

NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

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

Needs Assessment Update Based on Parent Focus Group Feedback

DECEMBER 2021

Conducted by



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

This publication is supported by the Preschool Development Grant Birth through Five Initiative (PDGB5), Grant Number 90TP005902, from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Child Care. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the United States Department of Health and Human Services, Administration for Children and Families.

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Executive Summary

Overview

In 2019, the New York State Council on Children and Families (CCF) in partnership with the Center for Human Services Research (CHSR) at the University at Albany, State University of New York conducted a comprehensive needs assessment of the state's early childhood care and education system (ECCE). As noted in the 2019 *New York State Birth Through Five (NYSB5) Preschool Development Grant Needs Assessment Report*, the state's expanded investment in ECCE infrastructure reflects a strong commitment to supporting young children and families. See https://www.ccf.ny.gov/files/4915/7773/1159/nysb5_na_report.pdf.

In March 2020, the lives of New Yorkers were upended by the COVID-19 pandemic in New York, and the subsequent safety actions taken by New York State (NYS); specifically, orders closing schools statewide and the NYS on PAUSE Executive Order. With continued funding from the federal Preschool Development Birth Through Five (NYSB5) Grant, a second Needs Assessment (hereafter referred to as the 2020 Needs Assessment Update) was conducted to examine the impact of the first year of the pandemic from March 2020 through March 2021. Findings heavily focused on the impacts on program administration, funding, operations, and staff, and provided program- and state-level recommendations.

The goal of this 2021 Needs Assessment Update is to report findings on the longer-term impacts of the pandemic on NYS families based on the collection of additional primary data from focus groups with parents and caregivers. It provides additional insight on how the disruptions in the ECCE system affected parents, caregivers, and their children aged birth through five, and how families continued to struggle to recover from the repercussions of the pandemic. It also underscores the incredible resilience of families in adjusting to an ever-changing landscape of ECCE programs and services.

Methodology

Focus groups were conducted via Zoom from October 25, 2021 to December 4, 2021, with parents and caregivers from NYS's 10 Economic Development Council regions. Additionally, focus groups were organized across regions in American Sign Language, Spanish, and Mandarin to meet the linguistic needs of specific populations. In total, approximately 250 individuals participated in focus group sessions. Of those, 215 completed a short demographic survey after the focus group. Of those that completed the survey, 36% identified themselves as White, 50% identified themselves as Black/African American, 6% identified as Asian, 4% identified as American Indian/Alaska Native, and 4% identified as Native Hawaiian/Pacific Islander. Additionally, 15% identified as Hispanic/Latinx. Finally, 52% identified as female, 37% had a household income of more than \$75,000 a year, 26% were receiving child care subsidies, and 11% experienced homelessness in the past year. These percentages were very different from the previous Needs Assessment parent focus group samples, indicating that these data reflect a more diverse group of parents whose voices and experiences may not have been previously represented.

Summary of Key Findings

1. A majority of parents and caregivers or their spouses/partners experienced job loss, income loss, or reduced hours at some time during the first year of the pandemic.

This loss of income resulted in, or exacerbated, family struggles to make ends meet, including affording housing, food, and child care. Parents and caregivers who were able to access vaccines, rapid COVID-19 tests, and reliable child care were more likely to say they were able go back to work and that things were getting better for their families.

2. The pandemic brought many changes to ECCE programs that impacted accessibility, affordability, and quality of services.

Widespread program closures, a switch to virtual service delivery, the use of strict safety protocols, and increased costs led to shifts in parent or caregiver needs, preferences, and priorities for child care. As NYS slowly started re-opening and more parents and caregivers returned to the workforce, families needed child care but struggled to find available, reliable, affordable, safe, high-quality programs that fit their needs. Unequal access to virtual services and mixed feelings about their appropriateness and effectiveness prevented virtual services from being a widely supported solution for families. Some benefits to virtual services were identified, such as limited COVID-19 exposure and accessibility of services that otherwise would have been inaccessible due to a shortage of providers or transportation barriers. Some parents and caregivers wanted virtual services to continue, or at least be considered as part of a hybrid model of service delivery.

3. Vulnerable populations faced more disruptions in services compared to their less-vulnerable counterparts, with potentially long-term negative impacts.

Virtual or reduced service delivery was sometimes difficult to accommodate or ineffective for families with children with developmental delays or disabilities. Others experienced complete suspension of services particularly in the beginning of the pandemic. Parents and caregivers worried that reduced or modified services would lead to isolation and lack of stimulation in the home, further contributing to their child's socioemotional and language challenges. They were angry and frustrated by the disorganization, delays in service provision, and inequitable access. Some parents and caregivers pointed to a systemic issue that disproportionately affected low-income children and children of color.

Limited English-speaking parents and caregivers also faced unique challenges related to the pandemic. They were concerned that their children were not getting enough exposure to English during the pandemic and would be behind when they entered school. They also felt that language delays were harder to identify due to the lack of available bilingual settings, services, and programs for their children.

4. Parents and caregivers, especially low-income and limited English-speaking parents and caregivers, had large gaps in knowledge about government assistance programs and resources.

Few parents and caregivers discussed receiving pandemic relief measures or other types of financial assistance during the pandemic. Barriers included not knowing about financial assistance until it was past the deadline to apply, or not qualifying for assistance because they were over the qualifying income limit. Limited English-speaking parents and caregivers in particular said that no one proactively contacted them to provide information about available services and that they did not know where to look or who to ask for help.

5. Social support was important for mental health and awareness of information and resources.

The amount of stress, anxiety, isolation, fear, and grief that families experienced led to a high need for mental health supports and resources. Parents and caregivers in all focus group regions discussed how the loss of access to their social support networks had devastating impacts on their family's well-being. Social support and networking also seemed to be critical for awareness of information and resources as parents and caregivers often described relying on parent groups and group messages on Facebook or other messaging apps to get information and help during the pandemic.

Conclusions

Parents and caregivers identified gaps in access to services, information, and resources during the pandemic. Parents and caregivers would benefit from information on available supports and services flowing more quickly and directly to them, even post-pandemic.

Recommendations offered to better support families include:

- informational resources that should be made available for families;
- methods for distributing resources and information to families; and
- changes to the ECCE system requested directly by parents and caregivers.

This 2021 Needs Assessment Update presents an opportunity to hear the voices of parents and caregivers and take their recommendations into serious consideration to improve practice and service provision generally and to prepare for future emergency situations.

Acronyms

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

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

CDC Centers for Disease Control and Prevention

CPSE The Committee for Preschool Special Education

COVID-19 Coronavirus disease identified in 2019

ECCE Early Childhood Care and Education

EI Early Intervention

NYC New York City

NYS New York State

NYSB5 New York State Preschool Development Grant Birth through Five

OCFS New York State Office of Children and Family Services

SNAP Supplemental Nutrition Assistance Program

SSI Supplemental Security Income

TANF Temporary Assistance for Needy Families

WHO World Health Organization

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

Introduction

In 2019, the New York State Council on Children and Families (CCF) partnered with the Center for Human Services Research (CHSR) at the University at Albany, State University of New York to conduct New York's first-ever state-wide, comprehensive needs assessment of the Early Childhood Care and Education (ECCE) system with funding from the New York State Preschool Development Birth Through Five (NYSB5) grant. The initial 2019 Needs Assessment examined the availability, accessibility, and quality of the ECCE system. Findings related to system building, data and workforce development, access to quality programs, and vulnerable populations influenced the creation and implementation of innovative initiatives to support families. See https://www.ccf.ny.gov/files/4915/7773/1159/nysb5_na_report.pdf.

In 2020, the COVID-19 pandemic created massive disruptions in the ECCE system and the lives of NYS families. With continued funding from the NYSB5 grant, a second Needs Assessment (hereafter referred to as the 2020 Needs Assessment Update) was conducted in 2021 to examine the impact of the first year of the pandemic from March 2020 through March 2021. Data were collected and analyzed from a parent survey and key informant interviews with representatives from ECCE programs across NYS. Findings in the 2020 Needs Assessment Update more heavily focused on the impacts on program administration, funding, operations, and staff, and provided program and state-level recommendations.

The goal of this 2021 Needs Assessment Update is to report findings on the longer-term impacts of the pandemic on NYS parents, caregivers, and children based on the collection of additional primary data from focus groups with parents and caregivers. It provides additional insight into how the disruptions in the ECCE system affected parents, caregivers, and their children aged birth through five, and how parents and caregivers struggled to recover from the repercussions of the pandemic. It also underscores the resilience of parents, caregivers, and children in adjusting to an ever-changing landscape of ECCE programs and services.

Methodology

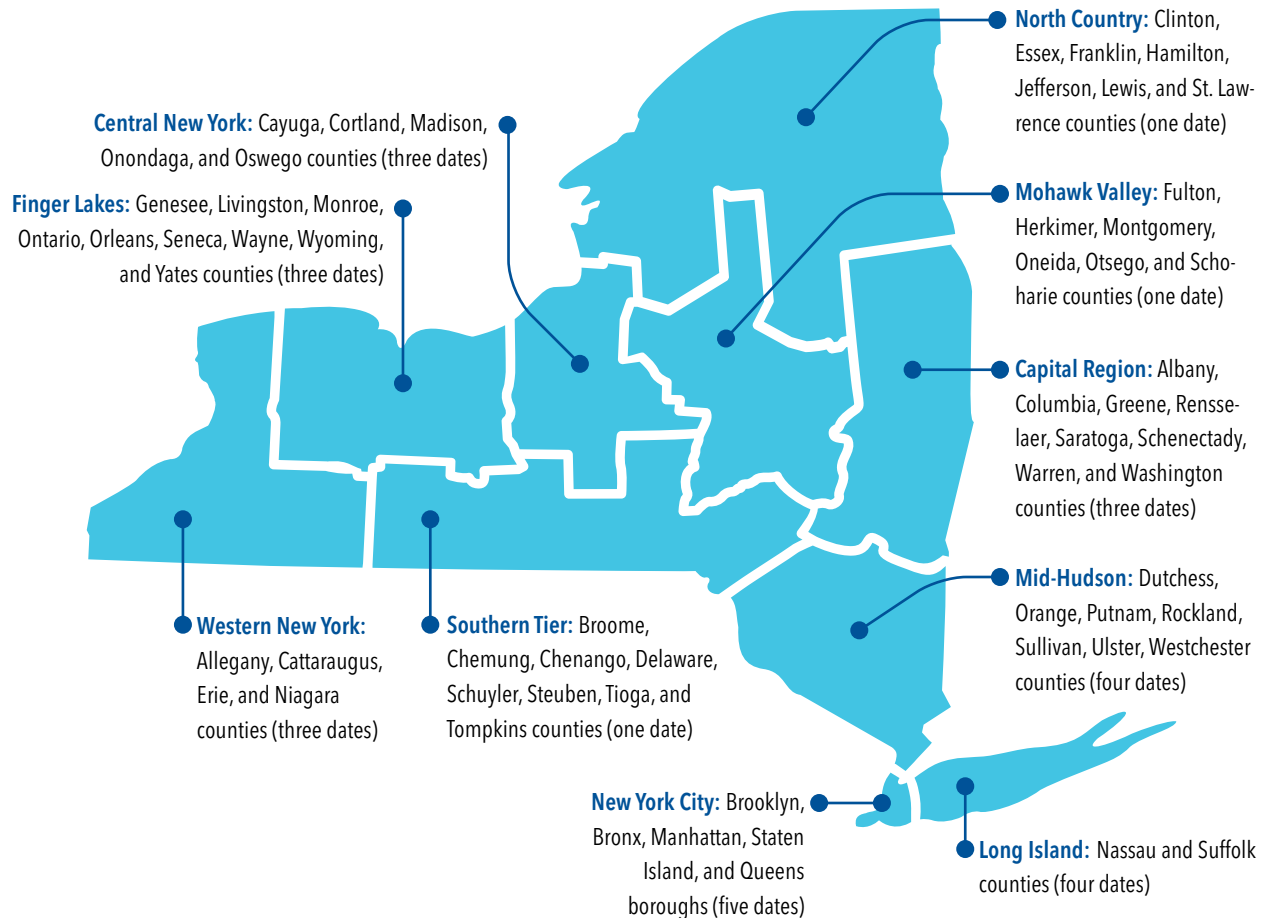
In order to add additional context and details about the experiences of parents, caregivers, and children during COVID, CCF and CHSR developed a focus group protocol to collect primary data related to the pandemic and its impact. The full protocol can be found in Appendix A. Though it was hoped in-person groups would be an option, focus groups were instead held over Zoom due to continued concerns regarding infection.

Prior to beginning recruitment, CHSR and CCF hosted a meeting with leaders across NYS to discuss the best methods for recruiting a diverse parent population. Recommendations from that meeting included:

- utilizing well-connected community members to recruit participants;
- working with partner organizations to recruit participants;
- utilizing social media to recruit participants.
- sharing the impact of participation (explaining to participants why their input matters, and how it will be used); and
- providing a "thank you" for participating (e.g., gift card, food, etc.).

A flyer was created and distributed using a snowball sampling method consistent with previous Needs Assessment recruitment. The flyer was distributed through email listservs, posted on social media, and in some cases printed and posted within communities, in addition to being shared with specific community members and organizations connected to vulnerable populations. While snowball sampling allows for potential recruitment from a wider network than that directly known by the evaluation team, there is potential for subsequently uneven information spread and self-selection bias, leading to a non-random sample. However, this concern was outweighed by the advantage of being able to recruit a great number of participants from vulnerable populations.

Focus groups were organized geographically by Economic Development Council region and had a varying number of dates in which to participate available:



Additionally, the following groups were organized across regions in order to meet the linguistic needs of specific populations: American Sign Language (two dates), Spanish (two dates), and Mandarin (one date).

Where multiple focus groups were scheduled for a region, the days and times were varied (weekday, weeknight, and weekend) to ensure individuals with various schedules could participate.

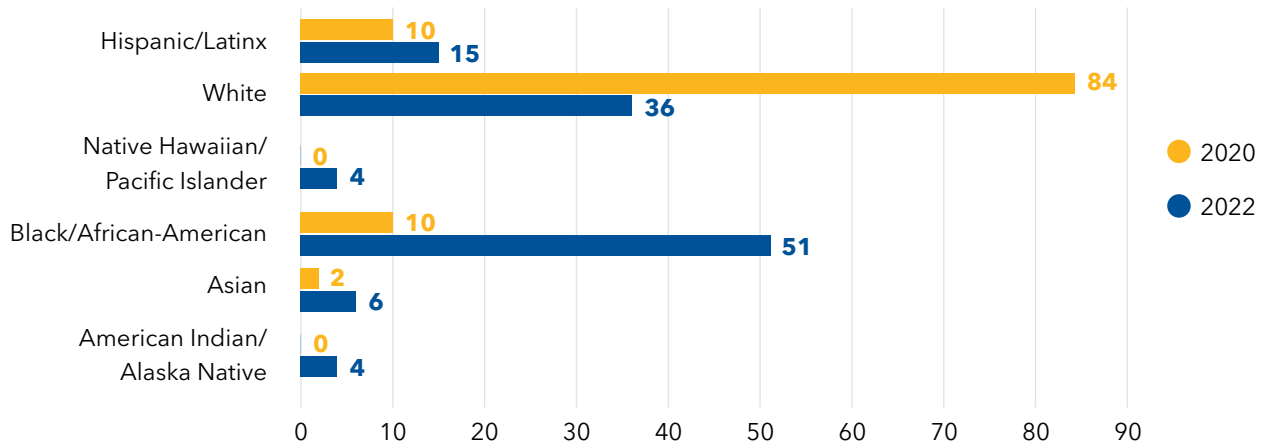
Focus groups were held over Zoom from October 25, 2021 to December 4, 2021. No pre-registration was required; participants simply clicked on the Zoom link to enter at the scheduled date and time for their region or language group. In the main room, a CHSR focus group moderator asked participants two qualifying questions, verifying county of residence and confirming that they were the parent or primary caregiver of a child ages birth through five, before they were allowed to move forward with participation. This process relied on self-report, which allowed the possibility of potentially unqualified individuals (e.g., not the parent of a young child, not a resident within NYS, etc.) participating, but it was determined to be preferable to cast a wide net in the interest of being as inclusive as possible instead of performing more extensive pre-screening.

Each date's session was capable of simultaneously hosting three separate sub-groups, each with a facilitator and note-taker, using Zoom's breakout room functionality. If a participant passed the qualifying questions, they were moved to a breakout room where the focus group took place. No more than five participants were allowed per breakout

room to make sure each participant had the opportunity to share their experiences. Participants were encouraged to participate via video when possible, although both audio-only and typed chat-only participation were also allowed in order to include those with technical difficulties or limitations. A \$25 Target gift card was offered to each participant who completed the focus group.

In total, approximately¹ 250 individuals participated in a focus group session. Of those, 215 completed a short demographic survey after the focus group. Of those that completed the survey, 36% identified themselves as White, 50% identified themselves as Black/African American, 6% identified as Asian, 4% identified as American Indian/Alaska Native, and 4% identified as Native Hawaiian/Pacific Islander. Additionally, 15% identified as Hispanic/Latinx. 52% identified as female, 37% had a household income of more than \$75,000 a year, 26% were receiving child care subsidies, 83% had at least a 2-year college degree, and 11% reported having experienced homelessness in the last 12 months. See Appendix B for a complete breakdown of participant demographics. The percentages for White race, female gender, and mid to high socioeconomic status are much lower than previous Needs Assessment parent focus group samples, indicating that these data reflect a more diverse group of parents whose voices and experiences may not have been previously represented. See Figure 1 for a comparison of 2020 and 2022 parent focus group racial and ethnic demographics.

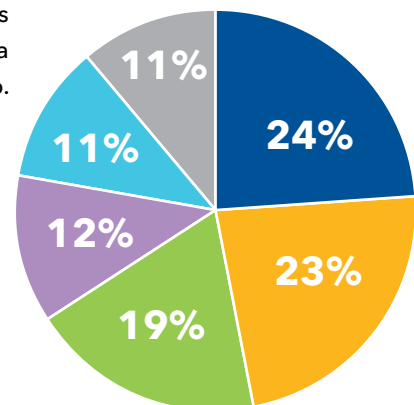
FIGURE 1. 2022 parent focus groups had a greater percentage of racially and ethnically diverse participants than in 2020.



Individuals were asked where they heard about the focus groups; roughly half responded that they had learned about the groups from either a family member, friend, or parent group (see Figure 2).

FIGURE 2. About half of participants learned about the focus groups from a family member, friend, or parent group.

- A family member or friend
- Parent group
- Social media
- Someone who works with my child
- Paper flyer
- Other



¹ The number of participants is approximate due to participants fluctuating throughout the session (e.g., participants joined late, or left and re-entered the focus group because of connection issues).

The Pandemic's Impact on Parents and Caregivers with Children in the ECCE System

The COVID-19 pandemic has had a long-lasting and devastating impact on parents and caregivers with children in the ECCE system. These parents and caregivers continue to endure high levels of stress and anxiety, isolation, grief, and fear. Challenges reported by parents and caregivers and professionals who worked with parents, caregivers, and young children at the beginning of the pandemic in March 2020²—the disruption of ECCE services; economic uncertainty; physical, mental health, and safety concerns; struggles with work-life balance; reduced access to community resources; and limited knowledge of potential supports—remained prevalent over a year later. While the New York State of Emergency due to COVID-19 was officially declared over on June 24, 2021³, many parents and caregivers were still reeling from the effects of the pandemic and the decisions they had to make about their child's care and education during this tumultuous time.

Employment

The 2020 Needs Assessment Update reported that 41% of the parent/caregiver survey respondents and 39% of their spouses/partners had experienced job loss, income loss, or reduced hours at some time during the first year of the pandemic. Data from the 2021 parent/caregiver focus groups painted a similarly concerning picture, with a majority of the groups having parents and caregivers who experienced these outcomes: many reported being laid off or furloughed during the pandemic; some had to reduce their hours or quit their jobs to take care of children at home; and a few reported leaving their jobs voluntarily due to health risks to themselves or medically vulnerable children or family members at home.

This loss of income resulted in, or exacerbated, family struggles to afford rent or mortgage payments, child care, the increased cost of feeding children meals that had typically been covered by their ECCE program, cleaning supplies and personal protective equipment, and technology necessary to receive virtual services. In order to meet these needs, many parents and caregivers dipped into their life savings, moved to smaller and more affordable living spaces, or sold their belongings. Few discussed receiving stimulus checks or applying for or receiving unemployment or other types of financial assistance, even after being prompted to discuss such assistance. Of those who did confirm receipt of these funds, some felt that this financial assistance was just helpful enough to keep their family afloat, while many others said that it was not nearly enough. Many parents and caregivers reported not knowing about financial assistance until it was past the deadline to apply, or not qualifying for assistance because they were over the qualifying income limit.

Parents and caregivers who did continue working throughout the pandemic reported constant stress and anxiety that they would lose their job at any moment. Essential workers had job security, but feared the possibility of bringing COVID-19 home to their families, leading these parents and caregivers to take extra safety precautions, especially in the beginning of the pandemic when less was known about COVID-19. One parent explained being "very paranoid" in the early months of the pandemic, sharing the measures they took to keep their household safe:

My husband's a physical therapist, so in June 2020 he went back to work in person. So he would come home, strip down at the door, run straight to the shower, we would put all his clothes in the wash. It's funny because now we realize that the Coronavirus isn't really transmitted as much through touching as much as airborne. (New York City focus group, October 29, 2021)

2 The Center for Human Services Research (2020). New York State Birth Through Five (NYSB5-R) Preschool Development Grant Needs Assessment Report - Update. Report in preparation.

3 Timeline of COVID-19 pandemic: March 1, 2020: First confirmed case in NYS; March 7, 2020: State of Emergency declared for NYS; March 16, 2020: First of several executive orders closing schools statewide; March 22, 2020: New York State on PAUSE (stay-at-home order for all nonessential workers) executive order became effective; May 15, 2020: New York State on PAUSE executive order expired, phased regional reopening plan put in place, in some regions where specific criteria were not met, PAUSE was extended; June 24, 2021: State of Emergency ends

Many working parents and caregivers changed their hours to overnight shifts so that they could care for their children during the day. In some cases, spouses worked opposite shifts so that a parent could be home to take care of their children at all times, but saw their marriage suffer as a result because they never saw each other. And parents and caregivers who worked from home struggled to maintain a healthy work-life balance as their spaces and roles became blurred, particularly if they had children at home during the day. As one parent described,

"The biggest problem is that I'm trying to be a mother, a worker, and a teacher at the same time. Keep my children learning and keep doing my job in the house at the same time. It's a lot". (Spanish focus group, November 29, 2021).

When asked how things were for their families more than a year and a half after the pandemic started, the parents and caregivers who were able to access vaccines, rapid COVID-19 tests, and reliable child care were more likely to say they were able go back to work and that things were getting better for their families. Some parents and caregivers expressed that things have not really gotten better but that they have adjusted to this being the "new normal," or that they were hopeful that things would be getting back to normal soon.⁴

Changes Related to ECCE Programs

Something that remained common across focus group regions was that large-scale program closures across NYS left many parents and caregivers without services and caused them to scramble to find solutions at a time when choices were severely limited. As reported by the Bipartisan Policy Center and cited in the 2020 Needs Assessment Update, more than half (59%) of the state's day care centers, 26% of family day cares, and 24% of group family day cares were closed in May 2020.⁵ For programs that remained open, COVID-19 guidelines and protocols were constantly changing, causing mass confusion for the parents and caregivers and for the providers. As one parent explained:

There was a lot of confusion when the pandemic began about whether children under two years needed to use masks, whether the child care needed to close, whether the rules only applied to the schools or if they applied to the child care centers as well. It wasn't clear if the child care center would stay open only for essential workers, or for all children. One day the kids had to wear masks, the next day they didn't. One day they had to wear masks outside, the next day they didn't. Every day they sent a new memo. (Spanish focus group, November 29, 2021)

Another parent described their frustration with the guidance on a State level and how they felt left out of the conversation as a parent participating in child care, especially in comparison to other domains such as K-12, colleges, and businesses:

[My frustration] wasn't really with the center, it was with the State. There was very unclear guidance about masking children in child care centers. Nobody wanted to mandate it, but every single authorizing body said you should wear a mask. But there was no rule for anybody. It was totally ambiguous guidance. There is nothing different about a child in preK vs. kindergarten, but they were treated as completely different populations safety-wise. It was very frustrating as a parent. We just felt left out of the conversation. K-12 got so much attention, colleges got so much attention, businesses got so much attention. Child care was just kind of expected and people with kids in child care were just expected to act like nothing was happening and it was really hard. (Mohawk Valley focus group, December 2, 2021)

4 These focus groups occurred before the Omicron variant led to a new spike in cases and fears surrounding COVID-19, so it is unknown what impact this spike may have had on parents' and caregivers' perspectives on whether things were getting better for their families.

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

Need for Child Care

In the beginning of the pandemic, family unemployment and fears related to safety resulted in a decreased demand for ECCE programs. Many parents and caregivers withdrew their children from care completely because they were working from home and felt it was safer to limit their family's exposure to COVID-19. A parent in a Long Island focus group remarked how child care centers that had previously been full with long waitlists suddenly became more available during the pandemic because so many parents and caregivers were pulling their children out of programs. In other cases, job loss meant that a now-unemployed parent could stay home with their child, or the lost income meant that paying for care was no longer viable. But for many working parents and caregivers, keeping children out of care long term was not a sustainable option. As NYS slowly started re-opening and more parents and caregivers returned to the workforce, parents and caregivers needed child care but struggled to find available, safe, and reliable programs. This was especially true for parents and caregivers seeking infant and toddler care. Some parents and caregivers made several program changes before finding a solution that worked for their family.

Focus group data showed that many parents and caregivers switched from center-based to home-based care during this time. Some parents and caregivers felt home-based care had several advantages during the pandemic, including: having more flexible hours, allowing siblings of different ages to be cared for together, and serving smaller groups of children (seen as limiting a family's exposure to COVID-19).

In addition, parents and caregivers relied more often on relatives, friends, neighbors, or nannies and babysitters to provide child care in their own home instead of having children attend external programs, or as a supplement to ECCE programs when they needed more child care hours than ECCE programs provided.

Parents and caregivers utilizing center-based care programs that remained open still faced a great deal of inconsistency, due to frequent shutdowns related to quarantine protocols. Early in the pandemic, when less was known about COVID-19 and before vaccines were available, lengthy isolation periods led to staff shortages and frequent closures. If one staff person had to isolate, the whole program might shut down. Later, mask and vaccine mandates led to some early childhood staff exiting the workforce, exacerbating staffing problems.

Moreover, strict COVID-19 protocols prohibited parents and caregivers from bringing their child to care if they were sick, and often required proof of a negative COVID-19 test to return. One parent described the stress of working while having unpredictable child care:

We had to have a plan A, B, and C because if one kid tests positive, the child care would close. Or if my kid was coughing, he couldn't go and had to go to the doctor and be tested, then wait for the results. I'm constantly worried about having to leave my job to take him to the doctor or stay home with him. (Spanish language focus group, November 29, 2021)

Parents and caregivers of multiple children in child care faced even more challenges:

We found a day care that was willing to take my son and daughter, but not at the same time so we had to split them up. There were quarantines every other week. One was out of the day care, then the day care closed... it was scary. They're not vaccinated, there wasn't a vaccine then. Not only finding a day care with openings for our children's age range, but finding one that stays open for longer than a week with all the quarantines and testing...even though they never actually had a positive case, but because of all of the safety regulations it was never longer than 2 weeks at a time that [my children] were both in day care because of the quarantines. (North Country focus group, November 8, 2021)

Oftentimes working parents and caregivers did not have employee benefits in place to support taking time off.

One of our biggest frustrations currently is when someone is potentially exposed that then knocks other siblings out. I then need to stay home and my husband's a teacher so then he has now exposed his entire class, and we've just got that ripple effect. But yet I don't get COVID time off, I have to use personal time. Even though we

are vaccinated, we still have to stay home. It's all precautionary quarantining because a classroom was closed. That one phone call could knock us out and we're not going to have any sick time or vacation time left. (Mohawk Valley December 2, 2021)

Sometimes programs limited the number of days or hours a child could attend, which often did not coincide with parents' and caregivers' work schedules. There was a high need for wraparound care. As one parent explained:

I work eight hours a day... There is no help for working mothers. I have to pay for after-school care too – many mothers on Facebook have these same problems. If school is fewer hours than work, we need wraparound care. Before there was a breakfast program, now it's only sometimes. There is no stable aid, so how can we work without worrying? (Spanish language focus group, November 29, 2021)

Parents and caregivers of children with severe disabilities had a high need for respite care during the pandemic. One parent reported no access to authorized respite services for over five months when COVID-19 hit. They were happy with the respite services provided by the Office for People with Developmental Disabilities (OPWDD) prior to the pandemic. Parents and caregivers needed this type of support, especially on weekends or in the evenings. As a parent of a child with severe disabilities said:

From a support standpoint, outside of child care there is a need for respite weekends or in the evenings. Having a special needs child is so stressful and demanding all the time. Respite gives families time to take a break and there are very limited programs that give that option. There are no programs in [their county] that have that option to drop my child off for 2-3 hours to go to dinner or to go to doctor's appointments. There is a huge need to have programming like that. (Finger Lakes focus group, November 18, 2021)

Cost of Child Care

Finding affordable child care was already a struggle for many parents and caregivers prior to the pandemic; this was further exacerbated after March 2020 due to job loss and income changes. Additionally, as parents and caregivers were losing income, child care costs were increasing; one parent described facing an increase from \$170 per week to \$200 per week per child. Parents and caregivers speculated that it was because of the extra cost of cleaning supplies and personal protective equipment for in-person services, and technology for virtual instruction. Parents and caregivers also reported that, in order to follow social distancing guidelines, some programs split their classrooms into smaller groups of children, requiring them to hire additional staff and thus increase tuition fees.

To make matters worse, child care providers were also reducing capacity, limiting hours, and temporarily shutting down to follow quarantine protocols. Parents and caregivers, some already financially struggling, were thus paying the same amount or more as prior to the pandemic, for services that were now limited or reduced.

Parents and caregivers also were expected to follow quarantine protocols: if their child was sick or exposed to COVID-19, they could not send their child to child care, often for at least 10 days, and yet continued to pay for services they were not actually receiving in order to hold their child care slot. This policy left parents and caregivers paying for a dramatically increased number of unused child care hours compared to pre-pandemic levels.

Very few parents and caregivers mentioned child care subsidy assistance; those who did said that it did not cover the standard rate of child care in their area.

Virtual Services

Many ECCE programs transitioned to virtual services to offer some continuity when in-person care was not safe, or staff shortages prohibited in-person service provision. The amount of virtual programming received varied greatly among families, with some only receiving 20-30 minutes a few days a week, to some receiving full days of online learning. Some programs split children into groups so half attended in-person on a given day, while others attended virtually, and the teacher simultaneously broadcasted the classroom to children at home.

The effectiveness of virtual programming was felt to be mixed. Many parents and caregivers had limited access to virtual service delivery because they did not have and could not afford the necessary technology, did not know how to use the technology, or needed the technology for themselves to work from home. Additionally, many parents and caregivers were hesitant to engage in virtual services because they felt they would not benefit their child. Parents and caregivers of infants and toddlers, as well as of children with developmental delays or disabilities, felt virtual services were not helpful unless they focused on helping the parent provide home-based support. Parents and caregivers also found it difficult to monitor their child's screen time and see if they were really doing meaningful learning activities or if they were just watching tv shows. The general increase in screen time during the pandemic was a concern to many parents and caregivers. As one parent described:

I just didn't have the time dedicated to being with my kids. So, the iPad came in a lot, and a lot more than I want to admit. The screen time jumped up so much. The iPad was playing babysitter a lot of the times because I needed quiet for my meetings, and I did not want that. My older son didn't have a screen until he was three, and then it was half an hour a day, maybe. And in pandemic time, I'm like, "here you go, Mommy needs to go to work." (New York City focus group, October 29, 2021)

A majority of parents and caregivers expressed that they preferred in-person learning to virtual learning. Parents and caregivers who were able to send their children back to in-person programs once they became more available and once they felt safe enough to do so said that they could immediately tell there was a difference: their children learned more and started speaking more clearly when they returned to in-person services. Parents and caregivers said that in addition to their children simply responding better to in-person learning, they felt the increase in social interactions and being able to play with other children made a huge positive difference in their children's lives.

However, some parents and caregivers highlighted positive outcomes of virtual services. Parents and caregivers were thankful for an alternative to in-person services that allowed them to limit their exposure to COVID-19, and some felt it facilitated their access to services that otherwise would have been unavailable due to a shortage of providers in their county. There may have been less providers overall, but they were able to cover a wider area and reach more parents, caregivers, and children since they did not have to spend time traveling and could provide services virtually. Parents and caregivers with transportation challenges found this barrier was reduced due to being able to turn on the computer rather than travel far distances for in-person programs. Parents and caregivers also appreciated increased scheduling flexibility. For example, if a provider called for a virtual therapy appointment and the child was napping, the parent or caregiver had greater flexibility to reschedule because they were working from home. Some children enjoyed using technology and were able to benefit from it. Some parents and caregivers became more tech-savvy and more engaged with their child's learning because they were able to observe it. Many parents and caregivers wanted virtual services to continue, or at least be considered as part of a hybrid model of service delivery.

Change in Quality

Parents and caregivers felt the quality of care and education services changed during the pandemic. If their child was enrolled in an ECCE program prior to March 2020, many parents and caregivers reflected on how much they valued the opportunities for their child to socialize; the warm, supportive caregivers; the inviting classroom environment; and the variety of engaging learning activities. If the child was receiving Early Intervention or preschool special education services prior to the pandemic, parents and caregivers felt being in person was directly related to the quality of their child's therapy and accuracy of evaluations. Parents and caregivers also benefitted greatly from in-person home visiting services. A central theme was being able to establish strong, positive relationships between children and with providers through hands-on learning or in-person experiences.

After the pandemic started and many ECCE programs shut down or went virtual, parents and caregivers felt there was a decrease in the quality of services. Of the parents and caregivers able to access virtual services, many felt that online learning or therapy was not comparable to in-person services. Many parents and caregivers worried about their children's lack of socialization with their peers and the low levels of engagement with online learning, especially

if their child had a disability or developmental delay. Parents and caregivers felt ill-equipped to assist with their child's virtual therapy at home and did not feel they could offer the same quality as a professional face-to-face provider. Some parents and caregivers noted that their children were regressing in terms of their language development, social skills, or behaviors. Parents and caregivers worried that if in-person supportive services were not restarted quickly, small delays would become significant delays, or even become permanent. They reported finding it very stressful to have to choose between protecting their child's physical health and doing what they felt was best for their social and cognitive development.

Once in-person services resumed, parents and caregivers felt the quality of the environment and learning was not the same as it was pre-pandemic due to the COVID-19 health and safety precautions. While some parents and care-givers valued the increase in safety and health standards to protect their child's physical well-being, they also noted that it came at a cost: staff could no longer offer close comfort or be as nurturing, children had to socially distance and wear masks, and parents and caregivers could no longer see inside the classroom environment due to parking lot drop-off and pick-up protocols. Parents and caregivers could not fully engage with the people who were taking care of their children every day a major concern especially considering the high ECCE staff turnover rates during the pandemic. In some cases, parents and caregivers never met some of the staff caring for their children because they were not allowed to go inside. Parents and caregivers also felt that the environment was so stressful that it impacted the quality of care. As one parent described,

"Even high-quality staff aren't serving at 100%, they're giving 40-50%. Quality of service has been affected" (Mid-Hudson focus group, October 26, 2021).

A few positive changes after the pandemic's onset that parents and caregivers noted were cleaner facilities, smaller class sizes, and increased outdoor play. Before the pandemic, centers in particular were described as being crowded and congested with high student-teacher ratios. After the pandemic started, parents and caregivers felt the classrooms were more balanced and that their children were getting more personalized attention from staff. Children also spent more time outdoors, if weather permitted, because it was considered safer than being indoors. Several parents and caregivers said they would like these practices to continue.

Vulnerable Populations

Early Intervention and Preschool Special Education Services

Parents and caregivers of children with developmental delays or disabilities faced even more disruptions in services compared to their less vulnerable counterparts, with potentially long-term negative impacts. After March 2020, par-ents and caregivers reported a decrease in an already insufficient supply of Early Intervention (EI) and preschool special education services. Parents and caregivers struggled to get timely evaluations for their young children and find service providers, and experienced delays transitioning from EI to preschool special education services. Services themselves were often reduced and/or moved to virtual delivery, which were sometimes difficult to accommodate or ineffective for parents and caregivers with children with developmental delays or disabilities. Others experienced complete suspension of services, particularly in the beginning of the pandemic. Parents and caregivers who had other children who previously transitioned from EI to preschool special education before the pandemic were able to compare the two time periods and said:

I did this before with my 8-year-old. He should have transitioned right into [CPSE] when he aged out [of EI]. It was difficult because everything was shut down. I was calling and leaving messages at school, but no one would get back. It set him back. (Long Island focus group, November 1, 2021)

Parents and caregivers across regions discussed how disorganized they felt the system was and how limited their options were. In many cases, children were supposed to be receiving therapy three times a week but were only able to receive it one time a week or not at all due to a lack of available providers, most notably speech therapists. Parents and caregivers were worried that the isolation and lack of stimulation in the home was further

contributing to their child's socioemotional and language challenges. These parents and caregivers were aware that the earliest years of their children's lives are a critical time for detecting and addressing developmental delays. They were angry and frustrated by the delays in service provision and limited availability of services.

Parents and caregivers questioned if there truly was a shortage of providers or if providers were picking and choosing where they wanted to go, potentially resulting in inequitable access to program and services. Many parents and caregivers, even those who did not have children with developmental delays or disabilities, said that there was, and continues to be, a systemic issue that disproportionately affects low-income children and children of color. One parent explained:

This is a systems issue; the state isn't compensating providers enough, therefore it's not worth their time to take my [referral]. That impacts children who are poor, children of color, whose mothers do not have time to not work, do not have time to be on the phone trying to find providers. The state is supposed to pay for evaluations but will only pay for ¼ of it. It's hard getting services in place. (New York City focus group, October 27, 2021)

Virtual services were often so challenging for parents and caregivers of children with developmental delays and disabilities that many opted to not receive them when offered. They felt virtual services were not going to be beneficial when extensive physical or speech therapy was needed, or for children who had limited attention spans or sensory challenges. Some parents and caregivers experienced a change in EI providers during the pandemic and found it frustrating to start over with someone new; some found it difficult to establish the same level of relationship with an online provider as they had with an in-person provider before the pandemic. Virtual services were very demanding and required parents and caregivers to be fully present and actively participate with their child. Parents and caregivers described having to quit their jobs in order to spend three to five hours a day on Zoom with EI providers, to be trained and then actually do the therapy while the provider observed. Parents and caregivers also questioned the accuracy of the evaluations and effectiveness of treatments because therapists could not clearly see or hear what their child was doing or saying.

A few parents and caregivers felt positively about virtual EI services. Some were relieved to not have to travel long distances, and some believed they were able to access services more quickly than if they had received them in-person. A parent from the Finger Lakes region said that there were no speech therapists in their county, so virtual services were the only option. One parent advocating for virtual services to continue explained that the pandemic highlighted ways EI services could be made more accessible to everyone. They said that continuing to offer virtual services or a hybrid service delivery model helps parents and caregivers and also adds more job opportunities for providers.

Children receiving speech therapy or who are hard of hearing faced the unique challenge during the pandemic of face masks being a barrier to reading lips when they participated in in-person care. Parents and caregivers thus advocated for clear face masks or shields to address this problem. One parent explained:

Yeah, the face masks; I get why we all wear them, but that is a barrier when it comes to providing speech therapy or for someone who is hard of hearing and needs to read lips... We need to make these accommodations because we're not all the same and we have different needs... We've forgotten a little bit that people have different needs and accommodations. (Central NY focus group, November 11, 2021)

Parents and caregivers of children with developmental delays or disabilities faced more challenges than other parents and caregivers during the pandemic. Many had children who were more vulnerable to contracting COVID-19 and had to navigate an even more complicated, underfunded system in crisis, with less options and more barriers to receiving services. These parents and caregivers did not feel their voices were being heard and many did not know how to advocate for their needs. As one explained:

They overlook parents' voice and what parents see in their child... They choose to give least amount of services, but with EI, if you give services in early years, it really makes a difference... I fought for my child to get them and there's always pushback... I know it's because of funding, so if we had more funding, I think my child

would have been better off, because she would have gotten more services and it would've been less of a fight for me... There are parents who are not educated in special education and can't fight for their child because they don't know how. (Long Island focus group, November 1, 2021)

Mothers of children with disabilities felt especially discriminated against throughout the pandemic and when trying to re-enter the workforce. They disproportionately took on the responsibilities of caregiving and assisting with their children's therapy and felt they had little support. As one mother explained:

I couldn't even rejoin the workforce. I've been out so long I'm facing a lot of discrimination. [The application for unemployment] should have been reviewed by a mother with several children or a child with special needs who's trying to manage all of their therapy... They should have allowed us to be considered for extended unemployment... We were cut off from help: unemployment, food stamps, WIC, food banks. So when you can't pay your rent and you're doing your child's services over Zoom, it's a hard trade-off. It would have been nice if the state recognized the challenges that a lot of families have. This should be a lesson learned and taken back and thought of very carefully. Some way to incentive[ize] mothers who step out of the workforce and support their return. (New York City focus group, October 27, 2021)

Limited English-Speaking Parents and Caregivers

Limited English-speaking parents and caregivers were concerned that their children were not getting enough exposure to English during the pandemic and so would be behind when they entered school. They also felt that genuine language delays were harder to identify due to the lack of available bilingual settings and programs for their children. Some felt it may have been harder for limited English-speaking parents and caregivers to access support services and resources during the pandemic. It is unclear if this was specifically due to a language barrier, but as one parent said,

"I didn't receive aid or resources for school. I think I don't know how to look for them – I'm sure they existed, but I didn't know who to ask" (Spanish focus group, November 29, 2021).

Limited English-speaking parents and caregivers described relying on parent groups and group texts on Facebook and WeChat to get information and help during the pandemic. No one proactively contacted them with services, so help accessing unemployment, food, services, and information mostly came from social networks, family, or friends.

Other Changes for Parents and Caregivers

Housing

Some parents and caregivers experienced housing changes during the pandemic. This change was sometimes due to health and safety concerns: for example, moving from high transmission areas, like New York City, to areas where there were fewer COVID-19 cases, like the North Country. In other cases, it was to be closer to family members so they could have social support and help with child care, or to take care of elderly parents and caregivers who were more vulnerable to COVID-19. Others lost their jobs and could no longer afford rent or mortgage payments and so moved to more affordable housing, moved in with family members, or moved to public housing.

Food Insecurity

For many parents and caregivers, food insecurity became a secondary crisis of the pandemic. Job and income loss, combined with supply chain issues, reduced inventory and operating hours of grocery stores, and fears of contracting COVID-19, affected many parents and caregivers' ability to access adequate food for their family. Low-income parents and caregivers whose children normally participated in free and reduced-price lunch programs or ECCE programs that included meals were suddenly cut off from this vital resource. Children were home full-time and needed more meals per day than parents and caregivers were used to providing; parents and caregivers were grateful to schools and ECCE programs that continued to offer meals even though the programs were shut down. Some tried to apply for assistance programs like WIC and SNAP, but often said that they did not meet the income eligibility requirements.

Beyond the financial difficulties, grocery shopping was still more difficult than pre-pandemic. A New York City parent reported traveling to Long Island to grocery shop because the stores where they lived had long lines and shortened hours. Additionally, parents and caregivers who needed to take public transportation to grocery stores were fearful of the risk of exposure to COVID-19 from the trip. Community-based organizations became a critical resource for parents and caregivers during this time, as well as churches and food banks that often worked to deliver food to families in need.

Mental Health

The amount of stress, anxiety, isolation, fear, and grief that parents and caregivers continued to experience led to a high need for mental health supports and resources. Parents and caregivers in all focus group regions discussed how the loss of access to their social support networks had devastating impacts on their family's well-being. Some parents and caregivers with health insurance said that they were able to access mental health counseling with no co-pay in the beginning of the pandemic which really helped, but that this service had ceased by the time of data collection. Parents and caregivers suggested how helpful it would be to have support groups for children who have lost loved ones during the pandemic.

Unexpected Positive Outcomes

Some parents and caregivers who stayed home with their children welcomed the change of pace and cherished the extra time they were able to spend with their young children that they otherwise could not have had if they were working full-time outside of the home, or if their children were in a full-time child care program. These parents and caregivers felt that their relationships were strengthened through the extra bonding time and reported feeling closer as a family unit. This sentiment was especially true for parents and caregivers of young infants.

Other parents and caregivers may not have shared the same enthusiasm for being full-time stay-at-home parents and caregivers, but did see value in being more actively involved in their child's care and education. Although it was stressful to be a stand-in for their child's teacher or therapist, parents and caregivers learned a great deal about their child's specific needs and how they could better contribute to their child's development. Some parents and caregivers who worked with their children with a virtual therapist discussed feeling better about the services that were provided because they got to learn the treatments themselves. This was particularly true for Occupational Therapy. Even though it was challenging, the hands-on assisting led to a better understanding of their child. Parents and caregivers were then better able to communicate about their child's treatment and needs with ECCE staff once in-person care resumed, creating better alignment and consistency between home and ECCE environments. Parents and caregivers described feeling empowered knowing they could nurture their child's growth and development and better advocate for their needs. One parent explained:

I felt like I started to understand my son more with having him home, and I could really see his difficulties rather than him being at the center most of the day. Instead of having all the services at the center, they were virtually in my home, so we made a lot of progress... A silver lining is that we could fix the problems at home and then transfer those improvements to the center when it opened. (Finger Lakes focus group, November 18, 2021)

Access to Information and Resources

Parents and caregivers most often relied on social media, friends, and family for information and help during the pandemic. The most popular source of information that parents and caregivers turned to was social media, including Facebook, Twitter, YouTube, Instagram, TikTok, and Reddit, with Facebook by far being the most frequently used platform. Parents and caregivers said they relied on Facebook for global and local information about the pandemic, but more so for emotional support and connection to others. Facebook groups in particular were popular: people frequently joined parenting groups, local neighborhood groups, or groups created by child care programs in order to share information, learn about available local resources, find child care, get information about openings/closures,

and to have social support from parents and caregivers who were going through similar challenges. Many people said they did not trust the news because of contradicting information and instead only trusted those closest to them, their friends and family. See Table 1 for a categorized list of participant responses to what or whom they relied on for information or help during the pandemic.

TABLE 1. Sources of information during the pandemic

Social Media Platforms	Individual People	News Outlets	Government Websites	Apps
Facebook	Friends	NYTimes	World Health Organization	WhatsApp
Twitter	Family	CNN	Centers for Disease Control	WeChat
YouTube	Doctor/pediatrician	Local newspapers	NYS Office of Children & Family Services	Brightwheel
Instagram	EI Service Coordinator	Local news channels	NY.gov	Seesaw
TikTok	Neighbors	Radio	Local/County Departments of Health	Class Dojo
Reddit	Governor NYC Mayor Dr. Fauci		County websites	Remind

Parents and caregivers relied heavily on community-based programs for more concrete help during the pandemic, frequently mentioning local schools, churches, food banks, mental health programs, libraries, and nonprofit organizations in their community. Many of these groups supplied food, diapers, formula, cleaning supplies, toilet paper, paper towels, clothing, and more to many families in need.

The pandemic revealed that parents and caregivers, especially low-income and limited English-speaking parents and caregivers, have large gaps in knowledge about government assistance programs and resources, pointing to a need to examine barriers more closely, especially for vulnerable populations. Even after prompting, few parents and caregivers mentioned receipt of pandemic relief measures such as stimulus checks, essential worker scholarships, unemployment, or mortgage forbearance. Other supports like child care subsidies, the child care tax credit, TANF, SNAP, WIC, and SSI were mentioned more frequently, but parents and caregivers more often discussed applying for benefits and being denied rather than receiving them. Parents and caregivers often did not find out about the programs and financial assistance available to them until it was too late to apply; when they did want to apply, they often did not know how to apply, were too overwhelmed to apply, or applied only to be denied due to being above the eligible income level. As one parent explained:

We need equality of resources for all, because there are times when, if you make \$1 more, they won't help you. This is my biggest problem; I was on the line to be able to apply for aid... If I make a little more, I can't receive aid. If you make a little more, you can't apply for WIC or other services. Everything is going up (prices), for everybody. They should change that. (Spanish focus group, November 29, 2021)

Recommendations from Focus Group Participants

When asked, parents and caregivers gave specific recommendations for changes they would like to see, including:

- more online platforms to access healthcare and medical professionals;
- more telehealth options;
- more child care centers, with smaller class sizes and/or more staff per child;
- more wraparound and respite care;

- more funding for EI;
- more transparent communication from providers (e.g., texts, emails, phone calls if a child or staff member is sick);
- filling in gaps left by closed child care centers; one parent wanted to see creative solutions:
The state could have taken many opportunities with closed centers. They need to find other ways to provide those services, like maybe mobile services, like a book mobile or something to continue education at home. (North Country focus group, November 8, 2021)
- more staff receiving training on equity and inclusion;
- teaching children how to use technology and providing technology to parents and caregivers;
- accessing free lunches even if schools are closed;
- more mental health supports; and
- more community-based supports (e.g., medical care, food, clothing, library programs);
- more equitable access to free services and high-quality child care such as EI services, full-day universal pre-kindergarten programs, and Head Start programs; as one parent explained:
In the state of New York, the way they provide services isn't equal; it depends on where you live. There are districts that don't have full-day kindergarten. It was a fight for me to get my son into full-day kindergarten. We had to enter a lottery and thank God we got a spot. There are districts that have [universal pre-kindergarten programs] for 4-year-olds if you live there. In NYC there's 3K, some have Head Start from three years on full day and it's free. To me, this is not fair. All children in NY state should be equal. I know that there are some that don't want to send their children "full-day," but I think this would help with the cost of education, with the future, and with equity. (Spanish focus group, November 29, 2021)
- extended parental leave so parents and caregivers can have more time to bond with their newborns;
- hybrid service models;
- transportation to access services;
- more automatic distribution of child care support funds; as one parent explained, "We should have had an automatic check being sent to our bank account" (New York City focus group, October 27, 2021); and
- supports and trainings offered in languages other than English; as one parent succinctly said, "Self-advocacy trainings are only offered in English; we need more languages" (New York City focus group, October 27, 2021).

Overall Recommendations for Supporting Families

The experiences parents and caregivers reported during the COVID-19 pandemic underscore ongoing challenges that need to be addressed on a state level. Parents and caregivers would benefit from information on available supports and services flowing more quickly and directly to them, even post-pandemic. Needed information included such topics as:

- behavioral and mental health services;
- food banks;
- concrete goods, such as clothing, baby items, and bedding;
- recreational activities for children;
- emergency crisis services;
- transportation supports;
- legal aid;

- child care;
- respite care;
- developmental disability supports;
- mentoring or support groups;
- parent education;
- information and referral services; and
- rental/utilities assistance.

Methods for disseminating information should include social media, using trusted community representatives and advocates to share in Facebook groups, WeChat groups, and WhatsApp group messages. Additionally, paper resources and flyers should be posted in apartment buildings, libraries, grocery stores, and child care centers.

Though there will inevitably be a time when many COVID-19 restrictions, precautions, and limitations will be over, the experiences of parents and caregivers during the pandemic should be heard and recommendations taken into serious consideration, both to improve practice and service provision generally and in case of future emergency situations. While the courage, tenacity, and persistence of parents and caregivers during the pandemic was remarkable, further efforts to support these parents and caregivers are needed to ensure that their children do not suffer the unintended consequences of changes to programs and services resulting from the COVID-19 pandemic, and generally are more well supported by the state's mixed delivery system.



APPENDICES

Appendix A: Focus Group Protocol

Focus Group Script

Welcome, everyone. Thank you for taking time out of your busy schedule to attend today's focus group. My name is [facilitator's name]. I will lead the discussion. This is [note taker's name]. She/he will observe and take notes. We are researchers from the Center for Human Services Research at the University at Albany, State University of New York.

The Center is meeting with parents across New York State that have children ages birth through 5. We want to learn about your experiences with childcare, services for your child, and services for your family—what is going well with services and programs, and what could be going better. We are doing this through focus groups, some in person and some through Zoom. We held focus groups before COVID with parents and providers, and that feedback was used to make recommendations to the governor about changes needed in the system. A lot has changed since we did our first round of focus groups, so we wanted to get your feedback to add to our understanding of what is going well and what is needed for families with young children since the COVID-19 pandemic started.

Today's group is specifically for parents. It also might include grandparents, foster parents, guardians and caregivers. In general, we'll ask you about your personal opinion and experiences with childcare and education programs and services where you live. We are mostly interested in children ages birth through 5. We want to know if there are enough programs and services, what those programs and services are like, and if you have or had the information you needed to make the right choices and decisions all along the way. We will also ask about how COVID-19 has changed things for your family and young children. Many of the events that happened for families over the last two years have been stressful and upsetting. Some of you may have experienced depression, anxiety, or thoughts of suicide as a result of COVID-19. If you are still feeling this way, please call the suicide prevention hotline, the number is provided in the chat.

I'm going to ask you questions, and I may have some follow-up questions too. If you do not feel comfortable answering a question, you do not have to. Your participation is voluntary, so you can leave at any time. There are no right or wrong answers. We appreciate your honesty and your willingness to participate.

In addition to taking notes, today's session will be audio recorded to ensure that we don't miss anything. The recording, along with the notes, helps us catch all the important details. We don't use anyone's name or other identifying information in any of our notes or reports. If something comes up during the discussion that you do not want recorded, please let me know and we can turn off the recorder for that portion of the discussion. All notes and recordings will be destroyed at the end of the project. We ask you to keep what is said during this group to yourselves.

At the end of the focus group as long as you have participated in the group, we will send you a link to a short survey. You can also sign up there to receive a \$25 Target gift card. You do not have to fill out the demographic information in order to receive the gift card, but it does help us make sure we talk to a diverse group of people. This is a one time use link personalized for you, so please don't share it with anyone. It will also only work once, so once you click on it please go all the way to the end to request your gift card. If you are joining by phone today, please email eberical@albany.edu after the focus group, or type your email address into the chat, and we will send you a link to the survey/gift card sign up.

We understand your need to stay connected to your family during the session, but please take a moment to silence your cell phone if you are joining by computer. If you need to make or take a call at any time, please leave the room to do so and come back when you are finished. If you are joining by phone and need to unmute yourself, dial *6. Dial *6 again to re-mute. If you have questions, please type them into the chat or unmute yourself. Please try not to talk

over each other if you can, and be patient with all of us. We want to make sure we are able to get everyone's thoughts and opinions. Feel free to use the "hand raise" feature under "reactions" if you are using a computer.

Are there any questions before we get started?

RECORDING INSTRUCTIONS

In Person

- Remind participants that you will record the interview
- Tell them that [note taker's name] will turn on the recorder
- Note taker begins recording (checks that recorder is recording)
- If you must stop recording a portion of the interview, tell the participants when you stop and resume the recording.

Zoom

- Remind participants that you will record the audio of the interview (not the video)
- Tell them that Zoom will ask participants' permission for being recorded
- Begin recording via Zoom (check that meeting is being recorded)
- If you must stop recording a portion of the interview, tell the participants when you stop and resume the recording

Note: At the end of the meeting, Zoom treats this as one file--it will not break the recording in two

Focus Group Questions

Introduction

As a reminder, we are interested in programs that serve children from birth through 5 years old. So, when I ask questions about programs and services, keep that age range in mind.

Let's start by going around the room and each of you can talk a little about the programs or services your family and child has been involved with over the last year or so. If none of your children are currently involved with anything, that's okay. We want to get a sense of your family's experience in the early childhood system.

1. If your child was enrolled in a program or services before COVID started (in March 2020), what did you like about it? What didn't you like?
2. Beginning in March 2020, what changed with your child's program or services?
 - a. Probes:
 - i. Did the program or service stop or close?
 - ii. Were hours changed/reduced?
 - iii. Was the way the program or service was offered change (virtual versus in person)?
 - iv. Staffing changes?
 - v. Quality of the program?
 - vi. Program cost?
3. What were the other things that changed for you and your family beginning in March 2020? What were your main worries during that time?
 - a. Probes
 - i. Health changes/worries?
 - ii. Income changes/worries?

- iii. Job changes/worries?
 - iv. Housing changes/worries?
 - v. School changes/worries?
4. What things went well with your child’s program or services during this time?
 5. What things frustrated you about your child’s program or services during this time?
 6. Who or what did you rely on for information or help during COVID?
 - a. What apps, websites, or social media were particularly helpful?
 7. Were there certain community or government programs or services that helped you? Were there certain community or government programs that you tried to access but didn’t or couldn’t help you?
 8. What are things like for you, your child, and your family today related to everything we’ve talk about so far?
 9. What is one thing you wouldn’t change about the programs or services your child participates in?
 10. What is one thing you would change?
 11. If you were to meet with local or state lawmakers, what is the most important thing you would want them to know about programs and services for young children and their families?
 12. Are there other things you would like us to know that we haven’t already asked?

Appendix B: Focus Group Demographic Tables

Education Level	n	%
Never attended high school	1	.5
Some high school, no diploma	6	3
High school diploma or GED	13	6
Some college credits	17	8
Associate's degree	34	16
Bachelor’s degree	93	44
Master's degree	39	18
Doctoral degree	4	2
No response	5	2

Gender	n	%
Female	111	52
Male	94	44
Non-binary/third gender	2	1
No response	5	2

Ethnicity	n	%
Non-Hispanic/Latinx	177	84
Hispanic/Latinx	30	14
No response	5	2

Race	n	%
Black/African American	108	51
White	76	36
Asian	13	6
American Indian/Alaska Native	9	4
Native Hawaiian/Pacific Islander	9	4
Other (specified Hispanic)	2	1
No response	6	3

Primary Language	n	%
English	206	97
Chinese	1	.5
Spanish	1	.5
No response	4	2

Note: percentages do not add up to 100% due to participants reporting more than 1 race

Employment	n	%
Work one full time job	119	56
Work one part time job	38	18
Currently unemployed and looking for work	18	9
Work more than one job	14	7
Work a temporary job	10	5
Not in the job market	5	2
Work odd jobs or intermittently	2	1
Maternity leave	1	.5
SSI due to disability	1	.5
Cannot work due to high risk children at home	1	.5
Stay at home parent	1	.5
No response	6	3

Note: percentages do not add up to 100% due to participants reporting more than 1 employment type

Household Income	n	%
Less than \$14,999	3	1
\$15,000 to \$24,999	20	9
\$25,000 to \$49,999	46	22
\$50,000 to \$74,999	56	26
\$75,000 to \$99,999	43	20
\$100,000 to \$149,999	24	11
\$150,000 or more	13	6
No response	7	3

Receiving Government Benefits	n	%
No	152	72
Yes	55	26
I don't know	1	1
No response	4	2

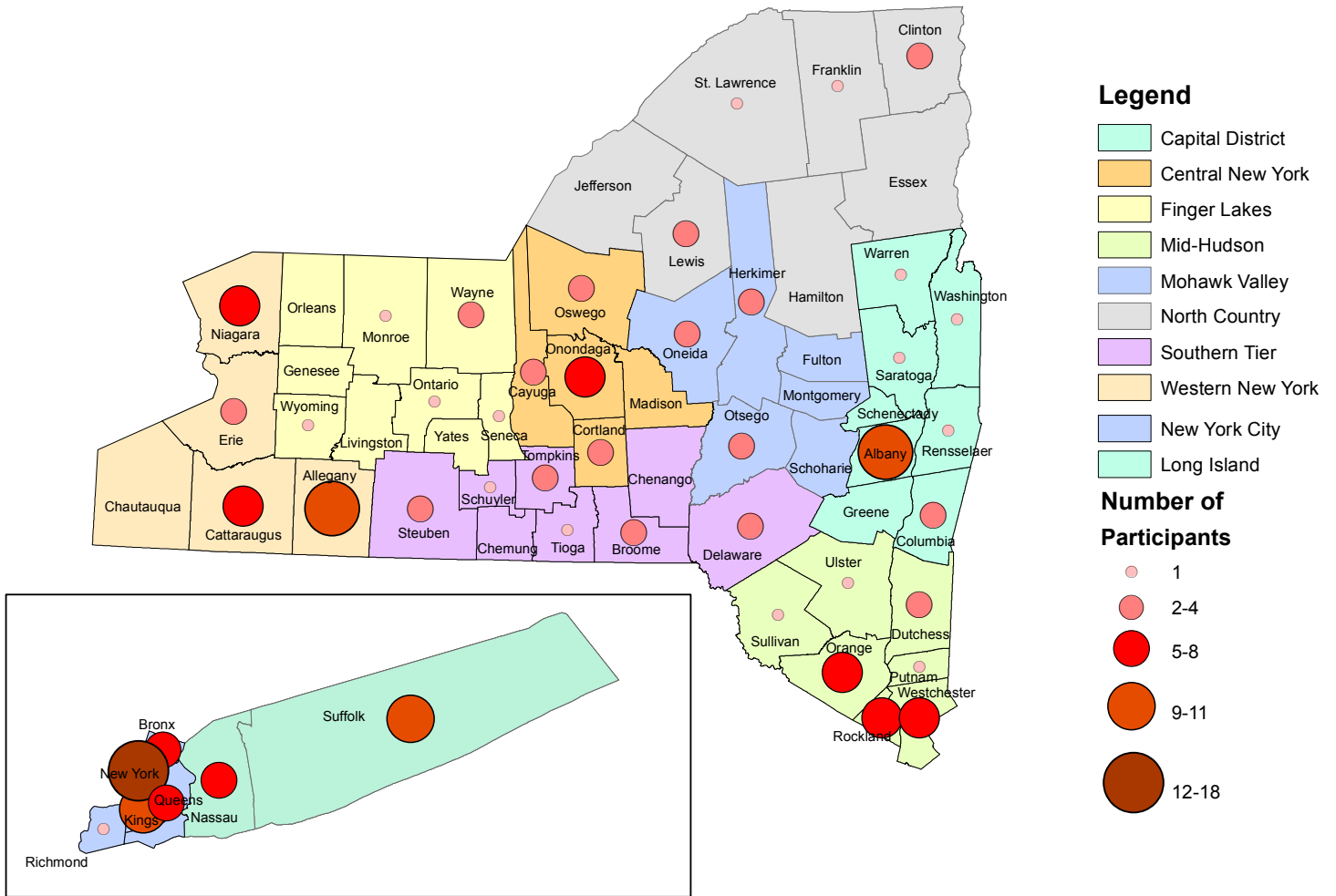
Receiving Unemployment	n	%
No	173	82
Yes	33	16
No response	6	3

Qualify for Child Care Subsidy	n	%
No	114	54
Yes	83	39
I don't know	11	5
No response	4	2

Receiving Child Care Subsidy	n	%
No	139	66
Yes	56	26
On a waitlist to receive a subsidy	7	3
I don't know	6	3
No response	4	2

Homeless	n	%
No	185	87
Yes	23	11
No response	4	2

Appendix C: Focus Group Participant Map



Created by Wendy Falzone on March 29, 2022
For the Center for Human Services Research
Preschool Development Grant Birth through Five
Grant Number 90TP005902

NEW YORK STATE COUNCIL ON CHILDREN AND FAMILIES

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

Needs Assessment Updated Based on
Parent Focus Group Feedback

DECEMBER 2021

Conducted by



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