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PANDEMIC MEETS PRESCHOOL

Impacts of the COVID-19 Outbreak on
Early Education and Care in
Massachusetts



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EXECUTIVE SUMMARY

This report describes the experiences of early educators and caregivers of 3- and 4-year-old children in family child care, community-based center, Head Start, and public school prekindergarten programs during the first few months of the Coronavirus disease (COVID-19) pandemic in Massachusetts. Nearly 700 individuals working with young children and their families across the state offered insights into program operations; use of public supports; remote engagement with children and families; and personal wellbeing in the midst of the pandemic. Key findings are summarized here.

Key Findings

- **Although educators and caregivers across the sector were vulnerable to the economic impacts of the COVID-19 pandemic, those in family child care programs were particularly affected.** Across all provider types, approximately a third of educators and caregivers reported that their incomes had been affected by the pandemic. Among those in family child care, nearly 90% reported their incomes had been affected. Educators and caregivers in family child care programs were also most likely to report pursuing secondary employment as a consequence of the pandemic. In response to the instability borne from the pandemic, many educators and caregivers reported accessing at least one public support for individuals (e.g., unemployment benefits, cash assistance) or organizations (e.g., small business loans, emergency child care funds). However, usage rates did not appear to be commensurate with the broader reported financial impacts of the pandemic, suggesting that public assistance programs may currently be underutilized by those who could qualify.
- **Educators and caregivers reported concerns about their physical and mental wellbeing.** Although the majority of educators and caregivers had access to health and safety resources, few had access to mental health supports. Educators and caregivers in all provider types expressed concerns about the potential consequences of their work with young children for their wellbeing in the midst of the pandemic. Whereas the majority of educators reported having access to resources to support healthy practices (e.g., handwashing protocols and cleaning materials), only a third of educators had access to mental health supports to help cope with the consequences of the pandemic. Of the education and care providers we surveyed, those in Head Start programs were the most likely to report that they had access to mental health supports.
- **Educators and caregivers reported engaging in a wide variety of remote activities with children and families regardless of whether they continued to be compensated for their work.** The vast majority of educators and caregivers reported engaging remotely with children and regularly communicating with families. A number of educators and caregivers also reported providing physical materials to children and families, as well as conducting socially distanced visits, writing letters to children, and sending pictures.

INTRODUCTION

The COVID-19 pandemic has highlighted both the fragility and importance of the early education and care sector in the United States. As states began to shut down in March and April 2020 to thwart the spread of coronavirus, so too did early education and care programs. With programs closed and unemployment levels rising, many providers could no longer count on fees paid directly by families, which in many cases are a primary source of income. Consequently, a large number of early educators and caregivers have themselves become unemployed or furloughed and many in the field are questioning whether privately funded programs will reopen (Jessen-Howard & Workman, 2020; Mongeau, 2020). Nearly half of respondents to a nationwide survey conducted primarily with those working in family child care and community-based centers indicated that their programs were unlikely to be able to reopen in the absence of extensive support (National Association for the Education of Young Children, 2020). At the same time, many parents, particularly those who are working, have struggled to care for their young children at home (Bateman, 2020; Perelman, 2020). Parents' full return to work, and ultimately the economy's reopening, will depend on the availability of safe and affordable early education and care for young children.

Prior to the COVID-19 pandemic, families with young children relied on a wide variety of early education and care options (Bassok et al., 2016; Jones et al., 2020). In particular, among 3- and 4-year-olds in the preschool years, many children were in a group-based program outside the home, including community-based centers, family child care programs, Head Start, and public school prekindergarten programs.¹ These various types of early education and care providers often rely on different funding sources, which come with varying regulations (e.g., distinct requirements for educator and caregiver qualifications, child-to-adult ratios, curriculum usage). It stands to reason that educators and caregivers in these different program types might also experience unique challenges as a result of the pandemic. For example, providers relying primarily on private funds (i.e., many family child care and community-based centers) may experience greater financial strain and disruption than those that depend on public funds (i.e., Head Start and public school prekindergarten programs). Understanding how the effects of the pandemic vary across program types is critical to informing the development of tailored policy responses aimed at ensuring the survival of the early education and care sector overall.

¹ In some cases, parents, extended family members, friends, or neighbors cared for children.

INTRODUCTION

This report describes the impacts of the pandemic on the early education and care sector in Massachusetts. Although the state represents just one context, its diverse early education and care sector is emblematic of the nation's general reliance on a constellation of program types to care for and educate its youngest children. As in many states, Massachusetts ordered early education and care programs to close on March 23, 2020, as the pandemic took hold in the state.

We asked early educators and caregivers² serving 3- and 4-year-old children in community-based centers, family child care, Head Start, and public school prekindergarten programs across Massachusetts about their experiences during the COVID-19 pandemic. This report is organized around four main topic areas:

1. program operations;
2. use of public supports;
3. remote engagement with children and families; and
4. personal wellbeing.



² We use “educators and caregivers” as a broad designation for early childhood professionals in a variety of roles: teachers, coaches, specialists, supervisors, and owners or directors.

SURVEY METHODS

To conduct this survey, we relied on the unique sample of early education and care programs that had previously participated in the Early Learning Study at Harvard (ELS@H), a longitudinal population-level study of young children and their early education and care settings in Massachusetts (Jones et al., 2020). At the end of March 2020, we attempted to contact 925 early education and care programs that were associated with study children in the first two years of ELS@H (2017-2018 and 2018-2019), when the children were primarily 3 to 5 years old. Providers included community-based centers, family child care providers, Head Start, and public school prekindergarten programs. Many of these providers were overseen by an administrative agency (e.g., public school districts, Head Start agencies), while other providers were independent (e.g., an owner-operated family child care). We obtained permission to distribute the survey from the administrative agencies, where applicable. Informal early education and care providers who were previously included in ELS@H, such as grandparents, nannies, or neighbors, were not included in this survey effort.

Of the 925 programs contacted, 788 were included in the survey effort. The remaining 137 programs were not surveyed because the administrative agency was nonresponsive (47 programs), the administrative agency refused to participate (47 programs), the administrative agency indicated that the program(s) of interest did not serve 3- or 4-year-old children anymore (35 programs), or the administrative agency was completely closed (8 programs).

After receiving permission from program administrators, where applicable, we sent the survey to educators and caregivers in 788 programs. We typically sent the survey to a program-level contact and requested that the survey be completed by the center director (if applicable), public school principals (if they directly managed the prekindergarten programs), and all lead teachers of 3- and 4-year-old children. We received responses from 693 educators and caregivers in 310 programs. Our sample therefore did not include a response from any person at 478 programs (415 were nonresponsive without indication as to why, 26 programs were closed and not responding to email or were permanently closed, 26 had invalid email addresses and no correct address could be found, 4 program contacts had no current or recent affiliation with the program of interest, 4 providers refused to distribute the survey, 2 programs did not serve the right age group, and 1 provider was omitted because its respondent also responded to the survey on behalf of another provider).

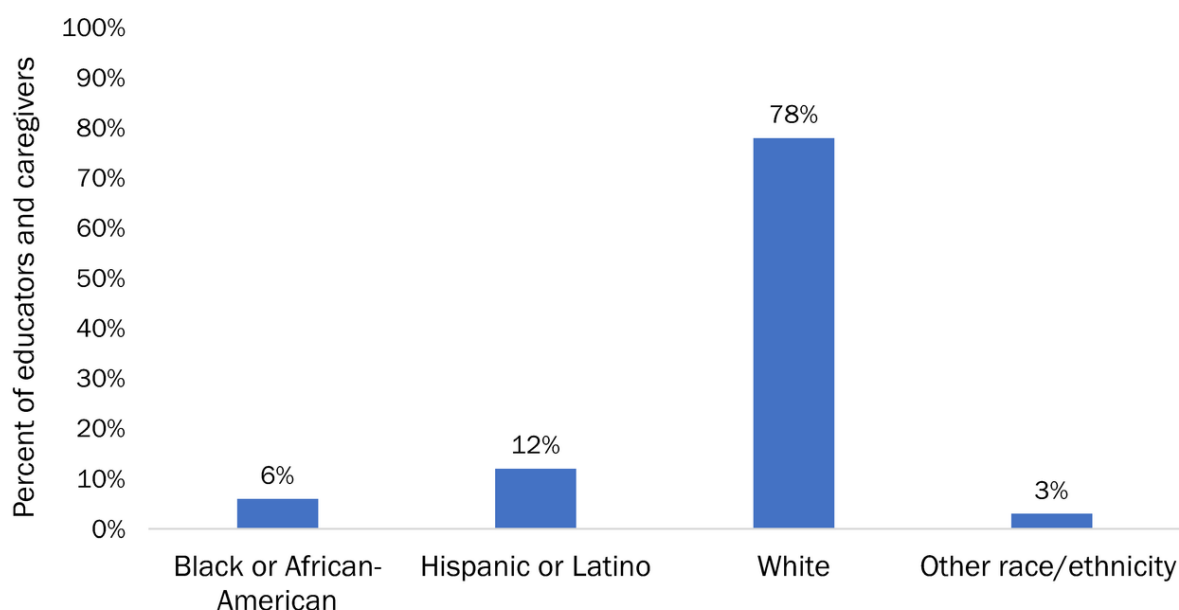
Educators and caregivers completed the survey between April 21 and June 17, 2020, a period of time when early education and care programs were still shuttered under state mandate (with the exception of a small number of emergency child care programs operating for the children of frontline workers and vulnerable families).

CHARACTERISTICS OF THE SAMPLE

Our sample included 693 educators and caregivers in a range of roles. Most respondents (70%) worked directly with children, while a third (33%) supported educators or caregivers working directly with children (e.g., as a coach or supervisor). About 14% of those responding to the survey owned or directed an early education and care program.³ Some educators and caregivers (14%) reported performing multiple roles in their setting. For example, most owners and directors (59%) reported they also directly cared for children.

Educators and caregivers were overwhelmingly female (98%) and were on average 48 years old ($SD = 12$; $Min = 19$; $Max = 73$). The majority of educators and caregivers in the sample were White (78%). Figure 1 illustrates the race/ethnicity of the educators and caregivers in the sample.

Figure 1. Race/ethnicity of educators and caregivers



Note: "Other race/ethnicity" includes Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander. Values in this figure and others throughout the report may not sum to 100% due to rounding.

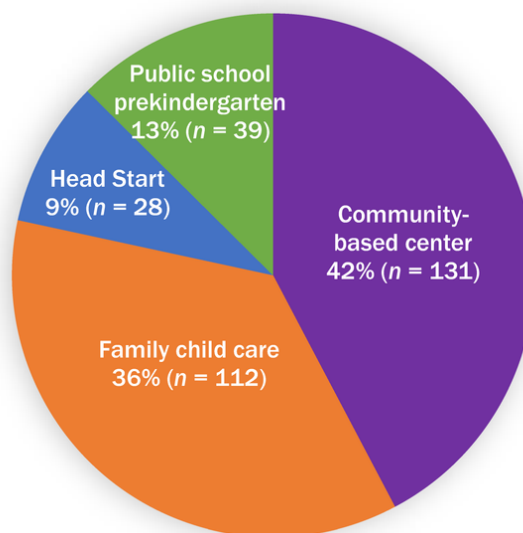
³ The prevalence of respondent roles was also related to program type in our sample. More than half of respondents in family child care programs were owners or directors (60%), whereas fewer than 10% of respondents in community-based center programs were (our sample included very few owners or directors from Head Start and public school prekindergarten). Likewise, about 40% of respondents in community-based centers were in roles supporting other educators and caregivers, while only a quarter of Head Start respondents and 14% of family child care providers were.

CHARACTERISTICS OF THE SAMPLE

The 693 educators and caregivers in our sample were located in 310 unique early education and care programs. As illustrated in Figure 2, these programs include the full range of group-based early education and care types present in Massachusetts: community-based centers, licensed family child care, Head Start, and public school prekindergarten.

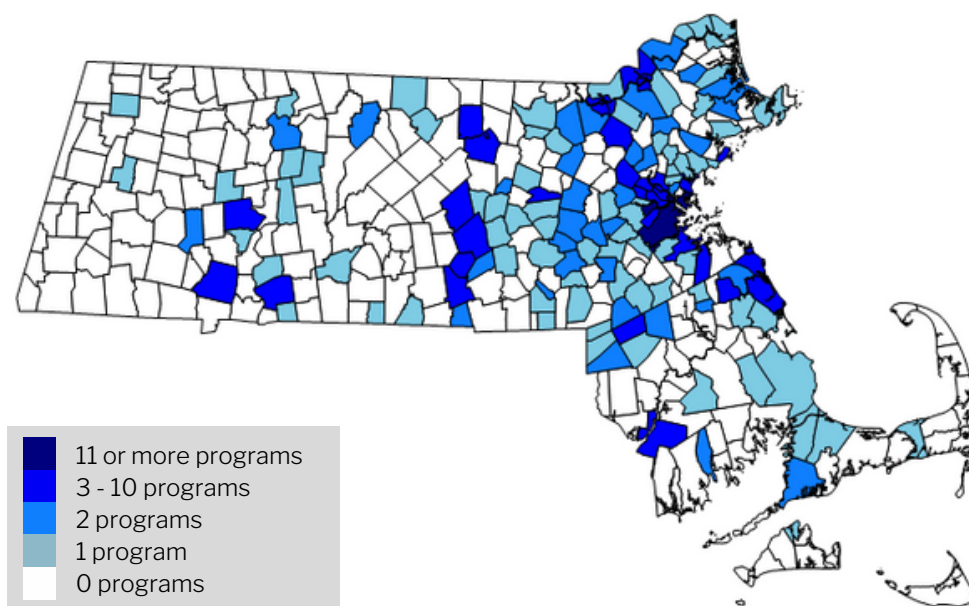
The majority of early education and care programs in our sample were community-based centers (42%; $n = 131$), which includes non-profit centers (e.g., the YMCA), for-profit centers (e.g., Bright Horizons), and private school-based preschools (e.g., independent or parochial schools). Many of the remaining programs were family child care programs (36%; $n = 112$) that typically operate out of private residences. On average, 2 educators and caregivers per program ($SD = 2$; $Min = 1$; $Max = 17$) responded to the survey.

Figure 2. Types of early education and care programs ($n = 310$ programs)



The 310 early education and care providers were located in 141 towns across Massachusetts. These towns include a wide range of urban, suburban, and rural communities. Figure 3 illustrates the distribution of these providers across towns in the state.

Figure 3. Map of surveyed early education and care programs in Massachusetts

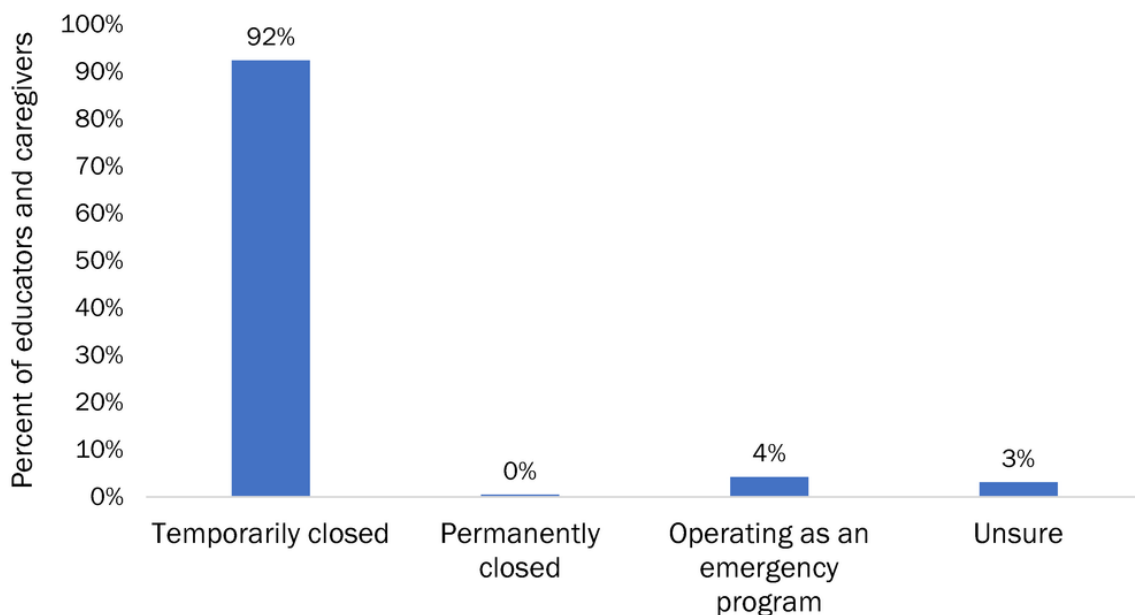


PROGRAM OPERATIONS

Program Closures

At the time of the survey, the vast majority of educators and caregivers (92%, $n = 638$) reported being in programs that had temporarily closed as a result of the pandemic (Figure 4). A small number of educators and caregivers (4%, $n = 29$) reported working in Exempt Emergency Child Care Programs meant to serve children of essential workers and vulnerable families. These educators and caregivers were primarily in a mix of community-based centers ($n = 15$) and family child care ($n = 13$). Only three educators and caregivers reported working in a program that had permanently closed due to the pandemic.

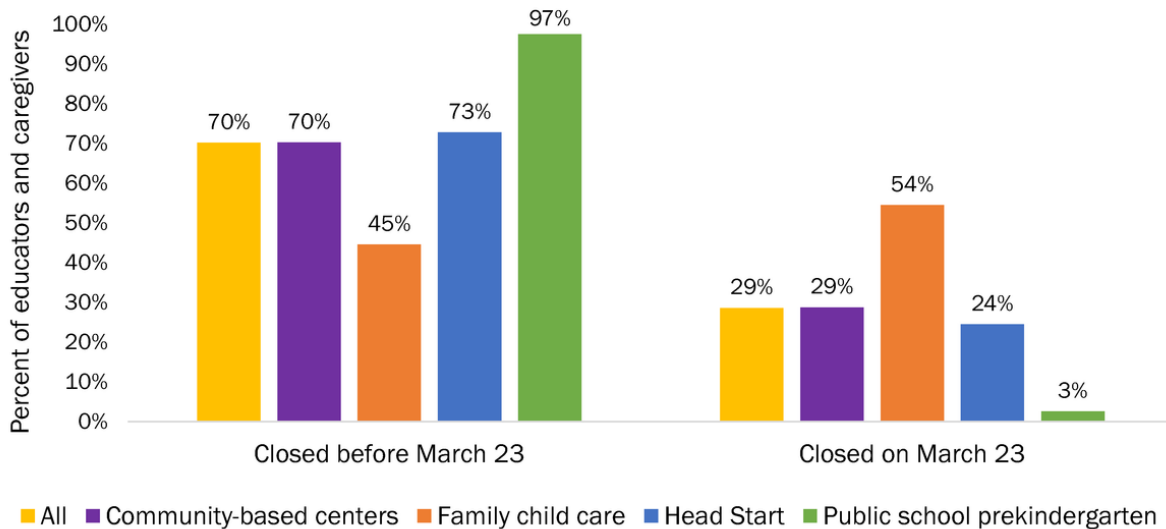
Figure 4. Current program operation status as reported by educators and caregivers ($n = 691$)



PROGRAM OPERATIONS

The majority of temporarily closed programs ceased operations before the mandatory closure date of March 23, 2020 (Figure 5). Public school prekindergarten programs were most likely to have closed before March 23, whereas family child care programs were least likely to have closed before March 23.

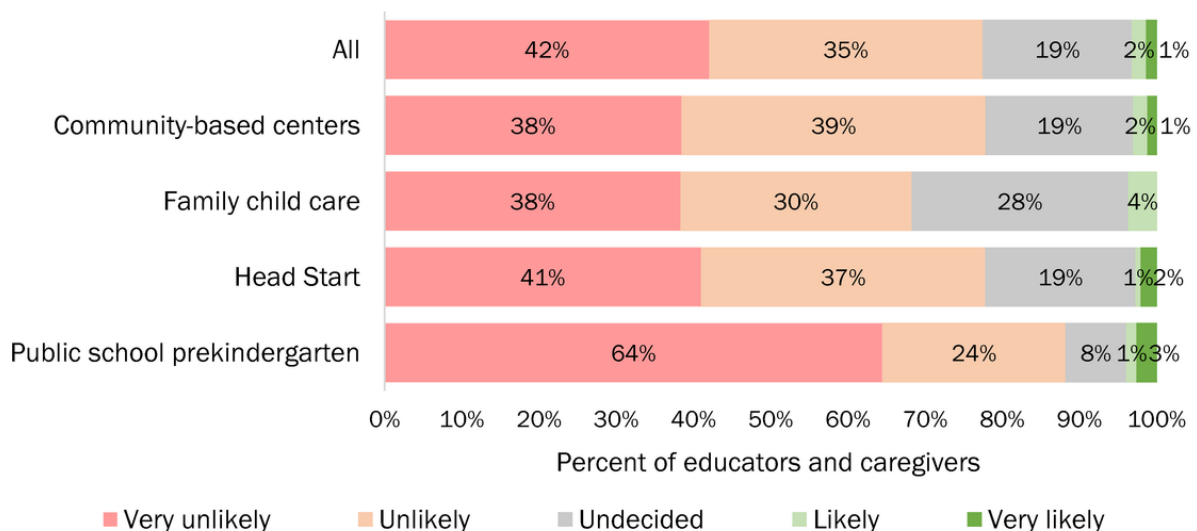
Figure 5. Percent of temporarily closed programs educators and caregivers reported closed before or on the state's mandatory closure date, overall and by provider type (n = 640)



Note: A small percentage of educators and caregivers (1.25%) reported they were unsure when their program had closed. As such, the percent closed before and on March 23 will not sum to 100%.

In general, educators and caregivers thought it was unlikely that their program would close permanently in the future (Figure 6).

Figure 6. Educator and caregiver reported likelihood of program closing permanently, overall and by program type (n = 647)

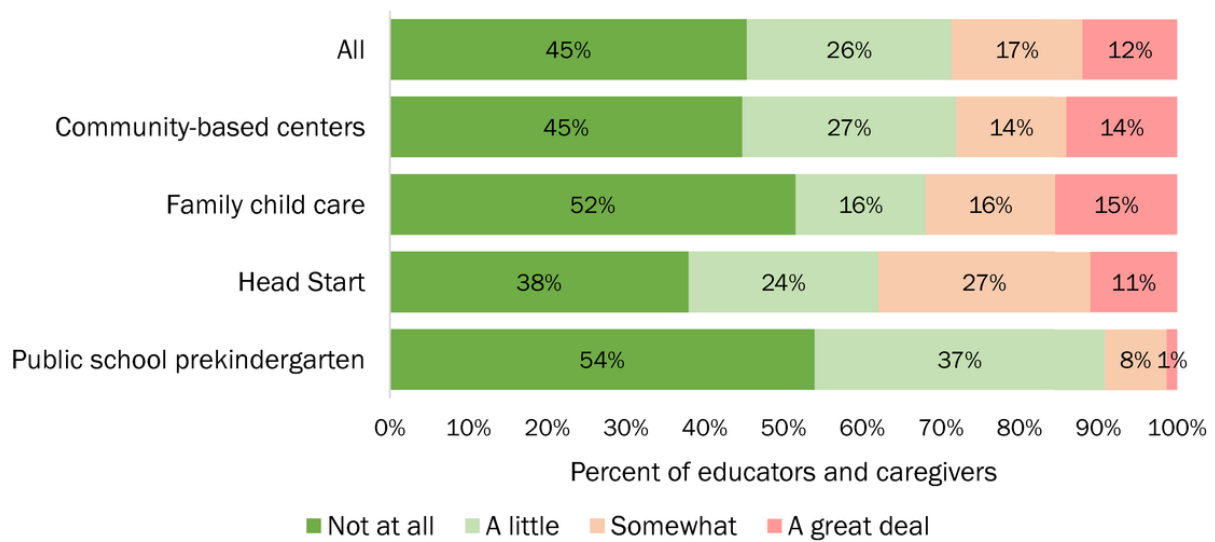


PROGRAM OPERATIONS

Child Attendance Prior to Closures

Educators and caregivers in programs that had closed reported that child attendance was minimally affected prior to program closures (Figure 7). On a scale from 1 (Not at all) to 4 (A great deal), educators and caregivers reported an average rating of 1.95 ($SD = 1.05$), indicating that child attendance was, on average, affected little by the pandemic prior to closures. Attendance appeared to be least affected in public school prekindergarten programs.

Figure 7. Educator and caregiver reported impact on attendance prior to program closures, overall and by program type ($n = 624$)



PROGRAM OPERATIONS

Educators and caregivers reported they had received a number of supports for dealing with the pandemic, either currently, if operating as an emergency program, or before their program had closed (Figure 8). Nearly all educators and caregivers had received guidance and materials for improved hygiene protocols. Head Start teachers were most likely to report also having received mental health supports. There were no substantial differences in supports received by program status (i.e., whether a program was currently operating as an emergency program or was closed; Figure 9).

Figure 8. Percent of educators and caregivers receiving pandemic-specific supports, overall and by provider type (*n* = 651)

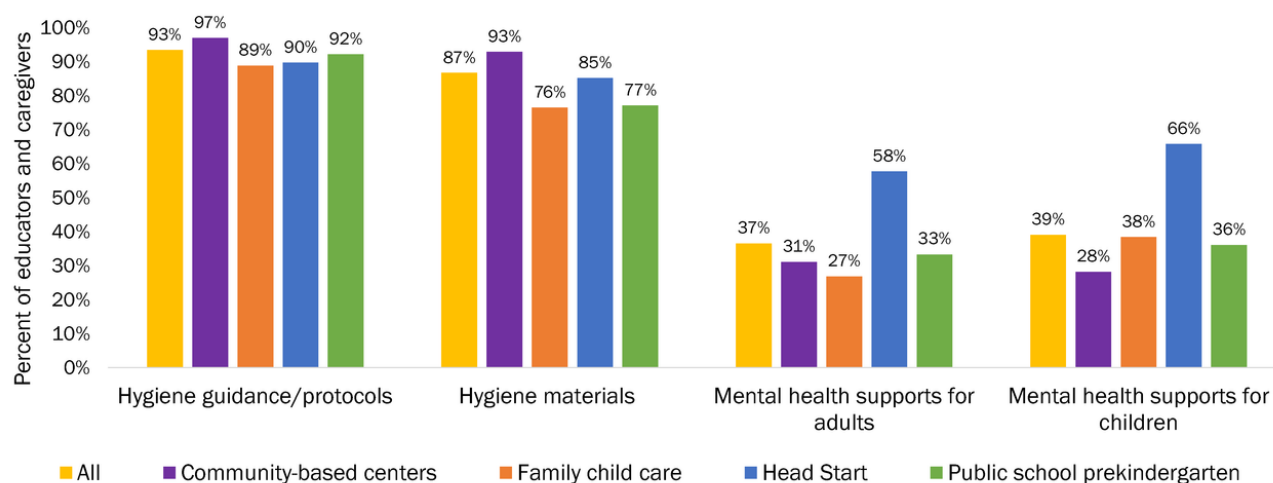
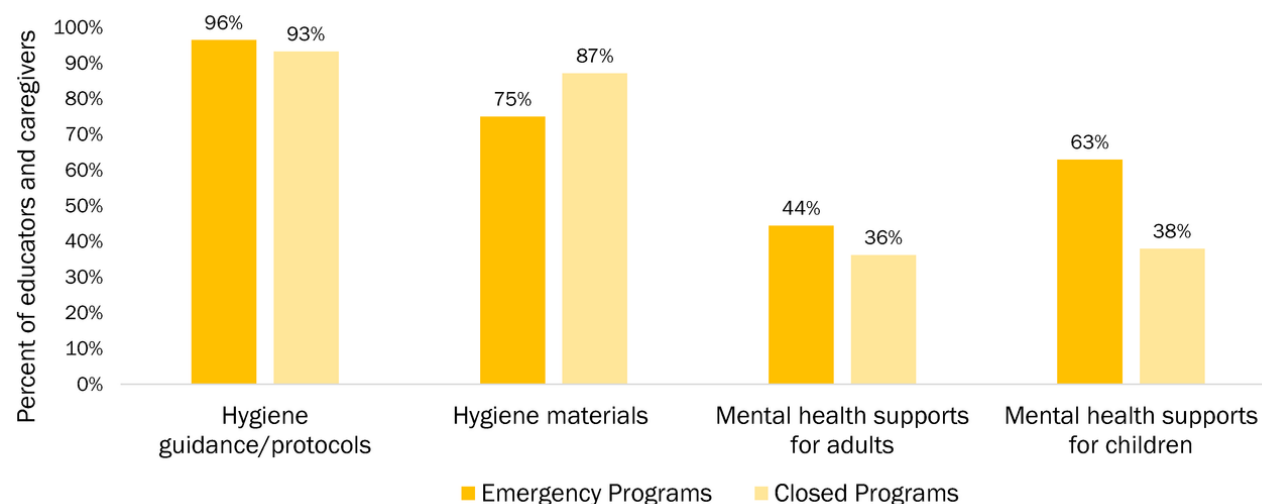


Figure 9. Percent of educators and caregivers receiving pandemic-specific supports among emergency programs and closed programs (*n* = 651)

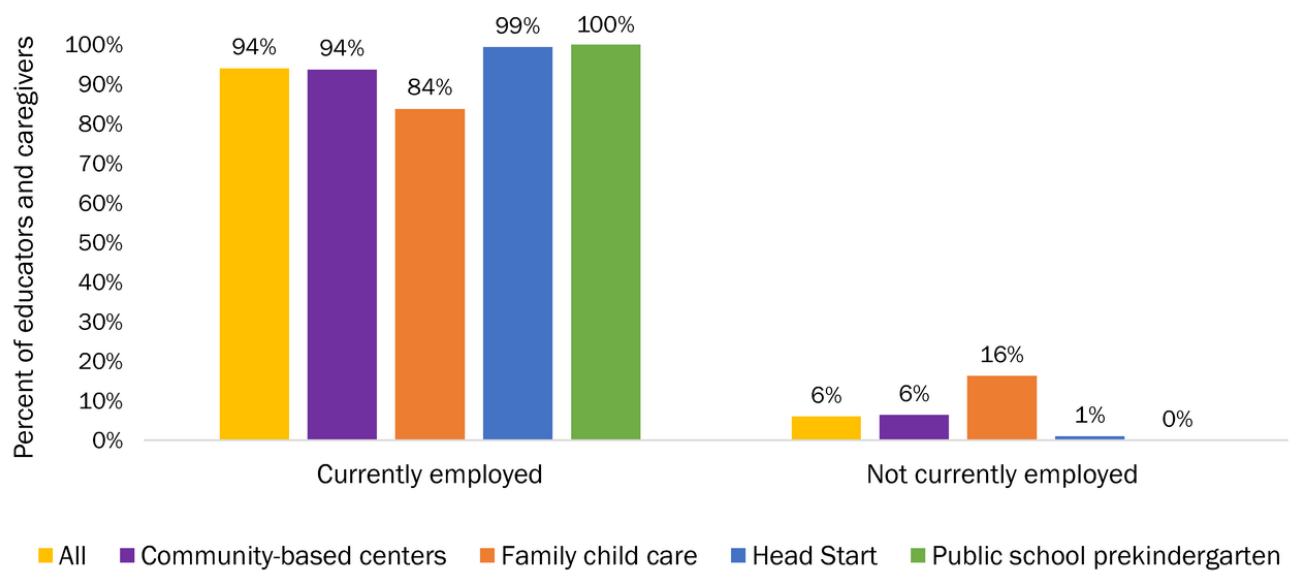


PROGRAM OPERATIONS

Educator and Caregiver Employment Status and Income

The majority of educators and caregivers in all provider types reported they were still employed at the time of the survey (Figure 10). That is, they were receiving compensation, providing services to young children either as an emergency provider or remotely, and/or were temporarily furloughed. Those who were not employed had either been permanently laid off or had resigned from their job.

Figure 10. Percent of educators and caregivers currently employed, overall and by provider type ($n = 683$)



PROGRAM OPERATIONS

Although the majority of educators and caregivers reported still being employed, many reported that their income had been affected by the pandemic (Figure 11). Across all provider types, 33% of educators and caregivers reported that their income had been affected. Educators and caregivers in family child care programs were most likely to report their income being affected, whereas those in Head Start and public school prekindergarten programs were least likely to report their income was affected.

Figure 11. Percent of educators and caregivers reporting their income was affected by the pandemic, overall and by provider type (n = 627)

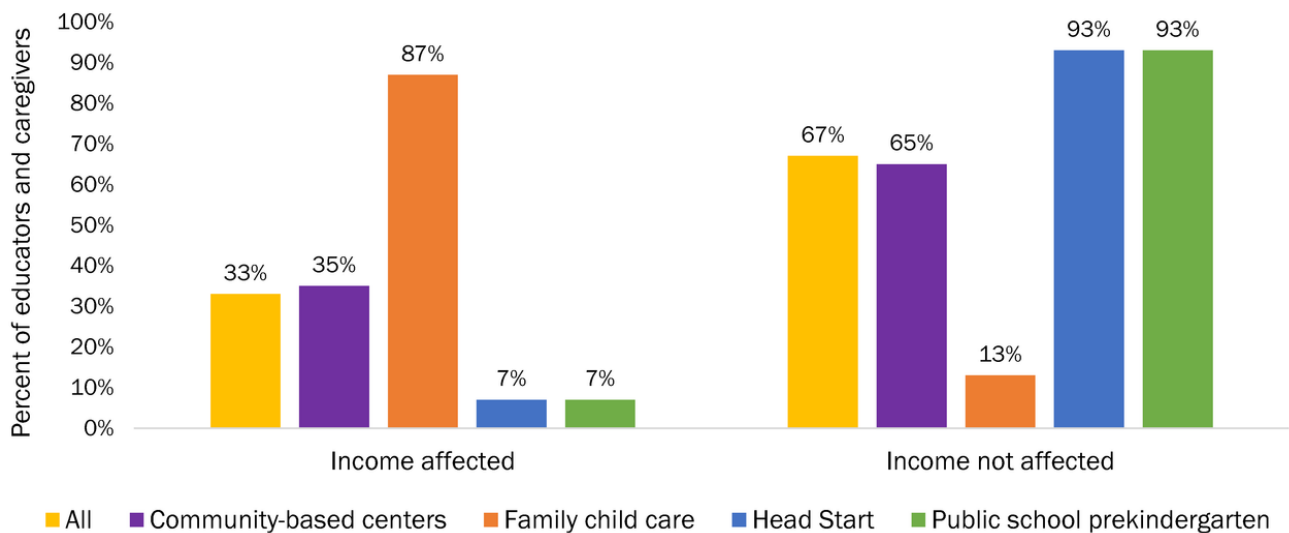
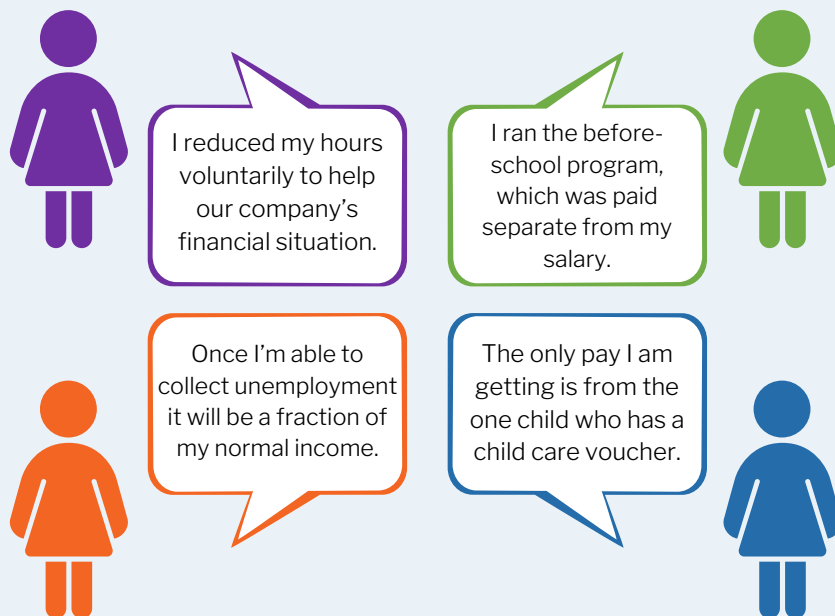


Figure 12. Explanations of how educator and caregiver income was affected by the pandemic

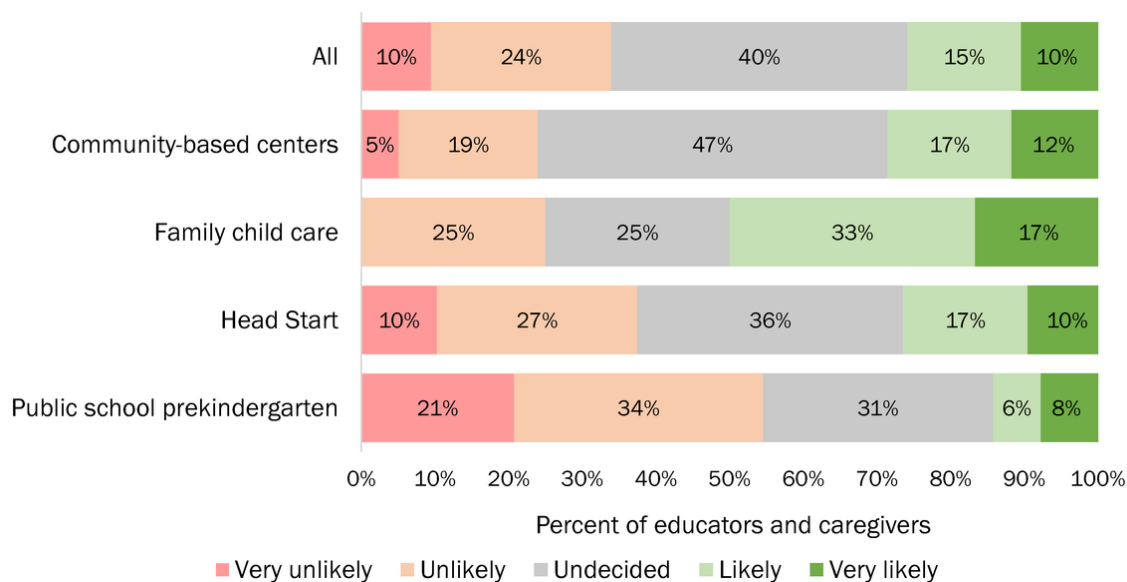


The majority of educators and caregivers reporting that their income was affected by the pandemic indicated that they were receiving less income than before the pandemic. The reasons for income decreases were diverse, as illustrated in Figure 12, which displays some quotes from survey respondents. A small number of educators and caregivers reported that their income increased as a result of hazard pay for working in emergency child care programs.

PROGRAM OPERATIONS

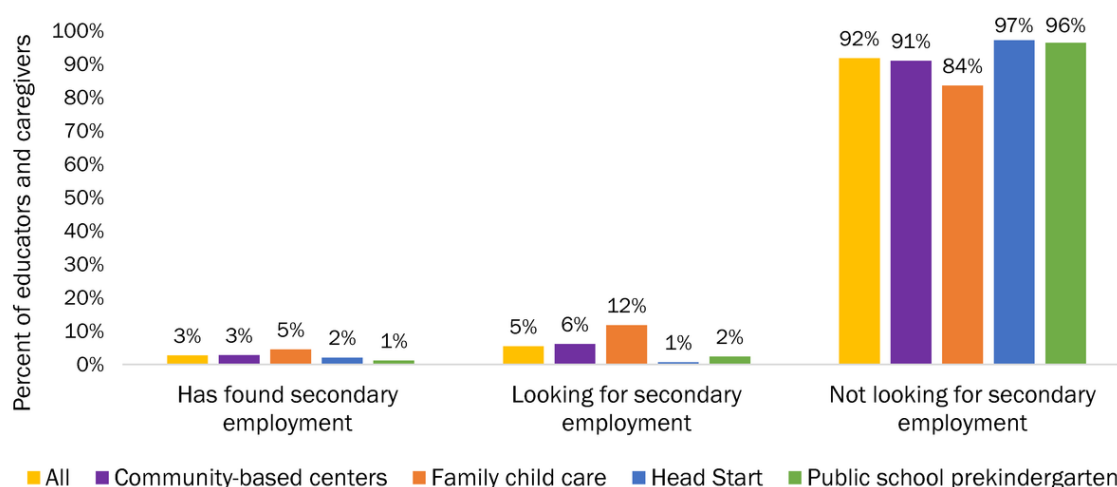
Educators and caregivers whose income had not yet been affected were largely uncertain about whether or not their income would be affected in the future (Figure 13). Family child care providers were most likely to believe their income would be affected in the future, as nearly half believed it likely or very likely their income would change. By comparison, only 14% of educators and caregivers in public school prekindergarten programs thought it likely their income would be affected in the future.

Figure 13. Educator and caregiver reported likelihood their income will be affected in the future, overall and by provider type (n = 421)



In response to the pandemic, 8% of educators and caregivers reported seeking or finding secondary employment (Figure 14). Educators and caregivers in family child care providers were most likely to report having found or looking for secondary employment.

Figure 14. Percent of educators and caregivers seeking secondary employment as a result of the pandemic, overall and by provider type (n=663)

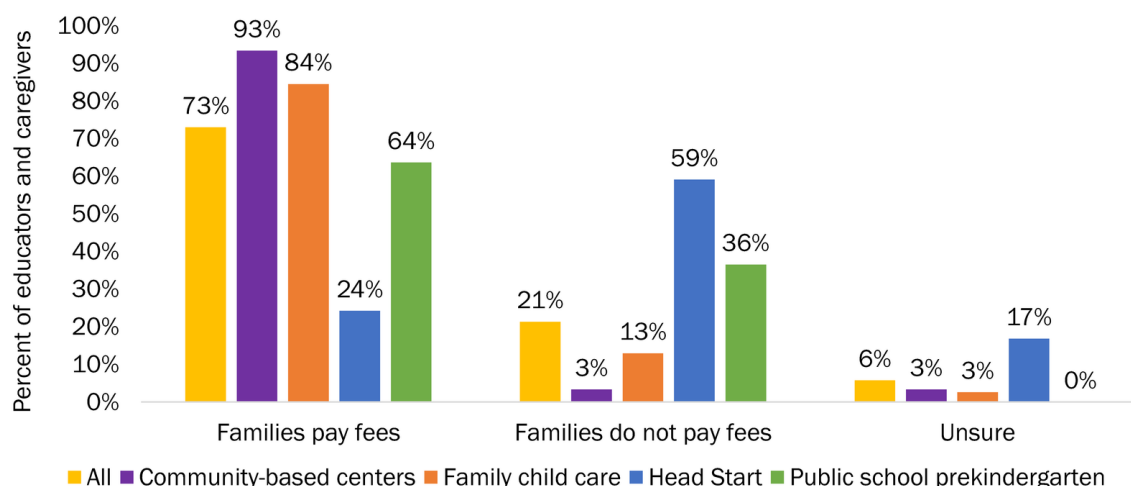


PROGRAM OPERATIONS

Family Fee Payments

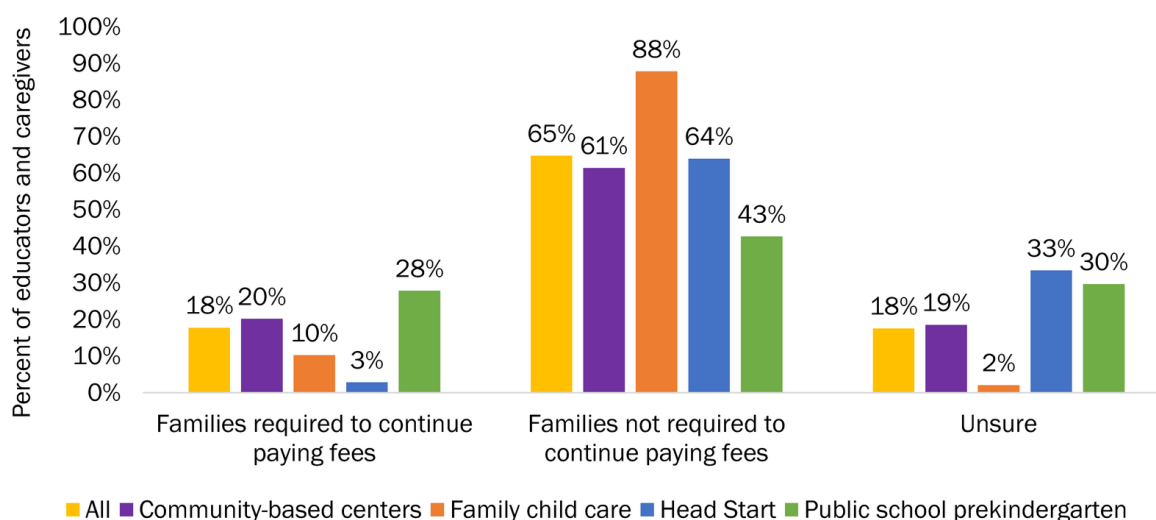
The majority of educators and caregivers in our sample reported working in programs that typically require families to pay fees to attend (Figure 15).

Figure 15. Percent of educators and caregivers working in programs in which families paid fees, overall and by care type (*n* = 681)



About one-fifth of fee-based programs required families to continue paying fees during program closures (Figure 16). Nearly a quarter of educators and caregivers in programs that typically charge fees, but no longer required them in light of the pandemic, reported receiving voluntary payments from families.

Figure 16. Percent of educators and caregivers in programs in which families were required to continue paying fees, overall and by program type (*n* = 496)

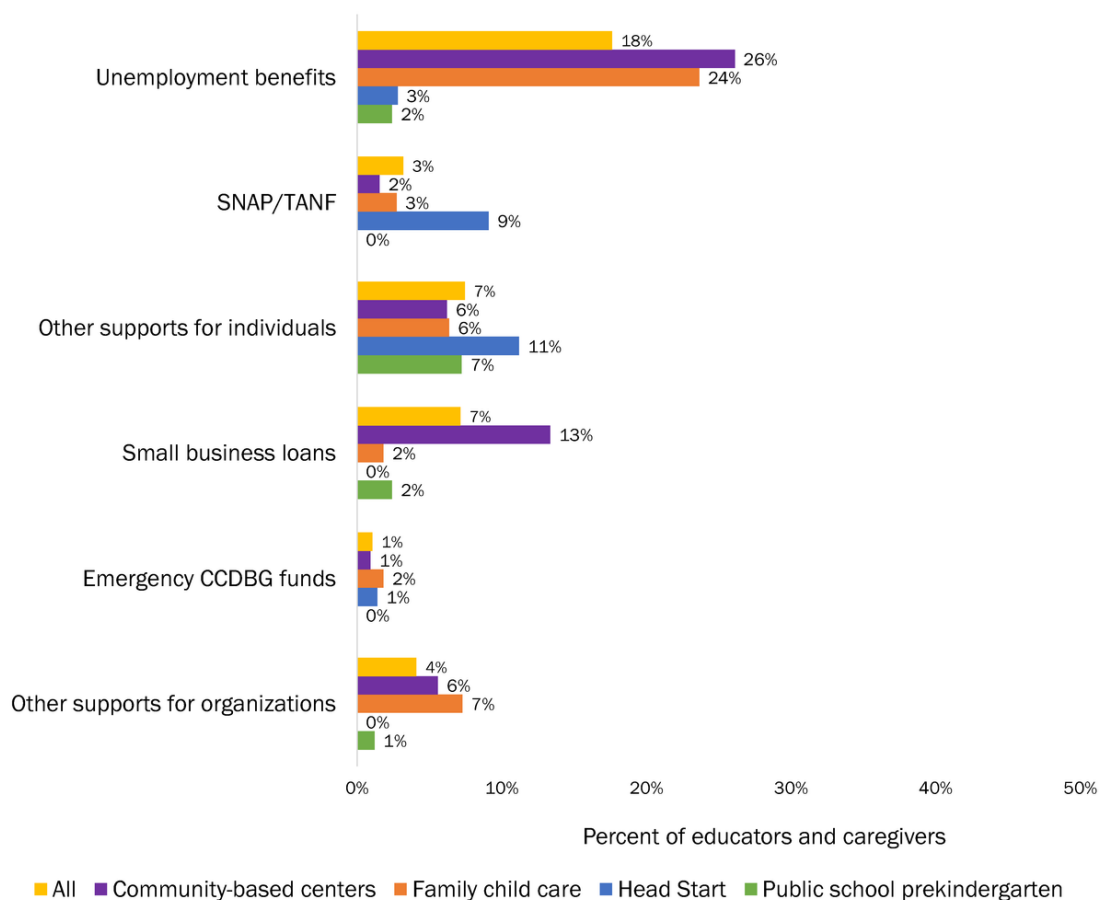


USE OF PUBLIC SUPPORTS

We asked educators and caregivers whether they or their programs were accessing public supports due to the pandemic (Figure 17).⁴ Educators and caregivers in community-based centers and family child care were ten times as likely to be receiving unemployment benefits (either regular unemployment insurance or pandemic-funded unemployment assistance) as those in Head Start or public school prekindergarten programs. As noted above, educators and caregivers in community-based centers and family child care were also among the most likely to report that their income had been affected by the pandemic.

Other social supports for individuals accessed by educators and caregivers in our sample included food donations, fuel assistance, and federal stimulus checks. Other supports for organizations included payroll protection loans and other loans or grants.

Figure 17. Percent of educators and caregivers accessing public supports, overall and by provider type (n = 658)

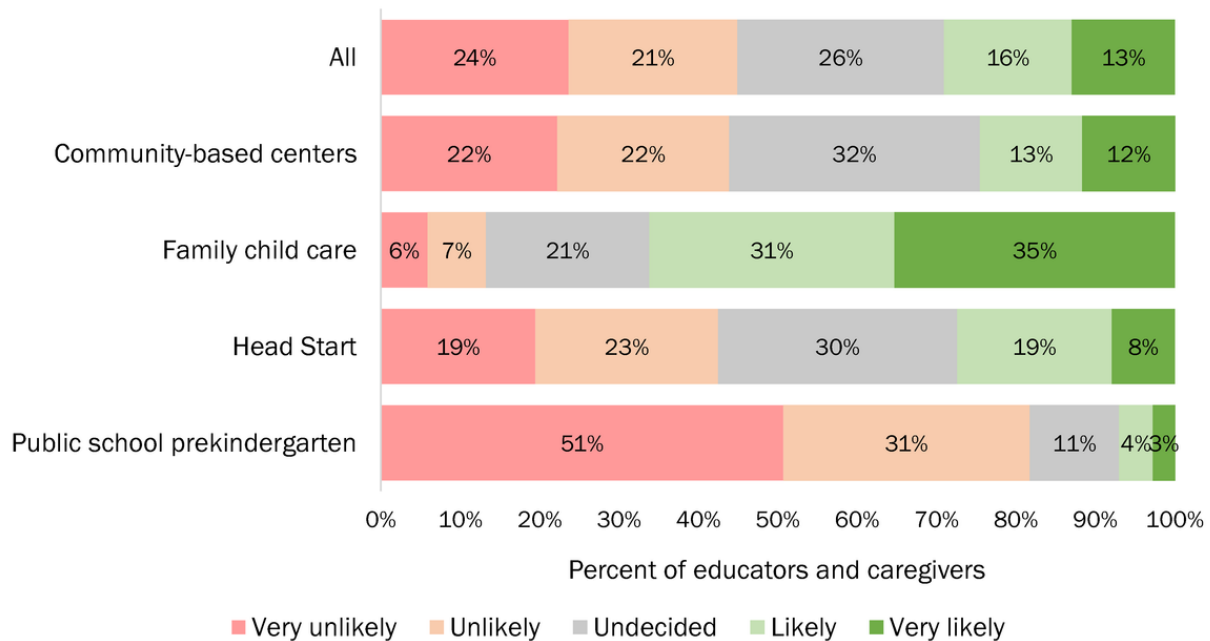


⁴It is possible that some educators who reported receiving public support benefits were also accessing them before the pandemic due to the low wages some educators and caregivers are paid.

USE OF PUBLIC SUPPORTS

In general, educators and caregivers not currently accessing any public supports were either undecided or felt it was unlikely they would seek such supports in the future (Figure 18). Family child care providers were most likely to believe they would seek supports in the future, with two-thirds of these educators and caregivers reporting it likely or very likely they would. Public school prekindergarten teachers were least likely to believe they would seek supports.

Figure 18. Educator and caregiver reported likelihood of applying for public supports and assistance in the future, overall and by provider type ($n = 423$)

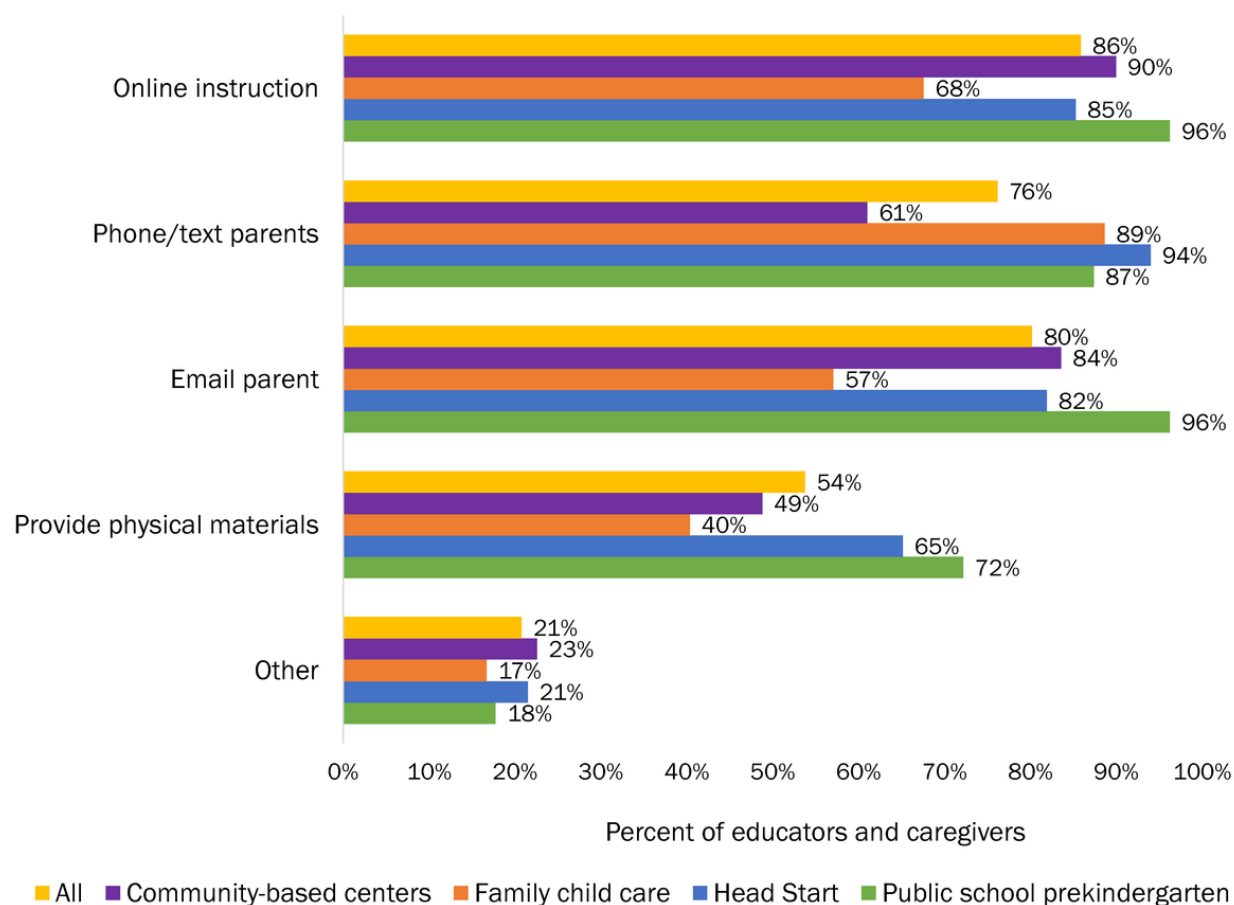


REMOTE ENGAGEMENT WITH CHILDREN AND FAMILIES

Educators and caregivers engaged in a wide variety of remote activities with children in their programs (Figure 19). Approximately 85% of educators and caregivers reported engaging in some form of online instruction.

Public school prekindergarten educators were most likely to report conducting virtual instruction (96%), whereas family child care educators were least likely to report conducting virtual instruction (68%). Many educators and caregivers also reported communicating with parents through phone, text messaging, and emails. About half of educators and caregivers reported providing physical materials to children and families. Educators and caregivers also reported a number of other remote activities, including communications via Facebook pages and posts, mail communication, socially distanced visits, and food/diaper delivery.

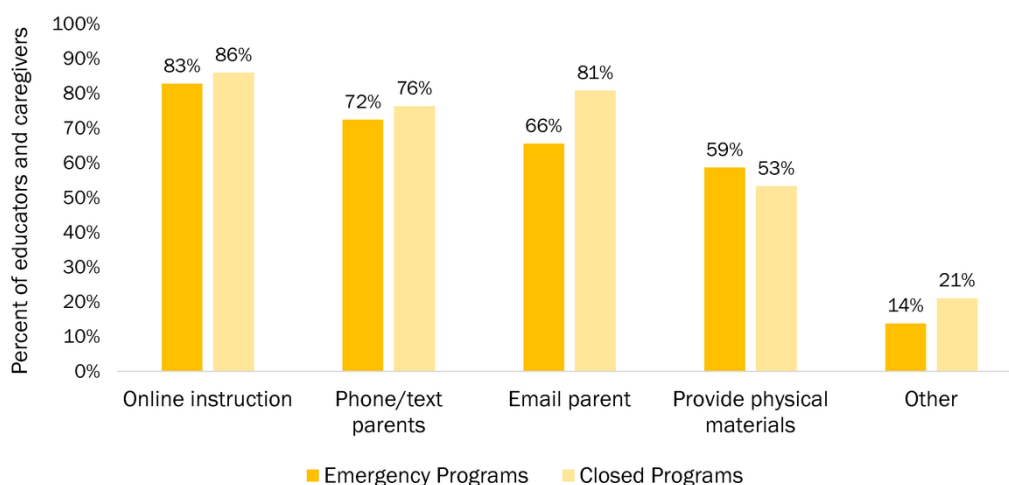
Figure 19. Percent of educators and caregivers reporting engaging in remote activities, overall and by provider type (n = 670)



REMOTE ENGAGEMENT WITH CHILDREN AND FAMILIES

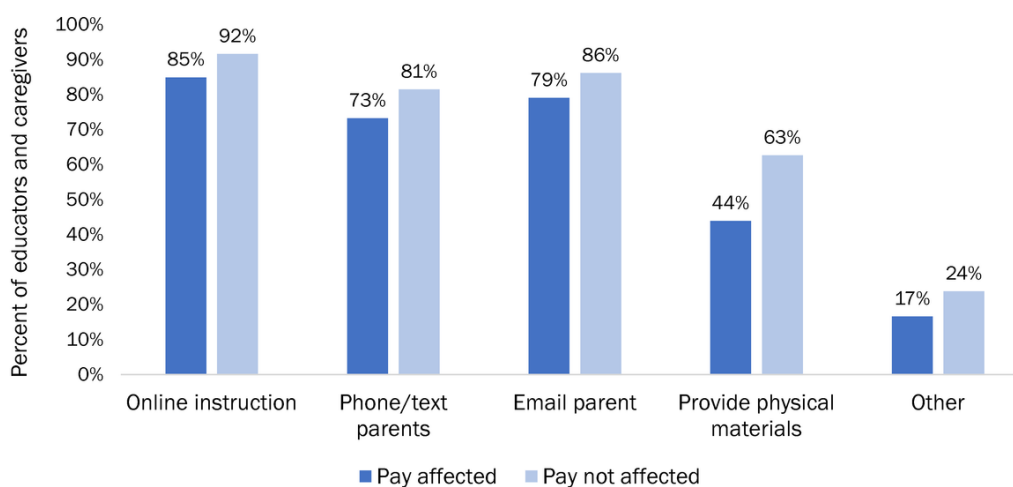
Educators and caregivers in emergency programs also reported engaging in remote activities with children and families not currently attending in person (Figure 20). In particular, educators and caregivers in emergency programs were just as likely to report engaging in online instruction and communicating with families through phone or text messages as those in closed programs (83% versus 86%). Educators and caregivers in emergency programs were less likely to email parents (66% versus 81%). Educators and caregivers in emergency programs were less likely to email parents than those in closed programs (66% versus 81%).

Figure 20. Percent of educators and caregivers reporting engaging in remote activities among emergency programs and closed programs ($n = 670$)



Educators and caregivers reporting that their income had been affected by the pandemic still overwhelmingly engaged remotely with students and families (Figure 21). That said, educators and caregivers who reported that their income had been affected were slightly less likely to report engaging in remote activities and communicating with families than those who reported that their income had not been affected.

Figure 21. Percent of educators and caregivers reporting engaging in remote activities among those whose income was and was not affected by the pandemic ($n = 627$)



PERSONAL WELLBEING

Overall Mental and Physical Health

In general, educators and caregivers were more likely to report that the pandemic had adverse impacts on their mental health than on their physical health (Figures 22 and 23).

Figure 22. Educator and caregiver agreement that pandemic affected their physical health, overall and by provider type (*n* = 665)

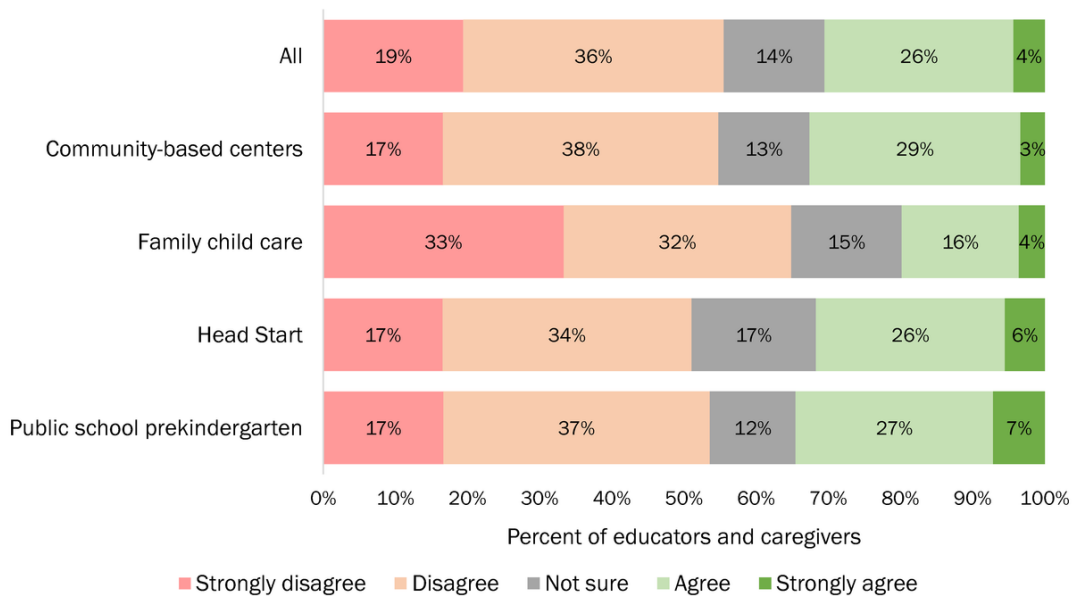
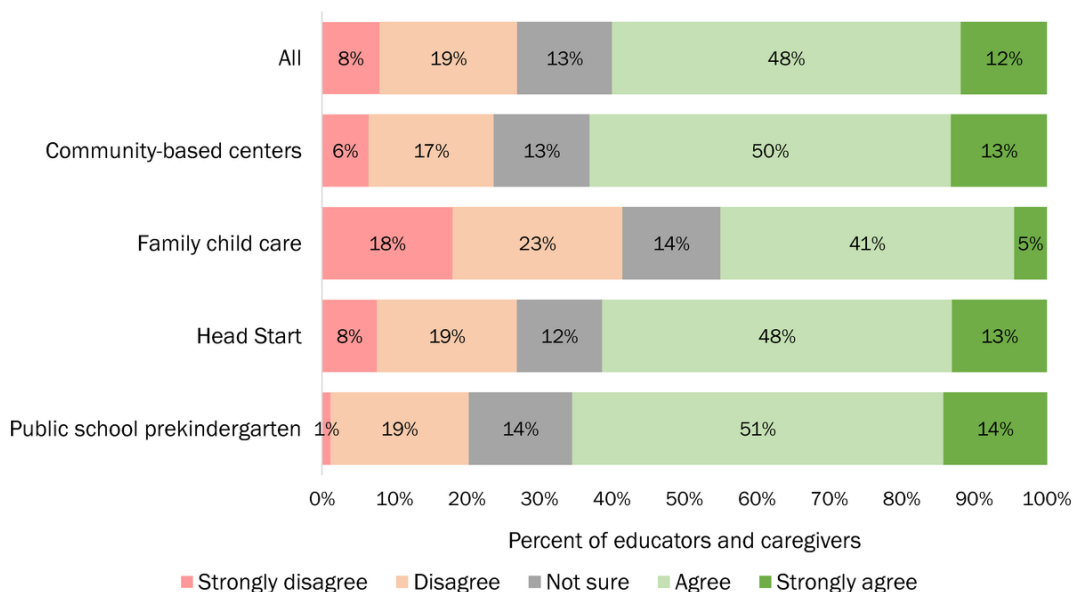


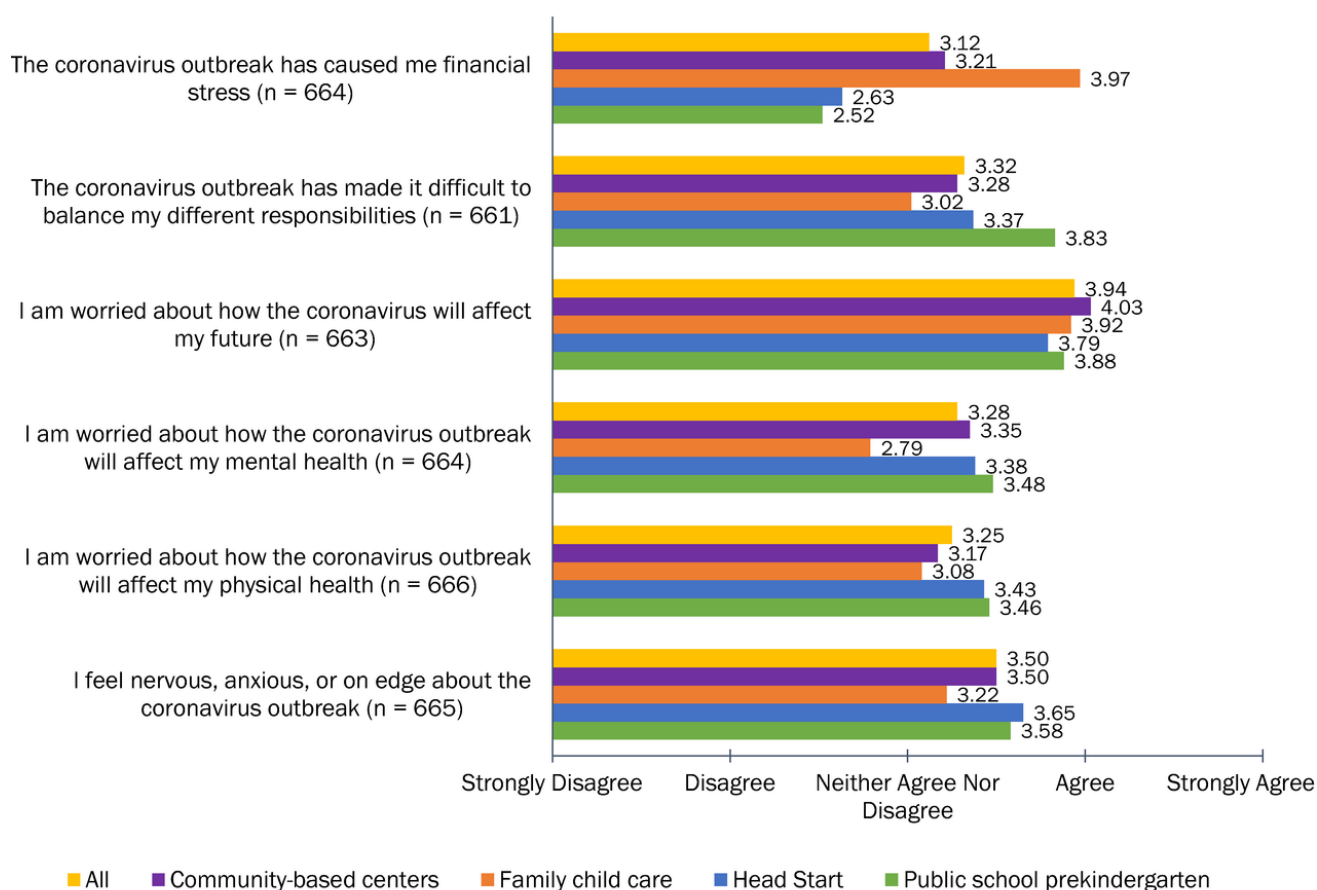
Figure 23. Educator and caregiver agreement that pandemic affected their mental health, overall and by provider type (*n* = 665)



PERSONAL WELLBEING

Using a five-point scale from 1 (strongly disagree) to 5 (strongly agree), educators and caregivers reported that the pandemic had caused moderate levels of stress (Figure 24). There were few differences in stress levels across provider types. One exception was financial stress, which was higher among educators and caregivers in family child care programs than among those in other program types.

Figure 24. Educator and caregiver reported stress levels, overall and by provider type (n = 666)



Note: Variables capturing educator and caregiver stress levels were coded as follows: 1 = Strongly disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly agree that they are concerned about a given issue.

PERSONAL WELLBEING

Job-Related Stress and Anxiety

Although educators and caregivers largely reported that they were unlikely to quit their jobs as a result of the pandemic (Figure 25), many believed that their job posed a risk to their health (Figure 26).

Figure 25. Likelihood of educator or caregiver quitting job as a result of the pandemic, overall and by provider type (n = 655)

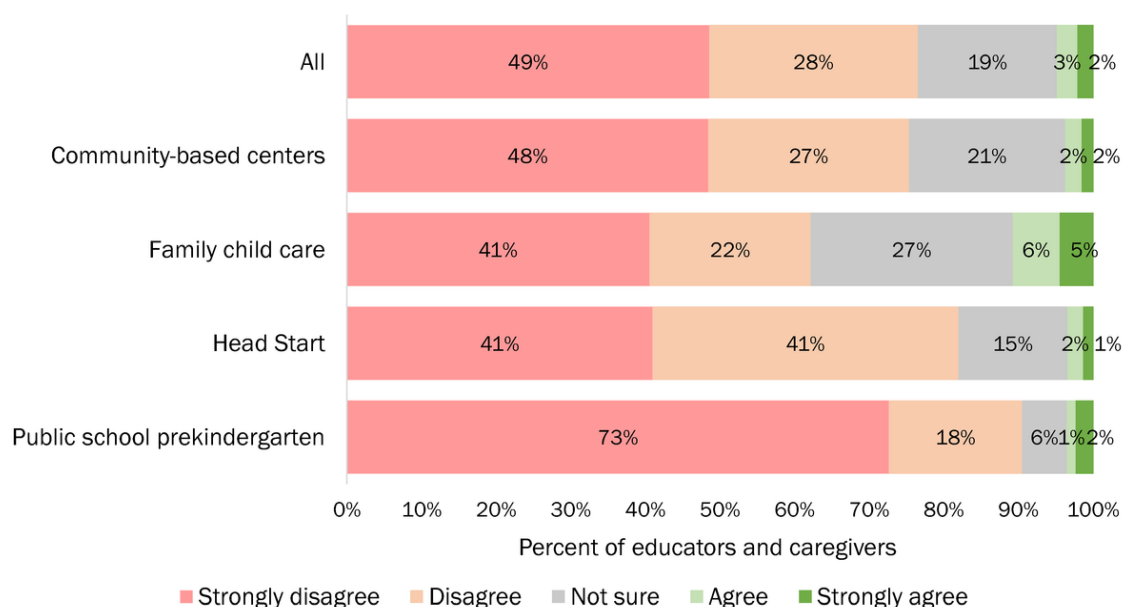
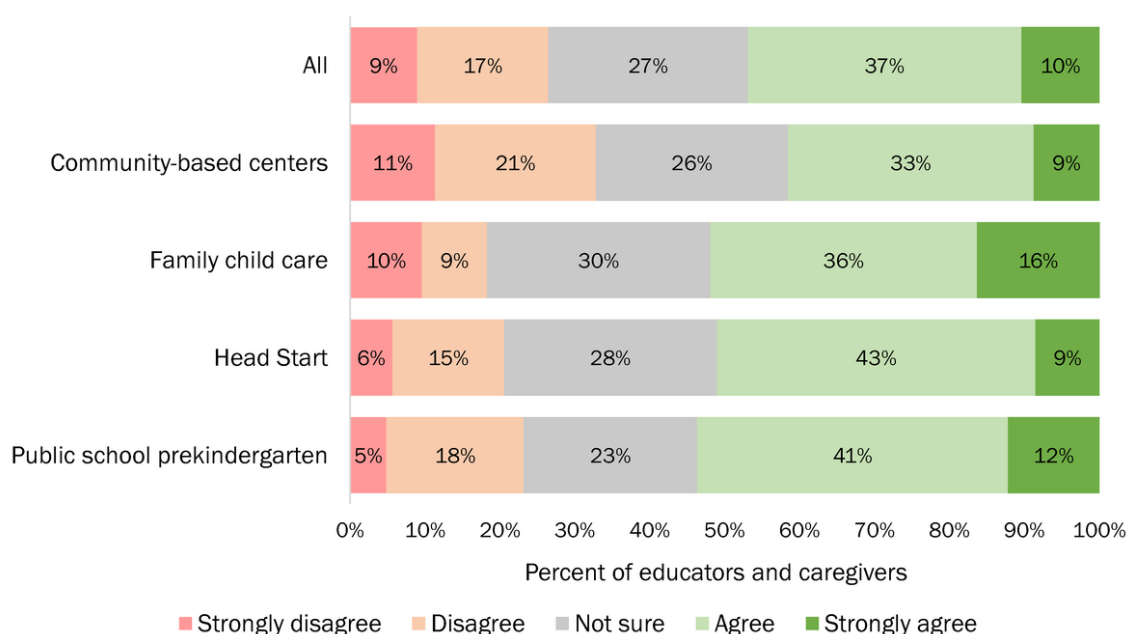


Figure 26. Educator and caregiver belief that work poses a risk to health, overall and by provider type (n = 635)

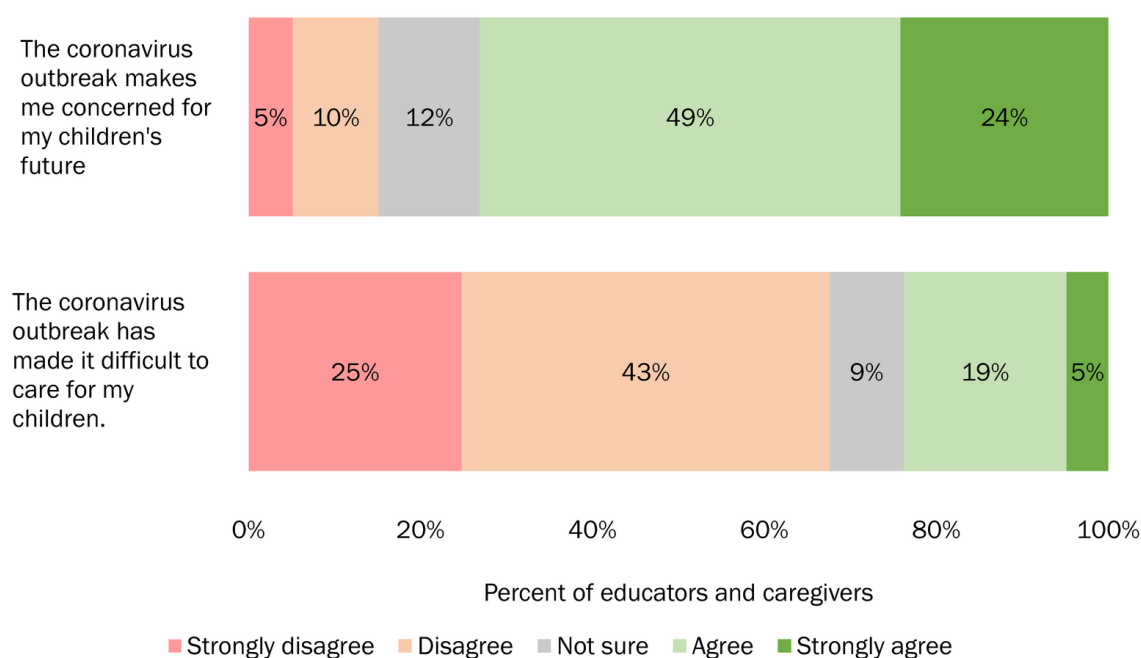


Family-Related Stressors

Nearly 40% of educators and caregivers reported having a frontline worker in their immediate family ($n = 246$). Slightly less than half of educators and caregivers reported having at least one child under 18 at home (44%; $n = 291$). These educators and caregivers had an average of 1.82 ($SD = 0.95$) children living in their homes. The majority of educators and caregivers (59%) reported that they were primarily in charge of caring for their child(ren) at home. A smaller percentage (37%) reported that they and their spouse/partner were equally responsible for caregiving. Less than 5% reported that their partner, a relative, or a non-relative was in charge of caregiving.

In general, educators and caregivers disagreed that the pandemic affected their ability to care for their children, but many did agree that the pandemic made them concerned for their child or children's future (Figure 27).

Figure 27. Parenting-related stress reported by educators and caregivers ($n = 290$)



CONCLUSION

The COVID-19 pandemic underscores what we knew already, that early education and care is a vital support for families with young children and that the sector more broadly is foundational for the rest of the economy. At the same time, the pandemic has also highlighted the sector's fragility. The findings from a survey of early educators and caregivers in Massachusetts show that early education and care programs are acutely vulnerable to the pandemic's economic effects, leading to temporary closures, lost revenue, and declining income for educators and caregivers. Educators and caregivers in some types of programs, most often family child care and community-based centers, were particularly affected by a loss of compensation and were most likely to use or anticipate needing public benefit support. Beyond its financial consequences, the pandemic raised concerns among educators and caregivers for their physical and mental wellbeing. While many educators and caregivers received resources to address hygiene risks, few had similar supports for mental health.

The survey also illustrates that educators and caregivers continued to demonstrate their dedication to the field in profound ways despite the new challenges posed by the pandemic. Most reported engaging children and their families in remote instruction, providing learning materials, or helping families meet basic needs. Many continued to support young children and families even as their income declined. Nearly half of all educators and caregivers reported concerns that their job poses a risk to their health, yet few considered quitting as a result of added stressors and risks associated with the pandemic. Early educators and caregivers are critical to the economic and social wellbeing of families with young children and the nation as a whole. The findings from the survey point to the importance of developing plans to support and sustain educators and caregivers that reflect the essential nature of their work.



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