CENTER FOR HUMAN SERVICES RESEARCH
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Responding to the COVID-19 Pandemic:
Strategies Implemented in the Early Childhood Care and Education System
Research Brief

Prepared by the Center for Human Services Research

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Background

Beginning in March 2020, the COVID-19 pandemic caused massive disruptions in New York State's (NYS) Early Childhood Care and Education (ECCE) System. Families and ECCE providers were in a constant state of trauma, fatigue, isolation, and grief as fears surrounding the virus, loss of colleagues and loved ones, and an unpredictable future permeated everyday life. The system which was already facing operational, workforce, and funding issues prior to the start of the pandemic was now under an even greater, unprecedented amount of stress.

In order to better understand how the COVID-19 pandemic has impacted programs and services for New York's youngest residents, the Center for Human Services Research (CHSR) conducted a secondary data analysis of available data sets, reports, briefs, and other documents related to the NYS response to the pandemic. In partnership with the New York State (NYS) Council on Children and Families (CCF), CHSR also conducted key informant interviews with representatives throughout the NYS ECCE System in December 2020 and January 2021[1]. Qualitative data were collected from a total of 33 semi-structured virtual interviews with the following types of ECCE programs and organizations:

- Child-Based Services (i.e., child care, Head Start, Universal 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)

Interview respondents were asked to think specifically about their programs, policies, and activities that impacted children (ages birth through five years old) and their families, the challenges they faced, and the lessons they learned while responding to the COVID-19 pandemic. This research brief highlights major findings from the key informant interviews synthesized across all respondents, with a particular focus on successful programmatic and funding strategies that were implemented to meet the myriad of challenges faced by the ECCE system. Based on these results, several strategies could be considered moving forward to strengthen the ECCE system overall and provide more accessible services to NYS children and families. While the focus of this research brief is on the successful strategies implemented during the pandemic, it cannot be emphasized enough that the interviews also shed light on the devastating toll of the pandemic on ECCE providers and families. Their stories, dedication, and resilience amidst the public health crisis are commendable and deserve recognition beyond the scope of this brief.

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[1] This work is funded by the NYS Preschool Development Birth Through Five Grant (NYSB5) from the U.S. Department of Health and Human Services Administration for Children and Families and is part of a larger effort to update the NYSB5 Needs Assessment first conducted in 2019 to analyze the landscape of the State's ECCE system. For more information about the NYSB5 grant and the Needs Assessment please see the CCF website: https://www.ccf.ny.gov/council-initiatives/nysb5/.

Major Findings

Most programs were able to utilize virtual services and supports during the pandemic to meet family needs.

ECCE providers faced numerous challenges for how to maintain program service delivery while also protecting the health and safety of families and staff during the pandemic. Most ECCE programs tried to transition their services from in-person to virtual formats. Many programs used the time during the NYS on PAUSE Executive Order to develop virtual service and communication protocols, address privacy and security concerns, and develop and provide virtual trainings to staff and families. The most commonly used platforms were Zoom, Google Classroom, and Facebook Groups. These new virtual spaces created an opportunity not only to provide continuity of services during the pandemic, but also for programs to share strategies and resources online. At first, this work centered around disseminating COVID-related information and guidance, but programs also saw the value in utilizing virtual spaces as a way to stay connected to staff, families, and other ECCE organizations in ways they were not fully taking advantage of prior to the pandemic. As one early childhood education provider said, "The silver lining of COVID is that this has made us more of a tech savvy organization. We are ready if this should ever happen again." (early childhood education administrator, interview, December 11, 2020)

Programs that were able to successfully navigate this virtual transition were better able to stay connected and provide services to families in need. This tended to be easier for ECCE agencies and organizations that provided parent-based services compared to those who offered child-based services due to the use of technology to access remote programming. For example, one ECCE parenting network organization that provided in-person trainings and sessions for parents of children with disabilities prior to the pandemic reported being able to seamlessly translate their in-person services to virtual parenting support groups, webinars, and online sessions. They described parents as initially being in a little shock with the transition to virtual programming, but quickly realized the online format worked well, was accessible, eliminated the need for transportation and child care, and parents were able to maintain good, if not better attendance in the virtual space.

Child-based services on the other hand had a much harder time transitioning to virtual services given the age group, setting, and nature of services. This was nearly impossible for infants and toddlers in Early Head Start and Early Intervention programs who needed physical or speech therapy, or children with disabilities such as ADHD or an Autism spectrum disorder who have a hard time coping with disruptions to their routine and being able to look at a computer screen for long periods of time. For these children and families, virtual services tended to focus on helping the parent develop new understanding of their child's needs and teaching them skills as they essentially had to take on a new role as a paraprofessional for their child with little to no training. Early learning programs for older children (i.e., a few 3 year olds, but mostly 4-5 year olds) reported some limited success switching to virtual learning but this was more due to

necessity since the schools where the programs were held were mandated to close and they did not have another choice besides to make virtual learning work.

Home visiting programs also reported some limited success switching to virtual services. Many programs that had to immediately stop in-person visits during the pandemic were able to provide virtual home visits instead and shared resources and information through telehealth support either over the phone or through Zoom and Google to benefit families with young children. However, some home visiting programs reported that virtual visits had to be shorter in duration compared to in-person visits, and it was more difficult to fully see the home in the background, assess the environment, and observe a wide range of parent-child interactions in the virtual format.

One of the biggest obstacles faced during this time was the digital divide, or the gap between those who do and do not have access to digital technology such as reliable internet connections, computers, and smartphones. The digital divide became especially noticeable during the pandemic as certain communities (e.g., low income, rural) and vulnerable populations (e.g., people with disabilities, immigrants and refugees, families experiencing homelessness, and those who do not speak English as their first language) were especially likely to experience technological access issues as well as to lack the digital literacy skills needed to effectively switch to virtual services. To address this digital divide, many programs surveyed families to assess their technology needs and preferences, and, when possible, distributed technology to those in need. For example, a home visiting program partnered with a major phone carrier to provide families with smartphones and data plans. Other ECCE programs were able to provide printers/scanners, wifi hot spots, iPads, and laptops. But some respondents still felt that families were falling through the cracks with no clear solution for how to stay connected. These respondents believed that the digital divide during the pandemic was further exacerbating the achievement gap and other disparities already faced by vulnerable communities and populations.

Despite these obstacles, many programs viewed the virtual transition as an opportunity to continue to improve services, widen service reach, and stay connected with families during the pandemic. For example, one home visiting program that has parent educators (i.e., provides parent education, developmental information, and family support to parents through home visits) described a major benefit of virtual services as having more flexibility and more natural interactions between the parents and the parent educator. The supervisors of the parent educators were able to watch previously recorded Zoom sessions or join the Zoom call and virtually observe the parent educators with the parents to provide helpful feedback on their strategies without physically being in the room and thus potentially disrupting the session or changing the dynamic. Other programs stated that switching to virtual services helped them cut costs and save traveling time, allowing them to widen their reach to families who could not otherwise receive in-person services due to lack of transportation, lack of child care, disabilities, or health concerns.

One capital region child care resource and referral agency (CCR&R) developed a close partnership with higher education and local child care centers during the pandemic by creating an internship experience for a UAlbany graduate student. The student helped increased access to locally grown produce for children and families through gardening, food and gardening education, and a free weekly market stand. The student created recipe demonstration videos on YouTube that coincided with the free produce available for pick up at the market stand each week. She also held virtual lessons with children at the child care centers to help them learn and discover new fruits and vegetables. More information can be found here: https://www.brightsideup.org/news/farm-to-preschool-starts-today-under-the-marquee-at-the-palace-theater?rq=Leanna

Lastly, an unexpected positive outcome was described by programs that, prior to the pandemic, did not normally see families in their homes: having an inside view into the household and family dynamics through virtual meetings helped staff and administrators gain a better understanding of the families they serve. While in-person services are still preferred by the respondents, many programs will keep virtual services as an option for normal practice moving forward.

Programs pivoted their services to focus on helping families meet their basic needs.

Another major finding from the key informant interviews was that ECCE families were struggling to meet their basic needs during the pandemic. Most programs, regardless of the types of services normally offered, recognized this and pivoted their services to focus on helping families meet those needs by providing essential supplies such as food, diapers, masks, and sanitizer. Many programs said that in order to accomplish this distribution, they reached out to new or existing community partners and volunteers through networking and social media to help provide and distribute supplies.

For example, according to a Help Me Grow-Long Island (HMG-LI) report published in May 2021, there was a significant shift in the top reason reported by parents for contacting the program from "developmental concern" in 2019 to "basic need" in 2020. Families needing help meeting basic needs and seeking support nearly doubled during the pandemic. HMG-LI was able to quickly pivot their services and relied on existing partners to help provide 800 families with basic necessities including 300,000 diapers, 700,000 wipes, and over 100 pounds of formula and baby food. A link to the HMG-LI report and more information can be found here: https://docsfortots.org/hmg-li-grows-to-meet-family-needs-during-covid-and-beyond/.

In addition, program administrators described working more closely with families and having more frequent "no pressure contacts" where they are not asking anything of the family besides how things were going and what they needed. Taking a more case management approach with frequent check-ins and meeting the families where they are at was described as an unexpected positive outcome of the pandemic that led to closer, more positive relationships with families that will hopefully carry forward and positively impact service provision in the future. What

started initially as a basic response to the pandemic ultimately helped foster a greater sense of care and community among programs and the families they serve.

Programs emphasized the importance of mental health education, resources, and support for staff and families.

During the pandemic, the overwhelming stress of isolation, lack of resources, fear for public health and safety, and the uncertainty of what the future holds highlighted a critical need for mental health support for staff and families across all programs. Programs adopted a variety of strategies to address this need, including: promoting employee assistance programs for mental health counseling; making mental health and wellness consultants available full time for staff, children, and families; conducting frequent mental health check-ins; offering mental health trainings for staff and parents; providing mental health resources and referrals; promoting self-care days; and offering staff flexibility for taking time off to focus on their mental health.

An emphasis on mental health support was particularly prevalent in programs that served families with children with disabilities. These families experienced even more stress as many were cut off from much-needed early intervention or special education services and were not physically, intellectually, or emotionally equipped to meet their child's needs on their own. The digital divide described above greatly impacted this vulnerable population. Even for those families that had access to technology, it was difficult for many children with disabilities to engage in virtual sessions to receive the services they used to receive in person. Programs that worked with these families in particular developed and promoted mental health education, resources, and support for caretakers.

Programs offered flexibility in terms of program operations, eligibility requirements, and standards.

COVID-19 restrictions and guidelines were constantly changing during NYS on PAUSE and the phases of reopening. Programs thus had to be more flexible than ever before when adapting to the changes in terms of their program operations, eligibility requirements, and standards. For example, ECCE providers allowed families to stay enrolled and continue services even if they no longer met eligibility requirements due to a parent changing or losing their job or changing income levels. Other programs made changes in their staff's roles to accommodate rotating work schedules, or adjusted hours of program operation or created child care programs to accommodate the child care needs of essential workers. If a program was undergoing evaluation or review for evidence-based practices and quality, adjustments to the standards were made by the accrediting organization so that they could still move forward with their rating process. While these emergency exceptions made during the pandemic were unprecedented responses to the public health crisis, it is worth exploring how this flexibility could be maintained post-pandemic in parts of the state where child care is in crisis (e.g., addressing child care deserts by allowing more flexibility in program operations or accreditation).

At the time of this writing, we already see how conversations around program eligibility requirements can lead to actionable improvements on a statewide level. Changes to the NYS Child Care Subsidy Program were proposed after the pandemic shed light on gross inequities in its eligibility requirements. Although this was not necessarily a new topic of discussion, the pandemic created a new sense of urgency to address the issue. Proposed changes include expanding subsidized child care by creating 10,000 new subsidized child care slots, especially in child care deserts, and establishing consistent statewide rules for parents' eligibility and co-pays instead of leaving it up to the individual county's discretion. More specifically, eligibility will be increased for child care subsidies to families with incomes up to 200% of the federal poverty level (FPL) across the state and co-payments will be capped at 10% of a family's income for those earnings over the FPL. This change in eligibility requirements will bring much needed relief to many families who work, but struggle to afford child care.

Programs collected and shared real-time data about enrollments, openings, and closures.

NYS has historically struggled with maintaining real-time, accurate data about ECCE program openings, closures, and enrollments. These data are important because they are used to determine state funding. NYS public schools, including state administered pre-kindergarten programs, participate in BEDS (basic educational data system) Day, which includes a census for school districts to report point-in-time enrollment counts. However, this reporting only happens once a year (towards the beginning of the school year) and so does not provide accurate, real-time data. This data gap has been a long-standing topic of discussion with recommendations to improve the NYS ECCE system often being met with red tape and barriers that prevent moving forward with a more accurate system. However, during the pandemic, programs had to be transparent, up to date, and constantly communicating the current status of their program and enrollments. When asked how they accomplished this task, interview participants responded by saying they did not use a sophisticated data system, but rather Google Docs, electronic surveys, weekly phone calls, and posting on websites or social media. The Office of Children and Family Services (OCFS) Division of Child Care Services (DCCS) also implemented a weekly digital survey to providers gauging their enrollment and capacity to match providers with parents', especially essential workers, need for child care.

Program administrators frequently met with each other and others across the state, including local, city, and state government agencies, to share information on COVID resources and strategies.

One of the goals of the NYSB5 grant is to create a more integrated ECCE system. The coordinated response to the pandemic and increased communication among programs and local and state agencies created more connections among providers that previously operated in silos. It strengthened community partnerships and the efforts were described by one interview participant as a "consolidation and tightening" of agencies. New partnerships also developed in

the form of local COVID-19 task forces, bringing agencies and providers together to deal with crisis management. On a state level, agencies like OCFS DCCS held weekly meetings and some CCR&Rs described feeling very supported by different fiscal departments in OCFS to help them navigate CARES Act funding. While this increased communication was prompted by confusion and frustration about unclear or constantly changing COVID-19 guidelines, the increased communication itself was described by many interview respondents as a silver lining to the pandemic. As one CCR&R administrator explained,

> Here is the silver lining to COVID -- we have a stronger relationship with all the child care providers and programs across our region. They know they can call us and we will answer the phone and help them with whatever they need. We have always provided services, but there are child care providers and programs that are more difficult to engage, and they're a little more independent, and now I think we have stronger relationships with some of those programs we weren't able to serve before. (CCR&R administrator, interview, December 21, 2020)

The impact of CARES Act funding varied by program type, with many struggling to find additional sources of financial support.

Programs had mixed reactions to the impact of CARES Act funding. Some programs said it was easy to access and helpful; others said it was an arduous process and not sufficient to meet needs. Those who found CARES Act funding to be a useful source of financial support reported using the money to buy personal protective equipment and other health and safety supplies; funding summer programs that otherwise would not have been able to operate; paying for child care, particularly for essential workers' children; and giving technology devices (e.g., Chromebooks, iPads) to staff and families to support remote learning.

Analyzing the interview data by program type showed that CARES Act funding tended to be a more successful strategy for center-based programs, Head Start, and Universal Pre-Kindergarten programs, and less successful for home-based family child care programs. This division is probably due to several factors. First, CARES Act funding ran on a reimbursement model, where programs had to upfront costs initially and then wait to be reimbursed. Several CCR&Rs said they stepped in and fronted the money so that struggling ECCE providers did not have to, but this step still resulted in CCR&Rs having to wait to be reimbursed, a process that according to some took much longer than expected. Programs that had federal or state funding or who were connected to CCR&Rs were able to fare better with the CARES Act reimbursement model and were more likely to say it was helpful. In addition, CCR&Rs noted that many providers needed help filling out applications for CARES Act funding and they had to designate staff to assist with the paperwork. Home-based providers often lacked accountants, a system of record keeping, or the staff required for easy and successful CARES Act applications. See Table 1 for CARES Act funding dates and allocation amounts.

Table 1. Cares Act Funding

Date	Description	Amount
April 2020	Funding earmarked for full child care scholarships to all income-eligible essential workers at regulated child care providers.	$30 million
June 2020	Funding assisted closed childcare 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	Funding provided grants 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	Additional funding to assist child care providers through NY Forward grants as they adjusted their programs amidst the COVID-19 pandemic.	$71.9 million
	Total Amount	$166.9 million

There were also mixed responses among interview participants about finding new funding sources: some respondents said that they did not look for outside sources, some that they looked but could not find anything, and some that they received help from new sources such as private and public foundations, grants, nonprofit organizations, and private fundraising efforts (see Table 2). Other funding strategies included blending and braiding funds and using volunteers, often solicited through social media, to meet needs and fill in budget gaps.

Table 2. Funding Sources During the Pandemic Identified by Interview Respondents

Nonprofits/Foundations	Grants and Loans	Other
Adirondack Foundation	Community Development Block Grant (CDBG)	Local COVID relief fundraisers
Mural Foundation	Emergency Grant	Faith-based funders
Robin Hood Foundation	Sudden Urgent Need Grant	Board member created fund
Schenectady Foundation	Economic Injury Disaster Loan	Private fundraising
United Way		
Friends of NYC Nurse-Family Partnership		

Programs that were able to re-allocate existing funds or that experienced fiscal relief and flexibility from their funding sources fared better throughout the pandemic.

Other than utilizing CARES Act funds, the most frequently cited financial strategy during the pandemic was the re-allocation of existing funds. This method was sometimes done easily by taking the cost savings from one program aspect (e.g., transportation) and applying it to a different part of the program (e.g., purchasing essential supplies and mandated personal

protection equipment). This strategy was more complicated when budget modifications needed to be reviewed and approved by an external funding source, though some programs still reported successful re-allocations. For example, prior to the pandemic, a CCR&R agency received a grant that was meant to start new ECCE programs. After the pandemic started, that grant money was felt to be better utilized by existing providers struggling to stay open. The funding organization recognized this need and allowed the CCR&R to re-direct the money where it was most needed, as determined by the program itself. Other ECCE organizations that were normally tied to grant contracts and deliverables also expressed relief when they were offered flexibility and no longer held accountable for deliverables determined prior to the pandemic. Instead, they re-directed the money towards researching and navigating pandemic-related issues.

Recommendations for Next Steps

These interviews allowed CHSR to identify strategies used by ECCE programs to continue to operate and provide services even during the height of the pandemic. Based on these findings, the following considerations are recommended as next steps to strengthen the ECCE system and provide more accessible services to NYS children and families, both during the COVID-19 pandemic and beyond it. Recommendations are provided separately for state- and program-level partners and CCR&Rs and Regional Economic Development Councils (REDCs).

State-level ECCE partners may consider:

- Building on real-time data collection practices during the pandemic to develop a way to collect accurate information on statewide enrollment counts, open slots, and waitlists. Programs were able to collect and report these data during the pandemic without an integrated data system and it is worth examining how this can be adapted for ongoing statewide implementation.
- Investigating the impact of re-allocating program budgets to invest in technology resources for both staff and program participants (parents and caregivers) so they can more seamlessly participate in some virtual services.
- Encouraging funders to allow for more flexibility, not necessarily limited to during times of crisis, granting more agency to programs who are most familiar with their own needs.
- Evaluating the ways programs adjusted their standards and operations during the pandemic that allowed for programs to remain open, and using the information learned to create potential changes moving forward in areas of the state where access to ECCE programs is limited. Program eligibility requirements, quality indicators, and accreditation processes should be examined.

CCR&Rs and REDCs may consider:
- Collaborating with each other to examine the economic impact of COVID-19 in different regions of the state and identifying supports for the child care industry to address family needs.

- Hiring staff to assist with funding applications, especially for home-based providers who need the most help, and developing strategies for blending and braiding funds from multiple sources (more information on blending and braiding can be found here: https://www.ccf.ny.gov/files/7515/7909/7916/BlendBraidGuide.pdf).
- Drawing on lessons learned from the Early Childhood Financing Collaborative initiative of the NYSB5 grant which offers technical assistance and training on blending and braiding funds and utilizing the NYSB5 finance consultant for blending and braiding funds as a resource. More information on this can be found in the Blending and Braiding guide referenced above.
- Collecting more data on funding sources accessed by programs during the pandemic and developing a single statewide resource or region-specific resources programs can look to for guidance. The goal would be to increase knowledge of available funding sources and diversify the sources available.
- Examining the benefits and barriers to virtual or hybrid service delivery and interventions for parenting education and support. This should include developing resources and strategies to mitigate the digital divide among program participants. Data from interviews suggest that a virtual or hybrid service model is possible for many, the advantages and disadvantages of which are worth exploring to expand the ECCE system's program offerings and reach.

ECCE programs may consider:

- Adapting parent-focused interventions and services to offer virtual or hybrid models where they combine in-person service delivery with virtual service delivery.
- Surveying program participants and staff to assess technology needs and preferences as part of standard practice if transitioning to virtual services.
- Addressing the digital divide, especially in rural and low income communities, by forming partnerships with businesses, local high school technology clubs, or local libraries who may be willing to donate or share technology and devices; providing trainings to program staff and participants who may not be knowledgeable about how to use technology; and allocating more money for technology in program budgets.
- Continuing to emphasize mental health resources and supports to foster greater emotional well-being for staff and families, particularly in vulnerable populations. Programs should consider mechanisms for periodic participant check-ins regarding assessing and meeting mental health needs.
- Building community and private sector partnerships to provide concrete services to help families meet basic needs beyond the pandemic.

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