



The Divergent Experiences of Early Educators in Schools and Child Care Centers during COVID-19: Findings from Virginia

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Summary:

- When COVID-19 arrived in the United States in March 2020, Virginia's school-based early childhood education (ECE) programs all shut down by state order. Child care centers, in contrast, made independent decisions about their operations.
- This report summarizes May 2020 survey findings from over 1,600 Virginia early educators, highlighting major differences in the experiences of teachers in school-based versus center-based settings during the coronavirus pandemic.
- School-based ECE teachers quickly moved to virtual teaching for the remainder of the school year. Many were concerned about lower quality interactions with the children they serve.
- Child care teachers experienced center closings, job loss, reduced hours, new cleaning and social distancing regulations, and shifting populations of children.
- Child care lead teachers were five times more likely than school-based lead teachers to live in a household receiving unemployment benefits. Two of every five child care teachers in our sample struggled to access food, and over a third could not afford to pay for their medical needs.

The coronavirus or COVID-19 pandemic completely upended education in the United States, creating unprecedented challenges for educators. Providing safe, socially distanced or virtual learning opportunities for the youngest learners (ages birth through five) proved particularly difficult. This report describes the experiences of over 1,600 Virginia early educators in May 2020, about two months after the pandemic began. It provides the most comprehensive look to date at the experiences of early childhood education (ECE) teachers during the pandemic, describing changes to teachers' jobs and their well-being. It also highlights the very stark differences in these experiences for those ECE teachers working in schools relative to those in child care centers.

ECE teachers in both schools and centers play a critical role in young children's development. However, even before the pandemic began, the compensation, benefits, and professional development opportunities teachers faced across these two settings were vastly different. School-based ECE programs, such as state-funded pre-kindergarten, often require that teachers hold a bachelor's degree

and provide them with the same pay and supports as K-12 teachers. In contrast, child care centers, which rely on family fees and government subsidies, typically have much lower funding levels and require lower credentials for their teachers. Child care center staff in the United States, on average, are paid about a third as much as kindergarten teachers. Over half use food stamps, Medicaid, or other publicly funded social supports.¹

The COVID-19 pandemic exacerbated these already striking differences. School systems responded to the coronavirus by quickly shutting down in-person instruction in favor of virtual learning. In Virginia, public schools were closed by executive order of the governor on March 23, 2020. Teachers at these schools, including pre-k or school-based ECE teachers, continued to be paid their usual salaries, and many provided virtual learning opportunities for their students for the remainder of the school year.

The governor's order did not apply to child care centers. Many stayed open to serve the needs of essential workers. As stay-at-home orders took hold, centers faced profound financial challenges from rapidly dwindling enrollment. They responded in a number of ways, including closing, shortening hours, or adopting new operating procedures. Programs struggled to continue to pay their teachers, many of whom were furloughed, working without pay, or temporarily or permanently laid off.²

In the months since the pandemic began, many reports and articles in the popular press have highlighted the crisis faced by child care providers, and its implications for children, families, and the economy.³ As fall approaches and schools wrestle with how best to reopen, a separate public discourse focuses on how to ensure the safety of school-based teachers.⁴ These conversations are rarely linked to one another. There has been little discussion of the different experiences of ECE teachers relative to K-12 teachers,⁵ and even less about the diverging experiences of early educators, as determined by whether they work in schools versus child care centers.

This report aims to fill that gap. The report is organized into four sections. The first provides background about the Virginia context and our surveys. The second and third sections describe what we learned from teachers about the operations of their sites and their own employment experiences (e.g., changes in their working hours and earnings)—first in school-based ECE settings, and then in publicly funded child care centers. Finally, the fourth section presents findings on school- and center-based teachers' financial and emotional well-being and their access to supports.

The PDG B-5 context & surveys

In 2019, with support from a federal Preschool Development Grant Birth through Five award (PDG B-5), the Virginia Department of Education, the Virginia Early Childhood Foundation, and the University of Virginia began a set of efforts to improve ECE in the state. During that pilot year, 26 Virginia cities and counties participated, covering about a third of the state's total population. These communities, which include urban, suburban, and rural settings, largely mirror Virginia's population with respect to racial and ethnic composition, though they have a slightly lower median household income than the state overall.⁶

All publicly funded ECE programs in these communities, including school-based, center-based, and home-based programs, were invited to participate in PDG B-5.⁷ In total, 415 school- and center-based programs participated, representing about 90% of all school-based programs and just over 40% of publicly funded child care centers in these communities.⁸

This report presents findings from a May 2020 survey of teachers who worked in school- and center-based ECE programs. We invited all school- and center-based teachers who worked with children ages 0-5 for at least 30 hours per week when the PDG B-5 started (one year earlier, in May 2019) to take the survey. This group included about 2,500 teachers from 198 child care centers and 213 school-based ECE settings in Virginia.⁹ The survey was administered in English and Spanish, could be taken online or on paper, and could be completed in about 30 minutes. Teachers who submitted the survey received a \$25 gift card.

Of those invited, 1,850 teachers from 398 sites completed the survey, yielding a response rate of 74%. This response rate is high; survey response rates among early educators often do not exceed 40%.¹⁰ Further, our survey population, which is made up of individuals who had been working in publicly funded ECE *prior* to the pandemic, allows us to provide a rich look at the pandemic-related experiences of ECE teachers—even those who were laid off or opted to leave, and those whose sites were no longer operating in the months after COVID-19 hit.

Because this report focuses on ECE teachers' experiences during COVID-19, we exclude teachers who left their positions prior to the pandemic. We present findings on 1,614 teachers (937 in child care centers and 677 in school-based programs). In this sample, 63% of respondents were currently or most recently

employed as lead teachers, and the rest included assistant teachers, floaters, or other individuals working in the classroom with children.¹¹

Table 1 describes the early educators we surveyed and shows large differences in teacher characteristics across setting and role. For example, about half of lead teachers in child care centers did not hold any post-secondary degree, and a third held bachelor's degrees (BA) or more. In contrast, nearly all school-based lead teachers held a BA. While two in five child care lead teachers had annual household incomes under \$25,000, almost no school-based lead teachers fell into this category. About half of center lead teachers were White compared to 86% of school-based lead teachers.

In both centers and in schools, assistant teachers had significantly lower levels of education and household income relative to lead teachers. For example, only 11% of lead teachers in schools had annual household incomes less than \$45,000, compared with more than half of their assistant teachers. Strikingly, school-based assistant teachers' education looked most similar to *lead* teachers in centers (in both groups, a third held a BA), and on average, school-based assistant teachers had household incomes higher than that of lead teachers in centers.

Table 1. Survey Respondents' Demographic Characteristics

	Total N=1,400	Centers		Schools	
		Lead teachers N=527	Assistant teachers N=262	Lead teachers N=365	Assistant teachers N=246
	Mean	Mean	Mean	Mean	Mean
Female	0.98	0.98	0.95	1.00	0.98
Age (years)	41.97	39.94	39.21	43.20	47.29
Hispanic	0.10	0.12	0.18	0.04	0.07
White, non-Hispanic	0.65	0.54	0.46	0.86	0.77
Black, non-Hispanic	0.18	0.25	0.24	0.07	0.13
Other, non-Hispanic	0.07	0.10	0.11	0.03	0.04
No post-secondary degree	0.38	0.51	0.62	0.01	0.40
Bachelor's or higher degree	0.48	0.33	0.24	0.98	0.33
Household income < \$25,000/year	0.27	0.38	0.45	0.01	0.26
Household income < \$45,000/year	0.52	0.67	0.77	0.11	0.54
Household income > \$100,000/year	0.13	0.05	0.05	0.30	0.13
Have children under 18 in household	0.54	0.56	0.56	0.54	0.48

Note: Based on responses of teachers in our 2020 sample who took the 2019 baseline survey.

Working in School-Based ECE Programs During the Coronavirus Pandemic

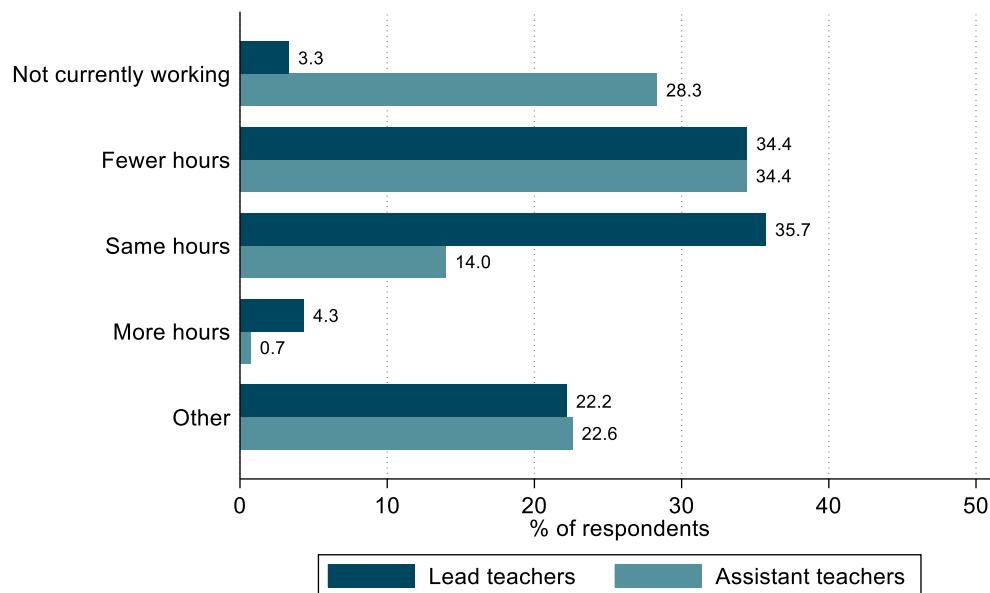
On March 23, 2020, the governor's executive order required that all Virginia public schools stop in-person instruction. This section describes the experiences of teachers at ECE programs based in these schools.

School-based teachers' own employment and earnings

Nearly all lead and assistant school-based teachers reported remaining employed at their schools, yet they experienced significant changes to their work: teachers at nearly all school-based ECE programs (99%) were working remotely.

Changes differed substantially between lead and assistant teachers. Assistant teachers' hours were impacted much more seriously than were lead teachers'. As shown in Figure 1, although nearly all teachers said they were still employed, 28% of assistant teachers reported that they were not currently working at all, compared to only 3% of lead teachers. Whereas 40% of lead teachers indicated they were working the same or more hours as prior to the pandemic, this was only the case for about 15% of assistant teachers.

Figure 1. Changes to School-Based Teachers' Work Hours During the Pandemic



Note: Based on 671 responses of teachers who reported still being employed at school sites.

Of those who reported working for pay in the past week, lead teachers reported working an average of 28 hours in the past week, and assistant teachers an average of 19 hours.

Overall, only 7% of lead and assistant teachers in schools experienced a decrease in their weekly earnings during the pandemic.

Changes to work for school-based teachers

Twenty-nine percent of lead teachers in schools and 12% of assistant teachers reported spending personal funds on pandemic-related supplies to be used for their schools. On average, lead and assistant teachers reported spending \$59, and less than 5% reported spending more than \$200.

The vast majority of school-based ECE teachers reported a decline in the quality of interactions with the young children they teach due to the pandemic: 93% of lead teachers and 74% of assistant teachers indicated interaction quality had gotten worse. These patterns may be because of the exclusively virtual nature of school-based teachers' current interactions with children. One teacher noted that she received "very little guidance on how to teach virtually for preschoolers." Another explained, "Social interaction and play are the most important aspects of my job as a Pre-K teacher. I interact with my students everyday through distance learning but it is not the same as the experiences they would have in a classroom setting." Another stated that it was "hard to teach some concepts to young children virtually. Most children are not as interested in learning and some parents don't motivate them. Some children have completely dropped off."

"Social interaction and play are the most important aspects of my job as a Pre-K teacher. I interact with my students everyday through distance learning but it is not the same as the experiences they would have in a classroom setting."

Working in Child Care Centers During the Coronavirus Pandemic

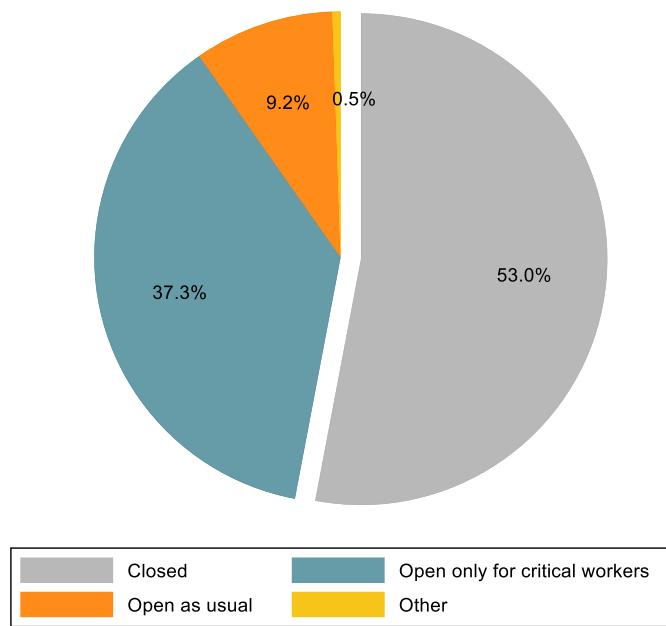
This section focuses on the experiences of teachers in child care centers. Unlike schools, which all closed in response to Governor Northam's March mandate, child care centers in Virginia made independent, varying decisions about whether or how to remain open during the coronavirus pandemic. In April, just over half of publicly funded child care centers in the Commonwealth were reported to have shut down.¹²

Center operations

While most questions on the survey asked teachers about their own experiences, the survey also asked teachers a set of questions about their sites' operations during the pandemic (e.g., whether their centers were open or closed). For these items, we aggregated results to the site level, and this section presents findings for 185 child care centers.¹³

Based on teacher reports, over half of centers (53%) were shut down at the time of the survey, and 37% were open only to serve families of essential workers (Figure 2). Only 9% of centers were open and operating as usual.

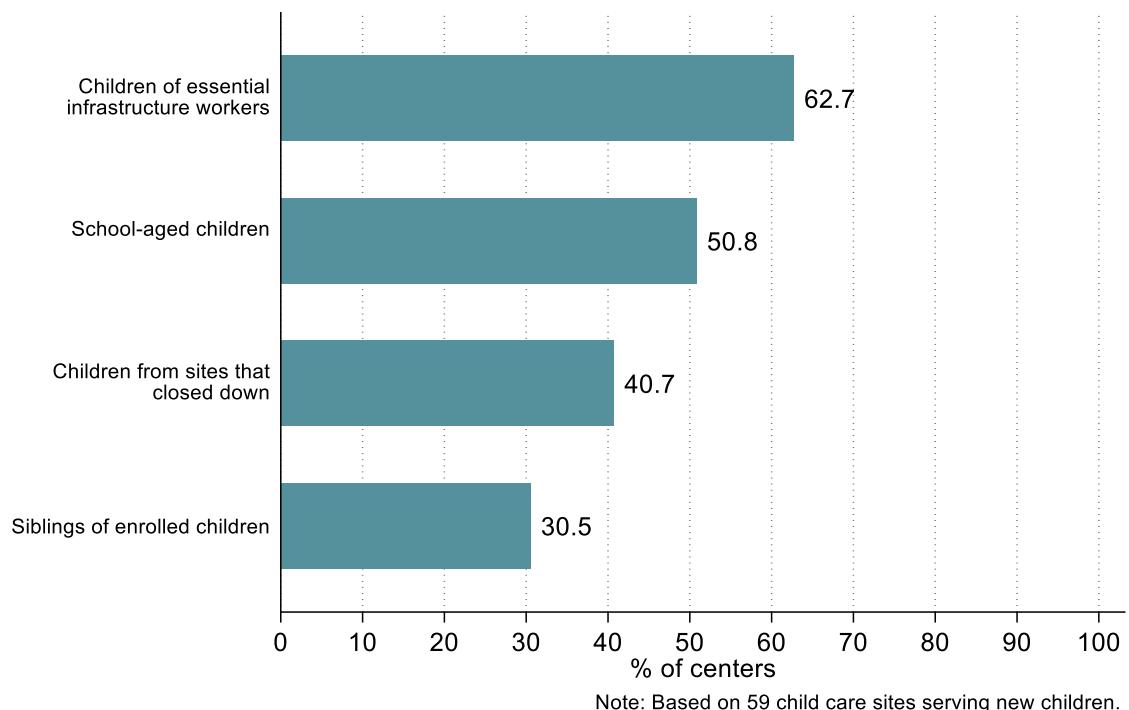
Figure 2. Teacher-Reported Operational Status of Centers



Most teachers (89%) at closed centers reported their centers would reopen at a later date, though 11% indicated they did not know if their centers would reopen. Even at centers that were open, some teachers indicated considerable stress and uncertainty about the future. For example, one teacher wrote, "This pandemic has really been a financial burden on my center as a whole...The owner of the business is having to dip into personal funds to maintain the child care business."

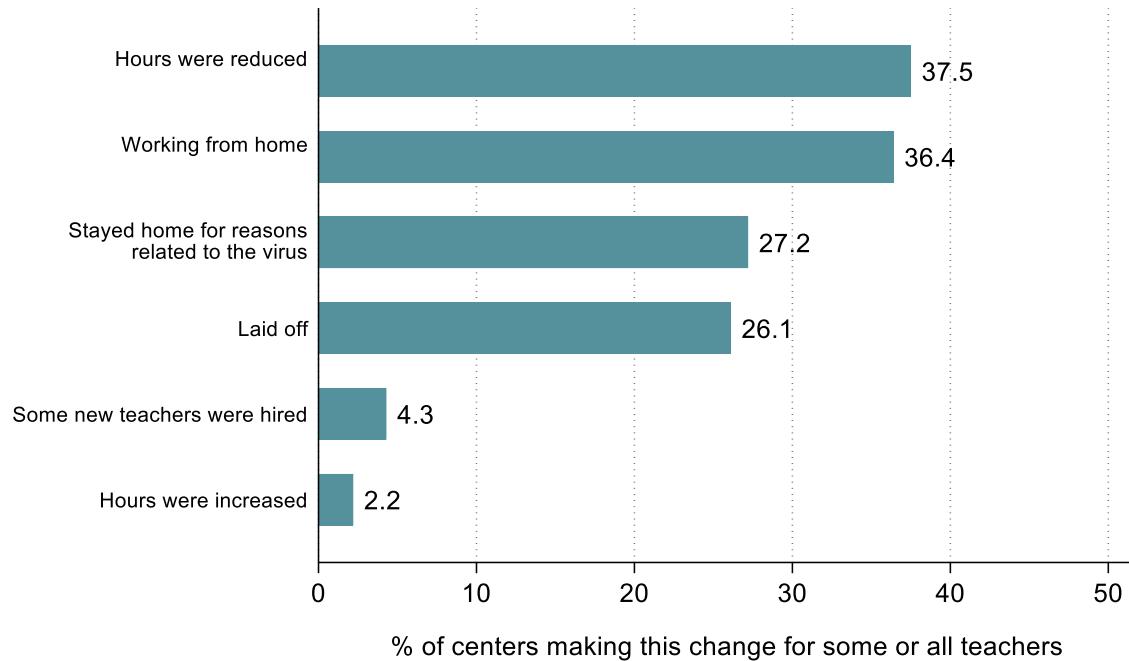
Teachers in about a third of all centers (32%) reported that their centers started serving new children since the pandemic began. Figure 3 shows that among those centers serving new children, the most common additions were children of essential infrastructure workers (63%). A teacher at one such center noted, "I am very thankful for...being able to help...the essential personnel children that we are currently caring for." Many centers also added school-aged children (51%), children from sites that closed down (41%), and siblings of enrolled children (31%).

Figure 3. Categories of New Children Served at Centers with New Enrollments



Teachers reported significant shifts in their centers' staffing (Figure 4). In particular, at 38% of centers, some or all teachers had their hours reduced, and at 36% of centers, some or all teachers were working from home. At over a quarter of centers (26%), teachers reported that some or all teachers were laid off.

Figure 4. Staffing Changes at Child Care Centers During the Pandemic



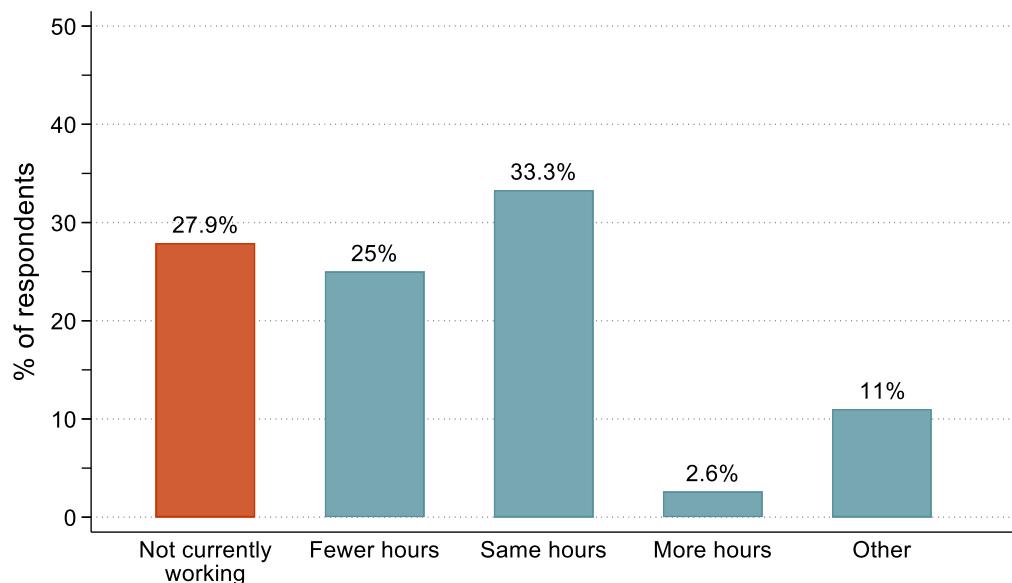
Note: Data from 184 child care sites

Child care teachers' own employment and earnings

The results above were about operation and staffing at the center level. In this section, we focus on teachers' reports of their own employment experiences. Nearly all child care teachers (92%) reported that they were still employed at their centers when they took the survey. The rest (8%) indicated they were no longer employed at their centers for reasons related to the pandemic. Rates of perceived continued employment did not vary meaningfully by teachers' role; 92% of lead teachers and 91% of assistant teachers reported they were still employed.¹⁴ They also did not vary significantly by center operating status: 94% of teachers who worked at open centers reported they were still employed, as did 91% who had worked at closed centers.

Notably, over a quarter (28%) of teachers who identified as still employed also reported that they were not currently working (Figure 5).¹⁵ Another quarter (25%) indicated their hours declined.

Figure 5. Changes to Child Care Teachers' Work Hours During the Pandemic

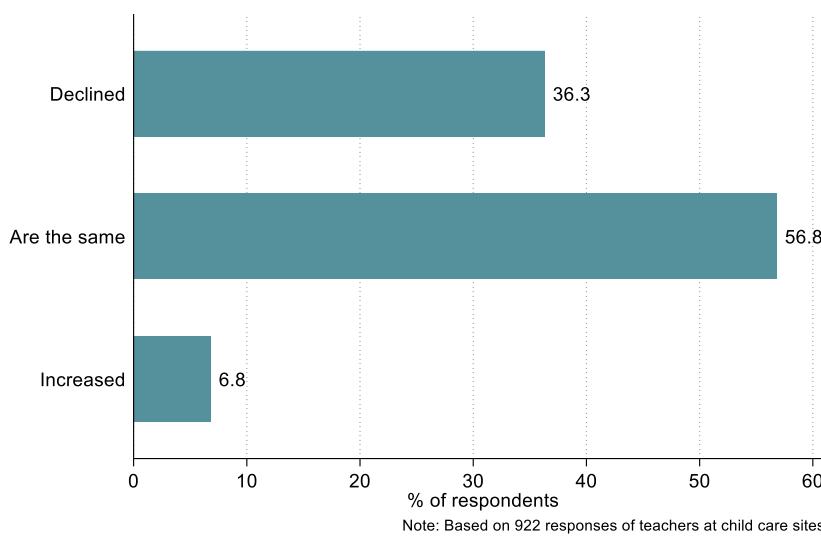


Note: Based on the 860 child care teachers (92%) who reported still being employed at their site.

Some teachers who were furloughed or laid off without pay may have nonetheless reported that they were still employed by their centers because they believed they would begin working and receiving pay again in the future. Based on their responses to key survey questions, we estimate that about 13% of child care teachers were laid off at the time they took the survey.¹⁶ One such teacher explained her experience being laid off: "My boss told us to file for unemployment...Thankfully, I had arranged my babysitting job the day before we were laid off. I was hoping we would still get paid, but nothing has happened as of yet." Another wrote, "I miss the children and their families and my co-workers and managers so much."

While over half (57%) of all child care teachers (regardless of whether they were still employed) reported their earnings remained steady during the pandemic, more than a third (36%) experienced declines in their weekly earnings (Figure 6). This is in stark contrast to school-based programs, where only 7% of lead and assistant teachers reported decreases in their earnings.¹⁷ One child care teacher explained, "Financially, it has been tough making ends meet since the pay is reduced due to less hours." Among child care teachers who were laid off, 58% reported declines in their weekly earnings.

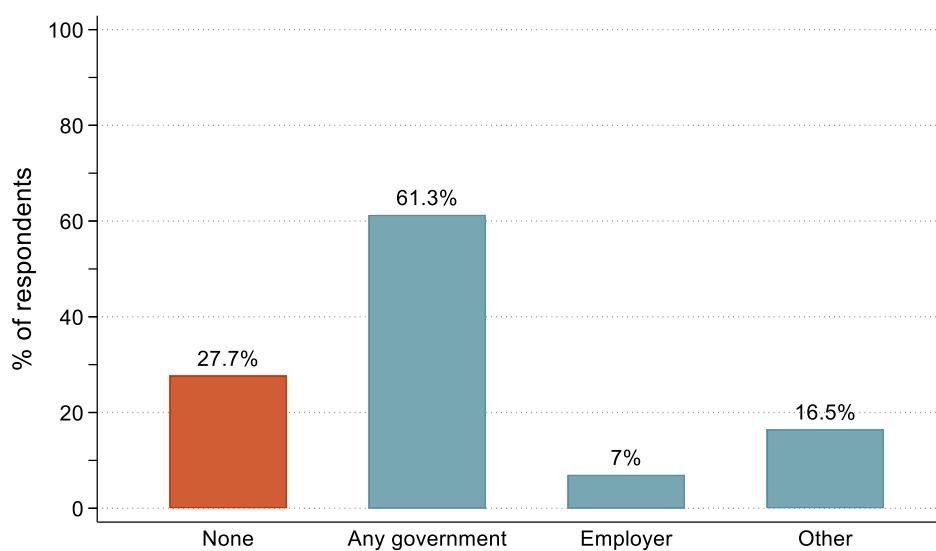
Figure 6. Changes in Child Care Teachers' Earnings During the Pandemic



Note: Based on 922 responses of teachers at child care sites.

Close to a third (28%) of child care teachers whose earnings declined reported that they had not received any pandemic-related financial assistance, such as support from family, friends, or a community fund, their employer, or government relief payments (Figure 7). The most common source of financial assistance (61%) for these teachers was local, state, or federal governments. Several teachers reported dissatisfaction with the amount of financial support available. One teacher wrote, “More provisions, especially financial, could have been made for essential child care workers.”

Figure 7. Reported Sources of Pandemic-Related Financial Assistance for Child Care Teachers with Declined Earnings



Note: Based on 328 responses of teachers at child care sites who reported decreased earnings.

Changes to work for still-employed child care teachers

This section further explores the experiences of the 860 child care teachers who reported that they were still employed at their centers. As described in Figure 5, a third of these child care teachers reported they were still working the same hours as before the pandemic, while a quarter reported working fewer hours and 28% reported they were not currently working at all. Still-employed child care teachers who were currently working reported that they had worked 31 hours in the past week, on average.

The survey showed teachers a list of reasons they may have missed work and asked them to indicate all reasons that applied to them. Table 2 shows that nearly half (47%) of still-employed child care teachers reported that they had missed no work. Many teachers, however, did report missing work. The most common reason teachers gave for missing work during the pandemic was that their center was shut down or that they were laid off at some point (26%). Another 16% indicated they missed work to follow social distancing guidelines. A significant portion of teachers (8%) said they missed work either because they themselves felt sick or felt they may have been exposed to the coronavirus, or because that was true for someone in their family or household. One teacher explained that she tried to stay home when feeling sick, but “I was told that I needed to come in due to low staffing... I went home at the end of my shift with a fever.” In the days following, she noted, “I finally made the decision not to go to work even if they fire me because of it.”

“I was told that I needed to come in due to low staffing... I went home at the end of my shift with a fever... I finally made the decision not to go to work even if they fire me because of it.”

Table 2. Reasons Still-Employed Child Care Teachers Missed Work During the Pandemic

Variable	Percentage
No, I have not missed any work during the coronavirus pandemic	47.2
My site/my employer was shut down or I was laid off	25.7
To follow official guidance for social distancing	16.1
My own children were out of school	7.2
I felt sick or felt that I may have been exposed to coronavirus	4.2
Someone in my family or household felt sick or felt they may have been exposed to coronavirus	3.4
Other	6.6

Note: Based on 853 responses of teachers who reported still being employed at child care sites.

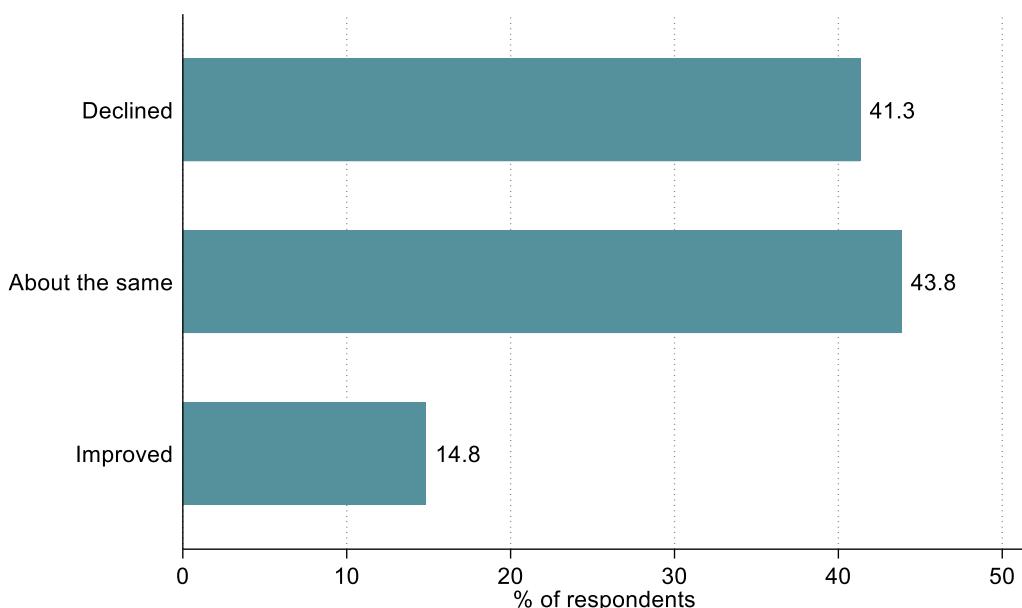
Nearly a quarter (24%) of child care teachers reported that they spent personal funds on pandemic-related supplies for their centers. These teachers spent an average of \$124 on such supplies, and 9% of teachers who spent any of their own money reported spending more than \$200. As described above, similar shares of school-based ECE teachers indicated they spent their own money on these supplies, but those who did reported spending half as much, on average, as child care teachers.

As shown in Figure 8, just over 40 percent of currently working child care teachers reported that the quality of teacher-child interactions declined during the pandemic. At the same time, 44 percent the quality of interactions had stayed the same and another fifteen percent noted interactions had actually improved. These patterns are in sharp contrast to those described above for school-based ECE teachers who nearly all reported a decline. School-based teachers' greater concerns about interaction quality may be explained by their nearly universal shift to online and/or distanced instruction. Consistent with that possibility, our findings show that child care teachers' impressions of interaction quality varied greatly based on whether their centers were providing in-person care. Over two-thirds of still-working teachers at centers that had closed for in-person care reported declined quality of interactions, compared with only a quarter of those at open centers. Moreover, a fifth of teachers at open centers indicated that the quality of interactions had improved – perhaps due to smaller class sizes during the pandemic.

Of course, teachers interacting with children in person care faced their own set of challenges to quality during the pandemic.. One child care teacher explained, "I

try to maintain active interaction with the kids, but while maintaining social distancing when possible, which is not very easy when they are only four-year-olds."

Figure 8. Child Care Teachers' Perceptions of Changes in Teacher-Child Interaction Quality



Note: Based on 479 responses of teachers who reported still being employed and still working at child care sites.

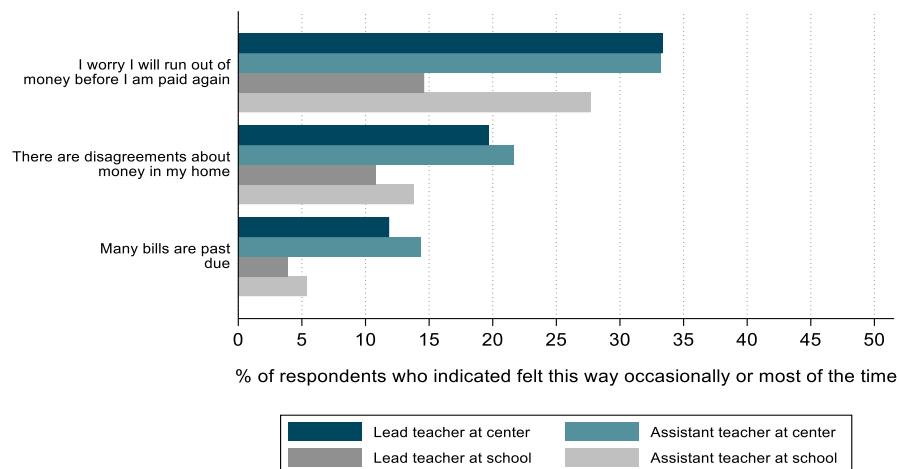
Well-Being and Supports

This section explores teachers' financial and emotional well-being and their receipt of supports. It describes all 1,614 early educators in the sample, including those who worked in school-based ECE programs and those who worked in child care centers, irrespective of whether they were employed or working at the time of the survey.

Well-Being

Teachers' well-being, including both their financial and emotional well-being, has been linked to the quality of care children experience and to children's outcomes.¹⁸ The survey asked teachers about a variety of stressors that may compromise their well-being. Figure 9 shows the share of teachers who reported experiencing three measures of financial insecurity either occasionally or most of the time during the past three months. The figure highlights substantial differences across settings and roles. For instance, a third of child care teachers (including both lead and assistant teachers) reported that they were worried they would run out of money before they were paid again. Among lead teachers at schools, the rate was half as high (15%). The same pattern holds for disagreements about money or past-due bills. Notably, across all items, assistant teachers at schools reported greater financial insecurity than did lead teachers at schools, but significantly less insecurity than did either lead or assistant teachers in child care centers. For instance, 5% of assistant teachers at schools reported having many past due bills, compared to 12% of *lead* teachers in child care centers.

Figure 9. Indicators of Financial Insecurity Teachers Experienced Occasionally or Most of the Time (Past Three Months)



Teachers also reported whether they had enough money to pay for a set of common household expenses in the past three months (Table 3). Not all expenses were applicable to all teachers (e.g., some teachers did not need to pay for child care or educational debt); for each expense we present findings for those who did respond.

Many child care lead and assistant teachers indicated that in the three months prior to the survey they did not have enough money to pay for basic needs. For instance, over a third (35%) of lead

teachers in centers reported they lacked sufficient funds to pay for their medical needs, about 40% reported struggling to pay for non-education related debt, and 18% reported struggling to pay for their mortgage or rent. Among assistant

teachers, these rates were even higher. One teacher explained, “Most of us depend on our paycheck to pay our bills and rents,” and another wrote, “I wouldn’t be able to keep a roof over our heads if I wasn’t renting from a family member.”

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family member.”**

Center-based teachers reported much more substantial challenges than did teachers in schools. Comparing lead teachers across settings, for almost every expense, at least twice the share of child care teachers as school-based teachers reported not being able to pay. Still, even among school-based lead teachers, many (22%) struggled to pay their debts, and 1 in 10 (11%) reported difficulty paying for their medical needs in the past three months.

As noted above, assistant teachers at schools reported greater financial insecurity than did lead teachers at schools, but significantly less insecurity than did either lead or assistant teachers in child care centers. For instance, 18% of assistant teachers at schools reported struggling to pay for their medical needs—considerably more than reported among school-based lead teachers (11%), but nearly half as high as the rates among all center-based teachers.

Table 3. Specific Expenses Teachers Struggled to Afford (Past Three Months)

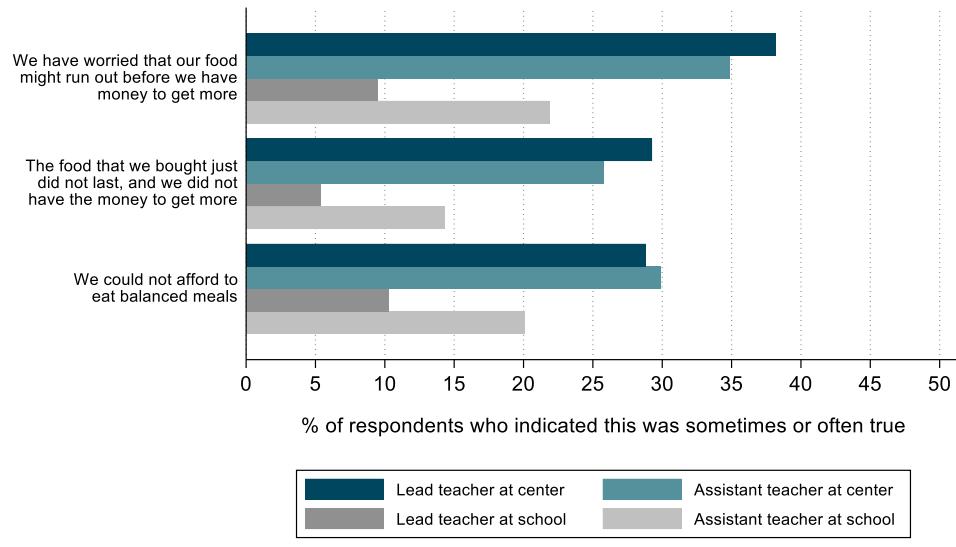
Variable	Centers				Schools			
	Lead teachers		Assistant teachers		Lead teachers		Assistant teachers	
	N	%	N	%	N	%	N	%
Educational debt	300	61.3	165	58.2	213	26.8	106	36.8
Other debt	502	39.0	253	42.3	352	21.6	234	27.8
Medical needs	482	35.3	260	37.3	367	10.9	242	17.8
Mortgage/rent/utilities	558	17.6	269	22.3	377	6.4	254	9.8
Transportation	561	16.4	272	17.6	379	4.5	262	9.9
Clothes	520	32.9	252	35.3	354	16.1	246	28.5
Child care	237	39.7	130	47.7	118	17.8	56	41.1
Unexpected events/emergencies	447	52.3	227	48.9	311	28.9	204	33.8

Note: Teachers who indicated a particular expense was not applicable or left it blank are excluded.

The survey asked teachers how often they had experienced three indicators of food insecurity in the past three months (Figure 10). Patterns here mirrored those observed for other indicators of financial stress. Over a third (37%) of lead and assistant teachers at child care centers reported that in the past three months they “worried their food might run out before they had money to get more.” For lead teachers in schools, this was true for less than 10% of teachers. Assistant teachers in schools, once again, showed much higher rates (22%) than did lead teachers, but their rates were considerably lower than teachers at child care centers.

Typically, individuals are classified as food insecure if they agree that any of the three statements about food insecurity were sometimes or often true for their households. By this measure, a third of all teachers in our sample were food insecure. More than two in five (43%) child care teachers were food insecure, and over a quarter (26%) of assistant teachers in schools were food insecure. Fourteen percent of lead teachers in schools fell into this category.

Figure 10. Household Food Insecurity Statements Sometimes or Often True for Teachers (Past Three Months)



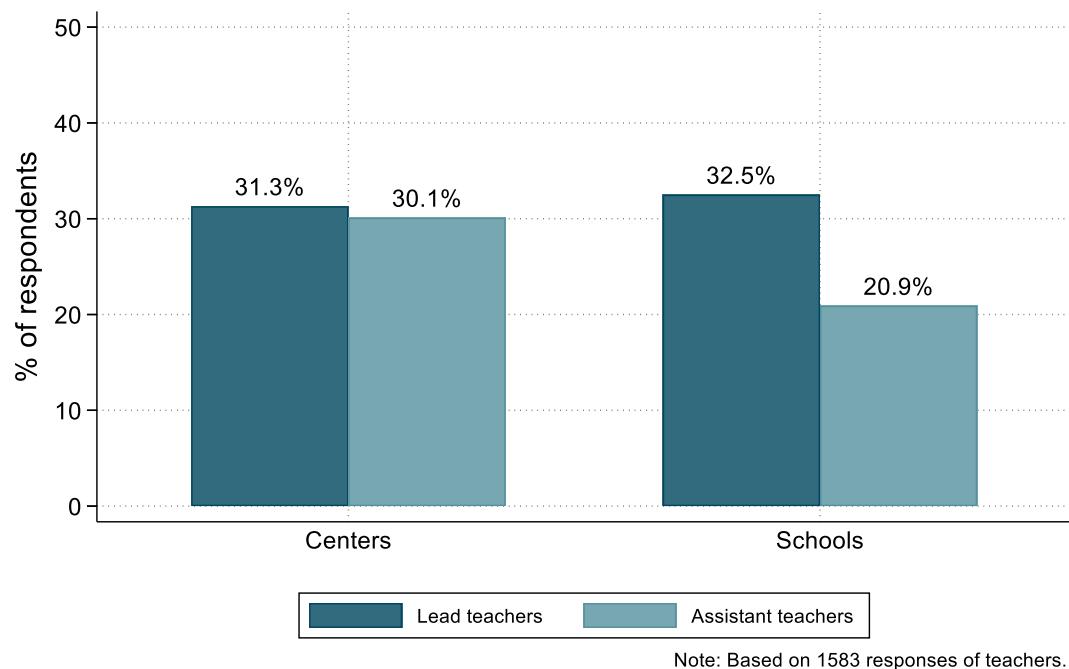
One teacher wrote, "My husband was laid off and my salary is very small to cover all the house expenses. We are thinking to get help from a food bank soon."

Another noted, "My finances have been stretched to the limit as I have to ration food to make it last a week," and a third wrote, "I am struggling to keep food in the fridge."

"My finances have been stretched to the limit as I have to ration food to make it last a week."

Figure 11 shows the proportion of teachers that reported clinically relevant levels of depressive symptoms on the Center for Epidemiological Studies Depression Scale, a widely-used, well-validated measure.¹⁹ Almost a third of *all* childcare teachers as well as lead teachers in schools reported relevant levels of clinical depression based on their experiences in the week before taking the survey. These rates of depression are high. Before the pandemic, rates of depression among adults in the United States were under 10%. In the Virginia PDG B-5 pilot communities, teachers who responded to our May 2019 baseline survey reported depression levels that were substantially lower than the ones reported here; depression rates were more than 10 percentage points lower for child care teachers (20%) in the earlier period, and for school-based teachers they were half as high (15%).²⁰ The spike in depression rates documented here mirrors overall national increases since the pandemic, as the rate for adults in the United States increased to about 27%.²¹

Figure 11. Teachers Reporting Clinically Relevant Levels of Depressive Symptoms (Past Week)

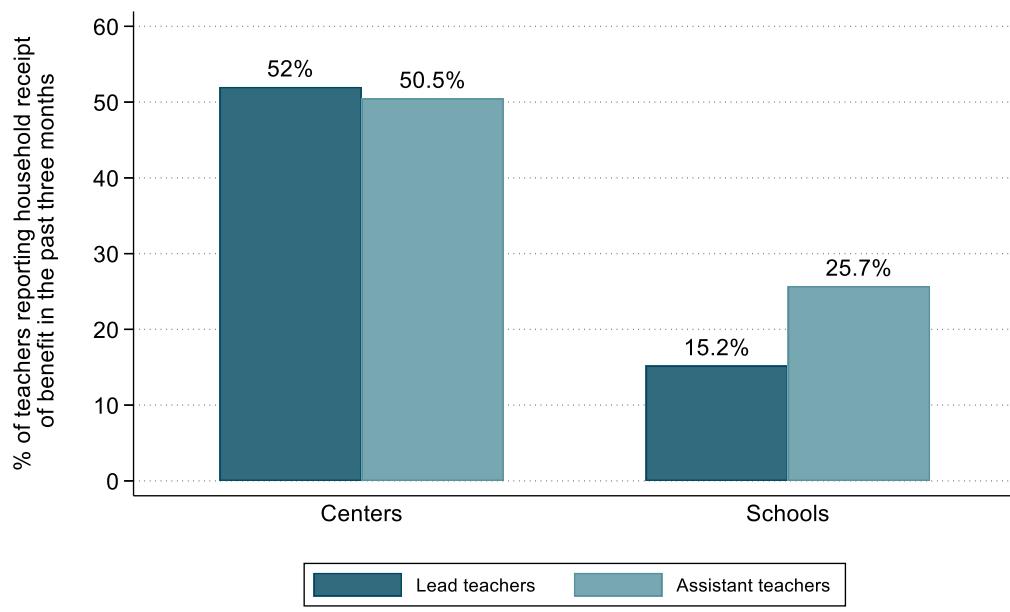


Many teachers addressed the importance of attention to teachers' mental health in their written responses. One teacher noted, "Depression is a real thing. Teachers need mind, body, and soul care." Another explained, "I miss my school community and it is very depressing not to be permitted to meet with them face to face." Other teachers reported that their "anxiety and depression have increased" and that "depression has started to set in with me personally."

Supports

The survey asked teachers whether they or anybody in their households received a set of government benefits, such as Unemployment Insurance, Medicaid, or Disability Insurance, in the last three months (Figure 12). Over half (51%) of child care teachers reported receiving any of these types of government benefits. Among school teachers, 15% of lead teachers and a quarter (26%) of assistant teachers reported receiving any government benefits.

Figure 12. Teachers' Household Receipt of Any Government Benefits (Past Three Months)



Note: Based on 1516 responses of teachers.

Note: Possible government benefits indicated by teachers include child care subsidies, TANF (Temporary Assistance for Needy Families), WIC (Women, Infants & Children nutrition service), SNAP (Supplemental Nutrition Assistance program or food stamps), Medicaid, subsidized housing/Section 8 housing, Unemployment Insurance, Disability Insurance, EITC (Earned Income Tax Credit), or another benefit written in by teachers.

Table 4 shows the specific types of government supports teachers received. Among lead teachers in child care centers, just under a third (31%) reported someone in their household received Unemployment Insurance, about a fifth received Medicaid, and more than 10% received Supplemental Nutrition Assistance Program (SNAP, or food stamps) benefits. In contrast, among all school-based teachers, including both lead and assistants, less than 9% received any of the specific benefits listed.

Table 4. Teachers' Household Receipt of Specific Government Benefits (Past Three Months)

Variable	Centers		Schools	
	Lead teachers N=589	Assistant teachers N=293	Lead teachers N=369	Assistant teachers N=265
	%	%	%	%
Unemployment	30.90	23.55	5.96	8.68
Medicaid	19.86	22.53	4.61	7.92
SNAP	10.70	10.24	0.81	4.15
WIC	4.75	6.14	0.54	1.51
Disability	4.07	4.78	3.52	4.15
EITC	4.07	3.41	2.17	3.02
Child care subsidy	3.74	2.73	<1.00	<1.00
Subsidized housing	1.70	3.41	0.00	<1.00
TANF	<1.00	<1.00	<1.00	0.00
Other assistance	3.06	2.05	2.17	2.64

Note: Based on responses of 1,515 teachers.

One teacher explained how grateful she was for Unemployment Insurance: "Unemployment is the greatest of help right now and it keeps me feeling secure and at ease about doing as I'm

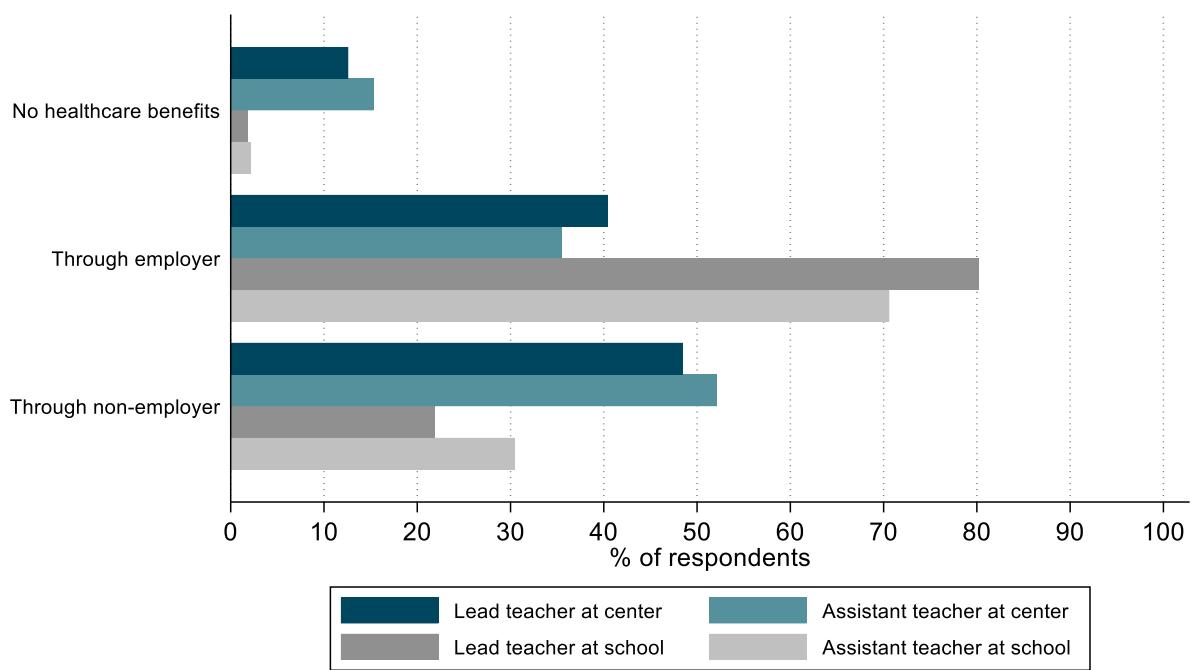
suppose[d] to do and staying home." Another described the tension between staying employed in a struggling center versus being laid off and able to receive Unemployment Insurance, writing, "I'm very upset that certain co-workers at

the job [are] getting unemployment while some co-workers [are] still working and can't receive any unemployment..."

"I'm very upset that certain co-workers at the job [are] getting unemployment while some co-workers [are] still working and can't receive any unemployment..."

Figure 13 shows that 13% of lead teachers and 15% of assistant teachers working in child care centers reported having no health care benefits at all, compared to only 2% of all teachers in school-based ECE settings. Only 40% of lead teachers and 36% of assistant teachers in child care centers reported having care through their employer, compared to 80% of lead teachers and 71% of assistant teachers in school-based ECE settings.

Figure 13. Teachers' Health Care Benefits (At Time of Survey)



Note: Based on 1598 responses of teachers.

One teacher explained how vulnerable she feels as a working teacher without benefits: “Two-year-olds will cough in your mouth as soon as you begin to answer their question. So whatever they get, I most likely am exposed to. I do not have health care as my job does not provide it.” Other teachers lost benefits when they were laid off. One such teacher wrote, “I fear for my other coworkers and their health insurance. I am blessed to be covered under my husband’s insurance at work.” Another teacher noted that her center, where all teachers were furloughed, “provided the same health benefits for two months. As of the end of May the benefits will end.”

“Two-year-olds will cough in your mouth as soon as you begin to answer their question. So whatever they get, I most likely am exposed to. I do not have health care as my job does not provide it.”

Conclusion

Early childhood education programs have long served dual essential roles, supporting young children's learning and development while providing families with safe child care during their working hours. The coronavirus pandemic severely undermined both aims, leading to statewide school closures and drastically intensifying financial challenges for child care providers. The pandemic has clarified just how essential child care is for children, their working families, and our economy—and how currently low funding levels undermine the industry.

This report describes the experiences of over 1,600 Virginia teachers who care for and educate young children in centers and schools. Our results show that across the board, Virginia's early educators are facing considerable challenges in the wake of the coronavirus pandemic. Almost 3 in 10 teachers reported clinically relevant levels of depressive symptoms, a striking increase relative to the same population a year earlier. Teachers play a critical role in young children's lives, and their struggles directly impact their ability to serve children. Our findings suggest an urgent need to focus on the mental health needs of early educators.

The report also highlights alarmingly high rates of financial instability for Virginia's ECE teachers, and drastic differences in teachers' well-being across sectors and roles. In Virginia's PDG B-5 pilot communities, almost all school-based ECE teachers and the majority of child care teachers reported they remained employed—but while school-based teachers continued to receive their usual salaries, many child care teachers worked fewer or no hours and received reduced or no pay. Child care teachers who kept working faced difficult new cleaning and social distancing requirements, additional responsibilities, and increased exposure to a deadly virus.

Child care teachers reported struggling to meet their basic needs at much higher rates than did lead teachers in schools. Two fifths of child care teachers experienced financial and food insecurity. A significant proportion of teachers in child care centers did not have health insurance, even as many exposed themselves daily to care for others' children. Over a third of child care teachers could not afford their medical needs. Living without adequate funds to pay for housing, health care, and food may have long-term implications for these teachers and the children they serve.

Early childhood education in the United States has long been provided through a fragmented set of programs with different goals, funding levels, regulations, and supports for its largely female workforce. The women who educate and care for children in child care centers face much lower levels of pay, benefits, and supports than do the women who do this job in the public school system. The coronavirus pandemic is exacerbating these already disparate conditions, as child care teachers face both more financial instability and more expansive responsibilities. As more and more schools make the difficult decision to move to remote learning, child care centers are stepping in to support the child care needs of school-aged children and their families.

Differences in the way early educators are treated across sectors are troubling, particularly given the essential role early educators play both in general, and during the pandemic. For the well-being of children, their families, and the teachers themselves, all early educators—whether they work in child care centers or schools—must have the finances, food, and medical care they need.

Endnotes

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- ⁵Haspel, E. (2020, August). Why are child care programs open when schools are not? *The New York Times*. <https://www.nytimes.com/2020/08/04/parenting/schools-day-care-children-divide.html>
- ⁶Data from the American Community Survey (cited below) show that, in the PDG B-5 communities, the total population is 71% "White alone" (i.e., not multiracial and not Hispanic or Latino) and 12% Black alone. For Virginia, 68% of Virginia's population is "White alone" and 19% is Black alone. For a four-person family, the median household income in PDG B-5 communities is \$93,085, compared to \$104,652 in Virginia overall.

U.S. Census Bureau. (2017). *2013-2017 American Community Survey 5-year Public Use Microdata Samples*. Retrieved from: <https://www.census.gov/programs-surveys/acs/data.html>

⁷ Head Start programs are included in both sectors, depending on their physical location. They are classified as a child care center if located in a community-based organization, and a school-based program if located in a public school.

⁸ There were 99 home-based child care programs, or family day homes, that also participated in the PDG B-5 initiative. These programs make up roughly 30% of all subsidy-participating family day homes in their respective communities. We describe the COVID-19 experiences of these family day homes in a separate report.

⁹ In May 2019, 415 sites were participating in PDG B-5; 4 sites stopped participating during the pilot year.

¹⁰ Boyd-Swan, C., & Herbst, C. M. (2019). Racial and ethnic discrimination in the labor market for child care teachers. *Educational Researcher*, 48(7), 394-406. <https://doi.org/10.3102/0013189X19867941>

¹¹ In this report, we use the term “assistant teachers” to refer to any respondents who identified as assistant teachers, floaters, and other individuals working directly with children who did not identify as lead teachers.

¹² Per personal communication with Jenna Conway, Chief School Readiness Officer, Virginia Department of Education.

¹³ In general, there were very high levels of agreement among teachers working at the same site about the site’s operations (e.g., either all teachers noted a site had shut down, or all reported it was open as usual). In the cases where there was not full consensus, we categorized sites’ operation status by the answer given most frequently.

¹⁴ Throughout the rest of this section, we analyze lead and assistant child care teachers together, as there were not significant differences between these groups.

¹⁵ Recall that we include Head Start programs in the “center” category if they operate in community-based organization. About 150 Head Start teachers are included among the group of still-employed, center-based teachers. Only 8% of those Head Start teachers reported that they were not working at the time of the survey (compared with 32% of teachers from non-Head Start centers).

¹⁶ We estimate this percentage by grouping together (a) all teachers who reported no longer being employed at their site because they were laid off, and (b) all teachers who reported that they are not currently working, worked no hours in the last week, have missed work because of their site closing or being laid off, and live in a household that received Unemployment Insurance in the past three months.

¹⁷ Similarly, only 3% of teachers from center-based Head Start programs reported declined earnings, whereas 43% of teachers who worked at non-Head Start centers indicated that their earnings had declined.

¹⁸ Buettner, C. K., Jeon, L., Hur, E., & Garcia, R. E. (2016). Teachers’ social-emotional capacity: Factors associated with teachers’ responsiveness and professional commitment. *Early Education & Development*, 27(7), 1018–1039. <https://doi.org/10.1080/10409289.2016.1168227>

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¹⁹ The CES-D-SF consists of seven items rated on the following four-point scale: *rarely or never* (0 points), *some or a little* (1 point), *occasionally or moderately* (2 points), and *most or all of the time* (3 points). Points are summed across all items. A score of eight points or higher is used to determine whether an individual is at risk of clinical depression; see Levine (cited below) for further psychometric information:

Levine, S.Z. (2013). Evaluating the 7-item Center for Epidemiologic Studies Depression Scale short-form: A longitudinal US community study. *Social Psychiatry and Psychiatric Epidemiology*, 48(9), 1519-1526

²⁰ National Institute of Mental Health. (2019). Mental Health Information: Major depression. Retrieved from: <https://www.nimh.nih.gov/health/statistics/major-depression.shtml>

²¹ Centers for Disease Control and Prevention (CDC). (2020). Mental health: Household pulse survey. Retrieved from: <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>