

Daily Routines and Coping Behaviors of Caregivers and Children During the COVID-19 Pandemic

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This study explored the daily routines of caregivers and the coping behaviors of both children and caregivers during the novel coronavirus (COVID-19) global pandemic. We collected data from ten caregivers and their children through caregiver and child interviews, and a caregiver survey in the Summer of 2020. We used descriptive statistics, and open, axial, and selective coding processes to analyze research data. Findings indicated that caregivers experienced difficulties in balancing home, work, and personal responsibilities. Both caregivers and children experienced social and emotional challenges, and their technology and digital media use differed. To cope with challenges, caregivers and children used various coping strategies. Our study deepened our understanding of the daily routines and coping behaviors of caregivers and children during the global pandemic.

Keywords: caregivers, children, coping, COVID-19, routines, technology

The novel coronavirus (COVID-19) pandemic propelled several challenges into peoples' lives, including the lives of caregivers and their school-aged children. During the early stages of the pandemic in 2020, schools were closed in 19 out of every 20 countries worldwide, with a median of schools being closed for 17 weeks (Moscoviz & Evans, 2022; United Nations Educational, Scientific and Cultural Organization [UNESCO], 2021). Many workplaces were also closed to slow the spread of COVID-19 and caregivers had to work from their homes (Kochhar, 2020). As a result, caregivers took on a variety of responsibilities (e.g., working, homeschooling, childcare) and experienced differing stressors (Gerard et al., 2022; Manzo & Minello, 2020). Similarly, children's routines and daily activities changed. They started spending less time outside of their homes and more time with technology and digital media (Egan & Beatty, 2021; Moore et al., 2020).

Experts warned caregivers about the possible effects of uncertainty on children's social-emotional development and recommended the use of age-appropriate explanations regarding COVID-19 and ways to assist children with coping strategies (Gassman-Pines et al., 2020; Tang et al., 2020). The purpose of this study is to understand the daily routines of caregivers and the coping behaviors of both caregivers and children during the onset of the COVID-19 pandemic.

Literature Review

Technology can be used as an effective coping tool for social separation and loneliness, as well as an informative tool to connect with other worlds. According to Seabrook et al. (2016), social connectedness and support received online are related to lower levels of depression and anxiety. During the COVID-19 pandemic and "stay-at-home" orders, individuals often used technology and the internet to interact with others (e.g., watching a movie with family members, video conferencing with friends and relatives). Individuals met online for "virtual happy hours"

with colleagues and celebrated life milestones with loved ones (Garfin, 2020). While there may be negative effects of using technology, such as fatigue and addiction (Kirk & Rifkin, 2020), individuals' abilities to communicate with others and be present through digital technologies may reduce perceptions of social distance and loneliness (Izci et al., 2022; Trope & Liberman, 2010).

Prior research related to caregivers' coping strategies during COVID-19 sheds light on possible protective factors that shield caregivers and children from the negative impacts of stressors. Davidson et al. (2021) conducted a study with 286 caregivers in the United States at the early stage of the COVID-19 pandemic in 2020. Participants reported using a mindfulness/meditation strategy (39%); eating a balanced meal with family members (68%); engaging in virtual social interaction with others via digital devices (85%); exercising (59%); and adopting Centers for Disease Control and Prevention (CDC) recommendations (e.g., hand washing [91%], doing enjoyable activities for themselves [71%], doing fun activities for children [82%]), talking with children about COVID-19 [43%], and learning to manage children's challenging behaviors [41%]) (Davidson et al., 2021).

When caregivers had fewer stressors related to COVID-19, they had higher self-efficacy to meet their family's needs and experienced fewer mental health symptoms. Children's problems with internalizing and externalizing behaviors, and peer difficulties contributed to increased mental health symptoms of caregivers (Davidson et al., 2021). In order to eliminate the stressors in their daily lives, caregivers often purchased arts and crafts materials and learning toys as educational enrichment and entertainment for children during that time (Choi et al., 2020). Researchers from countries other than the United States, such as Salin et al. (2020) in Finland, reported three levels of Finnish families' COVID-19 lockdown coping strategies. These

strategy levels included the macro-environmental level (e.g., the flexibility of paid work, service provided by society); relationship level (e.g., agreement about daily practices, family time); and individual level (e.g., personal attitude and personal time).

Theoretical Framework

Bronfenbrenner's Bioecological Model offers a unique perspective to understanding the evolving challenges families and individuals experienced during the COVID-19 pandemic. This model indicates that human development is shaped by five interconnected systems (i.e., microsystem, mesosystem, exosystem, macrosystem, and chronosystem) from one's most proximal setting to a broader social context (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). The *microsystem* refers to children's immediate home and school environments and neighborhoods. Second, the *mesosystem* is broader than the microsystem, including interactions between elements within microsystems (Bronfenbrenner, 1979). For example, teachers work with caregivers to continue children's education at home during the COVID-19 pandemic, or caregivers share resources or information with other families in the neighborhood. The third level within the theory, the *exosystem*, refers to an indirect environment, such as caregivers' workplaces. Caregivers' ability to work from home during the COVID-19 pandemic often impacted their ability to balance work, childcare, and personal responsibilities (Davidson et al., 2021). The *macrosystem*, the fourth system, includes social structures, traditions, and values. These areas have been greatly impacted by the COVID-19 pandemic. Lastly, the *chronosystem* refers to significant events that take place over time, such as the COVID-19 pandemic. From a PK-12 school perspective, each of the systems within Bronfenbrenner's Bioecological Model has been altered due to school closures, shifts to online or virtual learning, and social isolation. These shifts could lead to lasting impacts on children's development (Benner & Mistry, 2020).

Methods

We designed a case study to explore the perceptions of caregivers regarding their daily routines and caregivers' and children's (PK-3rd grade) coping strategies during the COVID-19 pandemic (Yin, 2018). This study was part of more extensive research (Izci et al., 2022), and we posed the following two research questions to guide this study:

- 1) How do children's caregivers perceive multiple responsibilities during the COVID-19 pandemic?
- 2) How do children's caregivers cope with multiple responsibilities during the COVID-19 pandemic?

Participants

We collected data from ten PK-3rd grade children and one of each child's primary caregivers from four states (i.e., Florida, Indiana, New Jersey, and Virginia) in June and July 2020. To collect in-depth information about their experiences, we used a purposeful sampling method. We sent emails to our colleagues and personal contacts and encouraged them to share the recruitment email with the caregivers of children from PK to 3rd grade. The caregivers received a recruitment email, digitally signed the consent forms for themselves and their children and completed one online survey. A total of 15 caregivers originally consented to participate in the study and completed the caregiver survey; however, five caregivers withdrew from the study (e.g., lack of interest in the caregiver interview or relocating outside of the United States at that time). All ten caregivers who fully participated in the study identified as female, and 90% were the mothers of the children in the study. Five children identified as male, and five children identified as female. Most of the participants in this study identified as White (70% of caregivers; 60% of children), and all caregivers had at least a bachelor's degree. During the data

collection, 70% of caregivers worked remotely from their homes. Caregivers' ages ranged from 27 to 48 years old ($M_{age}=39.1$, $SD_{age}=5.86$), while children's ages ranged from 4 to 9 years old ($M_{age}=6.9$, $SD_{age}=1.37$) (see Table 1).

Table 1

Participants' Demographics

#	Caregiver			Child				Home Environment
	Race	Age	Education	Race	Gender	Age	Grade	Resources
1	White	34	Master's	White	Female	7	1 st	individual room, books, tablet, computer, gaming
2	Black	43	Doctorate	Black	Male	8	2 nd	shared room, books, tablet, computer, gaming
3	White	43	Master's	White	Female	7	2 nd	individual room, books, tablet, computer
4	White	39	Doctorate	White	Female	8	3 rd	individual room, books, tablet, computer, gaming
5	White	36	Doctorate	White	Male	7	2 nd	individual room, books, tablet, computer, gaming
6	Asian	43	Bachelor	Asian	Female	6	K	individual room, books, tablet, computer
7	Asian	48	Doctorate	Asian	Female	6	K	shared room, books, tablet, computer
8	White	40	Master's	White	Male	7	3 rd	individual room, books, tablet, computer, gaming
9	White	27	Bachelor	Multiracia 1	Male	9	2 nd	individual room, books, tablet, computer, gaming
10	White	38	Master's	White	Male	4	PK	shared room, books, computer

Instruments & Data Collection

We developed one online survey via Qualtrics and caregiver and child interview questions for this study. The survey included 18 demographic questions and two additional sets of questions (5-point Likert-scale; 5-strongly agree, 1-strongly disagree) related to caregivers' perceptions of the COVID-19 pandemic on their 1) family responsibilities and 2) home learning environment. Caregiver interview questions (23 questions) focused on these topics, as well.

Child interview questions (eight questions) focused on an exploration of children's perspectives on staying and learning at home during the COVID-19 pandemic in the Spring and Summer of 2020.

Each caregiver completed one online survey via Qualtrics. We then collected data through individual interviews with each caregiver and child via video conferencing software. The first author conducted all interviews, and the interviews were audio-recorded. Each caregiver interview lasted at least 35 minutes, and the child interviews usually lasted no more than 10 minutes. To protect the children's privacy, the interviewer requested the caregivers to turn their cameras off during the child's interview. Before the interviews, children and caregivers provided verbal consent in addition to written consent forms obtained from the caregivers earlier in the study.

Data Analyses

To validate our findings, we triangulated data through three sources: caregiver surveys, caregiver interviews, and child interviews (Creswell & Creswell, 2018). We analyzed survey data descriptively to generate the frequencies of caregivers' ratings for each survey question (see Tables 1 and 2). We utilized transcription software (Otter.Ai) to transcribe audio recordings of the caregiver and child interviews, and we verified each transcript to assist in increasing the reliability of our study (Creswell & Creswell, 2018).

Table 2***Caregivers' Perspectives about Family Responsibilities and Home Learning Environment (N=10)***

Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<u>Section A: Family Responsibilities</u>					
Typical daily routines before and during the Coronavirus pandemic are the same for me and my child (e.g., meals, working, sleeping, playing, learning, screen times).	10%	20%		30%	40%
My daily responsibilities (e.g., home, work, family) before and during the Coronavirus pandemic are the same.	20%			40%	40%
The amount of caregiving support (e.g., in-person, remotely) that I receive from the others before and during the Coronavirus pandemic is the same.	10%		30%	20%	40%
Household rules and the expectations before and during the Coronavirus pandemic for my child are the same.	30%	30%		20%	20%
I have talked with my child about the Coronavirus pandemic.	60%	40%			
My child is stressed or feeling anxious due to the pandemic.	10%	20%	20%	40%	10%
I help my child when they are feeling stressed or anxious due to the pandemic.	60%	30%	10%		
I have coping strategies to use when I feel stressed or anxious due to the pandemic.	30%	60%	10%		
<u>Section B: Home Learning Environment</u>					
I highly prioritize my child's learning and home schooling opportunities since the Coronavirus pandemic.	50%	40%	10%		
The learning environment for my child in the home before and during the Coronavirus pandemic is the same.	20%	30%		40%	10%
The home learning environment (e.g., resources, room, devices, etc.) supports my child's learning.	60%	40%			
My child is engaged in learning activities at home.	60%	20%	10%	10%	

I am able to support my child's learning in a specific subject area (e.g., literacy, mathematics, science).	70%	10%	10%	10%	
I do activities and interact with my child at home differently since the Coronavirus pandemic.	20%	50%		20%	10%
My child engages in activities individually differently since the Coronavirus pandemic.	40%	20%		30%	10%
Item	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I use technology to support or guide my child's learning differently since the Coronavirus pandemic.	50%	30%			20%
My child's screen time (e.g., television, iPad, computer, gaming system) use is different since the Coronavirus pandemic.	80%			20%	
My child's school supports e-learning during the pandemic.	70%	20%		10%	
I receive assistance to support my child's education and learning (e.g., teachers, relatives, friends, online sources, materials) during the pandemic.	60%	20%	10%	10%	

Note: Bolded numbers show most caregivers' responses on agreement or disagreement.

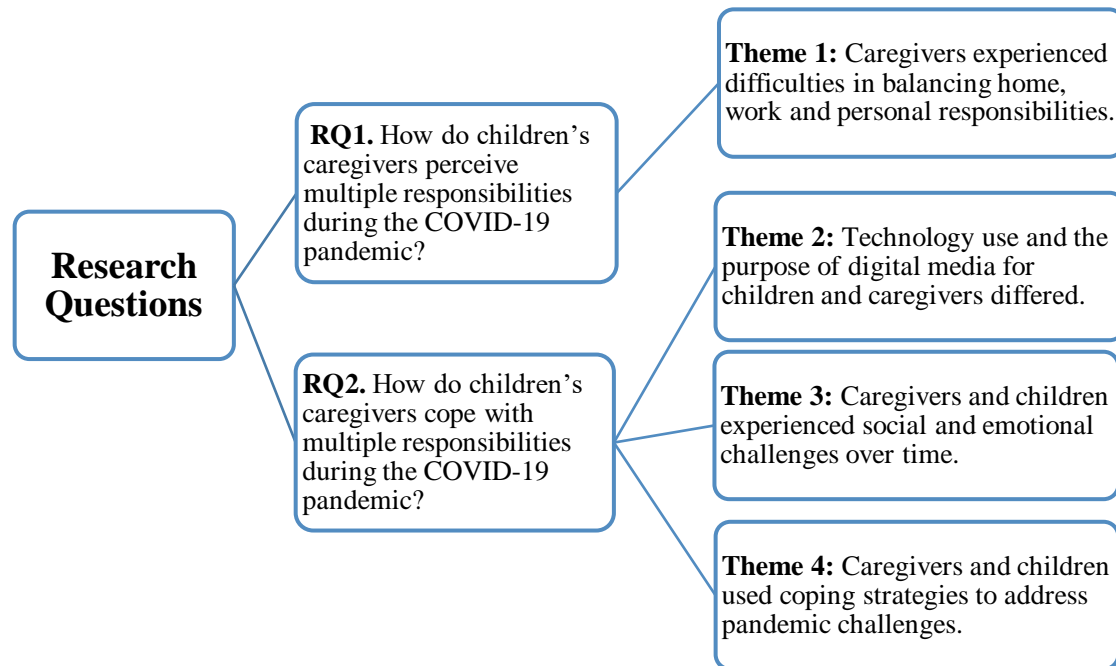
To analyze the qualitative data from the interviews, we utilized open, axial, and selective coding processes (Saldaña, 2021). As a research team, we first analyzed both caregiver and child interview transcripts through open coding. At each step of the coding process, we met to discuss our methods and check for intercoder reliability as at least two authors reviewed and open coded each transcript. We came to an agreement on how to code and what codes were used. After identifying open codes for all transcripts, we met and narrowed the list of open codes into a manageable number of defined axial codes.

We then agreed to continue with the axial coding process. Through axial coding, we analyzed the interview transcripts again to identify exemplary excerpts for each axial code. After

several research team meetings and discussions about the axial coding process, we identified seven axial codes. These axial codes include technology support, caregiver responsibilities, school structures, daily routines, caregiver academic support, caregiver and child response to the pandemic, and social and emotional support. After we completed the axial coding process, we began selective coding. During the selective coding process, we consolidated the axial coding data and identified four emergent themes related to caregivers' experiences and caregivers' and children's coping methods during the COVID-19 pandemic. These themes are described in the following section.

Findings

Caregiver survey data provided information about participants' demographics and the availability of materials and digital technologies at home (see Table 1). According to caregivers' responses, most children (70%) had individual rooms, while 30% of children had a room shared with a sibling/another person. Books and computers were available in all households (100%), and tablet devices (90%) and gaming systems (60%) were common technologies available for children's use. This study was part of more extensive research (Izci et al., 2022), and four emergent themes were identified based on findings of caregiver and child interviews (see Figure 1). These themes are further described in the following subheadings.

Figure 1***Overview of Research Questions and Emergent Themes***

Caregivers Experienced Difficulties in Balancing Home, Work, and Personal Responsibilities

Caregivers reported making extra efforts to balance caregiver and work responsibilities by having breaks and using morning or evening times to work due to distractions from their children and caregiver responsibilities. Caregivers expressed their challenges in work-home-personal life balances in the following ways: *“I would be going back and forth between my work, and then helping him [the child] for school”* (Caregiver 2); *“juggling both the childcare and working [is challenging], when you're working in a normal situation, you don't have kids running around”* (Caregiver 5); and *“just trying to keep everybody happy, healthy, and fed. It's been more challenging to find the time to be able to work and to concentrate on working”* (Caregiver 6). Some caregivers described working at different hours, for example, *“I did a lot of*

nighttime, prepping work. . . . just getting my work done after she [the child] was sleeping” (Caregiver 8); and *“I never have a chance to make phone calls when there are no children around”* (Caregiver 10).

To balance home, work, and personal responsibilities, caregivers expressed the need to request assistance from their spouses and children. One caregiving indicated, *“we were actively looking for ways to give them [children] responsibilities and things to do. Maybe you [child] do the dishes, one of my sons is doing the laundry”* (Caregiver 2). Another caregiver described that *“my husband and I need to take care of my kids 100% during the pandemic”* (Caregiver 7). Caregivers shared the importance of grandparents to help with childcare so that they could work remotely, such as *“it was fate that my mom was down here because I honestly don't know what I would do if she wasn't here in the first few months”* (Caregiver 4), and *“they've [grandparents] been a huge support to me”* (Caregiver 9).

Technology Use and the Purpose of Digital Media for Children and Caregivers Differed

Caregivers used technology and digital media for children's learning, as well as keeping their children entertained. Caregivers expressed relying on technology and media to distract children, so they could complete their own tasks. One caregiver stated, *“you can't work eight hours in a day and have two kids at home without using some form of technology to keep them occupied”* (Caregiver 5); and other caregivers indicated that *“we let them [children] use it [technology], because it does keep them busy so that way, my husband and I can get some work done”* (Caregiver 6); and *“I have to kind of leverage screen time when there are things that I need to get done”* (Caregiver 10).

Caregivers reported children's increased technology and media use due to online instruction and being isolated at home. Caregiver 1 shared that *“they've [children] had a lot of*

screen time, a lot of videos, a lot of television, a lot of iPad usage” (Caregiver 1). Other caregivers also described more screen time for their children, as *“we went from doing screen time for a couple of hours a day to probably eight hours or more on various screens”* (Caregiver 2); and *“screen time definitely increased. . . . technology for teaching the kids, everything was online, so we had to use the technology”* (Caregiver 5). Similarly, children expressed their daily activities with various technologies, such as *“I watch TV, I watch TV a lot”* (Child 2), *“play iPad”* (Child 5), *“I really like playing Minecraft”* (Child 6), and *“doing reading on the iPad”* (Child 7).

While caregivers and children had limited resources in their areas, they were encouraged to use technology and media more often. Two caregivers reported, *“we had to look at his books online, because the library was closed. He had his Kindle tablet. When he wanted to take a break, he wanted to play games on his Kindle tablet”* (Caregiver 2); and *“sometimes I can't read a book for her. I use Alexa or another reading device for her”* (Caregiver 7). Caregivers were aware of children's increased technology and media use, and they used different strategies including putting time limits or offering alternative activities. Caregivers shared, *“let's turn devices off for three hours. You can go back to your devices, but for now, go do something with your imagination or go run around outside”* (Caregiver 3); *“I limited the time that she can use the app or other technology stuff”* (Caregiver 7); and *“there's less arguing if I don't start screen time. It's great when you start it, but it really stinks when it ends”* (Caregiver 10).

Caregivers and Children Experienced Social and Emotional Challenges Over Time

Both caregivers and children experienced various emotions and challenges during the isolation. According to caregivers, children were curious about the sudden changes in their lives and asked questions about the COVID-19 pandemic, such as *“he [the child] was trying to figure*

out the new reality of everything and had a hard time understanding like, why some things were the same, some things were different” (Caregiver 3); “she still doesn't understand why she can't go out” (Caregiver 4); and “he [the child] knows that I'm high risk, and he has said multiple times. I know if you get it, you could die. We believed in being honest with them” (Caregiver 9). Caregivers expressed that both their children and they (caregivers) were anxious, but they relied on each other for comfort and motivation. Examples from caregivers included: “it was about a grief process, and it was like, she [the child] was suffering from like a loss” (Caregiver 4); “I have my bad days and she [the child] has bad days, but at least we talked about it” (Caregiver 8); and “three weeks or so ago, he [the child] started having some breakdowns. I'm lonely, I don't have any friends to play. Can't you just play with me? Why do you have to be in meetings?” (Caregiver 9).

Caregivers reported the importance of finding courage for their children during the COVID-19 pandemic. Caregiver 3 described, *“if I get frustrated with something that's going on, I call him [the child] in to help and like, give me a second to breathe and calm down.”* Similarly, Caregiver 7 shared, *“I kind of put my best physically and mentally and emotionally for my kids, so I think that they know that mom is doing her best.”*

Communicating with friends, family members, and others helped caregivers to manage their emotions. Caregivers expressed communication methods in the following ways: *“we had a lot of support from our friends through the phone. It is just knowing that you're not alone”* (Caregiver 1); *“I can talk to her [her sister] openly without feeling judged. I have some friends in our neighborhood. They've been a great support because we can just vent and share kids sometimes”* (Caregiver 4); and *“we've done some family like Zoom calls”* (Caregiver 10).

Caregivers and Children Used Coping Strategies to Address Pandemic Challenges

Caregivers used various strategies to inform children about the COVID-19 pandemic. Several caregivers reported hiding the news from their children, and they briefly explained the situation to their children. Caregiver 1 explained, “*my husband and I have tried hard not to let them [children] see the news or be influenced by the media. We've spoken to them about it in kind of basic terms.*” Other caregivers shared, “*I don't want them to be fearful, but I want them to have a little bit of knowledge with it. We talked about whenever he asked, we explained to him what's going on*” (Caregiver 2); and “*we're explaining social distancing and why it happened. We kind of tried to explain as much as we can do in the boundary that she [the child] could understand as a kindergartener*” (Caregiver 7).

Caregivers were aware of their children’s emotions, and they made efforts to comfort children when they were emotional or nervous. Caregiver 2 described “*being mindful about the impact that this pandemic has had on him as a child, and keeping his mental health in my mind.*” Caregiver 3 shared how she had open communication with her child, “*if he's [the child] watching something on YouTube that he also wants to share it with me, he'll share that with me, whichever ways he wants to connect with me.*” Other caregivers described ways to help children with emotions in the following ways: “*I didn't get on her to stop. I just let her kind of get all the emotions out because everybody was emotional*” (Caregiver 4); “*I've tried to take a few more breaks throughout my day and do some more things with him*” (Caregiver 9); and “*trying to keep talking about how it's not like anything or anybody did wrong*” (Caregiver 10).

Caregivers emphasized the necessity of having friends for their children’s social-emotional development. Caregiver 1 shared, “*I always thought homeschooling could be a potential for us in the future, but I don't know now. Social aspect is so important for their*

emotional well-being.” Other caregivers described children’s social interaction needs in the following ways: “*He misses things with his friends. He was very excited when we were able to arrange a play date with one of his best friends*” (Caregiver 2); “*she had a friend sleep over last night. We're just like okay, it's just another day and Coronavirus*” (Caregiver 5); and “*she had a Zoom class for the Korean language, which I believe was like the school online. I believe she had the social engagement and as well as some learning*” (Caregiver 7).

Discussion & Conclusions

In this study, nearly all caregiver participants described having difficulties balancing home, work, and personal responsibilities during the COVID-19 pandemic. Caregivers experienced stress to juggle their work and caregiver responsibilities, consistent with prior research (He et al., 2022; Spinelli et al., 2020). Caregivers, in this study, often made additional efforts to find time for remote work responsibilities (e.g., starting the day early, going to bed late) because their spouses were front-line workers or working remotely at the same time. Most caregivers had no childcare support, or the childcare support was limited, which made it challenging for caregivers to accomplish their responsibilities and increased their struggles at home and with their work requirements. Caregivers' efforts to take care of children and work remotely highlight the necessity of childcare services for families and the workforce (Hernandez & Huang, 2022), and considerations caregivers may take regarding leaving their jobs to support responsibilities at home (Kochhar, 2020; Leonhardt, 2022).

In order to cope with multiple responsibilities, caregivers in this study often requested assistance from their spouses and children. Additionally, caregivers relied heavily on technology and media use to entertain children and communicate with friends, colleagues, and family members during the COVID-19 pandemic. According to Bergmann et al. (2022), caregivers’

beliefs about the impact of screen time were associated with children's screen time. If caregivers had positive thoughts about media for children's entertainment, education, or connections with others, they encouraged children to use technology and digital media (Bergmann et al., 2022). Since children's instruction shifted from face-to-face interactions in schools to online platforms during the COVID-19 pandemic, technology and digital media use replaced children's daily in-person activities and interactions with teachers and friends. In our study, children participated in virtual activities, completed homework using tablets or computers, played digital games, watched videos and television shows, and used video conferencing applications to connect with others. Children's technology and media use increased dramatically (from an hour to 5-8 hours per day during the COVID-19 pandemic), which is consistent with prior research (Egan et al., 2021).

According to Bronfenbrenner and Morris (2006), "human development occurs as a result of regular reciprocal interactions between persons, objects, and symbols in immediate environments", which are defined as *proximal processes* (p. 797). In addition, "the power of *proximal processes* to influence development varies as a function of the characteristics of the developing *person*, of the immediate and more remote environmental *contexts*, and the *time* periods, in which the proximal processes take place" (Bronfenbrenner & Morris, 2006, p. 795). In our study, caregivers and children used living rooms or kitchens for remote work and instruction and adapted to cope with emotions and changes in work and learning environments. They often relied on technology and media while being isolated from their workplaces and schools and having limited support from others.

Limited individual interactions with teachers, colleagues, and friends were one of the challenges that both children and caregivers experienced during the pandemic, which

emphasized the roles of interpersonal relations, contexts, and time factors for human development (Bronfenbrenner & Morris 2006). Although children enjoyed staying at home and doing activities with caregivers and siblings, they still reported missing friends, teachers, and daily activities in school (Izci et al., 2022). Prior research findings indicated that younger children (i.e., preschoolers) often struggled with regulating emotions (e.g., yelling, getting angry; Domínguez-Álvarez et al., 2020), becoming clingy, having conduct problems or regressive behaviors (e.g., thumb sucking), and sleep difficulties (Colker, 2018; Gol-Guven et al., 2020). With limited access to professional educators, the responsibility of helping children cope with the shifts due to the pandemic fell on their families and caregivers. In our study, caregivers made efforts to show empathy for children's social-emotional development and used various strategies to manage children's emotions, which was consistent with the prior research, as well (Gambin et al., 2020).

Implications and Limitations

All participants lived in households where their basic needs (e.g., food, housing, clothing) were met, and they had consistent access to various technologies and the internet. However, this is not the situation for all children and families in the United States. Inequities in education and schooling became apparent during the COVID-19 pandemic, as some students lacked consistent and reliable internet access and technology device accessibility to support their learning at home (Auxier & Anderson, 2020). For example, researchers found that high-poverty schools experienced 50 percent more achievement loss than low-poverty schools, and remote instruction played a role in widening achievement gaps among students (Goldhaber et al., 2022). Switching to remote or virtual instruction and the necessity of using various platforms (e.g., video conferencing applications, homework submission websites) may create barriers for not only

students but also their caregivers and teachers who are often the individuals in children's immediate environments. Choosing user-friendly and affordable technology and resources eliminates the caregivers' and teachers' possible struggles and children's learning loss that may occur in the future. Educator professional development in online learning may also better support the social-emotional needs of children and their caregivers in online environments (Geesa et al., 2022; Geesa et al., 2021; Shively & Geesa, 2023). In addition, to mitigate the impact of the pandemic and the isolation on children's social-emotional development, caregivers and teachers should work together and offer children opportunities to build friendships and interact with others (Watts & Pattnaik, 2022).

Further research with caregivers and children from various educational, work, and home backgrounds would be beneficial in the future. While we sought to include children and caregivers from diverse backgrounds, it was difficult to recruit participants for interviews at the time of data collection. All caregiver participants had at least a bachelor's degree, and eight participants had a master's degree and/or doctoral degree, which is not representative of the overall United States population. We recognize that children may have multiple caregivers, and only one caregiver per child participated in the study. The availability of and access to high-quality childcare services often encourage caregivers to join the workforce and, when appropriate, share parenting responsibilities with others (Hashikawa et al., 2020; Kochhar, 2020). Having a balanced home and work life may ease the stress level of the caregivers and strengthen their interactions with children (Gassman-Pines et al., 2020; Hosokawa & Katsura, 2021). Studies with multiple caregivers from the same or different households, and studies with caregivers with various gender identities, educational backgrounds, and socioeconomic statuses

may provide unique insights into the experiences, responsibilities, and coping strategies of caregivers and their children.

In this study, caregiver participants completed one survey and one interview, while their children completed one interview during the first couple of months of the COVID-19 pandemic. Additional interviews and surveys with caregivers and children throughout different times of the pandemic may provide new perspectives regarding their response to increased responsibilities, shifts in their daily activities and coping strategies, and the pandemic over time. Lastly, we could expand the study to include PK-12 teachers and administrators to further explore the home-work-school partnerships and support structures for caregivers and children during and after the COVID-19 pandemic.

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