INTRODUCTION

High quality early care and education (ECE) nurtures young children, strengthens families, and is vital to community well-being. In the best of times, the ECE workforce faces poor work conditions, is underpaid, and undervalued. The COVID-19 pandemic has added unprecedented stress to the field.

To understand the impact of COVID-19 on New York's early childhood workforce, the New York Early Childhood Professional Development Institute and Bank Street College of Education partnered to administer a survey with members of the Aspire Registry. The survey strives to capture the perspectives of early childhood program leaders, teachers, and family child care providers about their experiences with the COVID-19 pandemic to inform policy and practice. In this report, we highlight descriptive data pertaining to our study participants, their current program status, remote instruction approaches, employment status, and personal well-being. We conclude with a discussion that contextualizes the findings and raises opportunity to inform ongoing discussion with stakeholders from across the field.

The survey included approximately 25 multiple-choice questions as well as open-ended questions. The survey was sent to 25,192 members of the Aspire Registry with active accounts and who work in direct care roles including: program leaders, family child care providers, lead teachers, assistant teachers, and support staff. The survey was open for one week, from May 5 to May 12. We received 3,355 responses which represents a 13% response rate. The survey was available in English and Spanish.

Respondents work across the state in a variety of settings that include community-based child care centers, family child care that takes place in homes, and private and public schools. Participants' programs also receive support from different funding sources that includes family fees, universal prekindergarten funding, Head Start and Early Head Start grants, and child care subsidies. Programs in New York City are regulated by the NYC Department of Health and Mental Hygiene while programs throughout the rest of the state are regulated by the NYS Office of Children and Family Services. As a result, the respondents reflect different segments of the early childhood system and are supported by different policies and guidance. In some areas of this report, we breakdown the responses according to information we have about program type. Subsequent analyses will be conducted to provide more detailed information about ways in which COVID-19 is impacting different components of the early childhood workforce across the state.

1 New York Early Childhood Professional Development Institute's New York City Early Childhood Research Network
2 Bank Street College of Education's Straus Center for Young Children & Families
Survey Participants
The survey was sent to more than 25,000 members of New York State’s early childhood workforce who participate in the Aspire Registry. The Aspire Registry houses information about educators’ experience, qualifications, and training. All staff in the New York City’s Department of Health and Mental Hygiene (DOHMH) licensed centers are required to participate in the Aspire Registry as part of the licensure process whereas participation is voluntary for most educators in the rest of the state.

Throughout this report, we break down the results for participants in New York City and the rest of the state. The purpose for this breakdown is two-fold. First, the COVID-19 pandemic has had a greater impact in New York City. Second, the ECE system in New York City differs from the rest of the state due to the New York City Department of Education’s (NYC DOE) supported programs as well as the DOHMH’s regulations that guide licensed child care centers.

It is important to note that the survey participation rates from New York City and the rest of New York State are consistent with the participation rates in the Aspire Registry. Moreover, New York City serves more than half of the children in the state. Therefore, throughout this report, you will see higher frequencies for New York City participants, which is an artifact of our sample and should not be interpreted to mean that the issues are necessarily of greater concern for New York City’s educators.

Number of respondents:
• 3,355 participants of 25,192 who were sent the survey, participated which represents a 13% response rate.

Where is your program located?
• NYC: 2,116 (67%)
• Rest of state: 1,063 (33%)

KEY FINDINGS
• The emotional stress of the pandemic is more significant than the health and financial stress. Educators’ need for mental health supports exceed other areas of support requested.

• The majority of survey respondents are working remotely. Approximately, 70% are engaged in remote instruction in New York City whereas half are providing remote instruction in the rest of state; approximately 1 in 5 program leaders reported that the program is closed and providing no services.

• Remote learning is prevalent, yet staff struggle with:
  » Delivering engaging and developmentally appropriate approach
  » Meeting demands that are inconsistent or unrealistic, particularly related to documentation
  » Partnering with families, given varied circumstances and limited access to resources and learning materials

• Approximately 60% of program leaders report they are fully paying their staff; programs funded through parent fees are most frequently closed and have furloughed or laid off staff.

• Survey participants are committed to providing young children and their families with appropriate and responsive early care and education.
What is your role?

**Program Type: Funding + Setting**

As we identified differences in the ways in which policy and funding sources are impacting educators’ experience with COVID-19, we have classified programs in the following discreet program types. This breakdown displayed in the figures below indicates that each type of program is represented in our responses.
CURRENT PROGRAM STATUS

The COVID-19 pandemic has had a different impact on the various settings in which ECE takes place in New York State that are related to the policies that govern each type of ECE program (e.g., child care center, family child care home, universal pre-K) as well as by changes in families’ employment and child care needs. On March 16, all public schools were required to close throughout the state which impacted early education located in public schools and in community-based settings that implement the state’s universal prekindergarten program. Meanwhile, the child care sector was designated an essential business and child care in centers and family child care were permitted to operate. Some of these programs have provided emergency care and served the children of essential workers. As the crisis became more acute, the DOHMH in New York City ordered the closure of child care centers at the end of March, except for those designated as emergency child care programs, serving essential workers.

KEY TAKE-AWAYS

• Government-issued recommendations, especially in NYC, led the majority of programs to terminate in-person services, but many also decided that it was unsafe to remain fully open.

• The majority of survey respondents are working remotely (approximately 70% in NYC and 50% in the rest of state) whereas approximately 1 in 5 program leaders who responded to the survey reported that their program is closed and providing no services.

• Most programs intend to reopen yet there is tremendous uncertainty about when and how this will happen.

• In-person services are more prevalent in the rest of the state compared to New York City.

What is the current status of your ECE program?
Why did you close? (select all that apply)

<table>
<thead>
<tr>
<th>Reason</th>
<th>NYC</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>Government agency recommended closure</td>
<td>188</td>
<td>831</td>
</tr>
<tr>
<td>Government agency ordered closure</td>
<td>219</td>
<td>493</td>
</tr>
<tr>
<td>We decided it was not safe to stay open</td>
<td>219</td>
<td>493</td>
</tr>
<tr>
<td>Attendance was too low to stay open</td>
<td>97</td>
<td>35</td>
</tr>
<tr>
<td>Staff were unable to come to work (e.g., caring for children at home)</td>
<td>50</td>
<td>75</td>
</tr>
<tr>
<td>Staff were unwilling to come to work</td>
<td>28</td>
<td>78</td>
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When the COVID-19 restrictions are lifted, do you expect your program will reopen?

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<thead>
<tr>
<th>Response</th>
<th>NYC</th>
<th>State</th>
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<tbody>
<tr>
<td>No</td>
<td>4%</td>
<td>3%</td>
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<tr>
<td>Yes</td>
<td>74%</td>
<td>56%</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>22%</td>
<td>31%</td>
</tr>
</tbody>
</table>

If you remain closed for two or more months, what supports would you need to re-open your program? (Select all that apply)

**SUPPORTS FOR REOPENING**

<table>
<thead>
<tr>
<th>Support</th>
<th>NYC</th>
<th>State</th>
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</thead>
<tbody>
<tr>
<td>Financial (e.g., grants &amp; loans)</td>
<td>85</td>
<td>208</td>
</tr>
<tr>
<td>(Re-)hiring staff &amp; other human resources support</td>
<td>79</td>
<td>92</td>
</tr>
<tr>
<td>Individualized coaching</td>
<td>19</td>
<td>67</td>
</tr>
<tr>
<td>Help with licensing</td>
<td>15</td>
<td>42</td>
</tr>
</tbody>
</table>

3 Since only child care programs located in New York City were ordered to close, this response may indicate that some respondents thought recommended closures were required.
Voices from the Field

Participants provided additional insights about the supports that could help them reopen and recover. Several concrete needs emerged.

- Clear guidance about reopening procedures and policies related to health and safety
- Health and safety supplies
- Funding to comply with guidelines
- Professional development
- Mental health supports

One participant articulated her concerns: “Do we have supplies? We were short on stock before we closed. Do we have gloves to change diapers? Do we have gloves to feed the children? Will we be wearing masks? Will infants be wearing masks? How do we keep infants 6 feet from one another? Their cribs are much closer than that. Infants put everything in their mouth, including tasting each other. To sit on the floor feeding an infant in a low feeding chair is always a risk of being coughed at or sneezed at directly in the face. Will we have face shields to wear? Will children be allowed to attend if they have a runny nose, a cough? Will we have to wait for three occurrences of diarrhea before calling their parents to pick them up? Is the magic number for a fever still 100 degrees? It is my understanding this virus may cause low grade fevers. I would like to be able to do my job the best I can to protect the health of each of the infants in my care, and to protect my co-workers, and to protect myself and in turn protect my family and the community at large.”

REMOTE INSTRUCTION

COVID-19 required the closure of school buildings and all licensed child care centers in New York City. During this period, most survey participants reported that they were engaging children and families through remote instruction.

For the percentage of the state’s ECE programs that are funded by the NYC DOE, the Division of Early Childhood Education (DECE) issued the guidance, indicating that “all DOE-contracted programs are expected to offer remote instruction during the closure period, including emergency child care centers that have enrolled children who are not receiving on-site services.” To assist educators, DECE has provided a variety of resources for programs and families that are available on the DOE’s InfoHub and family website and site support staff (i.e., instructional coordinators, social workers) continued their work. The DOE also established a device-lending program and reported that nearly 90% (~22,000) of families with students ages 0-4 enrolled in Pre-K for All, 3-K for All, EarlyLearn centers and FCCs, who have requested devices have received or will receive iPads. Although these supports have been important for the educators and families enrolled in those sites with DECE support, a significant portion of the more than 13,000 licensed ECE programs throughout the state are not publicly financed and do not have this level of public investment to support remote instruction.

Providing remote instruction for young children poses challenges to the field for a number of reasons: children are not independent users of technology, the American Academy of Pediatrics recommends limited screen time for young children, and educators had little time to prepare and refine new technology-mediated instructional approaches. Survey participants noted that they are engaging children and families using a variety of techniques that involve synchronous learning, such as live video morning meetings, as well as asynchronous learning, such as pre-recorded story times.
If you are working remotely, what kind of work are you doing? (Select all that apply)

What are the challenges of remote instruction with young children and families?

Most challenging areas:
1. Engaging children through remote instruction
2. Developing an engaging distance curriculum
3. Access to computers and technology for children and families

Least challenging areas:
1. Access to computer and technology for self
2. Managing own children's remote instruction
3. Caring for own family members

Attendance ranked as the greatest challenge in the rest of state but ranked as a low challenge in New York City.
Voices from the Field

We asked participants to share their challenges with remote instruction and also offer suggestions. As participants shared their experiences, the following themes emerged:

A. Approaches need to engage children and families appropriately, particularly for infants and toddlers
B. Expectations for remote instruction need to be consistent and realistic, especially related to documentation
C. Economic and emotional stress is a barrier to remote instruction
D. Family engagement is difficult given varied circumstances and expectations
E. Need for more consistent access to technology and appropriate learning materials for teachers and families
F. Specialized support for children with disabilities
G. Resources and support for educators to support emerging multilingual learners

A. Approaches need to engage children and families appropriately, particularly for infants and toddlers

“Socialization cannot happen through remote learning. Relationships are the foundation for early education and the way we can have relationships right now is antithetical to the hands-on, concrete style of early learners.”

“As a teacher of 1-year-olds, I believe there is a lot of pressure on us to be able to virtually teach our students the same way teachers in elementary school do, but that is just impossible. The requirements need to be flexible per age group and teachers of infants and toddlers can only do so much virtually. I think it’d be best if we could focus more on preparation for our return to the classroom and professional development than trying to teach our babies. Keeping the connection is important but there is something as too much.”

“Learning how to engage with my 2-year-old students online. I feel like my co-teacher and I are just another YouTube video their watching on the screen. They don't stay interested long (of course) but because we're not teaching in person they can't be redirected easily and we can't easily follow the child's lead. We are unfortunately seated during our video chats. It's also very difficult for us to do circle times over Zoom because we want to interact with the children and hear them speak but it's impossible to stay on top of the planned songs/book if everyone is talking so we're now planning to mute them on our future meetings. There's lots of activity ideas online, but I need activities that I can share with families that require no materials/very few low-cost, already-at-home, not-currently-an-essential-item materials/ little to no prep work AND can be done with siblings if needed. One parent LOVED making mashed potatoes with her child as an activity. Another parent didn't agree with the idea of her child “playing with food” during a crisis.”

“We need a curriculum specifically built for at home learning. Not making a school learning curriculum fit at home. For example, center times in 3k for all cannot be the same at home. Brainstorming what the parent has at home to represent or replace centers so that she can have her child explore it on his own.”

“PreK is for social-emotional development and that seems to be missing remotely. I can see it working for older grade, such as 3rd grade and beyond but nothing under. The children cannot really interact- they cannot practice sharing or other social skills and that is the most important in PreK.”
B. Expectations for remote instruction need to be consistent and realistic, especially related to documentation

“I am working harder now, and for more hours, than I did at school. The families have different needs, time schedules and some are very disorganized in their new lifestyles. The amount of documentation required is enormous.”

“Trying to plan, focus, and write up activities and documenting all of my students' progress while I have to manage my family too.”

“Compartmentalizing work time vs. me time vs. family time. At first I told staff that my hours of work would be 8-3:30 pm then I had to push it to 8-6 pm but now I'm doing work (helping teachers) almost (until) 9-10 pm.”

“The agency I work for should of sat down the first week and had a committee to come up with a plan instead of just throwing items to do out there, then contradicting themselves – a set plan for all classrooms lesson plans etc. should of all been the same so they could order supplies wisely and everyone be on the same page.”

C. Economic and emotional stress is a barrier to remote instruction

“Give teachers breaks during the scheduled break time for mental health reasons, weekends are not enough of days off for teachers to recover and work on their own mental health. Teachers are working 3x harder with remote teaching regardless of their program or school and the rate of burn out will be much higher once this is all over.”

“Emotional stress of living in a community that has a lot of confirmed COVID cases.”

“My mental health struggle along with being unemployed from other jobs.”

“Not having enough money to support myself”

“We need a campaign where providers, coaches, special educators, therapists and families can tell their story because this is not easy, it’s exhausting and yet our amazing early childhood professionals get it done in a way that meets the needs of families.”

D. Family engagement is difficult given varied circumstances and expectations.

“Learning what to do when a family doesn't respond to texts/calls/emails. Personally, I don't want to push them to engage in our classroom curriculum if they don't want to. That's probably not their highest priority right now and I understand that. But I want to be able to keep an open dialogue so that I know if the family needs help to be able to help them or connect them to resources.”

“Families with multiple children find remote learning challenging when they have to assist more than one child. Some families feel that the older children need it more and decline telehealth for their younger children.”

“Teaching parents how to use internet services, websites, and apps. Especially parents who speak other languages than English and Spanish.”
E. Need consistent access to hands-on learning materials and technology for teachers and families

“Families having difficulties with logging, navigating zoom and keeping track of links.”

“Some of our families do not have the simple supplies at home (no crayons, paper, puzzles etc..) and that is one of our biggest challenges. We try to be creative and help them use household items. Our families are overwhelmed (stress, money issues, illness) and we talk to them and help in any way we can.”

“Having toys and materials that we can provide for the children to use such as building blocks, counting cubes, scissors, glue, tracers, Lego, books, this would allow the children to build their skills while using actual materials to enhance their learning.”

“My internet service is Optimum Altice is not reliable, very slow speed and it cuts off very often. I have had to upgrade in the hopes that I will get adequate internet service. Which mean it is more expensive when they eventually mail me a new modem.”

F. Specialized support for children with disabilities

“A universal policy that provides DAP allowance for children with special education services. Children receiving only community-based services have to participate for the full length of the IEP service time for the therapist or special educator to be paid for preschool special ed community-based services (not center based).”

G. Resources and support for educators to support emerging multilingual learners

“Resources in Spanish! I personally cannot translate every great resource I find and I feel like my Spanish-speaking families are missing out. But I'm also not the greatest Spanish reader myself and cannot go through lots of pages trying to find good resources in Spanish.”
EMPLOYMENT AND COMPENSATION STATUS

COVID-19 has disrupted service provision across New York State’s ECE mixed delivery system. Just as program status has differed for programs based on a programs’ funding sources, so has ECE educators’ employment and compensation status. Programs that are funded through grants, such as the Head Start and New York City’s Division of Early Childhood Education (DECE) contracted programs, have determined that programs are eligible for their full monthly payments based on their FY20 approved budgets as long as they meet certain conditions. A significant portion of the system, however, is independent without funding assurances and protections. Thus, the data related to employment and compensation status is highly variable.

KEY TAKE-AWAYS

- The majority of survey participants are working remotely.
- 20% of the participants are unemployed and experiencing great financial stress. Programs that are supported by family fees represent most that have closed and have furloughed or laid off staff.
- Programs that are supported by family fees represent most that have closed and have furloughed or laid off staff.

What is your current employment status?

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>NYC</th>
<th>State</th>
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<tbody>
<tr>
<td>Employed and working on-site with children and families considered essential staff</td>
<td>5%</td>
<td>23%</td>
</tr>
<tr>
<td>Employed and working with children and families remotely</td>
<td>73%</td>
<td>48%</td>
</tr>
<tr>
<td>Employed and NOT working with children and families</td>
<td>4%</td>
<td>10%</td>
</tr>
<tr>
<td>Unemployed/furloughed during closure with assurance to return to work</td>
<td>13%</td>
<td>16%</td>
</tr>
<tr>
<td>Unemployed/Laid off with no assurance to return to work</td>
<td>4%</td>
<td>3%</td>
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Staff compensation

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<thead>
<tr>
<th>Compensation Status</th>
<th>NYC</th>
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<tbody>
<tr>
<td>Paying all teachers/staff at their full rate of pay</td>
<td>57%</td>
<td>60%</td>
</tr>
<tr>
<td>Furloughing teachers/staff</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Paying some teachers/staff but not others</td>
<td>15%</td>
<td>6%</td>
</tr>
<tr>
<td>Paying all teachers/staff less than their typical full rate of pay</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>Not applicable/Independent</td>
<td>8%</td>
<td>9%</td>
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</tbody>
</table>
Staff Compensation associated with program type:

NYC: PROGRAM TYPE

STATE: PROGRAM TYPE

- Paying all teachers/staff at their full rate of pay
- Paying all teachers/staff less than their typical full rate of pay
- Paying some teachers/staff but not others
- Furloughing teachers/staff
- Not applicable
Economic Stressors

Participants shared their personal experiences with the pandemic, and many provided insights into the financial stress they have experienced. Their comments revealed that:

- The federal CARES funding has been essential to sustaining programs that operate with family fees.
- Access to funding is uneven, causing great stress for some programs.

“We were told to prepare for a huge influx of kids because of this and 2 weeks later I had to temporarily close because I couldn't make payroll. I let the essential parents I had down because the operating cost far outweighed the income. I am a single mom with 4 kids that live in the same building as my daycare center. Here we sit with no way to pay rent, utilities, no stimulus check or unemployment (not for lack of trying). If it wasn't for the school sending breakfast/lunches my kids I don't know what I would do. I've never felt so broke and alone in my life and if the PPP loan (I have applied 4 times and have heard nothing each time) doesn't come through, I don’t even know if I can get back on my feet and open. I have no idea what I'm going to do at that point. I will have no job, no place to live, no income and 5 mouths to feed. So disappointed in NYS right now.”

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**JOB LOSS, SELF (%)**

- **State**
  - Not Affected: 47%
  - Little/Moderate: 31%
  - A Lot/Greatly Affected: 22%

- **NYC**
  - Not Affected: 47%
  - Little/Moderate: 30%
  - A Lot/Greatly Affected: 23%

**REDUCED WAGES, SELF (%)**

- **State**
  - Not Affected: 50%
  - Little/Moderate: 29%
  - A Lot/Greatly Affected: 21%

- **NYC**
  - Not Affected: 50%
  - Little/Moderate: 27%
  - A Lot/Greatly Affected: 23%
“I co-own a small preschool. We closed on March 16th for safety reasons and remain closed providing some online learning and resources. We have applied twice for a SBA loan, being denied twice while more than qualified to receive it. [The bank] keeps telling us to reapply, they see no reason for the denial. My husband is undergoing chemo for cancer, an added stress during this time. Our school and 40 others in our general area… have formed a coalition in an attempt to hopefully receive some/any guidance from the NYC DOH who licenses us.”

“Many of my families from my child care center did stay home; however, the center was able to either reduce the fee for the parent or the parent paid the full fee. Thanks to the CARES program, our center received funding to pay and keep our staff on hand. With schools not opening up until September we are going to lose that income all together. I would like to also share that the child care businesses are diminishing due to minimum wage increasing to $12.50 an hour. I have personally seen that most parents can no longer pay the high cost of child care anymore. Before COVID-19 hit, my partner and I had to reduce our salaries more than half so we can keep the business running. Thanks to the CARES Act we are back up to full salaries for the eight-week period. After that, I am sure we are going to have to reduce again. This change is affecting our business to the point of us having no choice but to list the child care for sale and leave the child care field all together. I have dedicated the last 25 years providing quality care to the community’s families.”

**PERSONAL WELL-BEING**

Survey participants repeatedly addressed their well-being throughout the responses. It is clear from the following data that the ECE workforce has experienced tremendous stress related to their own and their family members’ health and emotional well-being.

**KEY TAKE-AWAYS**

- Across the state, the pandemic has caused tremendous strain on educators’ emotional well-being.
- In New York City, more than 25% have experienced loss of loved ones.
- The most helpful supports would address educators’ mental health and emotional well-being.
Caregiving Stressors

**MANAGING WORK - PARENTING (%)**
- Not Affected
- Little/Moderately
- A Lot/Greatly Affected

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<td>50</td>
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**PHYSICAL HEALTH, FAMILY/NEIGHBOR/COWORKER (%)**
- Not Affected
- Little/Moderately
- A Lot/Greatly Affected

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<th>STATE</th>
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<th>Little/Moderately</th>
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<td></td>
<td>11</td>
<td>53</td>
<td>36</td>
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**LOSS OF FAMILY/NEIGHBOR/COWORKER (%)**
- Not Affected
- Little/Moderately
- A Lot/Greatly Affected

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<th>STATE</th>
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<td></td>
<td>32</td>
<td>42</td>
<td>26</td>
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</table>
COPING WITH STRESS

- Emotional Support from Friends, Family, or Others
  - NYC: 486
  - State: 992

- Self-Care (e.g., Exercising, Taking Walks)
  - NYC: 383
  - State: 732

- Faith & Spirituality
  - NYC: 277
  - State: 608

- I Have Been Trying to Avoid Thinking About It
  - NYC: 221
  - State: 552

- I Avoid Social Media and Other Things That Make Me Anxious (e.g., Watching TV)
  - NYC: 202
  - State: 484

- Professional Help, Therapist
  - NYC: 158
  - State: 152

SUPPORTS THAT WOULD BE MOST HELPFUL

- Mental Health & Emotional Wellbeing
  - NYC: 283
  - State: 622

- Employment/Income Assistance
  - NYC: 256
  - State: 483

- Food Assistance
  - NYC: 80
  - State: 228

- Health Care Assistance
  - NYC: 74
  - State: 191

- Housing Assistance
  - NYC: 46
  - State: 176

- Child Care Assistance
  - NYC: 51
  - State: 79
Voices from the Field

We asked participants to share their personal experiences with COVID-19 and whether they had experienced illness or loss of loved ones, neighbors, colleagues, or children and families from their programs. We also invited insight on moments of inspiration in this time of crisis. From these qualitative data, the following themes emerged:

A. Mental Health and Emotional Well-being
B. Importance of Systemic and Intermediary Support
C. Transforming Teaching and Engagement with Families
D. Policy Dilemmas

A. Mental Health and Emotional Well-being

“The impact of trauma has been heavy. Not only for our children and families, but also for our teachers and ourselves. Real grief is being experienced in real time and vicariously. Our profession does not do enough to support teachers with trauma informed care, nor does it educate leaders in trauma informed supervision. COVID-19 is a collective trauma and the aftermath will change all of us. I am not sure we are prepared for the catch-up game we will be playing as we watch and experience recovery.”

“On rare days, I feel so sad and lonely that my brain will momentarily go somewhere I don't like - I have visualized myself laying down in the middle of the street and wait until I get run over, and jumping out of my 6th floor kitchen window. I hate those thoughts. I can't imagine what people with worse depression go through. I just feel like I have no purpose in life anymore. I know this situation our country is in can't be forever, but I find it incredibly hard to see the proverbial light at the end of the tunnel. I try to keep myself somewhat busy when I'm home alone (4 days out of the week), but that's not enough to make me feel positive, even slightly. I'm happy I have a fiancée who I can be completely honest with, but when she's not able to talk to me, my thoughts just accumulate and fester. I hope others are having a better time through this mess. Having better luck with things. Like I said, this can't be forever.”

“Some of the parents of our Emergency Child Care Center program are really overwhelmed. I think the first responders and essential workers need emotional support. They need therapy available. One important thing is how to manage their parent guilt. They talk to me, many feel guilty as parents, because they go to work, but at the same time they know they are needed. It is a difficult situation.”

“My deepest hope is that the families we work with feel supported right now and feel like we are true partners in this endeavor, and that they will look back on this time and feel that we did not let their children down. The sense of purpose that the work gives me is probably what is keeping me afloat mentally and emotionally during this awful time. (I would also like to add that writing this paragraph has been really cathartic! I feel much better than I did before I started.)”

“My coworker was chosen to lead online learning while I was furloughed. It has caused tension between us as my co-teacher feels it is unfair that she has to continue working and I do not. It's been very stressful. I miss my kids and have no way to communicate with them as she was chosen to. I will not get to say goodbye to the kids who will be going to kindergarten and that has taken a huge toll on me emotionally as most of these kids have been in my class the last two years. I am also being required to complete online training throughout my furlough with no compensation, which has proven difficult as I am a single mom now homeschooling my elementary aged child. Overall this entire situation has been heartbreaking, and the additional resentment from my co-teacher has only made the emotional toll greater for me.”
B. Importance of Systemic and Intermediary Support

“I receive supportive emails, information, articles, and inspiration from the [professional] organization I’m a member of. It helps me to stay in touch with the families of the young children in my program. It allows me to make my choices as to how I can best serve the families.”

“I feel that our small center is one that has fared very well so far through the COVID-19 pandemic. We have stayed open and been supported by our larger agency who has taken the situation very seriously but realizes that child care is very important. Upper management has been very supportive, as have our Regional OCFS office and our local CCR&R. While we do have very low census currently and have had to enact lay-offs, we have been able to prioritize staff who were more comfortable being at home or had loved ones that needed care. We are looking forward to families returning to us when the time is right.”

“As my classroom is located in the public school building, we had to close. From the beginning, we were assured we would be employed and be able to support our students and their families while still taking care of ourselves and our own families. While our school building is closed, our agency is still open and caring for families. I’ve volunteered at their food pantry and even delivered groceries to my students and families (and got to wave at my kiddos from a safe social distance). I make phone/email contact with my students’ parents on a weekly basis seeing how they are, suggesting activities, and resources, etc. I have been in awe of how well my agency has managed this difficult transition.”

C. Transforming Teaching and Engagement with Families

My school closed down indefinitely beginning on March 16th, with no line of sight of what the plan was…. I felt as though it was only human to continue connecting to children and families, so I got a few teachers on board and we continued virtual circle times and games over Zoom. By the end of March, families were so happy to have these connections and found out that we had in fact been laid-off, so families took it upon themselves to donate all/partial-tuition for the month of April in order to keep consistency and fun in their children’s lives. It has been almost two months of virtual circle times, and we have added things too like recording videos and story times for children. It’s been an amazing experience, learning how to alter teaching through a screen. But it’s comforting to know the impact a few of us are having just by showing up, being there, and having fun/playing games virtually with children.”

“I cannot begin to say how proud I am of my staff and colleagues. People react very differently to stress/trauma, and we collectively reacted in a very proactive way to the needs of our center’s families. We closed our doors on Friday, March 13 and by Monday, March 23rd, we began providing daily pre-recorded circle times, daily themed video collections (gross motor, early literacy, fine motor, science discovery, math and manipulatives, nature studies and music and movement), personal calls to the children and their parents, Zoom class meetings (2/3 times per week, and evening bedtime stories. Parents were also offered weekly themed outreach sessions (Talking w/your Children about COVID-19; Importance of Self Care; Potty Training During COVID-19, How to Handle Family Stress During COVID-19).
On April 27th, we began also creating videos for pure entertainment purposes - realizing that both the children and their families needed de-stressors. It’s been an amazingly stressful yet gratifying tie!"

“This sounds cliché, but I am genuinely moved and inspired by the families of my students--the foster sister who makes sure the two siblings who attend our school are present for every single one of their combined eight teletherapy sessions per week; the parents who greet us at the start of each session with a story about how they tried what we suggested or did the activity we recommended or printed out, laminated, and velcroed the visual support we sent; the parents who send us videos and photographs of their children doing new things, knowing that we will laugh and tear up as much as they did; the parents who use their breaks from work to make sure their children show up for teletherapy; the parents who are juggling work, remote learning (often for more than one child), and, unfortunately, illness and loss; the parents whose eagerness to help their children learn and perform is so evident; the love that the parents have for their children and that the children have for them.”

D. Policy Dilemmas

“This pandemic has really put stress on us teachers. We have so many people to report to but no one reports to us and ask us how we are doing? I want to just teach and be there for our students but us teachers in this company are worried about following a schedule that the teachers did not have a say in or any input. We get monitored and they are telling us what to do at all time: making sure we teach for 3 hours split into 3 sessions. Then we have to please the Instructional Coordinator and Social Worker then we have to make sure parents and children are okay. And what are we left with. Nothing, I love my job and I think that’s the only reason why we are here.”

“The DOE keeps telling us to follow social distancing procedures, but they are impossible in this setting. How are we supposed to keep PreK students apart for 10 hours a day in a room filled with communal toys? How am I supposed to stay 6 ft away from a child when changing his diaper or tying his shoe? A five-year-old literally coughed on my head this Friday. We are trying our best, but this is not a sustainable system for young children and every kid that comes to these centers is at risk.”

“I got kicked off SNAP when I was on unemployment because I "made" too much money, and literally the same week my employer puts us back on their payroll and now I have no money for food, and I haven’t been paid in 3 weeks. I had to reapply for SNAP which is taking a while. They should have paused my case knowing this pandemic caused many to be out of work instead of completely closing it.”

“Are child care providers working through the pandemic getting hazard pay? I guarantee each one was coughed on and spit up on by a child who could have been exposed to COVID-19. Are they less important? Are they less courageous? Are they less worthy? Their pay and expectations say yes. Our society needs to see the value of education and care for children between the ages of 2 months - 3 years, when the most learning actually happens, especially socially-emotionally. And then it needs to compensate those essential caregivers at a rate that is commensurate to their worth. Stop giving us apple Christmas ornaments, and start treating us like the professionals you demand us to be every day. Then, we can bring it - the energy, the planning, the care, the love, the lessons, the assessments - everyday and go to our homes exhausted without worrying about how to pay our bills.”
DISCUSSION AND NEXT STEPS

Our purpose in conducting this survey was to provide a snapshot of how the field is faring during the COVID-19 pandemic in order to stimulate dialogue to help the field navigate this crisis. As we look to the future and the recovery of the early childhood system, there are several key take-aways from the survey that have significant implications which warrant ongoing discussion with stakeholders from across the field. In our discussion of the findings and associated implications we address: (1) mental health and emotional well-being, (2) program status, (3) employment status, and (4) remote instruction.

Mental Health and Emotional Well-Being

The early childhood workforce is facing tremendous challenges in the midst of COVID-19. While it may not be surprising that only 9% of all respondents reported not being emotionally affected by the pandemic (i.e., the vast majority were affected at least a little), one of the most striking results from this survey is that 38% reported being impacted “a lot” or “extremely,” the highest proportion among any of the stressors in the survey.\(^1\)

The high incidence of mental health concerns is meaningful for multiple reasons. Among these, this finding speaks to struggles that so many residents of New York are experiencing; what many have considered collective trauma.\(^2\) While trauma is a word that is often used in day-to-day conversations, the American Psychological Association defines trauma as, “an emotional response to a terrible event like an accident, rape or natural disaster.” Responses to trauma can have serious long-term consequences on people’s lives.\(^3\)

With regard to ECE, the collective trauma that our community has experienced must be considered in light of developmental science that emphasizes the key role of caring, consistent adults to support children’s well-being.\(^4\) This, of course, means that parents and family members as well as early childhood educators help young children thrive. The data on educators’ mental health and well-being merits attention, particularly in light of emerging evidence that teachers’ stress (both personal and work-related) may be associated with children’s anger, aggression, anxiety, social withdrawal, and overall social competence.\(^5\)

This punctuates survey respondents’ top request for needed support with their mental health and emotional well-being (n= 910) and raises questions about how educators can be better supported, both for their wellness but also because of their role in supporting children and their families.
Typically, this type of support is conceptualized as being individually-focused, such as therapy, which only 6% of respondents reported utilizing; however, given the scale of this issue, there may be other approaches that are needed. For example, the National Child Traumatic Stress Network (NCTSN), funded by the U.S. Department of Health and Human Services, advances the concept of trauma-informed systems. This involves incorporating seven features at a systems level:

1. Routine screening for trauma exposure and related symptoms
2. Use evidence-based, culturally responsive approaches
3. Making resources available to children, families, and providers on trauma exposure, impacts, and treatments
4. Engaging in efforts to strengthen the resilience and protective factors of children and their families
5. Addressing parent/caregiver trauma and its impact on the family system
6. Emphasizing continuity of care and collaboration across child-service systems
7. Maintaining an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress and increases their wellness

This includes systemic responses to historical trauma, the cumulative, cross-generational effects of collective trauma - particularly for Native Americans and African Americans, that are expressed through contemporary structural inequities, such as racially disproportionate disciplinary practices in ECE or COVID-19 death rates that are 2.3 times higher for African Americans than they are for white Americans. Even though this survey cannot speak to racial or ethnic differences in respondents' experiences, the results have to be contextualized within the intersection of race/ethnicity, social class, and the COVID-19 pandemic.

These issues raise some key questions moving forward such as:

• What policies and practices can be shifted to alleviate educators’ work-related stress?
• What mechanisms are in place or need to be developed to address early childhood educators’ need for mental health support?
• How can the field incorporate trauma-informed practices into their work?
Program Status

While professionals’ well-being was an issue that extended across program types, the results from this survey supported a hypothesis that programs that rely on parent fees are struggling and need support: 26% of fee-dependent programs in New York City (NYC) and 15% of these programs across the state reported being closed. While there was optimism expressed about the potential for reopening for all types of ECE programs (85% and 67%, state and NYC, respectively) there was also considerable uncertainty about this possibility, with 15% of state and 33% of NYC programs responding that they either did not expect to reopen or were not sure if they would reopen. This puts a finer point on the data from program leaders who identified financial assistance as the top programmatic support needed for reopening (n=294).

The issues highlighted by this survey are amplified by a spate of recent pieces in newspaper articles that note the centrality of child care to any economic recovery plans, as well as the fragile economic bases upon which most child care rests (i.e. as small businesses that rely primarily upon fees that families pay). However, the majority of families are unable to afford the costs of developmentally enriching care. For example, one estimate for New York State identifies the cost of center-based care for an infant at approximately $15,028 a year, which amounts to 22% of median family income. While ECE financing is a large policy issue that will not be resolved in the short term, there are both current and proposed supports that may address survey respondents’ needs, such as the Payroll Protection Program.

These issues raise some key questions moving forward such as:

- What are existing structures or mechanisms to address programs’ need for financial support?
- How might coordinated information and application assistance be provided to the field?
- What federal, state, and local resources can be leveraged to stabilize early childhood programs?
Employment Status

Overall 58% and 62% of program leaders (NYC and State, respectively) reported that their staff were being fully-paid, once again, affirming that independent fee-dependent programs in this survey were most in need of support. In programs outside of NYC, 30% of staff in fee-based programs had been furloughed, and in NYC 22% were furloughed. While this result cannot be generalized to the entirety of the state’s ECE field, it is very suggestive and concerning because educators in these types of programs represent a sizable portion of the ECE workforce throughout the state.

Information about Pandemic Unemployment Assistance (PUA) and Unemployment Insurance (UI) is publicly available and can also be found on the website for the New York Early Childhood Professional Development Institute’s Early Childhood Career Development Center, however, the status of continued support through these programs is uncertain, with one White House official recently signaling that extending COVID-19 related federal supplements for PUA/UI is unlikely. This seems predicated upon the strategy that currently unemployed workers will be able to return to work as businesses reopen; however, whether this happens is an open question.

For example, with regard to this survey, 68.5% of respondents were optimistic about reopening (28.5% were uncertain) and 75% intended to return to their same employer if possible. It is important to note, however, that the data from this report were collected in from May 5 to May 12, which was prior to insights that children who have had COVID-19 may contract Multisystem Inflammatory Syndrome in Children (MIS-C) and therefore program leaders’ perspectives on re-opening may have shifted. In parent fee-dependent programs, reopening will be affected by health and safety guidance from public partners, which may in turn impact parents’ child care choices.

These issues raise some key questions moving forward such as:

- What structures or mechanisms exist or need to be developed to address individual professionals’ need for financial support, either for programs who cannot reopen or for those that close in the future?
- For professionals who are unable to return to their previous employer, how might they be assisted to stay in the field?
- How might coordinated information and application assistance be provided to individuals?
- In what ways are providers and parents included in deliberations about safety guidelines?
- How will health and safety guidance for reopening be communicated with educators, leaders, and parents?
Remote Instruction

Because the majority of respondents are working remotely (64% overall) and, given the uncertainties about the future spread of COVID-19, there is a reasonable possibility that some versions of remote work will remain a feature of the ongoing pandemic. Therefore, attention is needed to ensure that technologically-mediated approaches are supportive of children, families, and educators.

As reported earlier, the data reveal that the top challenges respondents face include:

1. Engaging children through remote instruction
2. Developing an engaging distance curriculum
3. Partnering with families, given varied circumstances and limited access to resources and learning materials

While exemplified by many of Voices from the Field highlighted earlier in this report, teachers, leaders, and parents need support thinking through the complexities of,

"A curriculum specifically built for at home learning. Not making a school learning curriculum fit at home. For example, center times in 3k for all cannot be the same at home. Brainstorming what the parent has at home to represent or replace centers so that she can have her child explore it on his own." (p. 10)

"Furthermore, certain respondents raised key issues of appropriately supporting children's developmental variation and emerging multilingualism, while also maintaining compliant with regulatory requirements, with one calling for, A universal policy that provides DAP [developmentally appropriate practice] allowance for children with special education services. Children receiving only community-based services have to participate for the full length of the IEP service time for the therapist or special educator to be paid for preschool special ed community-based services (not center based)." (p.12)

And another asking for,
"Resources in Spanish! I personally cannot translate every great resource I find and I feel like my Spanish-speaking families are missing out."

These quotes are suggestive of practice dilemmas that were challenging before COVID-19, which have been exacerbated by the public health necessities of moving to technologically-mediated practice.
While there was no way to anticipate these needs earlier in the year, and the field at all levels responded in the best ways possible, the current move towards re-opening, necessitates collectively addressing questions like:

• What are the existing structures or mechanisms for supporting teachers as they navigate these unprecedented practice dilemmas?

• How can distance learning strategies that are responsive, flexible, and supportive of families and their young children be emphasized? Ones that:
  » Bolster families’ resources and assets
  » Recognize families’ pandemic-related challenges
  » Look to promising practices from home visiting programs that emphasize family and child connections
  » Provide key learning materials so children can engage in hands-on, developmentally meaningful learning
  » Limit documentation demands that are a source of stress for educators

• How might the field’s collective creativity be mobilized and shared?

Conclusion

Once again, the purpose of this survey was not to provide specific answers but rather to use data to consider issues of key importance to the field at this point in time. What seems consistent with how the COVID-19 pandemic has affected other systems, such as health care, is that the pandemic is stressing our fragmented ECE system that were not built for a social and public health crisis of this magnitude. While there are no simple answers to questions of how to best support a fragile workforce and industry, for both the well-being of individual teachers, children, and families, as well as the sector as a whole, it is incumbent on the field to come together to craft both short- and longer-term systems-level responses.
ENDNOTES

1. While all of the stressors were positively and significantly correlated with each other, emotional well-being was most-strongly correlated with personal health ($rs(2079) = .595$, p < .001) and the health of family, friends, and coworkers ($rs(2084) = .528$, p < .001).


6. Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Service


