



# **Assessment for the National Collaborative on Childhood Obesity Research (NCCOR)**

**Key Informant Interviews to Inform Nutrition and  
Physical Activity Efforts in Child Care Settings During the  
COVID-19 Pandemic**

**November 2021**

## About Us

### The Gretchen Swanson Center for Nutrition

The Gretchen Swanson Center for Nutrition is a non-profit research and evaluation organization providing scientific expertise and partnership in the key public health areas of healthy eating, active living, food insecurity, policy advocacy, and health equity. The Gretchen Swanson Center specializes in the development and implementation of mixed-methods approaches, which are primarily focused on measuring changes that occur through policy, systems, and environmental interventions. The Gretchen Swanson Center works nationally by providing research and evaluation services to communities, non-profits, academic and government institutions, and policy makers. For more information about the Gretchen Swanson Center, please visit [www.centerfornutrition.org](http://www.centerfornutrition.org).

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# Executive Summary

## Introduction

The National Collaborative on Childhood Obesity Research (NCCOR) brings together four of the nations' leading research funders—the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF), and the United States Department of Agriculture (USDA)—in a public-private collaboration to accelerate progress on reversing the epidemic of overweight and obesity among U.S. youth. In 2020, NCCOR formed a workgroup to determine the needs related to the Coronavirus Disease 2019 (COVID-19) pandemic's impact on childhood obesity, including the research needs focused on child care, which includes traditional early care and education (ECE) and after-school settings. Thus, the Gretchen Swanson Center for Nutrition (GSCN), in partnership with NCCOR, conducted a study to explore how the Coronavirus Aid, Relief, and Economic Security Act (CARES) and American Rescue Plan (ARP) investments may affect child care facilities, including how it will impact children aged 0-13 years, the ages designated in the legislation.

## Methods

In June 2021, GSCN conducted 17 qualitative interviews across three interviewee groups: federal representatives (n=4), practitioners (n=7), and researchers (n=6). GSCN used a semi-structured interview guide that included tailored questions for the three groups. Interviews were conducted virtually and lasted approximately 30 to 60 minutes. All interviews were audio recorded, transcribed verbatim, and coded for themes relevant to the evaluation questions.

## Results

Interviewees provided feedback across three key areas: 1) how COVID-19 negatively impacted child care settings and how best to address these challenges moving forward, 2) how adjustments in child care settings emerged throughout the pandemic as potential best practices worth continuing, and 3) future directions for accessing, implementing, and evaluating the CARES and ARP investments made in child care settings. Comments specific to after-school settings were also included in these key areas; however, most of the findings are related to traditional ECE child care since only one organization represented after-school environments (the Afterschool Alliance).

## Impacts of COVID-19 on Child Care Programs and Potential Solutions

- Interviewees across all three interview groups reported that child care staff, programs, and participating children and families experienced a high level of stress due to COVID-19. Researchers and a federal representative suggested child care programs should provide health and wellness support for both child care staff and participating children.
- Interviewees across all groups overwhelmingly indicated that food insecurity increased among child care families and staff due to COVID-19. However, these interviewees indicated that COVID-19 also increased national awareness of food insecurity and this heightened cognizance presents an opportunity to create sustainable changes that can help mitigate food insecurity.
- Practitioners and researchers expressed concern regarding nutritional adequacy of children's diets while not attending in-person child care programs. As child care programs continue to reopen, one federal representative mentioned that programs will need to implement creative strategies to reintroduce fruits and vegetables to children, since some children may not have been exposed to and/or have not consumed fruits and vegetables while not attending child care programs during COVID-19.
- Interviewees across all groups hypothesized that there has been a reduction in physical activity among young children due to virtual learning. Several practitioners stated that lower income and or urban neighborhoods allow for fewer opportunities for physical activity due to limited access to outdoor recreation spaces and safety concerns. Interviewees across all groups recommended that targeted

outreach and strategic planning is needed to bring low-income and ethnic minority community members into conversations (e.g., elevate these local community voices) with local and state officials within their communities/neighborhoods.

- Interviewees across all groups expressed that COVID-19 shed national awareness on the structural issues of the child care workforce, including low staff wages and limited workplace benefits, and the urgency of addressing this issue. A federal representative described some states having a variety of newly interested state and local partners that are eager to collaborate with child care programs to help address some of these issues.

### Opportunities that Emerged during COVID-19

- During the pandemic, the USDA issued waivers for the Child and Adult Care Food Program (CACFP), which allowed program flexibility in targeted meal patterns, nutritional requirements, monitoring requirements, and increased reimbursement rates. Interviewees across all groups perceived CACFP waivers a critical modification needed to continue day-to-day operations and to serve children nutritious meals.
- All interviewee groups indicated that outdoor play increased during the pandemic due to safety guidelines. A few practitioners and federal representatives suggested maximizing excitement among children once they return to child care and reunite with friends in person by continuing to support outdoor group activities, such as learning trails, center/school gardens, and other activities that can positively impact nutrition and physical activity.
- Some practitioners reported that smaller student to teacher ratios were implemented in response to safety concerns, which turned out to be a positive change with respect to child development and staff workload, although it resulted in higher operating costs.
- Interviewees across all groups indicated several useful strategies that were implemented to serve meals to children and families during COVID-19. Examples included grab and go meals, partnerships with local entities (e.g., grocery stores, restaurants), meal kits, meals in the mail, backpack programs, on-site food pantries, and meal transportation for families.

### Future Directions to Help Recover from COVID-19

- Several interviewees across all groups indicated that a key component to recovery is recruiting and retaining sufficient child care staff. The interviewees stressed that staff salaries need to be increased to help with staff recruitment and retention.
- One federal representative suggested that the recovery funds could be used to hire designated nutrition and wellness staff and/or the funds could be used to incorporate nutrition and wellness training as part of the onboarding training curriculum, helping to facilitate staff as “healthy lifestyle” role models for the children participating in their programs.
- A few practitioners and federal representatives indicated that an advisory group composed of partners from the local to federal levels to support child care programs in utilizing the COVID-19 recovery funds could be beneficial. For instance, nutrition and physical activity experts/researchers could advise child care programs on how to invest money on nutrition and physical activity-related items.
- A few interviewees across the different groups indicated that child care programs could avoid the “band aid” approach when spending the COVID-19 recovery funds by focusing on using the funds to make long term changes, such as developing and maintaining school gardens, nature trails, and nutrition education curriculum.
- A researcher and practitioner suggested that the COVID-19 recovery funds could be used to invest in local municipalities and community organizations who could support child care programs that were disproportionately impacted by COVID-19. Prior to allocating or spending any funds, another

practitioner and federal representative suggested that an equity assessment be conducted to help guide those decisions.

- For after-school settings, a practitioner explained the need to reexamine licensing requirements, specifically to increase the number of states where school age specific licensing requirements are incorporated, which could positively impact physical activity-related policies and practices at these sites. In addition, a practitioner noted that staff training requirements could be reevaluated since staff for after-school programs might not need the same training as ECE programs.

## Evaluating Impacts of Recovery Efforts

- All researchers suggested that recovery funds could be used to support various research activities, such as impact assessments on health and wellness of child care staff and participating children and pilot studies on the modification and/or expansion of some federal food assistance programs. Recommended evaluation components included feasibility, sustainability, process evaluation, and exploring child care staff, family, and child perceptions of changes made with recovery funds along with impacts to food security status.

## Discussion

Overall, the findings from this work resulted in key takeaways for the study partners and audiences. Next steps based on key findings from interviewees and extrapolations made by GSCN for specific key audiences include:

- *NCCOR and other individual federal agencies*: Identify and promote research priorities focused on evaluating COVID-19 recovery efforts in child care settings to relevant groups (e.g., researchers, evaluators, practitioners, and affected populations). Consider ways to foster collaboration among these groups, such as through facilitation of conversations, forums, or through the development of guidance to help ensure that the community voices are elevated.
- *Federal agencies and other research funders*: Release rapid/time-sensitive research funding opportunity announcements (e.g., modeled after the Time Sensitive Obesity Policy and Program Evaluation R01 or other similar mechanisms) to support research and evaluation activities in “real time” (e.g., natural experiments) to assess impacts of COVID-19 recovery in child care settings.
- *Researchers*: Build on current work by conducting impact assessments and pilot studies on the recovery of child care settings focused on issues such as food insecurity and health and wellness, with an emphasis on assessing diet and physical activity behaviors in children and continued ways in which to promote these important behaviors while COVID-19 persists.
- *Child care settings*: Seek guidance and connections from overarching child care organizations (e.g., child care resource and referral agencies) on how to leverage support from local, state, and federal organizations to maximize the use of COVID-19 recovery funds. Prioritize changes with long-term impact such as improvements that would strengthen the child care workforce and nutrition and physical activity programming for participating children.

## Conclusions

This small qualitative study highlighted the impacts of COVID-19 on child care settings and identified several potential solutions for recovery, including ways to maximize the use of the COVID-19 recovery funds by considering the continuation of emerging opportunities and prioritizing long-term, equitable changes. Interviewees across all three groups (researchers, practitioners, and federal representatives) emphasized that issues negatively impacting child care settings before the COVID-19 pandemic were further exacerbated in the months that followed. Interviewees suggested the need to prioritize utilization of the current available federal investments for strategies to 1) improve structural inequities for child care staff, 2) reduce food insecurity of both child care staff and participating children, and 3) investigate ways to improve nutrition and physical activity opportunities for children in these settings. Future research could be conducted to support these efforts to help

ensure changes made are evidence-based, equitable, and sustainable and to evaluate the impact of these efforts on food insecurity and staff health and well-being.

Strengths of the study included the quick turnaround from data collection to reporting, allowing for the current state of child care and after-school programs to be discussed and allowing for top-of-mind responses. The high response rate among each interviewee group also allowed for each key audience's viewpoints to be represented. Despite these strengths, the study design also included notable limitations. For example, the results are based on a convenience sample, and thus, not representative of all federal representatives, practitioners, and researchers involved with child care programs. In addition, the sample size is relatively low within each of the three subgroups, so findings should be interpreted with some caution. The study also was conducted amid the COVID-19 pandemic and prior to the surge of the Delta variant, therefore follow-up studies could help to identify new impacts of COVID-19 on child care programs and emerging strategies.

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## Introduction

The [National Collaborative on Childhood Obesity Research](#) (NCCOR) brings together four of the nations' leading research funders—the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF), and the United States Department of Agriculture (USDA)—in a public-private collaboration to accelerate progress on reversing the epidemic of overweight and obesity among U.S. youth. In 2020, NCCOR formed a workgroup focused on determining needs in the field related to the Coronavirus Disease 2019 (COVID-19) pandemic's impact on childhood obesity. In October 2020, the workgroup held a panel on research needs that focused on early care and education (ECE), schools, and the community environments. The workgroup recognized that both COVID-19 response and recovery efforts may have temporary and longer-term impacts on behavioral, household, societal, and economic influences on population health and well-being, including weight status.

The rapid infusion of large investments in poverty reduction programs and school and child care infrastructure via the CARES Act, American Rescue Plan, and other recovery bills has the potential to meaningfully influence social determinants of health and address health disparities.

- The [Coronavirus Aid, Relief, and Economic Security Act](#) (CARES), enacted on March 27, 2020, included \$3.5 billion in emergency funds for the [Child Care and Development Block Grant](#) and \$750 million for [Head Start](#) programs. CARES also issued guidance that allowed states more flexibility in meeting [Child Care and Development Fund](#) (CCDF) requirements to mitigate the effects of COVID-19. For instance, states could continue to pay child care providers who accept subsidies during this period of closure or low attendance; provide emergency care through temporary regulatory changes and additional funding to providers who offer care for children of essential workers; and waive or cover a portion of child care tuition that families may otherwise be required to pay.<sup>1,2</sup>
- The [American Rescue Plan](#) (ARP), signed into law on March 11, 2021, provided \$39 billion for the child care industry, including \$24 billion for a child care stabilization fund and \$15 billion for the CCDF. These funds help child care providers “to reopen or stay open, provide safe and healthy learning environments, keep workers on payroll, and provide mental health supports for educators and children.” The plan also “provides more flexible funding for states to make child care more affordable for more families, increase access to high-quality care for families receiving subsidies, increase compensation for early childhood workers, and meet other care needs in their states.” Recent guidance also allows for supplemental CCDF discretionary funds to be used to help children and families access the COVID-19 vaccine.<sup>3</sup>

The workgroup is interested in identifying how these investments may affect the ECE landscape and ECE facilities, including children aged 0-13 years participating in [after-school care](#), the ages designated in the legislation. Additionally, the workgroup is interested in how these investments could be maximized to integrate topics such as nutrition, physical activity, and healthy growth into these policies, programs, and funding investments and their impact on children's health and development overall.

The [Gretchen Swanson Center for Nutrition](#) (GSCN) has partnered with NCCOR for several years on assessment efforts, covering a range of topics over time, including surveying and interviewing NCCOR members and experts in the field about strategic directions and priority areas. For this most recent assessment, GSCN, with input from the workgroup, designed a qualitative study to gather insights from federal agency representatives, practitioners, and researchers on how child care can be rebuilt after COVID-19, given these recent federal investments. Please see below for a list of the NCCOR workgroup leads.

- David Berrigan, PhD, MPH (NIH)
- Andrew Bremer, MD, PhD (NIH)
- Carrie Dooyema, MPH, RN (CDC)

- Heather Hammer, PhD (CDC)
- Sarah Sliwa, PhD (CDC)
- Amanda Sharfman, MS, MPH (FHI 360)

## Methods

Data collection occurred in June 2021 and consisted of 17 key informant interviews among three subgroups: federal representatives (n=4), practitioners (n=7), and researchers (n=6). Most interviews were conducted with one key informant; however, there were two instances of two participants participating in one interview (one federal representative and one practitioner interview).

GSCN worked alongside the NCCOR workgroup to identify appropriate interviewees from each of the groups. In some cases, proposed interviewees recommended alternative and/or additional representatives from their organizations or those they knew working in the area. Table 1 shows the final list of interviewees and their affiliations. One federal representative preferred not to be named.

**Table 1. Interviewees and Affiliations**

| Federal Representatives*  | Practitioners  | Researchers  |
|---|--|--|
| Melissa Brodowski, PhD, MSW, MPH<br>ACF Office of Early Child Development | Deborah Bergeron, PhD, M.Ed<br>National Head Start             | Temitope Erinosho, PhD, MS<br>Indiana University                           |
| Yanique Edmond, PhD, MPA, CTRP-C<br>Office of Minority Health             | Reynaldo Green<br>National CACFP Forum                         | Laura Lessard, PhD, MPH<br>University of Delaware                          |
| Richard Gonzales, MS<br>ACF Office of Child Care                          | Geri Henchy, MPH, RD<br>Food Research and Action Center (FRAC) | Lorrene Ritchie, PhD, RD<br>University of California                       |
|   | Katie Jacobs, MPH<br>Food Research and Action Center (FRAC)    | Shreela Sharma, PhD, MA, RD<br>University of Texas School of Public Health |
|   | Jodi Kuhn, MS<br>KinderCare National                           | Susan Sisson, PhD, RDN, CHES, FACSM<br>University of Oklahoma              |
|   | Erik Peterson, MPA<br>Afterschool Alliance                     | Alison Tovar, PhD, MS, MPH<br>University of Rhode Island                   |
|   | Lacy Stephens, MS, RDN<br>National Farm to School Network      |  |

\*One federal representative preferred not to be named or have their affiliation listed.

A semi-structured interview guide was developed, with tailored questions for the three interviewee groups (see Appendix A). The overarching goal of the interviews was to identify how the recent CARES and ARP investments at the federal, state, and local levels may affect the child care landscape, specifically for children aged 0-13 years, as well as how these investments could be used to strengthen nutrition and physical activity in these settings. Broadly, the topics covered in the interviews were:

- Interviewee expertise and work in childhood nutrition and physical activity
- Impact of COVID-19 on child care programs
- Emerging strategies and adjustments during COVID-19
- Future programmatic, policy, and research needs to facilitate recovery
- Strategic implementation of recovery efforts

One of three trained GSCN staff conducted the interviews by phone or Zoom video conference. Each interview took approximately 45-60 minutes to complete. Interviews were audio recorded with participants' permission and transcribed verbatim. Interviews were coded for themes relevant to the evaluation questions by three members of the research team using NVivo 11 software. For those who were able to accept it, participants were offered a \$30 incentive to thank them for their time.

## Findings

### 1. Interviewee Characteristics

Overall, most interviewees indicated they were familiar with CARES and ARP prior to the interview. Interviewees first provided an overview of their work in childhood nutrition and physical activity, and specifically their work related to child care settings. Additionally, some interviewees provided additional resources, such as current research findings, tools, and data. Examples of these resources along with resources provided by the NCCOR workgroup are in Appendix B.

#### 1.1 Researcher Interviews

Among researchers, areas of expertise included food insecurity, nutrition security, health disparities, physical activity, and child care as it relates to federal nutrition programs (e.g., [Child and Adult Care Food Program](#) (CACFP), [Special Supplemental Nutrition Program for Women, Infants, and Children](#) (WIC), and [Supplemental Nutrition Assistance Program](#) (SNAP)). Their work primarily centered around children (aged 3-12 years) and families, specifically low-income families.

Researchers described the focus of their work as understanding factors that contribute to healthy eating and active living in different settings, including ECE and after-school. They reported that they engage the populations that are impacted by their research in formative stages and conduct research that can inform program improvements and policy changes at the state, local, national levels. Within child care settings, researchers had experience with [Head Start](#), family child care home, and traditional center-based care, including culturally focused programs (e.g., American Indian). This research included a focus on obesity prevention in early childhood through interventions that aim to promote nutrition and physical activity particularly in underserved and minority children and their families, and the implementation of policy interventions in the child care setting. A second area of focus was on the well-being of the child care workforce (e.g., staff/workers), including promotion of nutrition and physical activity and development of interventions to support the health of the child care workforce.

Researchers also shared a snapshot of *their* current published and in-process work related to COVID-19.

Examples of this work include:

- Interviewing WIC agency directors to assess the impact of COVID-19 on the WIC program within one state, including the pros and cons of the federally issued waivers<sup>4</sup>
- Surveying WIC participants across twelve states to gather participant perspectives on program changes that occurred during COVID-19<sup>5</sup>
- Interviewing Supplemental Nutrition Assistance Program (SNAP) participants to understand the impact of COVID-19 among low-income families with regard to housing, food insecurity, child care, child education, etc. (in-process)
- A study assessing factors that influence child care center participation in CACFP in four states, including a deep dive into how COVID-19 has impacted child care settings, resources that helped child care centers, and how the USDA waivers were used during COVID-19 (in-process)
- Surveying child care programs and their sponsoring organizations participating in CACFP to understand their implementation of USDA waivers and associated outcomes (in-process)

- Interviewing programs at the state level to understand how program closures led to children losing access to healthy meals<sup>6</sup>

## 1.2 Practitioner Interviews

Practitioners contributed perspectives from both the non-profit and for-profit sectors, and at the national and state levels. Their involvement in child care spanned programmatic, policy, and advocacy duties, within the topic areas of nutrition, physical activity, wellness, food systems, and federal nutrition programs (e.g., WIC, CACFP). They spoke to issues related to how COVID-19 impacted traditional child care settings (center and family child care), after-school programs, and summer programs.

Specific roles discussed included overseeing reimbursements from government agencies, performing monitoring visits, and providing training and technical assistance (both pre-pandemic and during the pandemic). Training and technical assistance topics included improving access to nutritious meals, opportunities for structured physical activity, farm to early care and education, nutrition education for parents, plans for enhancing the sustainable and equitable food systems across federal nutrition programs, and child care workforce professional development.

## 1.3 Federal Representative Interviews

Federal representatives worked across several agencies as outlined in Table 1 and described their work in child care related to nutrition and physical activity priorities. For example, they reported that their responsibilities included overseeing health services for Head Start, crafting policy, training and technical assistance for child care staff, and systems building within child care. For systems building, examples provided include:

- Working with the [Quality Rating Improvement System](#) (QRIS), ensuring standards for nutrition, physical activity, and healthy development among young children are addressed
- Overseeing statewide comprehensive birth to age five needs assessments and strategic plans and ensuring support services are included, such as nutrition, mental health, dental work, and social work
- Working with states on policy issues, collaborating with other federal organizations (e.g., [Health Resources and Services Administration](#) (HRSA), [Substance Abuse and Mental Health Services Administration](#) (SAMHSA), CDC, and NIH), and helping states to coordinate and collaborate more effectively with each other

Additionally, educating communities and early childhood systems also was described as current responsibilities, specifically using a prevention approach around children’s wellness and physical health (e.g., community gardens, preparing meals with fresh ingredients for children’s physical and brain development, and learning trails that promote physical activity among young children and their parents). Work involving youth sports was also discussed, which focused on increasing movement, reducing obesity, and promoting an understanding of the importance of nutrition.

## 2. Impacts of COVID-19 on Child Care Settings and Potential Solutions

**Table 2. Key Informant Themes and Quote Snapshot: Impacts of COVID-19 on Child Care Settings and Potential Solutions**

| Theme   | Responding Interviewee Group |              |            | Example Quotes  |
|---|------------------------------|--------------|------------|---|
|   | Federal                      | Practitioner | Researcher |   |
| <b>Child care programs experienced a high level of stress due to COVID-19.</b>                        | ✓                            | ✓            | ✓          | <i>“And so, I think that we are just seeing limited capacity to engage in anything new, whether that’s implementing new programs, connecting with new producers for local food sourcing. We just see a lot of providers that are just really at their capacity and have very limited staffing time, have very limited attendance numbers [Practitioner].”</i>   |
|   |                              |              |            | <i>“I think the teachers need, and the directors probably need, some mental health support. COVID was extremely difficult for everybody in that regard. And a lot of the burden was on these essential workers who, I would consider child care [staff] essential workers [Researcher].”</i>  |
| <b>COVID-19 exacerbated issues of food insecurity among children, families, and child care staff.</b> | ✓                            | ✓            | ✓          | <i>“I hear people talking more about it as opposed to us always trying to... or, at least me, always trying to bring up and say, “You know what, remember food insecurity is a problem in our communities. A lot of our families live in food deserts. A lot of our families don’t have access to produce that’s fresh [Federal Representative].”</i>   |
|   |                              |              |            | <i>“I really do think that the concept of food insecurity became more real for people. I mean, it’s been a problem, but because of COVID it became greater, right? So, all of a sudden there was just a lot more people that were dealing with food insecurity. And we saw, in the news, the long lines of cars, and all the places ... and people that were just in line and needing to get food. [Federal Representative].”</i> |

**Table 2. Continued**

| Theme   | Responding Interviewee Group |              |            | Example Quotes  |
|---|------------------------------|--------------|------------|---|
|   | Federal                      | Practitioner | Researcher |   |
| <b>Child care settings halted family style dining due to COVID-19.</b>  |                              | ✓            | ✓          | <p><i>“They stopped doing that [family style dining and taste testing] because they had to and it’s going to be I think a struggle, especially for lower resourced programs, to get back into the things that they were doing before [Researcher].”</i></p> <hr/> <p><i>“We’ve always used family-style meals during food insecurity within our programs, but because of COVID and recommendations that were made by our infectious disease experts that we are able to reach out to, that was one of the activities that we asked programs to curtail for the time-being. So, we were following guidance and aligning our guidance with the CDC to make sure that children were cohorts. That if they were doing a meal provision, that they did it with physical distancing as needed, and we were providing pre-packed meals most likely, and/or we have one person that was serving the children, as opposed to using the family-style meals kind of approach that we were used to doing [Federal Representative].”</i></p> |
|   |                              |              |            |   |
| <b>Child care programs faced closures, decreased enrollment, staffing shortages, and financial hardships due to COVID-19.</b> | ✓                            | ✓            | ✓          | <p><i>“More kids coming in, food is harder to get right now, it’s more expensive in a lot of places, sponsoring organizations need that reimbursement to help support centers with the food...So that added reimbursement would help offset that cost, but then also it helps support that sponsoring organization to help encourage more child care providers to participate in the CACFP, so they’re serving those healthy meals as well. CACFP, isn’t a requirement, but it’s definitely an indicator of quality child care [Practitioner].”</i></p> <hr/> <p><i>“...We know that the child care workers were affected greatly and even just child care centers were affected greatly. And when I say that we know that for many child care centers like...enrollment went down either because they had to cull down on enrollment or because parents pulled their children out for safety reasons or they couldn’t afford to send their children to an ECE program. [Researcher].”</i></p>                                  |
|   |                              |              |            |   |

**Table 2. Continued**

| Theme   | Responding Interviewee Group |              |            | Example Quotes   |
|---|------------------------------|--------------|------------|--|
|   | Federal                      | Practitioner | Researcher |  |
| <b>Due to COVID-19, children faced an overall reduction in physical activity and a decrease in the nutritional quality of foods served.</b> | ✓                            | ✓            | ✓          | <p><i>"I feel like nutrition just took a nosedive during COVID... I'm sure food preparation from a cook's perspective would also include perhaps more reliance on processed things. Because they didn't have to make it, or just have to keep things safe [Practitioner]."</i></p> <hr/> <p><i>"Kids aren't outside, right? And we have families and communities where it's not safe to be outside. And so, the public health message of get outside... it's not a reality for a lot of our families to achieve. I think we're going to have a lot of kids who were in front of the TV for long periods of time... But I'm wondering if the repercussions of that is going to be a lot of kids with asthma [Federal Representative]."</i></p>                              |
|   | ✓                            | ✓            | ✓          | <p><i>"...And they're not going to come back because it doesn't pay well enough. They're not valued enough, then they've moved on to other careers... I worry that this is going to be a huge transition for our childcare and that they're going to have to rebuild a lot. And they already were in a position of not being well-funded and highly resourced [Researcher]."</i></p> <hr/> <p><i>"...With COVID, as an example where early child care administrators were forced to use their personal credit cards or saving accounts and worsening... There were worsening and extended number of child care deserts. And then we really saw inequities that disproportionately impacted providers and programs of low-income diverse communities [Researcher]."</i></p> |

## 2.1 Stress on Child Care Programs, Staff, and Families

Interviewees across all groups reported that child care programs experienced a high level of stress due to COVID-19. They described that because of state and local COVID-19 restrictions, most child care programs temporarily closed or operated with limited capacity during the initial stages of COVID-19. As COVID-19 progressed and state and local restrictions loosened, child care programs had to determine reopening plans. Practitioners and researchers cited limited staffing as a major challenge to reopening due to perceived health concerns and low wages of child care staff. Child care programs also were inundated with new health and safety procedures and practices. Researchers noted that because of the increased stress that child care staff experienced due to COVID-19, teachers were overwhelmed with implementing efforts beyond the core curriculum; subsequently, they are going to need additional support.

*“And so, I think that we are just seeing limited capacity to engage in anything new, whether that’s implementing new programs, connecting with new producers for local food sourcing. We just see a lot of providers that are just really at their capacity and have very limited staffing time, have very limited attendance numbers [Practitioner].”*

Researchers also suggested that recovery efforts need to mirror best practices for those recovering from trauma. One solution mentioned by multiple researchers is to provide child care staff health and wellness support. However, one researcher indicated that child care staff health and wellness support needs structural changes as opposed to short-term fixes (e.g., offering yoga classes long-term versus a one-time yoga class).

*“I think the teachers need, and the directors probably need, some mental health support. COVID was extremely difficult for everybody in that regard. And a lot of the burden was on these essential workers who, I would consider child care [staff] essential workers [Researcher].”*

In addition, COVID-19 caused a high-level of stress among children and families. Interviewees across all groups described that child care staff will need to allocate additional time and resources to helping families transition back into child care. One researcher noted that child care programs can help families and mentioned, *“ECE is a trusted partner of families, I think they’re in a position to provide some of that support.”* Federal representatives described an increased need in attention and funding at the state level to address any potential mental health issues among youth, such as a train the trainer model to support child care staff in addressing child mental health issues. They stressed that these efforts need to be integrated and ongoing as opposed to a one-time training. One federal representative recommended including nutrition and physical activity components in addressing mental health issues among children and families.

*“We also know that it was a big change for adults and children, and so we have been spending a lot of time focusing on social emotional development efforts, like, how do we help families? How do we help parents? Helping parents and even talking to staff, now that children are coming back into programs, even if it’s only partially, helping them to understand that the transition isn’t going to be that smooth, that children will have behavioral issues [Federal Representative].”*

## 2.2 Food Insecurity

Interviewees across all groups overwhelmingly indicated that food insecurity and hunger is prevalent among families with young children and that food insecurity has increased due to COVID-19. These interviewees explained that when child care settings temporarily closed due to COVID-19, children did not receive meals and snacks while not attending child care programs. As a result, interviewees across all groups expressed concern that children are not receiving adequate meals at home. Researchers noted an increase in reliance on food pantries and other federal food assistance programs (e.g., SNAP, WIC) among children and families.

Child care staff also were described by practitioners and researchers as oftentimes being food insecure and needing to rely on federal food assistance programs and food banks/pantries. Practitioners and researchers described this as problematic; a strong and healthy child care workforce is needed to care for young children. Despite this, interviewees across all groups mentioned that COVID-19 increased national awareness of food insecurity issues in the United States. Interviewees across all groups expressed that the heightened awareness of food insecurity presents an opportunity to create sustainable changes that can help mitigate food insecurity among child care staff and the children and families they serve. Interviewees also noted that the national attention on food insecurity may yield more efforts and funding allocated to it.

*"I hear people talking more about it as opposed to us always trying to... or, at least me, always trying to bring up and say, 'You know what, remember food insecurity is a problem in our communities. A lot of our families live in food deserts. A lot of our families don't have access to produce that's fresh' [Federal Representative]."*

### 2.3 Closures, Decreased Enrollment, and Staffing

As mentioned above, interviewees across all groups stated that many child care programs were forced to permanently close due to financial hardship caused by COVID-19. Child care programs that closed were often family child care programs or center-based programs that served rural, low-income, and/or diverse communities, which created child care "deserts" in these areas. Interviewees across all groups described that child care programs also experienced a decrease in enrollment due to state and local COVID-19 restrictions and families choosing not to re-enroll their child(ren). Practitioners explained that families were hesitant to put their child(ren) back into child care settings, especially when health and safety plans in child care settings were in flux. Additionally, one practitioner mentioned that many families struggling financially worked additional jobs and as a result had less predictable schedules, which created irregular attendance in child care programs.

Practitioners described a decrease in enrollment initially led to a reduction in reimbursements for CACFP. The COVID-19 emergency funds helped address this issue to an extent, but not completely. Interviewees suggested utilizing the [Child Nutrition Reauthorization](#) (CNR) to increase meal reimbursements for CACFP.

*"More kids coming in, food is harder to get right now, it's more expensive in a lot of places, sponsoring organizations need that reimbursement to help support centers with the food...So that added reimbursement would help offset that cost, but then also it helps support that sponsoring organization to help encourage more child care providers to participate in the CACFP, so they're serving those healthy meals as well. CACFP, isn't a requirement, but it's definitely an indicator of quality child care [Practitioner]."*

As child care programs reopened, practitioners conveyed there was a staffing shortage in part due to the low wages in the child care workforce as compared to other sectors with more competitive salaries. Another explanation for a staffing shortage described by practitioners is that former staff were making more money to stay home and not having the added expense of sending their own child(ren) to child care, possibly due to receiving the COVID-19 unemployment benefits. One practitioner explained that staffing shortages, particularly among kitchen staff, will impact nutrition. They described hiring kitchen staff with less experience and skills and having to go "back to the basics" regarding food preparation.

One federal representative cautioned that the rate of vaccination is still too low and ultimately puts individuals at risk. More specifically, they pointed out that, at the time of the interviews, children under 12 are not able to be vaccinated, many adults are not vaccinated, and the Delta variant is a threat. They also described that from an infectious disease perspective, child care staff will need to continue disease mitigation efforts (e.g., masks, physical distancing, cohorting classrooms by having the same children grouped together) to help maintain

continued operations and staffing. Furthermore, reducing disruptions in staff is critical since child care programs often do not have alternative staffing options (e.g., substitute staff on call).

## 2.4 Nutrition and Physical Activity

Practitioners and researchers expressed concern regarding nutrition among children not attending in-person child care programs. They explained that child care programs participated in outreach efforts to provide children and families with food during COVID-19, which is described later in this report. Despite these efforts, practitioners and researchers relayed that the nutritional adequacy of meals among children not attending in-person child care programs is currently unknown and some children may “slip through the cracks.” One federal representative cited prior research indicating that children have a lower quality diet when they do not have access to school meals (e.g., summer months) and hypothesized similar results due to remote learning. As child care programs continue to recover, one federal representative mentioned that fruits and vegetables may need to be reintroduced to children since some children may not have been exposed to and consumed fruits and vegetables while not attending child care programs during COVID-19. Thus, the reintroduction of fruits and vegetables could help increase the likelihood that the children will like and consume these healthy foods once returning to child care.

Interviewees across all groups also hypothesized a general reduction of physical activity due to virtual learning. Practitioners and researchers described concerns for children not attending in-person child care, which included unknown physical activity levels and some children not having access to spaces for physical activity. Several practitioners hypothesized that physical activity levels are influenced by the communities children live in. For example, lower-income and/or urban neighborhoods may allow for fewer opportunities for physical activity in part due to limited access to outdoor recreation spaces and safety concerns. Interviewees across all groups felt that targeted outreach efforts and strategic planning is needed to bring low-income and ethnic minority community members into conversations with local and state officials within their communities/neighborhoods.

*“Kids aren’t outside, right? And we have families and communities where it’s not safe to be outside. And so, the public health message of get outside... it’s not a reality for a lot of our families to achieve. I think we’re going to have a lot of kids who were in front of the TV for long periods of time... But I’m wondering if the repercussions of that is going to be a lot of kids with asthma [Federal Representative].”*

Lastly, for child care programs that were open, practitioners noted that the nutritional quality of foods served may have deteriorated. Practitioners and researchers described that COVID-19 halted [family style dining practices](#) due to health and safety guidelines. Without family style dining, practitioners and researchers conveyed those children missed out on critical developmental opportunities, such as gross motor development. One researcher mentioned, *“I think the family style meal is an important part of children’s autonomy and motor development, as well as their autonomy in their food choices and getting food on their plate.”*

The same interviewees anticipated that family style dining will be implemented after COVID-19. However, several practitioners and researchers noted that child care programs are currently hesitant to reinstate family style dining due to health concerns and that programs may need guidance in doing so. One researcher hypothesized that lower resource programs may encounter challenges in implementing nutrition promoting practices that were in place prior to COVID-19. One researcher said, *“They stopped doing that [family style dining and taste testing] because they had to and it’s going to be I think a struggle, especially for lower resourced programs, to get back into the things that they were doing before.”*

Aside from family style dining, interviewees reported that other nutrition promoting efforts, like taste testing and new recipe development, were reduced due to additional staff time spent on health and safety procedures. One practitioner also highlighted an increased reliance on processed foods, *“I feel like nutrition just took a*

*nosedive during COVID... I'm sure food preparation from a cook's perspective would also include perhaps more reliance on processed things. Because they didn't have to make it, or just have to keep things safe [Practitioner]."*

## 2.5 Awareness of System Improvements

Interviewees across all groups overwhelmingly expressed that COVID-19 shed national awareness on the structural issues of the child care workforce in the United States. Low wages and limited workplace benefits were most frequently cited and described as contributing to high staff turnover. Interviewees across all groups noted that families also experienced challenges in accessing child care services due to the high cost of child care. Researchers and practitioners emphasized that the high cost of child care contributes to child care access barriers for families, especially among low-income families. However, due to these issues, coupled with an influx of funding, a federal representative described some states having a variety of interested state and local partners that are eager to collaborate with child care programs to help address some of these issues. The interviewee also noted an increase in coordination among federal agencies to help address the impacts of COVID-19 on child care settings.

*We had some states that could not get certain people to the table. They weren't interested, there's nothing in it for me. When the pandemic hit, and of course, when there's money available, all of a sudden, people were coming to the table, who hadn't come before... We now have gotten farther in three months than we did in the last two years [Federal Representative]."*

### 3. Opportunities that Emerged during COVID-19

**Table 3. Key Informant Themes and Quote Snapshot: Opportunities that Emerged during COVID-19**

| Theme   | Responding Interviewee Group |              |            | Example Quotes  |
|---|------------------------------|--------------|------------|---|
|   | Federal                      | Practitioner | Researcher |   |
| <b>Federal flexibilities were perceived as critical components to meet nutritional standards and the sustainability of such flexibilities should be explored.</b> |                              | ✓            |            | <p><i>“It’s not as if the program was this huge moneymaker for them. We’re talking simply about having some more equity in the program so that the way that they’re reimbursed is on par with child care centers [Practitioner].”</i></p> <hr/> <p><i>“We had a lot of USDA flexibilities that got put in place when COVID hit that tremendously helped our programs. I know a lot of those ended in December. So, some of our ability to reach beyond a meal you might provide a child when they’re in your program, which we said could be delivered to home, that’s not a problem. But, that’s not going to help the whole family. You do run into barriers around regulations and whether or not at a federal level they’re trying to relax some of that so that we can have a better impact on the whole family, I don’t know [Practitioner].”</i></p> |
|   | ✓                            | ✓            | ✓          | <p><i>“Then on the positive side, I think a lot of programs have really embraced outdoor education in a way that they didn’t before and I think...I have two kids who go to a child care center so I have experienced this both as a researcher and also as just a parent of kids who have been in a center this whole time but they’re outdoors way more than they were before and I know that’s not just an anecdote of my children [Researcher].”</i></p> <hr/> <p><i>“They [child care providers] were basically moving everything outside, and they were just doing stuff outside. So, the outdoors became their learning space...But I think that that’s just a plus side of COVID. Because the kids were moving [Researcher].”</i></p>   |

**Table 3. Continued**

| Theme  | Responding Interviewee Group |              |            | Example Quotes  |
|--|------------------------------|--------------|------------|---|
|  | Federal                      | Practitioner | Researcher |   |
| <b>Smaller student to teacher ratios were beneficial for child development and staff workload.</b> |                              | ✓            |            | <p><i>“So, by allowing teachers to work a full day with their own children, those teachers get to know their children and stay with the same children all day long [Practitioner].”</i></p> <hr/> <p><i>“The pod structure is extremely more expensive and that’s where I appreciate that some of the money that’s coming down, there’s a lot of money actually coming down through both of those acts, to support child care. We’re hoping that will help in those ways [Practitioner].”</i></p>   |
|  | ✓                            | ✓            | ✓          | <p><i>“And so, we knew those children were at home, not necessarily having access to healthy meals or any meals, depending on the family’s situation. So, since centers being able to prepare meals in a way that those families could take them home, helped us feel like, ‘Oh, okay, at least the children are getting the meals that they would have been getting if they were in care, until a situation worked out’ [Practitioner].”</i></p> <hr/> <p><i>“I think a big opportunity is really elevating the role of early care and education and addressing childhood and family food security. We saw what happened when children and families did not have access to those meals provided through early care and education programs. And I think that just reinforces the opportunity of early care and education to be that hub for nutrition resources, for families and the opportunity for it to not just be about access to food, to be access to quality and access to that connection to their community through [the] system. So, I think the opportunity is then that kind of not forgetting about what happened for families when that was pulled out from underneath them and the importance of investing in early care, the quality of the early care and education nutrition programs to have the capacity to continue to support families [Practitioner].”</i></p> |

### 3.1 Federal Flexibilities

During the pandemic, the USDA issued [CACFP waivers](#), which allowed programs flexibility in targeted meal patterns, nutritional requirements, and increased reimbursement rates. CACFP waivers were perceived by interviewees across all groups as critical to continue serving children nutritious meals. Initially, practitioners noted that the federal flexibilities were fundamental to serve foods not congruent with CACFP requirements when child care programs were unable to source those products due to food shortages. Practitioners also described that these federal flexibilities helped stabilize child care programs during the pandemic since the increased reimbursement rates served as a reliable source of income, especially for child care programs that experienced significant drops in enrollment.

A few practitioners provided additional detail on how federal flexibilities impacted family child care programs. They described that with the federal flexibilities, enrolled family child care programs were allocated the highest reimbursement rate as compared to the tiered eligibility approach used prior to the pandemic. One practitioner recommended that family child care programs continue to receive the highest reimbursement rate in the long term to promote equity and to treat all family child care programs the same.

*“It’s not as if the program was this huge moneymaker for them. We’re talking simply about having some more equity in the program so that the way that they’re reimbursed is on par with child care centers [Practitioner].”*

In addition, child care programs participating in CACFP undergo monitoring with sponsoring CACFP organizations. Prior to the pandemic, monitoring was conducted in-person. Due to health and safety guidelines, as well as waivers issued by USDA, [monitoring was conducted virtually](#). Practitioners described virtual site visits as more effective and efficient for both individuals performing the site visit and child care programs. More specifically, virtual monitoring is cost effective and sponsoring CACFP organizations have additional time to spend with child care programs due to reduced travel time. One practitioner felt that child care staff participating in virtual monitoring were willing to share more about their program. They described, *“We’re finding that teachers and center directors are even more willing to talk to us when we’re not necessarily hovering over them.”* Due to these benefits, practitioners recommended using a virtual and in-person hybrid model for CACFP monitoring post-pandemic. Practitioners also noted that with the success of virtual monitoring, CACFP sponsors are starting to think differently about CACFP training. They recommended and described a shift towards offering more virtual training, both on-demand and live. One practitioner described that virtual training opportunities ultimately increases access to training due to the flexibility in mode of attendance, allowing for more child care programs as well as staff to attend.

Overall, most interviewees across all groups favored continuing CACFP waivers long-term. However, a few researchers expressed concern regarding a lack of nutrition standards in the long-term. One practitioner noted that the shift away from fresh products and less scratch cooking are likely a result of food safety concerns as well as staffing capacity.

### 3.2 Outdoor Play and Learning

Due to health and safety concerns, child care settings increased outdoor activities, which included outdoor learning. Practitioners and researchers highlighted the positive impact outdoor play and learning had on physical activity and mental health not only for children, but also for staff. They also recommended shifting additional learning activities to the outdoors post-pandemic. However, practitioners mentioned that the geographic location of programs (e.g., locations with extreme weather) impact the feasibility of increased outdoor play and learning. One practitioner cautioned that as more children return to child care, outdoor time may have to be shared and or strategically planned amongst classrooms.

Practitioners cited “[farm to ECE](#)” (e.g., onsite gardens) as an opportunity for outdoor learning. They described that farm to ECE provides nutrition education, experiential learning, and connections with produce growing processes and practices, while also allowing for social distancing. A few practitioners and federal representatives suggested maximizing excitement among children once they return to child care and reunite with friends in person by supporting outdoor group activities, such as learning trails, center/school gardens, and other activities that can positively impact nutrition and physical activity.

*“They [child care providers] were basically moving everything outside, and they were just doing stuff outside. So, the outdoors became their learning space...But I think that that’s just a plus side of COVID. Because the kids were moving [Researcher].”*

### 3.3 Teacher to Student Ratios

For safety concerns, practitioners reported that smaller student to teacher ratios were implemented. They cited that this was a positive change with respect to child development and staff workload; however, smaller student to teacher ratios can result in higher operating costs. Practitioners indicated that the recovery funds could be utilized to help maintain smaller student to teacher ratios, but the sustainability of this approach is uncertain.

### 3.4 Provision of Meals to Families and Children

Various ongoing strategies to serve children and families meals to address food insecurity in child care settings were discussed among interviewees across all groups. Examples included grab and go meals, partnerships with local entities (e.g., grocery stores, restaurants), meal kits, meals in the mail, backpack programs, on-site food pantries, and meal transportation for families. Practitioners also described that some child care programs had efforts to provide food for the overall family unit (and not just the attending child). Practitioners noted that these efforts increase access to healthful meals, but gaps in reach exist. Cited gaps in reach included child care programs that were not able to reach certain children and child care programs that do not have the capacity to distribute take home meals.

A federal representative highlighted the importance of allowing child care programs flexibility in meeting the needs of children and families with regard to meal provision. They noted the feasibility of the various meal provision strategies was highly dependent on community characteristics (e.g., income, transportation, existing resources, and partnerships).

Despite these efforts, a few researchers noted some limitations. One researcher expressed concern that nutrition education components were missing from some of these efforts. Another researcher mentioned that with parental restrictions in child care facilities, family engagement opportunities related to nutrition are also absent. One federal representative recommended virtual talking circles as a parent engagement activity, even when child care programs are fully back to in-person learning.

## 4. Future Directions to Help Recover from COVID-19

**Table 4. Key Informant Themes and Quote Snapshot: Future Directions to Help Recover from COVID-19**

| Theme   | Responding Interviewee Group |              |            | Example Quotes  |
|---|------------------------------|--------------|------------|---|
|   | Federal                      | Practitioner | Researcher |   |
| Increased efforts to retain and recruit qualified child care staff, as well as providing adequate training, are essential components to recovery efforts from COVID-19. | ✓                            | ✓            | ✓          | <p><i>"[We need] increased salaries for teachers so that we can get teachers back into the centers to provide more care for families. So, we're not dealing with the staffing shortages. We can create a safe environment that encourages families to bring their children back [Practitioner]."</i></p> <hr/> <p><i>"So, if we had more money today that's one of the things, we would put it towards, really invest in that training. Our wish list for reauthorization isn't as fun and exciting. It's a lot of streamlining paperwork because we know from a CACFP side, while sponsors are out there trying to get centers to participate, there is also a big barrier with paperwork and requirements [Practitioner]."</i></p>  |
| Form an advisory board committee composed of local and federal representatives to make executive decisions regarding recovery funds.                                    | ✓                            | ✓            |            | <p><i>"They [need to] have meaningful advisory boards or some type of group that is composed of different sectors of the child care industry in their respective states to ensure that... the plans are rolling out and that they are doing it in the best manner as possible [Practitioner]."</i></p> <hr/> <p><i>"So, one of the things, at least from the federal side, for us to do is we continue to try to tap into helping states identify for us, where have they been successful in their collaborative partnership development, and then how to help them create connections where they may not have them in place. So that is something we're doing right now, where we're looking at, who did they say they were partnering with? Who's missing from the table? Who can we connect them to [Federal Representative]?"</i></p> |

**Table 4. Continued**

| Theme  | Responding Interviewee Group |              |            | Example Quotes  |
|--|------------------------------|--------------|------------|---|
|  | Federal                      | Practitioner | Researcher |   |
| <b>Ensure COVID-19 recovery funds are utilized to promote sustainability within child care programs.</b>                                       | ✓                            | ✓            | ✓          | <p><i>“Think of how you invest in your program rather than just spend money, which is easier said than done, but it is the way to take an opportunity like this, which I think if we all had our druthers, we’d say we’d never wanted this to happen, but it did and now programs have an infusion of capital and they can really put some thought behind it and do some things that forever change their programs [Practitioner].”</i></p> <hr/> <p><i>“I think, again, you spend money on the things that are going to make a difference, and then you work to educate those who are in decision making authority within your state to help them understand, give them the data, share the outcomes, talk about the benefits [Federal Representative].”</i></p>   |
| <b>Ensure equitable decisions regarding COVID-19 recovery funds are made by centering communities disproportionately impacted by COVID-19.</b> | ✓                            | ✓            | ✓          | <p><i>“And I think that’s another just big divide and risk, I guess, in these funding streams just reinforcing inequity is maintaining the same systems that limit access to the funds only for programs who know the right person and know the right forms to fill out and places to be. And so, I think that that is always an ongoing challenge, whether it’s a language barrier, whether it’s a capacity barrier, of knowing how to connect to those state entities and funding streams that can help support recovery [Practitioner].”</i></p> <hr/> <p><i>“It’s one of those things where that’s highlighted the cracks that were already in the system. These are not new cracks; therefore, they’ve been entrenched. And so, I think that the band aid approach it’s probably not... It’s not going to repair the cracks. I guess when there’s planning happening around these very large funds, I think, how do we think about setting things up that are not just for the next two years, but something that can be built upon for the next 20 years [Researcher]?”</i></p> |

Table 4. Continued

After-school programs are essential services that require adequate staffing, resources, and training to operate.

✓

*“So, once we open up, there’s going to be this increased need for youth. So, you need to invest in making sure that there’s sufficient staff that are trained, that are available [Practitioner].”*

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*“They’re trying to fit, basically, a round peg in a square hole. So, some examples of that, for instance, are programs that serve school age can’t get licenses if they’re on a school property, if they have playground equipment, because some of the playground equipment is unsafe for 0–5-year-olds [Practitioner].”*

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As a result of the COVID-19 pandemic, research should be dedicated to evaluating the impact recovery funds had on nutrition and physical activity in child care programs.

✓

*“You might have implementation success for two years, but then once the funding is gone, these things die away because the community voice and the trust factor was not built in...And so, how do we take those factors into the evaluation strategy so that we can understand the factors that predict implementation success and sustainability of these components [Researcher]?”*

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*“We just need more work to show how changes can potentially impact good health outcomes that we have seen...When I say changes, I mean changes to the factors that are influencing those health outcomes. So natural experiments that target and would show that in the long run if we made these changes, these are the potential benefits that we can see both to ECE workers but also to the long-term health but also the academic performance of the children who go through ECE... [Researcher].”*

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## 4.1 Staff Support and Training

Several interviewees across all groups indicated that a key component to recovery is recruiting and retaining sufficient child care staff, which is greatly impacted by the current low wages of child care staff. Thus, the interviewees stressed that child care staff salaries need to be increased. One researcher also indicated that the high turnover among staff is due to the high level of stress involved with this type of work, so mental health support also is important to address. Additionally, a practitioner further inquired about the availability of sufficient breaks and paid time off for staff to help ensure staff satisfaction and retention.

*“The first thing is there’s a huge lack of staff. So, I think there are going to be a lot of folks...providing those opportunities more readily so that they can get more staff on board. And I think it’s going to be such a necessity because the bodies just aren’t there. Even with the funding, that’s something that I think at the national level, I’m not sure that that’s really understood. You can put all the money into it you want, but if you don’t actually have the bodies to pay, then you can’t expand. You’ve got to do something with the workforce. So, I think that’s a big piece [Practitioner].”*

*“[We need] increased salaries for teachers so that we can get teachers back into the centers to provide more care for families. So, we’re not dealing with the staffing shortages. We can create a safe environment that encourages families to bring their children back [Practitioner].”*

One federal representative also suggested that the recovery funds could be used to hire designated nutrition and wellness staff and/or the funds could be used to incorporate nutrition and wellness training as part of the onboarding training curriculum. This type of investment in staff through training or hiring those with wellness expertise could help further facilitate staff as “healthy lifestyle” role models for the children participating in their programs. Other interviewees across all groups discussed the idea of role modeling of staff. For instance, a researcher indicated that the funds could be used to help empower staff to live a healthy lifestyle, setting a positive example for the children in their care.

*“Teachers that tend to be more interested in movement, tend to promote it more in the class. Teachers that tend to be, and in particular, family child care home folks who are making the meals, who are more interested in nutrition value a lot of nutrition for themselves, tend to make more nutritious meals for the children [Researcher].”*

Training on business and finance was another area stressed by both federal representatives and practitioners. Child care programs need training and assistance in business operations, with a focus on financial stability since employing effective and efficient business models will help maximize the use of the COVID-19 recovery funds (CARES and ARP) and ultimately improve child care quality. An example of this type of training could include instructions on how to track and monitor how the funds are spent to ensure they are utilized as intended.

### 4.1.a. Staff, Training, and Licensing within After-school Settings

One interviewee spoke directly about after-school settings. This practitioner highlighted that after-school programs were instrumental in getting meals to school-aged children. With regard to after-school programs, local closures impacted where the programs could be hosted. One practitioner explained how after-school programs that could not utilize school facilities had to be creative and partner with other local entities (e.g., faith-based institutions). Another practitioner described that more after-school programs went virtual as compared to ECE programs because ECE programs were considered essential. A practitioner also stressed that sufficient staffing needs to be available as the after-school programs transition back to in-person programming.

*“So, once we open up, there’s going to be this increased need for youth. So, you need to invest in making sure that there’s sufficient staff that are trained, that are available [Practitioner].”*

Awareness of the need to reexamine licensing requirements for after-school care sites was also mentioned, specifically to increase the number of states where school age specific licensing requirements are incorporated. One practitioner stated that most states do not have school age requirements.

*“They’re trying to fit, basically, a round peg in a square hole. So, some examples of that, for instance, are programs that serve school age can’t get licenses if they’re on a school property, if they have playground equipment, because some of the playground equipment is unsafe for 0–5-year-olds [Practitioner].”*

In addition, one practitioner noted that staff training requirements could be reevaluated since staff for after-school programs might not need the same training as child care programs. For instance, infant CPR and sudden infant death syndrome (SIDS) training is not applicable for staff overseeing school-aged children. One solution raised by a practitioner was to replace this infant-specific training with “positive youth development” training.

## 4.2 Technical Assistance and Community Partnerships

A few practitioners and federal representatives indicated that an advisory board composed of key partners from the local to federal levels who could support child care programs in utilizing the COVID-19 recovery funds would be beneficial. Suggested partners included:

- Nutrition and physical activity experts/researchers who can advise on child care programs and how to invest money on nutrition and physical activity related items
- Community organizations to ensure funds are being allocated equitably, including social service organizations; these organizations also could include representatives from federal food assistance programs to help address food insecurity issues
- State, regional, and/or federal partners who could provide technical assistance to ensure funds are expended in accordance with any state and federal laws and regulations
- Child care staff and families to be involved in various processes to ensure any changes made are appropriate and effective for the intended end-users

*“They [need to] have meaningful advisory boards or some type of group that is composed of different sectors of the child care industry in their respective states to ensure that...the plans are rolling out and that they are doing it in the best manner as possible [Practitioner].”*

*“So, one of the things, at least from the federal side, for us to do is we continue to try to tap into helping states identify for us, where have they been successful in their collaborative partnership development, and then how to help them create connections where they may not have them in place. So that is something we’re doing right now, where we’re looking at, who did they say they were partnering with? Who’s missing from the table? Who can we connect them to [Federal Representative]?”*

## 4.3 Sustainability

A few interviewees across the different groups indicated that child care programs could avoid the “band aid” approach when spending the COVID-19 recovery funds, and instead, focus on using the funds to make long-term changes. Examples of sustainable investments related to nutrition and physical activity cited by the interviewees included developing and maintaining: school gardens, nature trails, nutrition education curriculum, food service

equipment, cooking classes, nutrition and physical activity training for staff, technology software, and coordinated, cross-program data sharing systems.

*“Think of how you invest in your program rather than just spend money, which is easier said than done, but it is the way to take an opportunity like this, which I think if we all had our druthers, we’d say we’d never wanted this to happen, but it did and now programs have an infusion of capital and they can really put some thought behind it and do some things that forever change their programs [Practitioner].”*

A few interviewees across the different groups also suggested that sustained funding is critical for sustainability of child care programs, which could entail embedding child care program funding with other funding streams and/or taxation earmarked for child care. A couple of researchers and federal representatives indicated that state legislators need to be responsible for identifying ways to ensure child care programs have sufficient and sustainable funding.

*“I think, again, you spend money on the things that are going to make a difference, and then you work to educate those who are in decision making authority within your state to help them understand, give them the data, share the outcomes, talk about the benefits [Federal Representative].”*

Some practitioners also mentioned leveraging the current CNR to advocate for more permanent and sustainable changes, which would help recovery from the negative impacts of COVID-19 on nutrition and physical activity. For instance, one practitioner indicated that the CACFP meal reimbursement could be increased to help providers serve nutritious meals and virtual monitoring visits could be a permanent option to more efficiently and effectively check compliance with CACFP requirements.

#### 4.4 Equity

The interviewees were asked about suggestions for recovery specific to programs and families disproportionately impacted by COVID-19. One idea from a practitioner was to ensure technical assistance and guidance is made available to those programs and families impacted the most. This would help ensure that these programs and families are aware of the resources available and how they can access and maximize the use of these resources. One potential area of technical assistance could be helping child care programs with writing proposals to receive financial support.

*“And I think that’s another just big divide and risk, I guess, in these funding streams just reinforcing inequity is maintaining the same systems that limit access to the funds only for programs who know the right person and know the right forms to fill out and places to be. And so, I think that that is always an ongoing challenge, whether it’s a language barrier, whether it’s a capacity barrier, of knowing how to connect to those state entities and funding streams that can help support recovery [Practitioner].”*

A researcher and practitioner also suggested that the COVID-19 recovery funds could be used to invest in local municipalities and community organizations to support those that were disproportionately impacted by COVID-19. These organizations are often aware of the programs and families impacted the most by disaster situations, such as COVID-19, and thus, could connect them with the available resources to help recover. Noted examples of community organizations included: YMCA, parks and recreation departments, 4-H clubs, and local colleges and universities.

*“Investing in those organizations that have those direct connections with the programs that are serving BIPOC [Black, Indigenous, and People of Color] communities, that are serving children that are most impacted by*

*disproportionately impacted, investing in those community-based organizations that have the relationships, I think could really be a boon to ensuring that those programs have more of that community level support [Practitioner].”*

In addition, prior to allocating or spending any funds, a practitioner and federal representative suggested that an equity assessment be conducted to help guide those decisions. This assessment could help identify the needs and how the proposed services can address those needs. The equity assessment also could help avoid creating unintended consequences and negative impacts. Child care programs might not have the capacity to do such assessments; therefore, other partners at the state and local levels could help in this area.

*“I think a lot of state agencies are fearful of investing in things that will require further investments afterwards. So, they’re looking for things that they can put into the current system to stabilize it, but however, not anything that’s going to really address what has been wrong with the child care industry as far as child care affordability, being able to pay staff living wages, and it’s really not... And thus, by not doing those types of things, it’s really not addressing equity and particularly race equity [Practitioner].”*

#### 4.5 Research Needs

Interviewees, primarily researchers, expressed the importance of evaluating the impacts of the COVID-19 recovery funds on nutrition and physical activity in child care programs. Notably, one researcher indicated that every state could be its own case study since each state and associated local/community level counterparts might handle and distribute the funds differently.

Researchers suggested that recovery funds could be used to support the following research areas and projects:

- **Health and Wellness**
  - Evaluate increasing salary and benefits of child care staff and the impact on staff health and wellness. Minimum wage increases could be a natural experiment to address this topic.
  - Assess how the COVID-19 recovery funds impact the diet quality and food security of child care participants.
- **Federal Food Assistance**
  - Pilot and evaluate a child care version of USDA’s [Fresh Fruit and Vegetable Program](#) (FFVP), that provides free fruit and vegetable snacks outside of the [National School Lunch Program](#) (NSLP) and [School Breakfast Program](#) (SBP) in low-income elementary schools.
  - Pilot and evaluate the incorporation of an additional CACFP snack, with an emphasis on a fresh fruit or vegetable snack.
  - Conduct a study among non-CACFP participating child care programs on barriers to participating in CACFP.
- **Health Equity**
  - Evaluate if there was equitable funding allocation, and how under-resourced communities utilized the recovery funds, as well as the potential impacts of these funds on health equity.
  - Create a data surveillance system that assesses health equity in child care settings.
- **Technology**
  - Establish and evaluate a community information exchange ecosystem with the goal to decrease burden on families by allowing care coordination and data sharing between social service agencies.

Recommended evaluation components included feasibility, sustainability, process evaluation, and exploring child care staff, family, and child perceptions of changes made with recovery funds along with impacts to food security status. Researchers also indicated that any research funding opportunity needs to include partnerships with community organizations to help ensure sustainability, health equity, and system-level impacts. For instance, community organizations could help with recruitment to ensure study participants are representative of the target population.

*“You might have implementation success for two years, but then once the funding is gone, these things die away because the community voice and the trust factor was not built in... And so, how do we take those factors into the evaluation strategy so that we can understand the factors that predict implementation success and sustainability of these components [Researcher]?”*

One researcher also stressed the importance of offering incentives to accurately account for the burden associated with participating in the interview (e.g., does the incentive amount cover any child care expenses that a parent would need while participating in the interview?). The researcher also indicated that receiving the necessary approvals for providing incentives can be challenging.

## Discussion

Overall, findings from the interviews demonstrated that there were major challenges in child care settings before COVID-19 and these issues were exacerbated in response to the pandemic, such as child care staff not being fairly compensated for the role they play in child development. COVID-19 spotlighted the need for staff salary increases along with staff mental health support and sufficient paid time off. This need is consistent with emerging research which showed COVID-19 intensified work setting inequities, especially regarding wages, among educators in child care settings compared to educators in school settings in Virginia.<sup>7</sup> Child care staff need training in nutrition and physical activity to serve as healthy role models for children in their care. Resources, such as [Nemours Technical Assistance Brief](#),<sup>8</sup> provides guidance regarding how child care settings in eligible states can use child care stabilization grants to strengthen nutrition and physical activity efforts in child care settings. These efforts focus on equitable and sustainable changes such as covering personnel costs (e.g., salaries, wages, benefits), rent, and equipment needed to resume child care services after COVID-19, and mental health supports for both children and employees.<sup>8</sup> The COVID-19 recovery funds can be used to address these staffing issues; however, a more permanent funding mechanism might be needed to sustain changes, such as increased salaries. If child care programs do increase salaries, they will also need to consider ways to avoid recouping the costs by increasing the cost of care for families, as cost is already a barrier for some families.

COVID-19 also intensified the issue of food insecurity for both child care families and staff. Findings from the interviews demonstrated that funding opportunities need to be in place to support and sustain food security efforts, so that the financial burden is not on the teachers/child care providers. In a recent study conducted by GSCN, food insecurity mitigation efforts in child care settings were often funded by child care provider’s personal funds.<sup>9</sup> Child care partnerships with community organizations, such as food banks and social service programs, could help alleviate food insecurity among child care staff and families.

Equity and sustainability also were key topics discussed during the interviews. Community partnerships were noted as critical pieces to ensuring COVID-19 recovery funds are allocated equitably and spent on sustainable endeavors to the extent possible. Staff training in business and finance was another suggestion to help staff make spending decisions that can benefit their programs for years to come. Leveraging CNR to make sustainable changes to child care programs also was mentioned several times across the three categories of interviewees.

Notably, increasing the meal reimbursement rate through CNR would allow child care programs to have the financial resources to purchase and prepare healthy meals for participating children.

## Potential Next Steps

After considering the findings from the qualitative interviews, GSCN identified additional potential next steps for partners and organizations involved with child care settings.

NCCOR and other individual federal representatives could identify the most salient research priorities focused on evaluating COVID-19 recovery efforts in child care settings and disseminate these opportunities out to relevant groups (e.g., researchers, evaluators, practitioners, and affected populations such as child care programs and community partners). NCCOR and other individual federal representatives also could potentially foster collaboration among these groups by initiating and/or facilitating conversations to identify alignment, capacity, etc. For example, NCCOR could host or support forums, or create guidance to help ensure that the community voices are elevated.

As mentioned previously, research that assesses potential strategies to reduce food insecurity of both child care staff and participating children is critical. Since food insecurity is associated with childhood obesity, childhood obesity research funding mechanisms could incorporate food insecurity as part of their research agenda.<sup>10</sup> Therefore, federal government funders could release rapid/time-sensitive research funding opportunity announcements modeled after the Time Sensitive Obesity Policy and Program Evaluation R01, or other similar mechanisms focused on food insecurity and early childhood obesity. In addition, the other non-government research funders could release a grant opportunity focused on food insecurity and early childhood obesity. This type of funding can help support research and evaluation activities in “real time” that can assess impacts of COVID-19 recovery in child care and after-school settings, specifically in relation to diet and physical activity behaviors among young children.

Practitioners will need to seek guidance and connections from overarching child care organizations (e.g., child care resource and referral agencies) on how to leverage support from local, state, and federal organizations to maximize the use of COVID-19 recovery funds. Prioritizing changes with long-term impact such as improvements that would strengthen the child care workforce and nutrition and physical activity programming for participating children will require technical assistance. Therefore, resources, such as [Nemours Technical Assistance Brief](#), could provide guidance regarding how child care settings in eligible states can use child care stabilization grants to strengthen nutrition and physical activity efforts in child care settings.

Researchers shared a snapshot of their current work in child care, specifically about COVID-19 impacts. They could build on current work by conducting impact assessments and pilot studies on the recovery of child care and after-school settings focused on issues such as food insecurity and health and wellness, with an emphasis on assessing diet and physical activity behaviors in children and continued ways in which to promote these important behaviors during challenging times (e.g., during and after the “re-emergence” of COVID-19 with the circulation and rise in cases due to the Delta variant). Researcher interviewees identified specific pilot evaluations that could help with food insecurity of children participating in child care settings, such as incorporating an additional CACFP snack and a child care version of the FFVP. These pilots could be incorporated in legislative mandates, such as the upcoming CNR. In addition to food insecurity, future research could investigate ways to improve the health and wellness of child care staff. For instance, formative research, including qualitative interviews with child care staff, could be conducted to identify and test staff health and wellness training curricula. This curriculum could have a dual benefit of improving the health status of child care staff while also equipping the staff with the knowledge and skills to be healthier role models for children under

their care. The USDA Head Start and Early Childhood Learning and Knowledge Center provides resources for [promoting staff well-being](#) in child care settings that can be utilized when designing and adapting this type of curricula. Formative research could also be conducted on adding specific standards related to health and wellness of child care staff and participants to the QRIS.<sup>11</sup> QRIS is “a systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs.” States can use CCDF funds to support QRIS activities. Thus, the addition of health and wellness standards to QRIS has the potential for long-term benefits across child care programs nationwide.

## Strengths

The findings from this study are supported by several strengths of the study design. The quick turnaround from data collection to reporting (i.e., two months), increases the likelihood that the study results are reflective of the current state of the child care programs. In addition, GSCN successfully recruited the interviewees with an 80 percent response rate. This resulted in GSCN conducting multiple interviews with the three different interviewee groups—federal representatives, practitioners, and researchers—ensuring the findings represent feedback from each key audience.

## Limitations

As with all research studies, the study design includes limitations that should be noted. The results are based on a convenience sample, and thus, not representative of all federal representatives, practitioners, and researchers involved with child care and after-school programs. In addition, the sample size is relatively low within subgroups, so findings should be interpreted with some caution. The study also was conducted amid the COVID-19 pandemic and prior to the surge of the Delta variant, so there could be additional impacts of COVID-19 on child care programs that are yet to be identified. Therefore, a follow-up study may be warranted once the pandemic ends.

## Conclusions

Findings from this small qualitative study highlighted the impacts of COVID-19 on child care settings, including direct effects on child care staff and participating children and families. Interviewees pointed out that COVID-19 recovery efforts are shedding light on existing issues that were made worse by the pandemic, as well as offered potential solutions for recovery across the topics of staff recruitment and retention, food insecurity, and improvements to nutrition and physical activity programming. Adjustments and modifications made during the pandemic, often through flexibility of federal regulations, allowed new promising practices to emerge, and if made permanent, could continue to benefit child care programs and participants. When considering the use of recovery funds, prioritizing long-term and equitable changes were emphasized by researchers, practitioners, and federal representatives. Partnering with key community organizations and gathering input from community members were both mentioned as possible strategies to facilitate appropriate use of the available funds. Future research could be conducted to support these efforts to help ensure changes made are evidence-based and sustainable.

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## Appendices

### Appendix A: Interview Guide

#### **NCCOR ECE COVID-19 Interview**

Date and Time of Call:

Participant Number:

Participant Phone Number:

Respondent Group: [PRACTITIONER, GOVERNMENT, OR RESEARCHER]

Introduction:

Hello, this is [interviewer] calling from the Gretchen Swanson Center for Nutrition. Thank you for agreeing to talk to me today. We are partnering with the National Collaborative on Childhood Obesity Research (NCCOR) on this project. NCCOR brings together four of the nation’s leading research funders—the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF), and the United States Department of Agriculture (USDA)—in a public-private collaboration to accelerate progress on reversing the epidemic of overweight and obesity among U.S. youth.

The purpose of this interview is to determine how the Coronavirus Aid, Relief, and Economic Security (CARES) Act investments as well as the American Rescue Plan can be utilized to support early care and education settings in recovering from the impacts of COVID-19. The main focus is on early childhood education settings; however, we also are interested in before and after care settings, such as after-school programs and summer programs. **We are particularly interested in what strategies should be implemented or expanded upon moving forward.**

I am going to give you some brief background information on this legislation. The CARES Act, enacted on March 27, 2020, included \$3.5 billion in emergency funds for the Child Care and Development Block Grant and \$750 million for Head Start programs. CARES also issued guidance that allowed states more flexibility in meeting Child Care and Development Fund requirements to mitigate the effects of the pandemic. For instance, states could continue to pay child care providers who accept subsidies during this period of closure or low attendance; provide emergency care through temporary regulatory changes and additional funding to providers who offer care for children of essential workers; and waive or cover a portion of child care tuition that families may otherwise be required to pay.

The American Rescue Plan, signed into law on March 11, 2021, provided \$39 billion in relief for the child care industry, including \$24 billion for a child care stabilization fund and \$15 billion for the Child Care and Development Fund (CCDF). These funds help child care providers “to reopen or stay open, provide safe and healthy learning environments, keep workers on payroll, and provide mental health supports for educators and children.” The Plan also “provides more flexible funding for states to make child care more affordable for more families, increase access to high-quality care for families receiving subsidies, increase compensation for early childhood workers, and meet other care needs in their states.” Recent guidance also allows for supplemental CCDF discretionary funds to be used to help children and families access the COVID-19 vaccine.

A few other notes before we begin:

- As was mentioned in the email, this interview should take 45 to 60 minutes, is voluntary, and you do have the option to end the call at any time or choose not to answer a question for whatever reason. We also have a \$30 gift card for you, as a thank you for participating.

- Your answers and any comments you make will only be seen by Gretchen Swanson Center for Nutrition project staff. All findings that we report or publish will be done anonymously. With your permission, this interview will be audio recorded to produce an accurate transcript of our discussion. Is it okay to record this interview?
- Lastly, is It okay if we include your name and organization in the report provided to NCCOR? Your responses to interview questions will still remain confidential and anonymous. No responses will be associated with your name.

**\*\*TURN ON RECORDER\*\***

- Do you have any questions for me before we begin?

**\*\* This is an interview for the NCCOR ECE COVID-19 study. Today is [DATE] and I am with participant #.\*\***

1. [ALL] To get started, would you tell me a little bit about yourself and your current work, especially as it relates to childhood nutrition and physical activity, if applicable? (1-3 minutes)
2. [RESEARCHER] Has your current research explored the impacts of COVID-19 on childhood nutrition and physical activity? How so? (1-3 minutes)

*Thank you for sharing about your current work. Now, I would like to further explore the impacts of COVID-19 on nutrition and physical activity in ECE (or after-school/summer) programs.*

3. [ALL] Thinking about nutrition and physical activity strategies, policies, and practices in ECE (or after-school/summer) programs, how have they changed since the COVID-19 pandemic? (5-7 minutes)
  - a. What nutrition and physical activity strategies, policies, and practices in ECE (or after-school/summer) programs were *working well* prior to COVID-19, especially among programs that were impacted the most?
    - i. During the pandemic, how were these strategies affected?
  - b. What nutrition and physical activity strategies in ECE (or after-school/summer) programs were *not working well* since COVID-19? How so?
    - i. What are some potential solutions to overcome these challenges?
    - ii. How could these solutions address any challenges unique to those disproportionately impacted by COVID-19?
  - c. What nutrition and physical activity opportunities in ECE (or after-school/summer) programs have emerged due to COVID-19 or COVID-19 related government investments?

*This next set of questions will specifically explore COVID-19 recovery and investments from the CARES Act and American Rescue Plan with regard to ECE (or after-school/summer) programs.*

4. [PRACT & GOVT] What do you think recovery will look like for these programs? (5-7 minutes)
 

**PROBE:** Short-term recovery, long-term recovery

  - a. What are some of the most prominent challenges these programs may face moving forward?

- b. What are some potential solutions or strategies that can be implemented to address some of these challenges?
- c. What does recovery look like for programs that have been disproportionately impacted by COVID-19?  
**PROBE:** size, geography, rural/urban, center-based vs. family child care
5. [RESEARCHERS] Can you talk about some potential natural experiments that can be developed to evaluate aspects of the COVID-19 recovery legislation related to early childhood? (5-7 minutes)  
**PROBE:** What specifically needs to be understood or addressed in this area?  
**PROBE:** What are some of the potential barriers to conducting research in this area in the future?  
**PROBE:** What may enhance or facilitate conducting this research?  
**PROBE:** How could this research address and assess health equity?
6. [ALL] How do you think these investments will affect the ECE (or after-school/summer) landscape overall and among programs that serve children and families disproportionately impacted by COVID-19? (5-7 minutes)  
**PROBE:** racial/ethnic minority groups, income, geographical regions, urban/rural, children with disabilities  
**PROBE:** Children ages 6 to 13 using before and after care
- a. How might the legislation impact the programs? Staff? Children and families served?
  - b. How might the legislation reach the programs impacted the most by COVID-19?
  - c. How might the legislation fall short in reaching programs impacted the most by COVID-19?
    - i. How can these gaps be addressed?
  - d. What do you anticipate will be the most prominent barriers to implementing the legislation?
    - i. What are potential solutions and recommendations to address these barriers moving forward?
7. [PRACT & GOVT] What is needed to support effective implementation of the legislation? (5-7 minutes)
- a. What resources are needed to support implementation?  
**PROBE:** Personnel, equipment, technology, system navigation
  - b. What strategies are needed to ensure the COVID-19 recovery funds are utilized by ECE (or after-school/summer) programs?
  - c. What type of technical assistance and training from state agencies will be needed to access and disseminate these resources?
  - d. What are some anticipated challenges to successfully utilizing the COVID-19 recovery funds and potential solutions or recommendations to increase uptake of utilization?
8. [ALL] What is needed to increase the urgency/priority of implementing these strategies in ECE (or after-school/summer) programs? (3-5 minutes)

**PROBE:** What recommendations do you have on how this should be prioritized?

9. [PRACT & GOVT] What is needed to support effective maintenance of the legislation long-term? (5-7 minutes)

- a. What modifications may be needed?
- b. What are some anticipated challenges and solutions?
- c. How can these strategies reach ECE (or after-school/summer) programs disproportionately impacted by COVID-19?

10. [ALL] Lastly, is there anything else you would like to add before we complete this interview? (0-2 minutes)

*Thank you for your time!*

## Appendix B: Resources Provided by Interviewees and Workgroup Members

### Interviewees

- Office of Head Start: Putting COVID-19 Funds to Work: Examples from the Field, Food and Nutrition Services
- Brighter Bites: Supporting Families in Crisis: A rapid assessment methodology to address needs in low-income houses during COVID-19
- FRAC: Federal Nutrition Programs Response to COVID-19
- Afterschool in the time of COVID survey.  
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### Workgroup Members

- Afterschool Alliance: Largest influx of Child Care Development funds in history available for school-age care
- U.S. Department of Health and Human Services: Child Care Stabilization Grants Appropriated in the American Rescue Plan (ARP) Act (Public Law 117-2) signed into law on March 11, 2021.
- National Farm to School Network: Creative Opportunities for Strengthening Farm to ECE through Emerging Federal Funding Streams
- Center for the Study of Child Care Employment: The American Rescue Plan: Recommendations for Addressing Early Educator Compensation and Supports
- Urban Institute: Historic Crisis, Historic Opportunity: Using Evidence to Mitigate the Effects of the COVID-19 Crisis on Young Children and Early Care and Education Programs

## Appendix C: Potential Funding Opportunities

### NIH

- Time-Sensitive Obesity Policy and Program Evaluation (R01) – <https://grants.nih.gov/grants/guide/pa-files/PAR-21-305.html>
- Notice of Special Interest (NOSI): Obesity Policy Evaluation Research – <https://grants.nih.gov/grants/guide/notice-files/not-dk-20-035.html>
- Notice of Special Interest (NOSI): Social, Behavioral, and Economic Impact of COVID-19 in Underserved and Vulnerable Populations – <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-21-330.html>
- Notice of Special Interest (NOSI): COVID-19 Related School Disruptions Impact on Mental Health, Cognitive, Social, and Emotional Development of Children – <https://grants.nih.gov/grants/guide/notice-files/NOT-MH-21-225.html>
- Parent Announcements – [https://grants.nih.gov/grants/guide/parent\\_announcements.htm](https://grants.nih.gov/grants/guide/parent_announcements.htm).

### CDC

- CDC Funding Opportunities – <https://www.cdc.gov/funding/index.html>

### USDA

- Annual Research and Evaluation Plans – <https://www.fns.usda.gov/ops/study-evaluation-plans>
- Grants opportunities – <https://fns-prod.azureedge.net/fm/grant-opportunities?page=6>

### RWJF

- Pioneering Ideas: Exploring the Future to Build a Culture of Health – <https://www.rwjf.org/en/library/funding-opportunities/2020/pioneering-ideas-2020-exploring-the-future-to-build-a-culture-of-health.html>