closed on April 5, 2021.

Participation was voluntary, and all personally-identifiable information was removed prior to analysis. A total of 651 respondents were able to be included in the analysis. Additional responses from parents who did not have a child age birth through five who was enrolled in an ECCE program or service at the time of the survey, or who did not provide an age for their child, were excluded.

The parent survey had some notable limitations. The snowball sampling recruitment method used allows for a larger sample than otherwise could have been recruited, but it is not random and can lead to a non-representative sample. Additionally, it is impossible to pinpoint the exact number of individuals who received a link to the survey. Consequently, the number of potential participants who declined to attempt the survey is unknown.

The majority of respondents who completed the NYSB5 parent survey identified as female (85%), white (74%), and primarily spoke English (83%). Approximately two-thirds were employed part- or full-time (68%) and had an annual household income of $50,000 or higher (63%). These demographics do not reflect NYS as a whole: in particular, people who would be included in the "vulnerable populations" identified in the NYSB5 grant (e.g., households speaking limited or no English, children who are members of a racial or ethnic minority, young children living in low-income households) were underrepresented in the survey.

Once initial analyses of the demographics showed the sample was not representative, attempts were made to reach grant-identified vulnerable populations through targeted email and social media recruitment. Unfortunately, these efforts did not result in a significant influx of respondents from vulnerable populations. Future data collection should

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3 In this report, the term parents may include parents, grandparents, foster parents, guardians and caregivers. Families may include various members beyond biological relations.

be designed to target regions and populations underrepresented in the current findings, allowing the development and implementation of more targeted programming and supports.

Key Informant Interviews

Key informant interviews were conducted to learn from ECCE program representatives throughout NYS about how the pandemic affected programs and services for children ages birth through five and their families. Participants were asked about their program's relationship with state agencies and other partners, as well as the pandemic's impact on different aspects of their program, staff, and families, including changes made, challenges faced, and strategies implemented in response to COVID-19.

To recruit participants for key informant interviews, CCF provided CHSR with a list of ECCE programs with representatives' contact information, which CHSR staff used to schedule one-hour interviews via Zoom. Using the semi-structured key informant interview protocol developed by CHSR (see Appendix A), CHSR staff interviewed representatives from the following types of ECCE programs and organizations:

- Child-Based Services (i.e., Child Care, Head Start, Pre-K, Early Intervention)
- Parent-Based Services (i.e., Home Visiting, parent education programs)
- Early Care Administration and Research (i.e., child care resource and referral agencies, family advocacy programs, policy research organizations)

Interviews were audio-recorded through Zoom to ensure accuracy of the notetaking conducted during the interview. To facilitate analysis, matrices were developed to organize the qualitative responses given by participants.

A total of 33 interviews were conducted in December 2020 and January 2021 with 40 representatives (program founders, directors, managers, supervisors, coordinators, recruiters, educators) from 31 ECCE programs within the 10 NYS economic regions and statewide, as indicated in Table 1.

TABLE 1. Total Programs Interviewed by Region

Region	Total Programs
Capital District	5
Central	2
Finger Lakes	1
Hudson Valley	1
Long Island	3
Mid-Hudson	1
North Country	3
New York City	6
Southern Tier	1
Western	3
Statewide	5
Total	**31**

The Pandemic's Impact on the Early Childhood Care and Education System

CHSR categorized the impacts of COVID-19 as primarily affecting ECCE programs, ECCE program staff, or the families utilizing these programs. These categories are necessarily inter-related; for example, family unemployment or fears related to safety resulted in decreased demand for ECCE programs, which decreased program income, leading program staff to themselves experience layoffs or decreased income. Within each category, challenges related to COVID-19 and strategies adopted to address these issues were identified.

Impact on Program Administration and Funding

Closures, Enrollment, and Lack of Funding

From 2018 to 2019, center-based care declined by approximately 14% (from 5,856 in 2018 to 5,031 in 2019), and family child care programs by about 5% (from 11,706 in 2018 to 11,156 in 2019).[i] Prior to the pandemic, the number

of child care centers operating in New York State had been declining. According to Raising New York, data show that between 2009 and 2018, New York State lost 15% of its total infant and toddler providers.[ii]

The pandemic resulted in large-scale closures. Data from OCFS as of May 27, 2020 indicated that 37% of OCFS child care programs in all modalities (day care centers, family day care, group day care, school age child care) were closed. Closures were unevenly distributed throughout the state, ranging from 20% to 65% in different counties. For example, New York City was under a mandated closure for a period of time at the height of the pandemic. Closure rates also varied by modality (see Table 2).[iii]

TABLE 2. Closure Rates as of May 2020, by Modality[iv]

	Total Centers	Open Centers	Closed Centers	Percent Closed
Day Care Center	2064	850	1,214	59%
Family Day Care	3284	2443	841	26%
Group Family Day Care	7978	6066	1,912	24%
School Age Child Care	2846	896	1,950	69%
Total	**16,172**	**10,255**	**5,917**	**37%**

In a May 2020 survey of 3,355 members of New York State's early childhood workforce conducted by a partnership between the New York Early Childhood Professional Development Institute and Bank Street College of Education, most program leaders reported that their closure was due to recommendations or orders from government agencies (52%), or because the program itself decided it was not safe to stay open (19%). A smaller number of respondents indicated that attendance was too low to remain open (4%), that staff were unable to work (e.g., due to illness or no child care for their own children, 4%), or that staff were unwilling to come to work because of fears of exposure to COVID-19 (3%). Many of these closures were only meant to be temporary, with most programs (66% in New York City; 74% rest of state) reporting in May 2020 that they at least intended to reopen when COVID-19 restrictions were lifted.[v]

The parent survey and key informant interviews both investigated these closures. About half (51%) of survey respondents indicated that their child's program had closed at least temporarily since the beginning of the pandemic; a small number indicated that their child's program closed permanently (4%) or merged with another local program to continue to serve families (6%).

In a key informant interview, one respondent from a Child Care Resource and Referral agency (CCR&R) reported that, within the counties they serve, one center, four group family day care, six family day care, and two school-aged child care programs permanently closed, and that some prekindergarten programs reduced the number of children they serve. The respondent stated that there were only about 45 family day care facilities in their area, so the loss of six family day care programs was devastating. Another interview respondent said that about 30% of child care programs in their county closed temporarily or permanently due to safety reasons, or because they didn't have enough children enrolled to remain viable.

In many cases, permanent program closures were related to financial difficulties. During a key informant interview, a staff member at a CCR&R which serves several counties noted that the programs that permanently closed did so because of lack of funding due to low enrollment (i.e., parents working from home and no longer needing child care), and not due to COVID-19 infections and concerns.

Lack of adequate funding stemmed from two different problems: decreased enrollment, corresponding with decreased income from parent-paid tuition fees, and decreased external funding, such as philanthropic donations, fundraising efforts, and government subsidies. Multiple key informants discussed the ramifications of decreased enrollment. One key informant explained that her financial situation was strained even prior to the pandemic, and that when the COVID-19 pandemic began, she simply did not have the income to remain open. Similarly, according to multiple key

informant interviews, most of the programs that closed permanently were family or group family child care providers that could not stay afloat with reduced enrollments. Lowered enrollments were due in part to families' concerns about COVID-19 exposure and safety, but also due to changes in child care needs after parents became unemployed or were working from home, especially early in the pandemic. During the spring of 2020, a Times Union news article stated that family child care providers reported about a 28% utilization rate; child care centers averaged 15%.[vi] Particularly in New York City, the exodus of families to the surrounding suburbs, upstate New York, and neighboring states[vii,viii] removed demand from local centers, further reducing potential enrollments.[ix]

According to Raising New York, nearly a quarter of New York parents surveyed in April 2020 had removed a child from child care or day care due to the pandemic.[x] Many parents, including essential workers who would have seemed to need child care more than other parents at this time, were not comfortable sending their children to any program due to safety concerns. Additionally, many parents began working from home and were able to care for their own children at home. According to CHSR's parent survey, while 16% of parents reported that their child's program remained open and that they continued to send their child, 13% reported that their child's program remained open but that they kept their child home for non-economic reasons (e.g., working from home or not needing care), and 6% reported that their child's program remained open but that they kept their child home for economic reasons (e.g., not being able to afford child care due to job loss or reduced hours).

In addition to decreased enrollments, programs also suffered a reduction in income due to loss of revenue from child care subsidies. In August 2020, New York State implemented a 20% holdback in its reimbursements due to a budget gap caused by loss of revenue due to COVID. This reimbursement holdback meant that child care subsidies were only reimbursed to programs at 80% between August 2020 and March 2021; while 15% percent of this holdback was reimbursed in March,[xi] a 5% holdback remains in place as of this report (July 2021).

One CCR&R staff member reported that child care centers in their counties were struggling financially prior to COVID-19 and that a loan from the Paycheck Protection Program (PPP), established by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, provided only a temporary bridge. This participant noted that both directors and child care providers were experiencing a financial toll, and that they were unsure if they would recover from the impact of the pandemic. Another CCR&R staff member reported struggling due to delayed contract payments and CARES funding reimbursement. Providers were overwhelmed by having to adjust to changing rules, capacity issues, reduced and lost income, and lack of resources to remain open. At one point, twelve providers in this CCR&R's catchment area were closed; three have yet to reopen. This CCR&R agency supported providers in various ways, including implementing scholarships for essential workers, distributing supplies, and helping providers devise plans to get back on their feet.

For many programs that remained open, or reopened after a temporary closure, financial hardships continued. Centers incurred substantial new costs related to operating in compliance with COVID-19 protocols.[xii] Programs had to purchase new or additional cleaning and disinfecting supplies and acquire personal protective equipment (PPE) for staff. Other expenses included redesigning existing spaces to allow for separation between groups (e.g., creating barriers, signage) and providing meals in a COVID-19-compliant manner (e.g., disposable dishware). A Center for American Progress analysis found that center-based child care providers in New York State that met pandemic health and safety requirements faced, on average, a 31% increase in operating costs during the pandemic; home-based family child care faced 70% higher costs.[xiii] According to one interview respondent, home-based programs serving high-need essential worker communities that continued to operate at capacity still lost, and continued to lose, significant revenue even as the economy reopened.

The revenue loss from decreased enrollments and reimbursements as well as increased expenditures led to difficulties paying fixed costs (e.g., staff salaries, rent or mortgages). It is unlikely that programs could expect to make up this difference by increasing tuition, as child care expenses were often a burden for many families prior to the pandemic and would only be more so after the pandemic, due to many families experiencing decreased income.

Program Funding Strategies

To remain afloat and provide vital services, providers looked to alternative sources of funding. Some secured financial relief through a patchwork of various government benefits, grants, and loans. Beyond these resources, programs also reported developing many innovative strategies that allowed them to sustain their programs as well as provide emergency aid to others.

Most notably, the Coronavirus Aid, Relief, and Economic Security (CARES) Act provided New York State with relief funding in several phases for the ECCE system.

TABLE 3. CARES Act Funding[xiv,xv,xvi,xvii]

Date	Description	Amount
April 2020 (Phase 1)	Funding earmarked for full child care scholarships to all income-eligible essential workers at regulated child care providers and supplies for programs that remained open.	$30 million
June 2020 (Phase 2)	Funding assisted closed child care programs to reopen or expand under new social distancing guidelines. Also provided money for associated supplies and activities (e.g., partitions, technology to support remote learning, broadband access, and cleaning and classroom supplies).	$20 million
June 2020 (Phase 2)	Funding provided to child care providers to pay for half of the cost (up to $6,000) to reopen up to three classrooms as an incentive to restore to pre-pandemic enrollment.	$45 million
September 2020 (Phase 3)	Additional funding to assist child care providers through NY Forward grants as they adjusted their programs amidst the COVID-19 pandemic.	$88.6 million ($20 million of this allocation was repurposed funds from CARES 1 and CARES 2 underspending)

CCR&Rs helped programs and families apply for this funding, which was primarily used to pay for child care scholarships for essential workers. CARES funding thus stabilized child care program enrollment and revenue, helped child care programs re/open, helped CCR&Rs defray the costs of regular program operations and new pandemic-related expenses (e.g., PPE, partitions, disinfecting supplies), and helped programs purchase basic essentials for families in need.

Several program staff described how their program used CARES funding for these purposes. For example, two CCR&R agencies were able to pay child care tuition for essential workers; one agency paid for approximately 15 weeks of care during the pandemic. This money helped relieve a great deal of family stress and freed up money for food and shelter costs. For another CCR&R, the first phase of CARES money was in part used to pay for essential workers' tuition for child care (about 60 children from 50 families); phase 3 of CARES funding, which began in the fall of 2020, allowed the agency to provide a scholarship program for child care workers, thus funding the enrollment of 80 children in 40 different programs. Further, this CCR&R was able to utilize CARES funding to reimburse child care providers for food and supplies, or to purchase those materials directly for child care providers: the first phase of CARES funded the distribution of approximately $10,000 worth of cleaning supplies and PPE to child care providers, and the second enabled the purchase of over $25,000 worth of merchandise, then delivered to over 50 child care providers.

The Paycheck Protection Program (PPP) was a Small Business Association-backed loan meant to help businesses maintain workforce employment during the pandemic. CHSR interviews show that several agencies received PPP funds. The executive director of a parent network agency indicated that a PPP loan enabled them to avoid furloughing any staff. A CCR&R staff member reported that the PPP loan obtained in April "saved our life."

Although CARES Act funding was described as welcomed assistance by those who received this support, many providers still experienced difficulties in obtaining this funding. Programs found the application to be lengthy and confusing. Some programs had difficulty finding information about the funding and applications, and some lacked the technology necessary to complete the application (e.g., needing to print or scan documentation).

Some programs' applications were unsuccessful. Particularly for PPP applications, family child care programs seemed to be especially unlikely to be granted a loan. For example, findings from surveys of the NYS child care providers conducted by the New York Association for the Education of Young Children found that while 85% of center- or community-based programs that applied were awarded a PPP loan, only 56% of family child care programs that applied were approved for a loan.[xviii] As one CCR&R staff member indicated, family providers do not have the support system to apply, and there were many exceptions or criteria that made family providers ineligible.

Even when funds were granted, programs faced significant paperwork and "hoops to jump through" to access the funds, and numerous rules and restrictions regarding their use. One CCR&R staff member said that the many different criteria made it very challenging for some of their programs to utilize the money. Another CCR&R staff member said that it was administratively difficult to implement in their agency.

The timing of reimbursements also proved difficult for providers. The CARES Act only provided reimbursement, not advance funding, which forced providers to spend capital up front and then wait for reimbursement, which they reported was often delayed. While the PPP was intended to provide advance funding, the distribution of the funds was often delayed, resulting in similar issues. In addition, programs often found the funding itself was insufficient to cover the longer-term issues programs were experiencing.

Beyond applying for these two sources of relief funding, programs used a variety of strategies to secure additional funding, reallocate existing funds, or realize savings. Those strategies included:

- securing new funding from private foundations, community organizations, and/or faith-based groups;
- holding fundraising events;
- receiving funding support from their umbrella agencies;
- obtaining permission from preexisting grant sponsors to reallocate funds to meet immediate needs;
- realizing savings from suspended activities (e.g., travel, transportation, space rental) and reallocating these funds for other purposes (e.g., supplies, staff salary enhancements);
- blending and braiding existing funds;
- drawing on existing cash reserves;
- furloughing and laying off staff; and
- keeping vacant positions unfilled.

Program leaders noted that several fiscal strategies were especially helpful. First, some funders granted flexibility or spending plan adjustments and relaxation of deliverables, enabling programs to administer their grants as they saw fit, and allowing them to focus on their greatest needs first. One ECCE program gave flexibility that allowed families to remain enrolled during the pandemic, even if typical program requirements were no longer being met.

Another strategy that was commonly used among programs was to redirect funds from one program function that was no longer active during the pandemic (e.g., transportation funds) to other needs (e.g., cleaning supplies and PPE).

Some staff members highlighted the importance of individual efforts to support families. One CCR&R staff member lauded a child care provider who filled out paperwork weekly for a stressed, overworked parent who received a CARES scholarship of $14 a week. The staff member understood the benefit of helping the parent, both because of the importance of the $14 scholarship to the parent and also because keeping children enrolled in programs allowed providers to stay open. This example was one among the many instances of providers who helped families through the crisis.

These key informant interviews took place before the Biden-Harris Administration's American Rescue Plan Act of 2021, which was signed into law on March 11, 2021. Among the plan's wide-ranging supports, it provided relief to

low-income and working families and to human services agencies. Additionally, it provided $39 billion in child care funding, of which approximately $1.8 billion is estimated to be allocated to New York State. Out of this estimated $1.8 billion, approximately $703 million will likely be used for expanding child care assistance through the Child Care and Development Block Grant (CCDBG) to support families and providers. The rest (approximately $1.1 billion) will be used to create a child care stabilization fund for eligible child care providers to cover myriad expenses such as personnel costs, rent, facility maintenance and improvements, COVID-related supplies like PPE, mental health supports for children and educators, and reimbursement of costs associated with the pandemic.[xix] These funds may help support the child care system and prevent further program closures, but their impact remains to be seen.

Impact on Program Operations

Beyond the financial difficulties experienced, programs that remained open or reopened after temporary closure experienced major changes to program operations and service delivery due to COVID-19. These changes included protocols for social distancing and safe contact in the workplace, shifts to allow for remote or virtual work, and changes in the services provided to families.

For guidance on needed changes or how to implement these shifts, ECCE programs turned to federal, state, and municipal government agencies and early childhood support organizations for regulations, information, resources, and guidance, much of which was found online.[xx,xxi,xxii,xxiii,xxiv,xxv] The predominant authority on safety guidance was the Centers for Disease Control and Prevention's (CDC) *Guidance for Child Care Programs that Remain Open*, which covered the following topics:

- strategies for social distancing;
- cleaning and disinfecting;
- modifying drop-off and pick-up procedures;
- screening procedures upon arrival;
- maintaining an adequate ratio of staff to children to ensure safety;
- recruiting staff with child care experience to ensure a roster of substitute caregivers; and
- masking within the facility.[xxvi]

Programs were also provided with guidance from OCFS, which included:

- masking and PPE;
- staffing plans;
- disinfection logging;
- needed signage;
- daily health screenings; and
- processes for addressing sick staff and children.[xxvii]

Programs also followed standards and guidance from the national organizations with which they were affiliated; for example, Healthy Families New York programs followed guidance from Healthy Families America on conducting virtual home visits and on the use of technology to facilitate visits.[xxviii] Additionally, various trainings were developed for providers, most notably from QUALITYstarsNY.[xxix]

A Socially Distanced and/or Remote Workforce

Many programs, particularly those providing parent-based services or early care administration and research programs, were able to change their operations to allow for social distancing and/or remote work. Key informants from all program types discussed their approaches to these workplace changes. Such protocols were often in flux over the year due to changes in COVID-19 positive cases, with some increases in on-site work over the summer but reversions back to remote work in the fall surge.

Programs developed several strategies that allowed their staff to have a better experience working through the pandemic. These included:

- flexible hours or schedules for their staff (e.g., allowing staff to complete their work in the evenings, leaving regular work hours available for staff members' own child care);
- creating rotating or staggered schedules for in-office work to allow for social distancing;
- encouraging staff communication through frequent staff meetings or the use of teleconferencing platforms;
- creating "go-bags" that included all materials staff would need to work remotely;
- hiring additional staff to provide coverage for staff required to quarantine;
- developing telecommuting policies and work rules; and
- planning a slow and steady return to work to avoid a jarring re-entry and allow a gradual re-normalization.

Programs found the transition to remote work to be smoother when program staff were already equipped with needed technology (e.g., laptops), when key functions were already outsourced (e.g., human resource activities), or when documentation was already online and available remotely.

However, many programs faced significant challenges in implementing these changes. Programs reported that staff did not have sufficient technology or technical expertise to support remote work. While some programs were able to loan or purchase such equipment (e.g., laptops, printers) or software (e.g., teleconferencing subscriptions, programs that allowed staff to access work phones from their homes), others lacked the resources to do so. Programs also noted that some functions could not be fulfilled remotely, necessitating some in-office work. Programs also reported that staff had difficulty balancing their work and their family life, especially when children or other household members were also in the home.

Further, social distancing had a more dramatic impact for specific program types, especially those providing child-based services. Providing a safe child care environment necessitated the restructuring of the program model, myriad procedure changes, and adaptations to the physical environment to ensure the safety and well-being of program staff, families, and children. A huge number of new protocols needed to be developed, such as those focusing on:

- cleaning, sanitization and disinfecting;
- staffing;
- morning drop-off procedures;
- handling children's toys and supplies;
- outside play;
- social interaction among children;
- serving meals;
- end of day pick up; and
- masking.

Some home visiting programs also described strategies for socially distanced service delivery to families, including conducting outdoor or "porch" visits, conducting in-home visits but maintaining at least a six-foot distance from families, or conducting in-person work with PPE.

Virtual Programming

In addition to shifting to remote work, many programs also shifted to virtual service delivery for their children and families, with mixed success. Some key informants reported that virtual home visits, parent meetings, and parent education sessions kept parents engaged in services throughout the pandemic. Several key informants also mentioned that while virtual services for preschool special education or state administered Pre-K did not fill learning and enrichment gaps, they served to keep children connected to their teachers and classmates. All participants, however, concluded that virtual services were not helpful for infants, toddlers, or children with developmental delays or disabilities, unless they were focused on helping the parent provide home-based support. However, given that in-person services were restricted, providers did what they could to keep children and families engaged. Findings from a May 2020 survey of NYS's early childhood workforce conducted by a partnership between the New York Early Childhood Professional Development Institute and Bank Street College of Education showed that approximately 70% of New York City respondents, and half of respondents from the rest of the state, were engaged in remote instruction.[xxx]

Key informant interviews described the various ways in which different types of programs transitioned to and conducted virtual programs and services. Several themes were common across program types. Most described shifting all, or almost all, of their service delivery to virtual platforms, whether for individual client contacts or group meetings. Staff described conducting virtual visits or calls with individual families. Other strategies for virtual service delivery included:

- having both staff and families record videos of themselves performing certain activities (e.g., reading) to share with each other;
- using YouTube videos to teach classes or share information;
- using Facebook groups to disseminate information to many families at once; and
- holding parenting groups over Zoom.

Programs described their success with holding events virtually. One CCR&R noted that changing a scheduled child care conference for professionals to a virtual format resulted in high attendance, while a home visiting program described conducting virtual events, such as a virtual program graduation, for the families served. Another CCR&R made weekly information-gathering calls to community providers (e.g., to determine whether they were open or accepting new children), then created a Google Doc with up-to-date information for staff to disseminate to families.

One program serving families of children with developmental disabilities conducted mask trainings. The program used social stories, graphics, and cartoons to explain to children why they needed to wear a mask and how to do it. Another program serving children with developmental disabilities pivoted to providing services via video conferencing, conducting telehealth visits, and assisting parents with remote school learning. Programs also reported conducting Early Intervention evaluations in a virtual environment.

Additionally, some CCR&Rs and home visiting programs reported providing virtual staff trainings or facilitating virtual connections between programs to allow for peer support, whether via Zoom "forums," listening sessions, or regular phone calls. Similarly, some home visiting programs reported having staff complete external trainings (e.g., becoming certified lactation consultants) online instead of in-person.

But in moving to virtual service delivery, many programs had to reconsider content and engagement strategies. Programs described making deliberate decisions on virtual programming based on a wide variety of considerations, such as:

- content;
- program length;
- materials;
- audience participation techniques;
- best time of day for classes;
- managing interruptions; and
- ensuring smooth presentations.

In some cases, programs shortened sessions, recreated handouts to be appropriate for a virtual format or eliminated certain unneeded materials. Others moved all programming online, exhibiting flexibility by altering some program offerings to accommodate parents' schedules, resulting in higher attendance and participation. One advocacy program facilitated a focus group to learn more about parent needs during the pandemic and is now planning a year-long program of virtual meetings for parents to address the specific topics gleaned from the focus group.

Additionally, programs had to consider methods of building rapport and strengthening trust with clients over online platforms. Part of this work included helping clients feel comfortable sharing sensitive documents or personal information electronically; one advocacy program described how legal staff talked to clients to ameliorate privacy concerns.

In some cases, programs also worked to connect clients with needed technology or with internet access, either by supplying the technology themselves or finding local libraries with Wi-Fi. Some also supplied hotspots to families living in areas with poor Wi-Fi. One home visiting program reported that their national service office had partnered with a major phone carrier to provide free iPhones and data plans to families in need; after three months, families were able to keep the phones for free, and could switch to a different data plan.

The value of virtual programming was recognized, though not immediately. It took one advocacy program well over a month to begin virtual services. Programs had to assess how to pivot to virtual programming; many were technically ill-prepared for the task. One early childhood education program scrambled at the outset — it surveyed staff and families to gauge their Wi-Fi and technical capacity, helped with connectivity and supplied equipment. The program tried several platforms before moving to Google classroom. Among their virtual activities, staff read to students and play-acted. They also provided various trainings for staff and families (e.g., mental health in Spanish, cooking classes). The program's key informant interviewee said that the silver lining of COVID was that it made the organization more tech-savvy and they are ready if this should ever happen again. A CCR&R credited Zoom with allowing providers to have real-time interactions with each other, and increasing training participation for those providers not previously, or not as frequently, engaged. A parent program saved money on meeting space rental by conducting virtual meetings via Zoom. Virtual programming also increased efficiency: one CCR&R staff member spent less time driving, resulting in more time connecting with providers and more office time to conduct research, follow-up with providers, and assemble materials.

For parents, a primary benefit of contactless virtual services was the mitigation of their fears of COVID-19 exposure. Secondarily, services otherwise halted could continue. Parents whose well-baby appointments were suspended by a health care provider could be seen virtually by a home visiting staff member. A home visitor reported that they reached more families virtually than they had in person. Additionally, geographical distance can create barriers to providing and receiving service, whereas virtual programming can lessen difficulties and facilitate making contact with those families willing and technically able to connect virtually. An advocacy program staff member who favors continuing virtual services thought that some clients might find it easier to communicate and receive services virtually—those limited by issues related to transportation, child care, and disabilities.

But not all families were able to reap the benefits of virtual programs. Some, particularly those living in rural areas, lacked equipment and stable internet service. In addition, an advocacy program staff member reported that at the beginning of the pandemic 60% of the families served were not computer-savvy. Scheduling Zoom meetings and encouraging attendance was thus initially very difficult, though by early 2021, about 50% of the families understood the concept of Zoom meetings and had become accustomed to them. Second, a home visiting staff member reported that virtual programming is more challenging for newly enrolled clients because they lacked the establishment of a personal relationship. Some clients were not at home during the scheduled virtual visit resulting in fewer visits. Another drawback is that staff can't adequately assess a home environment or observe at-home parent-child interaction.

Virtual services were often insufficient to meet the needs of families with young children, particularly children enrolled in Early Intervention special education programs and other children with disabilities. Broadly, virtual services can be more difficult for children diagnosed with ADHD or autism spectrum disorders as they might have issues related to listening, focusing, and sitting in front of a computer for any duration. Some children (e.g., those diagnosed with autism spectrum disorders) do not adjust well to a change in routine; the pandemic-related changes could heighten pre-existing anxiety in these children, and lead to other emotional or behavioral problems. Virtual programs could also stress overburdened parents and children. An advocacy program staff member noted that parents of children diagnosed with autism frequently reported serious difficulties with virtual services: the staff member reported that parents felt that it was so much extra work for children to sit at a computer that getting children to focus on what the teacher was saying was "next to impossible." Some services were simply difficult to deliver effectively in a virtual setting: a CCR&R staff member said that it is "hard" to do speech therapy and "impossible" to do physical therapy over Zoom. Virtual services were sometimes also not delivered at the same frequency as they were in-person: an advocacy program staff member reported that children's three times weekly at-home in-person speech therapy was reduced to one day a week virtually.

Data from the parent survey supports these findings. Respondents were asked about availability and satisfaction with virtual programming. Thirty percent of survey respondents indicated that their child's program or services continued virtually. Among the 64% of respondents who were somewhat to completely satisfied with the virtual services that

their child received, the top three reasons for their satisfaction were having the proper devices/apps to participate (61%), having reliable high-speed internet (61%), and lessons being offered during a time their child could participate (60%). Among the 20% of respondents who were somewhat to completely dissatisfied with the remote/virtual services that their child received, the top three reasons for their dissatisfaction were that their child could not sit still throughout the lesson (70%), the lessons were not appropriate for their child (47%), and the lessons/services were not engaging (47%).

Providing New Services

Many programs shifted the services they provided in response to the situations presented by the pandemic. One large change was that many programs purchased, coordinated, or supplied essential goods directly to families, often using CARES funding or private foundation funds, when they had not previously done so. Such materials included food, clothing, infant supplies, PPE, toilet paper, cleaning supplies, school supplies or learning materials, or technology for virtual visits or children's schooling. Some programs created distribution centers in parking lots; others delivered essential items to families at their homes.

Some helped families apply for financial assistance for rent, utilities, or other expenses (e.g., through government benefits or CARES Act scholarships), or connected families with needed resources through referrals or new partnerships. Some programs also helped essential workers meet their child care needs, whether by providing that care themselves through regular or temporary day care, working to reopen after temporary closures specifically to serve such families, or by identifying other facilities with openings.

Programs also drew on established and new collaborations with community partners for one-way or mutual assistance. Some worked with local supermarkets or faith-based charities to distribute food products; others partnered with local social services agencies to acquire and distribute goods or connect families to needed resources such as food pantries.

Programs also reported providing guidance and information, debunking misinformation about the coronavirus, and, later, about vaccines. Programs also helped families with other COVID-related medical needs, including obtaining testing or coordinating services for sick clients.

Reflecting on Program Changes

Programs reflected on the changes made in their businesses and program operations and identified key benefits of virtual operations, such as:

- reaching a wider audience;
- increasing engagement;
- flexible work hours;
- travel time reduction; and
- cost reduction (e.g., decreased travel, decreased need for rental space).

Over half of representatives favored continuing some aspects of virtual operations (e.g., virtual meetings and visits).

However, staff also acknowledged some key challenges of virtual operations, including:

- difficulty reaching families who lacked sufficient technology;
- challenges in providing certain services virtually;
- challenges in engaging certain children and populations virtually; and
- challenges in providing services virtually without increasing parent or family stress.

Others favored the continuation of some operational changes:

- continuation of new funding sources;
- strengthened interaction of staff with the CCR&R network;
- increased collaboration between programs;
- increased communication between programs and families, especially between visits;
- "no pressure" contacts, where staff check-in with families without asking for anything;
- focus on equity and inclusion;
- enhanced sanitation; and
- smaller class sizes.

Changes such as these made by programs and their individual staff members allowed programs to continue operating. Staff adaptability in particular allowed programs to implement crucial new procedures to meet health and safety guidelines. Additionally, staff members undertook new roles and activities (e.g., administered CARES Act activities, responded to emergency needs; redirected staff to handle COVID-related issues) to support programs and families during the pandemic. Child care providers of all types exhibited resiliency and adaptability by keeping doors open, showing a willingness to meet community needs by providing child care to essential workers in order to keep communities functioning.

Flexibility in scheduling was a key programmatic change that supported staff as well as the families served. Staff working from home benefited by being able to attend to their own children during the school day and work in the evenings. Parents benefitted when programs offered families a range of hours to attend a virtual visit instead of a specific time, subsequently increasing visit attendance.

Staff were very adaptable and displayed a willingness to try new things to make services work during the pandemic. During interviews, program staff were asked to share stories that made them proud to work in the early childhood field during the turbulence of the pandemic. Below is a selection of their stories:

- During a supply drop off for a program family, a family resource center staff member met another mother with four children who were experiencing homelessness and residing at the same motel as the program family. The staff member took the initiative to help the family. The agency rallied behind the staff member to help this family get furniture, clothes, and toys, and to connect the family to services to facilitate stabilization. The effort helped the staff person grow and learn about her role in supporting families. Feedback from that experience helped the program compile a set of written resources for connecting families to such services.
- A CCR&R team stepped up to help child care providers as quickly as possible—to provide supplies they needed, to reach out to them so they did not feel alone, and to meet their needs during uncertain times. Teamwork and camaraderie were the program's biggest success story.
- At a parent program, everyone came together in the beginning of the pandemic to perform needed activities, including food distribution, mask making, and putting together resources. Within three weeks, the program had an "amazing system" put into place that continues to be refined to meet evolving needs of families.
- A CCR&R representative said that providers are intensely grateful for the services that their program provided them—training, CARES Act support, communications to ensure they understood COVID protocols. Community collaboration is a strength of the service area. NYS can rely on CCR&Rs to know their providers and to help them with questions. The program markets itself as a "connective tissue."
- An ECCE representative said there were so many instances when she felt pride because a staff member went above and beyond expectations. Collectively, the program did not "miss a beat". Some staff were working 70 hours a week to make sure the program would stay open and serve families. Staff rolled up their sleeves and did it.
- A Home Visiting representative applauded the willingness of the brave staff who were dropping essentials off to families and risking their own safety because families were in need.

Relationships Between Partners

Program representatives described how their relationships with state agencies and the level of support they received changed during the pandemic. Their responses reflected a wide variety of experiences. Some programs reported gaps in their relationships with state agencies, with the move to remote work making it more difficult to contact state partners, while others felt that they had more contact with these agencies than ever before.

Some providers felt that there was a lack of guidance, leaving programs confused as to whether they needed to adhere to regular or pandemic rules. Child care programs in particular were frustrated with the lack of early guidance, guidance clarifications, and answers to their questions. One respondent lacked confidence in state agency knowledge, feeling that agencies did not know what they were doing and would give guidance without knowing what it would look like in practice.

Some programs felt that some state agencies were unable to offer needed support, while in other instances, agencies would offer support but lacked follow-up. Some felt that more emphasis was placed on passing audits than on ensuring providers had what they needed to operate healthy and safe environments. Programs also noted that the progress of licensure, contracts, paperwork, or payments became delayed or paused entirely.

However, some programs experienced strong support from their state agency contacts, including responsiveness and frequent communication in answering questions or providing new information as it became available. Some felt their agency contacts were supportive and empathetic as they provided guidance and tools, such as one program that received assistance with CARES funding from OCFS, or another that was part of a collaboration between staff at DOH, WIC, and New York City Department of Health & Mental Health (NYCDOHMH), along with other nonprofits.

Challenges between programs were not limited to state agencies. In some cases, pandemic-related shutdowns hindered the development of new relationships or caused otherwise routine meetings to come to a halt. In other cases, staff were unable to effectively use virtual platforms, delaying communications between programs and partners. Pro-grams also noted that, given limited resources, they often prioritized their own activities over reaching out to partners.

However, most programs reported a positive working relationship with partners during the pandemic. Some felt that existing relationships and collaborations were strengthened as programs worked together towards common goals, such as a school district allowing a CCR&R to use their reverse call system to let families know the school district office was available as a resource, or two child care councils supporting each other with professional development activities.

Some programs were able to make new and broader partner network connections, such as partnering with a local mental health support service to provide mental health trainings or working with a local food drive. Similarly, some programs were able to broaden the scope of activities with existing collaborators.

Some programs described enhanced communication with partners, via virtual meetings or other forums. For example, a regional partnership between partners that had previously lacked steady communication was strengthened due to an intentional increase in communication. Similarly, some programs noted the development of stronger two-way communication channels between CCR&Rs and providers (e.g., new/more providers now reaching out to CCR&Rs). Some were involved in weekly statewide conference calls with center directors to brainstorm strategies to deal with the impact of COVID-19, which brought agencies together and decreased the likelihood of agencies operating in silos. One respondent participated in a newly created task force that met monthly with other program directors to talk about strategies for managing challenges.

The pandemic offered challenges but also opportunities for collaboration within the ECCE system, fortified by a strong collaboration of state agencies, early childhood programs, and other partners.

Impact on ECCE Staff

The national child care workforce—comprised in New York State almost entirely of women, 40% of whom are people of color—has long been grossly underpaid. Half rely on public assistance, 86% make less than $15 per hour, and only 15% receive employer-sponsored health insurance.[xxxi] The pandemic, and resultant closure of child care programs, exacerbated this financial instability. Twenty percent of early childhood workers surveyed in May 2020 by the New York Early Childhood Professional Development Institute and Bank Street College of Education reported being unemployed and experiencing financial stress; fifteen percent of workers (13% in New York City, 16% in the rest of the state) reported being unemployed/furloughed during closure with assurance to return to work and 4% reported being laid off with no assurances of any intention to rehire.[xxxii]

While some workers chose to leave their positions, whether to lessen their risk of exposure to COVID-19 or because of their own child care needs, other workers remained employed at ECCE programs and reported significant changes due to COVID-19. While remaining employed ensured the continuance of a paycheck, working during the pandemic was fraught with issues, most notably fear of infection. It was revealed in key informant interviews that staff feared exposure to or contraction of COVID-19, including fears for themselves or of passing it to their own families. Staff also reported concerns about having access to sufficient PPE to protect themselves from potential exposures.

Some staff reported experiencing changes related to staffing and work assignment, such as the scope and volume of their work assignments changing or increasing. Some staff were concerned that they would be unable to accomplish all assigned tasks due to increased workload. Some staff, particularly ones with medical backgrounds, were re-directed to work on COVID-related issues. Some staff reported working more hours than usual, either to accomplish new tasks or to fill coverage needs.

Some challenges arose due to remote work in general, including isolation from coworkers, particularly when in-person work had been the norm, and difficulty maintaining a work-life balance. This balance was particularly difficult for those providing services for families and caring for and/or supporting virtual schooling for their own children. Some staff reported technology-related issues for both themselves and the families they served. Others noted concerns about protecting family privacy when working in a shared space at home, or about maintaining close relationships with families virtually.

Such challenges resulted in serious impacts on staff mental health, with staff reporting fatigue and burnout, stress, depression, and grief in response to the ongoing pandemic.

Programs did implement strategies in attempts to mitigate the impact of the pandemic-related changes on their staff. Some tried to ensure that staffing patterns met demand; some reallocated funds for things like supplies and staff salary enhancements. Most, if not all, implemented strategies related to remote work that were aimed at ameliorating these issues.

Many programs supported staff and families with issues related to mental health and well-being. Some drew on expertise within the state and community, including conversing with DOH to help with decision-making and partnering with mental health support services that provided mental health trainings. One program worked with an academic expert in the field who advised them as to how parents can help their children with anxiety. Some programs conducted train-ings on mental wellness; provided mental health consultation, support, and referrals for staff and families; provided resources (some in multiple languages); and promoted employee assistance programs for counseling. Other strat-egies included emphasizing human connection and conversation—conducting frequent meetings, calls, and check-ins for sharing resources and stories and answering questions; validating other’s feelings; and relying on resources in professional networks. Some programs promoted self-care, such as weekly self-care forums and implementing a fitness program with incentives for staff to exercise daily.

Impact on Families

The COVID-19 pandemic resulted in several types of major changes for families, both in terms of employment and need for child care and the availability of resources for procuring that care. Most parent survey respondents believe that their child (59%) and their family (65%) have been at least somewhat negatively impacted by the changes to their child's early care and education programs or services since the beginning of the pandemic.

One major impact of the COVID-19 pandemic on individual families was a change in employment status, whether temporary or permanent. The statewide unemployment rate had been at a record low of 3.8% in January 2020;[xxxiii] it increased from 4.5% in March 2020 to 14.5% in April 2020, the state's largest recorded monthly increase since current record-keeping began.[xxxiv]

As Table 4 indicates, since the start of the pandemic, 41% of the parent survey respondents, and 39% of their spouses/partners, had experienced job loss, income loss, or reduced hours at some time during the pandemic. In some cases, such as full unemployment, these changes meant parents were home with their children, and that child care was no longer an immediate need; in others, the lost income meant that paying child care fees or tuition was no longer viable.

TABLE 4. Work experiences reported by parent survey respondents.

	Respondent, N (%)	Respondent's Spouse/ Partner, N (%)
Continued to work regular or increased hours, but duties were performed at home	182 (38%)	127 (26%)
Continued to work regular or increased hours at a job location outside of the home	118 (24%)	139 (29%)
Furloughed/laid off	51 (11%)	53 (11%)
Voluntarily reduced the number of hours typically worked	49 (10%)	28 (6%)
Hours typically worked were reduced by employer	31 (6%)	40 (8%)
Voluntarily quit job	23 (5%)	15 (3%)
Hourly wages or salary reduced	22 (5%)	32 (7%)
Self-employed and lost a significant amount of business income	21 (4%)	17 (4%)
Able to find another job	18 (4%)	13 (3%)
Hired back at pre-COVID job	18 (4%)	6 (1%)
None of the above	74 (15%)	58 (12%)
Not applicable, does not have spouse/partner	53 (11%)	
Total	**484 (100%)**	**486 (100%)**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

More than half of parent survey respondents (62%) and their partners (55%) continued to work regular or increased hours, either at home (38% and 26%, respectively) or outside the home (24% and 29%, respectively) since the start of the pandemic. Child care thus continued to be a need throughout 2020: nearly half of respondents still needed the same amount or more in-person child care and education programs for their child in spring 2020 (47%) and summer 2020 (48%), and nearly two-thirds in fall and winter 2020 (65%).

The statewide school closures and closure of many ECCE programs due to the pandemic made it difficult for families to fulfill this need. In the beginning of the pandemic, some emergency child care programs were open for essential

workers, but parents working in non-essential jobs, or parents of older school-aged children, were left searching for a way to balance child care and work. An April 2020 survey conducted by Raising New York found that 26% of parents of infants and toddlers reported that their child's child care provider had closed or modified its hours.[xxxv]

While many programs transitioned to virtual or online services for at least some duration during spring 2020, not all did. Raising New York found that 38% of parents who had an infant or toddler who had been receiving services from Early Intervention, Early Head Start, or home visitation programs prior to the pandemic reported that they were no longer receiving them as of April 2020 and had not been given the option of virtual services.[xxxvi] Further, even when online services were offered, 32% of parents did not think virtual services would benefit their child, 11% did not have the technology necessary for their child to participate (e.g., computer, tablet, or smartphone; internet access), and 10% did not have an adult in the household that could participate in the session with the child.[xxxvii]

Virtual services were especially inadequate for families with young children with disabilities, particularly children enrolled in Early Intervention and special education programs. Virtual speech therapy and physical therapy were not felt to be effective substitutes for in-person services. Virtual services can be problematic for children diagnosed with ADHD or autism spectrum disorders as they might have issues related to listening, focusing, and sitting in front of a computer for any duration. One key informant reported that some parents of children whose services were disrupted and provided virtually tried to continue services by acting as a paraprofessional themselves, though they did not have the training to assume the role.

Providers serving specific ethnic populations, immigrants, and non-English speaking and multiple-language families reported that immigration status (e.g., being undocumented) posed challenges in addition to those already faced (e.g., educational and skill deficiencies, language barriers, limited work opportunities, lack of resources, fear of gov-ernment intervention and deportation). Many of these families already had significant barriers to accessing medical care and medical insurance coverage; families lacking proper documentation were often hesitant to reach out for help in the community and to receive services, including medical care and vaccinations. Additionally, immigrant families commonly live in larger multi-family households, thereby increasing the risk of the spread of COVID-19. Some Asian families also experienced increased xenophobia due to repeated references in the media to the Chinese origins of the virus.

ECCE programs are sources of support for these families (e.g., CCR&Rs, parent programs serving specific ethnic communities, advocacy programs for immigrants), and acted as such during the pandemic. One CCR&R consultant conducted outreach and training for families of an African ethnic group. Another CCR&R drew on bilingual staff who reached out and supported families in their home languages. Through a mental health project, the organization created resources and supports in multiple languages for distribution to families and providers. An ECCE education program also provided resources in Spanish and English. After transitioning to virtual services, an advocacy program recognized clients' concerns about transmitting personal documents online; they then involved their legal staff to address these concerns. Another advocacy program conducted a focus group with parents about their challenges during the pandemic. This activity resulted in a year-long program of virtual meetings with parents to help them navigate through the pandemic.

Notable Remaining Needs and Recommendations

The key informant interviews and parent survey data illuminated the impact of the pandemic on ECCE programs, staff, and families. Mitigating strategies implemented by ECCE programs were identified, but significant remaining needs were also identified:

- First, programs continue to struggle financially. The loss of revenue due to persistent lowered enrollment, decreased or delayed reimbursements, and increased necessary expenditures resulted in program closures.

And while CARES and PPP funding partially prevented such closures by providing money to support child care scholarships, supplies, and purchase basic essentials, the funds themselves were reported to be difficult to receive and utilize.

- Second, programs needed to make major changes to their operations to continue providing services. Many shifted to virtual service delivery, at least for a period of time, though this solution was not workable for all families. Virtual service delivery requires sufficient technology, which some families lacked. Further, some ser-vices were especially difficult to deliver via a virtual platform, and some children had an especially difficult time receiving services from a virtual provider. Programs also pivoted to providing material goods or connecting families with other providers and resources; this change allowed them to continue helping families, but also represented a different operational model from their original charters.
- Third, the pandemic has had a huge impact on ECCE staff and families. Staff displayed remarkable flexibility and adaptability, but still faced significant challenges. Many ECCE staff were furloughed, fully laid off, or chose to leave their positions because of the pandemic. Others continued to work but had to face the threat of exposure to COVID-19 and adapt to significant changes in their positions or work environments. Many families lost their employment and often their child care, whether temporarily or more permanently, had to adapt to virtual service offerings, and may have faced additional hurdles to staying safe and receiving services.

Based on the data presented in this report, the following recommendations for strengthening the ECCE system should be considered, both specifically in response to the COVID-19 pandemic and more generally:

Optimize Fiscal and Program Operations

Program-Level Recommendations

- Adapt interventions and services to offer virtual delivery or hybrid models where in-person service delivery is combined with virtual service delivery when possible.
- Survey program participants and staff to assess technology needs and preferences as part of standard practice when transitioning to virtual or hybrid services.
- Address the digital divide, especially in rural and low-income communities, by forming partnerships with businesses willing to donate technology and devices, and to provide trainings to program staff and participants. Additionally, allocate more money in program budgets for technology.
- Continue to emphasize mental health resources and supports to foster emotional well-being for staff and families, particularly in vulnerable populations. Programs should consider mechanisms for periodic participant check-ins to assess and meet mental health needs.
- Build community and private sector partnerships to provide concrete services to help families meet basic needs beyond the pandemic.
- Hire staff to assist with funding applications, especially for home-based providers who are most in need of this assistance and develop strategies for blending and braiding funds from multiple sources (more information on braiding and blending can be found here: https://www.ccf.ny.gov/files/7515/7909/7916/BlendBraidGuide.pdf).
- Develop a contingency plan for supporting children and families during extended closures of Early Intervention and special education programs. Gather insights from parents, therapists, and others, and include resources for when professional help is limited.

State-Level Recommendations

- Examine the benefits and barriers to virtual or hybrid service delivery and interventions. This work should include the development of resources and strategies to mitigate the digital divide among program participants. Data from these interviews suggest that a virtual or hybrid service model is possible for many; the advantages and disadvantages of these options are worth exploring to expand the early childhood service system's program offerings and reach.

- Provide flexibility in budgeting and allow programs to purchase what is most needed for their families. Investigate the impact of allowing re-allocation of program budgets, depending on service delivery method; allow allocation of more funding for technology for participants.
- Collect more data on funding sources accessed by programs during the pandemic and develop a single statewide resource that programs can look to for guidance.
- Encourage more flexibility in funding use during times of crisis, and to grant more authority to programs who are most familiar with program and family needs.
- Evaluate the ways programs adjusted their standards and operations during the pandemic, and use the information learned to guide potential changes, especially in areas of the state where access to ECCE programs is limited and where programs struggle to remain viable.

APPENDICES

Appendix A: Key Informant Interview Script and Interview Questions

Key Informant Interview Script

Thank you for taking time out of your busy schedule for today's interview. My name is [facilitator's name]. I will lead the discussion. [Note taker's name] will take notes. We are researchers from the Center for Human Services Research at the University at Albany, State University of New York.

The New York State Council on Children and Families has partnered with our Center to conduct interviews with representatives throughout the NYS Early Childhood Care and Education System to learn how the COVID-19 pandemic has affected programs and services for New York's youngest population. This partnership began last year with the NYS Birth Through Five Preschool Development Grant Needs Assessment. The Needs Assessment analyzed the landscape of the State's early childhood system. It was funded by the US Department of Health and Human Services Administration of Children and Families through the grant. The State has received additional funds to continue the work of the grant, including updating the Needs Assessment. Data from these interviews, as well as parent surveys, will update the Needs Assessment conducted in 2019. Information about the grant, including the Needs Assessment Executive Summary, is on the Council's website.

In today's interview we want to know about the struggles and successes your program has faced over the last year. I'll ask questions related to how the pandemic affected different aspects of your program, challenges faced, strategies implemented, and changes made.

Your knowledge and views and are very important. There are no right or wrong answers. We appreciate your candor and your willingness to participate in this interview. We are only talking to a limited number of people, so feel free to express your opinion, as your views may represent many others across the state.

Today's interview will last about 1 hour.

In addition to taking notes, the interview will be audio recorded through Zoom to ensure that we don't miss anything. The recording, along with the notes, helps us catch all the important details. If something comes up during the discussion that you do not want recorded, please let me know. I'll stop the recording for that portion of the discussion and resume when you are ready. The recording may be transcribed, but all transcriptions and notes will be destroyed at the end of the project.

Your name and any other identifying information will not be used as part of our analysis. Your responses are kept confidential by Center staff.

Do you have any questions before we get started?

Key Informant Interviews Questions

Program Administrators/Staff

Briefly, describe the early childhood program where you work and the population it serves. What is your role in the program?

For all the following questions, please think specifically about your program's policies, programs, and activities that impact children and families with children ages birth through five years old.

1. **What impact did NY PAUSE, beginning in mid-March, have on your program? (Probes)**

- Program funding
- Program operations
- Staff working in your program
- Children/families your agency services that are from any of the following vulnerable groups:
    - Immigrants/refuges
    - Living in multi-language households
    - Living in low income households
    - Homeless
    - Children ages birth-5 receiving Early Intervention or special education services
    - Living in rural communities
- Other children/families your agency services

2. **In addition to the pandemic, many programs were impacted by the Black Lives Matter movement and subsequent heightening of race equity discussions. How was your program impacted by this?**

3. **What, if any, funding assistance did your program apply for to help keep the program open? What was the result of that process?**

- Did you receive all or part of the funding you applied for?
- How did the funding or lack of funding affect your program?
- If your program had to close temporarily, what changed to allow it to reopen?

4. **What has been the biggest challenge your program has faced during the COVID-19 public health emergency?**

If program permanently closed, skip to question 11.

5. **What other business and/or funding strategies did your program use to remain open or reopen?**

- What was the most successful strategy? Why?
- What were the strategies that were less successful? Why?
- What are the additional funding strategies your program needs to remain open long term?

6. **What changes did you have to make to program operations during this time?**

- What were the barriers/challenges to making these changes? How did you overcome them?
- What were the most successful strategies related to program operations? Why?
- What were the strategies that were less successful? Why?

7. **How did your relationship with state agencies change during this time?**

8. **How did your relationships with other programs/partners change during this time?**
    - Did you receive any particular community or other support?
    - Did you form any new relationships or collaborations during this time?
9. **If there was one change you made during this time that you could make permanent to the business side of your program, what would it be?**
10. **If there was one change you made during this time that you could make permanent to the operations of your program, what would it be?**
11. **If there was one thing you could go back and do differently during this time, what would it be?**
12. **Can you share a story about an incident that made you proud to work in your field during these uncertain times?**
13. **Is there anything else you would like to add?**

Appendix B: Parent Survey Demographic Tables

Response Information

	N
Respondents who started survey	1118
Of these: Respondents who provided their child's age	790
Of these: Respondents who indicated their child was six or younger	772
Of these: Respondents who answered at least one content question	651
Final N	**651**

Survey language administration and response

	N	%
English	642	83
Chinese	72	9
Spanish	56	7
Russian	2	<1
Bengali	0	0
Haitian/Creole	0	0
Korean	0	0
Yiddish	0	0
Total	**772**	**100**

Demographic Information

Respondent Characteristics

Respondent region *

	n	%
New York City	75	17
Mid-Hudson	62	14
Finger Lakes	50	12
Central New York	48	11
Western New York	42	10
North Country	39	9
Capital District	35	8
Southern Tier	32	7
Long Island	31	7
Mohawk Valley	16	4
Total	**430**	**100**

*Respondents were asked "In what zip code do you live?" Zip codes were converted to counties, and counties to economic regions.

Which best describes your racial identity? (Select all that apply)

	n	%
American Indian / Alaska Native	29	6
Asian	39	9
Black/African American	41	9
Hawaiian/Pacific Islander	3	1
White	339	74
Other	5	1
Spanish/Latino/Hispanic*	14	3
Total	**455**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options
*Respondent chose "other" and then self-identified as being of Spanish, Latino, or Hispanic origin

Are you Hispanic or Latinx?

	n	%
Yes	98	21
No	373	79
Total	**471**	**100**

Non-White and Hispanic respondents

	n	%
Non-White or Hispanic	171	26
White or Non-Hispanic or Unknown	480	74
Total	**651**	**100**

Note: Non-White and Hispanic includes 1) All respondents who reported that they are Hispanic, regardless of their race, and 2) All respondents who reported they are non-White, regardless of their ethnicity.

What is your primary language?

	n	%
English	408	88
Spanish	35	8
Chinese	14	3
French	2	<1
Bengali	1	<1
Creole	1	<1
Fula	1	<1
German	1	<1
Russian	1	<1
Thai	1	<1
Total	**465**	**100**

What is your gender?

	n	%
Male	66	14
Female	397	85
Non-binary / third gender	4	1
Total	**467**	**100**

What is the highest level of education you have ever completed?

	n	%
Less than high school diploma or GED	29	6
High school diploma or GED	56	12
Some college (including Associate's degree)	126	27
Bachelor's degree	120	26
Graduate degree (Master's, Doctorate)	137	29
Total	**468**	**100**

Which best describes your employment status?

	n	%
Work one full time job	271	58
Work one part time job	47	10
Currently unemployed and looking for work	43	9
Work more than one job	42	9
Not in the job market	40	8
Stay at home parent	10	2
Work odd jobs or intermittently	8	2
Work a temporary job	7	2
Only do unpaid work	2	0
Total	**470**	**100**

Which of the following income categories best describes your total annual household income before taxes?

	n	%
Less than $14,999	41	9
$15,000 to $24,999	50	11
$25,000 to $49,999	78	17
$50,000 to $74,999	68	15
$75,000 to $99,999	58	12
$100,000 to $149,999	86	18
$150,000 or more	84	18
Total	**465**	**100**

Does anyone in your household receive any government assistance, such as rent assistance, disability, SNAP, etc.?

	n	%
Yes	130	28
No	330	70
Don't Know	9	2
Total	**469**	**100**

Does anyone in your household receive, or has previously received, unemployment insurance benefits during the COVID-19 pandemic?

	n	%
Yes, still receive	75	16
Yes, but no longer receive	99	21
No	297	63
Total	**471**	**100**

Does your family qualify for a childcare subsidy based on your income?

	n	%
Yes	86	18
No	292	62
Don't know	92	20
Total	**470**	**100**

Does your family receive a childcare subsidy to help pay for childcare?

	n	%
Yes	75	16
No	353	75
I'm on a waitlist to receive a subsidy	8	2
Don't know	34	7
Total	**470**	**100**

In the past 12 months, have you experienced homelessness?

	n	%
Yes	39	8
No	430	92
Total	**469**	**100**

Child Characteristics

Specify your child's age

	n	%
0	14	2
1	103	13
2	127	16
3	178	23
4	236	31
5	107	14
6	7	1
Total	**772**	**100**

Which best describes your child's racial identity? *(Select all that apply)*

	n	%
American Indian / Alaska Native	23	5
Asian	37	8
Black/African American	56	12
Hawaiian/Pacific Islander	4	1
White	338	75
Other	9	2
Spanish/Latino/Hispanic*	13	3
Total	**451**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options
*Respondent chose "other" and then self-identified as being of Spanish, Latino, or Hispanic origin

Is your child Hispanic or Latinx?

	n	%
Yes	103	22
No	366	78
Total	**469**	**100**

Non-White and Hispanic children

	n	%
Non-White or Hispanic	189	29
White or Non-Hispanic or unknown	462	71
Total	**651**	**100**

Note: Non-White and Hispanic includes 1) All respondents who reported that their child is Hispanic, regardless of their race, and 2) All respondents who reported that their child is non-White, regardless of their ethnicity.

What is your child's sex?

	n	%
Male	249	53
Female	208	44
Prefer to self-describe	4	1
Prefer not to answer	8	2
Total	**469**	**100**

What is your child's primary language?

	n	%
English	427	91
Spanish	27	6
Chinese	10	2
French	1	<1
Vietnamese	1	<1
Other	2	<1
Total	**468**	**100**

Appendix C: NYSB5 Parent Survey Pandemic-Related Tables

Did you experience any of the following due to the pandemic? ***(select all that apply)***

	n	%
My child's program temporarily closed	267	51
My child's program or services continued remotely/virtually	156	30
My child's program stayed open for all children, and I continued to send my child	82	16
My child's program stayed open for all children, but I kept my child home for non-economic reasons (e.g., working from home, didn't need care, etc.)	69	13
My child's program stayed open for all children, but I kept my child home for economic reasons (e.g., couldn't afford childcare due to job loss, reduced hours, etc.)	33	6
My child's program merged with another local program to continue to serve families	30	6
My child's program closed permanently	21	4
My child's program stayed open only for the children of essential workers; I could not send my child	16	3
As a child of an essential worker, my child continued in the program that stayed open only for children of essential workers	16	3
I received news that a family served by the program tested positive for COVID-19 while the program was still open	94	18
I received news that an employee of the program tested positive for COVID-19 while the program was still open	71	14
Other	11	2
None	26	5
Total	**523**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

Were you satisfied with the remote/virtual services that your child received?

	n	%
Completely satisfied	42	29
Somewhat Satisfied	54	35
Neither Satisfied/Dissatisfied	26	17
Somewhat Dissatisfied	19	12
Completely Dissatisfied	12	8
Total	**153**	**100**

Note: Percentages do not total 100%, due to rounding

Which of the following reasons contributed to your satisfaction with remote/virtual programs and services? ***(select all that apply)***

	n	%
We had all the proper devices/apps to participate in remote/virtual programming/ services	56	61
We had reliable high speed internet	56	61
The remote/virtual lessons offered during a time when my child could participate	55	60
The remote/virtual lessons were appropriate for my child	54	59
The program/provider had the proper devices/app to participate in remote/virtual programming/services	51	55
I or another adult was available to participate with my child during the program/ service	45	49
The lessons/services were the appropriate length	44	48
I or another adult was able to understand the remote/virtual lessons or services	42	46
Our home environment was appropriate for remote/virtual learning	41	45
The program/provider knew how to use the available technology	40	43
I received all necessary materials from the program or service	38	41
The lessons/services were engaging	34	37
The program/provider's internet connection did not pause, glitch, or slow down	32	35
I or another adult could understand the materials I received	32	35
My child was able to sit still throughout the lesson	23	25
Other	2	2
None	2	2
Total	**92**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

What were some of the reasons you were dissatisfied with remote/virtual programs and services? ***(select all that apply)***

	n	%
My child could not sit still throughout the lesson	21	70
The remote/virtual lessons were not appropriate for my child	14	47
The lessons/services were not engaging	14	47
The lessons/services were too short	9	30
We did not have the proper devices/apps to participate in remote/virtual programming/services	8	27
I or another adult was not available to participate with my child during the program/ service	8	27
Our home environment was not appropriate for remote/virtual learning	8	27
We did not have reliable high speed internet	5	17
The program/provider's internet connection paused, glitched, or slowed down	5	17
I never received any materials from the program or service	5	17
The program/provider did not have the proper devices/app to participate in remote/ virtual programming/services	3	10
The remote/virtual lessons were offered during a time when my child couldn't participate	3	10
We had a family or living situation that made participating in remote programming or services difficult or impossible (e.g., homelessness, illness, etc.)	3	10
The program/provider did not know how to use the available technology	2	7
I or another adult did not understand the remote/virtual lessons or services	2	7
The lessons/services were too long	1	3
I or another adult could not understand the materials I received	1	3
Other	4	13
None	0	0
Total	**30**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

Did you need in-person early childhood care and education programs or services for your child in *Spring* 2020?

	n	%
Yes, the same or larger amount than we needed prior to New York State on PAUSE	232	47
Yes, a smaller amount than we needed prior to New York State on PAUSE	63	13
No, my child wasn't yet enrolled in a program or service	75	15
No, I didn't need a program or service for a different reason	76	15
Not Sure	53	11
Total	**499**	**100**

Note: Percentages do not total 100%, due to rounding

Did you need in-person early childhood care and education programs or services for your child during *Summer* 2020?

	n	%
Yes, the same or larger amount than we needed prior to New York State on PAUSE	239	48
Yes, a smaller amount than we needed prior to New York State on PAUSE	62	12
No, my child wasn't yet enrolled in a program or service	74	15
No, I didn't need a program or service for a different reason	78	16
Not Sure	50	10
Total	**503**	**100**

Note: Percentages do not total 100%, due to rounding

Did you need in-person early childhood care and education programs or services for your child during *Fall/Winter* 2020?

	n	%
Yes, the same or larger amount than we needed prior to New York State on PAUSE	327	65
Yes, a smaller amount than we needed prior to New York State on PAUSE	64	13
No, my child wasn't yet enrolled in a program or service	60	12
No, I didn't need a program or service for a different reason	3	1
Not Sure	47	9
Total	**501**	**100**

Did you personally experience any of the following since the start of the pandemic? *(select all that apply)*

	n	%
I continued to work regular or increased hours, but the job duties were performed at home	182	38
I continued to work regular or increased hours at a job location outside of the home	118	24
I was furloughed or laid off	51	11
I voluntarily reduced the number of hours I typically work	49	10
The hours I typically work were reduced by my employer	31	6
I voluntarily quit my job	23	5
My hourly wages or salary were/was reduced	22	5
I was self-employed and lost a significant amount of business/income	21	4
I was able to find another job	18	4
I was hired back at my pre-COVID job	18	4
None of the above	74	15
Total	**484**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

Did your spouse/partner experience any of the following since the start of the pandemic? *(select all that apply)*

	n	%
My partner/spouse continued to work regular or increased hours at a job location outside of the home	139	29
My partner/spouse continued to work regular or increased hours, but the job duties were performed at home	127	26
My spouse/partner was furloughed or laid off	53	11
The hours my spouse/partner typically work were reduced by their employer	40	8
My partner/spouse's hourly wages or salary were/was reduced	32	7
My partner/spouse voluntarily reduced the number of hours they typically work	28	6
My spouse/partner was self-employed and lost a significant amount of business/income	17	4
My partner/spouse voluntarily quit their job	15	3
My spouse/partner was able to find another job	13	3
My spouse/partner was hired back at their pre-COVID job	6	1
None of the above	58	12
Not applicable, I don't have a spouse/partner	53	11
Total	**486**	**100**

Note: Percentages do not total 100%, due to participants' ability to select multiple options

Thinking specifically about the changes to your child's early care and education programs or services since the beginning of the pandemic, how positively or negatively do you think these changes have impacted your child?

	N	%
My child has been significantly negatively impacted	65	13
My child has been somewhat negatively impacted	224	46
My child hasn't been impacted	116	24
My child has been somewhat positively impacted	35	7
My child has been significantly positively impacted	6	1
Not applicable, there were no changes to my child's programs or services	38	8
Total	**484**	**100**

Note: Percentages do not total 100%, due to rounding

Thinking specifically about the changes to your child's early care and education programs and services since the beginning of the pandemic, how positively or negatively do you think these changes have impacted your family?

	N	%
My family has been significantly negatively impacted	85	18
My family has been somewhat negatively impacted	225	47
My family hasn't been impacted	85	18
My family has been somewhat positively impacted	27	6
My family has been significantly positively impacted	13	3
Not applicable, there were no changes to my child's programs or services	41	9
Total	**476**	**100**

Note: Percentages do not total 100%, due to rounding

References

i Childcare Aware. (2020). 2020 State Fact Sheet New York. Retrieved from https://info.childcareaware.org/hubfs/2020%20State%20Fact%20Sheets/NewYork-2020StateFactSheet.pdf?utm_campaign=Picking%20Up%20The%20Pieces&utm_source=New%20York%20SFS

ii Raising New York. (no date). Child care availability: New York State Profile. Retrieved from https://raisingnewyork.org/wp-content/uploads/sites/2/2019/12/Capacity-Crisis_New-York-State.pdf

iii Bipartisan Policy Center. (May 28, 2020). State Child Care Administrator Forum COVID-19: What Worked, What Didn't, What's Next? Pages 11-12. Retrieved from https://bipartisanpolicy.org/wp-content/uploads/2020/06/State-Child-Care-Administrator-Forum-COVID-19-What-Worked-What-Didn%E2%80%99t-What%E2%80%99s-Next-Autosaved-4-compressed.pdf

iv Bipartisan Policy Center. (May 28, 2020). State Child Care Administrator Forum COVID-19: What Worked, What Didn't, What's Next? Pages 11-12. Retrieved from https://bipartisanpolicy.org/wp-content/uploads/2020/06/State-Child-Care-Administrator-Forum-COVID-19-What-Worked-What-Didn%E2%80%99t-What%E2%80%99s-Next-Autosaved-4-compressed.pdf

v Tarrant, Kate and Mark Nagasawa. New York Early Childhood Professional Development Institute, the City University of New York and Bank Street College of Education. June 18, 2020. New York Early Care and Education Survey: Understanding the Impact of COVID-19 on New York Early Childhood System. Page 4-5. Retrieved from https://earlychildhoodny.org/research/docs/NY%20ECE%20Workforce%20COVID%20Survey%20Full%20Report.pdf

vi Fries, Amanda. Time Union. (June 4, 2020). As employees return to office, child care challenges loom. Retrieved from https://www.timesunion.com/news/article/As-employees-return-to-office-child-care-15315001.php

vii Hughes, C.J. The New York Times. (May 8, 2020). Coronavirus Escape: To the Suburbs. Retrieved from https://www.nytimes.com/2020/05/08/realestate/coronavirus-escape-city-to-suburbs.html

viii Berliner, Uri. NPR. (July 4, 2020). COVID-19 Pandemic Pushes Many In New York City To Suburbs. Retrieved from https://www.npr.org/2020/07/04/887239302/covid-19-pandemic-pushes-many-in-new-york-city-to-suburbs

ix Algar, Selim. New York Post. (October 8, 2020) Families are fleeing schools in one of NYC's top academic districts. Retrieved from https://nypost.com/2020/10/08/families-are-fleeing-schools-in-one-of-nycs-top-academic-districts/

x Raising New York. (April 2020). The Coronavirus Crisis: Supporting Parents With Young Children. Page 5. Retrieved from https://raisingnewyork.org/wp-content/uploads/sites/18/2020/04/The-Coronavirus-Crisis.pdf

xi New York State. Office of Children and Family Services. (February 26, 2021) Letter.

xii National Association for the Education of Young Children, July 13, 2020. Holding On Until Help Comes A Survey Reveals Child Care's Fight to Survive. Retrieved from https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/holding_on_until_help_comes.survey_analysis_july_2020.pdf

xii Workman, Simon and Steven Jessen-Howard. Center for American Progress. (September 3, 2020). The True Cost of Providing Safe Child Care During the Coronavirus Pandemic. Retrieved from https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/

xiv New York State. Office of Children and Families (April 23, 2020). Governor Cuomo Announces $30 Million in Child Care Scholarships for Essential Workers and Supplies for Child Care Providers. Retrieved from https://ocfs.ny.gov/main/news/article.php?idx=2119

xv New York State. (June 23, 2020). Governor Cuomo Announces $65 Million NY Forward Child Care Expansion Incentive. Retrieved from https://www.governor.ny.gov/news/governor-cuomo-announces-65-million-ny-forward-child-care-expansion-incentive

xvi New York State. (September 10,2020). Governor Cuomo Announces $88.6 Million in Cares Act Funding Available to Assist Child Care Providers During COVID-19 Pandemic. Retrieved from https://www.governor.ny.gov/news/governor-cuomo-announces-886-million-cares-act-funding-available-assist-child-care-providers

xvii Korycinski, Robert (personal communication, August 23, 2021)

xviii Katie Albitz. New York Association for the Education of Young Children. (August, 2020). Save Child Care. Essential work. Essential stories. Retrieved from http://nyaeyc.org/wp-content/uploads/2020/08/Save-Child-Care-NYAEYC-August-2020.pdf

xix Hardy, Alycia and Katherine Gallagher Robbins. The Center for Law and Social Policy. (March 10, 2021). Child Care Relief Funding in American Rescue Plan: State-by-State Estimates. Retrieved from https://www.clasp.org/publications/fact-sheet/child-care-estimates-american-rescue-plan

xx New York State Department of Health (as of June 26, 2020). INTERIM GUIDANCE FOR CHILD CARE AND DAY CAMP PROGRAMS DURING THE COVID-19 PUBLIC HEALTH EMERGENCY. Retrieved from https://www.governor.ny.gov/sites/governor.ny.gov/files/atoms/files/Child_Care_Daycamps_Detailed_Guidelines.pdf

xxi New York State (no date). New York Forward Business Affirmation. Retrieved from https://forms.ny.gov/s3/ny-forward-affirmation

xxii NYC Health. (August 20, 2020). Reopening New York City: What Child Care Programs Need to Know. Retrieved from: https://www1.nyc.gov/assets/doh/downloads/pdf/covid/businesses/covid-19-child-care-reopening-faq.pdf

xxiii Environmental Health & Engineering, Inc. (Updated January 22, 2021). Field Guide for Camps Retrieved from https://www.acacamps.org/resource-library/coronavirus/camp-business/field-guide-camps

xxiv New York State. Department of Health (November 3, 2020). Interim Guidance on COVID-19 Test-Out for Public and Non-Public Schools Located in Areas Designated as "Red or Orange Micro-Cluster Zones" Under the New York State Micro-Cluster Action Initiative. Retrieved from https://coronavirus.health.ny.gov/system/files/documents/2020/11/guidance-for-school-test-out-in-red-and-orange-zones_0.pdf

xxv New York State. Office of Children and Family Services. (October 19, 2020). NY Forward Guidance for Child Care Programs in Schools: Executive Order 202.68. Retrieved from https://ocfs.ny.gov/programs/childcare/#t1-Updates-and-Important-Announcements

xxvi Centers for Disease Control and Prevention. Guidance for Operating Child Care Programs during COVID-19. (Updated March 12, 2021). Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html#pickup

xxvii New York State Office of Children and Family Services. COVID-19 Child Care Stakeholders Call June 16, 2020. PowerPoint Slide Presentation.

xxviii Healthy Families America. (Updated June 26, 2020). Guidance for Healthy Families America sites in response to COVID-19. Retrieved from https://www.healthyfamiliesamerica.org/hfa-response-to-covid-19/

xxix QUALITYstarsNY, Early Childhood Advisory Council. Webinar Series for Early Childhood Program Leaders. Part 1: CDC Guidelines to Inform Reopening (Recorded June 29, 2020). Part 2: Program Policies & Procedures (Recorded June 27, 2020). Part 3: Transitioning to the New Normal (Recorded June 29, 2020). Part 4: Supporting High Quality Learning Environments during the COVID-19 Pandemic (Recorded October 6, 2020) Retrieved from https://qualitystarsny.org/providers/considerations-for-reopening-series/

xxx Tarrant, Kate and Mark Nagasawa. New York Early Childhood Professional Development Institute, the City University of New York and Bank Street College of Education. June 18, 2020. New York Early Care and Education Survey: Understanding the Impact of COVID-19 on New York Early Childhood System. Page 2. Retrieved from https://earlychildhoodny.org/research/docs/NY%20ECE%20Workforce%20COVID%20Survey%20Full%20Report.pdf

xxxi Sharrock, Emily and Courtney Parkerson. Bank Street College of Education. (October 27, 2020). Equitable Compensation for the Child Care Workforce: Within Reach and Worth the Investment. Retrieved from https://educate.bankstreet.edu/cgi/viewcontent.cgi?article=1003&context=bsec&_ga=2.106169222.488345997.1603991804-2107178727.1603991804

xxxii Tarrant, Kate and Mark Nagasawa. New York Early Childhood Professional Development Institute and Bank Street College of Education. June 18, 2020. New York Early Care and Education Survey: Understanding the Impact of COVID-19 on New York Early Childhood System. Page 11. Retrieved from https://earlychildhoodny.org/research/docs/NY%20ECE%20Workforce%20COVID%20Survey%20Full%20Report.pdf

xxxiii New York State Department of Labor. (March 12, 2020). NYS's Private Sector Jobs Reached an All-Time High and Unemployment Rate Fell to an All-Time Low in 2019. Retrieved from https://labor.ny.gov/pressreleases/2020/march-12-2020.shtm

xxxiv New York State Department of Labor. (May 21, 2020). NYS ECONOMY LOSES MORE THAN 1.7 MILLION PRIVATE SECTOR JOBS IN APRIL 2020. Statewide Unemployment Rate Rises to 14.5% in April 20. Retrieved from https://dol.ny.gov/system/files/documents/2021/03/press-release-1-april-2020-final_2.pdf

xxxv Raising New York. (April 2020). The Coronavirus Crisis: Supporting Parents With Young Children. Page 5. Retrieved from https://raisingnewyork.org/wp-content/uploads/sites/18/2020/04/The-Coronavirus-Crisis.pdf

xxxvi Raising New York. (April 2020). The Coronavirus Crisis: Supporting Parents With Young Children. Page 8. Retrieved from https://raisingnewyork.org/wp-content/uploads/sites/18/2020/04/The-Coronavirus-Crisis.pdf

xxxvii Raising New York. (April 2020). The Coronavirus Crisis: Supporting Parents With Young Children. Page 8. Retrieved from https://raisingnewyork.org/wp-content/uploads/sites/18/2020/04/The-Coronavirus-Crisis.pdf

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NEW YORK STATE BIRTH THROUGH FIVE (NYSB5-R) PRESCHOOL DEVELOPMENT GRANT

Needs Assessment Updated Based on Parent Focus Group Feedback

December 2020

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