



COVID-19 & Arkansas's Early Education Workforce:

Summarizing surveys on the effects of
the pandemic

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Report Overview

This report summarizes the results of three studies on how the COVID pandemic has affected early childhood care and education (ECCE) providers, staff, and children in Arkansas.

The studies were conducted by 1) the Research and Evaluation Division at UAMS (UAMS-RED) in Summer 2020, 2) SRI International (SRI-ARISE) in Fall 2020 and Spring 2021, and 3) the Arkansas Early Childhood Association (AECA) in Fall 2020.

Common Themes

Programs have been under intense pressure.

Early in the pandemic, the UAMS-RED study found that just over a third of administrators said they laid off staff due to COVID-related reasons. Of those who reduced staff, the average was 57% of staff being laid off.

This continued to be an issue a few months later, with 58% of participants in the SRI-ARISE fall study saying the potential for lost income due to program closure was a major worry for them. This was also true for 50% of participants in their spring 2021 survey.

By the end of fall, the AECA study found similar results with administrators reporting a variety of financial impacts on their programs, from lower child attendance (49%), staff absences due to sickness/quarantine (40%), increased costs for cleaning supplies (37%), to loss of program revenue (36%), and more.

Administrators were asked to rank a list of six needs from most to least pressing, with 1st indicating the greatest need. Results showed the top need was financial support to meet their costs, at an average rank score of 2.4. This was followed by guidance on loans, grants, etc., to offset losses, at a rank score of 3.4.

Fortunately, many of these administrators did report receiving aid from the Paycheck Protection Program (PPP; 51%), the AR Department of Human Services Division of Child Care & Early Childhood Education (DCCECE; 73%), or charitable contributions/grants (12%). However, it is not clear from the existing studies if aid made up for the increased expenses and decreased revenue resulting from the pandemic.

In their second study, the SRI-ARISE team pointed out that licensed home-based providers (also known as family childcare homes; FCCHs) have often faced the most challenges adjusting to pandemic protocols due to limited physical space and the most significant health and financial risks due to the home-based nature of their business and often having no other adults on staff.

One of their focus group participants put the situation plainly by saying, “Because in a place where I live upstairs... as soon as it crosses the threshold of my door... it’s there. We’re going to get it”.

Staff are experiencing high levels of stress & elevated depression risk.

Early in the pandemic, 41% of participants in the UAMS study said the pandemic had a “Moderate” or “Extremely negative” impact on their life overall.

When asked about their stress levels on nine different dimensions (organized by family-related, health-related, and finance-related) the results showed anywhere from 17%-71% were “Moderately” or “Extremely stressed” by those concerns.

Similarly, the SRI-ARISE group asked teachers about eight different pandemic-related challenges and how concerned they were, with 58%-70% saying they were “Moderately” or “Extremely concerned”. Over half (58%) also said the increase in challenging behaviors that children were displaying due to pandemic-related stress was a major worry for them.

These concerns are especially important because stress levels are a risk factor for depression and ECCE staff are already at high risk. That risk is on the rise, with 45% of staff screening at-risk for depression compared to the 35% reported in the 2017 staff workforce study.

Children have often adjusted to the new protocols better than expected, but many will need additional support to catch up.

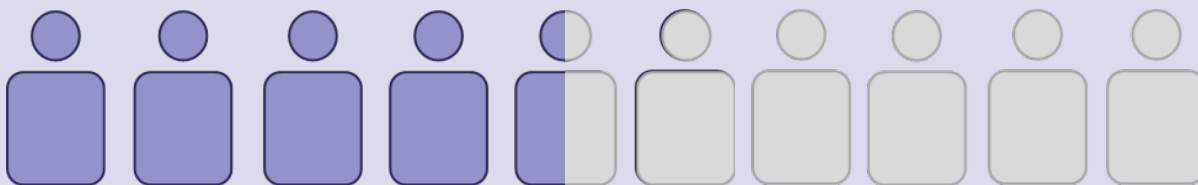
Nearly 40% of the teachers in the SRI-ARISE fall study said they were inviting therapists and other specialists to visit their classrooms “Somewhat” or “Much less often” than before the pandemic (due to COVID-19 protocols).

This lapse in services means many children with known disabilities/delays likely regressed or had their skill development stall, and fewer children had their disabilities/delays caught early (when intervention is often cheaper and more effective) through proactive screening tests.

While there have been positive developments since that time—for example, many teachers in the spring study who made these changes said they planned to return to business as usual in the future—the children who stopped receiving services will need additional remedial support on top of their regular visits to get back on track.

Nearly half of participants screened at-risk for depression using a nationally validated screening tool.

This is up from the 35% reported in the 2017 Workforce Study of Instructional Staff.



UAMS-RED Engage Survey on COVID-19: Results

How has COVID-19 affected participants overall?

As expected, participants described the pandemic as having an overall negative effect on their lives, with 42% saying, “Somewhat negative”, and 41% saying, “Moderately” or “Extremely negative”. There was no statistically significant difference in responses between teachers (Lead Teachers, Assistant Teachers, and Paraprofessionals) and administrators (Directors, Assistant Directors, and Owners).

What have been the greatest COVID-19 stressors?

Participants rated their stress on a variety of topics using a scale of 1 (“Not at all stressed”) to 4 (“Extremely stressed”). Stressors were categorized into three main types: health, finance, family and child wellbeing (see Table 1).

The average health score was 2.0 (“Somewhat stressed”), with an average financial score of 2.1, and an average family score of 2.9 (“Moderately stressed”).

Looking at the questions individually, participants were most concerned about the children and families in their programs. Nearly

40% also reported concern about their financial health.

Table 1. Sources of stress (% rated moderately or extremely stressed about each issue.

Family-Related	
Worried about the children and families in my program	71%
Worried about my family members	62%
Health-Related	
Having to social distance or being quarantined	39%
Fear that I will get COVID-19	33%
Getting access to medical care if I needed it (including mental health care)	23%
My general health (other than COVID-19)	18%
Finance-Related	
Worried about my job	39%
My finances	38%
Access to food	17%

There was a statistically significant difference in how participants scored the health-related stressors overall, with teachers being more stressed than administrators.

This could reflect the facts that many teachers do not have access to health insurance through their jobs¹ and they spend more time in direct contact with children compared to administrators. There were no statistically significant differences in financial or family scores.

¹ McKelvey, L. M., Fox, L. B., & Johnson, D. J. (2017). Arkansas Workforce Study: Instructional Staff in Child Care & Early Childhood Education, 2017. Little Rock, AR: University of Arkansas for Medical Sciences.

What percentage of administrators have had to lay off staff due to COVID-19?

Over a third (34%) of administrators said they laid off staff due to COVID-related health or financial concerns. Of those who reduced staff, the average was 57% of staff being laid off (median layoff = 50%).

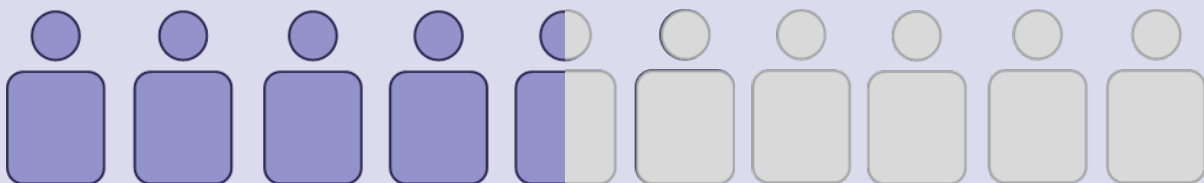
What percentage of participants are at risk for depression?

Nearly half of participants (45%) screened at-risk for depression using a nationally recognized and validated screening tool (PHQ2)². This is up from the 35% reported in the 2017 staff workforce study.

Further analysis shows there is no statistically significant difference between the screening results of teachers and administrators.

Nearly half of participants screened at-risk for depression using a nationally validated screening tool.

This is up from the 35% reported in the 2017 Workforce Study of Instructional Staff.



² Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2003). The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care*, 41(11), 1284–1292.

UAMS-RED Engage Survey on COVID-19: Methodology

What was this survey designed to study?

The UAMS-RED team was interested in studying the training preferences of Arkansas's ECCEs and the barriers to access that some ECCEs face in attending online professional development.

As part of that survey, participants were asked questions about how COVID-19 impacted their personal and professional lives. Results for COVID-related questions are being presented for the first time in this report.

How was the survey delivered?

The UAMS-RED team used the online platform [REDCap](#)^{3, 4} to deliver the survey in two versions:

- 1) An "email-tracked" invitation-only version using uploaded emails to invite individuals to participate and automatically send them reminders if they had not yet completed the survey before the deadline.

- 2) A "public link" version emailed to leaders in partner organizations. Those leaders forwarded the link and asked people to participate if they had not already done so through the email-tracked version.

The email-tracked version was released 1.5 weeks before the public link version in an additional attempt to reduce potential overlap.

How many people participated & what was the response rate?

After combining the two versions, a total of 1,565 people participated in the survey overall.⁵

- 984 people participated in the email-tracked version of the survey at an adjusted response rate of 11%.
- 581 people participated in the public link version.

³ PA Harris, R Taylor, R Thielke, J Payne, N Gonzalez, JG. Conde, Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support, J Biomed Inform. 2009 Apr;42(2):377-81.

⁴ PA Harris, R Taylor, BL Minor, V Elliott, M Fernandez, L O'Neal, L McLeod, G Delacqua, F Delacqua, J Kirby, SN Duda, REDCap Consortium, The REDCap consortium: Building an international community of software partners, J Biomed Inform. 2019 May 9 [doi: 10.1016/j.jbi.2019.103208]

⁵ Duplicate data (participants who took both the email tracked survey and public link version or who took the public link more than once) was removed before analysis.

Were survey participants representative of AR early educators as a whole?

The participants were representative of the Arkansas ECCE field based on comparisons to the demographics reported in the [2017 Arkansas Workforce Study of Instructional Staff in Child Care and Early Childhood Education \(ECCE\)](#).⁶ For example:

Lead Teacher = 37%; Administrator/Owner = 30%, Assistant Teacher/Para = 25%

(Work in) Urban/Suburban area = 66%; Rural = 34%

White/Caucasian = 70%; Black/African American = 21%; Hispanic/Latinx = 4%

Unlike the other demographic areas, which were compared directly to the workforce study's demographics, the team used a February 2020 list of licensed programs from (DCCECE) to determine how representative this survey is based on geography and program type.

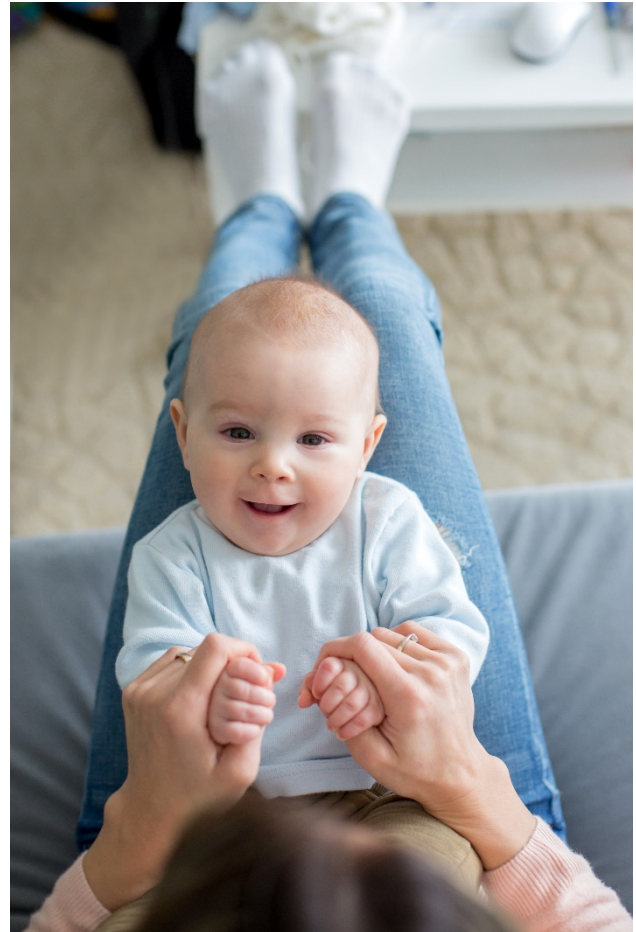
The only category where representation was skewed was programs primarily funded by vouchers, which were slightly over-represented in this study.

While the demographics and collection methods mean this survey is likely representative of the wider population, the survey timing may have affected the results.

The survey launched in early June 2020, which was only a few months into the outbreak. This timing was likely before many providers were

able to adjust to financial changes and establish/implement new operating procedures.

It is also unclear what level of supplemental funding to cover lost revenue and increased costs that providers might have been getting at that time.



For more information about the UAMS-RED study, contact Leanne Whiteside-Mansell at WhitesideMansellLeanne@uams.edu

⁶ McKelvey, L. M., Fox, L. B., & Johnson, D. J. (2017). Arkansas Workforce Study: Instructional Staff in Child Care & Early Childhood Education, 2017. Little Rock, AR: University of Arkansas for Medical Sciences.

SRI-ARISE Fall Study: Results

What percentage of program administrators say they consistently implement guidelines for COVID-19?

State COVID-19 operational guidelines for both center and home-based programs include temperature checks and handwashing/sanitizing for children and staff. In addition, children were to bring or to be served individual snacks and lunches and staff were to wear masks inside the building. Additional adult visitors to programs were prohibited.

More than 90% of administrators said their programs implement these steps “All” or “Most of the time”. Some providers reported taking additional steps like assigning children an individual set of supplies and asked not to share, requiring six feet distancing while children are eating, and/or requiring children to wear face masks inside the building.⁷

The use of these additional measures varied by the age of the child (infant, toddler, or preschooler), with the majority assigning personal supplies (64%, 67%, 77%), a near majority distancing during meal times (48%, 48%, 49%), and fewer requiring children to wear masks inside the building (1%, 4%, 17%).

How do administrators feel about the new guidelines?

The vast majority of administrators (75%+) “Agree” or “Strongly agree” with nearly all of the DCCECE guidelines, except for limiting group size to 10 children, which still received more than majority support (64%).

How stressed are teachers feeling during this time & what are they most concerned about?

When asked to think about their job over the last two weeks, 40% said it had been “Very” or “Extremely stressful”. Another 25% reported it as “Moderately stressful”.

The survey also asked about eight different pandemic-related challenges and how concerned they were from “Not at all” to “Extremely concerned”. Most of the scenarios had to do with contracting or exposing others to COVID-19, to which 58%-70% said they were “Moderately” or “Extremely concerned”.

Similarly, 58% said both the potential for lost income due to program closure and the increase in challenging behavior children were displaying due to pandemic-related stress were major worries for them.

Many focus group participants also expressed concern over how families of the children they serve would be negatively impacted if they contracted COVID-19 and the program needed to reduce staffing or close as a result.

⁷ DCCECE guidelines also suggest children be assigned to a group of 10 or less, which they move with throughout the day, and that sick children are required to stay home. However those guidelines were not part of the survey question mentioned above.

With 66% of administrators reporting that at least one person connected to their program (staff, child, or child's family) had tested positive for the virus, this fear is not unfounded.

Even so, there were slight differences across programs in how concerned teachers were about loss of income due to potential closures. The SRI team notes that home-based providers and teachers in private center-based programs were more likely to be "Moderately" or "Extremely concerned" (65% and 62%) than those in Arkansas Better Chance Pre-K (ABC), Head Start, and school-based programs (51%).

They note the difference could be linked to whom is offered sick leave, with 62% of private center-based teachers being offered sick benefits through their jobs vs. 92% in ABC, Head Start, and school-based programs.

While this link has a sound logical basis, the teacher survey did not have a representative sample, so the team is unable to say for sure if this difference is also likely to be seen in programs across the state.

Have pandemic-related changes led teachers to interact with or teach children differently?

Most teachers say they are doing a lot more directing of children and their behavior (vs. encouraging child independence and choice) than they would normally do.

For example, the majority said they prohibit children from touching each other (70%), restrict children's movement between areas to maintain group size limits (67%), tell children to keep their distance from one another during play (66%), or assign them specific activities (56%) "Somewhat" or "Much more often" than before.

A sizeable percentage (41%) also said they hug, pat, or hold a child "Somewhat" or "Much less often" than before, though 88% said they would still physically comfort a child who was in distress.

On a positive note, multiple focus group participants noted that children in their care have responded much better than expected to the increased structure and praised their staff for their hard work and creativity in supporting the children through the transition.

How are children being affected by the changes in program operation, reduced autonomy, & limited physical interaction?

While focus group participants say that children often show awareness of the pandemic through their questions or pretend play, the vast majority of teachers (80%) said children still laugh, smile, sing, dance, or engage in pretend play as much or more than before.

However, teachers also said that many children's attention spans and social skills are on the decline, such as reduced attention during group activities (36% of teachers said somewhat or much less), engaging in cooperative play less often (29%), making fewer new friends (24%), and reduced attention during individual activities (23%).

Not surprisingly, further analysis shows a statistical association between teachers' efforts to control/direct children more often than before the pandemic to their observed declines in many (though not all) of the attention and social skills mentioned above.

Nearly 40% of teachers said therapists & other specialists have come to work with children less often because of COVID-19 protocols restricting outside visitors.

This means fewer developmental screenings & fewer children able to receive the services outlined in their IEPs/IFSPs.

While this increase in the control/direction of children is often necessary to operate programs as safely as possible, this data shines a light on the possibility that many children could experience some level of social or cognitive delays due to the pandemic and will need increased support when things “get back to normal” to make up for lost time.

This is especially the case because, as noted below, children’s access to therapists and other visiting specialists has been sharply reduced.

Have pandemic-related changes led teachers to interact with parents & colleagues differently?

It is no surprise that nearly all teachers said that invitations for parents to visit their classrooms are down sharply.

However, these new conditions have also led to fewer visits from other teachers to their class (90% “Somewhat” or “Much less often”), fewer invitations to specialist teachers to lead classroom activities (85%), and fewer therapists/special ed specialists coming to work with children as (38%).

The SRI team notes this means many children will not be able to receive services as outlined in their Individualized Education Program (IEP) plan and that fewer children are likely to receive screening tests/services.

What types of training/support do teachers need most to provide a safe and appropriate program environment?

When asked about five options for training/support, teachers most often said learning from teachers in other programs (90%) would be “Somewhat” or “Very helpful”. This was followed by more information on how COVID-19 can spread in ECCE settings (83%), and more online trainings from DCCECE (81%).

The SRI team noted that focus group participants often talked about wanting more guidance on how to respond to positive cases in their programs and how to communicate these procedures to parents more effectively.

They also note mixed results in using the state-run hotline, with some teachers finding it useful, and others saying they did not receive consistent or clear answers.

SRI-ARISE Fall Study: Methodology

What was this survey designed to study?

The study was a partnership between SRI International, the National Center for Children in Poverty (NCCP), and DCCECE.

Its purpose was to better understand providers' experiences implementing the COVID-19 operating guidelines, their personal well-being, and potential changes in the behavior of children in their care associated with the pandemic.

The study took place in three parts: 1) Online surveys to administrators of center-based and home-based child care programs, 2) Online surveys of center-based staff who were referred to the study by their administrators, and 3) Focus groups of volunteers who completed either survey.

Directors who also served as lead teachers were asked to take both surveys, which shared some questions in common, but duplicate answers were removed before analysis.

How was the survey delivered?

Surveys were sent electronically on a rolling timeline between October and December 2020.

How many people participated & what was the response rate?

A total of 264 people participated in the survey (193 administrators and 71 lead teachers; 18 administrators also completed lead teacher

surveys) with an overall response rate of 41% (invitees = 402 administrators, 242 lead teachers; admin response rate = 48%, teacher response rate = 29%).

A total of 22 people participated in focus groups after taking their survey (14 center-based administrators, 5 home providers, and 3 lead teachers). Group sizes ranged from 2-7.

Were survey participants representative of AR early educators as a whole?

The SRI team intentionally oversampled home-based providers to ensure adequate representation from those settings.

This, combined with the random sampling methods used within each type of program grouping and the near-perfect match between program geography and the distribution of programs based on licensing records leads the team to believe the *administrator portion* of their survey is a good representation of what is happening in programs around the state.

Because the teachers' portion was sampled based on those referred by their administrator (who also participated), the team cannot be sure the teachers' version is representative.

Because of this, readers should use caution when interpreting the results from questions directed at teachers specifically.

The SRI-ARISE study can be downloaded here: <https://www.nccp.org/publication/early-childhood-education-during-the-covid-19-pandemic-the-experiences-of-arkansas-educators/>

SRI-ARISE Spring Study: Results

What percentage of program administrators say they consistently implement guidelines for COVID-19?

State COVID-19 operational guidelines for both center and home-based programs include temperature checks and handwashing/sanitizing for children and staff. In addition, children were to bring or to be served individual snacks and lunches and staff were to wear masks inside the building. Additional adult visitors to programs were prohibited.

Most administrators said their programs implement each of these steps “All” or “Most of the time” (79-99%). Some providers reported taking additional steps like assigning children an individual set of supplies they are asked not to share, requiring six feet distancing while children are eating, and/or requiring children to wear face masks inside the building.⁸

The use of these additional measures varied by the age of the child (infant, toddler, or preschooler), with the majority assigning personal supplies (56%, 55%, 72%), a near majority distancing during mealtimes (38%, 34%, 54%), and fewer requiring children to wear masks inside the building (8%, 9%, 35%).⁹

How do administrators feel about the new guidelines?

The vast majority of administrators (75%+) “Agree” or “Strongly agree” with nearly all of the DCCECE guidelines and optional precautions, except for keeping children assigned to the same pod each day and limiting group size to 10 children. However, both still received more than majority support at 70% and 69%.

How stressed are teachers feeling during this time & what are they most concerned about?

When asked to think about their job over the last two weeks, 30% said it had been “Very” or “Extremely stressful”. Another 33% reported it as “Moderately stressful” (down from 40% and 25% in the fall survey).

The survey also asked eight different pandemic-related challenges and how concerned they were from “Not at all” to “Extremely concerned”. Most of the scenarios had to do with contracting or exposing others to COVID-19, to which 30%-54% said they were “Moderately” or “Extremely concerned” (down from 50%-70% in the fall survey).

This includes 50% who said both the potential for lost income due to program closure and 36% who said the increase in challenging behavior children were displaying due to pandemic-related stress were major worries for them.

⁸ DCCECE guidelines also suggest children be assigned to a group of 10 or less, which they move with throughout the day, and that sick children are required to stay home. However those guidelines were not part of the survey question mentioned above.

⁹ These numbers are up sharply from the 1%, 4%, and 17% in the fall survey, but could be due to differences in the specific people surveyed, rather than a true overall increase in children being required to wear masks in the spring vs. the fall.

However, that 36% represents a large drop from the 50% reported in the fall survey.

With 84% of administrators reporting that at least one person connected to their program (staff, child, or child's family) had tested positive for the virus, this fear is not unfounded. (This number is up from 66% in the fall survey).

Will teachers continue pandemic-related restrictions on children into the future?

Many teachers say they are eager to ease up on restrictive practices (like prohibiting children from touching each other) and give children more independence and choice in their day.

For example, of those who implemented these types of restrictions, 51% say they will no longer assign children specific activities, while 28% are unsure if they will continue to do so.

Similarly, many say they will no longer encourage children to stay apart (50% will lift restriction, 23% unsure), prohibit children from touching each other (38%, 33%), or restrict the number of children in a center (34%, 32%).

Of that same group, however, the majority (93%) said that they would continue to require children to clean their hands "Somewhat" or "Much more often" than before and would put a greater emphasis on children spending time outside during the day (81%).

How are children being affected by the changes in program operation, reduced autonomy, & limited physical interaction?

While some focus group participants say that children often show awareness of the pandemic through pretend play, the vast majority of teachers (82-83%) said children still laugh, smile, sing, dance, or engage in pretend play as much or more than before.

However, teachers also said that many children's attention spans and social skills are on the decline, such as reduced attention during group activities (29% of teachers said somewhat or much less), engaging in cooperative play less often (20%), making fewer new friends (23%), and reduced attention during individual activities (24%).

This data shines a light on the possibility that many children could experience some level of social or cognitive delays due to the pandemic and will need increased support when things "get back to normal" to make up for lost time.

Have pandemic-related changes led teachers to interact with parents & colleagues differently?

While the fall survey showed steep declines in the how often other teachers, therapists/specialists, and parents were invited to visit the classroom, many teachers say they plan to ease restrictions in the future.

For example, of those who implemented these types of restrictions, 69% say they plan to resume bringing in therapists at pre-pandemic schedules, while 23% are unsure if they will continue restrictions.

Nearly 70% of teachers said they plan to start inviting therapists & developmental specialists to work with children in their classes again.

This means more developmental screenings & more children receiving services outlined in their IEPs/IFSPs.

Similarly, many say they will resume inviting specialist teachers to their classroom (60% will lift restriction, 23% unsure), inviting other teachers (co-workers) to their classroom (54%, 28%), and inviting children's family (51%, 24%).

Lifting these restrictions will mean more children receiving the services as outlined in their Individualized Education Program (IEP) plan and the screening services necessary to identify physical and developmental delays.

What types of support or incentives would encourage ECEs to get the COVID-19 vaccine?

Because of the timing of Arkansas's vaccination plan,¹⁰ it's likely that a large percentage of early educators would not have been able to get a vaccine appointment by the time of this survey. However, based on current data,¹¹ it's likely that many early educators have simply chosen not to get vaccinated.

While most children who become infected are not at serious risk, they can still pass the virus to others, such as staff in their programs or at home. Additionally, children under age 1 are at an increased risk for serious illness due to their

¹⁰ Arkansas ECE's were included in phase 1-B ("daycare workers") which opened on March 8, 2021.

(<https://www.thv11.com/article/news/health/coronavirus/arkansas-covid-19-update-vaccine-phase/91-2f88afe8-a351-4b0e-990b-d7709c696738>)

The vaccine became available to everyone age 16 and up as part of phase 2 on March 30, 2021. (<https://www.arrx.org/covid-19-vaccine-resources>)

¹¹ Arkansas had a roughly 14% vaccination rate as of March 31, 2020. The SRI spring survey was conducted in February and March, so March 31 was chosen as the cutoff point for that percentage. The vaccination rate increased to 33% as of June 17, 2021.

Data is based on 2019 Census population estimates (<https://www.census.gov/quickfacts/AR>) and vaccination data from the CDC (OurWorldInData.org "US: Number of people fully vaccinated against COVID-19"; <https://ourworldindata.org/us-states-vaccinations>)

underdeveloped immune systems.¹² Considering this, it would likely be beneficial for more ECEs to become vaccinated.

When asked what they thought would encourage other early educators to get vaccinated, nearly half of teachers (47%) said getting an additional paid day off “Definitely would” encourage others.

Getting paid time off to get the vaccine (40%) and having an expert available to discuss individual concerns (38%) were also well-received.

While directors thought these strategies were somewhat less likely to work than teachers did, many directors also said the incentives “Definitely would” encourage others to get the vaccine (42%, 29%, 27%).



¹² <https://www.mayoclinic.org/diseases-conditions/coronavirus/in-depth/coronavirus-in-babies-and-children/art-20484405>

SRI-ARISE Spring Study: Methodology

What was this survey designed to study?

The study was a partnership between SRI International, the National Center for Children in Poverty (NCCP), and DCCECE.

Its purpose was to better understand providers' experiences implementing the COVID-19 operating guidelines, their personal well-being, and potential changes in the behavior of children in their care associated with the pandemic.

The study took place in three parts: 1) Online surveys to administrators of center-based and home-based child care programs, 2) Online surveys of center-based staff who were referred to the study by their administrators, and 3) Focus groups of volunteers who completed either survey.

Directors who also served as lead teachers were asked to take both surveys, which shared some questions in common. In the fall survey, the team noted removing these directors' duplicate answers before starting data analysis, but they do not say if that was also done for the spring survey as well.

How was the survey delivered?

Surveys were sent electronically on a rolling timeline between February and March 2021.

How many people participated & what was the response rate?

A total of 228 people participated in the survey (160 administrators and 42 lead teachers; 26 administrators also completed lead teacher surveys) with an overall response rate of 37% (invitees = 400 administrators, 211 lead teachers; admin response rate = 40%, teacher response rate = 20%).

A total of 11 people participated in focus groups after taking their survey.

Were survey participants representative of AR early educators as a whole?

The SRI team states the *administrator portion* of their sample was representative of the state as a whole, but unlike the fall survey, do not go into extensive detail about their methodology.

They do note that because the teachers' portion of the survey was sampled based on referrals from administrators, who also participated, they cannot be sure the teachers' version is representative.

Because of this, readers should use caution when interpreting the results from questions directed at teachers specifically.

The SRI-ARISE spring study can be downloaded here: <https://www.nccp.org/wp-content/uploads/2021/05/ARISE-COVID-Study-Memo-2-for-508-Updated-Acc.pdf>

AECA Survey: Results

How were programs impacted by COVID-19 overall?

Administrators said that the pandemic had a variety of impacts on their programs, from lower child attendance (49%), staff absences due to sickness/quarantine (40%), increased costs for cleaning supplies (37%), to loss of program revenue (36%), and more.

Administrators also said that they had an average of 65% of their usual enrollment for infants, 76% of usual for toddlers, and 73% of usual for preschoolers.¹³

What were participants' greatest sources of stress?

Participants were asked to rank a list of six stressors from most to least, with 1st indicating the highest stress. Results showed the top source of stress was financial concern due to COVID-19, at an average rank score of 3.0.

This was followed closely by concern that parents would put staff and other children at risk by not keeping sick children at home (3.1), participants' own wellness (3.2), and staff coming back to work when they are still sick (3.6).

What are programs' greatest needs right now?

Administrators were asked to rank a list of six needs from most to least pressing, with 1st indicating the greatest need. Results showed the top need was financial support to meet costs, at an average rank score of 2.4.

This was followed by guidance on loans and grants to offset losses (3.4); access to food, cleaning supplies, and other essentials (3.4); and strategies to improve staff morale (3.5).

Were most participants back to work by October 30, 2020?

The majority of participants (71%) said they worked their usual number of hours, with 12% saying they worked more. Data on how many worked on-site vs. remote was unreliable due to the high number of participants who only chose one option from the check-all-that-apply list.

What percentage of participants say their programs received business-related financial aid?

Just over half of administrators (57%) said their programs applied for funds from the Paycheck Protection Program (PPP), with 90% of those who applied saying their application was successful.

The majority also said their programs received funds from DCCECE for COVID-related expenses such as cleaning/cleaning supplies

¹³ It is common for programs' steady enrollment level to equal about 80% of their licensed capacity. Therefore, these reductions would be significantly less enrollment than licensed capacity.

(73%). However, 50% also said they either did not receive DCCECE funds or those funds did not cover their COVID-related expenses.

Finally, administrators were asked about any other sources of financial aid. About 4 in 10 administrators (41%) reported serving more parents with child care vouchers than before. (Many parents may not have previously qualified under state rules, but now received exemptions based on their essential worker status).

Another 12% said their program had received charitable support, with 6% saying that subsidy payment rates were temporarily based on child enrollment, rather than attendance.

Are programs finding it difficult to recruit & retain qualified staff during the pandemic?

Administrators were asked to rate their difficulty recruiting and retaining staff on a scale of 1 to 100 (larger = more difficult).

Results show administrators are having a slightly harder time recruiting new staff (65/100) than retaining existing ones (53/100), though neither is an overwhelming difficulty at this time.

What percentage of participants are familiar with the T.E.A.C.H. scholarship program?

Roughly half of all participants (56%) said they were familiar with the T.E.A.C.H. program.

However, administrators were much more likely to know about the program than teachers (68% vs. 35% familiar). Further analysis shows that administrators were nearly 7 times more likely to be current or former T.E.A.C.H. recipients than participants who are teachers.

Half of administrators reported reduced enrollment (meaning lower revenues) due to COVID-19.

While many received support from PPP, DCCECE, or charities, it's unclear if the aid has been enough to cover lost revenue & increased expenses.

AECA Survey: Methodology

What was this survey designed to study?

The Arkansas Early Childhood Association (AECA) leadership team wanted to better understand the needs of early childhood educators and how the organization could best serve them during the pandemic.

How was the survey delivered?

The AECA team used SurveyMonkey.com to construct and deliver the survey through email to a contact list including both AECA members and non-members in November 2020.

How many people participated & what was the response rate?

A total of 273 ECE administrators and staff participated in the survey with a response rate of 14% (invitees = 2,200).

Were survey participants representative of AR early educators as a whole?

The membership of AECA expands beyond early childhood educators, though they were excluded from data reported. Additionally, the survey sample was small, and it is difficult to judge how representative it is of the wider Arkansas early childhood education population.

We recommend keeping this limitation in mind when interpreting the results of this survey.

Some participant demographics include:

Administrator, FCCH Owner, or Management = 39%; Teacher, Teacher's Assistant, or Aide = 27%; Other role = 22%; Home Visitor or FSW = 12%

High School education or less = 12%; Associate = 40%; Bachelors = 25%; Masters or higher = 23%

White/Caucasian = 74%; Black/African American = 16%; Hispanic/Latinx = 5%; All others = 5%

For more information about the AECA study, contact Geania Dickey at geaniadickey@dot2dotconsult.com



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