

Early childhood education throughout the COVID-19 pandemic: The experiences of Arkansas educators

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Introduction

The COVID-19 pandemic has transformed the experiences of young children and their caregivers over the past year. Although the distribution of vaccines offers hope for an end to the pandemic, early care and education (ECE) providers continue to implement procedures to reduce the risk of COVID-19 transmission.

This brief represents the second of two reports on the experiences of Arkansas (AR) educators during the COVID-19 pandemic. Survey and focus group information for report one were collected in October and November 2020 (the [findings from the first report](#) are available online). In this report, we provide information on the experiences of a separate sample of ECE providers collected in February and March 2021. These include

questions that we asked of the fall sample as well as new questions regarding vaccinations, supports for students with disabilities, and educators' plans for moving forward.

The AR early educators who participated in the fall and spring studies were consistent on multiple points. Although most AR ECE providers continue to report adherence to and agreement with state pandemic mitigation procedures, they express the greatest levels of disagreement with guidelines on group size and requirements for staff to wear face masks.¹ Many early educators continue to report more frequently engaging in directive classroom practices such as restricting the number of children in a play area and assigning children to specific activities, as compared to before the

¹ Throughout this memo, we characterize survey responses in the following way: *Few* refers to less than 25 percent of respondents, *Some* refers to 26 to 50 percent of respondents, *Many* refers to 51 to 75 percent of respondents, *Most* refers to 76 to 90 percent of respondents, and *Nearly all* refers to 91 to 100 percent of respondents.

pandemic. Although most teachers continue to report no differences between the learning behaviors of current children and children that they had taught prior to the pandemic, some did report concerns related to children's ability to focus their attention during group activities and engage in cooperative play.

We find that, as compared to the respondents to the fall survey, a smaller percentage of center-based lead teachers and home providers in the spring sample reported being "very" or "extremely" stressed by their job within the last few weeks. A larger percentage of ECE teachers (i.e., center-based lead teachers and home providers) in the spring sample reported permitting therapists or special education teachers to enter the classroom. Although this is a positive sign, some early educators did report challenges with specialists' ability to support children and conduct timely evaluations as compared to before the pandemic.

ECE program directors reported the greatest interest in receiving additional information about vaccines to share with children's families. ECE teachers reported the greatest interest in whether ECE staff will be required to get the COVID-19 vaccine. Leaders of ECE home and center-based programs as well as ECE teachers expressed interest in information about the safety of the vaccine and how it would protect them and others. Both ECE directors and teachers also indicated that having someone with expert knowledge to discuss their individual concerns would motivate early educators to become vaccinated.

Nearly all ECE teachers reported that they will continue at least one practice they adopted during the pandemic even after restrictions are lifted. Most teachers indicated that they would continue with increased handwashing and spending more class time outdoors. Between a quarter and a third of teachers indicated that they would continue with practices that impose more restrictions on children such as limiting the number of children in a particular area, prohibiting children from touching each other, and encouraging children to stay some distance from each other.

These findings point to the need to provide professional development that can help teachers understand when and how some of the directive practices adopted during the pandemic can be replaced by more developmentally appropriate practices. Results indicate that peer-to-peer exchanges and assistance focused on supporting children with challenging behaviors may be particularly helpful. The results also point to a strong need to improve collaboration between ECE teachers and special education services to ensure that children are identified and served in a timely and inclusive matter. Last, findings suggest the Arkansas Division of Child Care and Early Childhood Education (DCCECE) might consider providing additional information and incentives that may encourage staff to become vaccinated.

ABOUT THIS STUDY

This study represents a collaboration between SRI International (SRI), the National Center for Children in Poverty (NCCP) at Bank Street College of Education, and the Arkansas Division of Child Care and Early Childhood Education (DCCECE). The study team is collaborating to understand the experiences of Arkansas childcare providers. [Prior work conducted by this team](#) can be accessed online. The information in this report is drawn from a representative sample of Arkansas ECE programs. In February 2021, the study team emailed surveys to a representative sample of 400 licensed Arkansas ECE program leaders in (1) public center-based programs (i.e., ABC, Head Start or school-based programs), (2) private center-based programs, and (3) home-based settings and requested contact information for center-based program lead teachers.² The team collected survey and focus group data for the spring sample in February and March 2021. ECE program directors (i.e., center-based program directors and home providers) answered questions about program-level practices, and center-based lead teachers and home providers provided information about classroom practices and children's behavior.³ A total of 160 program leaders which include center-based directors and home providers responded to the survey (40 percent response rate). Of the 211 center-based lead teachers who were invited to participate in the survey, 42 teachers submitted a response (20 percent). In addition, 26 center-based directors who also serve as lead teachers completed the teacher survey for a total of 68 center-based lead teacher responses. To complement the survey findings, 11 directors, center-based teachers, and family home providers participated in a focus group interview.

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² Private center-based programs include all center-based programs that are not classified as school-based, Head Start, or Arkansas Better Chance. Note that these programs may receive public funding through enrolling children supported by Child Care and Development Fund (CCDF) dollars.

³ The information on survey questions related to program-level practices is generalizable to the population of Arkansas ECE programs. The information on classroom practices and child behavior is not generalizable beyond the sample of persons who responded to the survey.

ECE PROGRAM DIRECTORS' RESPONSES TO PANDEMIC PROCEDURES

Most ECE program directors reported complying with DCCECE pandemic procedures

ECE program directors reported generally high levels of compliance with DCCECE pandemic procedures. For example, all ECE program directors (100 percent) surveyed in the spring reported that infants, toddlers, and preschoolers have their temperature taken before entering the classroom or home “most of the time” or “all of the time.” However, ECE program directors in the spring sample, as compared to the fall sample, reported lower levels of compliance with some DCCECE guidelines, specifically guidelines around serving infants, toddlers, and preschoolers individual snacks and lunches “most of the time” or “all of the time” (80–88 percent versus 89–92 percent)⁴ and having children wash their hands or use hand sanitizer upon entering the building (79–94 percent versus 94–98 percent).⁵ Some ECE program directors surveyed in the spring reported adopting additional health and safety precautions beyond the DCCECE-recommended guidelines, such as having infants, toddlers, and preschoolers use a personal set of supplies (56–72 percent). As compared to the fall sample, a higher percentage of ECE program directors

surveyed in the spring reported that preschoolers are required to wear a face mask “most of the time” or “all of the time” (17 percent versus 35 percent). More public center-based directors and private center-based directors reported requiring preschoolers to wear face masks (43 and 34 percent, respectively) compared to home providers (9 percent).

Consistent with the fall sample, almost all ECE programs in the spring reported high adherence to pandemic procedures pertaining to adults, such as having adults take their temperature and being asked about COVID-19 symptoms “most of the time” or “all of the time.” Home childcare providers continued to report generally lower levels of compliance as compared to educators in public and non-public centers-based programs. For example, 78 percent of home providers reported requiring adults to wear face masks in their center “most of the time” or “all of the time” compared to 98 percent of private center-based directors and 99 percent of public center-based programs. One home-based provider focus group participant described the challenges of wearing a mask in a home context by noting, “My infants were terrified of me even [with] the clear face mask...they just could not cope, and I as a provider made a good choice. I spoke to my licensing specialist. And I said, I cannot put these kids through this. I will not. It's not what's best.”

⁴ ECE program directors reported on whether DCCECE pandemic guidelines were being implemented “most of the time” or “all of the time” separately for infants, toddlers, and preschoolers. For each guideline, the range specifies the minimum and maximum compliance percentages reported across all three age groups. Levels of compliance were typically lowest for infants and highest for preschoolers.

⁵ Survey findings are considered substantial if the difference between the fall and spring sample of respondents is greater than 10 percentage points.

ECE program directors generally supported DCCECE pandemic procedures, but some disagreed with requirements for group size and assigning children to groups

Similar to the fall sample, most ECE directors in the spring sample reported “agreeing” or “strongly agreeing” with the DCCECE pandemic guidelines, particularly the guideline that sick children are not cared for in the childcare facility (98 percent). ECE program directors reported the highest levels of disagreement with guidelines pertaining to limiting group sizes within classrooms and children remaining in the same assigned group each day. Twenty percent of ECE directors reported “disagreeing” or “strongly disagreeing” with keeping children in assigned groups throughout the day and 19 percent disagreed with limiting the group size within classrooms.⁶ Home providers reported the lowest levels of agreement with the DCCECE pandemic guidelines. Only 47 percent of home providers reported “agreeing” or “strongly agreeing” with limiting group size compared to 75 percent of public center-based program directors and 69 percent of private center-based directors. Furthermore, only 51 percent of home providers reported agreeing with the guideline about keeping children within the same assigned group each day compared to 70 percent of public center-based program directors and 73 percent of private center-based directors.

EARLY CHILDHOOD EDUCATORS’ INFORMATION NEEDS AND MOTIVATIONS FOR RECEIVING A COVID-19 VACCINE

Center-based directors and ECE teachers reported government websites and their personal health care providers represented the most common sources for vaccine information

Government websites, such as the Department of Health, were the most used sources of vaccine information for center-based directors (73 percent) and ECE teachers (57 percent). Many center-based directors (52 percent) and ECE teachers (51 percent) also reported obtaining vaccine-related information from their health care providers. Some reported receiving their information from television news (41 percent of center-based directors, 43 percent of ECE teachers). Some AR educators also reported obtaining information from DCCECE staff or their licensing specialist with more center-based directors (39 percent) obtaining information in this way as compared to ECE teachers (29 percent).

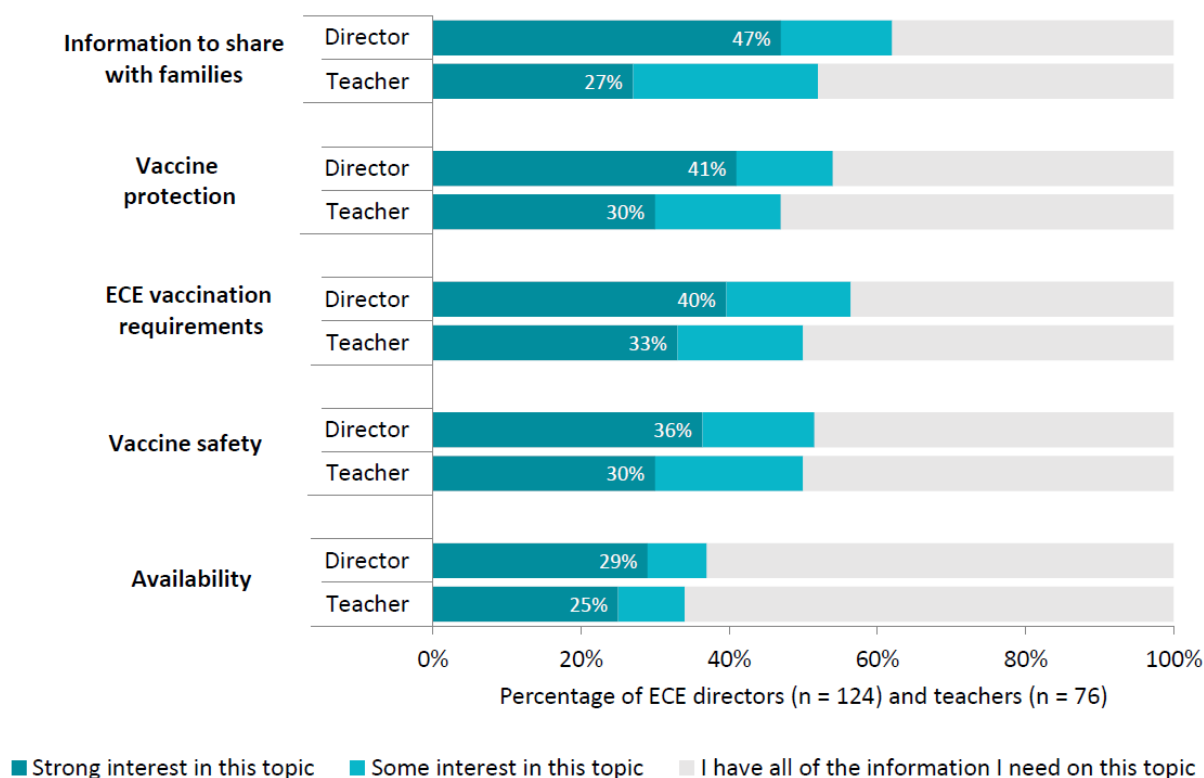
⁶ The AR DCCECE removed the group size guideline from their pandemic procedures on April 7, 2021. During the time frame the survey was administered, the group size guideline stated: Group sizes for activities and instruction within classrooms shall be limited to 10 people. If ratio allows for more than 10 children in a class, children should be separated into groups within the classroom.

Center-based directors were most interested in receiving vaccine information to share with children and families while ECE teachers were most interested in vaccine requirements

Center-based directors generally expressed higher levels of interest in vaccine-related information than ECE teachers (See Exhibit 1). Center-based directors expressed the greatest desire for information about the vaccine to share with families, with 47 percent expressing a “strong” interest. Some center-based directors also expressed a

strong interest in information on how the vaccine can protect them and others (41 percent), possible requirements for ECE staff to get the vaccine (40 percent), and the safety of the vaccine (36 percent). ECE teachers reported the greatest interest in information on whether ECE staff will be required to get the COVID-19 vaccine with 33 percent expressing a “strong” interest. Approximately a third of the teachers also reported a strong interest in the safety of the vaccine (30 percent) and how it could protect them and others (30 percent).

Exhibit 1: Center-based director and ECE teacher vaccine-related topics of interest

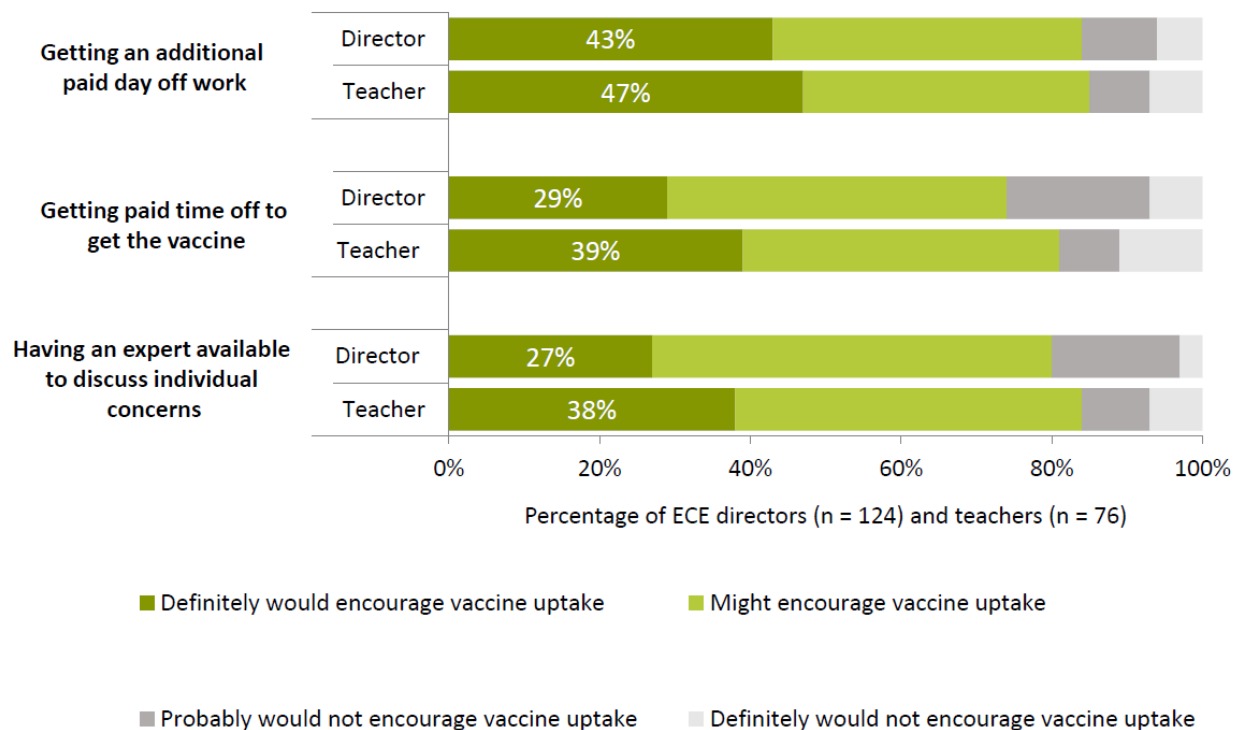


Most center-based directors and ECE teachers reported that having someone with expert knowledge to discuss their individual concerns might motivate early educators to get the vaccine

Many center-based directors (74 percent) and ECE teachers (82 percent) reported that getting paid time off to get the vaccine “might” or “would definitely” encourage other ECE providers to get the vaccine (See Exhibit 2). An even higher percentage of center-based directors (84 percent) and ECE teachers (86 percent) indicated that getting

an additional day off “might” or “would definitely” encourage other ECE providers to get the vaccine. In addition, most center-based directors (80%) and ECE teachers (84%) also reported that having someone with expert knowledge available to discuss their individual concerns “might” or “would definitely” encourage vaccination among ECE providers. One focus group participant mentioned the hesitancy providers might be feeling and stated, “I guess [one of] the benefits for being family childcare, if you wanted the vaccine you fell into the first opportunity to get it, and I only had one person that opted for it, and no one else seemed to want to take it this early.”

Exhibit 2: Supports that center-based directors and ECE teachers reported will encourage vaccine uptake among AR early childhood educators



ECE TEACHER PRACTICES DURING THE PANDEMIC

Many ECE teachers reported using more directive classroom practices as compared to before the pandemic

A substantial percentage of ECE teachers reported that they have changed some teaching practices in response to the pandemic. A number of these practices reflect teachers engaging in more directive behaviors toward children than before the pandemic. Sixty-two percent of ECE teachers reported in the spring survey that they restrict the number of children in a play area “somewhat” or “much more often” as compared to before the pandemic.⁷ Over half the teachers (62 percent) in the spring sample reported that they assign children to specific activities “somewhat” or “much” more often, rather than giving children choice in their activities. Many ECE teachers also reported that they request children not touch each other (67 percent) and keep a distance from one another “somewhat” or “much” more often (59 percent).

Consistent with what was observed in the fall sample, increased use of at least one restrictive classroom practice was more common in public center-based programs (89 percent) than private centers (64 percent) and in home-based programs (65 percent). Fewer home-based teachers reported increased use of at least one or more restrictive practice in the spring (65 percent) compared to the fall (79 percent).

Some teachers reported engaging in less physical contact with children as compared to before the pandemic

Just as many teachers reported a change in how often they request that children limit physical contact with each other, some teachers also reported that they “hug, pat, or hold” children less often than they did before the pandemic. Notably, the percentage of ECE teachers reporting reduced physical contact with children was lower in the spring sample (29 percent) as compared to the fall sample (41 percent). In focus groups, teachers reported finding it difficult to restrict physical affection. One focus group participant noted, “It seems the nurturing is missing... that they're starving for... they look so lost at times because I used to be touchy and so, I have to say, ‘Whoa, whoa, just give Ms. XX an air hug.’ If they're crying and upset, you can't just help but to get close.”

Many ECE teachers reported assigning children to small groups or “pods” for daily activities

A little more than half the teachers of preschool age children in the spring sample (53 percent) reported that they assign children to “pods” or small, stable groups for their daily classroom activities. During indoor activities, 93 percent of ECE teachers reported limiting children’s engagement to peers within their pods, while outdoors, far fewer teachers (29 percent) reported restricting children’s activities in this way. A little over half the teachers (54 percent) also reported that when children in a pod play in centers, their choice of center is limited.

⁷ Teachers who reported having never used a particular practice are not included in these calculations.

Using pods presented unique challenges. As one center-based director explained, “The thing that was hard for me this year is I spent more time figuring out how I was going to teach and not what I was going to teach...In a normal year I would set up my classroom with, you know, a writing center and an art center, a block center, and I had to make sure to provide all those opportunities to each group. So, I felt like I have four classrooms in one classroom...because they all have to stay together... And how can I provide novelty...if they're always going to have the same thing every day, they're going to get bored very quickly and they're going to start having behaviors.” Substantially more ECE teachers in public center-based programs (52 percent) and private center-based programs (50 percent) reported using pods within their classrooms compared to home providers (22 percent). As one home provider focus group participant explained in response to whether she divides children into pods, “That is almost impossible in a family childcare setting because your space is limited, your supplies are limited.”

ECE TEACHER PRACTICES AFTER THE PANDEMIC

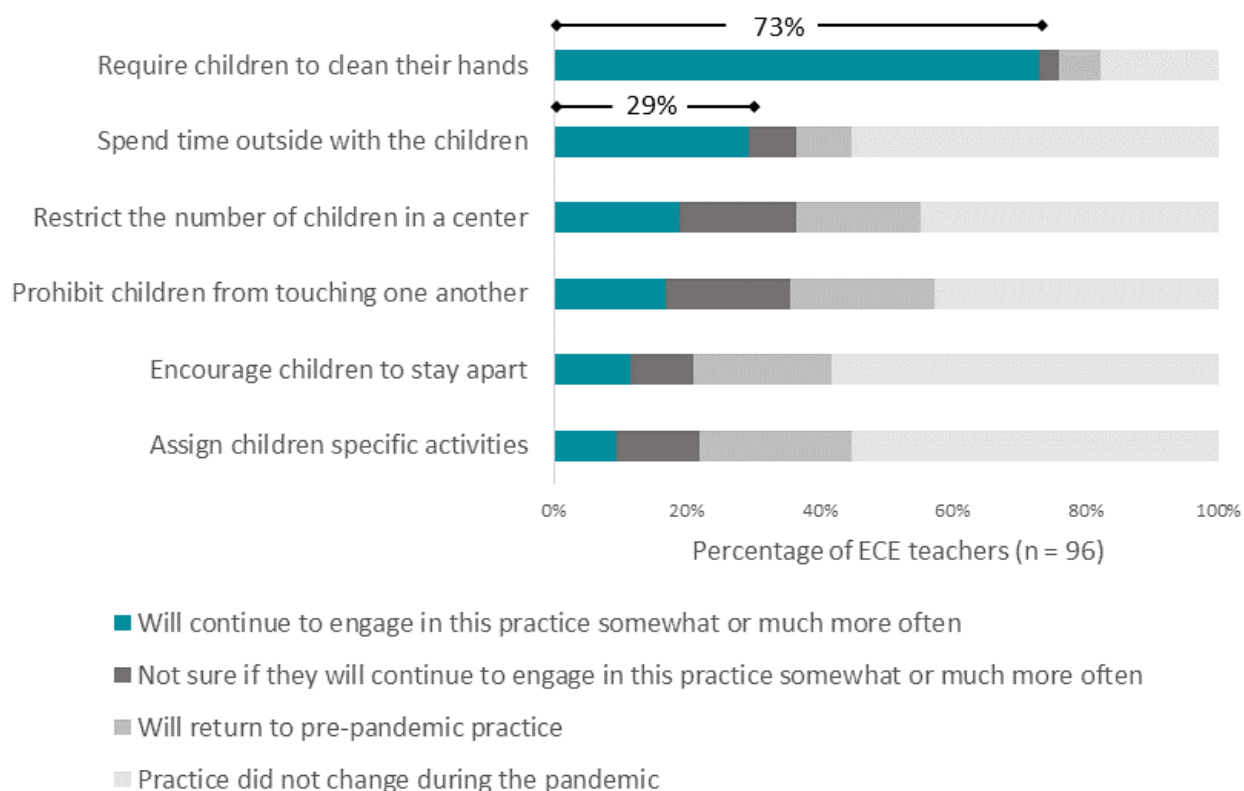
Some ECE teachers reported that they will continue engaging in certain practices adopted during the pandemic after restrictions are lifted

ECE teachers who reported engaging in a practice “somewhat” or “much” more often during the pandemic were asked if they planned to continue engaging in the practice more often after the end of the pandemic guidelines. Nearly all (98 percent) of ECE teachers reported they will continue to

implement a pandemic-related change in their teacher practices even after restrictions are lifted. Seventy-three percent of ECE teachers reported that they will continue to ask children to wash their hands “somewhat” or “much more often” after the pandemic and 29 percent will spend more time outdoors with children (See Exhibit 3). A smaller percentage of ECE teachers reported that they plan to continue to impose more restrictions on children “somewhat” or “much more often,” including restricting the number of children in a particular center (19 percent), prohibiting children from touching each other (17 percent), and encouraging children to stay at some distance from each other (11 percent). One center-based director whose program implemented a smaller ratio of 1 teacher to 10 children to adhere to pandemic guidelines reflected, “I would love to keep 1 to 10 ratio all of the time for preschoolers. I don't ever want to go up again.”

Some ECE teachers also reported being unsure about whether they will continue practices adopted during the pandemic. For example, 18 percent of teachers reported that after COVID-19 restrictions end, they are “not sure” whether they will continue with more frequent assignment of children to specific activities and 19 percent are unsure whether they will continue prohibiting children from touching each other more often.

Exhibit 3: Percentage of ECE teachers who reported they will continue engaging in practices “somewhat” or “much” more often than before the pandemic

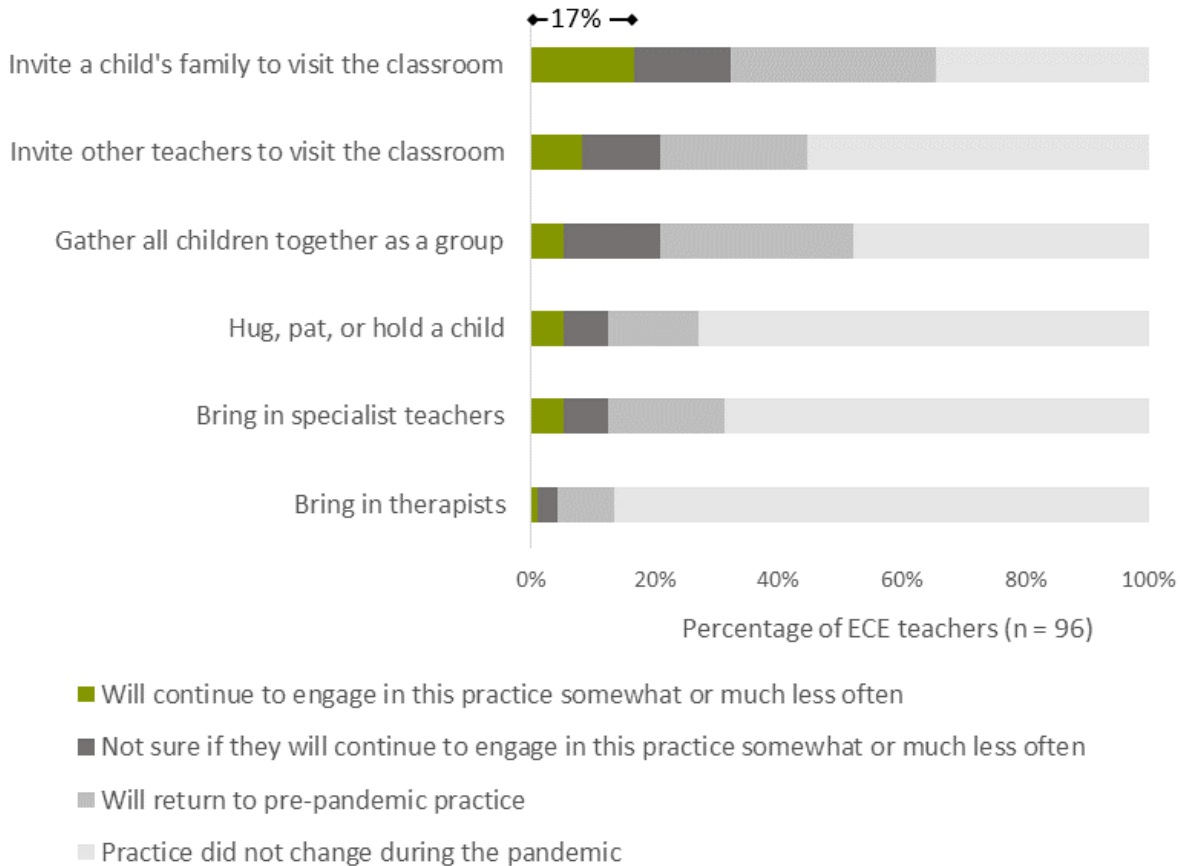


Some ECE teachers reported that they will continue to invite children’s families to visit the classroom less often after the pandemic

ECE teachers who reported engaging in a practice “somewhat” or “much” less often during the pandemic were asked if they planned to continue engaging in the practice less often after the end of the pandemic guidelines. Seventeen percent of ECE teachers reported that they plan to continue to bring children’s families into the

classroom “somewhat” or “much” less often after the pandemic guidelines have been lifted (See Exhibit 4). Sixteen percent were “not sure” whether they plan to continue this practice less often. Fewer teachers reported that they plan to continue to invite other teachers to visit their classroom (8 percent), gather all children as a group (5 percent), or hug, pat, or hold children (5 percent) less often after the pandemic. Fortunately, almost no teachers reported that they plan to bring in therapists to their classroom less often after the pandemic (1 percent).

Exhibit 4: Percentage of ECE teachers who reported they will continue engaging in practices “somewhat” or “much” less often than before the pandemic



ECE TEACHER WELL-BEING, CONCERNS, AND PROFESSIONAL DEVELOPMENT OPPORTUNITIES DURING COVID-19

A smaller percentage ECE teachers reported high levels of stress in the spring compared to the fall

In the spring survey sample, 30 percent of teachers reported that their job has been “very stressful” or “extremely stressful” over the past two weeks. The percentage of teachers that reported being “very” or

“extremely” stressed was generally consistent across public center-based lead teachers (29 percent) and home providers (25 percent) but was somewhat higher among private center-based lead teachers (40 percent). While it is concerning that nearly a third of ECE teachers reported high levels of stress, this rate of severe stress is substantially lower than the fall survey sample when 40 percent of teachers reported their job being “very stressful” or “extremely stressful” over the past two weeks.

Many ECE teachers expressed concern about the impacts of COVID-19 on their own well-being as well as the children and families in their programs

Eighty-four percent of surveyed programs reported that at least one program staff member, child, or child's family member tested positive for COVID-19 at some point in the past year. This is considerably higher than the 66 percent of programs in the fall sample that reported COVID-19 positive staff, children, or family members. Despite higher reports of COVID-19 in ECE programs, ECE teachers in the spring sample reported generally lower levels of concern about COVID-19 risks to their income and to the well-being of themselves, their families, and the children in their programs as compared to the fall sample. Exposing members of their family to COVID-19 was cited as the greatest area of concern in the spring sample with 54 percent of ECE teachers reporting being "moderately" or "extremely" concerned. This was substantially lower than the 70 percent of teachers in the fall sample who reported that level of concern. Half of ECE teachers in the spring sample also reported "moderate" to "extreme" concern about being exposed themselves as a result of interacting with sick children compared to 63 percent of teachers in the fall sample. Many teachers in the spring sample also reported concerns about exposing children in the program to COVID-19 (51 percent).

Another area of concern for ECE teachers across program types was losing income if their program closed because of virus exposure (50 percent). Home providers (61 percent) and lead teachers in private center-based programs (60 percent) reported

greater concern than lead teachers in public center-based programs (36 percent).

COVID-19 HAS PRESENTED UNIQUE CHALLENGES FOR HOME PROVIDERS

Many home providers demonstrated remarkable resiliency in the face of circumstances that placed their own health, safety, and financial stability at risk. As one home provider focus group respondent explained, "Because I'm in a place where I live upstairs...as soon as it crosses the threshold of my door...it's there. We're going to get it." This same provider shared that after she and members of her family got the virus, she had to close her program for two weeks and that it took about six weeks to get everything back in order. Home providers also described how it is often impossible for them to make the same changes to their home care settings in response to COVID-19 as it is in centers due to limited space and supplies. Many expressed that physically distancing themselves from the children was counterintuitive to their daily activities and practices. As one provider described, "We're hands on—changing diapers, giving love, kissing boo boos—we do a lot of picking up and a lot of loving." Further, home providers may encounter barriers to learning about available resources. As one home provider noted, "We can't get out with our social groups; we're isolated." Many families have turned to home providers to care for their children during COVID-19, and these ECE professionals are doing their best to meet children's needs, even if it means placing themselves at additional risk.

ECE teachers accessed professional development through group trainings most often and found online trainings to be most helpful

During the pandemic, it has been especially important for ECE teachers to have access to relevant and useful information to support their programs and the children they serve. Many teachers reported that they had participated in a group training in the past month (68 percent) while fewer reported receiving consultation (16 percent), technical assistance (18 percent), or coaching (17 percent). Although online training was rated by the highest percentage of teachers (81 percent) as “very” or “somewhat” helpful, many teachers also gave positive assessments for coaching (68 percent) and mental health consultation (67 percent). Two other types of assistance were widely viewed as “very” or “somewhat” helpful: hearing from other early childhood teachers (88 percent) and receiving information about how COVID-19 is transmitted in ECE settings (85 percent).

One focus group respondent stated, “I can't say enough good things about the state of Arkansas about the education and the workshops. All the good things they do for providers, I mean, they really, really go the extra mile.” Several focus group participants also noted that they have seen improvement in the quality of online training over the course of the pandemic and recognize that online trainings are often more accessible to those who may live further from training sites.

CHILD BEHAVIOR AND CHILDREN WITH SPECIAL NEEDS

Some ECE teachers in the spring sample reported that children show less attention and certain social behaviors than before the pandemic

ECE teachers in the fall and spring sample reported that children's attention during group activities is the behavior that has changed most during the pandemic. Thirty percent of ECE teachers in the spring sample who work with preschool-aged children reported that children show strong attention during group activities “somewhat” or “much” less often than before the pandemic, which was somewhat lower than the fall sample where 36 percent reported this change. Twenty-six percent of teachers of preschool-aged children in the spring sample also reported that children showed reduced attention during individual activities which was consistent with what early educators reported in the fall sample.

Some ECE teachers also reported changes in certain social behaviors compared to before the pandemic. Twenty-three percent of ECE teachers in the spring sample who teach preschool-aged children reported that children engage in cooperative play “somewhat” or “much” less often than before the pandemic. Twenty-four percent of these ECE teachers in the spring sample also reported that children make new friends less often.

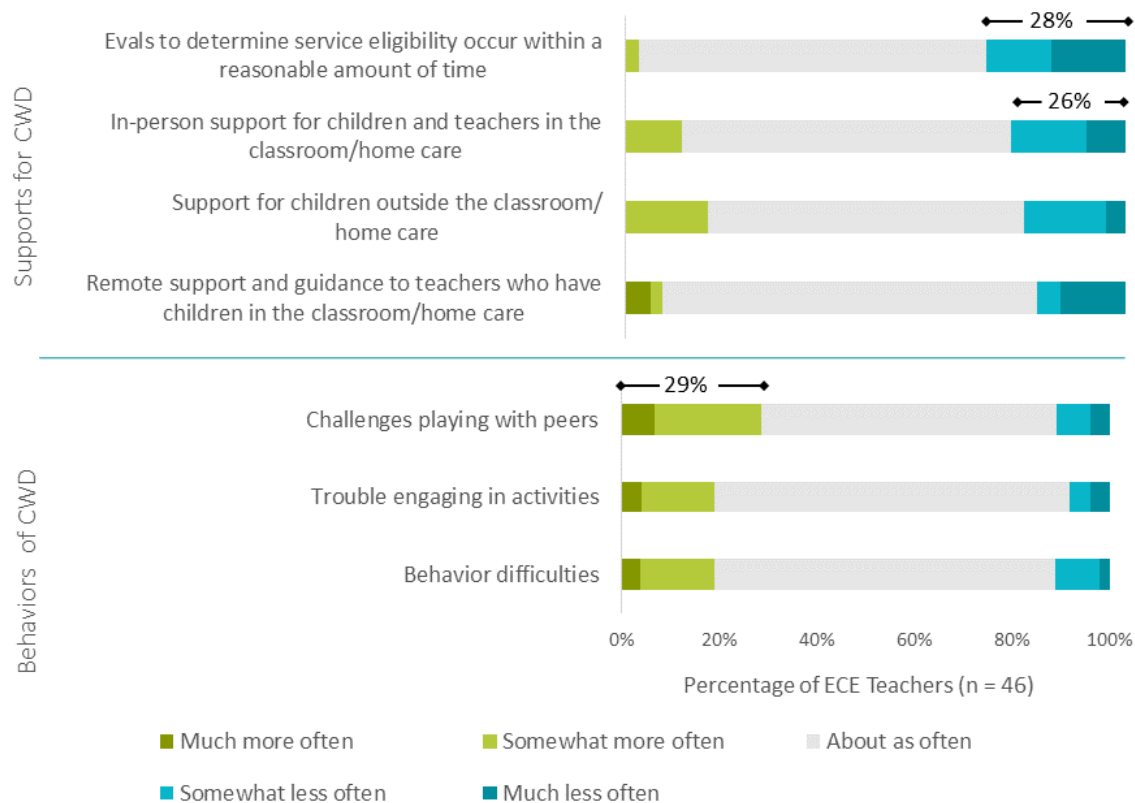
Although some ECE teachers have reported concerning changes in children's behaviors, most teachers reported that children are engaging in developmentally appropriate behaviors the same amount or more often

than before the pandemic. Focus group participants noted how children are adapting their play to cope with pandemic-related changes. When reflecting on the behavior of children in her program, one home provider noted, “We’ve had a lot more dramatic play, playing family and [children] role playing and talking through...what they think is happening when someone gets COVID or is home for coronavirus positive and so they’re trying to work through how to manage those emotions and collaborating with each other to create these scenarios.”

Some ECE teachers reported that the pandemic has created challenges for children with disabilities

Some ECE teachers reported reductions in the supports and services children with disabilities (CWD) or suspected of disabilities receive compared to before the pandemic. Twenty percent of ECE teachers in the spring sample reported bringing therapists or special education teachers into their classrooms or homes “somewhat” or “much” less often than before the pandemic, which is substantially lower than the 38 percent of teachers who reported a decrease in the fall sample. ECE teachers in the spring sample also reported on how often children’s specialists

Exhibit 5: ECE teachers working with CWD reports’ of supports and CWD behavior



(e.g., speech therapists, social workers) are able to support CWD in person, out of the classroom, and remotely compared to before the pandemic. Over a quarter of ECE teachers who serve CWD (26 percent) reported that children's specialists were available in person to support children and teachers in the classroom or home setting "somewhat" or "much" less often and 22 percent reported that children's specialists are available to support children outside the classroom/home less often (see Exhibit 5). In addition, over a quarter of ECE teachers (28 percent) reported that evaluations to determine eligibility for services take place within a reasonable amount of time "somewhat" or "much" less often. Home providers and private center-based programs are generally experiencing specialist support and timely evaluations for CWD less often compared to public center-based programs. Nine home providers and nine private center-based lead teachers reported serving CWD. For both home providers and private center-based lead teachers, four of the nine reported that evaluations happen in a timely manner "somewhat" or "much less" often.

Some ECE teachers also reported differences in the behavior of students with disabilities as compared to before the pandemic.

Twenty-eight percent of ECE teachers in the spring sample who serve CWD reported that CWD or children suspected of having a disability displayed challenges playing with peers "somewhat" or "much" more often compared to before the pandemic.

Twenty percent also reported that CWD had trouble engaging in activities and displayed behavior difficulties more often than before the pandemic (see Exhibit 5). Several focus group respondents noted how changes in practices to adhere to COVID-19 guidelines could be challenging for CWD, although one respondent reported that a child with autism has responded well to the increased structure in the classroom. A spring focus group respondent described how COVID-19 guidelines presented challenges for one student who is on the spectrum. She explained, "Not being able to allow him to go to the center of his choice...he's just not being able to conform...he's fixating [on] I want to go where I want to go. And before this epidemic, I assume that there wasn't an issue that the children could freely play in centers and now he has to understand."

CHILDREN'S CHALLENGING BEHAVIORS AND EDUCATORS' USE OF EXCLUSIONARY PRACTICES

Many teachers reported that children's attention difficulties and challenges complying with COVID-19 guidelines cause regular disruptions

More than two-thirds of ECE teachers (67 percent) reported having one or more children with challenging behaviors in their classroom or home.⁸ Most teachers in the fall reported having two preschool-aged children with challenging behavior, while most teachers in the spring reported one child with these behaviors. A much lower percentage of teachers in the spring (29 percent) reported having toddlers with challenging behavior, compared with teachers working with toddlers in the fall (46 percent). Also, a somewhat lower percentage of teachers in the spring sample (21 percent) reported having infants with challenging behavior, compared to teachers working with infants in the fall sample (30 percent). Sixty-three percent of ECE teachers reported that a child's attention difficulties cause a disruption "once a week" or "multiple times a week" and 57 percent reported that a child being unable to comply with COVID-19 regulations as a disruption at least once a week.

As compared to the fall sample, fewer ECE teachers in the spring sample reported using exclusionary practices, and none reported asking a child with challenging behavior to permanently leave their classroom

ECE teachers who reported having children with challenging behavior in their classrooms were also asked about their use of exclusionary practices (i.e., requesting that a child be picked up early, attend a shortened day, stay home one full day or more, or permanently leave the classroom). In the spring sample, 18 percent of ECE teachers who reported having infants, toddlers, or preschoolers with challenging behaviors reported using an exclusionary practice other than expulsion compared to 27 percent in the fall sample. In addition, substantially fewer ECE teachers in the spring sample who reported preschoolers with challenging behavior used an exclusionary practice other than expulsion (16 percent) compared to the fall sample (26 percent). In the spring sample, three of the seven teachers who reported infants with challenging behavior and two of the 12 teachers who reported toddlers with challenging behavior reported using an exclusionary practice other than expulsion. No ECE teachers in the spring sample reported asking children with challenging behavior to permanently leave the classroom compared to seven percent of ECE teachers in the fall sample.

⁸ Challenging behavior was defined as "a repeated pattern of behavior" that makes it difficult for children to play and learn in the past month. ECE teachers reported difficulties with children's attention and compliance with COVID-19 rules were the most common sources of disruption in their classrooms or homes.

CONSIDERATIONS AND POSSIBLE NEXT STEPS

- **Provide professional development that can help teachers understand when and how some of the directive practices adopted during the pandemic can be replaced by more developmentally appropriate practices.** A substantial number of ECE teachers continue to use directive practices (e.g., encouraging children to maintain a distance from each other) and plan to continue these practices when pandemic restrictions end. Professional development (PD) focused on how more or less restrictive practices affect children's behavior and development may help teachers transition to more developmentally appropriate practices. Also, because some teachers plan to continue spending more time outdoors with children, PD could focus on the use of outdoor time to develop social-emotional and other school-readiness skills.
- **Continue to provide the professional development and opportunities for peer-to-peer exchanges that teachers value, including the chance to discuss strategies for reducing teacher stress.** About a third of the teachers reported high levels of stress, and larger percentages reported concern about specific issues, including exposure to COVID-19 and loss of income due to the need to close their program. PD sessions could suggest and allow teachers to share strategies for stress reduction, while also providing information that addresses teachers' specific concerns (e.g., about available resources to help providers who experienced a program closure).
- **Consider providing additional information and incentives that may encourage staff to become vaccinated.** About a third of the teachers expressed a strong interest in information about vaccination requirements for ECE staff and about the safety of the vaccine, suggesting the value of providing information about these topics. High percentages of teachers reported that getting paid time off for vaccination and recovery and having the chance to talk to an expert about vaccine concerns would encourage them to get vaccinated.
- **In collaboration with early intervention and preschool special education leadership, explore possible strategies for reducing wait times for evaluations and ways to increase supports for children with special needs or who are awaiting evaluation, especially for children in home-based and private center-based programs.** The need for timely evaluations and supports for children with special needs appears most acute in home-based and private center-based settings. Children and teachers will likely experience the greatest benefit from specialists returning to provide supports in the ECE setting.
- **Continue to provide PD and consultation supports for teachers who have children with challenging behavior and encourage the use of these supports.** Teachers reported that they find PD and consultation to be very helpful, although a low percentage reported using more individualized supports such as consultation and coaching, probably due to COVID-19 restrictions. The high percentage of teachers who reported having children with challenging behavior suggest that increased use of these supports, as safety permits, will be helpful.