



Georgia's **Preschool Development Grant**

BIRTH THROUGH FIVE

IMPACT OF COVID-19 ON THE BIRTH THROUGH FIVE SYSTEM FOCUS GROUP REPORT

Prepared by:



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Additional information on the PDG B-5 grant can be found at:
www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx

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KEY TERMS AND DEFINITIONS

Key Terms	Definitions
PDG B-5	Preschool Development Grant, Birth through Five
B-5	Birth through Five
Blended Service Model	Georgia's statewide collaborative model of funding and service at the local level with Head Start, Georgia's Pre-K Program, and CAPS programs.
CACC	Cross Agency Child Council
CACC Members	Cross Agency Child Council members
CACDS	Cross Agency Child Data System
CAPS	Childcare and Parent Services, a federal program that subsidizes childcare for low-income parents and caregivers
CCDF	Child Care and Development Fund
CQI	Continual quality improvement
DECAL	Department of Early Care and Learning, Bright from the Start
DLL	Dual-language learners
Early Intervention Programs	Preschool Special Education, Babies Can't Wait, Children First, Home Visiting
ECCE	Early childhood care and education
ELLC	Early learning leadership collaboratives
Funder	US Department of Health and Human Services and the US Department of Education
GAAWARDS	Georgia's Academic and Workforce Analysis and Research Data System, the statewide longitudinal data system of actionable education and workforce data
GaPDS	Georgia Professional Development System
GELDS	Georgia Early Learning and Development Standards
Georgia's Pre-K	Georgia's universal Pre-K program funded by the Lottery System of Georgia
IEP	Individualized education program
KOALA	Georgia's childcare licensing and provider self-service data system
Mixed-Delivery System	Infrastructure that recognizes the need for differentiation of services based on individual community needs
PANDA	Georgia's Pre-K database system
PPE	Program performance evaluation plan
Quality Rated	Georgia's Tiered Quality Rating and Improvement System (TQRIS)
Vulnerable Populations	Vulnerable and underserved populations, such as those living in poverty, experiencing homelessness, living in foster care, living in rural areas, dual-language learners, and living with disabilities

EXECUTIVE SUMMARY

In December 2018, Georgia was awarded an initial Preschool Development Grant, Birth through Five (PDG B-5) by the US Department of Health and Human Services, Administration for Children and Families, and the US Department of Education. This initial grant provided Georgia with \$2.9 million in funds to strengthen its system-level framework through better alignment and further expansion of critical birth through five services and programs. A key component of Georgia's initial PDG B-5 was the development of a comprehensive needs assessment to analyze the state's existing mixed-delivery system of programs and services to determine how well Georgia was meeting the needs of parents and caregivers of children ages birth through five. In December 2019, Georgia was awarded a three-year renewal PDG B-5 funded at \$11.2 million through December 2022 to continue the activities started with the initial PDG B-5 and to address the gaps identified through the needs assessment.

Understanding the impact of the COVID-19 pandemic on the birth through five mixed-delivery system of early childhood care and education is essential to developing Georgia's PDG B-5 strategic plan to meet the needs of each and every child, and especially populations identified as vulnerable and underserved in the needs assessment. Georgia's Department of Early Care and Learning (DECAL) contracted with the University of Georgia's Carl Vinson Institute of Government (Institute of Government) to conduct focus groups with teachers, providers, and parents and caregivers in the birth through five mixed-delivery system to better understand the impact of the COVID-19 pandemic.

The Institute of Government held 13 focus groups with a total of 82 participants from the birth through five mixed-delivery system in Georgia. The focus groups were first organized by the participant's role (teachers, providers, or parents and caregivers) and then by an additional subcategory in the birth through five system. Focus groups are listed by participant role and subcategory below.

Focus Group Participants

Teachers		
Demographic	Number of groups	Number of participants
Infant/Toddler (0–2 years) Teachers	2	9
Preschool (3–4 yrs.) Teachers	2	14
Georgia’s Pre-K Teachers (Public)	1	12
Georgia’s Pre-K Teachers (Private)	1	10
School-Aged Children (5+ yrs.) Teachers	1	6

Providers		
Demographic	Number of groups	Number of participants
Family Child Care Learning Home Providers	1	5
Child Care Learning Center Providers	1	4

Parents and Caregivers		
Demographic	Number of groups	Number of participants
Babies Can’t Wait	1	6
Preschool Special Education	1	8
Foster Parents and Caregivers	1	5
CAPS Recipients	1	3

The purpose of this report is to disseminate the findings from the exploratory focus groups. Participants were asked to discuss their perceptions of the impact of the COVID-19 pandemic on the birth through five mixed-delivery system of early childhood care and education in Georgia.

Due to the varied roles within the birth through five mixed-delivery system in Georgia of the focus group participants, findings can be broken down into sections by participant subcategory: teachers, providers, and vulnerable populations. Since only parents and caregivers of vulnerable populations were interviewed, a separate subcategory is unnecessary. Summaries of each subsection of findings are included below.

FINDINGS

Workforce

Birth through five teachers who participated in the focus groups had a range in experience in early childhood care and education from a few months to over 20 years. Despite using several types of digital communication, teachers expressed that family engagement and communication had been lower due to limited in-person interaction and lack of access to the internet. Enrollments have varied greatly during the pandemic from one setting to another in the birth

through five population and have been dependent upon several factors such as age group, parent and caregiver level of comfort with in-person instruction, and parent and caregiver employment status. Teachers have observed that many of their students are experiencing developmental delays or setbacks upon returning to in-person instruction, which they attribute to lack of social interaction with other children their age. Teachers have also observed a decrease in separation anxiety among children. Teachers reported that COVID-19 risk mitigation strategies have impacted their ability to implement curriculum and to plan. Teachers also reported that the use of hybrid models delayed curriculum because students are constantly coming back and forth to the classroom and need re-orientation (i.e., a two-day curriculum now takes one week). Teachers reported several frustrations with COVID-19 risk mitigation strategies, including the desire for consistent communication regarding best practices for COVID-19 risk mitigation, loss of time for instructional planning due to frequent sanitation of classroom supplies, lack of interaction with parents and caregivers, and the difficulty of getting children to consistently practice COVID-19 mitigation rules.

The participants' personal concerns about the COVID-19 pandemic generally centered on their own health and the health of their families, consistent income and access to benefits, and educational deficits students may be experiencing.

Family Child Care Learning Home Providers and Child Care Center Directors

Both family child care learning home (FCCLH) providers and child care center (CCC) directors faced challenges navigating differing COVID-19 risk mitigation recommendations. All participants shared that they are taking precautions, with the most common precautions being temperature checks, handwashing, mask wearing, and not allowing parents and caregivers to enter the building. Several FCCLH providers and CCC directors also reported difficulty obtaining cleaning supplies needed for COVID-19 risk mitigation. Restrictions on the purchase amount and type of supplies are common at grocery stores, and both groups reported being unable to purchase items in bulk. Often, the groups noted, they turned to parents and caregivers to ask for donations of cleaning supplies. Providers also expressed that the added burden of increased daily sanitization practices and COVID-19 risk mitigation strategies extended their workday and the workdays of their employees. Generally, participants expressed worry about the survivability of their businesses and their own health and that of their families. Both groups of providers spoke about their satisfaction with the DECAL response to the COVID-19 pandemic in regard to Short-Term Assistance Benefit for Licensed Entities (STABLE) payments. FCCLH providers reported a desire for a FCCLH peer network that would allow for better communication and support among FCCLH providers.

Vulnerable Populations

Birth through five teachers stated that there has been a slowed response to requests for assessments of student learning and/or developmental delays and/or disabilities. Teachers reported that children receiving services before the COVID-19 pandemic continued to receive services; however, there was a backlog in early intervention assessments for children who were newly identified. Participants in the teacher groups stated that they noticed a regression in dual-language learners who were without in-person classroom instruction and socialization. Those same participants stated that they were concerned for future identification of student needs because some families were participating in children's virtual coursework, skewing the children's outcomes higher. Teacher groups also stated that children with behavioral challenges, learning disabilities, or delays were struggling both at home and in child care centers due to this delay in assessment. Teachers stated that the lack of in-person interaction with families was inhibiting the teachers' abilities to identify problems or stressors at home.

Parents and caregivers who participated in the Babies Can't Wait focus group unanimously stated that telehealth is not working well for this population of children. Participants represented children with needs ranging from rare disabilities, medically fragile conditions (e.g., g-tube, feeding tube), and speech, physical, and other disabilities. Participants stressed that this was *not* due to Babies Can't Wait programming or the therapists' lack of communication, but entirely due to the mechanism of therapies required during the COVID-19 pandemic. Many of their children found it difficult to concentrate, would throw the laptops down, or would refuse to sit in front of computers or screens. Participants also unanimously stated that they were overwhelmed and isolated during the COVID-19 pandemic with children who require multiple therapies that are difficult to deliver in the current virtual environment.

Parents and caregivers who participated in the Preschool Special Education focus group were not aware of additional supports for children with Individualized Education Programs (IEP) or disabilities that could offset the cost of therapeutic services for those with job losses and insurance losses during the COVID-19 pandemic. For participants whose children were still attending class virtually, the stress of making decisions about in-person schooling was high. They reported that for children with IEPs or disabilities, many of whom have low-immune support or other health concerns, the decision of whether to send their children back to school was difficult. This difficulty was compounded by the unanimous perception among these participants that virtual services and virtual classes do not work for this population of children (e.g., children with disabilities). Participants reported that children struggled to understand why the classroom environment has changed and were not capable of sitting in front of a screen for the duration of class or therapies. Participants stated they were being required to step in as teachers and therapists. It was difficult for the parents and caregivers to learn how to instruct their child or provide therapy for their child, and it was very difficult for the children to accept

the parent as their teacher or therapist. Often, parents reported, they were given an activity or lesson but did not understand why the activity or lesson was important and so had difficulty implementing it with the child.

Parents and caregivers who participated in the focus group for families currently receiving Childcare and Parent Services (CAPS) subsidies reported that they experienced no disruption in their CAPS payments. Most participants in the group shared that they were struggling with multiple issues like unemployment, extended work hours, and virtual instruction for older children. Participants reported that the combination of the COVID-19 pandemic, closures for two weeks, lack of part-time offerings, and job losses affected their decision to send their children back to child care centers. The decision was often weighed by whether they could afford to pay the family fees. Some families were struggling with unemployment due to the COVID-19 pandemic or the forced choice between virtual learning and employment. Some families were struggling with unemployment concerns due to the instability of care available for their children. Participants stated that this was an unprecedented choice not grounded in the typical “should I be a stay-at-home-parent?” decision-making process. Participants stated that if they had to choose between virtual school for their older children versus their children ages birth through five, the older children would receive school and they would opt out for their younger children.

Among the foster parent group, participants’ experience as foster parents ranged from one month to 20 years. Overall, participants stated that DFCS communication throughout the COVID-19 pandemic has remained consistent, with few problems from the participants’ perspectives. Several foster parents and caregivers received new child placements during the pandemic and reported that despite fears of illness, the process went smoothly. COVID-19 health concerns were the biggest factor in decisions to move to virtual visits with birth families, acceptance of respite care, and teleinterventions.

INTRODUCTION

In December 2018, Georgia was awarded an initial Preschool Development Grant, Birth through Five (PDG B-5) by the US Department of Health and Human Services, Administration for Children and Families, and the US Department of Education. This initial grant provided Georgia with \$2.9 million in funds to strengthen its system-level framework through better alignment and further expansion of critical birth through five services and programs. A key component of Georgia's initial PDG B-5 was the development of a comprehensive needs assessment to analyze the state's existing mixed-delivery system of programs and services to determine how well Georgia was meeting the needs of parents and caregivers of children ages birth through five. In December 2019, Georgia was awarded a three-year renewal PDG B-5 funded at \$11.2 million through December 2022 to continue the activities started with the initial PDG B-5 and to address the gaps identified through the needs assessment.

Understanding the impact of the COVID-19 pandemic on the birth through five mixed-delivery system of early childhood care and education is essential to developing Georgia's PDG B-5 strategic plan to meet the needs of each and every child, and especially populations identified as vulnerable and underserved in the needs assessment. Georgia's Department of Early Care and Learning (DECAL) contracted with the University of Georgia's Carl Vinson Institute of Government (Institute of Government) to conduct focus groups with teachers, providers, and parents and caregivers in the birth through five mixed-delivery system to better understand the impact of the COVID-19 pandemic.

METHODOLOGY

RESEARCH QUESTION

As a part of the PDG B-5 strategic planning work, DECAL collaborated with the Institute of Government to develop, recruit, and conduct focus groups to understand the impact of the COVID-19 pandemic on the birth through five mixed-delivery system of early childhood care and education in Georgia. Between October 14 and November 12, 2020, the Institute of Government conducted 13 virtual focus groups using Zoom Video Communications web conferencing software with teachers, providers, and parents and caregivers across Georgia. The findings of this study represent the data collected during these focus group discussions.

Prior to conducting these focus groups, Institute of Government staff consulted with birth through five system experts at DECAL and examined similar studies to identify concepts for further research. Additional interviews were conducted with key stakeholders from DECAL, the Georgia Department of Education (DOE), and the Georgia Department of Public Health (DPH) who are involved in the birth through five early childhood care and education system.

These interviews informed the protocols used to direct the discussion during the 13 focus groups.

RESEARCH DESIGN

The design of this study was qualitative in nature. To examine a shared phenomenon (i.e., experiences throughout the COVID-19 pandemic), focus group interviews and observations were employed as the main qualitative techniques. Because the experiences of teachers, providers, and parents and caregivers may differ by community, homogenous focus groups were conducted by role in the birth through five system to build trust and rapport in a comfortable environment. Additionally, these techniques encouraged discussion among participants to promote a sense of comradery regarding this topic.

SAMPLE

Participants were defined as teachers, providers, and parents and caregivers involved in the mixed-delivery birth through five system in Georgia. The use of diversified participants allowed researchers to access data that provided thicker description and a broader perspective on how the COVID-19 pandemic affected early childhood care and learning in Georgia than one substantive group might provide (Creswell, 2007). Focus group recruitment was managed by Institute of Government staff primarily using a list of both public and private Georgia's Pre-K teachers, family child care learning home (FCCLH) providers, child care center (CCC) directors, and parents and caregivers who receive Childcare and Parent Services (CAPS) subsidies provided by DECAL. The foster parents and caregivers' group was recruited through a sample of eight people provided by the Division of Family and Children Services (DFCS). Overall, focus group invitations were sent to a sample of 2,156 teachers, 357 providers, and 233 parents and caregivers. Preschool Special Education and Babies Can't Wait focus group participants were recruited by DECAL via circulated announcements in local school systems and child care centers. Eighty-two participants attended one of the 13 focus groups held in October and November of 2020. The majority (54) of participants represented teachers within the birth through five mixed-delivery system. Table 1 details the dates and number of participants for each group. Fifty-dollar gift cards were offered as an incentive for participating in a focus group.

Table 1. Focus Group Timeline

Teachers		
Demographic	Date and Time of Group	Number of Participants
Infant/Toddler (0–2 yrs.) Teachers	October 19, 2020; 7 pm to 9 pm	6
Infant/Toddler (0–2 yrs.) Teachers	October 20, 2020; 7 pm to 9 pm	3
Preschool (3-4 yrs.) Teachers	October 14, 2020; 7 pm to 9 pm	7
Preschool (3-4 yrs.) Teachers	October 15, 2020; 7 pm to 9 pm	7
Public Pre-K (4-5 yrs.) Teachers	October 14, 2020; 10 am to 12 pm	12
Private Pre-K (4–5 yrs.) Teachers	October 15, 2020; 1 pm to 3 pm	10
School-Aged Children (5+ yrs.) Teachers	October 19, 2020; 10 am to 12 pm	6
Providers		
Demographic	Date and time of group	Number of participants
Family Child Care Learning Home Providers	October 17, 2020; 10 am to 12 pm	5
Child Care Learning Center Providers	October 16, 2020; 10 am to 12 pm	4
Parents and Caregivers		
Demographic	Date and time of group	Number of participants
Babies Can't Wait	October 22, 2020; 10 am to 12 pm	6
Preschool Special Education	November 12, 2020; 10 am to 12 pm	8
Foster Parents and Caregivers	October 26, 2020; 7 pm to 9 pm	5
CAPS Recipients	October 21, 2020; 10 am to 12 pm	3

Participants were informed of audio recording prior to the start of the focus group and were given the opportunity to remove themselves from the discussion if there was any discomfort. No participants expressed discomfort prior to or after the focus groups.

DATA COLLECTION

Data collection took place in October and November 2020, as depicted in Table 1 above. Focus groups were held via Zoom Video Communications web conferencing software and were audio recorded. At least two Institute of Government staff conducted each focus group interview with a virtual technical support staff member. Typically, one researcher facilitated the focus group interview, while the other researcher recorded supporting notes and observations. Focus group interviews lasted up to two hours. Gender identity was not asked during recruitment; therefore, these numbers reflect the researchers' perceptions of the participant's gender expression. Participants were primarily female (79), with three males out of the 82 participants. Focus group representation is also presented in Table 1 above.

Focus Group Interviews

Focus group interviews were approximately two hours in length and were made up of guiding open-ended questions asked of participants. The workforce (public/private Pre-K, preschool, and infant/toddler teachers) focus group protocol consisted of 12 open-ended questions and guiding commentary (Appendices A and B). The provider (CCC/FCCLH) focus group protocol consisted of 11 open-ended questions and guiding commentary (Appendices C and D). The vulnerable population focus group protocols varied between groups: Babies Can't Wait had a total of 12 questions, foster care parents and caregivers had a total of 16 questions, Preschool Special Education had a total of 13, and the CAPS family protocol had a total of 15 questions and guiding commentary (Appendices E–H). Developing a more thematic structure allowed the facilitator to follow conversational threads yielding fruitful data, not just data prescribed by the protocol. Additionally, as Bogdan and Biklen (2007) suggest, “A good interviewer is a good listener rather than a frequent speaker.” When possible, the facilitator remained quiet, allowing the conversation to flow.

CREDIBILITY, TRANSFERABILITY, AND CONFIRMABILITY

Techniques to establish credibility are prolonged engagement in the field, persistent observation, triangulation, peer debriefing, negative case analysis, and member checking. Techniques to establish transferability are a detailed description of the findings in order to apply the research to other settings. Techniques for establishing confirmability include triangulation, audit trails, and reflexivity to address issues of researcher bias (Lincoln & Guba, 1985).

Credibility

Credibility of the research is enhanced through prolonged engagement in the field, persistent observation, triangulation, peer debriefing, negative case analysis, and member checking (Lincoln & Guba, 1985). Thirteen focus group interviews were held over the course of several weeks, giving time to recruit and contact volunteers for participation. While the focus group interviews were being planned and carried out, the researchers regularly attended meetings with the DECAL team. Additionally, they conducted weekly phone calls to confirm that the research was progressing as anticipated.

The researchers engaged in peer debriefing of the focus group interviews. Immediately following a focus group interview, the facilitator and note-taker took a census of themes that were identified during the session. A \$50 gift card incentive was provided for participation in this research. Verbal informed consent was given at the beginning of each focus group interview, and the researchers explained the purpose and future dissemination of the research. Participants were given the opportunity to leave at any point and were told that the researchers

would keep the confidentiality of the participants paramount. No participants expressed discomfort prior to or after the focus groups.

Transferability

To claim transferability, the research must have thick, descriptive data (Creswell, 2007; Lincoln & Guba, 1985). While this research provides thick descriptions of the data, it is unlikely this research is transferable to other settings. Georgia’s mixed-delivery system of early childhood care and education is grounded in the local communities, making generalization outside of Georgia difficult. Additionally, some focus group populations (e.g., CAPS, Preschool Special Education, Babies Can’t Wait, FCCLH providers, CCC directors) only participated in one group, making transferability difficult. However, portions of this research may be nationally transferable, specifically those data that support other studies on how the COVID-19 pandemic affected the early childhood care and education sector.

Confirmability

Confirmability requires the establishment of an audit trail, triangulation, and reflexivity (Lincoln & Guba, 1985). An audit trail was used, allowing for transparency of the process (Creswell, 1985). This includes process notes, raw data, and analysis notes. The audit trail consisted of documentation of research activities, such as the observations, interviews, transcripts, and data analysis.

Data methods triangulation was not used, as this portion of the research was focused only on focus group interviews. However, investigator triangulation was used throughout the research because the research team included three Institute of Government staff. Additionally, the researchers individually analyzed the data, which assisted with the rigor of the data analysis by establishing inter-rater reliability.

SATURATION

Despite the differences in the workforce populations of study, similar themes and terminology across groups began to appear by the fourth focus group. However, some focus group populations (e.g., CAPS, Preschool Special Education, Babies Can’t Wait, FCCLH providers, CCC directors) only participated in one group, so saturation in themes inherent to the individual group was not available.

HUMAN SUBJECTS/ INSTITUTIONAL REVIEW BOARD

All research activities were reported to the University of Georgia’s Human Subject’s Office Institutional Review Board (IRB). The research was designated Not Human Subjects; however, researchers chose to use a verbal consent during the focus group process to build trust and

rapport with participants through transparency of the research process. No issues arose out of the focus groups.

DATA ANALYSIS

The data consisted of focus group interviews, notes, and observations. Data were collected and analyzed simultaneously in the field (Creswell, 2007; Grinell & Unrau, 2010). After the final focus group was conducted, two Institute of Government staff analyzed the data by applying the thematic framework provided by each group's protocol. Following the identification of a priori themes and emergent themes, the researchers compared each thematic analysis to confirm inter-rater reliability.

DATA PREPARATION

The first step in data preparation began was transcribing the recorded focus group interviews. No names or identifying features, such as business names, were retained in the findings. To maintain confidentiality of the participants, data do not reflect identifiable information. A detailed analysis of each interview took place, with researchers annotating and identifying a priori and emergent themes within each focus group transcript before starting the next one.

THEMATIC ANALYSIS

A priori themes were developed prior to an examination of the focus group interviews. These a priori themes can be found in the thematic framework of each focus group protocol. Elements of the a priori themes were derived from the research questions, stakeholder interviews, and earlier research into Georgia's birth through five mixed-delivery system of early childhood care and education. Therefore, themes of this type were considered pre-existing, and the examination of the focus group data involved looking for data that fit or did not fit these a priori thematic structures. Data that did not fit within an a priori theme were labeled "emergent." Due to the specificity of the research questions and fieldwork conducted with definite issues in mind, the development of a priori themes was non-negotiable; the data could not be approached as if it were totally "emergent" data. Following this step, analysis was as open as possible and not necessarily attached to research questions or the focus group protocols.

Findings are presented in the next section.

FINDINGS

The following thematic findings are presented in categorical order; there is no ranking to the findings of the study. As much as possible, the language of the findings emulates the language of the participants. Selected quotations are presented as fully as possible to support the various

perspectives on the COVID-19 pandemic’s impact on the birth through five mixed-delivery system in Georgia. Where necessary to protect the confidentiality of participants, identifying information has been removed (noted with “REDACTED” in pertinent sections).

Please note that these findings provide participants’ subjective views, opinions, and perceptions of the COVID-19 pandemic’s impact on the birth through five mixed-delivery system in Georgia. As a result, these views are not representative of the larger population of Georgia’s birth through five, parents, caregivers, teachers, staff, or administrators; they present the perceptions of these participants only. These perceptions do not necessarily reflect DECAL’s actual policies and practices.

EARLY CHILDHOOD CARE AND EDUCATION WORKFORCE

Researchers held focus groups with several different populations of teachers from the birth through five mixed-delivery system in Georgia. Early childhood care and education staff from each age demographic of children served in Georgia’s mixed-delivery system were recruited for participation in this study. One focus group of teachers from the school-aged demographic was included to garner the perspective of educators of older students for comparison with those of the birth through five population.

Infant/Toddler (0–2 years) Teachers

Researchers held two infant/toddler teacher focus groups on October 19 and 20, 2020. Sixteen participants registered for the first infant/toddler teacher focus group and six participants attended. Fourteen participants registered for the second infant/toddler teacher focus group and three attended the focus group. All infant/toddler focus group participants were perceived as female and had one to 25 years of experience as an early childhood care and education teacher.

Shutdown Operation Status and Response

Overall, participants stated that their centers closed at some point during the statewide shutdown in spring 2020. Participants reported that the response to the shutdown varied from week to week and was directly impacted by enrollment numbers. Several of these centers reopened in April or May of 2020 only to shut down again due to either low enrollments or an outbreak of COVID-19. At the time of the focus groups, participants reported that their centers had reopened but continued to experience low enrollment numbers.

Mitigation policies varied from center to center. For some participants, mitigation efforts implemented at their center were not enforced, which left these participants feeling anxious about the safety of the learning environment. One participant stated,

... it is still scary up until a few weeks ago for us personally. I’m in Georgia as well and they did not follow what I thought was safe protocol, just being honest

with you. We were not stopping parents at the door. I felt like that was very risky.

Several other participants agreed and stated the following:

Participant A: Ours was the same thing. More so to continue doing what we were already doing. To make sure we keep our hands clean. In our facility, in the beginning, parents weren't really allowed inside before the pandemic anyway unless they were picking the child up. When dropping off, they would just drop off at the door or sign in at the front door. It was the same, but I do feel like it could have been better. Even if you walk in and wear your mask, you're not keeping it on all day. Some people are talking down with their mask, pull the mask down and they're talking. I feel like it could have been better. We keep the same routine that we always kept, which was cleaning the room daily, keeping our hands clean. But, I think it could have been a little bit better with just a little bit more enforcement.

Participant B: For us, they had certain protocols in place. Certain parents are following it, certain parents are not. Certain protocols are only going for certain people. We have to wear our masks. It's still things like, when the kids get in, you may have some of the kids following protocol, some of them not. Supplies were a big issue for us as well. It takes more time now to assure our areas are clean and we're taking care of certain areas. Rewashing hands again, trying to make sure the mats are clean. I spray it down. It's a lot of time-consuming. When we try to explain certain things to our boss, she's not really taking it into consideration. Some things are happening, some things are not.

Another participant stated,

It was really just, for us, they tried to follow whatever state-mandated orders were. If the state never enforced that we closed, they weren't going to close, and they didn't. It was just, make sure you wash your hands, make sure that you do everything to protect yourself as much as you can. No enforcement of masks, no enforcement of ... until after, it was really a big issue here. It became that parents had to stop at the sink and wash their hands. Stuff like that as they entered the facility. That, to me, was just common sense, but we just needed more. I think, personally, more enforcement that not everyone was allowed to enter the facility. Less exposure.

Other participants reported positive experiences with their center's COVID-19 mitigation strategies. As one participant stated,

For me, I feel it has been more positive than anything because it just teaches you to be more aware of what you're getting yourself into when it comes to colds and the germs that are out there. It's like even though we clean and we sanitize the toys, but double doing your job to make sure that no one gets sick, not even yourself, is a great opportunity.

How child care center administration communicated policy changes varied from participant to participant. Most participants reported receiving information from the administration about classroom policy changes through email, while others reported meeting directly with the administration to discuss policy changes and employee concerns.

Personal Concerns

Researchers prompted participants to discuss the impact of the COVID-19 pandemic on their careers in the early childhood care and education workforce. Several participants voiced their intent to stay in early care and learning. One participant stated,

For me, nothing has changed. I've always loved working with kids. I'm not going to change my career. That's going to be what it is. I have a passion when working with kids. For me, I'm going to actually build on to what I already know. I try to keep up with what's going on when it comes to the kids as far as new things that happen, as far as trainings. I do it for myself. I take the initiative because I do one day want to open my own facility after owning a home daycare for a couple of years just to build clientele. But for me, I'm not going to change what I do. I love it. Those kids need us.

Another participant stated,

Yes, this is it right here. I don't plan on doing anything else. This is it. I was raised into an in-home daycare. If I don't know how to do anything else in this world, I know how to watch kids. This is it. After the in-home right now, I was in the process of trying to open up a daycare. But with COVID, I'm not going to even try or attempt to do that. But, yes, this is my last stop. I'm not going anywhere past childcare.

Conversely, other infant/toddler teachers stated the COVID-19 pandemic has changed their intention to stay in a career in early childhood care and education. Overall, low enrollment numbers have undermined their sense of job security. Participants noted that parents and

caregivers are keeping their children at home due to fear of the virus, loss of employment, or working from home. Additionally, participants see their job as “high risk” and see themselves as “essential workers” but do not feel that the early childhood care and education system regards them as such. Several expressed dismay at receiving more money from unemployment than they received for their salary as an infant/toddler teacher. One participant stated, “I think that was the biggest slap in the face. On unemployment, we were making a whole lot more through the pandemic than what we’re even making now.”

Participants discussed the COVID-19 pandemic’s impact on job security in the following exchange:

Participant A: I have, I’m not going to lie. I always had a passion for it, but it can be one of those things where you can be in it and something like it happens, and your whole career changes. You don’t have that support anymore. You don’t have that security. Something like this happens and everybody ... we’re dependent on people bringing their children to us. Something like this happens, and it’s completely gone. Where does that leave us? Even though we know it’s important work. We’ll always need education, but especially working in the daycare part, I think that this has a lot of impact. Now they have the option to stay at home with their child. They will choose that over bringing their child to a facility and ending up getting exposed. I think that changed for me, the security.

Participant B: I agree. Yes, I have rethought my career. Like I said, I’ve been in it off and on for 22 years or more. Pretty steady since 2013 for myself. For the first time in my life, I’m sitting here going, “Okay, is it really worth it?” For me, I consider the times that you get sick from illnesses they bring into you, you lose your pay. For us, we don’t have sick days or anything like that going for us. Sometimes if you do get sick, you wind up spending most of your paycheck in medical because there are not enough people working for our center and facility to actually give us a reasonable rate for insurance even. That plays a big role. When our facility is down on kids, like she says, we don’t get to work. There’s no pay in place for us when we don’t get to work like that. I’ve had a real long soft look at what I’m doing. Even though I love it; it’s very rewarding. My benefits have always been the factor of making a difference on the world through the children we’re teaching and bringing on. At the same point in time, now I’m sitting here and going, “But.” Even me, it’s a little more personal because [REDACTED] I lost my husband. For myself, this is my primary income. Without everything that’s going on, of course, it’s just been one of those years for me. I’ve

really done a lot of relooking and reevaluating my own goal and what I want to do in my life. So yes, I would have to say yes in that.

Participant C: I agree, too. I have thought about it. Once you look at it and they say the essential works, we're not included in that. It's like we're not at risk, but we are at risk because the people that need to go back to work, we're the ones that have their kids. I have thought about it, especially after my unemployment was way more than what I make now. In Georgia, you don't make the income at all. It's crazy, but what I make now, I have never made that in my life. Then the risk of it all. That's through the cleanliness, trying to keep the kids clean, trying to keep them separated. We're going through way more than what we were going through before the pandemic. It is very extraneous and it's aggravation. That's a day-to-day thought of what can I do better, or how can I do better, or should I go here. I love child care and before it was like, we're going to have kids because the parents have to go to work. Now, it's tossed up. You don't ever know what's going to happen. If she decides she's going to send someone home day, somebody's going to have to switch out. We're going to have to go home because the numbers are down.

Enrollments

Despite the shutdown orders being lifted, several participants reported low enrollment numbers for their infant/toddler classrooms. As one participant stated, "Our numbers did drop. The only classroom that really picked up was the two-year-old actually. The numbers have dropped in all the other classes." However, other participants report that their enrollments are increasing or have already reached pre-pandemic levels. This is particularly true for participants who represented small early childhood care and education centers or family child care homes. One participant explained that the increase in demand for in-home child care was due to parent or guardian's general anxiety and fear around enrolling children in programs with a large number of students.

Impact on Student Learning and Development

Researchers prompted focus group participants to discuss any changes in student behavior observed during the COVID-19 pandemic. Participants reported an increase in student anxiety or fear about the COVID-19 pandemic as well as students being confused or frustrated by mitigation policies they could not fully comprehend. As one participant stated,

Yes, I would say definitely. I think that's the most eye-opening for me. When actually have kids that ask you, "Is it okay? Is it safe?" They're actually fearful. For the first time in their life, a kid can't be a kid. They're having to worry about adult issues. Things that should not even be ... to me, personally, they should be

enjoying their childhood and living their life. Suddenly, because this is what they hear and because it's a reality every day for them, it's affecting their little worlds. It is sad to watch them. I'm scared I'm going to get it. Kind of like we used to joke around as children and say, "You've got the cooties." Now, this is a reality for them. They're fearful of it. Their parents are fearful of it. It's just the unknown.

Another participant stated the following:

Yes. You can tell, they know something isn't right. It's a constant issue of trying to make them understand what's going on or why I told you to do this and that or why we can't do this or why we're doing this. It is. They don't understand what's going on. Especially trying to keep them apart. "I don't understand, I was just playing." They're just looking at you. They do. You can tell they can tell. Even with the mask on, it's hard because they don't understand why they have to wear this mask. They don't understand. We almost need four or five masks per child to keep the mask clean and safe. Somebody is going to put it on, somebody is going to throw it down. They don't understand what is going on and we're constantly ... Especially when it's time to go outside and play, they don't understand that. You can tell which one at home who was trying to show the kids what was going on or what was important. You can tell the difference. For those ones that just know they have a mask on and don't really know the purpose for it or don't know what to go do afterward. When the kids sneeze or something, they know we're going to go get up and wash our hands. You have to teach all this stuff and then you're constantly going and going. The kids don't understand a lot of this stuff. It's even worse when we don't understand totally everything that we need to understand too.

Participants agreed that mitigation strategies can be a burden and encroach on their pre-planning time. As one participant stated,

It has definitely changed our cleaning routine. We cleaned daily before. But we're now having to use our planning time and try to not really limit them on where they can go, but try to make sure that we don't have so much at one time to clean. We try to do half of the classroom on our planning period while the kids are down for nap. Then at the end of the day, we do the remainder of the toys.

However, participants who received additional classroom support (e.g., "floaters," assistant teachers, etc.) reported that mitigation strategies are less of a burden but still impact the classroom setting.

Several participants discussed the impact of mitigation strategies:

For us, we have floaters. It was kind of like, it's a big help because some of the two-year-olds were not potty trained. It's like we're putting them in the bathrooms because we have the bathrooms in our classroom. It's like we got to make sure we are spraying and Clorox wipes. Having that extra help did make things a lot easier when it's time to transition into different activities because they don't want to stop playing when it's free play and when it's time to actually sit down and do story time and large group and small group. But that extra help really does come in handy as far as cleaning because normally during nap time as she said I for myself being the teacher, I do clean. I often try to plan the work that I want by the week. I normally will do it at home and bring it in. But I know sometimes our schedules run over and we don't always get to do things. But whatever activities I haven't gotten around to because of the cleaning, I often try to make sure the next day, they get it done or let the parents take it home and help them with it and bring it back.

Family Engagement and Communication

Participants reported that COVID-19 mitigation strategies have harmed family engagement. Most of the centers represented in the focus group no longer allow parents or caregivers into the center. Instead, participants report that they are communicating with parents or caregivers via email, Class Dojo, or some other digital communication platform. As one participant explained,

Now I see we had really good communication at the beginning with our parents. As time has gone on, it has been harder to get the communication. With what we were doing with virtual teaching, providing the videos and some activities for the kids to do online, I saw a big, not huge, but a lot of our parents did participate. As we've gone on from August, they've dwindled down to now they're not participating, not as much. I still have a few that participate regularly.

The lack of face-to-face contact between teachers and parents or caregivers was reported by participants as the main factor decreasing family engagement. The following exchange focused on this issue:

Participant A: Majorly. They're stopped at the door. If we're busy or if we don't have another person to come down and relieve us, we can't talk to the parents. I know for a fact it's like six parents constantly asking what they need to do to support, what they need to do to do this, what they need to do to do that. We can communicate. I have two parents that if they don't meet me at the door in the morning, they're going to meet me at the door in the evening. It's a big impact. I

can send a message through another staff, but that doesn't mean that message got to them the way I need to get this parent to understand what's going on. It's majorly hard not being able to see the parents and just tell the parents what's going on, what we need help on, what we're doing, or even what we did good today, or what we learned today. I hate that part. I understand why they can't come into the building, but it's hard not being able to communicate. Even down to the potty training. I had six kids that I know for a fact got there before the pandemic, but when we got back, all of those kids were still in pull-ups. You want to know what's going on. The communication for us to work together is very hard.

Participant B: Not at ours either. Like I said, to start with they were still bringing and dropping their kids off, coming into the classroom. But then after Bright from the Start had ordered that we basically check temperatures and drop at the door, that's when it changed for us. You don't really get the one-on-one so much. Also, the other thing is just not being able to work hand-in-hand with the parents anymore.

Participant C: With us, we were always able to communicate through email, so that hasn't changed. But a lot of times some parents don't even reach out to you through email all the time. You have to take the initiative to reach out to the parent.

However, participants who provided early childhood care and education services through their home or worked for small centers reported that their relationship with students' parents or caregivers had changed little since the pandemic hit. These participants reported they have continued to communicate with parents or caregivers face-to-face when they drop off or pick up their children.

Preschool (3-4 years) Teachers

Fifteen preschool teachers registered to attend a focus group held on October 14, 2020; seven participants attended. Another 14 preschool teachers registered to attend a focus group held on October 15, 2020; seven participants attended. Overall, researchers gained perspectives from 14 preschool teachers' observations of how the COVID-19 pandemic has impacted the birth through five mixed-delivery system in Georgia. Teachers' experience in early childhood care and education ranged from nearly 30 years to less than six months in the classroom. Participants represented Head Start programs, private centers, and private centers associated with religious centers.

Shutdown Operation Status and Response

Most of the participants' employers shut down in March 2020 alongside the public school systems. Several participants reported that their center or school used virtual tools and communication or printed packets/projects to continue learning and communication with students and parents and caregivers. The few centers that remained open saw a decrease in enrollments and others reported being open only for children of essential workers. Several participants shared that their centers provided food and other necessary items to parents and caregivers during the statewide COVID-19 pandemic shutdown in spring 2020 and throughout the summer of 2020, as well. All of the participants' centers were open by August 2020, with several centers serving virtual school-aged children in addition to the birth through five population.

All participants talked about the COVID-19 risk mitigation strategies their workplaces implemented during the shutdown or after reopening. A participant shared the following about the daily sanitization practices in their classroom:

When the center reopened, we were doing excessive cleaning, excessive cleaning. From then even now, even up until my leaving, the dean and the director stayed on us concerning making sure we keep everything clean. There are children that still even at the age of three and four, which is the classroom that I was in, the three- and four-year-olds, some of them, one or two of them still like to put toys in their mouth every now and then. Those are the ones that we have to pull from the shelves, make sure they're clean. We have to make sure their toys are pretty much clean, sanitized daily. The cots would have to be sanitized. We have an environmental book that we have that we have to go by to make sure everything in the classroom is up to par.

A different participant described their classroom procedure in detail:

They have their own classroom containers with their names on it that only they are supposed to be using. We have to keep those as well spread out. Like I said, continuous hand washing. Making sure that even in the bathrooms we have to make sure that the bathrooms are clean every time a child goes in for a use. Like I said, it has been a lot of stuff. We have face shields, face masks, those little booties things that the doctors were, the scrubby white things like they're going for surgery. We have those. We have N95 masks. We have goggles. We have all that stuff.

Another participant shared their center's new daily precautionary measures:

Mask is an important thing. Then we wash after. Whenever we go somewhere like before the circle, going outside or when they come in, they wash their hands, they stay distanced. We do all those things. Then we clean all the toys when they play, after playing. It's a lot of work for the teacher, but we are doing this.

Not all participants were continually employed during the spring 2020 statewide shutdown or throughout the summer. One participant shared the following:

During the stay home order, they gave the teachers some activities to do during that time so we could still get paid because we're part-time. We had to do something to get paid. Then once they gave us little activities to do like create games or books or something like that, then they had to lay us off. They laid all the part-time teachers off. We had to file for unemployment. Some of our other people that we work with, they didn't receive their unemployment. That was kind of tough.

When asked about their preferences for procedural communication from their employer about changes, scheduling, and general information, participants stated that they would prefer emails or phone calls. Overall, participants felt like they received information regarding COVID-19 changes in procedure "at the last minute."

Enrollments

During the spring 2020 statewide COVID-19 pandemic shutdown and throughout the summer of 2020, participants said that enrollments were lower than usual for that time of year. Several participants in both groups shared that they were moved to other classrooms with different age groups since many classrooms shrank in size since spring 2020. After August 2020, most participants' centers were fully open but with lower ~~in~~ enrollments than usual. When asked why they thought enrollments were lower, participants had several perceptions. One participant shared,

I think just parents aren't comfortable, and if they have the opportunity to stay home with their kids, they just rather go ahead and do that. I think that plays a big part. The parents who are having to go out and work, they don't have any choice but to send their kid. It's like either you do it or you don't. Then you have the few parents who are like, "I don't even want my kid at home with me. Just go." It's more of a personal preference at this point, if they have the option or not.

Another participant shared the following when asked about their center's current enrollments:

In my room, I have 10 enrolled. The minimum I have to have in my room is 10. The infants we have about four of them with one teacher in there. The two-year-old room, they only have about two. Pre-K they have maybe about 13 or 14 now. But for the director, actually, she's trying to get more kids in for Pre-K. She's trying to fill her Pre-K. I don't know. But we do have after-school kids that come for the virtual with another teacher. We have about two different rooms with different grades for the virtual for the after-school, for the older kids you could say. But, it's a normal day for us in our center. It doesn't really seem like we lost a lot of kids. Maybe at the beginning we did, but not now. Now it's like as if it were regular without no COVID or anything going on.

Another participant shared the following about their center's current enrollment status:

We basically operated off [REDACTED] schedule. We actually shut down for those five months. The only thing that we really could do was provide the families with the food that we had left at the center just to make sure that the children were eating at home. But then we kind of opened back up mid-August. We were slow because when they did open back up, we only maybe got about two or three kids. They shut it back down because we didn't have enough kids. We kept providing food for the families ... we're open now. We're opening. We're actually doing virtual learning for the school-age kids as well. Then we also do virtual learning for the Pre-K on Thursdays and Fridays. We're operating at full capacity.

Impact on Learning and Development

Teachers in both preschool-aged groups expressed feeling like “glorified babysitters” after carrying out COVID-19 risk mitigation strategies in their classrooms. The following exchange between participants demonstrates the shared thoughts heard from both groups when asked about how COVID-19 risk mitigation strategies impacted their classrooms:

Participant A: That's an easy one for me. I feel like it took away from the kids because you're trying to make sure you're cleaning everything so that the kids they are staying safe and you're staying safe. You're doing more than you would on a regular basis. You are taking a lot of that instructional time with the kids so you can do more of that cleaning. It becomes more of a “we are just a daycare not a teaching facility.” We're just watching these kids.

Participant B: I agree.

Participant C: That was one of my biggest things. We're just here to clean now and just make sure the kids don't get hurt. The kids, we did start implementing having their own personal things, their own markers, their own playdough, certain things that are theirs solo. But even when you're switching out these toys, you're still having to make sure you're going and cleaning them and just things like that. That just became a lot more work. You're not able to teach as much. It's like now we're teaching them to stay clean. That's pretty much it.

Participant A: Yes.

Participant B: I agree. Everything that she just said, I agree.

Participant D: That's one of the biggest reasons why I kind of left because I'm like, "This isn't working for me anymore." I'm doing more cleaning. There aren't that many kids anyways. I just can't do it. I can't.

Participant B: Like me, when I'm reading a book, my kids some will always come and sit on my lap. Then you try to like, "Honey, you need to sit down here." Then you ...

Participant C: Yes ...

Participant B: ... the more they come and give you hugs. You try to, "Hey. How you doing," shaking hands. They're looking at you like okay ...

Participant A: Yes.

Participant B: It wasn't easy at all. Then, like she said, it's just like you're just the lady to clean up. Because when they keep with something, it's like, "Give me that." Put it in the sink. Spray it with Clorox. Then you're just watching the kids, but not really interacting with them. I didn't like it.

Participant A: You're living in fear of ...

Participant C: Yes.

Participant D: Trying not to get sick. That's what it has become unfortunately.

Participant A: Also, how do you explain to a three-year-old they can't share? Like she said, you have your own little packs of markers, crayons. How do you tell him not to take his neighbor's crayons while you have yours there? It's kind of difficult trying to explain it to them ...

Participant B: Yes. Mm-hmm. Sorry. It's difficult. But after these days, one, two months, they have been there for one, two months, they are accepting the thing. I told the other kid that, "Please don't touch her things." She said, "[REDACTED] because of corona. Don't touch it." They are getting the point that we are suffering. We have corona right now, and we have to take care of ourselves and our friends' lives. It is difficult, but still we are doing it.

Many of the teachers in the groups stated their worries about students' lack of understanding between transitions from preschool to Pre-K and from infant/toddler classes to preschool classes. The following comment by one participant about transitioning preschool students to Pre-K highlights how the lack of transition impacts learning and development:

That was tough. Because there were some kids who we really, like I said, knew needed that support. But not only that, every year we always had a ceremony where we had a goodbye ceremony and getting the kids ready to transition to Pre-K because it was another new experience for them as well. But because a lot of them kept saying when the schools started back in late September, they were like, "That's not my teacher." They were saying, "That's my class." Then they're like, "No. Your class is not there. Your class is here now." They didn't get the opportunity like [REDACTED] said to get that transition for us to take them over to, to let them see that this is going to be your new classroom now. That we're going to get new kids and you're going to have new teachers. It was hard because we had built that relationship with our children. When you build that relationship and then it's almost like something is taken away from you, pulled away from you. It does, it hurts. It does feel like you've been cheated and so also the kids have been cheated.

Many preschool teachers observed some developmental delays or reversions, such as baby-talk, thumb sucking, and toilet training regression, when they returned to in-person instruction. When asked about what caused the regression, participants reasoned that older relatives may have kept children and allowed them to "talk and act like babies" and that the lack of social interaction with other children their age impacted this age group significantly.

Participants in both groups talked about how parents and caregivers tended to prioritize older children's learning and development rather than the younger children they serve when centers and public schools shut down. A participant detailed her interactions with parents, saying,

It was mainly the parents who had older kids. The student in my class was the baby of the group. But the parents that had only one or two younger kids, those were the parents that kept up with me and always were available to do their one-

on-one check-ins every week. But the parents that had the older children that made the siblings in middle school, elementary that they needed those grades and everything, they kept up mostly with those children than they did our kids.

Several participants who engaged in virtual learning shared their struggles and concerns about the ability of their students and parents and caregivers to participate in learning digitally. Though some parents and caregivers had no issues using digital tools and cellular phone applications, others had little to no access to internet or digital devices. A participant shared issues they experienced trying to get digital work to students:

I knew I had kids who really needed our support. I was going house-to-house, keeping my mask on, knocking, leaving the packet for the parent, trying to explain to the parents that this is what's going on. This is what we're going to be doing. We don't understand all the things that are going on. But we're going to give you as much information as we know as possible so that we can get through the transition for you and the kids. Because we're in a rural area. A lot of our kids are young, single moms and low socioeconomic status. A lot of them didn't have access to a computer. That was a challenge trying to get them the work for their kids.

Another participant shared the following about the lack of access in her area and how the end of the 2019–2020 school year affected her students:

... our center don't provide iPads and stuff for our kids. A lot of our parents had no way to even get on the ClassTag because they didn't have access to computers. Then everything was shut down. You couldn't take them even to a library or anywhere because everything was shut down because of COVID. We had a lot of parents that missed out on everything at the end of the year because they didn't have access. I felt cheated. I just want to throw that out there. I felt cheated. I felt cheated out of my year with my kids, with the students. I felt the kids were cheated. Because then school started back later for us this year and so many of them didn't even get to finish out last year.

Family Engagement and Communication

Teachers in both groups pointed to parenting fatigue with childcare impacting the level of communication and engagement parents and caregivers maintained when centers were physically closed. One participant shared,

A lot of the parents got overwhelmed with having to have the children home with them all day. You have certain children that will listen to their teacher

before they listen to their parents. It is what it is in that area. They were getting overwhelmed. “Oh my goodness, I don’t know what to do. He won’t sit down and count for me.” It got a little overwhelming for the parents. Then some of the parents have multiple children. With our age group, they tend to get left behind if the parent has older children that need this grade in order to graduate or need this grade in order to pass the next class. Sometimes our children get left behind. Some of them actually just stopped answering the phone for me when I started doing my check-ins every week. “I don’t have time to talk to you every week. Or can you call me after 12:00?” Kids had started back staying up late and sleeping all day.

Participants also shared that the levels of family engagement were not predictable from student to student during closures. All participants reported continuing to provide educational experiences for their students during closures. They stated that some parents and caregivers were able to continue communication through digital tools like cell phone applications such as ClassTag and ClassDojo, phone calls, and emails. However, participants said that some parents and caregivers’ interactions completely cut off. One participant shared the following about her experience trying to stay in touch with students:

The ones that I could reach out with on ClassTag, I would talk to them back and forth through it. Then a few of them had got my phone number, my cell phone. I had talked to a few of them on the phone. Because I don’t really mind that. If a parent has my cell phone number because I’ve never really had one that just misused it or anything. I did talk to a few people on cell phones. But then some of them, it was just an abrupt end. They couldn’t get on ClassTag or they just didn’t make time. Because like she stated, a lot of them had older siblings. They were spending far more time trying to get on virtual with them.

Another participant stated,

... another thing the problem that we had reaching out with parents, it happened so abruptly. A lot of the numbers had changed. The information that was put into ClassTag when we did send activities to the parents, it’s like it came back nonresponsive. I’m like, “How do we get in touch with the parents?” Because we didn’t have the numbers. The center manager had them in her office. But we didn’t have access to them. Like if we were at school and we could actually open our parent contact book and get the numbers. A lot of them, like I say, we didn’t have that information for a lot of parents. They were really like I say, left out. A lot of parents that I talked to, I was able to get I think six of my parents, actually

did respond out of the 17. Their concern was, “Do you know when they’re coming back to school? How long is this going to last? I got to go to work, my job.” There were a lot of other things. They were stressed out. Because they said, “I can’t teach these kids. I can’t do this like you all do.” They were very frustrated about that because they didn’t have any other support to help them besides the ones that we were giving them from the teachers or from the center manager or for any other person that worked with them ... if the parents don’t have access to the programs, how are they supposed to be able to sit down with their kids? Then some of them even said, “Now I understand what you all mean or how you all feel when you’re a teacher in the classroom.” Because I think they got to see the flipside of what ... they were like, “I see what you mean now.” I think at that point, they didn’t take it for granted. Because now they have to do the job that we were doing. I think a lot of times they took it for granted. Now that they did because they say, “I see the work that you have to put in and all for their children to learn and be successful in a classroom.”

Personal Concerns

Several of the participants had left the workforce since March 2020, some voluntarily due to personal health concerns, burnout, and low pay, and others due to employer layoffs. Some of those who left voluntarily saw layoffs coming in the future and decided to take higher paying opportunities privately caring for one family’s children or starting their own family home-based care service. One participant that left the workforce shared the reason they decided to leave:

Nobody was expecting COVID-19. But sometime for me as a teacher, I feel like during the COVID-19 they are more focused on having children more than the whole package. The whole package is not only the children, the parents, it’s also the teacher, too. It’s not something I have a solution. That’s why I quit because I don’t want to judge anybody. I don’t want to say they should do better than that. But me personally, the reason I quit is because when they want to open the center back, they want all the teachers to come back. They said they’re going to pay us more. We’re like okay. They even trust me more. Everybody was like okay. Then when we came back, we worked from June, July. Then the first week of August we stopped getting additional pay. They took us back to the \$10. I’m like, “Okay. What’s the difference?” We were still working in the coronavirus. We were still taking care. We are still cleaning up. We are still exposed with that disease ... to make us come back and you wanted to give us more. I don’t know if it’s because once they saw all the children come and have a good week. It was the staff from the front who got the coronavirus. But in August, when I look at before, when I look at myself, I’m like, “Why?” They just brought it back to the

\$10 you worked for. I'm like, "No. I'm not going to do that." That's the reason I quit. We're still dealing with the disease, right? Why don't you give me the same thing at least? You're working hard. Then like everybody in here said, we have to work more, more cleaning. You're exposed and the same time the children, too, everybody. It's not just things are getting better. That's the reason I quit. I'm not going to just say, "I'm going to do better than that." I don't have any solution. But that's why I quit because I don't like to complain.

Another participant agreed, stating the following:

I agree. Because even right now we're looking to fill more positions at our center. But the main thing is no one really wants to work because of the pay. They feel like they're doing so much more now. Because we don't get paid. If you have your diploma, you're going to get paid \$7.25 and with your associate's it's \$9. It's so much more stuff that we have to deal with. Then on top of that with how the children are kind of acting out a little bit and the fact that we can't have parent-teacher conferences the way that we used to. Now when we try to have a quick conversation with the parent at the door, it's kind of going over their head. They just want to go ahead. They just want to go ahead and get their child and just go. It's a lot to deal with. Then you don't want to pay anybody. Then if we're out again from November to January, no one is really going to want to work because we won't get paid unless they give us something to do.

Teachers in both groups agreed that the birth through five mixed-delivery system of early childhood care and education in Georgia before the pandemic had "cracks" and problems that are being amplified now. One participant simply stated, "Early childhood care education isn't favored without the pandemic."

Participants who were laid off have been in the process of finding new employment and also filing for unemployment benefits. One participant, worried about layoffs, shared the following:

My only concern is when the college closes in November after Thanksgiving, they tend to come back in January. It's like, what is that for us? Because like I said, we're part-time. Are we going to have activities like we did last time to make sure that we're getting paid? Or will we have to file for unemployment? That's one of my main concerns with that. Also, I understand that the teachers have to be safe. But, it's also the parents of the children we consistently see that they were taking trips. They're still going out to these places that weren't safe. Then you're bringing your children to us. That was kind of one of my concerns, "You just went to this concert. Then you bring your child to me." I know they

say that young age children they're not required to wear masks and stuff. But it's still kind of scary because you don't know where their parents have been. If they have a fever or a runny nose or anything like that, we're calling the parents and we have an isolation room, too. We can put a sick child there until their parents come pick them up.

When asked about any benefits such as insurance or other assistance they may receive, participants overwhelmingly stated they do not have access to benefits. Many stated that this was another reason they were leaving the early childhood care and education workforce or considering leaving.

When asked how participants made the decision to come back to their teaching positions, if they did, the most common response was for financial stability in addition to having a passion for teaching young children. Most participants that returned to their teaching positions expressed that it was not easy for them to make their decision for fear of contracting the virus that causes COVID-19. One participant stated,

I think my thing was because during the summer we have to file for unemployment. Money was running out because they had stopped giving us. I didn't have the choice. Either I come back. Pay my bills, make sure that things are taken care of and take a chance on hoping that nothing would happen, praying that nothing would happen.

The same participant informed the researchers about the common practice of centers having school-year employees file for unemployment during the summer when they are not teaching and then elaborated about the particular challenge of receiving unemployment benefits during the summer of 2020:

That's how we have to do. Then it took so long because there were millions of people on it. It took us weeks before we even got anything. That was a stressor in itself. Because when you have money saved up and then you're using your money that you saved and you're having to dip into that, it was a stressor. I'm like, "Oh my God. What am I going to do? Because I have cars. I have bills. I have this." It takes two incomes today.

Another participant shared their decision-making process, saying,

For me, it was a hard decision to make. It did come down to economics. I have a four-year-old and a one-year-old who are very expensive. I wasn't paid during the summer. We weren't allowed to draw unemployment this summer that I

know of. I will be asking now that another person shared their experience. But, we weren't allowed to draw unemployment this summer. Money was running out. I planned on not working the summer. There was money for that month and half that we're out. But it ended up being extended. Money was running out. I have small kids. There really wasn't a choice for me of not going back. But my kids stay with my grandmother who has lots of those pre-existing conditions. That weighed really heavy on me. If I go to work, can I bring home COVID and she doesn't make it? That's a hard position to be in. It definitely wasn't an easy decision.

Public and Private Georgia's Pre-K (4-5 years) Teachers

Researchers held one focus group with Pre-K teachers in a public school system setting and one focus group with Pre-K teachers in private centers. Twelve public Pre-K teachers registered for the focus group held on October 14, 2020, and 12 attended the focus group. Public Pre-K teachers reported teaching experience between two and 27 years. Fifteen private Pre-K teachers registered for the focus group held on October 15, 2020, and 10 attended. Private Pre-K teachers reported teaching experience between four and 20 years.

Shutdown Operation Status and Response

Public and private Pre-K participants reported that their schools/centers canceled face-to-face learning during the spring COVID-19 pandemic shutdown. Similar to participants in the school-aged focus group, many of the participants reported offering alternative forms of learning and/or a transition to virtual learning during this time. Participants received information concerning the shutdown directly from the administration, with several reporting receiving information on closures and cleaning policies from the Bright from the Start website. By August of 2020, most of the private and public Pre-K classrooms had returned to face-to-face learning. Overall, participants reported that they continued to receive their salaries and benefits during the shutdown.

All of the public Pre-K participants reported school closures during the spring 2020 shutdown. Participants reported that these closures were abrupt, and several expected to return to the classroom before the end of the spring term. Once the decision to remain closed had been made, participants felt they had to scramble to find alternative platforms of instruction. One participant stated, "We only had two days to do paperwork, do take-home packets, let the parents know what was going on. It was crazy."

Initially, participants received conflicting information from their administration, which caused confusion, as can be seen in the discussion below:

Participant A: Initially, we were told, “Don’t worry about sending home anything for Pre-K. It’s just a few days.”

Participant B: Yes.

Participant A: You don’t have to do anything. Our kids aren’t on Google Classroom generally or anything. As it went on, parents needed something to do with their kids, so we scrambled. I know I did Facebook Messenger with one parent to walk him through the steps to get onto Google Classroom ...

Participant B: Yes.

Participant A: So he could access. Initially, I was sending out things four and five ways. These were on Classroom, these were on the email ...

Participant B: Right.

Participant A: These were on remind. That was exhausting, so I finally got everybody on so that they could at least have access to some at-home activities to do with their kids. I’ve had four-year-olds, and being stuck at home for weeks on end with four-year-olds isn’t fun. You need stuff to do.

Overall, participants reported the transition to virtual learning as “very bumpy.” Several participants stated that one of the hardest parts of transitioning to virtual learning was having to simultaneously teach themselves how to use virtual learning as they were teaching parents and students how to navigate virtual learning platforms. Another participant expanded on the difficulties of transitioning from face-to-face to virtual learning:

So I had to learn how to use Google Classroom. I was Googling, “How do I set up my Google Classroom?” We had to call the technology person. It was an adjustment because I didn’t even know what I was doing, and I was trying to tell parents how to do it along with me. We learned together.

Salary and benefits for public Pre-K teachers were not disrupted during the shutdown; however, teachers expressed concern over low enrollment numbers and, in turn, job security, as can be seen in the discussion below:

Participant A: They were going to cut possibly four to five of our classrooms in our county, which would have been like a quarter of us. That was scary for like two months, not knowing is it going to be one of us? Is it going to be your friend in the [REDACTED] down at a different school? You just didn’t know where and

what it would look like. Are you going to be at the school you love to be at? Are you going to be moved? It finally came out that they were going to keep all of us, so that was a huge relief. I panicked more than probably most because it's just like, your livelihood and being on a single income is like, "Um, how am I going to pay my bills?" [REDACTED] was like, "Oh, if it's going to happen, it's going to happen. There's nothing we can do about it." I'm over here like freaking out. I'm trying to like keep me grounded.

Participant B: Yes.

Participant C: I know one of the daycares at my community, the school I teach. They have four Pre-K classes, and they took two of them from the daycare. Because they didn't have the kids. That's when the governor did the cut back in, when was that, May or June. One of the Pre-K teachers, she had been there for like four years and lost her job.

Participant D: We were in the process of hiring a teacher when this all hit. They keep telling us, "We can't hire, we can't hire." Then, we're thinking classes cut. But at the same time, we have 66 places in Pre-K in our school. We had 28 beyond that, and I'm like, "Well, when are they going to be letting parents know there's no class?" We couldn't hire a new teacher. We couldn't move forward that way, but we were also not doing anything about saying, "Well, we're just not going to have the same classes." It was very stressful. Ultimately, like a couple of weeks before school start, they did lift the hiring. They say, "Yes, we're going to. You can hire your new teacher and get them to start putting the class together." But I'm like, they need to start letting parents know that you were told you had a place and now you don't.

Participant E: They're saying at our school that based on the numbers, they're going to have to eliminate one teacher, one parent. Now we don't have enough students in our Pre-K classes, so I don't know if it's going to us, one of us or if it's going to be somebody else.

A majority of participants from the private Pre-K group stated that their centers shut down in March of 2020. One participant stated that their center remained open through the spring shutdown but with significantly lower enrollment.

We stayed open, but there were very few out of a class of 22. I think around by the beginning of April I may have had maybe five kids, and they were not consistent. They were maybe five one day, four the next day, but consistently

probably about five. We remained open the entire time. We didn't do virtual, it was just regular.

As with the public Pre-K participants, private Pre-K centers that closed during the spring 2020 shutdown provided alternative forms of learning for students. However, private Pre-K participants expressed less anxiety and frustration with the transition to alternative forms of learning than the public Pre-K participants.

Participant A: I can share about what happened at our school ... We closed March 13th, and Pre-K went virtual from that time on until May 15th. It worked pretty good. Zoom was kind of hard with the whole class, so we broke it up into smaller groups. I liked that I used it right from the start, lesson plans every day and sent those to the parents, and then we would upload different ideas that they could do and video ourselves teaching different things.

Participant B: We closed on the 13th [of March 2020], and we didn't open back up. We did virtual. We sent home lots of stuff ... Parents want some ideas, communicating with them daily. We still celebrated our little end of the year via Zoom. Pretty much we just communicated a lot more to keep them all in the loop of everything.

Of the participants whose centers shut down in March 2020, all but one reopened between April and August. As one participant stated, "I think my center opened back up after seven weeks, but they had pretty low attendance at that time, as well. Then we opened again face-to-face August 17th." Another participant stated,

Our center, they opened back up towards the end of the summer for four weeks for the transitioning program, and that was face-to-face. They did require masks. Kind of lower attendance, although we did have two of the classes, we had two of the summer transition classes. One class had 16, the other class had maybe nine, and the numbers would vary each day. It never really was consistent. Like I said, that was for four weeks, and that was pretty much it. Our Pre-K did go back August the 24th, and we've been open and running pretty good since then.

Overall, private Pre-K participants reported that pay and benefits were not disrupted during the shutdown; however, one participant stated, "On one of my jobs we had access. We were still getting paid every two weeks. One job they stopped paying us and we had to file for unemployment."

Enrollments

Participants reported that enrollments for public Georgia’s Pre-K classrooms remained steady through the spring and fall of 2020. Although there was an increase in student withdrawals in fall 2020, empty spots were filled from the waitlist. Public Pre-K participants noted that reduced enrollment may be due to losing students to other centers offering in-person programming. Most notably, in Pre-K classes that started the year virtually, some working parents and caregivers opted for other placements that provided the option for in-person attendance due to the inability to facilitate virtual learning at home. One public Pre-K participant stated, “Well, one of the parents said to me that they work during the day. They put their children in a daycare. The daycare would not allow them to bring a tablet or a laptop, so you know, they can’t be in Pre-K.”

Private Pre-K learning centers experienced low enrollment numbers after reopening in fall 2020. Participants reported that classroom sizes ranged from 10 to 17 students on average. Participants noted that low classroom enrollments have had a positive impact on instruction. One participant remarked, “It’s actually been a little bit easier because, obviously, 22 kids compared to 15. You can’t argue that.”

Impact on Learning and Development

Participants were asked to describe their current classroom learning environment and to discuss any barriers to student learning and development they have experienced due to the COVID-19 pandemic. A majority of participants had returned to face-to-face instruction, and several were providing a combination of virtual and face-to-face instruction, known as “hybrid” instruction. Compared to their peers that work with younger age groups, Pre-K teachers were more likely to engage in virtual learning during building closures rather than sending home activities and/or worksheets for parents and caregivers to complete with children. At the time of the focus group, several participants continued to teach solely through virtual platforms.

Overall, participants agreed that face-to-face learning is a critical component in learning and developmental progress for Pre-K students. The transition to virtual learning decreased student access to socialization, teacher–parent communication and engagement, and the ability to appropriately assess the learning and developmental stages of their student population. Additionally, public and private Pre-K participants noted that mitigation strategies for face-to-face learning environments have encroached on teachers’ pre-planning and instructional time with students.

Public Pre-K participants noted that the COVID-19 pandemic had wide-ranging impacts on student learning and development. One participant stated, “With my group that I have this year, they’re very high academically.” Another participant stated,

Mine are really low this year. I've never had this low of a group coming in. They're picking up stuff, but they just don't have the academic skill set at all. There's no foundation. We're working from the ground up. I've had some in the past where I've had levels. It's just we're all in the low to medium-low range.

Despite the varying characteristics of the individual classrooms discussed during the focus groups, all participants stated their concern for the learning and development trajectory of their students. The lack of socialization and learning through play were of most concern. As one participant stated,

I feel that this is new. I feel that the students are not getting the socialization that they need. They're not learning the skills that they need to learn. There are some children that I'm seeing some things in that I feel they might need to be tested, but I don't know. They can't test in Pre-K, but it could be a recommendation. I don't know if that's why they're acting the way they are. It's just a combination of things. I feel they need to be in school. Like I said, I don't want to risk myself, but I feel that they're not getting what they need this year.

Additionally, whether their classrooms were virtual or face-to-face, participants noted that those students who needed assessments for learning or behavioral issues were not receiving them. As one participant stated,

I have one student that I'm really concerned about, but I can't diagnose her. I've tried to reach out to my diagnostic center. We have a Pre-K diagnostic center in our county that helps with three- and four-year-olds. They're not even doing any testing or any assessments.

Furthermore, participants expressed concern over parent/guardian manipulation of virtual assessment outcomes. As one participant stated, "Virtually, I'm having problems with the parents, too. [LAUGHS] You know. When you're trying to test them, they want to give the answers. I'm saying, 'No, this is an assessment.'"

Participants felt that mitigation strategies were burdensome to classroom instruction and student-teacher engagement. This burden was a particular hardship for public Pre-K teachers who maintained full enrollment during the pandemic. Several participants discussed the impact of the mitigation strategies in the following exchange:

Participant A: We have full classrooms, whereas the other grades have gotten smaller classes because they do have students online. We are given all of the

rules with cleaning and social distancing and keeping up with this, but we're still going to have 22 in our rooms.

Participant B: Right.

Participant C: I had to squeeze in two extra tables into my room and take out shelves that stored blocks to fit them on top of that. Add to that I have a student with a deathly peanut allergy. We've been told we have to eat in our classroom, which means he gets a lot less space from anybody that has anything that's related. If they bring peanut butter and jelly, which it's Pre-K, somebody always does, we have to be vigilant on getting their hands cleaned before they do anything else in the room. It's not like I can clean them in the lunchroom, and then we go back to the room. On top of COVID, on top of peanuts. By the way, full class.

Researchers asked private Pre-K participants if they had observed noticeable changes in their students' mental health, academic progress, or behavior due to COVID-19 pandemic-related changes to the learning environment. Contrary to the public Pre-K participants' observations of academic and developmental regression in their student body, private Pre-K participants stated that they had not observed these same regressions in their students. The following exchange exemplifies these responses:

Participant A: I feel like it's just a typical year of kids. I haven't had any more or less behavior problems. They're resilient, I guess. That part, the classes seem pretty much the same. They adjust and they learn the routines and they know what to expect, just like any other year. I don't know, I haven't really noticed any difference, except for more hand washing and things like that. But they're used to it now. That's just what they know.

Participant B: Our children are pretty good this year. We don't really have any behavioral issues, which is a change because normally I have a couple who are all over the place. We actually had kids coming in doing the ABC song and the happy birthday song when they were washing their hands. We even have some that ask to wash their hands.

However, this did not hold for those private Pre-K participants with vulnerable populations. As one participant stated,

At my center, we do have some behavior problems. One of mine has autism, and social distancing is really hard for him. He doesn't like being in large groups, but

the other kids like playing with him, and he tends to act out when they're... Like if they're playing blocks and he's in the block area by himself and they come over to play and everybody goes to play with him, he tends to throw the block, and stuff. It's kind of hard with him.

Family Engagement and Communication

Public Pre-K participants were using multiple methods of communication to provide information and updates on student learning to parents and caregivers. The most commonly used platforms were Google Classroom, Zoom, and Class Dojo. Participants less frequently used Blackboard, TalkingPoints, email, text messages, and voice messages. Participants highlighted TalkingPoints as a convenient method for communicating with parents and caregivers who primarily speak Spanish. Teachers can type messages in English that are then translated to Spanish for the parent or caregiver. The parent or caregiver response in Spanish is then translated to English for the teacher.

For parents and caregivers who were not tech-savvy, teachers prepared physical copies of information and class assignments. As one participant stated, "I'm also making copies to teach the parents who aren't computer-savvy, to give them hard copies, so they can fill them out. Then I will have them, so I can turn in all the paperwork that I have to do."

Participants discussed the importance of family engagement on Pre-K students' learning and developmental outcomes. Participants noted that virtual learning had a negative impact on family engagement during the COVID-19 pandemic. This was demonstrated in the following discussion:

Participant A: Also, you know, when we have the children, we are also educating parents. By us not having the children with us, we can't educate the parents to do what they need to do too. Because some of them just don't know what to do, and it starts in Pre-K. Pre-K is the foundation for the children but it also has parents, too.

Participant B: Right. I think a big issue that I found with us is because, DECAL or Bright from the Start has said that Pre-K is all about play. Then we weren't given devices. Parents are having to use their phone or whatever they're having to do. I have one little girl, every morning, she sleeps on my — She loves me, but then I have to move her to the waiting room because she sleeps the whole time. It's like, when I say, "Mom, I need her up and participating," "Oh well, she's tired. She stayed up late." If we were in the building, I'm sure she would be in the bed at a certain time, because she would have to up and be in class on time. Why not do that schedule now? Then I have parents emailing me and [AUDIO UNCLEAR]

me every day about a device. I don't pass out devices. I don't have devices to give you. Like I try to explain to them, the overall people think that Pre-K is all about play, so their number one goal is not to give you a device. I have no control of that.

Participant A: That's true.

Private Pre-K participants reported a decrease in family engagement due to the inability to engage in face-to-face communicate with parents and caregivers. Many private Pre-K centers implemented mitigation policies that prohibited parents from entering centers during the school day. They reported that this policy negatively impacted their ability to communicate and engage with parents and caregivers, as seen in the discussion below:

Participant A: Very much so. I've always been big on talking with parents, letting them know how their kids are doing, how they're adjusting. "What do we need to work on with this? What do we need to work on with that?" I've had trouble getting in touch with certain parents or wanting to speak with certain people. I'm not crazy about it all because the parents can't come in here at all, and I miss that face-to-face. Because as a parent, that's what I would want, and I think that makes things a little harder because that's the missing link you have.

Participant B: Same here. It's hard because you don't have that link to stay in touch with the parent, to see what resources they need, if any. To let them know ... Yes, we have formed communication, email, ClassDojo, [AUDIO UNCLEAR], we utilize all of that. But that face-to-face, she may not be able to have access. Like my homeless baby, she doesn't have a phone. She doesn't have a cell phone. She doesn't get to talk to me at all, and she doesn't get to talk to my assistant at all because we're not here until 6:00. She only talks to the director then, because the director, that's a whole other deal. She may forget to tell me something, or may not remember. It's definitely an issue.

Participant C: I do feel a little bit more out of touch with the parents this year, obviously because we would typically have parents coming and reading to the class or helping with small groups, other ways that parents can be involved. We do see them in the car rider line when we walk the kids out in the morning and afternoon, but it's so quick. You can't have a full conversation because they have to let the kids out and go. I do think that has impacted our relationships with the families for sure.

Participant D: I'm the first one there in the morning, so I'm the go-between between the parent and the teacher. I have to relay messages from ... I have to retain a whole lot from the different parents because I have to make sure that I relay it to the teacher right, the way the parent has relayed it to me. Sometimes it can be a bit overbearing because you have to remember all of this. You have to remember what to tell the teacher about this child, about that child. You have to remember the name. Sometimes it can be overbearing. It's a whole lot different than having the parent come and talk to the teacher one-on-one.

However, another participant discussed how the policy of not allowing parents inside centers positively impacted their students.

I would like for them to still have the parents not come in the building. It does go better with our students because most of them have separation anxiety, so with mom coming all the way to the classroom, taking her jacket off for her, hanging it up for her, hanging her book bag, putting her stuff in the cubby. With the kids coming in here without the parent, they're able to be independent. They're coming in, they're taking their own jackets off, and washing their own hands without mom at the sink with them. That's a very helpful addition. I really like that.

Despite, inhibited family engagement resulting from a lack of face-to-face time with parents and guardians, participants reported parents have done well with the changes to their centers' learning environments. The ability to use alternative communication platforms, like Facebook, has allowed teachers to communicate the day-to-day experiences of their students with their parents. In the following exchange, several participants discuss this issue:

Participant A: We don't have any problem at our center as far as dealing with the parents not coming in. They're very understandable about it. We haven't had any problems, but if a parent really wants to go into deep details, I tell them what the office will be open and to call the office when the office opens.

Participant B: So far, we haven't had any parents that had a problem with any of the changes, either. I guess because we're pretty good with communicating with them. Especially if there's a problem with something that we may have with a child and incidents with him. I haven't really ran into any issues with that.

Participant C: Our parents have been positive with it. A lot of them, it might be their first experience at school anyway, so they wouldn't have known how it would have been, but they've all been great. We do have a private Facebook

page that we post all the pictures of things we're doing, so it does seem like they're still involved that way. They can at least see into our classroom in that way. But they've been great. We've had no complaints to us about how it's been.

Personal Concerns

Researchers asked Pre-K participants what factors guided their decision to return to the classroom once their school or center reopened after the spring shutdown. Two factors of face-to-face learning were prominent in participants' decision to return to the classroom. First, all of the participants noted the importance of "learning through play" as a critical component of learning and development for the Pre-K age group. The ability to engage in a meaningful way in the classroom with their students was a significant factor in their return to face-to-face learning. Second, participants stated that while they were anxious about returning to the classroom and the risk COVID-19 posed to their health, mitigation strategies implemented by their school or center increased their confidence that face-to-face learning could resume safely.

Overwhelmingly, public Pre-K participants stated that while they were anxious about returning to the classroom, they loved their jobs and missed engaging with their students face-to-face. Additionally, parental engagement in virtual learning was inconsistent, and participants felt that the need for face-to-face instruction outweighed the risks of spreading COVID-19 in the classroom. As one participant stated,

I wanted to go back, honestly. I don't want to sound like I'm not worried about it because I am. I know that it's real, and I'm not trying to sound rude or anything at all. I was worried about it. I just felt like, "It's okay if it happens. I'll deal with it when it happens." Thankfully, we've been okay at school. I just really wanted to be back with my kids because it's so hard to do online with four-year-olds. You have to rely on their parents, and they're just not interested.

Another participant agreed, stating,

I'm looking forward to going back to school. I just want that little face-to-face. I just want to make that connection with the boys and girls myself because it was more personal to me. Like you said, it's hard to reach them because so much depends on the parents assisting, being there to assist the children.

As with the public Pre-K group, private Pre-K participants who chose to return to the classroom stated that the well-being of their students, combined with their center's mitigation strategies to prevent the spread of COVID-19 in the classroom, was the driving factor behind their decision to return to the classroom. Two participants discussed this issue as follows:

Participant A: I was comfortable because, here in our center, we have this little screening thing, as far as like the screening questions and things that they would check for before letting the child enter. The fact that the mask was required for everyone and not just for the teachers, but for everyone. The sanitation and stuff that they put into place, I just felt like I wasn't going back to work in a mess; I went back to work with a plan. It just made me feel more comfortable about coming back.

Participant B: I felt comfortable because I felt like the kids, for their mental health, they needed to get back and do something normal. I knew we were going to be taking precautions to do as much as we could to help everyone stay healthy. I was looking at that side of it. Because I have teenagers and, for me, I just felt like we needed to get back to school. I know everyone doesn't feel that way, but I was comfortable coming back because I felt that that change needed to happen, if possible.

Overall, private Pre-K participants stated that they felt they were taken care of and supported by their centers' administration and that this support factored into their decision to return to the classroom.

Participant A: I can say when I found out my daughter was positive, my director called and checked on her and me every few days. I never caught it. She was very supportive, and she told me different resources I might need in case I needed more time. She was very, very, very good about it.

Participant B: Yes, I feel like in our center we have the support that we need, especially from our boss, and all that.

Participant C: Yes, I have the support that I need from the owner of the daycare. Although I was kind of a little skeptical of going back, she understood that because of my health reasons that I couldn't be around a whole lot of kids. I did have the right support. She didn't try to push it with me.

School-Aged (5+ years) Teachers

Fourteen teachers of school-aged children registered to attend the focus group, and six participants attended the focus group held on October 19, 2020. These teachers reported a range of two years to over 35 years of experience in the classroom and after-school care in public, nonprofit, and private settings.

Compared to their birth through five counterparts, the school-aged participants were overall less concerned about lack of pay, benefits, or job loss due to the COVID-19 public health emergency. However, they were equally concerned about their own health, the quality of learning children receive, and family engagement as the birth through five participants. Researchers observed that the school-aged teachers raised many of the same concerns and frustrations about virtual instruction and impacts on the learning environment as the birth through five teachers generally.

Shutdown Operation Status and Response

All participants' schools closed in March after Governor Kemp's executive order required schools in Georgia to physically close through the remainder of the spring 2020 school year. Most of the participants' schools engaged in some version of virtual learning, if possible. However, many participants found that parents and caregivers had issues accessing internet or devices for virtual learning. Participants provided printed packets and projects regularly through the rest of the school year to students who had issues accessing virtual learning. Overall, while there were challenges to digital learning, participants expressed that many students did well with the instructional method.

One participant who teaches a specific learning disabilities, or SLD, class shared challenges they experienced while teaching virtually:

We did digital learning across eCLASS. It was challenging because I teach a self-contained SLD class. At that time, I just had fourth grade, and we weren't very astute on how to use the devices. Then the majority of my class, over 60 percent of my class had to come up to the school to get a device; they didn't even have one. Then I had a student that still never logged on at all. Because of the fact that even though he came to the school and got a device, he still didn't have a hot-spot. He and his family were living in extended stays. They never did really connect, and he was my student that really needed day-to-day intervention more than just about any of the other students that I had. We did digital for the remaining time. I can't say that it worked out very well. In light of the circumstances, it was the better of the two choices. I would rather work digital than have to face the thought of losing my life trying to teach. You know what I'm saying? But for the kids, it didn't work out very well.

Another participant, who worked in a private school-aged setting, shared their experience with digital learning in spring 2020:

... we went all digital as well. We switched to using the Zoom platform, and then we assigned all of our work on Google Classroom and had the students turn it in

on Google Classroom. Initially, the setup was cumbersome. It was hard for us, we had to get a grip on the new technology, and also the parents had to learn how to connect to Zoom, how to log their child in to Google Classroom and how to submit the work. A couple of families never did get over their difficulties because they lived in rural areas that had poor access to the internet. Another student went off out of town to live with a grandparent and they had really spotty access. We had a lot of issues as well. What was really interesting in our group is that two children in particular in our class who weren't very good at getting their work done and turning it in every day, boy, did they turn it in like clockwork over Google Classroom. We were just amazed; they made so much more progress and got so much more done, at least with their written work than when they were in the classroom. We thought that was interesting.

Another participant that was in a public Pre-K setting in the spring shared their experience teaching virtually:

I was in a Pre-K classroom then, so we did provide paper packets, but we also did Google Classroom, too, just because our county uses Google platforms. I think the most challenging part about it is they were making decisions a couple weeks at a time, so we didn't know: We prepare for next week and then the following week, we're going to be back in the classroom. I think just the uncertainty of it. But surprisingly, maybe just because I had a relationship with those families already, I actually have had a better experience getting those families connected than I have the people that have chosen to go virtual this year. Again, I think it goes back to the relationship aspect of it. But I mean, my kids did surprisingly well through Google Meet and stuff in the spring, even just to be four years old.

Additionally, another participant shared that their public school was well prepared for the shutdown since they incorporated digital learning regularly in their curriculum. They remarked,

I'd like to kind of honestly brag about the preparedness that my school had before things began to shut down. We were already preparing, we were already using Google Classroom. Our students were familiar with it, and then we were training on virtual platforms that we were claiming to use as we were planning to incorporate virtual days into our curriculum anyway. We were already prepared. We got the new platform and we were using it; it wasn't Zoom at the time. It was something, Jigsaw that we were using. It was really good, compared

to what we're using now. But we had honestly two days to learn the platform, and then turn around and go live. Our teachers and staff were really, I think, prepared to go live so fast. I say go live; the school shut down maybe a week, and then by Monday, Tuesday, we were live with the students on whatever we were using, and I think it was a lot of rigor and high-quality teaching going on in the spring. I just like to brag about it; I think we were well prepared.

Enrollments

At the time of the focus group, most of the participants were either fully virtual or in a hybrid model of instruction with their students. No participant had been engaged in fully in-person learning since the beginning of the 2020–2021 school year due to COVID-19 mitigation strategies, isolation, and quarantine protocols. Most of the school-aged participants noted a decrease in enrollments at their schools, with one participant stating,

I also am a parent as well. Having other family members that are already at home, that does help, and then the fear of not knowing the exact protocol and procedures in the classroom. Your child's health is very important to you, so you always want to consider that. I think it's a little bit of both. People not being at work as usual and then the health factor as well...

Another participant shared the following about some of their current students whose parents and caregivers considered not enrolling their child in in-person school:

...a lot of my parents are needing to work, but they're concerned, so they're trying to juggle the two. I have a couple of parents that might send their child to a daycare center or whatever. But they worked it out so that their child can still work with me on my Zoom, and then when mom is there and not having to work, she's there beside the student, trying to help them, but they're really more concerned about the health issues, than they are in my instance, being home.

Impact on the Learning Environment

Participants overwhelmingly agreed that they spend more time planning with virtual learning than for in-person instruction and that the additional planning impacts the amount of time they spend working outside of the usual school day. One participant shared their typical day and planning process:

I stay on Zoom all day with my kids. They log in at 8:15. I have my face-to-face, they come in. We're all on Zoom, even the kids that sit in my classroom. I just do a concurrent model, I teach from the Zoom from an eCLASS platform. I'm there with them all day. The thing that makes it difficult is not being able to give that

one-to-one instruction for my kids that get lost, that don't quite understand concepts. I have some parents that are sitting right there to try to help them, which I think that's improved. This situation has improved that parent interaction because the parents have to sit there and help them. I have some that, without the parental help, they are totally lost. When it's time to submit and you hit submit buttons, go to different programs or whatever. They're lost, because there are too many instructions for them to do. It's a give and a take in a sense, just like I said. I'm appreciative of the fact that I can teach my multiple grade levels. I do have some kids that work better on a digital platform. But at the same time, that planning piece is a monster, because I sat down yesterday to plan for this week at 9:00, yesterday morning, because I didn't feel like doing anything Saturday. I sat down at 9:00 yesterday morning. I got up at 11:30 last night in order to put everything on there, because I'm putting all sorts of digital whatever on there, using their pods and discussion posts and Google Classroom and all sorts of digital games and activities and lessons and video of myself doing the activities. It's a lot for me because I teach self-contained. That means I teach all of the content. Maybe somebody that does not have to teach all the content has to use so much time for planning. But since I do teach all of the content and I teach third and fourth grade. You see what I'm saying?

Another participant shared their concerns about how the increased amount of screen time has affected students:

We were talking about the amount of screen time. He has pretty much the same length of school day as normal, as he would be face-to-face. He's doing it virtually at the same time length, so he's in front of the computer from 8:00 in the morning to about 4:00 in the afternoon. Yes, there are breaks in there, lunches and things in between. But then he'll have to spend the same amount of time in the evening doing homework, still on the computer. That's like, I think, I know as an educator, it's a lot more planning when you're doing virtual things, but I think also we got to become more creative and try to find something other than just computer work, computer digital-based work while we're working virtually because it's a lot of computer time, screen time for these students.

The same participant expanded on the negative consequences of virtual instruction:

Something that's very consistent, I noticed in my K-2 students, after 1:00, after lunch, there's no more learning, they stop, they shut down ... The virtual time is just, it's not as long, but it never fails. After 1:00, after we return from lunch or

done another few things, after 1:00, they're all over the place, and that's always consistent when we're in the building as well. After 1:00, that's enough, there's no more, nothing is sticking.

A different participant shared the following about the positive adaptation they observed in their students that are part-time in the classroom and part-time virtual:

My kids have adapted pretty well to the digital platform. I think that's why I put as much time as I do into the planning pieces. Different variable types of activities, so they don't feel like they're just sitting there, just learning. They're engaged because they're doing games and all of that, and learning at the same time. But then in keeping with that, I don't assign homework, because I know they've sat in front of the computer all day long.

A particular concern raised was the impact parents and caregivers have on learning environments when children are learning digitally. This concern aligns with concerns from the other birth through five participants. A participant shared the following about parents and caregivers being present in a virtual setting:

...it's wonderful that this forced parental involvement is going on; however, it's been a hindrance to many of the students, because the parents are just doing it for them. Just doing the work for them, or just flat out giving them the answers: no shame, no resistance, they don't care. I don't know if you can relate to it, please say something. Because that's been a challenge for me, because whenever they come back, they're not going to be in the classroom with these students. We know returning students that we know are listed as needing additional support and now they're testing three grade levels higher, and we can't give them the assistance because the data is incorrect. It's a lot.

A different participant responded with a similar story, prompting this exchange:

Participant A: I was giving a quiz, a test, and the parent in the background hollered at her child, "The answer is B! Put B down there, the answer is B!"

Participant B: I was leading a group discussion over junior break book reading this morning, and the children are all supposed to participate. This one student kept herself muted and then she would unmute herself and answer. I finally had to say to her, "Please don't mute yourself." Because I knew her mother was sitting right there near her giving her the answers. The mother was doing the discussion and channeling it through the daughter.

Participant C: I've even had to request the parent, reiterate that this is a time for us to figure out what they know as a diagnostic, that type of thing. "Well, she can't read it, or he can't this or that." That's what we need to know, we need to know that. But it doesn't matter how you say it, some of them just, and they've even gone to say, "I didn't help them." When we heard them, "I did not help them." It's unfortunate.

Another participant raised an additional concern about educational support for students who are accessing virtual classrooms from daycare centers:

... the students that are in learning centers or daycare centers, that weren't well equipped to host virtual learners and they just quickly converted or whatever the funding allowed them to do to provide them services to virtual learners. They put a supervisor in there pretty much, to supervise the students. Some of these centers have maybe 10 to 12 virtual learners that need virtual assistance or technology assistance and the person in the room is just the person that cleans the building. I'm exaggerating, but it's not maybe a teacher that's there, or someone that's there to support them in that manner, in the way that they need to be supported. A lot like some centers have students from the same district but maybe from different schools that all have different schedules, different platforms that they're using, and that person that's in that classroom with them needs to be aware of those things and aware of what time this student has to go to lunch or whatever the case may be. It became overwhelming for the people who were in the daycare classrooms with the students. A lot of those kinks had to be worked out. Some of them were, some of them weren't. Then additionally, if they're not keeping those students on tasks in those rooms, in those large rooms, that everybody is on the computer, and then the students that are trying to focus on whatever it is that they're doing on the computer. It's loud in the rooms. They don't have testing space for good testing environments. A lot of those daycare centers, and it's because the parents didn't have any other options anyway. They're at work, they need someone to care for their students while they're at work.

Participants were asked about how they think the COVID-19 pandemic will impact the future of education. All agreed that K-12 education overall is changing to a more virtual space. An interesting exchange between the participants about the profession occurred:

Participant A: Yes, we went virtual. We were able to maintain a level of teaching. But I think I saw some things posing questions about, is this the profession being

eliminated by being digital? Something like this, like they said, carrying on for another year or so, will we need human teachers? That helps me determine my career path. You know what I mean? If this continues for another three years, will we need teachers?

Participant B: I feel like teaching is never going to be the same, I know that. It's not going to be the same as it was pre-pandemic. I really feel that strongly. But then at the same time, yes, we can use some technological services in order to help to teach, but there's no way to get around the interpersonal interaction and interpersonal assessment of student performance. Who's going to guide the learning? A computer necessarily alone cannot guide the learning, I don't think. I think teaching is going to change. But I think we'll always need teachers.

Researcher: How do you think it's going to change? Do you think that virtual and online is going to be a bigger part?

Participant B: Yes, I think more online interaction is going to be encouraged. Even though we were already doing eCLASS, and that sort of thing. We were suggested in the school that I'm in to do all of our assessments online years ago. We were trying to move towards this model in my class, and classes like mine were coming in the rear because it was so difficult for our students to manipulate and manage it. But I see that's where education is going anyway. Because they were getting rid of books. We were leaning towards e-books. Already, even before the pandemic. The digital piece is going to be pushed in the forefront more now than ever before, but we were already going in that direction.

Family Engagement and Communication

Like their birth through five counterparts, school-aged teacher participants stated that family engagement and communication varies from family to family. School-aged teachers reported using the same kinds of virtual communication tools, such as Remind and ClassDojo, as the birth through five teachers, in addition to emails and phone calls to give information to parents and caregivers.

A difference between the birth through five and K-12 system approaches in family engagement was the incorporation of parental involvement in the COVID-19 pandemic strategy for re-opening. Birth through five teachers were able to give more insight about how parents responded to changes in protocol, rather than if the children were returning to in-person, hybrid, or virtual instruction, since most of the birth through five providers in Georgia had returned to in-person provision as of fall 2020.

When asked about parental involvement in decision-making for the schools, participants discussed the various responses they saw from their students' parents. One participant shared that many of the parents were not pleased with COVID-19 mitigation strategies.

Our system was trying to educate the parents as far as the protocols that were going to be taken. But in all honesty, the parents felt like the protocols weren't enough. It wasn't the fact that they didn't know the protocols or the strategies that we were going to be using to try to keep the kids safe. They recognize that we weren't offering enough. I've had parents express that to me verbally.

Another participant shared how parents' views of COVID-19 mitigation strategies have shifted as community spread increased.

We've had a few parents who have not wanted their children to wear masks. But as community spread has occurred and increased, they are more onboard with that than they were previously. But in our class, everyone has worn a mask since day one, since we came back to school in August. We started early. We told our parents that we were taking extra precautions and we started the very first week in August. And we wanted to be able to hopefully get a couple of weeks in before community spread increased, which we were afraid of. It turned out to be a good thing. Now, we have had to quarantine a couple of different classrooms and we're in kind of a semi-quarantine right now. We've got a couple of classes back and a couple of classes still shut down, and I'm glad we had that extra time before we had to go back to virtual.

A different participant stated that the parents in their area were not as informed about school procedures. This participant noted that parents in the area tended to receive information on COVID-19 mitigation strategies from social media and not directly from the school.

I feel like a lot of parents, most of mine have chosen to stay virtual because of the health thing but I think a lot of it is, it wasn't really communicated what we are trying to do in the school as far as sanitizing and mandating masks and all of that stuff. If they're not informed, they can't be comfortable with that. Especially, we're in a small town so there's a lot of social media commentary and stuff like that. People talking about things that they see at the school and people go off of that instead of being informed by the school system of all the protocols we're trying to follow.

Personal Concerns

The participants in the school-aged group raised many concerns about not having a break throughout the day to plan or even have a moment to themselves. One participant shared her desire for additional resources, saying,

We have no planning coming. We come into the school, our kids get dropped off at 7:35, we get here at 7:30, our kids get dropped off. We are with them all day. There's no break. I go outside for recess with them so I take my mask off. But I'm nervous and I won't take my mask off and eat lunch in the class while the kids are unmasked. Any time we had for ourselves, even just to have a drink of water is gone. We spend all day managing them, making sure their masks are on, keeping them safely spaced ... they work on rugs and they do work together in small groups, but we have to make sure that they're not going face to face while they're doing all this work. Then we're sanitizing and cleaning nonstop. Then they leave, the last student goes out the door at 3:20, and we clean. And we have to be out of the school by 4:00 because they come through with the Clorox 360 machine and spray everything. It's just go, go, go all day long. Resources would be nice, if I guess we could have more people to help us get a break with some of the sanitizing things.

When asked about their decision to return to teaching in fall 2020, participants overwhelmingly stated that economic stability was their reason for returning. However, a few were worried about lack of planning and protocol at their schools for risk mitigation. One participant shared the following concerns:

I decided to come back on an economic standpoint also. My county did not start off with mandating masks. That was extremely concerning. But then a couple of weeks into school, they changed their mind. It was hard to make that transition, especially with a lot of people that were already kind of against wearing masks and against the kids wearing masks. It's just kind of like a battle. But unfortunately, I have to work to keep myself up.

Another shared their decision-making process, saying,

It's conflicting, as a teacher that wants to see children do well. I'm conflicted because I know that my kids work better with me face-to-face. They need that one-on-one interaction, but then at the same time, when you have to weigh the likelihood of contracting a disease that can kill you, it's conflicting. But I did, I came back for economic reasons, and then my few that have come in, I'm seeing an atmosphere in the classroom where I'm not having to deal with behavioral

things like I would have had they all been and then they weren't on Zoom or whatever. The teaching environment is a better teaching environment, but it is a lot to consider. I was very conflicted. But I knew that I had to come back because I did have rent to pay.

Participants who have had some in-person instruction are fearful of contracting COVID-19 due to community transmission levels. One participant stated,

I had my face-to-face class the last day that I actually had them. We had to go out on quarantine. I had a case in that classroom, so my class had to quarantine. But the community transmission has been super high. We just came back from fall break, but the Friday before, we already had like three classes in quarantine. I think that the obstacle with it is that guidelines are very lenient, so our teachers, people have different beliefs on COVID and everything. But teachers aren't being expected to go get tested. A lot of people are just like, "I probably have it." They'll stay home, but there are just so many aspects to it. But it's concerning, definitely concerning.

Another participant shared their feelings about their health being overlooked as an educator.

I think the biggest challenge for me, and I don't know if I'm speaking for anyone else, is the feeling of, how can I say this? In other words, "Get out there, I don't care anything about your concerns concerning your life, your whatever." I'm 60 years old. I'm at a high-risk whatever, but get out there and do what's necessary. I'm not really caring about your fears and your concerns. But get out there and do what you do. That affected me because I feel unappreciated in a sense. I have 38 years of teaching experience. You would rather throw that away for a season that can pass over some time or using some other strategies. You would rather throw 38 years of teaching experience away, just to say that you've done something. I feel kind of taken for granted, I guess that's the word I'm looking for. That's really impacted me emotionally so far. But my kids, I'd do whatever for my kids. I do the best that I can, and I try to be as relevant as possible. I'm open to new stuff. I can get in there and learn and whatever, so this is a major learning curve for me. But people want to feel appreciated, especially if you're going to get out there and jeopardize your life. You know?

FCCLH PROVIDERS AND CCC DIRECTOR GROUPS

Researchers held focus groups with directors of child care centers (CCC) and family child care learning home (FCCLH) providers to add to the understanding of how the COVID-19 pandemic impacted the birth through five mixed-delivery system in Georgia. These groups did not

include employees of child care businesses or parents or caregivers of children in care, though some of the providers do have children of their own in the birth through five system. These service providers were asked some of the same general questions about the COVID-19 pandemic impact as the other focus group participants, but the protocol for these groups also focused on business impact. Topics such as risk mitigation strategy development and communication, staff retention, and business operations were specific to these two groups.

Common Challenges

COVID-19 Risk Mitigation Strategies

FCCLH providers and CCC directors faced challenges navigating differing COVID-19 risk mitigation recommendations. Some reported using local health department guidance, others used DECAL checklists, and others used CDC recommendations. All participants shared that they are taking precautions, the most common of which were temperature checks, handwashing, mask wearing, and no parent or caregiver presence allowed in the building. One participant said,

... we're just waiting on the state to send us something and, following DECAL Bright from the Start, them to give us some kind of guidance. Because like you said, it's just CDC, everybody has their own different guidance these days and it's just so hard to follow every one of them. We're doing what feels right for us.

Participants agreed that having one set of recommendations would be ideal to have consistency and confidence for child care COVID-19 risk mitigation in general.

Lack of Necessary Cleaning Supplies

Several FCCLH providers and CCC directors also reported difficulty obtaining cleaning supplies needed for COVID-19 risk mitigation. Restrictions on the purchase amount and type of supplies are common at grocery stores, and both groups reported being unable to purchase items in bulk. Often, the groups noted, they turned to parent or caregivers to ask for donations of cleaning supplies. A participant stated the following:

[My business] sent an SOS out to our parents that said, "Anytime you see disinfectant wipes anywhere, please buy one for us." Periodically they would walk in with one and say, "Look what I found," at the door. They'd just hold it up at the door. "This is what I found." We were very grateful for that. That was a difficult thing to find for us.

Regarding supplies, another participant shared, "They're so hard to find. We're going through a third-party supplier of nail salon suppliers so they were able to provide us some boxes, but we're paying double now." Though some have found creative solutions to the issue, many

expressed the need for a centralized source where they are able to purchase necessary items in larger quantities than at grocery stores.

Increased Sanitization Burden

Both groups also expressed that the added burden of daily sanitization practices and COVID-19 risk mitigation strategies increased their workday and the workdays of their employees. This aligned with remarks from the workforce groups about COVID-19 risk mitigation strategies. Regarding the increase, a participant shared, “We sanitize all the time, we’re sanitizing toys and we’re just doing the best we can.”

Personal Concerns

Participants in these groups reported personal reservations about the COVID-19 pandemic and its impact on their lives. Participants in both groups were worried about the survivability of their businesses. One participant shared the following: “The scary thing is what if I get it, and then obviously my wife is next to me so what’s going to happen to our business?” Another shared their personal health concerns, stating,

... the saddest thing, I do know a couple of other provider friends of mine who just don’t even let their family or friends come around and, the flip side of this, I have a friend that had a daycare center that got the illness early on and it almost killed her. Not to mention she eventually lost her business because she never could recoup. And when she did, she still was one of the ill ones. She had underlying conditions, several of them that was a factor as well. When you have that around you early on, you’re constantly thinking, can it be me? Will I be next?

Shared Positive Outcomes

Parent and Caregiver Support

When participants of both groups were asked about how parents and caregivers responded to the changes in operation to mitigate risk of COVID-19 transmission, they said the response was overall positive. One respondent remarked, “We just pulled together like a family. We had a discussion, they gave me their input. And so, to me, that made them feel a little bit more comfortable with what I was trying to achieve there.”

Decreased Separation Anxiety

An unexpected and shared positive outcome among both groups is the decrease in separation anxiety during morning drop-offs. This is due to COVID-19 risk mitigation strategies employed by many of the child care facilities that limits parents and caregivers from entering buildings. Childcare providers in the focus groups expressed that the teachers also perceived this to be a positive outcome for their classrooms.

Financial Support from STABLE Funds

Both groups of providers spoke about their satisfaction with the DECAL response to the COVID-19 pandemic concerning Short-Term Assistance Benefit for Licensed Entities (STABLE) payments. A FCCLH provider expressed satisfaction, stating, "...I think even across the board when they did the STABLE grant. It was pretty much the same amount for centers per child as it was for family daycares. For me, that was good." A CCC director said,

For us it really helped us to keep our doors open and don't get into too much debt ... because, we didn't charge our families either or the ones who didn't come. Only 13, 15 kids in tuition payments coming in doesn't cover anything. We just pretty much used it for whatever that we needed to use.

FCCLH Providers

Sixteen FCCLH providers registered to attend the focus group; four participants attended the focus group held on October 17, 2020. Owners of FCCLH programs had previous experience in CCCs, and one participant had recently opened their program while still working part-time at a CCC.

Benefits from Small Operations

While some providers had difficulty finding necessary cleaning supplies during the COVID-19 pandemic, others did not report the same difficulty with supplies as they provide services to a smaller clientele than CCC directors, and parents and caregivers readily supplied additional products. When asked about changes in business operation due to COVID-19 risk mitigation, providers expressed that they have not had major issues with implementation. They attributed this to regular restrictions limiting their enrollment to six to eight children, thus creating a smaller cohort of parents and caregivers to communicate changes with.

Shutdown Operation Status and Response

The participants in the FCCLH group briefly shut down their businesses because they either did not have any enrollments or primary caregivers were working from home with their children. However, as parents and caregivers returned to work, the participants reopened their businesses to serve the parents and caregivers. One participant who temporarily shut down their business kept paying her employee hourly for various tasks like sanitization and classroom preparation.

Enrollments

Participants in the FCCLH group indicated that their enrollments have been lower than normal. When asked about their perception of why the decreases are occurring, one shared the following:

A lot of it is fear. People were really afraid. And still even maybe today, we still don't understand the true cause or even if what we're doing—the preventative measures that we're talking—even if they are working. I still have some parents that are still hesitant to send their children. We still follow up with the people that we have on our list, just saying, "How are you? Are you ready to bring your child back?" Some of them are still afraid. I have gotten more people starting to call and are willing to bring their children. Like [REDACTED] said, they're beginning to realize this may be a new normal. This just might be how things work. We definitely don't want people to be afraid, but we do want you to practice certain precautions. Even though you're not in the center, we still give our parents a lot of information like you've still got to wash your hands, you still need to wear your mask even when you're not here, and try to avoid being in large groups in enclosed spaces. I think I'm seeing a little bit of turnaround, just a little bit. I think people are taking this, like she said, a new normal. I do have a few of my parents who are still like, "I'm not ready. I'm not ready to take that risk." Even when we tell them the precautions that we're taking, they're still like, "I don't feel comfortable." I guess it's whenever a person feels they're comfortable with it.

Other members of the group agreed with this participant. They stated that they balance expectations of both parents and caregivers who are comfortable with their children coming to care and those who are not yet comfortable. One participant shared the following thoughts on how enrollments may increase over time:

I just think as time has passed on and some of my parents, the ones that have returned, I don't want to say they're tired of their children. I just think as time has gone on and then people just see things are re-opening, some people's comfort level is getting better. You have those ones that are just—I have some parents that are just telling me, "No. Not until there's an absolute cure or whatever." They're just like, "No. We're not going to come back to school." But as parents go back to work, what I notice is, then they'll allow their children. A lot of times my parents will call and be like, "I'm going to go back into the office so I'm going to allow my child to return to school." I just think as time goes on and stuff starts opening, people will just start—I want to say—relaxing. Just becoming a little more comfortable. But it is a weird conversation. We have some people that are just not comfortable. I think, as time goes on, more and more people will start coming back.

Family Perceptions and Communication

Overall, the FCCLH group reported that parents and caregivers had positive responses to the changes in operation due to COVID-19 risk mitigation. One participant shared,

The big change is not allowing the parents in the building. That was a big deal, but we did explain to them why and most of my parents were in agreement. They were like, “Okay, that makes sense.” It just lowered the risk.

Another described their clients as a family and that the parents “pretty much were okay with that, with not being able to come in. I guess with family daycare, it’s a lot easier than it is for a center.” Participants were more likely to communicate via text or via an in-person, socially distanced conversation about any operational changes or communication about children.

CCC Director Group

Fifteen CCC directors registered to attend the focus group; four participants attended the focus group held on October 16, 2020. Directors represented programs located within religious centers as well as standalone centers. The participants’ experience as directors of CCCs ranged from two to over 10 years.

Shutdown Operation Status and Response

When asked how they decided whether to remain open or closed during the initial shutdown in spring 2020, all participants responded that they considered both the needs of the parents and caregivers they serve and their staff members’ needs in their decision. One director stated,

We tried to stay open for the essential workers, which we did have about five or six families who were doctors, nurses. So we were just trying to be helpful as much as we could for them Our numbers dropped a lot but we continued to stay open because this is the new center, so we just tried to continue to stay open so we can continue to please our families as much as we can.

Only one of the four participants’ centers closed for childcare provision, but it continued to pay staff hourly for deep cleaning, painting, and other routine building maintenance with the assistance of STABLE funds and Paycheck Protection Program Loans. Their main reason for the closure was a lack of staff who were able to report to work due to their school-aged children needing supervision. The center opened again over the summer once staff were able to find child care for their school-aged children and additional part-time staff were hired.

Enrollments

Overall, directors reported that enrollments differ from one geographic or income area to another. One participant shared that their center was full with a waitlist except for a two-year-

old class. A different participant reported the following observations between their center and their family member's center in the same city:

Participant: As far as for us, I think the differences we're seeing at our center versus my sister's center, I think, is the income level of the families. I guess over here there are more of the stay-home parents or working-from-home parents are here more than where my sister's school is. We're seeing lower enrollment here versus over there it's already kind of picking up almost at the pre pandemic level.

Researcher: That's interesting. It's interesting to hear since you know your sister's center as well. I'm glad you can speak to both because it's interesting to hear what the differences are.

Participant: Yes, we can definitely tell the difference in the demographics of the two different centers and the two different locations.

Family Perceptions and Communication

Overall, the participants shared that parents and caregivers coped well with changes in operational procedures due to COVID-19 risk mitigation strategies, a finding congruent with what workforce participants stated. One shared, "A lot of the families were pleased, especially the sanitizing and posting it on Facebook showing them that's what we're doing as far as trying to keep the kids safe." All of the center directors reported using various forms of social media, phone applications, and email to communicate any changes or information with parents and caregivers.

VULNERABLE POPULATIONS

Researchers held focus groups with several populations considered "vulnerable" for the purpose of supporting the PDG B-5. These focus groups included parents and caregivers currently receiving Childcare and Parent Services (CAPS) subsidies, parents and caregivers of foster children, parents and caregivers of children receiving services from Babies Can't Wait, and parents and caregivers of children receiving services from Preschool Special Education. Additionally, participants in the workforce focus groups and the FCCLH providers and CCC directors were also asked their perceptions of the impact of the COVID-19 pandemic on vulnerable groups such as children experiencing homelessness, dual-language learners, children living in rural areas, children experiencing disabilities, and children in foster care. As mentioned in previous sections, the workforce, FCCLH providers, CCC directors, early intervention services (Babies Can't Wait and Preschool Special Education), foster care, and CAPS focus groups each had a distinct protocol with a few overlapping questions. Thematic analysis occurred by group (e.g., all workforce groups were analyzed together, all early

childhood care and learning providers, and all early intervention services were analyzed together).

Birth through Five Teachers

Overall, participants stated that during spring and fall 2020 there was a slowed response to requests for assessments of student learning and/or developmental delays and/or disabilities. Teachers reported that children receiving services before the COVID-19 pandemic continued to receive services; however, there was a backlog in early intervention assessments for children that were newly identified. Participants in the teacher groups stated that they noticed a regression in dual-language learners who were without in-person classroom instruction and socialization. Those same participants stated they were concerned for future identification of student needs since parents and caregivers were participating in children's virtual coursework, skewing children's outcomes higher. This makes it difficult for teachers to advocate for assessments and supports that a student truly needs because the parent and/or caregiver provided answers to the child. Teacher groups also stated that children with behavioral challenges, learning disabilities, or delays are struggling both at home and in child care centers due to this delay in assessment. Teachers stated that the lack of in-person interactions with the families are inhibiting the ability of teachers to identify problems or stressors at home.

Infant/Toddler Teachers

Of the infant/toddler participants who reported engaging with students from vulnerable populations, several reported an inability to access assessments and services. As one participant stated,

I have a couple with disabilities. I actually have a little girl in there and she can barely see. Her mom said her eyesight is getting worse and nobody has contacted us. I did have one that he was doing speech therapy and he was doing some anger management, but they haven't been seen since we've been back.

Another participant shared that their students were unable to access services during the shutdown but once the center opened back up assessment and services resumed. This participant stated,

My child care center, we had a few kids who received speech therapy services. Their speech therapist would come to the center. During COVID, I'm not sure if they were able to go to speech therapy at the therapist's center. But I know once we opened back up, the therapists were calling trying to get in touch with the kids to see if the kids were in attendance to provide those services.

Preschool

Preschool participants reported little interference with services provided by Babies Can't Wait during the pandemic. As one participant stated,

...But I have two so I can talk clearly who receive, how can I say that, the services Babies Can't Wait gives them. They did receive even if it's visual. Yes, they did receive the program like they were at school. Only it wasn't physical, it was online and that. Sometime one of the specialist go to the house, to bring a package with things. Sometime they go outside and do some exercise with them, especially the ones with physical and then speech. For me, I know my program Babies Can't Wait has a lot. They didn't really lack those kind of services. They did have them, a lot. I don't know if I answered your question, if it's a little bit I don't know.

However, preschool participants whose students come from rural areas reported significant barriers to the technology necessary to participate in virtual learning. One participant stated, "A lot of people in our area just don't have access to the same things that other people have. They don't have internet. A lot of them don't have smartphones and things." Additionally, these participants noted that rural areas experienced increased job loss, in turn decreasing their preschool enrollments. One participant noted that hybrid models, where preschool classes are face-to-face on alternate days of the week, were negatively impacting preschool students' access to services like Help a Child Smile mobile dental clinics.

Public/Private Pre-K

Pre-K teachers reported seeing a regression in student development overall; however, dual-language learners and students with learning or behavioral disabilities were especially impacted. As one participant stated,

I'm concerned about my dual-language learners, that parents are speaking one language all day long. They only get one hour with me. During that time that they're with me, they won't say anything. I don't know what's going on. I'm really having problems with my dual-language learners.

Those participants who work with students who have individualized education programs (IEPs) and were doing face-to-face instruction discussed the difficulties in "hearing articulation sounds" while wearing face masks when working with their speech students. Fortunately, participants have found different ways to work around these impediments, such as wearing face shields instead of face masks. Another participant stated,

I tend to work a lot with speech students, so I tend to get them for some reason. This year, it's just really hard because with the masks, it's hard to understand them. Quite frankly, we've taken them off when I pull them from the room to do speech, because there's just no way I can hear articulation sounds. There's no way they can hear me make them so that we can work. I can't see their mouths when they're doing it, and so I'm really worried about those students this year.

Despite the negative impact the shutdown and transition to virtual learning had on vulnerable populations, public Pre-K participants discussed how well their respective school systems provided support for parents and caregivers who are struggling to meet basic needs. Several participants expanded on their school systems' food distribution efforts in the following discussion:

Participant A: Our school's done a really good job about providing meals for our kids. Even the kids that are on virtual, they can come and get meals. They're still if they can do the free and reduced lunch and our county actually just went to complete free lunch until January, which I think has changed and extended after that now. But they're even doing take-home bags for the weekend, and they used to do them. A church provided them for a set of students that just needed them. Now, they're making 300 to 400 bags and any kid that wants them can get one. I had one kid, he was staying in after-school care, so I made sure because by the time he left, there wouldn't be any bags left for him. I made sure to get him and his two siblings a bag and I took him to the office where he'd get checked out that afternoon, after I was gone. So that he could just make sure he had something over this week off.

Participant B: My county, they're using the buses. In the morning, they deliver every day, Monday through Friday. The buses do routes throughout the whole county and drop off breakfasts and lunch every day, even during our fall break, they had them scheduled so that the kids would have food. You'll see buses pop through the county all through the day at different times, for middle, high school and elementary, dropping off meals.

Participant C: They also have Fridays that parents can come up and just drive by, and they put boxes of food in their cars.

School-Age Teachers

Overall, teachers of school-age children reported similar impacts on vulnerable populations as the infant/toddler and Pre-K groups. Several participants mentioned a lag in assessment times

or the inability to access assessments, regression in dual-language learners, and impediments to virtual learning due to students' developmental disabilities. As one participant stated,

We have a couple that need full psychological evaluations to look at some learning difficulties. They have not been able to schedule appointments. They were supposed to, we have three or four students from the school who were recommended for evaluations and the psychologists that we knew were not scheduling anyone, and they have continued to put them off. That's really a huge challenge. I know the public schools have people who provide that, but as a private school, you have to go out into the private sector, and it's been very difficult for those students to get evaluated. Then we have one student whose parents are not fluent in English, and she has had the most difficulty with just communication. She turns in her work, she's a good worker, but she doesn't have help at home for the English. We're trying to provide a little extra support for her as well with just her language work.

Another participant stated,

I was going to say that I have several students that have difficulties either because they're English language learners or because their parents are impoverished. They have to get out there and do that go-to work, and they're unable to support the student with the academic support because a lot of my parents are just as challenged as my students are. They can't get in there and help them with their technological difficulties because they don't quite understand it ...

Early Intervention Services¹

Babies Can't Wait

Fifteen parents and/or caregivers of children enrolled in Babies Can't Wait early intervention services registered to attend the focus group; six participants attended the focus group held on October 22, 2020. Participants represented children with needs ranging from rare disabilities, medically fragile (e.g., g-tube, feeding tube), speech, physical, and other delays. The majority of the parents and caregivers have other children in the home, many of whom also have disabilities. The children receive an array of services, including speech, physical, occupational, and applied behavioral analysis (ABA) services, among others. Participants unanimously stated that telehealth is not working well for this population of children. Participants stressed that this is *not* due to Babies Can't Wait programming or the therapists' lack of communication, but

¹ Quotations in these sections are lengthy; researchers included them in their entirety to show the richness of the responses.

entirely due to the mechanism of therapies required during the COVID-19 pandemic. Many of their children found it difficult to concentrate, would throw the laptops down, or would refuse to sit in front of computers or screens. Participants also unanimously stated that they were overwhelmed and isolated during the COVID-19 pandemic with children who require multiple therapies that are difficult to deliver in the current virtual environment.

As one participant stated,

At least I feel, in that respect, Babies Can't Wait did as good a job as they possibly could, given the guidelines that they had to follow. We had a lot of interaction with our ABA therapist and also with her supervisor. Her supervisor would be on these video calls with us. Usually about once a week, we would have her supervisor on as well giving input, giving feedback, giving tips. If there were things that they thought would help [REDACTED] with accomplishing certain tasks, they would actually drop it off, put it on top of my car or something, and say, "Hey, I just put something on top of your car." It would be [AUDIO UNCLEAR] or star charts. They would make a point of bringing those things to our house so that we would have them. I wasn't trying to figure out, "Google Star Chart, what in the world is that?" and explaining, "This is how you use it." I really do think that at least that part of the therapy, they really did a good job, given the circumstances.

Role as a Therapist. Babies Can't Wait parents and caregivers participants demonstrated the highest level of stress across all groups. Participants stated that they are stepping into multiple roles during the COVID-19 pandemic: therapist, nurse, occupational therapist, physical therapist, and/or speech-language therapist all at once. Participants reported that they feel isolated and alone, not only due to the isolation of the pandemic, but also the stressors related to providing services to children with disabilities. It should be noted that the participants in this group represented parents and caregivers with medically fragile children (e.g., feeding tubes), autism, or physical delays, among other conditions.

One participant described her environment as follows:

But when it's your son and your son is not capable in the means of a normal baby that has not been held back, that is not behind, that is not in any way challenged, it's a little bit more difficult because you're having to go, "It's my son, am I doing this right, am I doing this wrong?" I had to be thrown in because he's a trach-vent patient. I got thrown into becoming a nurse very quickly. I had to become a nurse. I had to become a respiratory therapist. I'm a physical therapist. I'm a speech therapist. I'm an occupational therapist, now. It gets overwhelming ...

[AUDIO UNCLEAR] because we don't physically have that person here saying, "Hey, this is right or this is wrong." You're just kind of looking at a parent going, "I think you're doing that right." I'm not knocking any of the therapists, at all. They are doing what they can with what they have. I praise them. I praise Babies Can't Wait. I praise the person who comes in for physical therapy. I praise her for even attempting. I praise them all for attempting. It's just hard on us because we go, "Am I doing this right or am I doing this wrong? From the looks that you're telling me, I'm not doing it quite right, but your words say a little bit more. Your facial expressions, your words aren't there, you're telling me that I'm doing it okay." I don't really know if I'm doing it right or not. It's very, very, very hard. He has AFOs [ankle-foot orthosis] and I'm like, "I don't even know how to work these things. Somebody help." I think it'll be beneficial. I understand the risks, but there are risks at a hospital, too. A hospital has PPE [personal protective equipment] that they can wear: the gowns, the masks, things of that nature. What if our therapists could get those? Limit the number of people they see every day. They have 10 to 15 people that they need to see in a week. Why can't they see three of those people, wear PPE, sanitize, just practice good hygiene, wear the PPE, come into the home, have it in a location of the home like the child's room where, unfortunately, I have to spray Lysol every day? I have to wipe down every day because he is trach-vented and he is susceptible to anything. I'm willing to put them in his environment where it's clean. "You stop at the bathroom before his room, you wash, you gown up, you go into his room, and let's work together. Let's do this." Even if it's once a month they come into the house, if they're uncomfortable and they only want to do it once a month, let's figure out how to get them into the house. I think that would be beneficial to all of us parents. I think that would be beneficial to all of us mothers. I can't speak for everyone, but I do believe that would be something that is worth providing getting government assistance for. That is something that I believe they can put a little money aside to get some PPE for these therapists to come to the house, just so they can be safe, even if it's once a month or twice a month. Break down the number of people you have that you have to work with into a certain amount a week. Germ-X. I think we need to find a way we can [AUDIO UNCLEAR], have them come to the house and be like, "This is what they need to do; this is how we need to do it." I'm willing to provide Germ-X and things of that nature to my therapist as long as she has a gown or something. Even if she doesn't want to have a gown, at least we can spray her down with Lysol. I hate to say that but, "Spray down with Lysol." It doesn't matter. Sorry, I hate to say it that way, but it's something for us to be able to get that therapy back into the home because a

tripod—yes, I appreciate you all sending them to us. I really do appreciate Babies Can't Wait, but when you have a one-year-old that wants to just snatch it, it doesn't work very well, or a one-year-old that wants to hold the phone and then throw the phone, it's like, "Oh, you can't see me now." I'm having to move this. I'm having to move that. I need both of my hands to work his legs and I can't hold the phone because he wants the tripod that he's trying to go after while I'm trying to motion for him to crawl. It's doable, but it's not doable manageably, at the same time. I think if we had a way to put some PPE on our therapists to get them back in the home that would be so much more beneficial to all of our children. Like I said, I can't speak for every mother. They may not want someone in their home but me, personally, I think that would be more beneficial to me and my son than not having it or having it through a phone.

COVID-19 Mitigation Difficulties. COVID-19 mitigation strategies also appeared to be working against parents and caregivers of children with disabilities. Participants reported that they are missing out-of-home medical appointments because they may have children with sensory issues (e.g., children refuse to wear masks) or because current medical or therapist staff only allow one child and one parent to attend appointments (e.g., this is difficult for parents and caregivers with multiple children and either one caregiver or one parent staying at home). One participant said that she was having difficulty with the tracheotomy tube due to delays in medical equipment or difficulty making appointments with multiple children. This participant stated,

I can relate because with me not being able to have transportation or internet service I've got DFCS involved because she's missing appointments, because I don't have a babysitter to watch the other children so I can get her to an appointment. Or I'm asked to leave my other three kids in the lobby on the first floor for 45 minutes and take her up to therapy. I'm like, "That's crazy. That's a reason to call DFCS." [LAUGHS] But even with the tube, I have to wait for all her equipment to come through the mail. They've called the DFCS lady because she didn't have a feeding tube in, but I was told, especially when you're instructed a certain way by either the surgeon or the doctor and they're telling me, "Do not reuse the feeding tube. Every week change and give her a new one." If I try to sterilize it because the new ones haven't come in it melts it in the microwave from me trying to sterilize it. Now she has to go to an appointment without it. I try to be open and honest about what's going on around me and instead of them helping me they use it against me. It's frustrating because I'm doing all I can as a single mom with four kids, and Dad, he doesn't stay here but he comes and helps as much as possible. He literally went this whole year without working because I

felt like I needed to be at the hospital with my baby and that was the only way I could be there if he was here, because my parents were sickly. I have a dad that has leukemia and then my mom, she's type 2 diabetic. She gets sick very easily, so they're very skeptical about coming and interacting with the kids because they don't want to cause them harm. It's a lot. I've been feeling like I need therapy sometimes. Yes, I need therapy.

One participant with a child with disabilities reported she cannot get her car seat installed because she can't bring more than one child with her to the appointment.

No, I was just agreeing, that aspect of unrealistic when going places. I can't take them to the dentist because they won't wear a mask. Or I have to do a car seat appointment with my daughter because she's too big, so we have to get her fitted for a medical car seat. They're like, "You have to go to the appointment, but you can't bring other kids." That's unrealistic when you have multiple kids and your spouse is at work. That's playing into an issue too, that it's unrealistic for them to think ... What are you going to do with a two-year-old while you're doing something with a four-year-old?

Participants reported that identifying alternative child care options or respite care is difficult, as most babysitters are not trained to care for their children. Participants also expressed health concerns with COVID-19 transmission if external caretakers are brought into the home. One participant stated,

Yes, child care is a struggle even if you can afford it. It's a struggle, especially if you have multiple kids who are special needs, because you're not only having to try to find somebody that you trust to be around your children, you're having to find someone who's comfortable working with someone who may be special needs, and that's a whole other level of care that you're trying to find and a lot of people are still very gun-shy about coming into someone else's home. That limits the number of people who would be even willing to do it even further. Even if you have the funds to pay for someone to come into your house, it's still not necessarily an option because of what you're having to try and find in a caregiver.

Virtual Interventions. As stated above, participants reported that virtual interventions were challenging for this population. Participants stressed that Babies Can't Wait responded well to the pandemic; however, virtual interventions were difficult for the parents and caregivers. Participants reported that the therapist has to first "teach" the intervention to the parent and the

parent, then has to then provide the intervention to the child. One participant described their situation as follows:

When March hit for our family, my oldest had, not terribly long before, started ABA therapy. That's a lot of hours in a week that therapy is supposed to be, to be effective. Prior to that, he had gotten special instruction through Babies Can't Wait. We were starting to make strides in his therapy and then, it was like a light switch where, all of a sudden, his therapist wasn't physically there. It was hard for him to comprehend why his therapist was not in the house anymore and she was on the computer screen. I do personally think that, given the limitations that were placed on our therapist, she did a really good job of working with me and working with my son. She had a lot of limitations with no warning, and she did her best to give me guidelines before we would do the therapy session. "This is what we're going to do; this is what we're going to work on." She would interact somewhat with [REDACTED], but for the most part, she was interacting more with me going, "Okay, Mom, this is what we're going to do next, this is how we can do this, and you're doing a good job with this." She was very encouraging. We decided that, in our case, it was more beneficial to actually cut back the number of hours, since she wasn't physically in the house, and go from 10 hours to--- I think it ended up being about three hours a week of therapy, all told, over four days. That seemed to work better for our family. On the other side, my son also was getting occupational therapy through Babies Can't Wait. That did not go as well, and I can't necessarily blame the therapist. It's just, it's *physical* [EMPHASIS IN THE ORIGINAL] therapy, and it's harder to do that virtually. [LAUGHS]. We're going through that same thing, right now, with my youngest. He's getting special instruction and physical therapy through Babies Can't Wait. The special instruction is doable. It's not ideal being virtual, but it is absolutely doable. Physical therapy has been really difficult simply because by the time he got enrolled in physical therapy, we were already under lockdown and therapists weren't coming to houses so his physical therapist has never laid hands on him. She is having to figure out the best way to help him without having felt his muscles. She's doing it based solely on what she can physically see and what I'm able to explain to her. It's also harder trying to tell a parent verbally, "This is what you need to do with your child's legs, or his arms, or whatever." That's harder to do than just being there in person and going, "This is what we're going to do with your baby's legs; this is what I want you to do, now."

Support Network Needed. Participants requested a support network for families of children with disabilities to balance the feelings of isolation and stress with caregivers experiencing similar levels of stress and anxiety. In addition to the stress these parents are feeling, the burden of responsibility seems to be falling on the women. One participant stated,

As hard as they may try to understand and sympathize, unless you walk that road, you really just can't get it. You'd be like, "I had a hard day," and this other friend may go, "Yes, I know. My kid is just driving me nuts." You go, "Oh no, you do not understand what I am going at, here. This is your bad day, this is mine." Not that we're trying to play comparison games, but the reality is the challenges that we're facing with our kids are just on a different level than what a lot of other parents experience. We need that support from other, particularly moms because, let's face it, the majority of the parents that are the most involved, just practically, it's the moms that get the bulk of that responsibility. Not bashing on dads, because my husband is amazing. He steps in and he helps a lot, but just practically, I'm the one that stays at home so, you know. Most of the people who are on the front lines of doing these therapies are the moms, and we need that support from other people who get where we're coming from ... You can talk with the therapists that are working with your kids somewhat on an even level, but you still don't get it until you're the parent that's dealing with this 24/7, 365 days a year and you don't really get breaks ever. I'm to the point where [LAUGHS], God help me, my OB/GYN appointments are my spa days because they put you in the room and if they turn the light off it's almost like a spa setting. I'm by myself and the lights are off [LAUGHS]. That's where I'm at right now, going, "Oh, I have an OB appointment and my mother-in-law has the kids. I have an hour to myself in the doctor's office." That's where I'm at though, and I know that there have got to be other moms who would be like, "I would kill for a day in the OB office."

Another participant stated,

I know that when you've got a child with those behavioral challenges, you can feel like you are constantly being torn down as a parent because you don't have that child who sits quietly, reads a book, and then eats their dinner and takes their bath and goes to bed, and does what kids are supposed to do. You're having to constantly fight with your child to get them to do the stuff that needs to happen to keep them alive, keep them safe, help them to grow as individuals. You're having to work 100 times harder. Then all you hear coming in at you is, "You're not doing a good job. You're not doing enough. If you were a good

mom, then you wouldn't have this problem. Your child wouldn't behave this way if you just did X, Y, Z. This worked with my child, who's not special needs. If you just did this, then you wouldn't have this problem with your child." It feels like you're just constantly being beaten up, so having someone you can talk to who isn't going to do that, who isn't going to go, "Man," or give you that look, the look that people give parents when their kid is screaming in the middle of the grocery store like, "Why does she let her kid do that?"

Another participant stated,

I agree with everything that's been said so far. It's helpful for me to know that I'm not the only one that's essentially doing this alone. I'm very lucky that I have a sister who has an autistic child that is two years older than mine, so I do have a slight bit of guidance there from her. I'm very, very lucky in that aspect. But as far as other support, she's two hours away, so it's difficult for her. She would if she could physically help, but living two hours away, especially trying to drag a four-year-old autistic boy with her, it's not just feasible for her to help physically with me. As far as family help goes, it's hit or miss with my family. Even my husband just doesn't have the patience to deal with the therapy aspect of it, and that falls solely on my shoulders. I'm trying to keep from faltering and schedule all the meetings, and not being able to take the children with me when I need to run errands if my husband is at work or whatnot, it's stressful. I wish I had suggestions for resources, and I can agree 100 percent with everything that's been said.

Another participant stated,

Sometimes it feels like we mothers have no support, no one to help us and no one to back us. They just want to push us and say, "No, don't bring your kid to an appointment because you have another kid." Unfortunately, my other child has to stay with me because I don't have daycare. I don't have anybody who can just drop what they're doing at the drop of a hat to make this appointment. Unfortunately, things like that are happening so much to us mothers that I think we're so much more frustrated with everyone working against us when they're supposed to be helping us and it's working against us. That is very hard, very hard for us. On top of what we have to do every day, we have so many people knocking us, not saying, "We'll figure out how to do this together." We are human. We are all humans, and we need to work together, especially when it comes to our children that need things. [REDACTED] said her daughter needs a

car seat and she's not going to get a car seat because she has her other child. That's unrealistic. That's unbelievable. I don't know how most of us do it. I think, mentally, we have to stay there because we know we have responsibilities. It's hard for us to mentally stay there.

Preschool Special Education

Fifteen participants registered for the focus group; eight participants attended the group held on November 12, 2020. Participants were the parents and caregivers of children enrolled in Preschool Special Education (e.g., Part C) services. Participants reported that their children were enrolled in "cross-category" classes, autism spectrum disorder (ASD) Pre-K, and an inclusion class through Georgia's Pre-K program. Participants reported that their children receive a mix of in-school classroom support services and external therapies such as ABA, speech, occupational therapy, and eating/food therapies. Participants' children were enrolled in either a school system or a child care center. The needs of the participants' children included autism spectrum disorders, sensory processing disorders, eating difficulties, speech and language needs, and social-behavioral-emotional needs.

Participants reported losses in income and jobs since the COVID-19 pandemic closures began in March 2020. Participants who lost jobs also lost insurance coverage for their children who receive private therapies in addition to the services they receive at school. Participants were not aware of additional supports for children with disabilities that could offset the cost of services for those with job losses and insurance losses during this time. As of November 2020, several of the participants' children were slowly returning to in-person classes, but others remained virtual. For those participants whose children were still attending class virtually, the stress of making decisions about in-person schooling was high. They reported that for parents of children with disabilities, many of whom have low-immune support or other health concerns, the decision of whether to send their children back to school was difficult. This difficulty was compounded by the challenge of virtual learning and services: These participants unanimously stated that virtual services and virtual classes do not work for this population of children (e.g., children with disabilities).

Participants reported that children struggled to understand why the classroom environment had changed and were not capable of sitting in front of a screen for the duration of class or therapies. Participants stated they were being required to step in as teachers and therapists. It was difficult for the parents and caregivers to learn how to instruct their child or provide therapy for their child, and it was very difficult for the children to accept the parent as their teacher or therapist. Often, parents reported, they were given an activity or lesson but did not understand why the activity or lesson was important, and so they had difficulty implementing it with the child.

Virtual Classes and Interventions. Participants also stated that social-emotional-behavioral therapies cannot be taught virtually, which many of the children were receiving before the COVID-19 pandemic. One participant shared,

When the routine was broken of not going to school and then suddenly going online and seeing his teachers as YouTube videos, for him, I guess, he just couldn't get it. He would not pay attention. He would not sit still in front of the screen. The school was good, they gave us a computer, they gave us a hotspot. I tried to take him to pick up lunches, so he would see that we are still going to the school or something, but he still wouldn't eat anything out of that. It was just really, really hard being at home. We have a lot of good neighbors that we would play with, and very understandably, everybody was so paranoid. Nobody was sending their kids out. A lot like [REDACTED] said. I have two older kids who are 10 and 12 years older than my son, and they had online school, so much work. They were depressed with COVID and not meeting their friends. They were not interacting with the baby either. They were dealing with themselves, and just like [REDACTED] said, I felt like I was the only playmate for the baby. It was hard, and I felt like he became so repetitive and so ... It was just really hard. I think our teachers in our school did a great job with online. They would have two or three or four Zooms a day. It was overkill, actually, how much they did, which I really appreciate. They were super sweet and flexible about when you can go on and when you cannot go on. Having 12 or 15 kids in the class and then the speech teacher is trying to ask one kid at a time. You're there for 40 minutes but your kid really only answers two questions because everybody needs to get a turn. It was hard to keep him focused for those 30, 40 minutes. Also, of course I love all the other kids and I'm happy that they're doing well, but I think when the kids are in school, we're at home, we don't know what's going on. But when I would see all these other kids talking and listening and learning and understanding, I just felt that, "Oh, wow. My kid is really low, doesn't know anything." I think emotionally, that was hard to deal with. I don't mean to sound selfish saying that, but I'm just saying that as a mom, as a parent, we try to compare constantly what our kids are doing to other kids in the same class or in the same school. It just felt like, "Oh, wow. Is it ever going to get better?"

Another participant discussed the difficulties of virtual learning for their child diagnosed with ASD. Although this participant's school has reopened, they struggle with sending their child back to face-to-face learning because of their child's compromised immune system. This participant stated,

Of course, digital learning started, and it's been a struggle, a big struggle. Still is a struggle. He's not getting a lot of classroom interaction with the teachers. He only gets 30 minutes twice a week with his teacher. That's something I was going to discuss with the principal, I think Monday, because we have an IEP meeting. It's extremely challenging for him to learn online. Then I have another issue where sitting is hard, so it's hard to get him to do activities sitting down [LAUGHTER]. It's just a challenge trying to manage everything else as far as his other therapies, and still be a teacher, and a mom, and I have another son. It's stressful on me, too. That's where we are right now. We're trying to keep up with the digital learning and trying to do the best we can with the other therapies. I'm just terrified to take him back to school because he got so sick when he started. Literally, he was out one week, in another week, then out another week, and because he doesn't eat, he has a weak immune system. I'm just terrified to send him to school because I feel like if there was a breakout in his school, he's going to catch it. He would be the first because he gets sick so easily. That's where we're at. We're just managing, trying to do the best we can.

Another participant also noted their anxiety considering whether or not to send their child with a compromised immune system back to face-to-face learning. This participant stated,

I agree with [REDACTED] about what she was saying about the health part. My son also started, just like hers did, at age three. The special needs pre-K starts at age three and then regular pre-K starts at four. It was the same thing. He was sick one week, and home one week, and then in school. He had a runny nose or a fever every other week. We had to take him to the ER twice because he got really bad diarrhea, vomiting, dehydration, et cetera. Just like [REDACTED] said, he'd only been in school August through March, so he still wasn't totally used to school germs. Deciding to send him back, to go after COVID, felt like, "Am I deciding between him getting COVID right now and dying? Or living a life where he loses all of his therapies and doesn't progress?" It just felt like a really tough decision. I did end up sending him back end of August because it just wasn't working. His teacher, she gave me a lot of comfort. There were just two kids in the class, him and one more, because so many decided to go online. They were awesome about sanitizing and this, that, and the other, so I did end up sending him, but we just have this paranoia. He comes home, and we sanitize everything, and he goes straight in the shower, and no hugs, and no kisses while you pick him up. Yes, I totally agree with what [REDACTED] said about not eating and being weak. With the little kids, you don't know how they're going to react to old viruses or new viruses or anything, so yes. I totally agree with that.

Coupled with the lack of services for those who lost jobs and insurance coverage, one participant was led to state, “Therapy and support fell off a cliff. We similarly lost all of that. We have adapted, but the path forward remains unclear not only for us but for how these supports are going to be offered safely.”

Researchers asked participants to describe their experiences with virtual therapies and if they felt comfortable in the role of their child’s teacher or therapist. Several participants discussed the difficulty of assuming the role of teacher or therapist.

Participant A: Yes. It was very hard for me to step into a teacher’s shoes because not only does your child look at you in a certain light, they don’t look at you as their teacher. Getting him to respond and do the different activities that the teachers do with him, worked for 15 minutes. Then he’s ready to do the things that he normally does when he’s with me, so that’s challenging. The other part is trying to learn what the teacher is teaching, so I can pass it on to him. That is also time-consuming because they can only share so much, because we’re not teachers [LAUGHTER]. They just give you the activity and ask you to go ahead and teach them, but a lot of times we don’t even know what the purpose of this activity is. Does that make sense?

Researcher: Yes.

Participant A: It’s just a hard place to be, trying to be a teacher, when you don’t have what it takes and all the details to teach. That’s been my struggle, and trying to get him to cooperate with me because he will listen to the teachers more than he listens to me when it comes to learning [LAUGHTER]. That’s where we are.

Participant B: Can I go? This is [REDACTED].

Researcher: Yes, [REDACTED].

Participant B: What I found was, for example, with my son with OT, we were trying to teach him how to hold a pencil, which he still can’t do, draw a straight line, and hold scissors and cut on a dotted line. Similarly, for his regular class, he had to sort colors and shapes. I did have the support in the sense that the school would make packets of all of these things and send them back, a [AUDIO UNCLEAR] scissors and things like that. A lot of things that I didn’t have at home, they did send home a lot of stuff. Basically, it would be the OT or the speech therapist or his teacher telling me what to make him do, and she would

be seeing through the screen. I thought it was good, in a way, because she would tell me, “Hey no. You’ve said it once. Now make him pick the number. You don’t repeat yourself. Just one verbal cue and then hand-over-hand.” I thought that was helpful in the sense that I got to learn how to deal with him the way his teachers deal with him, and he listens to them. I think it ended up being the same thing that [REDACTED] said, that he would just have huge meltdowns because he would be so upset that I was making him do things that he does at school, like hold a pencil or do that. He would throw himself on the ground and hit his head on walls and scream and cry. He did not want to do those things with me. The teachers are seeing [LAUGHTER] all of that over a Zoom. They’re seeing your kid doing all this. I feel [LAUGHTER] like they’re judging you how you’re reacting to it. Of course, the teachers love the kids, but they’re not the kids’ mom. They can make the kids do things, and the kids listen to their teachers better than they listen to us.

Researcher: Is there anyone else?

Participant C: Our biggest problem with doing online classes and virtual learning is a lot of my daughter’s problems stem from the social delays. It’s hard to teach social skills when you’re not being social. [LAUGHTER]. That was the hardest part for us. We’re trying to teach her how to interact with other people, or how to react in an environment that’s overwhelming, but we’re not able to actually experience it because we’re staying at home and not interacting with anyone besides her family. That was really hard for us. She has sensory issues, and she has social-emotional delays, so trying to teach that even through stories or through activities, for her, she can tell you when you’re asking, but we had to practice it in the moment to really make progress. That wasn’t happening virtually. It wasn’t happening online. It wasn’t until she was able to get around other kids that we really saw improvement. And getting her to watch a screen. I guess my biggest problem is for years and years and years, we’ve heard that screen time is not good and you should limit screen time and you shouldn’t be using screen time for four-year-olds. Now, “Oh wait. Let’s put them on screen time for three and four hours a day.” My daughter doesn’t sit and watch TV at home. She doesn’t sit and stare at a screen all day long. Now you’re telling me she has to be able to get her services. To me, that was a complete contradiction of what we’ve always been taught.

Therapeutic Backslide. Participants stated that for services that halted with the COVID-19 pandemic, they observed either stagnation or backsliding in their children, especially regarding

social development, eating development, and speech progress. In the following exchange, one participant discussed therapeutic backslide with the researcher:

Participant: I think I wrote this earlier, as well. When the pandemic hit, my husband got laid off. He lost his job. I am a substitute teacher. I work with [REDACTED] as a substitute teacher, so I can choose when I work. Obviously, when schools were closed, they had no need for substitute teachers, so I kind of lost my job, too. We were both home with the kids, which was great. We were able to be there and help them. I don't think our family has spent that much time together, ever. We tried to stay positive about it because nobody wanted to go back out to work in June or July. It was really scary. I'd had two deaths in the family, so COVID felt really scary for us. My mom, who's elderly, lives with us, too, so we didn't want to bring anything home and infect her, especially since nobody had insurance at that time. Yes, definitely losing all the support of the in-person therapies, because I was taking my son to between seven and nine private therapies a week. This was occupational therapy, speech therapy, eating therapy. I was not doing ABA, by the way. I was taking him to a lot of sessions. We lost all of that support. Plus, he would get occupational therapy and speech therapy and constantly the autism adapted curriculum in school. We lost all of that at the same time. He really suffered from it. I have a middle-schooler child who also receives speech therapy, so I was familiar with IEPs and all of that. I felt like I saw the speech issue rise in my older kid because of the lack of speech sessions. Then, not my youngest kid's class, but in older kid's classes, there was some uncertainty where teachers started getting sick. Two or three teachers left the school. This is in the [REDACTED] luster. For example, for Spanish, they didn't have a teacher. There were different uncertainties going around at that time. Is that what you meant in terms of support and everything? Definitely, my preschooler's teachers were available for us, but he can only learn when he's in-person with them. He was not learning online. He was not learning from us. We definitely felt that a lot of [AUDIO UNCLEAR] were just ... Despite them being awesome and being there, he was not learning. He definitely regressed. He stopped talking. He started having a lot of meltdowns, a lot of behavior issues and sleep issues and food issues. Everything spiraled. We did try to keep a positive spin on it. My husband and I would always say, "Okay, we're never going to get this chance in our life where we're all home together with the kids for so many months. The kids will grow up, so this is a great time." We really did try to stay positive about it, but we felt like we were seeing our son regress on a daily basis. That was really hard to deal with.

Researcher: None of the therapies, the OT or the speech or the eating, none of those were offered to you?

Participant: We lost our insurance. They would have been too expensive out-of-pocket. That's why we had to stop doing that. I would really only have relied on the school therapies at that point. The school did give us speech, 15 or 20-minutes a week, twice a week. He would not pay attention to his speech teacher. She would try to read him a book or ask him, "Say this word." He would just walk away from the Zoom and not listen, or do something silly. It wasn't working for him.

Parents and caregivers in the focus group did share that their IEP meetings, however, have been progressing as needed.

Participants also stated that overall, teachers have been resourceful, communicative, and helpful supports throughout the pandemic. The exchange below exemplifies one participant's perception of support given from the school system:

For me, again this would depend on your school and your teacher and the relationship you have with that teacher. Like I said, my preschool teacher, I don't have enough words to praise her. In the beginning when school was starting, when my son was three years old, I didn't want to send him to school because I thought he wouldn't be able to go. She was the one who called me and said, "Oh, he's on the roster for Babies Can't Wait." I spoke to her, and she sounded like such an awesome person. She convinced me to send him. I was really able to speak to my son's teachers anytime I had problems. I was sending them so many emails, it was insane. Sometimes I would write about, "Oh, I'm getting stressed out about this. I'm getting upset about this." I feel like she became my therapist [LAUGHTER] for some time. My son's teacher was really, really awesome. She went above and beyond. She was always available. She would record lessons, put them on, we could see any lesson that we missed, any activity that we missed. Sometimes, if I'd be behind on work, I'd be like, "Oh, I need to do that." She'd say, "Don't worry about it. Just stay happy and healthy. Be safe." The teacher had such a great attitude. I would have had a nervous breakdown if she had not been as calm and as awesome as she was. She had extra Zoom meetings with me, like chats with me discussing his behaviors and how to help him and stuff like that. I felt like my pre-K teacher gave me so much support. It was amazing. It was just too bad that my son was not learning virtually, but that wasn't on her. I feel like that was just on the way he learns. I thought my school

did an awesome job. IEP meetings on time [AUDIO UNCLEAR] be there. They'd send everything through email, or I would pick it up from the school and sign it and get it back. They made everything easy. They made everything workable.

Alternative Options for Therapies. Participants unanimously agreed that Preschool Special Education and supportive therapies need nonvirtual options because these did not work for children with disabilities. Participants reported that “hands-on” activities were more useful than 15–40 minute Zoom sessions. Two participants shared the following about the lack of progress for their children’s IEP goals due to virtual instruction:

Participant A: In my son’s IEP, he didn’t progress in a lot of areas because of the COVID. We have one due next week. Unfortunately, because we’re digital, there are certain things he can’t work on because a lot of the goals had to do with interacting with others, listening to direction, transitioning in the classroom. Everything had to do with being in the classroom. Well, not everything, but most. So there’s not been a lot of progress on, at least, 75 percent of the IEP.

Participant B: This was my first IEP meeting, back in March, and it had to be through Zoom. I was a little disappointed in the lack of personal contact that had to be taken. I didn’t get to have the IEP in person, and it was all done through Zoom. While they handled it very professionally, I had no complaints about that, I was a little upset that that’s the way we ended up having to do it because I didn’t [AUDIO UNCLEAR] someone in person. Then, like [REDACTED] said, the first nine weeks of my daughter’s progress report said that they couldn’t observe it because it was all virtual and all of her goals are based around interactions. For the first nine weeks, no progress was documented because they weren’t able to see the interaction skills being developed.

Participants also stated that this is a critical age for children with disabilities to receive services and supports. One participant shared their desire for a nonvirtual learning instruction model for children with disabilities:

That’s the biggest thing I would have to say. I know the numbers are starting to go back up and if, for some reason, we have to shut down again, I feel there should be an option for special needs students that does not revolve around computer learning. More than anybody else, they need that face-to-face interaction. They need to be around a teacher. They need some kind of option other than staring at a screen. Most children who have these services aren’t going to be able to stare at a screen. I’m sorry, but they’re not. That’s part of why they’re getting services a lot of times, is that they’re not where they need to be.

You're asking typical four-year-olds to stare at a screen all day, but even four-year-old, or three-year-old really shouldn't be staring at screens all day. There needs to be hands-on services provided when this kind of situation happens. Virtual learning is not a good option for these students.

Support Network Needed. Participants reported that they need more support and additional options for virtual learning and services for children. Many participants lost access to resources through insurance after losing employment. This loss of resources has been compounded by a loss of resources received while face-to-face learning. In the following exchange, two participants discussed this issue with the researcher:

Participant A: The most cohesive and summation answer I could possibly give is that I understand that with the economic impact of COVID, there has been a significant hit to the tax base; therefore, decisions have to be made. If you are cutting already-vulnerable groups, you [AUDIO UNCLEAR] are hurting society more than if you do a general-level cut. Basically, it all comes down to, you have to fund those programs that you are intending to be supports. You can't cut supports because then people literally fall over. I said, earlier, that therapies fell off a cliff. I lost insurance. I needed it. I literally could not do therapies and I didn't have the insurance to pay for it. I didn't have the state's support to pay for it because even when they were available, the money wasn't there through Bobby Dodd [i.e., the Bobby Dodd Institute] or any of the other programs. It's just not there. Basically, it's a funding issue. If you decide you're going to support something, you have to commit to support it and you can't then decide a year and a half later, "Okay, we don't want to pay for it anymore." People have become dependent upon it. Kids have come to depend on it, developmentally. It's one thing if you're taking it from a 40-year-old adult. It's quite another if you're taking it from a four-year-old. That's a lifetime of impact that you've just caused. That's my summary.

Researcher: That's great. Thank you. That's very helpful.

Participant B: I agree with what [REDACTED] said. You're told that the child learns the most until age five. With those little kids, it feels like every day, every week, every month, every year is so precious for them. Not having that insurance, and we didn't apply for ... I don't know, we didn't think of it or you're not allowed to apply for ACA [coverage through the Affordable Care Act] in March. I think that's back in November when you apply for it. We pretty much stayed without insurance, without government insurance for the kid even,

to keep his therapies on or something. It was stressful. Another thing which was not my personal experience, but just information that I have that might help you, Babies Can't Wait and [REDACTED] public schools do all of these observation tests on kids which are three hours each or something. That's another reason why class numbers in the special ed/pre-Ks are so low right now because all through COVID they did not do any of those. A lot of kids who turned three after March and should have been receiving services are still not receiving services. They have a huge backlog. The teachers were telling me that, "Oh, we're going to have a huge influx of kids very soon." Those kids have lost crucial time that they should have not lost, I guess. I agree again, with what [REDACTED] said earlier, that with special ed kids, give us an option to keep sending them to school. I also agree with what [REDACTED] said, "Give them more support or funding." I don't want insurance for myself. I want it for this little kid, so he can get his therapies and talk and be a little more neurotypical.

Communication. Parents reported that they received communication and information via school websites, email from their teachers, parent websites, or CCC directors.

Participant A: I've had a lot of email communication with my son's teacher. I did ask about what COVID protocols would be like. She let me come in and see the classroom. Two kids were in there. The desks were far apart. She showed me how big the desk was. She showed me that each child has their own hand sanitizer. The kids are required to wear a mask at all times. The teachers wear a mask and a face shield. They're constantly washing their hands. With the special ed kids, especially in Pre-K, they have their own bathrooms so that way they don't interact with the rest of the class. It's a self-contained class. The rest of the school was not eating in the cafeteria, but in my school, it was on the Special ed and the Pre-K, and they have set tables. They sit at the same chair, same table each day. Children cannot share things. They cannot share stuff with another student. They cannot sit on someone else's chair. There was a lot of, what's the word, low quarantining in the classroom, so to speak. I was concerned about the body, the bathroom, or two kids will be using the same bathroom. They separated that out for me. For nap, our kids would have these fluffy blankets they would take with them, but they changed that to plastic mats, those yoga kind of mats, which can be wiped down every day. They had a lot of wiping down solutions. We sent in some as well. For example, like I said earlier, since I sent my son August 26th, he's doing so well. He suddenly became social. Got [AUDIO UNCLEAR] they think he's not SD-1 anymore. They want to move him to the [AUDIO UNCLEAR] classroom. I actually went and met with the [AUDIO

UNCLEAR] teacher yesterday, and she showed me where they want to set up their table. My son has another table with another kid in front of him, but they have a big Plexiglas in between so that separates them. Then she has taped off portions of the floor next to everybody's desk where they will play in their center time and free rotation. They also only play with one or two toys per day, which they choose, and then those toys are sanitized and used the next day by another child. I feel like they made us very comfortable. They have a specific playground set and no other child in the whole school uses that. I feel like they really made me very comfortable, letting me do all the protocols by email and inviting me to come in person and take a look at all of these things and really put my mind at ease at being able to send my kid during a pandemic.

Researcher: That's great. Thank you for sharing that. Anybody else have anything they'd like to share about how they're receiving communication from teachers?

Participant A: I'm sorry. I forgot to add, they also send home a newsletter each week. They send random emails during the week saying, "Oh, tomorrow we'll do this so be ready with instruments," or "Tomorrow we'll do music and be ready with sticks," maybe, "And on so-and-so day we're going to do a cooking activity so have these ingredients at hand." I feel like, at least at my school, in the [REDACTED], they were very communicative and on top of things. That really helped.

Participant B: I have a little bit of a different situation because the inclusion classroom my daughter is in the school that I'm the director of. [LAUGHTER] I'm communicating to myself quite frequently. It is also nice that I get to see her teachers every day, and so that is an opportunity that most parents don't have and wouldn't have unless they were in this kind of position. I can't really speak for most families, but I know that my teachers are always open to me walking in and asking questions. I do get newsletters every week, as well, and then they're constantly sending emails about what's going on in the classroom or how things are going.

Participant A: A lot of my information comes from Facebook groups. I don't know if that's the best [LAUGHTER] thing, but really, it does.

CAPS

Fifteen participants registered for the Childcare and Parent Services (CAPS) focus groups; three participants attended the focus group held on October 21, 2020. Parents and caregivers that

were receiving CAPS at the time of the interview stated that the program helped to manage the costs of early childhood care and education. All participants reported that they experienced no disruption in their CAPS payments. Most participants in the group shared that they were struggling with multiple issues connected to child care like unemployment, extended work hours, and virtual instruction for older children.

Participants reported that the combination of the COVID-19 pandemic, closures for two weeks, lack of part-time offerings, and job losses affected their decision to send their children back to child care centers. The decision was often weighed by whether they could afford to pay the family portion of the weekly cost of care. Participant parents and caregivers were struggling with unemployment due to the COVID-19 pandemic or the forced choice between virtual learning and employment. Other participants were struggling with unemployment concerns due to the instability of care available for their children. Participants stated that this was an unprecedented choice that was not grounded in the typical decision-making process regarding whether they should be stay-at-home parents. Participants in this group requested parent support networks during the COVID-19 pandemic to balance the sense of isolation.

Participants stated that if they had to choose between virtual options, the older children would receive more support versus children ages birth through five. One participant stated, “Virtual school for babies is a joke, plus I still have to pay a fee to sit a one-year-old in front of a computer. Why not just turn on YouTube?”

Impact of Child Care Closures. Despite the assistance from CAPS subsidies, parents and caregivers reported that they were impacted negatively by center closures due to COVID-19 risk mitigation. Participants shared that centers closed for 14-day periods from spring 2020 to present whenever children or staff tested positive for the virus that causes COVID-19. This left working parents and caregivers dependent on child care unable to work. Several participants reported job losses, impending job losses, or searching for more flexible jobs due to center closures. As one participant stated,

I have a three-year-old. He'll be four in November. My only one. He's in daycare, but I have him out for the COVID, and it has affected us. His daycare closed down actually for two weeks because one of the teachers was diagnosed with COVID. That affected me a lot as far as my work schedule, trying to get someone to watch him and missing days from work because there was no one else to pick him up or there was no one else to watch him. Because of COVID, his school closes an hour earlier than usual. That's made a big impact on my work schedule. Right now, I am trying to find another While I have him out, I'm looking for something else that will fit the daycare schedule. I chose that daycare

because it closed a little later, and because of COVID, it's closing earlier so that's a big impact and a lot of jobs are not understanding with that. When I had to miss a few days ... It was two weeks he was out, and out of those two weeks, I may have had someone watch him, maybe, five or six days I could find someone to keep him at home. It has been a big impact, and it has been a big impact on the schedule and me finding another job that will fit with his daycare schedule. But other than that, that's my only baby.

Another participant agreed and stated the following:

When I was working, it affected me because they weren't understanding at all. When I had to call in a few days because ... Again, I told you, I'm his only caretaker, so I had to call in a few days because I could not find child care because of his child care being closed, and I couldn't get off earlier. I was getting off between 6:30 and 7:00, and I couldn't get off any earlier to pick him up and it was hard to try to find someone to pick him up from daycare because I couldn't get off until later. It was really affecting my job. When I had the scare, I had to try to find a place to get a COVID test for him, so I had to miss a few hours of work. They were not understanding about that. It has affected me. I'm just trying to right now, hopefully, get this remote position from home to alleviate having to call in and probably put him in part-time for school. It did really affect me.

Family Fees. Participants also stated that they are having difficulty paying the remainder of the family portion of the weekly cost of care at their centers due to job losses or lack of working hours. One participant stated,

I really can't say anything, but for the families that are going through problems, I feel like they should waive it. They shouldn't want so much of a fee for it, because they know a lot of people are not working and they know they're trying to keep up with their bills and everything, so it shouldn't be a big deal about pressuring someone to pay such a big bill just for their kids to sit there. If it's just a small fee, I feel like it should be where, "Okay, you can just give us this amount due to the pandemic, due to you not working." But not so expensive.

Another participant further explained this idea in the following conversation with the researcher:

Participant: If I put him back in school right now, they're not offering part-time, and if I put him back into daycare, I will have to start paying that fee again. Right now, my fee is deferred because he's not in daycare. I should say waived. It's not

deferred, it's waived. I don't have to pay anything. But the day he starts back, I have to start paying whether he goes or not. If I decide, you know what, I have another scare or the COVID cases are rising, I'm going to pull him out next week, whether he's there or not, I'm still going to have to pay next week. Because the day he starts is the day I start paying again.

Researcher: I want to make sure I understand. It sounds like there was a period of time where if your child was out because of the pandemic and your center is closed, the fees were waived. But once the center opens back up and you start sending your child back, they'll start charging the fee again. Is this correct?

Participant: Yes. That is correct. CAPS still pays their portion, but I don't have to pay anything. And being, like I said, back in ... I believe that was July. I want to say June or July, I believe it was July. They had the closure because one of the teachers caught COVID, you pulled your child back out because we had to pull our child back out, we didn't have to pay the fee again. It was like starting all over. Since we're out, we had that scare, they went ahead and put us back on the waived fee because of that teacher. But again, if we start back, we have to start back paying ... even [if they] miss a day out of school. You have to pay \$80 a week. If they miss two days, it's still \$80 a week.²

Virtual Learning. Participants also described the impact that virtual learning has had on their employment. Some participants felt conflicted about going back to work versus staying at home with their children for their continued health and safety. Others stated that they had no choice but to stay at home with their children so they could continue to learn. One participant stated,

I still was able to get paid. I got paid up until May. My center, it's an individual site, they opened back up in August. That's what I was saying, at the end of July, she let me know I could come back to work. Matter of fact, the week before that, she told me they didn't have enough children with the pandemic that I didn't have to worry about coming back. They would let me know when. The week after that, they called me that Friday and told me I could come back to work Monday. One, you gave me two days' notice to let me know I could come back to work Monday, and I have my one-year-old that her daycare didn't even open, so even if I could go back to work that Monday, I wasn't going to be able to do it because my one-year-old didn't have daycare. But at the same point in time, my fourth and sixth graders were doing school from home. No, I wasn't able to get

² Please note this is the policy of the child care program the family is currently enrolled in, not a CAPS policy.

paid after May because when I started the job, we had to sign some little paper about not getting paid during the summertime, so I understood that. However, last week I did file for unemployment because I can't go to work because my children are doing virtual schooling.

Foster Parents

Eight people registered for the foster parent focus group; five of those parents attended the group held on October 26, 2020. Participants' experience as foster parents ranged from one month to 20 years. Overall, participants stated that DFCS communication throughout the COVID-19 pandemic has remained consistent, with few problems from the participants' perspectives. Several foster parents received new child placements during the pandemic and reported that, despite fears of illness, the process went smoothly. COVID-19 health concerns were the biggest factor in decisions to move to virtual visits with birth families, acceptance of respite care, and teleinterventions.

Case Management and Planning

Participants reported no difficulties in the transfer from in-person case manager visits to virtual visits. One participant reported that her case manager was still coming by the house to check on the children, but the rest of the participants reported that the virtual visits were going well. As one participant stated, "I've been able to get in touch with all the workers, everybody. They've been very supportive." Another participant who was receiving a mix of virtual and in-person case visits stated,

I have a really, really good case manager. These children have one, and she comes to my home and she also does virtual. She doesn't mind coming to my home, checking the children, because they have to check the children. I would rather her come here and check them than to have to be on camera checking the kids. That wouldn't work for me.

Participants also agreed that the transfer to virtual visits with the birth families has gone smoothly. The majority of the participants stated that they at the time of the focus group they were doing virtual visits with the birth families, through the following: FaceTime, Skype, Google Voice, and other platforms. In cases where virtual visits were not occurring, this appears due to the birth family's circumstances, not due to foster parent or DFCS issues. One participant stated,

Yes. For me, mom calls when she can. She has only had one virtual visit with her, but it's not because virtual visits can't be done. It's the circumstance of the mom. Her life, right now. She does text. I gave her a Google Voice number. I never give

my personal number. She'll text for pictures every two or three weeks, but she has only had one virtual visit. It has nothing to do with COVID though, or the system. It's just where her life is right now.

One participant stated that the foster child is still having face-to-face visits.

Birth mom has been in the picture. She has been trying to ... She does contact. We do a lot of Skype or face-to-face, or iPhone or FaceTime. Just maybe four or five times a week. Sometimes it's more, sometimes it's less. It just all depends on everyone's schedule. We try to get together so that she can have time with the baby and talk with the baby and see the baby. The baby can't talk, but she thinks she can talk [LAUGHS]. She's making all kinds of noises and sounds, but I guess only she can understand it. She does get a chance to engage with her birth mother via Facebook or FaceTime or Skype. We try to make it convenient. We do.

Early Intervention Assessments

Foster parents reported that teleinterventions were difficult, not due to the therapist but the method of intervention. Participants agreed that virtual assessments were difficult because the worker had to base the assessment on the foster parent's report from afar. The lack of direct observation was concerning for the foster parents. As one participant stated,

No, she had her assessment virtually, which was a little difficult because they had to go on what I said she was doing. My Babies Can't Wait. I had to do a survey, but I could have amped it up and said that she was doing things that she wasn't doing because they couldn't really see her. The assessment that they gave, I wasn't quite comfortable with it because they showed that she was below development, which she really wasn't but she was malnourished, had jaundice and in the NICU, so it makes sense. They were just going on what I was saying, so not being able to see her and do the activities that they normally do in the home, they weren't able to do. As a matter of fact, it wasn't even virtual. It was just on the phone and I filled out a survey. That process was strange because we're used to them coming into the home, seeing how they act in the home, how they interact with you, and they're not able to do that. Even her case manager, I was just on Zoom with her case manager. We have to sometimes undress them so they can look at their bodies. That's kind of weird because you're having to do that. It feels weird, showing my naked baby on the screen.

Another participant agreed, stating,

Yes, it definitely feels different. Like the young lady said, when you are doing assessments and whatever over the phone, to me it's not as accurate as in person because they have to go by just what we say instead of evaluating the children and knowing what they see and hear them do. Both of mine are very delayed, my two boys. I was able to take them to do an evaluation in person the first time. But today, I was two hours on the phone because they had to go through everything with them. The speech and communication, the whole nine yards. That was for two hours. It's a lot.

Court System

The biggest source of frustration for foster parent participants was the court system. However, participants were understanding of the delays and backlogs in the court system due to the COVID-19 pandemic. Participants reported that the court system is now on an appointment basis, which has led to a delay in court appearances. Participants also reported delays in Termination of Parental Rights (TPR) hearings, as well as other interruptions. One participant stated,

I think the hardest part has probably been all the court stuff, just waiting for things to happen that should have happened in March and I'm still waiting. It has been kind of annoying. Parents have not been doing anything, legitimately anything. In March we were told that they were going to move forward to TPR, but they had to do publication. Publication still hasn't happened and it's going on November now. We have already had court twice since March, and we're just waiting.

RECOMMENDATIONS

To recap, this report disseminates the findings from a series of exploratory focus groups to better understand the impact of the COVID-19 pandemic on the birth through five mixed-delivery system of early childhood care and education in Georgia. Between October 14, 2020, and November 12, 2020, the Institute of Government conducted 13 virtual focus groups using Zoom Video Communications web conferencing software with teachers, providers, and parents and caregivers across Georgia.

This section contains the following four categories of recommendations that are based on the findings from the focus group interviews: (1) continued communication to the workforce on COVID-19 recommendations; (2) continued outreach and education on DECAL's classroom strategies during the COVID-19 pandemic; (3) peer-to-peer support for vulnerable families; and (4) development of Family Child Care Learning Home networks.

The sections below present potential recommendations based on the findings from the focus groups.

Continued communication to the workforce, including to CCC directors, FCCLH providers, and ECCE teachers, on COVID-19 recommendations

Early childhood care and education directors, providers, and teachers all stated that they were receiving guidelines and recommendations from the state about COVID-19. Participants reported receiving communications and guidelines from the state in various ways: direct email, social media, websites, or via their employer. Continued regular communication to the workforce using multiple methods (email, social media, website updates) is recommended. In particular, participants from teacher focus groups appreciate direct emails so they do not have to rely on employer updates, which vary from center to center.

Continued outreach and education on DECAL's recommended strategies for classrooms during COVID-19

Continued outreach and education about recommended classroom strategies for Georgia's early childhood care and education workforce may alleviate stressors in balancing required curriculum guidelines with the addition of COVID-19 mitigation recommendations. In particular, teachers are struggling with balancing curriculum planning and implementation with the amount of time needed to address COVID-19 mitigation strategies. Continued timely guidance from DECAL may lessen those struggles.

Peer-to-peer support for vulnerable families

Continued and refined peer-to-peer supports for vulnerable populations is encouraged, particularly among families engaged in early intervention services. For those populations for whom resources already exist, regular and consistent communication about available supports may be distributed through multiple avenues (i.e., social media, email, and websites) to families. It is also encouraged that any existing peer-to-peer networks be more widely publicized and communicated to parents and caregivers. If peer networks do not exist for vulnerable populations, the development of a peer-to-peer network is also encouraged.

Development of Family Child Care Learning Home networks

FCCLH providers reported a desire for a FCCLH peer network to assist with procurement of needed supplies and peer-to-peer support. Due to COVID-19 personal mitigation strategies to keep their businesses operational, FCCLH providers report feeling isolated. Similar to recommendations for vulnerable populations, more widely publicizing existing peer-to-peer networks is encouraged. If no such networks exist, the development of a peer-to-peer network is encouraged.

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APPENDIX A: TEACHERS FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Teacher Workforce Protocol (Infant/Toddler, Preschool, School Age Staff)

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this

means is, when the report is written, all names will be removed as well as anything that could possibly identify you. You may choose not to participate in this focus group at any time without consequence.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions, Demographics, and Icebreaker Question

Please share your name, your role in the early care and education system, and how many years you have worked with children birth to five years old, and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences both personally and as a [INFANT/TODDLER TEACHER/PRESCHOOL TEACHER/PRE-K TEACHER/SCHOOL AGE STAFF]

Teacher Workforce Questions

These questions differ from the general questions by focusing on the teacher's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the teacher focus groups.

Job Impact Questions

Let's think back to last spring when the COVID-19 pandemic first hit the state. Let's talk about how the COVID-19 pandemic has impacted the early care and education system in Georgia since March.

1. How did your facility respond to the COVID-19 public health crisis? (E.g. did they temporarily close? Did they stay open? Did they only offer services to the essential workforce? Were you considered a “remote worker” or was the center fully closed to all operations?)
 - a. Prompt: What worked? What didn’t work?
 - b. Prompt: How did you find out about changes to your job?
 - c. Follow up: Do you have any suggestions about how to improve communication about job changes?
 - d. Prompt: How was information given to parents about changes to the facility and classes?
2. If your facility temporarily closed, were any alternative early care and educational resources extended/provided to the families? If yes, can you describe?
 - a. Prompt: What other resources were available during this time (resources for both students and teachers)?
 - b. Prompt: Did you have access to the materials/tools that you needed to continue instruction? If so, where did these materials/tools come from?
3. If your facility was open, in what way did classroom instruction change (health and safety protocols)?
 - a. Prompt: What worked? What did not work? (e.g., how did changes in instruction affect child and family/teacher relationships? How is impacting new students to the classroom?)

OK, let’s move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we’ve seen some funding and assistance from the state, we’re heading back to school, those types of things?

4. What impact has the pandemic had on enrollments in your classroom?
 - a. Has your classroom size remained constant? If no, has it decreased/increased?
 - b. What kind of impact has that had on your classroom experience?
5. If your facility is currently open, how do you feel about the changes made in operation to mitigate risk of COVID-19 transmission?
 - a. Prompt: What protocols related to health and safety were added?
 - b. Prompt: Were you a part of the decision-making process as these changes were made?
 - c. Prompt: How have parents and/or guardians responded to the changes?
 - d. Prompt: How did you decide whether or not to continue working during the pandemic (e.g. if the facility remained open)?
6. What would you change about your facility’s response to the COVID-19 public health emergency?
 - a. What would you keep the same?

Finally, I'd like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

7. How do you think the early care and education system will be impacted if the pandemic stays the same or gets worse over the next several months? [Prompt: Think about what might change.]

Personal Impact Questions:

8. Have the changes to K-12 education (e.g. virtual/remote learning, hybrid models, etc.), impacted your employment? [e.g., if teachers have their own children attending virtual K-12, is that affecting their ability to continue working?]
9. In what way has your salary, leave, and/or benefits been affected since last March?
 - a. Prompt: Were you entitled to leave? If so, did you take leave? [*Moderators will distinguish between time periods – shutdown, reopening, current.*]
 - b. Prompt: If your employer was temporarily closed, were you paid during that time?
 - c. Follow up: If you were not paid, were you able to collect unemployment during that time?
 - d. Were you able to take advantage of any benefits or health insurance during this time?
10. How has the pandemic impacted your career path?
 - a. Prompt: Will you continue to work in early care and education?
 - b. Prompt: If not, why not?
11. What kind of supports did you need before the COVID-19 pandemic?
 - a. What kind of supports do you need now?
12. What will you need in the future if the pandemic continues?

[*Moderators may need to clarify "supports", e.g. unemployment benefits, child care, transportation, mental health resources etc.*]

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

13. How will system be impacted if the pandemic continues? What will be needed?
14. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
 - a. HOMELESS
 - b. DUAL LANGUAGE
 - c. RURAL
 - d. FOSTER CARE

e. DISABILITIES

15. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.

a. Is there anything we left out?

b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX B: PRE-K TEACHER FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Teacher Workforce Protocol (Public and Private Pre-K)

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Georgia Department of Early Care and Learning is interested in understanding your experience with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording the focus group discussion for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers will use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you. You may choose not to participate in this focus group at any time without consequence.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions, Demographics, and Icebreaker Question

Please share your name, your role in the early care and education system, and how many years you have worked with children birth to five years old, and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experience both personally and as a [INFANT/TODDLER TEACHER/PRESCHOOL TEACHER/SCHOOL AGE STAFF]

Teacher Workforce Questions

These questions differ from the general questions by focusing on the teacher's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the teacher focus groups.

Job Impact Questions

Let's start by thinking back to last spring when the COVID-19 pandemic first hit the state. Let's talk about how the COVID-19 pandemic has impacted the early care and education system in Georgia since March.

1. How did your school respond to the COVID-19 public health crisis? (E.g. did they temporarily close? Did they stay open? Did they only offer services to the essential workforce?)
2. If your school was temporarily closed in the spring, were any alternative early care and educational resources extended/provided to the families? If yes, can you describe?
 - a. Prompt: Did you transition to virtual instruction or was the center fully closed to all operations?
 - b. Prompt: What other resources were available during this time (resources for both students and teachers?)

3. OK, let's move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we've seen some funding and assistance from the state, we're heading back to school, those types of things?
4. Once your school reopened, which model was adopted for the Pre-K classroom (Traditional, Full Distance, or Hybrid – TRANSITION TO VIRTUAL INSTRUCTION)?
 - a. Prompt: What worked? What didn't work?
 - b. Prompt: How did you find out about changes to your job?
 - c. Follow up: Do you have any suggestions about how to improve communication about job changes?
 - d. Prompt: How was information given to parents about changes to the school and classes?
 - e. Prompt: How did you decide whether or not to continue working during the pandemic (e.g. if the school remained open)?
5. If your school resumed traditional face-to-face model of instruction, in what way did classroom instruction change?
 - a. Prompt: What worked? What did not work? (e.g., how did changes in instruction affect child and family/teacher relationships? How is it impacting new students to the classroom?)
 - b. Prompt: Did you have access to the materials/tools that you needed to continue instruction? If so, where did these materials/tools come from?
6. How has the pandemic impacted children in your classroom?
 - a. Prompt: mental health development, academically, socially, behaviorally?
 - b. Prompt: How are the needs of the following specific students being met during this time?
 - i. PROMPTS: Dual-language children, children in foster care, children with disabilities or learning delays, children living in poverty, children experiencing homelessness
7. What kinds of challenges have you experienced in your instruction during the pandemic?
 - a. Do you feel empowered to handle those challenges?
 - b. How did you handle changes to your role and instruction during this time?
8. What impact has the pandemic had on enrollments in your classroom?
 - a. Has your classroom size remained constant? If no, has it decreased/increased?
9. What kind of impact has that had on your classroom experience?
10. If your school is currently open, how do you feel about the changes made in operation to mitigate risk of COVID-19 transmission?
 - a. Prompt: How have parents and/or guardians responded to the changes?
 - b. Prompt: were you a part of the decision-making process as these changes were made?

11. What would you change about your school’s response to the COVID-19 public health emergency?
 - a. What would you keep the same?

Finally, I’d like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

12. How do you think the early care and education system will be impacted if the pandemic stays the same or gets worse over the next several months? [PROMPTS: Think about what might change]

Personal Impact Questions

13. Have the changes to K-12 education (e.g. virtual/remote learning, hybrid models, etc.) impacted your employment? [e.g., if teachers have their own children attending virtual K-12, is that affecting their ability to continue working?]
14. In what way have your salary, leave, and/or benefits been affected since last March?
 - a. Prompt: Were you entitled to leave? If so, did you take leave? [*Moderators will distinguish between time periods – shutdown, reopening, current.*]
 - b. Prompt: If your employer was temporarily closed, were you paid during that time?
 - c. Follow up: If you were not paid, were you able to collect unemployment during that time?
 - d. Were you able to take advantage of any benefits or health insurance during this time?
15. How has the pandemic impacted your career-path?
 - a. Prompt: Will you continue to work in early care and education?
 - b. Prompt: If not, why not?
16. What kind of supports did you need before the COVID-19 pandemic (I.E. BENEFITS, SOCIAL, EMOTIONAL, ETC)?
 - a. What kind of supports do you need now?
 - b. What will you need in the future if the pandemic continues?
17. What’s the best way for you to receive resources or support?

[*Moderators may need to clarify “supports”, e.g. unemployment benefits, child care, transportation, mental health resources etc.*]

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

18. How will system be impacted if the pandemic continues? What will be needed?

19. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?

- a. HOMELESS
- b. DUAL LANGUAGE
- c. RURAL
- d. FOSTER CARE
- e. DISABILITIES

20. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.

- a. Is there anything we left out?
- b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX C: CHILD CARE CENTER DIRECTOR FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Child Care Center Director Protocol

Welcome and Purpose of the Focus Group

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions and Icebreaker Question

1. Please share your name, your role in the early care and education system, and how many years you have worked with children birth to five years old, and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences both personally and as a [CCC DIRECTOR/FCCLH PROVIDER].

Child Care Center Specific Questions

These questions differ from the general questions by focusing on the child care center and family child care learning home's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the child care center and family child care learning home directors and school age staff groups.

2. How did your center respond to the COVID-19 crisis?
 - a. Prompt: Business as usual? Tell us how you made that decision.
 - b. Prompt: Reduced enrollment, staff, and hours? Tell us how you made those decisions.
 - c. Prompt: Closures? Tell us how you made those decisions.
2. If you closed, how did you/will you make the decision to re-open?
 - a. Prompt: What changes to your organization or the way you provide early care and education services will you continue once the pandemic is over?
3. How did parents and/or caregivers respond to your center's changes to the program(s)?
 - a. Prompt: How did they respond to changes in policies and procedures?
 - b. Prompt: If you reduced enrollment, how did parents find alternative child care?
4. How did staff decide whether they were comfortable returning to/remaining at work?

5. How did you feel about staying open/temporarily closing/reopening?
6. In what way has DECAL's response to COVID-19 had an impact on your center?
7. Do you foresee your center recovering from the impact of the pandemic? How?
 - a. Prompt: What about sustaining as you are now?
8. How has guidance given by the state or local governance on COVID-19 impacted your center?
 - a. Prompt: In what ways do the state and local health requirements/recommendations align? Have competing guidance affected your center?
 - b. How do they differ?
9. Now let's switch gears and talk about how the pandemic has affected you, your family, friends, and/or community. Let's take off our director hat and talk about your personal experiences during the pandemic.
 - a. Prompt: If you have children, can you tell us about your experience providing care when your own children were at home [challenges, positives]?
 - b. Prompt: What are some of the other challenges you have faced since the pandemic started?
10. What are some resources or supports you have accessed to meet these challenges?
11. What are some resources or supports you need to meet these challenges?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

Let's talk about how the COVID-19 pandemic has impacted early care and education in Georgia since March. I want us to think about the pandemic in three phases.

Finally, I'd like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

12. Let's think back to March, April, and May. How was early care and education impacted at that time, when everything was beginning to shut down?
13. OK, let's move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we've seen some funding and assistance from the state, we're heading back to school, those types of things?
14. How will early care and education services be impacted if the pandemic stays the same or gets worse over the next several months? [PROMPTS: Think about what might change]
15. How has the COVID-19 changed how you think about *child care/early education* in Georgia?
16. What kinds of *child care/early education* resources would be helpful to you as this public health emergency continues?

17. We know that Georgia has a large number of families who speak multiple languages or for whom another language is primarily spoken at home. In your experience, what resources would be helpful to families and children who speak multiple languages? [If a caregiver/family group: If anyone here has children who speak multiple languages, are there resources that might be useful for you?]
18. Now let's think about families who may have children with disabilities...what resources or opportunities would assist these families? [If a caregiver/family group: If anyone here has a child or children with disabilities, are there resources that might be useful for you?]
19. And for those who live in rural areas, what resources would help families and children that live in less populated areas? [If a caregiver/family group: If anyone here lives in a rural or sparsely populated area, are there resources that might be useful for you?]
20. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
21. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX D: FAMILY CHILD CARE LEARNING HOME FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Family Child Care Learning Home Protocol

Welcome and Purpose of the Focus Group

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions and Icebreaker Question

1. Please share your name, your role in the early care and education system, and how many years you have worked with children birth to five years old, and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences as a both personally and as a [CCC DIRECTOR/FCCLH PROVIDER].

Family Child Care Learning Home Specific Questions

These questions differ from the general questions by focusing on the child care center and family child care learning home's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the child care center and family child care learning home directors.

2. How did your home respond to the COVID-19 crisis?
 - a. Prompt: Business as usual? Tell us how you made that decision.
 - b. Prompt: Reduced enrollment, staff, and hours? Tell us how you made those decisions.
 - c. Prompt: Closures? Tell us how you made those decisions.
3. If you closed, how did you/will you make the decision to re-open?
 - a. Prompt: What changes to your organization or the way you provide early care and education services will you continue once the pandemic is over?
4. How did parents and/or caregivers respond to changes to your program?
 - a. Prompt: How did they respond to changes in policies and procedures?
 - b. Prompt: If you reduced enrollment, how did parents find alternative child care?
5. How did staff decide whether or not they were comfortable returning to/remaining at work?
6. How did you feel about staying open/temporarily closing/reopening?
7. In what way has DECAL's response to COVID-19 had an impact on your home?
8. Do you foresee your home recovering from the impact of the pandemic? How?

- a. Prompt: What about sustaining as you are now?
- 9. How has guidance given by the state or local governance on COVID-19 impacted your home?
 - a. Prompt: In what ways do the state and local health requirements/recommendations align? Have competing guidance affected your home?
 - b. How do they differ?
- 10. Now let's switch gears and talk about how the pandemic has affected you, your family, friends, and/or community. Let's take off our director hat and talk about your personal experiences during the pandemic.
 - a. Prompt: If you have children, can you tell us about your experience providing care when your own children were at home [challenges, positives]?
 - b. Prompt: What are some of the other challenges you have faced since the pandemic started?
- 11. What are some resources or supports you have accessed to meet these challenges?
 - a. What are some resources or supports you need to meet these challenges?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

Let's talk about how the COVID-19 pandemic has impacted early care and education in Georgia since March. I want us to think about the pandemic in three phases.

Finally, I'd like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

- 12. Let's think back to March, April, and May. How was early care and education impacted at that time, when everything was beginning to shut down?
- 13. OK, let's move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we've seen some funding and assistance from the state, we're heading back to school, those types of things?
- 14. How will early care and education services be impacted if the pandemic stays the same or gets worse over the next several months? [PROMPTS: Think about what might change]
- 15. How has the COVID-19 changed how you think about *child care/early education* in Georgia?
- 16. What kinds of *child care/early education* resources would be helpful to you as this public health emergency continues?
- 17. We know that Georgia has a large number of families who speak multiple languages or for whom another language is primarily spoken at home. In your experience, what resources would be helpful to families and children who speak multiple languages? [If a caregiver/family group: If

anyone here has children who speak multiple languages, are there resources that might be useful for you?]

18. Now let's think about families who may have children with disabilities...what resources or opportunities would assist these families? [If a caregiver/family group: If anyone here has a child or children with disabilities, are there resources that might be useful for you?]
19. And for those who live in rural areas, what resources would help families and children that live in less populated areas? [If a caregiver/family group: If anyone here lives in a rural or sparsely populated area, are there resources that might be useful for you?]
20. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
21. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX E: CAPS FAMILIES FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

CAPS Families Focus Group Protocol

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions and Icebreaker Question

1. Please share your name and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences both personally and as a family receiving CAPS/family with a child in early child care.

CAPS Parent-Specific Questions

These questions differ from the general questions by focusing on the parent or caregiver's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the family focus groups.

2. Generally, how has the pandemic impacted your family? Tell us a little about your experience with early care and learning during this time.
3. How did the pandemic affect your ability to go to school [for those in school]?
4. Did you have to drop out of school to care for your child/children?
5. Were you able to continue going to school?
6. How did the pandemic affect your ability to work [for those with jobs]?
 - a. PROMPTS: Were you able to work remotely? Were you considered an essential worker? Did you have a reduction in hours? Job loss? [ASK PARTICIPANTS TO DESCRIBE THIS EXPERIENCE]
7. Let's talk about emergency waivers, did anyone apply for an emergency waiver? If so, can you tell us about your experience?
8. How have you been able to find services that you need beyond DECAL?

9. What supports do you have?
 - a. What supports do you need?
 - b. What has been your greatest barrier to getting support?
 - c. If the pandemic continues, what types of support might you need in the future?
10. How has the quality of child care been during the pandemic?
11. How are you making decisions to return to child care for your children? [e.g. safety, quality]
12. What types of information did you have access to when making decisions about child care during the COVID-19 health emergency?
 - a. Prompts: did you look at DECAL’s website every day? Did you look at DPH’s website? Check local news or Twitter? Parent support group? Friends?
 - b. Prompt: How did you receive information/communications from your child care center?
13. How did you receive information from DECAL?
 - a. Was it enough or too much?
 - b. How were you likely to receive information?
 - i. Prompts: email, text messages, phone calls, social media
14. What kinds of guidelines or information on reducing risk would be helpful when making decisions about child care?
 - a. How would you like to see that information? (e.g. newsletter? E-mail? Infographic?)
15. What would you change about your child care provider’s response to the COVID-19 public health emergency?
 - a. What would you keep the same?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

Let’s talk about how the COVID-19 pandemic has impacted early care and education in Georgia since March. I want us to think about the pandemic in three phases.

Finally, I’d like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

16. Let’s think back to March, April, and May. How was early care and education impacted at that time, when everything was beginning to shut down?
17. OK, let’s move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we’ve seen some funding and assistance from the state, we’re heading back to school, those types of things?

18. How will early care and education services be impacted if the pandemic stays the same or gets worse over the next several months? [PROMPTS: Think about what might change]
19. How has the COVID-19 changed how you think about *child care/early education* in Georgia?
20. What kinds of *child care/early education* resources would be helpful to you as this public health emergency continues?
21. We know that Georgia has a large number of families who speak multiple languages or for whom another language is primarily spoken at home. In your experience, what resources would be helpful to families and children who speak multiple languages? [If a caregiver/family group: If anyone here has children who speak multiple languages, are there resources that might be useful for you?]
22. Now let's think about families who may have children with disabilities...what resources or opportunities would assist these families? [If a caregiver/family group: If anyone here has a child or children with disabilities, are there resources that might be useful for you?]
23. And for those who live in rural areas, what resources would help families and children that live in less populated areas? [If a caregiver/family group: If anyone here lives in a rural or sparsely populated area, are there resources that might be useful for you?]
24. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
25. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX F: BABIES CAN'T WAIT FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Early Intervention Services (Babies Can't Wait) Protocol

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions and Icebreaker Question

1. Please share your name and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences as a both personally and as a [FAMILY RECEIVING SERVICES FROM BABIES CAN'T WAIT].

Early Intervention Services Family Questions

These questions differ from the general questions by focusing on the parent or caregiver's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the family focus groups.

2. How has the pandemic impacted your family?
3. What supports have you used during this time?
4. What supports have you needed that you couldn't find or use?
5. If the pandemic continues, what supports do you think you will need in the future?
6. [TEASE OUT DIFFERENCES/PROS/CONS OF TELEHEALTH] Have you received services from [BABIES CAN'T WAIT] during/throughout the pandemic?
 - a. If so, how were these services provided (in-person/telehealth/in your child care center)?
7. [TELEHEALTH] For those who received telehealth services, did you feel you had the skills necessary to "fill in" for your service provider (e.g. physical therapy, medically fragile families, becoming the primary caregiver for therapy)?
8. What do you like about telehealth services?
 - a. What don't you like about telehealth services?

9. {TELEHEALTH} If telehealth: Can you tell us about whether technology was a challenge for your household?
 - a. Prompts: Level of technological knowledge?
 - b. Bandwidth consistent for an entire session?
10. If you did **NOT** receive services, why not?
11. If your other child/children is attending virtual school, how are you balancing online learning with therapy?
 - a. Follow up: How do you balance the needs of therapy while splitting time with other caregiving needs? [ASSESSING WHETHER THERAPEUTIC GOALS ARE TOO MUCH OR REASONABLE FOR FAMILIES RIGHT NOW]
12. What types of information did you have access to when making decisions about [early intervention services/your child care center] during the COVID-19 health emergency?
 - a. Prompts: Where did you go to find information? Did you look at Babies Can't Wait/DECAL's website every day? Did you look at DPH's website? Check local news or Twitter? Parent support group? Friends?
 - b. Prompt: How did you receive information/communications from your therapist?
 - c. How would you like to receive information from your therapist/child care center?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

Let's talk about how the COVID-19 pandemic has impacted early care and education in Georgia since March. I want us to think about the pandemic in three phases.

Finally, I'd like us to look towards the future and think about how early care and education services may be impacted if the pandemic stays the same or worsens.

13. Let's think back to March, April, and May. How was early care and education impacted at that time, when everything was beginning to shut down?
14. OK, let's move forward a bit. How is early care and education being impacted now that the stay at home order is lifted and we've seen some funding and assistance from the state, we're heading back to school, those types of things?
15. How will early care and education services be impacted if the pandemic stays the same or gets worse over the next several months? [PROMPTS: Think about what might change]
16. How has the COVID-19 changed how you think about *child care/early education* in Georgia?
17. What kinds of *child care/early education* resources would be helpful to you as this public health emergency continues?

18. We know that Georgia has a large number of families who speak multiple languages or for whom another language is primarily spoken at home. In your experience, what resources would be helpful to families and children who speak multiple languages? [If a caregiver/family group: If anyone here has children who speak multiple languages, are there resources that might be useful for you?]
19. Now let's think about families who may have children with disabilities...what resources or opportunities would assist these families? [If a caregiver/family group: If anyone here has a child or children with disabilities, are there resources that might be useful for you?]
20. And for those who live in rural areas, what resources would help families and children that live in less populated areas? [If a caregiver/family group: If anyone here lives in a rural or sparsely populated area, are there resources that might be useful for you?]
21. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
22. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

APPENDIX G: PRESCHOOL SPECIAL EDUCATION FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Early Intervention Services – Preschool Special Education Protocol

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions and Icebreaker Question

1. Please share your name and tell us your favorite quarantine guilty pleasure. I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences as a both personally and as a family receiving services from [PRESCHOOL SPECIAL ED].

Preschool Special Education Family Questions

These questions differ from the general questions by focusing on the parent or caregiver's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the family focus groups.

2. [SOFT GENERAL OPEN] How has the pandemic impacted your family?
3. What supports have you used during this time?
 - a. What supports have you needed that you couldn't find or use?
 - b. If the pandemic continues, what supports do you think you will need in the future?
4. Where does your child currently receive preschool special ed services?
 - a. Prompts: special education class, general education classes
5. [TEASE OUT DIFFERENCES/PROS/CONS OF VIRTUAL] Have you received services from [PRESCHOOL SPECIAL ED] during/throughout the pandemic?
 - a. If so, how were these services provided (in-person/virtual/in your child care center/elementary school)?
6. [VIRTUAL] For those who received virtual services, did you feel you had the skills necessary to "fill in" for your child's teacher or therapist?
7. How comfortable were you in supporting your child's instruction or therapy?

8. What do you like about virtual services?
 - a. What don't you like about virtual services?
9. {VIRTUAL} Can you tell us about whether technology was a challenge for your household?
 - a. Prompts: Level of technological knowledge?
 - b. Bandwidth consistent for an entire session?
 - c. If you did **NOT** receive services, why not?
10. How much support have you had from Preschool Special Ed during this time?
 - a. Prompt: When was your last IEP meeting?
 - b. Prompt: Have you received activities that are appropriate for your child?
 - c. Prompts: What types of supports have helped you maintain or grow educational connections during this time for your child?
11. [ASKING ABOUT VIRTUAL TO GET AN IDEA OF SPECIAL NEEDS FOR POPULATION] If your child/children is attending virtual school, how is it working for them?
 - a. Follow up: How is your child's Progress on IEP goals? Are they maintaining, growing, or losing skills?
12. What types of information did you have access to when making decisions about [early intervention services/your child care center] during the COVID-19 health emergency?
 - a. Prompts: Where did you go to find information? Did you look at Preschool Special Ed/DECAL's website every day? Did you look at DPH's website? Check local news or Twitter? Parent support group? Friends? School system website?
 - b. Prompt: How did you receive information/communications from your specialist?
13. How would you like to receive information about your child's IEP services?
 - a. Prompt: How did you receive information/communications from your child's teachers/specialists?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

14. What kinds of *child care/early education* resources would be helpful to you as this public health emergency continues?
15. We know that Georgia has a large number of families who speak multiple languages or for whom another language is primarily spoken at home. In your experience, what resources would be helpful to families and children who speak multiple languages? [If a caregiver/family group: If anyone here has children who speak multiple languages, are there resources that might be useful for you?]

16. Now let's think about families who may have children with disabilities...what resources or opportunities would assist these families? [If a caregiver/family group: If anyone here has a child or children with disabilities, are there resources that might be useful for you?]
17. And for those who live in rural areas, what resources would help families and children that live in less populated areas? [If a caregiver/family group: If anyone here lives in a rural or sparsely populated area, are there resources that might be useful for you?]
18. What do you think are the biggest challenges faced by families of children who need early care and education services during this time?
19. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING

APPENDIX H: FOSTER FAMILIES FOCUS GROUP PROTOCOL

PDG B-5 COVID-19 Focus Groups

Foster Care Families Protocol

Welcome and Purpose of the Focus Groups

Good morning/afternoon/evening. Thank you for taking the time to join our discussion of the COVID-19 pandemic in your early childhood care and education services community.

My name is [RESEARCHER 1] and this is [RESEARCHER 2] and we will be your moderators for the day.

As part of a study on the impact of the COVID-19 pandemic on the birth through five early care and education system, the Georgia Department of Early Care and Learning Bright from the Start is working with the Carl Vinson Institute of Government to conduct focus groups with [LIST THE GROUPS BEING HELD]. The Department of Early Care and Learning is interested in understanding your experiences with early childhood care and education services and programs [*moderator will provide examples of services and programs applicable to each group here*] during the COVID-19 pandemic in Georgia.

As part of today's discussion, we will ask questions about the following: issues of access and demand for early childhood care and education services in your community; challenges faced during the pandemic; and suggestions for improvements.

We want to hear from all of you. There are no "right" or "wrong" answers. We're interested in positive and negative viewpoints, common and uncommon experiences. I may sometimes "direct traffic" by encouraging someone who has been quiet to talk, or by asking someone to hold off for a few minutes. However, you don't have to answer any questions you don't want to. It is important that you feel comfortable speaking candidly. To encourage open and honest discussion, we ask that you only use first names or, if you prefer, a nickname or alias. We ask that you respect the confidentiality of everyone here. Please don't repeat who said what when you leave this room.

We will be recording for an accurate record of this conversation. After our discussion, this recording will be transcribed and names will be removed from the final transcript. Information will be held confidential. The researchers use the information from the transcripts to include your thoughts in the final report. No reports will link what you say to your name. What this means is, when the report is written, all names will be removed as well as anything that could possibly identify you.

During the discussion, I will ask you questions, and I will listen to what you say. I will not participate in the discussion. So please, feel free to respond to each other and to speak directly to others in the group.

It is important that you speak up and that you only speak one at a time. We don't want to miss any of your comments.

If it is OK with you, we will start now. This focus group is being conducted for [PROJECT CLIENT OR NAME] on [DATE] by [MODERATOR/RESEARCHER].

START TIME: _____

Introductions, Demographics, and Icebreaker Question

1. Please share your name and tell us your favorite quarantine guilty pleasure? I'll go first. My name is [RESEARCHER 1], and I've been with UGA for 14 years, and my guilty pleasure is hiding in the bathroom from my 4-year old and watching old Buffy the Vampire Slayer episodes. [TURN TO RESEARCHER 2: INTRODUCES SELF and we will continue virtually until everyone has introduced themselves].

Now that we know a little bit about you, I'd like you to think about your experiences as a foster parent during COVID-19.

Early Intervention Services Family Questions

These questions differ from the general questions by focusing on the parent or caregiver's response to the pandemic and not the entire birth through five delivery system. These questions cannot be analyzed across all 12 groups and will only apply to the family focus groups.

Let's think back to last spring when the COVID-19 pandemic first hit the state. Let's talk about how the COVID-19 pandemic has impacted the early care and education system in Georgia since March.

2. If your child was in a child care facility, how did your facility respond to the COVID-19 public health crisis? (E.g. did they temporarily close? Did they stay open? Did they only offer services to the essential workforce?)
 - a. Prompt: What worked? What didn't work?
 - b. Prompt: How did you find out about changes to your child care facility?
 - c. Prompt: How was information given to parents about changes to the facility and classes?
3. If your facility temporarily closed, were any alternative early care and educational resources extended/provided to you by the facility? If yes, can you describe?
4. If your facility was open, in what way did the day to day operations change (e.g. parents not allowed in the building, masks, and other safety precautions)?
5. What about new foster care families that welcomed children as the pandemic hit, in-home checks by DFCS did not happen, how did this affect your transition to foster parents?

Now let's think about the past 7 months...the stay at home order has been lifted, schools are opening back up, but we are continuing to take precautions due to COVID-19.

6. Overall, how has the pandemic impacted your family?
7. What supports have you used during this time?
 - a. What supports have you needed that you couldn't find or use?
 - b. If the pandemic continues, what supports do you think you will need in the future?
8. How would you describe your interactions with DFCS during the pandemic?
 - a. Prompt: Do you feel that DFCS put too much pressure on families to meet requirements during COVID-19?
 - b. Prompt: Do you feel you received the support you needed as a foster parent from the agency?
9. Are you able to access healthcare services for your kids (e.g. well checkups, vaccinations, dental etc.)?
10. For those of you with children who receive intervention services (e.g. educational, medical/mental health, behavioral therapies, etc.) have your children continued with these services?
 - a. If so, how were these services provided (in-person/ teleintervention /in your child care center)?
11. For those who received teleintervention services, did you feel you had the skills necessary to "fill in" for your service provider (e.g. physical therapy, medically fragile families, becoming the primary caregiver for therapy)?
12. What do you like about teleintervention services?
 - a. What don't you like about teleintervention services?
13. If you received or have continued to receive teleintervention: Can you tell us about whether technology was a challenge for your household?
 - a. Prompts: Level of technological knowledge?
 - b. Bandwidth consistent for an entire session?
 - c. If you did **NOT** receive services, why not?
14. How do you balance the needs of therapy while splitting time with other caregiving needs?
 - a. Prompt: For example, if you have other children in the home who are attending school virtually.
15. What types of information do you have access to about early care and education services available to foster care families/children?
 - a. Where did you find this information? DFCS website? Directly from a case worker? Other foster parents?
16. What kinds of early care and education resources would be helpful to you as this public health emergency continues?

General Questions

Questions that will be asked of every focus group to develop a set of overarching themes across heterogeneous groups. THESE QUESTIONS WILL PROVIDE A BROADER OVERALL PERSPECTIVE ON THE SYSTEM, NOT PERSONAL EXPERIENCES.

17. How will the system be impacted if the pandemic continues? What will be needed?
18. What do you think are the biggest challenges faced by foster children who need early care and education services during this time?
 - a. DUAL LANGUAGE
 - b. DISABILITIES
 - c. RURAL
19. As we said at the beginning, the purpose of this study is to better understand your perspective on the impact of COVID-19 on early care and education services.
 - a. Is there anything we left out?
 - b. Is there anything we didn't talk about that you think we should know?

END TIME _____

END RECORDING.

Georgia's Preschool Development Grant
BIRTH THROUGH FIVE

**IMPACT OF COVID-19 ON THE
BIRTH THROUGH FIVE SYSTEM
FOCUS GROUP REPORT**



Additional information on the PDG B-5 grant can be found at
www.decal.ga.gov/BftS/PreschoolDevelopmentGrant.aspx