

**Illinois Head Start Programs Respond to COVID-19**

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DISSERTATION

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*To my role models,  
my cheerleaders,  
my COVID-19 roommates,  
and my greatest sources of gratitude.*

*Mom & Dad, this is for you.*

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## **Abstract**

The coronavirus (COVID-19) pandemic has impacted nearly every aspect of daily life, in ways that the world has never seen before. Health, economic, and psychological concerns have been at an all-time high, particularly for low-income populations. The long-standing, two-generation poverty reduction and early childhood program, Head Start/Early Head Start (HS/EHS), was forced to temporarily shut its center doors for several months in the Spring of 2020. Since its inception, the Head Start model has emphasized both family engagement and social-emotional learning as important mechanisms to promote child well-being and success. As the pandemic interrupted classroom-based and in-person activities, resourceful programs continued to support children and families in novel ways. This study aimed to capture this creativity and identify pathways by which programs maintained relationships with families and children's social-emotional development throughout the pandemic. Illinois HS/EHS center directors were interviewed at two time points (August/September 2020 and November 2020) to capture their program's practices before, during, and after shut downs. In partnership with the Illinois Head Start Association, participants ( $N=20$ ) were recruited through purposeful sampling techniques to ensure representation of various center characteristics (e.g. geography, urbanity, ages served). Findings from this study contribute to an ongoing early childhood care and education conversation about what a post-pandemic world should look like to best meet the needs of children and families. Among these include the necessity for programs to utilize personalized communication strategies with families, support caregiver engagement at-home, expand conceptualizations of social-emotional learning, and continue to provide wrap-around resources for families. This study also provides insight into any future center closures, whether they occur as a result of disease or other reason. Through a collaborative, strengths-based approach, this study seeks to directly inform practice and policy of Head Start programs in Illinois and nationwide, while guiding the rest of the early childhood care and education field, which for decades has looked to Head Start as an exemplar.

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## **CHAPTER I. INTRODUCTION**

Head Start/Early Head Start (HS/EHS) has long served our country's highest-needs communities with wraparound early childhood programming, but the COVID-19 pandemic has plunged these communities into even greater need. Low-income families have been more likely to experience job or salary loss, psychological distress, and contracting the virus itself (CDC, 2020; United Nations, 2020). To mitigate the wide-ranging negative effects of this crisis, Head Start/Early Head Start (HS/EHS) providers nationwide have been working hard to maintain connections with children and families through the provision of remote supports and modified practices. Specifically, strategies related to family engagement and children's social-emotional development have been particularly critical in efforts to mitigate potential psychological consequences of the pandemic (Gassman-Pines, Ananat, & Fitz-Henley, 2020; Van Lancker & Parolin, 2020; Liu & Doan, 2020; Yoshikawa et al., 2020). Further, given the relationship-based nature of these core elements of the Head Start model, programs were required to modify and adapt in real-time. The present study explores the evolution of Illinois HS/EHS centers' family engagement and social-emotional learning practices before, during, and after COVID-19-related center closures.

Using longitudinal, qualitative methods, this study seeks to understand whether and how critical and timely elements of the Head Start model were being upheld by programs throughout the COVID-19 pandemic. Soon after shelter-in-place orders went into effect in Illinois (State of Illinois Coronavirus Response, 2021), stakeholders reported that HS/EHS programs were tirelessly and creatively supporting their children, families, and staff. However, it remained unknown what exactly these practices were, how they aligned with pre-pandemic practices, and what they meant for future practice.



The current study seeks to understand how programs engaged with families and supported children's social-emotional developmental needs before, during, and after their pandemic-related center closures. Specifically, I aim to address the following research questions:

1. How do Illinois HS/EHS programs describe their efforts to engage families during and after COVID-19 related center closures? How do these practices compare to their practices prior to the pandemic?
2. How do Illinois HS/EHS programs describe their efforts to support children's social-emotional development during and after COVID-19-related center closures? How do these practices compare to their practices prior to the pandemic?

### **Positionality Statement**

As a community psychologist and former Society for Research on Child Development (SRCD) State Policy Fellow at the Illinois Governor's Office of Early Childhood Development (GOECD), I have firmly grounded this study in community partnerships. This study emerged from a partnership with the Illinois Head Start Association (ILHSA), where I was exposed to rich dialogue among Illinois HS/EHS professionals in the early days of the pandemic. In April 2020, I attended several virtual Quality Enrichment Circles (a specific type of Professional Learning Group) with center directors and staff throughout the state to hear directly from programs what their real-time experiences with center closures had been. By listening in on these calls and observing which questions posed by the ILHSA led to particularly lively conversation, I was able to identify two relevant and timely constructs (family engagement and social-emotional development) to examine within the never-before-seen context of COVID-19. At the same time, prominent scholars in the field were also drawing attention to these constructs, further supporting the need for the current investigation.

My first real introduction to Head Start came during an undergraduate course in Sociology. Given my natural inclination towards viewing the world through an ecological lens, I was captivated by the wholistic nature of the social service. Nearly a decade later, I have continued to be a champion of Head Start and am deeply honored to be capturing a critical part of its history through my dissertation work.

### **The Historical Context of COVID-19**

Given the uniqueness of the time in which this dissertation was conducted, it is particularly important to understand the public health measures that were enacted to reduce the spread of COVID-19. Beginning in March of 2020, COVID-19 fundamentally changed nearly all aspects of life in the United States and beyond. Experts have referred to this type of event as a “multisystem disaster,” given its far-reaching impact on not only health, but work, education, the economy, and human well-being, to name a few (Masten & Motti-Stefanidi, 2020). To curtail the deadly effects of COVID-19, actions were taken at the federal, state, and local levels to reduce transmission of the virus. Such actions primarily included shelter-in-place orders, the closure of non-essential businesses, and social distancing guidelines. At the outset of the pandemic (end of March 2020), already 91% of American adults reported that their lives had changed at least somewhat (Pew Research Center, 2020). By the end of April 2020, according to the New York Times, 316 million people across 42 states were under shelter-in-place orders, or “lockdown” (Mervosh, Lu, & Swales, 2020). Of particular relevance to this study, most schools in the United States were ordered to temporarily close in March 2020, interrupting learning for nearly 57 million children of all ages (Peele & Riser-Kositsky, 2020). An estimated 60% of American children under the age of five were impacted by these closures (U.S. Department of Education, 2015).

In Illinois specifically, Governor J.B. Pritzker enacted (and then extended) a stay-at-home order from March 21, 2020 until May 30, 2020 (State of Illinois Coronavirus Response, 2021). As part of this order, K-12 schools and most child care centers were closed, with the exception of early childhood programs serving Prioritized Essential Workers (Illinois Office of the Governor, 2020a). Beginning in the summer of 2020, Illinois began its five-phase, data-driven plan to combat COVID-19, known as Restore Illinois (Illinois Office of the Governor, 2020b). This plan divided the state into five, and then later 11, distinct regions where COVID-19 data (e.g. positivity rates, hospital admissions, etc.) was monitored and decisions about permissible activities, gatherings, and business openings were made in accordance. Resurgence mitigation effort were taking effect regionally until the end of November 2020, when there was a sharp increase in COVID-19 cases statewide and statewide mitigation efforts were enacted (Illinois Office of the Governor, 2020c). Importantly, school and child care closures were not mandated statewide at any point after the initial stay-at-home order in the Spring of 2020, and such decisions were left to occur at the local, or even programmatic level (Cullotta, 2020).

Although this time period presented many new considerations for conducting research, I relied on several established theoretical frameworks to ground this study and provide an organizational structure for analysis.

### **Theoretical Framework**

This dissertation is guided by three prominent psychological and developmental theories: Bronfenbrenner's Bioecological Model, Social Exchange Theory, and Maslow's Hierarchy of Needs. Taken together, these frameworks provide a compelling rationale for studying caregivers and educators in the context of children's positive development, while also providing an organizational structure for which to organize, code, and present this study's data. Ultimately,

this theoretical grounding allows for a deeper understanding of the significance underlying the novel practices and strategies that HS/EHS programs are employing as a result of COVID-19. Below is a brief description of each theory and Appendix A contains a visual depiction to further illustrate how these theoretical frameworks are interconnected and guide this study.

*Bronfenbrenner's Bioecological Model.* Urie Bronfenbrenner's famous body of work comes out of the field of developmental psychology and has been instrumental in advancing social policies that benefit children and families. Given Bronfenbrenner's involvement in the original creation of Head Start (Zigler & Muenchow, 1992), and his work's continued relevance in today's model, the guiding theory for this dissertation is Bronfenbrenner's Bioecological Theory of Development (Bronfenbrenner, 1979; Bronfenbrenner & Morris; 2006), with particular attention to his paper regarding the family's role in the ecological system of human development (Bronfenbrenner, 1986). The current study utilizes Bronfenbrenner's model to justify and inform the study of the adults who are most intricately involved in the lives and development of young children.

Bronfenbrenner's work tells us that a child's development is inextricably linked to their environment and the interactions that occur between the various ecological systems that surround a child. This is typically visualized as concentric circles with the child at the center, embedded if you will, within social systems. The proximal influences on a child (the microsystem) include the home and school/child care setting and are thought to have the greatest impact on a child's development. In the current context of COVID-19, children's home environments now account for both of the environments typically thought to be part of the microsystem.

The next circle out from the center, the mesosystem, accounts for how the microsystem

environments interact. In the current study, I am seeking to understand how Head Start programs and families are interacting to support the social-emotional development of children. A critical, though often forgotten component of Bronfenbrenner's model (Tudge, Mokrova, Hatfield, & Karnik, 2009) is "time," or the chronosystem, as it was originally termed. The chronosystem posits that developmental processes likely vary according to the specific historical events occurring at various moments in time. In accordance, this study seeks to understand the proximal processes between families and early childhood educators before, during, and after COVID-19-related center closures.

Lastly, the exosystem includes the distal processes, such as local, state, and federal policies that inform the settings in which children exist and interact within. In order to effectively foster children's well-being, an intentional structure of supports needs to be in place, which often begins at the policy level (Morris et al., 2017; Zinsser, Denham, Curby, & Chazan-Cohen, 2016). COVID-19 has resulted in a rapid and ever-evolving policy landscape at every level of government that has affected even the minutest aspects of our lives. The current study seeks to capture the lived experiences of Head Start administrators and families as they navigate new governmental and programmatic policy landscapes.

*Social Exchange Theory.* With its origins in both psychology and sociology, the Social Exchange Theory, or the idea that humans form and commit to relationships that are rewarding and based on the exchange of resources (both tangible and intangible) is used throughout the social sciences to understand interactions (Mahon, 1997). Its application within the study of development comes from a desire to fill the gap in Bronfenbrenner's model in understanding interactions occurring within and between various ecological systems. In this model, resources are conceptualized as either tangible (e.g. monetary, physical) or intangible (e.g. knowledge,

emotional support).

As the concept of family engagement evolves, there is increased utility for Social Exchange Theory in the field of early childhood education (Halgunseth, 2009). Within the Head Start world, this theory offers us a framework for understanding the exchange of resources between programs (e.g. wrap-around services, community resources, etc.) and families (e.g. knowledge about their children and reinforcing key concepts taught in school). This theory holds particular relevance as this study considers the novel ways that families and Head Start programs are engaging with one another and exchanging resources. Recognizing that there is a natural desire for an exchange of resources, in which the benefits outweigh the costs, will help me study and understand the motivation behind some of the new practices being used during COVID-19. My dissertation uses this theory as a basis for questioning around the resources exchanged between families and programs.

*Maslow's Hierarchy of Needs.* Lastly, another psychological theory regarding human motivations was used to inform the current study. Though there have been plenty of modifications to and critiques of Maslow's original model (1943), the enduring aspect of Maslow's theory is the organization of our fundamental motives into a hierarchy (Kenrick, Griskevicius, Neuberg, & Schaller, 2010). The idea that some of our basic needs (e.g. food and shelter) take precedence over other motives (e.g. psychological needs) have continued to resonate over time, and speak to Head Start's attention to addressing families' physiological and safety needs. Maslow's later work applied his original theory of motivation to education and learning. This holistic understanding of how children learn acknowledges that before someone can thrive cognitively or social-emotionally, they must first have their physiological needs met (Maslow, 1970).

## **CHAPTER II. LITERATURE REVIEW**

### **COVID-19 Revealed and Exacerbated Disparities**

While it is true that the impacts of COVID-19 have not spared any corner of society, it is also a reality that certain communities have been disproportionately affected by the pandemic. Rates of COVID-19 illness and death continue to be highest for racial/ethnic minorities and low-income populations, for reasons including poor living conditions, challenging work circumstances, underlying health conditions and hurdles to accessing health care (CDC, 2020). The economic impact of the pandemic has also disproportionately affected low-income families and families of color. Children of color and children living in low-income households have been more likely to experience a parent losing a job and increased financial challenges (Bokun et al., 2020; Fisher & Weston, 2021; Gassman-Pines & Gennetian, 2021; National Head Start Association, 2020e). Further, a Child Trends study found that more than a quarter of Latino and Black Households with children were experiencing three or more hardships (e.g. financial, health, food insecurity) during COVID-19, a rate nearly double that of their Asian and White counterparts (Padilla & Thomson, 2021).

Since the pandemic hit, experts worldwide have been concerned about the impact that COVID-19 has been having on children's development and education (Lee & Ward, 2020; Liu et al., 2020; United Nations, 2020), but there has been particular concern for children who already faced inequities that affect their academic achievement (Garcia & Weiss, 2015). The effects of poverty on children's well-being in the short- and long-term are both well-documented and troubling (Duncan et al., 2007; Engle & Black, 2008). Advancements in brain science have allowed us to see the physical effects of chronic stress and trauma on a young child's brain (Blair & Raver, 2016; Shonkoff et al., 2012). Likewise, the death of a parent or family member during

early childhood is a significant adverse event and adverse childhood experiences, or ACEs, have relatedly been linked to negative long-term physical and mental health outcomes (Ellis, Dowrick, & Lloyd-Williams, 2013; Hughes et al., 2017). Unfortunately, during the pandemic, this was not an uncommon experience for children.

For the past 55 years, Head Start programs have worked to counteract the effects of poverty and ACEs. Their firm grounding in communities, strong partnerships, and ecological approach made them well-positioned to continue this work during the pandemic. However, it is not yet known how these programs adapted to continue fostering child and family well-being during COVID-19, across the communities that have been hit the hardest by the pandemic. Capturing programs' experimentation is critical to inform a new, post-pandemic era of HS/EHS programming, and early childhood care and education (ECCE) approaches, more broadly.

### **The Head Start Model and its Impact**

Head Start, a federally-funded early education and social service program for children and their families, utilizes a two-generational approach to poverty reduction. Children ages birth to five who are from families with incomes below the Federal Poverty line are eligible for the program and it is available in all 50 states, though waitlists are common and priority tends to be given to children with the highest ACEs scores. Established in 1965, Head Start, and its counterpart for young children, Early Head Start, was designed under the direction of several prominent psychologists of the time, including Urie Bronfenbrenner. As such, the Head Start model is deeply grounded in what later became known as Bronfenbrenner's Bioecological Model (Bronfenbrenner, 1977). The Head Start founders theorized that by supporting children's school readiness and investing in their family's human capital, they could "break the intergenerational transmission of inequality" (Zigler & Muenchow, 1992).



All Head Start/Early Head Start (HS/EHS) programs across the country are required to abide by performance standards that include the implementation of a research-based curriculum, the provision of various services to families including screening and assessment procedures, health services (e.g. oral, well-checks, mental health, nutrition), and comprehensive safety/hygiene practices. Family engagement strategies are also integrated throughout the model to promote family well-being and children's learning, while providing wrap-around services for families. Community partnerships are utilized to help meet the needs of children and families, including Temporary Assistance for Needy Families, nutrition assistance, work force development and training programs, adult education, health care providers, child protective services, and mental health professionals (Office of Head Start, 2018).

The intricacy of Head Start's standards are a direct result of decades worth of research supporting the effectiveness and high returns on investment of high-quality early childhood education in changing the lifetime trajectories of children and families in poverty, with much of what we know coming from Head Start studies (Cannon et al., 2017; Deming, 2009; Heckman, 2006; Vandell et al., 2010). Multidisciplinary research has demonstrated that the effects of Head Start are long-lasting, quantifiable, and are particularly strong amongst the children with certain risk factors. Economists estimate that when disadvantaged children receive high-quality birth-to-five education, such as Early Head Start and Head Start, the return on investment can be as high as 13% annually (Garcia et al., 2016). Data from the Head Start Impact Study and Head Start Family and Child Experiences Survey (FACES) have demonstrated that Head Start children have significantly better social-emotional, language, and cognitive development skills, compared to their non-Head Start counterparts (Aikens et al., 2013; Love et al., 2005, Puma, Bell, Cook, &

Heid, 2010). In controlled studies, Head Start children also have higher high school and college graduation rates (Bauer & Schanzenbach, 2016; Deming, 2009).

To ensure that children and families continued to reap the benefits of Head Start during the COVID-19 pandemic, programs around the country have demonstrated creativity and resourcefulness (National Head Start Association, 2020a, b, c). In times of widespread chaos and uncertainty, Head Start's whole child, whole family approach is particularly appropriate and necessary. In the same way that Head Start providers have, it is imperative that researchers demonstrate a level of adaptability to systematically capture and learn from this unprecedented time, to ensure that core elements of the Head Start model, and its many benefits, remain intact. Though the full model consists of several different educational domains and utilizes several frameworks in doing so, there are two particular, inter-related elements of the Head Start model that are particularly relevant during COVID-19 to stakeholders, as well as to national ECCE experts (Devercelli, 2020): social-emotional development and family engagement. The next sections of this literature review unpack these constructs, with special attention to studies with Head Start samples, children of color, and families who are low-income.

### **The Evolution and Importance of Family Engagement**

In accordance with the Head Start model and in acknowledgement of the fact that a child's caregiver(s) may not always be parent(s), this dissertation uses the term "family engagement" to include a variety of home-life experiences. The term "engagement" is also intentionally used over the term "involvement," based on the strengths-based perspective that all families are involved in their child's education in some way. However, it should be noted that in the literature, parental involvement and family engagement are often used interchangeably and I may refer to a study's original terminology (e.g. parent involvement).

The term family engagement typically encompasses a range of parental/caregiver behaviors that directly and indirectly support children's education and learning in both the home and in school (Christenson, 2003; Coba-Rodriguez, 2017; Epstein, 1990; Fantuzzo, Tighe, & Childs, 2000). The Head Start model explicitly grounds the construct of family engagement within relationships. Head Start's Parent, Family, and Community Engagement Framework defines family engagement as "an interactive process through which program staff and families, family members, and their children build positive and goal-oriented relationships." These authentic partnerships are based on a shared commitment to the child, equity, inclusiveness, and cultural and linguistic responsiveness (Office of Head Start, 2018). Family engagement is firmly grounded in bioecological theory (Bronfenbrenner, 1976), that frames the importance of strong program-family relationships within the context of child development, as well as social exchange theory, which helps us understand the motivations of both the family and program (Halgunseth, 2009).

Research continues to demonstrate that bonds between children and their families and other caregivers during early childhood improves their school readiness by setting the foundation for their social-emotional and cognitive development (Barton et al., 2014; Klebanov & Travis, 2015; Parker et al., 1999). Family engagement in children's education can even serve as a buffer against the negative effects of poverty on children's development (Fantuzzo, McWayne, Perry, & Childs, 2004; Miedel & Reynolds, 2000; Shonkoff, Phillips, & National Research Council, 2000). Research also suggests that these parent-program relationships might be especially beneficial for racial/ethnic minority children (Jeynes, 2003). Meaningful family engagement has been shown to improve children's academic outcomes (Barbarin et al., 2008; Brody, Dorsey, Forehand, & Armistead, 2002; Jeynes, 2011), decrease challenging behaviors, and increase

prosocial behaviors (El Nokali, Bachman, & Votruba-Drzal, 2010; Garbacz et al., 2015; Nzinga-Johnson, Baker, & Aupperlee, 2009). The connection between parents and staff is particularly beneficial in the context of social-emotional learning interventions to address children's challenging behaviors (Cox, 2005; Minke et al., 2014; Sheridan et al., 2012). One study of Head Start programs found that when parents were highly engaged in the program, children had positive social-emotional gains by the end of their first year (Bulotsky-Shearer et al., 2012).

As the benefits of family engagement have become increasingly clear, the conceptualization of this term has also evolved. In 2000, Fantuzzo and colleagues created a measure of "family involvement" that began to address a shift in the activities and strategies that define the construct by studying the experiences of demographically diverse families (Fantuzzo, Tighe, & Childs, 2000). Since then, the conversation has evolved to be more inclusive of more informal or "invisible" ways that families in poverty and families of color are engaging in their children's education, while highlighting some of the barriers to more traditional conceptualizations of involvement (Castro et al., 2004; Lamb-Parker et al., 2001; Jeynes, 2011; McWayne et al., 2013; Mendez, 2010). Research has started to shift from specific activities, such as volunteering and workshop attendance, to the recognition that parent-staff relationships are at the heart of the potential benefits for children (Jeynes, 2011).

### **Social-Emotional Learning as a Protective Factor**

In early childhood, children begin to develop social-emotional skills, or the capacity to recognize and manage their emotions, create positive relationships with others, and solve problems effectively (Denham & Brown, 2010). Early childhood education typically serves as an opportunity for children to develop and practice these skills (Denham, 2005) through interactions

with teachers (Denham, Bassett, & Zinsser, 2012), peers (Pepler & Bierman, 2018), and parents (Denham, Bassett, & Wyatt, 2007). While much of the social-emotional learning (SEL) literature is based on specific curricula and interventions, early childhood scholars have argued that early childhood education is inherently social and emotional (Denham, 2005; Moreno, Nagasawa, & Schwartz, 2018).

Over the past several decades, research has consistently demonstrated a strong relationship between social-emotional competence and children's future academic, relational, and occupational successes, particularly for children in poverty (Duncan & Magnuson, 2011; Heckman, 2006; Zhai, Raver, & Jones, 2015). Meta-analyses and reviews of the literature across early childhood and K-12 have consistently demonstrated the effectiveness of social-emotional learning (SEL) programs on social and academic outcomes (Barton et al., 2014; Durlak et al., 2011). Studies on the impact of SEL in early childhood have been so compelling that education standards in all 50 states now have preschool SEL competencies/standards and in 2011, Illinois was the first state to have SEL standards from Pre-K through 12<sup>th</sup> grade (Dusenbury, Dermody, & Weissberg, 2018).

Within the field of early childhood, social-emotional learning is sometimes used interchangeably with mental health and challenging behavior prevention. While there are meaningful differences between the constructs, research has shown that they are highly related. Low social-emotional competence is often thought of as both a precursor to and result of many challenging behaviors and can negatively impact a child's future mental health (Heckman, 2006; Jones, Greenberg, & Crowley, 2015; Shonkoff et al., 2012). Left untreated, early behavioral challenges can develop into more serious mental health conditions that can ultimately affect learning and achievement throughout a child's schooling and beyond (Joseph & Strain, 2003;

Raver & Knitzer, 2002). Fortunately, in the same way that early childhood represents a period of high vulnerability, it also represents opportunity and possibility. Early childhood programs make ideal settings for interventions with studies demonstrating a strong inverse relationship between children's social-emotional competence and challenging behaviors (Bierman, Mathis, & Domitrovich, 2018; Dunlap & Fox, 2011).

As we think about social-emotional learning within the context of COVID-19, its utility in prevention, promotion, and intervention are critically important. With the ever-evolving education policy climate affecting children's routines, high amounts of loss, grief, and trauma as a result of the virus, and the rise of mental health concerns around the world, social and emotional skills are particularly valuable. Head Start has long seen the value in helping children develop social-emotional skills and knowledge, with social and emotional development appearing as one of 11 domains of the Head Start Early Learning Outcomes Framework. This set of comprehensive guidelines for both infants/toddlers and preschool-age children is comprised of four subdomains: relationships with adults, relationships with other children, emotional functioning, and sense of identity and belonging (Office of Head Start, 2015). In accordance with Bronfenbrenner's theories of development, Head Start grounds its social-emotional development work within child relationships with adults, both educators and family members.

The past decade of research on children's social-emotional development has strongly emphasized the importance of adult mental health and well-being. Young children develop their social-emotional competencies within the context of relationships with their educators and parents/caregivers, and as such, early childhood programs have increasingly begun to attend to adult well-being. There is an extensive body of literature on the impact of parent/caregiver well-being on children's social-emotional outcomes (Beck, 1999; Burstein, Ginsburg, & Tein, 2010;

Dumas & Serketich, 1994; Kahn, Brandt, & Whitaker, 2004; Manning & Gregoire, 2009; Meadows, McLanahan, Brooks-Gunn, 2007; Webster-Stratton & Hammond, 1988; Weinberg & Tronick, 1998). This work served as a pre-cursor to the more recent body of literature exploring the role of teacher mental health on child outcomes (Buettner, Jeon, Hur, & Garcia, 2016; Hamre & Pianta, 2004; Li Grining et al., 2010; Jeon, Buettner, & Snyder, 2014; Jennings & Greenberg, 2009; Roberts, LoCasale-Crouch, Hamre, & DeCoster, 2016).

Taken together, both evidence bases emphasize that adult and child well-being and behaviors are intricately and bidirectionally related. The Head Start model has continued to increase its attention to staff and family mental health through new staff roles, initiatives, and standards (Office of Head Start, 2016). Of particular note, Head Start programs are required to work with mental health consultants to support staff around children's challenging behaviors. Infant/early childhood mental health consultation, or mental health consultation (MHC), as it will be referred to throughout this study, is a prevention-based approach to supporting adults who work with young children. Over the past decade, several Head Start studies have demonstrated its effectiveness in promoting both children's social-emotional development and staff/family mental health (Silver et al., *under review*).

### **Family Engagement and Social-Emotional Learning during COVID-19**

When thinking about improving family engagement practices and tailoring these partnerships in the context of a global pandemic, it is important to understand the motivations of all key players (DeLoatch et al., 2015). Social exchange theory posits that such relationships are grounded in an exchange of resources between family members and program staff, that is facilitated by trust (Early, 1992; Halgunseth, 2009). Families provide program staff with

important information about the child and are instrumental in reinforcing a child's learning, with programs providing a variety of resources and supports (Halgunseth, 2009). When there is open communication and both parties have a clear understanding of the others' needs, the exchange of knowledge, services, and support can maximize the benefits of the relationship (Auger, 2014; Reedy & McGrath, 2010).

Studies have also demonstrated that parents with more "risk" factors, such as lower levels of education or single parent status, were more likely to take up family well-being/education or employment resources than parenting-related services such as parent education courses or support groups (Leventhal et al., 2000; Spielberger & Lyons, 2009). A Head Start dissertation study found similar results concluding that parents do utilize resources, but cumulative risk factors positively predict the utilization of family well-being services such as nutrition assistance, and education/employment services. Interestingly, the families in this study who utilized these family well-being supports also showed increases in their levels of emotional warmth (Auger, 2014).

Taken together, these findings speak to Maslow's Hierarchy of Needs that states that in order for humans to attend to their higher order social-emotional needs, their physiological needs must be met (Maslow, 1943). In the midst of a global pandemic, families and staff members alike were experiencing heightened or new risk factors that shaped the way that they and Head Start staff engaged with one another. National headlines have also continued to support the notion that Head Start programs prioritized attending to children and families' most basic physiological and safety needs (National Head Start Association, 2020a, b, c). This important moment in history represents a unique research opportunity to capture what effective family engagement strategies look like in a time of crisis. Lessons learned from the current study may



continue to inform the field's conceptualization of the construct of family engagement, while providing tangible new approaches for providers.

With the changes that have resulted from COVID-19, we also expect that Head Start programs approached their social-emotional targets with novel strategies. Further, given what we know about parent/caregiver mental health, and more recently, educator well-being on children's social-emotional development, programs were likely directing more resources to support adult mental health. Children's positive social-emotional development relies on relationships with adults characterized by warmth and closeness (Denham, 2005). Of particular concern, a recent study from the Parenting in Context Research Lab at the University of Michigan found the majority of parents self-reported yelling and screaming at their children at least once in the past 2 weeks; about 20% spanked or slapped their child at least once in the past 2 weeks; and 19% reported an increase in yelling and screaming since the start of the pandemic (Lee & Ward, 2020). Head Start's emphasis on family engagement represents a unique opportunity to not only meet the various needs of families during this time, but to also share best social-emotional learning and child development practices, with many parents serving as both parents and educators to their children at this time.

### **The Current Study**

Now more than ever, Head Start's whole child, whole family approach is critical to counteract the negative impacts of COVID-19 for children and families that have been disproportionately affected by it. Family engagement and social-emotional development have long been associated with positive outcomes in early childhood programming, but to my knowledge, there are no studies exploring these constructs within the context of widespread

center closures and a global pandemic. Further, the Urban Institute has kept track of ECCE studies being conducted throughout the COVID-19 pandemic and to date, the vast majority are quantitative surveys with an emphasis on child care. Studies focused on Head Start specifically include 1) a study on COVID-mitigation strategies (Coronado et al., 2020) and 2) the addition of questions about the pandemic to the ongoing FACES survey (Mathematica, 2020).

This study fills an important gap in the COVID-19 literature by qualitatively capturing Head Start director perspectives on family engagement and social-emotional learning strategies utilized before, during, and after state-mandated center closures. Specific strategies yielded from this study will not only be useful in the event of future waves of COVID-19, but will also be the first study to provide research-based guidance to early childhood programs in the event that their center has to close for any other reason. This translational research seeks to directly inform practice and policy of Head Start programs in Illinois and nationwide, while guiding the rest of the ECCE field, which for decades has looked to Head Start as an exemplar of quality.

## **CHAPTER III. METHODS**

Qualitative research allows for the in-depth study of a novel phenomenon, with an emphasis on participant's lived experiences of a salient event or time period (Patton, 2002), making it particularly well-suited for the present study. With the novelty of all research pertaining to COVID-19 and the constantly evolving conditions as a result of the pandemic, this dynamic and relevant methodological approach helped to ensure meaningful findings. Because this study had pre-determined research questions grounded in a change over time, semi-structured interviews allowed for a flexible, yet consistent line of questioning that is particularly well-suited for studies with follow-up queries (Adams, 2015). Center director data were obtained through semi-structured interviews (Brinkman, 2018) collected at two time-points, with the first interview inquiring about practices before and during their center closures, and the second interview containing questions about practices having reopened. For a full study timeline organized into a Gantt chart by month, refer to Appendix B.

Ultimately, the chosen methods for this study reflect several key considerations: research questions and theoretical frameworks (Collins & Stockton, 2018), feasibility and time-sensitivity, the needs and wishes of my community partner, the ILHSA, and best practices for conducting research with diverse groups.

### **Recruitment and Sampling Procedures**

To sample and recruit Illinois HS/EHS center directors, I utilized a multi-stage sampling procedure combining two common qualitative research strategies: convenience and purposive sampling (Patton, 2002), to obtain a sample of 20 center directors who vary by geography (North, Central, Southern Illinois), urbanity (urban, suburban, rural), and program type (Head

Start, Early Head Start, combined). Illinois is a unique state in terms of its demographics, with dense, urban areas like Chicago, as well as rural areas, where one Head Start center may serve several counties. My sampling strategy sought to acknowledge that diversity. Given the posited impact that these variables would have on center practices, a larger sample was recruited to reach saturation (Patton, 2002). Based on a study of data saturation in qualitative studies by Guest and colleagues (2006), new themes infrequently emerged after 12 interviews within a homogenous group of interviewees on a relatively narrow topic. However, I decided to utilize a larger sample to account for the variations in participants by geographic location (urban vs. rural) and program type (HS vs. EHS).

In Stage 1 (beginning July 2020), my partners at the ILHSA sent an email to all grantee directors asking them to disseminate study information to all of their center directors (N=619). In this original email, approved by UIC's IRB, potential participants were provided with an overview of the study, explaining that they will be asked to participate in a minimum of two interviews and that they will be compensated for their time (\$25 Amazon gift card per interview). Interested directors were then asked to provide center demographic and contact information (email and/or phone) through a Qualtrics survey. Over the next several weeks, responses came in consistently until they flat-lined at 15 participants. Given the participant variability across demographic variables of interest, I began reaching out to survey respondents regarding their first interviews and was successful in scheduling 14 interviews during August 2020.

Using de-identified demographic data from these 14 participants (geography, urbanity, and program type), I connected with the ILHSA Directors to discuss who was "missing" from this sample to be intentional about the demographic variables of the remaining seven interview

participants. While the original sample of 14 varied by program type and some levels of urbanity (e.g. suburban and urban), it became clear that the existing participants were mostly coming from Northern Illinois and there was low representation from rural programs. Through the input of the ILHSA, I was able to come up with a list of grantee directors to intentionally target for a follow-up email, who are located in rural regions of Central and Southern Illinois. While I did not use a strict quota sampling strategy to match the exact proportions of the state, the sample does reflect the population in some ways. For example, there are more Northern and/or non-rural participants because there are more people and programs in these locations. Grantee directors from seven different HS/EHS agencies were contacted directly by the ILHSA directors, asking them once more to pass the study information along to their site directors. This process yielded seven additional interview participants, from the geographic locations most needed to represent Illinois' geographic diversity. In total, I was able to schedule a first round interview with 20 participants (one participant did not respond to several communications).

Several months after the first interviews were completed, I reached back out to the directors, first via email and then by phone, if necessary, to schedule their second interview (November 2020). While I had been prepared for turnover or attrition, particularly given the context of the pandemic, 20 participants agreed to participate in a follow-up conversation.

## **Participants**

The current study collected demographic and interview data from 20 Illinois HS/EHS directors throughout the second half of 2020. However, some of the demographic variables (e.g., director race/ethnicity, age, and highest level of education) were collected in the follow-up February 2021 survey and only 19 out of the 20 interview participants completed that survey.

Directors were mostly between the ages of 35-44 (10 directors) followed by 45-55 (7) and 25-34 (2). Directors primarily identified as White (13), with a smaller subset identifying as Black or African American (5) or Biracial (1). No participants identified as Hispanic/Latina or of Spanish origin. The highest level of education among directors was mixed; 11 participants had received a Master's degree, 7 participants had received a Bachelor's degree, and 1 participant had received an Associate's degree. Experience in the field of early childhood education ranged from 8 to 25 years, with an average of 15.95 years ( $SD = 4.76$ ). At the time of the first interview (August/September 2020), directors had been in their current administrative roles for an average of 2.73 years ( $SD = 2.13$ ) and this ranged from less than 1 year to 9 years. For more specific information on participant demographics, refer to the table in Appendix C.

Participants represented a range of Head Start centers throughout Illinois. The majority worked in joint HS/EHS centers (14), with three directors each in a solely HS or EHS center. Using ILHSA classifications of geography and urbanity, there was good variation in urbanity across suburban (8 directors), rural (7), and urban (5) settings. Using the geographic region of the state that directors came from was largely reflective of population levels across the state, with the majority of participants coming from the Northeast (11), followed by Central (5), North-Central (2), and Southern (2). Program size varied widely, from 32 to 700 children served, though it is important to note that directors often had administrative roles across several centers (sometimes up to 6), so it was not always a direct comparison across individual centers. Most directors described the racial/ethnic makeup of the children they served as "diverse," with only six directors classifying their population as mostly White non-Hispanic. For more detailed information on center demographics by participant, refer to Appendix C and for a map of center locations, refer to Appendix D.

## **Ethical Considerations**

All components of this study received prior approval from UIC's Institutional Review Board (IRB), as of June 26, 2020. Participants were sent a consent form (See Appendix E) via email prior to their first interview and were given the opportunity to ask questions and provide verbal consent to participating in the study, as well as to having the conversation audio-recorded (more details to come in the next section, interview logistics). Audio and transcript files were stored in No Notes, a secure, password-protected, and IRB-approved online platform, as well as UIC Box, a HIPAA- and IRB- compliant cloud storage service.

Pseudonyms were created using an online random name generator and were used in place of any identifiable information for all research products from this study, and the key linking original participant data and pseudonyms is only available to the Principal Investigator in a password-protected file on an encrypted computer.

In exchange for participants' time and effort, they received a digital \$25 Amazon gift card per interview and a digital \$10 Amazon gift card for the completion of a follow-up survey, for a total of up to \$60 per participant. Gift cards were sent electronically via an email address that was provided by the participant.

## **Interview Procedures**

Two rounds of interviews were conducted for this study, with the first occurring in August/September 2020 and the second occurring in November 2020. All interviews were conducted via phone to ensure the health and safety of all involved. Interviews lasted between 30-60 minutes. The interview protocols were written in such a way to accommodate variability in center's openings and closings before and throughout this time period. Participants were given the option to participate in this study in Spanish on the original participant screener. No

participants opted for this choice, thus, I conducted all 40 interviews. All participants gave consent to being audio recorded but nevertheless, extensive field notes were taken during the call and immediately after in case of technological difficulties with the recording. Interview techniques were used to ensure data quality, including minimizing power dynamics (Kvale, 1996), real-time member checking (Taylor, et al., 2015), and multiple probing techniques to ensure participants had opportunities to respond fully (Bernard et al., 2017). For more information on interviewing techniques and additional methodological decisions to increase rigor and data trustworthiness, refer to Appendix F.

## **Measures**

The original screening survey sent to participants contained demographic questions to confirm eligibility (being a HS/EHS center director in the state of Illinois at a center that experienced a closure during COVID-19), inform the sampling process and to save time during the phone interviews. The full survey can be found in Appendix G.

The interview scripts for the current study were heavily influenced by the questions asked during ILHSA's Quality Enrichment Circles that took place in April 2020. The first interview protocol contained two portions: a pre-center shutdown and center shutdown section, in which directors were asked to recall their family engagement and social-emotional development practices. The interview guide questions were also informed by the study's theoretical frameworks and remained largely consistent across the time-points, so as to be able to make longitudinal comparisons. Some minor language changes were necessary in the Fall follow-up interview script to account for centers' various models (e.g. hybrid, closed, open). To ensure that the language used was that in which directors were accustomed to, language from Head Start's



frameworks of family engagement and social-emotional development are also prominent within the interview scripts.

*Pre-Pandemic Practices Interview (Time Point 1: August/September 2020).*

For this portion of the first interview (Refer to Appendix H), participants were asked to reflect on their practices prior to COVID-19. The interview started with a review of the participant's survey information and a few more demographic questions. The participant was then primed to think about "what things looked like" before COVID-19, for example, "at the start of the 2019-2020 school year." The interview script was organized into a *Family Engagement* section and *SEL/Mental Health* section. The *Family Engagement* questions inquire about strategies previously employed to build relationships with families, learn about families' needs and goals, and hard-to-engage families. The *SEL/Mental Health* questions asked about how they historically supported the social-emotional development of children, dealt with challenging behaviors, stressors that their families encountered, how they supported parent/family mental health and staff mental health, as well as how they worked with children with disabilities. The protocol specifically inquired about specific evidence-based curricula vs. less formal SEL practices. Probes for both sets of questions asked the interviewee to reflect on what was most effective, what barriers and challenges they faced in doing this work, and what they needed to be more effective.

*COVID-19 Adjustments and Practices Interview (Time Point 1: August/September 2020).*

In the second portion of the interview at Time Point 1 (Refer to Appendix H), interviewees were first asked about the specific details of their center's closure as a result of COVID-19. A set of questions was used to determine whether the center remains closed or whether or not the center had reopened since its closure and had provided summer programming

for children under Phase 4 of Illinois' reopening plan. Details about the nature of the center's closure and summer reopening (if applicable) were obtained. Based on these responses, participants were asked a near-identical set of questions to those asked in the first part of this interview pertaining to *Family Engagement* and *SEL/Mental Health*. However, these questions were written in a way to elicit their remote COVID-19 practices. Depending on the center's current situation at the time of the interview (open vs. closed), these questions were framed either in the past-tense (i.e. "when your center was closed,..."), or in the present-tense (i.e. "with your center closed,...").

*Reopening Follow-Up Interview (Time Point 2: November 2020).*

For the second interview (Refer to Appendix I), protocols were created under the assumption that centers were open or had been opened at some point in the fall, even if there were some constraints or adaptations in place. The goal of this interview was to understand how family engagement and social-emotional learning practices looked once in-person activities resumed. Probes sought to inquire how social distancing and other health/safety-related requirements were affecting providers' ability to engage with families and promote social-emotional skills/manage challenging behaviors.

*Follow-Up Survey (Time Point 3: February 2021).*

After meeting with members of my committee, it became clear that I wanted to include more participant demographics than I had initially collected. Therefore, I created a brief survey (Refer to Appendix J), obtained IRB approval, and sent the Qualtrics survey to my participants via email to complete in exchange for a \$10 Amazon gift card. Participants were sent a consent form addendum and reminded that their participation was voluntary. The survey contained missing demographic variables (participant race/ethnicity, age range, and highest level of

education), in addition to a few open-ended questions about their family-engagement and social-emotional learning practices since we had last spoken. I have included the demographic survey information in this study and intend to use the qualitative responses in a future paper.

## **Data Analysis**

### *Analysis Approach, Theories, & Frameworks.*

The primary approach that guided the qualitative analysis for this study was Elliott & Timulak's *Descriptive-Interpretive Generic Approach* (2005; 2020). I was particularly drawn to this methodology for its recognition of the fact that many popular forms of qualitative research entail the same essential core structures. In the author's view, qualitative data analysis involves a process of "dividing text into manageable chunks, then translating and illuminating the meaning conveyed." In contrast to "manualized brand-name methods" (e.g. grounded theory, phenomenology, thematic analysis, etc.), as the authors called them, Elliott and Timulak argue that researchers should embrace "methodological pluralism" through the use of a generic and practical approach that best meets their needs as a researcher, the particular topic, and the type of data collected. It is important to note that the authors are adamant about the Descriptive-Interpretive approach not being an "anything-goes approach," rather it entails a synthesis of the common, foundational elements of a variety of widely used and accepted methods (e.g. grounded theory, interpretative phenomenological analysis).

My analysis was also informed by the Sort and Sift, Think and Shift approach to qualitative research (Maietta, 2006). This "camp" of qualitative researchers emphasize "continuous movement between engaging with the data and stepping back to reflect on and review emerging findings." This process begins with becoming familiar with the data through data annotation, writing memos, categorizing data, producing diagrams, creating individual

“episode profiles” for each participant. I will speak more about the utility of this approach for this study in the section below titled “Getting to know my data.”

#### *Data Preparation.*

After conducting each interview, audio recordings were professionally transcribed. Transcripts were completed on a rolling basis and were completed within the week of the interview. Of all 40 interviews, 39 interviews were professionally transcribed, as there was a technical error while using No Notes with Jessica’s first time point interview. Fortunately, however, I had taken detailed notes with verbatim quotes for all participants, so in this case, they replaced Jessica’s transcript.

After receiving all text files of transcribed interviews, I spent several weeks reviewing them along with the audio files, ensuring data quality, as well as making edits so that the transcripts were “content-based” and did not include the microdetails of our interactions, such as non-fluencies and exact repetitions (Elliott & Timulak, 2021). There were also content-relevant acronyms and proper nouns that needed to be reviewed closely.

Concurrently, I organized participant data and demographics (from both surveys and the first interview) into an Excel tracker (Wray-Lake & Abrams, 2020) that were eventually entered as “cases” into the qualitative software, NVivo (QSR International, 2020).

#### *“Getting to know my data.”*

The first step of my qualitative analysis process, that spanned over the course of several months, was reading and re-reading all transcripts in their entirety. To begin, I printed out all of my data and simply made highlights of potentially illustrative or meaningful quotes. In subsequent rounds of reading the transcripts, I made annotations in the margins and began to write memos regarding what I was noticing, potentially important themes that were arising, and

questions that I had. Though this process took a great deal of time, it was invaluable in getting acquainted with my data.

### *Data Organization.*

Because I had clearly defined research questions and a finite period of time to answer them, I was intrigued by the organizational approach of Daphne Watkins' "RADaR" Technique: Rapid and Rigorous Qualitative Data Analysis (2017). The primary purpose of this technique is to only analyze information in one's data that are relevant to the study and research questions in some way. I completed two rounds of data restructuring and reduction using this method and I will describe each below.

In Step 1, I created an all-inclusive (meaning all data were coded) data display organized by time period (pre-pandemic, center shutdown, and reopening) and topic (e.g. family engagement, social-emotional learning). I sorted meaning units (or data chunks, as they're more colloquially known as) into these six documents, amounting to over 350 pages of data displays. Throughout each individual data display, I also organized the data by interview protocol question that was asked. While the interviews tended to be organized in a way that facilitated the sorting of this data by topic and time frame, there were instances where the answer to an interview question were discussed under different question headers. Also given that these were semi-structured interviews, the order in which questions were asked was not consistent. Thus, this required that each transcript be coded in its entirety to ensure that a participant's response to a topic was captured, regardless of the question being asked or order in which it was asked.

In Step 2, I really utilized the essence of the RADaR technique by converting the Step 1 document into data tables that only contained relevant information for addressing RQ's 1 and 2. This process was iterative, meaning that there were several rounds of reduction in an effort to get

closer to a narrower and more concise table best representing my study goals. In this process, I made sure to highlight illustrative quotes within the table, statements that captured a sentiment clearly and powerfully. Ultimately, I ended up with a chart that looked like this (see below for a few examples from one of the six displays, pre-COVID family engagement), and in the following section, I describe the coding process.

Participant Pseudonym	Data Display	Question/Topic	Quote	Notes	Potential Code
Jasmine	Pre-COVID Family Engagement	Alternatives to in-person engagement	They're involved even if they don't come to our activities. We're still providing them activities that they can do with their children at home.	This reminded me of when Amelia said we needed to change the definition of engagement to entail more than just coming to events.	In-kinds
Chelsea	Pre-COVID Family Engagement	Building relationships	We did a lot of in-person meetings. We pretty much didn't use technology at all. We didn't have to.	It will be interesting to see if/how this changes in her shutdown and reopening interviews.	Events Technology

Throughout both steps of this process, I continued to take detailed notes and created memos regarding potential findings and patterns. You can also see that the beginnings of my codebook began in this phase, where I made notes of “potential codes” in the reduced data displays.

### *Coding Process.*

In this study, I served as the “lone wolf coder,” a phrase coined by qualitative methodology expert, Johnny Saldaña, who has shared this as his preferred method of analysis (2015). As was previously mentioned, I utilized peer debriefing and mentor auditing to maintain validity and quality throughout this process. To assist me in the coding process, I utilized the qualitative software, NVivo (QSR International, 2020). I used the RAPaD data displays I had previously created in this phase of the analysis. I began by entering all participant data as

“cases,” so as to be able to sort and view the data by demographic information after the coding process was complete.

In accordance with Elliott and Timulak’s Descriptive-Interpretive approach, my coding process entailed an iterative approach of categorizing meaning units and then clustering those units according to similarities. In categorizing units, I used a combination of a priori codes (Miles & Huberman, 1994) informed by my theoretical framework and research questions, and open-coding (Strauss & Corbin, 1990). In the open-coding process, I paid particular attention to meaning units that surprised me, that the interviewee explicitly said were important, and that were repeated by the participant (Saldaña, 2015). I continually revised the names of codes by either separating or merging them, a process known as splitting and lumping (Bernard, Wutich, & Ryan, 2017). This process also entailed the creation of coding families, grouping similar codes together underneath broader, umbrella codes. As was the case in all stages of my data analysis, I continued to write memos during the coding process that began to form the results section of this study.

After my coding process was complete, I utilized a form of data matrices called profile matrices, which enabled me to see the prevalence of various codes across various questions or topic areas of interest (Bernard, Wutich, & Ryan, 2017). By using these tables, I was able to better determine the popularity (or unpopularity) of certain responses and make more precise thematic arguments in the results section. Through the creation of multi-column matrices, I was also able to glean potential relationships between participant variables (LaRossa, 2012). As I went from codes to results, I also utilized hand-drawn diagrams and conceptual models to visualize how codes fit within my theoretical frameworks and the associated domains in which

my results are organized (Elliott & Timulak, 2021). Lastly, I identified illustrative quotes to represent the sentiments of participants' majority and dissenting opinions.



## CHAPTER IV. RESULTS

In this chapter, I present the results from interviews with Illinois Head Start/Early Head Start Directors. I begin this chapter with a descriptive summary of program's experiences closing and reopening throughout the pandemic. I then organize the qualitative findings by research question (e.g. 1) How do Illinois HS/EHS programs describe their efforts to engage families during and after COVID-19 related center closures? How do these practices compare to their practices prior to the pandemic? And 2) How do Illinois HS/EHS programs describe their efforts to support children's social-emotional development during and after COVID-19-related center closures? How do these practices compare to their practices prior to the pandemic?) and guiding theoretical frameworks.

Throughout the results section I use the following notation to indicate the time period that a participant is referring to: T1 (pre-pandemic), T2 (center shutdown), and T3 (reopening). As a result of Illinois' shelter-in-place order that went into effect March 21, 2020, all centers in this study were shut down for a period of time. Shutdown start dates ranged from March 13, 2020 to March 26, 2020, with all programs suspending their in-person Head Start/Early Head Start services until at least June 1, 2020. Reopening dates also varied from June 1, 2020 to August 17, 2020, with one program (Katie's) planning to remain fully closed until 2021. Most programs offered some form of in-person learning over the summer for a small subset of children, typically those who were Kindergarten bound or those with special needs. Only one center (Chelsea's) provided emergency child care to essential workers during the shutdown period, but their Head Start program was suspended until June 25, 2020. Given variation between participants, directors were instructed to answer questions about different time frames (e.g. T1, T2, and T3) using the exact dates they provided.

## **Family Engagement**

At all three time points, participating directors' descriptions of their family engagement efforts highlighted themes that aligned with the theoretical framework at the foundation of this inquiry. Specifically, in the following section, the Social Exchange Theory provided a helpful organizing framework for the presentation of three inductively derived themes that emerged. I examined director responses across all time points to answer the following questions: 1) resources exchanged, 2) mechanisms used to initiate and maintain the exchange, and 3) barriers to the exchange. I also employed Maslow's Hierarchy of Needs to further classify resources.

Directors were adamant, regardless of time point, about the fact that family engagement is grounded in relationships with families. Directors made note of this through their observations that "high engagement is probably because the relationships are really strong" or "When you build that special bond, that special connection...that's how you get parents more involved" or "We have a lot of resources available and because we build those relationships, we find that families are more engaged." Therefore, when considering family engagement strategies and practices, it was useful to consider a relational framework, such as the Social Exchange Theory.

Key findings that emerged from the qualitative analysis across all three sub-sections include:

- 1) The COVID-19 pandemic brought about a greater programmatic emphasis on and support of at-home family engagement.
- 2) While helping to meet the basic needs of families in Head Start has always been important, it was particularly useful during the shutdown to encourage engagement.
- 3) Head Start programs were particularly well-positioned to continue supporting their families in the pandemic

- 4) Novel systems for communicating with families one-on-one during the shutdown allowed for an even greater amount of personalization to meet families where they were at.
- 5) The use of technology within programs brought challenges, that required iterative adaptations, as well as successes that may inform post-pandemic practice.
- 6) While certain new barriers (e.g. COVID-19 restrictions, child care challenges, and technology access) arose during the shutdown, transportation and weather barriers were less of an issue.

### **What resources were being exchanged between families and Head Start programs?**

#### *Family Resources.*

Before, during, and after center shutdowns, families were expected to provide their programs with several intangible resources, such as time, knowledge, and input. These contributions, that can be classified as school-based and home-based, varied from prior to and throughout the pandemic. A central theme explicitly mentioned in the pre-pandemic interview by several directors, and then alluded to at the other timepoints, was one of the foundational components of the Head Start model: viewing families as partners. Amelia spoke to this when she said, “We believe in partnership instead of doing for and so, parents are our partners on behalf of themselves and on behalf of their children” (T1). It was also posited, pre-COVID, that families were eager and willing to be partners due to the resources they were receiving from the program. She described this bidirectional relationship by sharing, “Whatever we asked them to do, they were willing to do it because they were so happy with the care they received, that their children were receiving” (T1).

**Engaging families at school.** In describing their pre-pandemic practices, directors spoke about the fact that families were encouraged to volunteer their time at the center in a variety of ways. Several directors described that families came into their child's classroom to read, went on field trips, or rode the bus. Victoria even noted that they had parents on their "field trip committee" to help decide what types of activities or locations they would like their children to have.

Pre-pandemic, all directors also spoke about in-person events that they hosted at their centers or other community locations. The three main types of events that directors spoke about were: informational meetings for family members to learn about program happenings, policy council meetings where family members were expected to help make decisions and provide feedback on the program, and fun, celebratory, family events. Despite varied, and often low attendance (which is discussed in a later section), most directors alluded to the fact that prior to the pandemic, attending in-person events was the primary way that families contributed to their program. However, one director, Amelia, pushed back on this notion, stating that programs needed to broaden their definition of traditional conceptualizations of engagement and involvement. In her pre-pandemic reflections, she argued the following:

I am going to say we have to redefine our definition for family engagement because if a parent does not attend an event, it does not mean they are not engaged with their child's learning...Does this family give input on the things that matter or decisions that are made that impact their child? That is engagement. (T1)

While most directors described a full pause of events during the shutdown, a small subset of directors (4) mentioned that they sought to maintain some sense of "normalcy" by continuing to host events, whether it be virtually through Zoom or through socially distanced, "drive-bys" (T2). This small group mentioned the continuation of parent meetings via Zoom, as well as a new event, Katie shared, called "Zoom and Tell" where each week was a different fun activity

that families could participate in. While she noted that only 10 families actively participated, she said this was a big increase from the beginning “when it was a struggle to get anyone to log on” and that the families in attendance “really enjoyed it.” Latoya and Victoria both mentioned drive-up/drive-through events where they decorated cars, took pictures, and the kids would get to see staff from a far.

During the reopening interview, directors continued to be split on their views regarding events, with some of them expressing that they had “adjusted to try and do a lot of things virtually,” and others sharing that “it’s just so difficult we’re not really sure if it’s worth the time” (T3). Of the directors who transitioned to virtual events, the most commonly mentioned were parent meetings. Two directors mentioned their involvement in Parent Cafés, with Shondra sharing that they went really well and parents gave them “really, really good feedback.” Some directors again mentioned doing “something fun” over Zoom, where they would provide the supplies and have everyone participate in some sort of art or cooking activity. Katie shared that her families were only wanting this type of virtual activity at this time as she said, “Our parents have made that very clear. We’re supposed to be planning parent meetings and things of that nature, but they really wanted activities, so we’re like ‘Ok, let’s do it. If that’s what you want, why not?’” (T3)

Relatedly, Nicole shared that while they had conducted virtual parent meetings, she was struggling with planning “the fun stuff.” She noted that both her staff and families could use some more activities or events, “especially as the holidays come,” for “stress relief.” She described, however, that the “burden of work is really significant” and doesn’t allow for much downtime to plan such events. Chelsea described how her program did a modified “Trunk or Treat” event, where only the children were involved but they sent photos to the families and that

they are going to be doing a “virtual Santa.” She explained their rationale for maintaining these events: “It’s a little different, but parents want to have the kids have just as much without it being uninterrupted. Even though we look like a hospital setting now, it’s been okay” (T3).

The directors who mentioned not hosting these events were responding to the fact that after several months of the pandemic, many of their families were “sick of Zoom” and that they were “not asking for it.” Several directors also noted the fact that attendance at virtual events was “not as good as we would have thought.” Misty shared that “attendance was incredibly low and it’s just so impersonal.” Nicole hypothesized as to why they struggled with attendance:

Our attendance has been super low on the Zoom which has been really hard for us cause we’re usually like this site that does really well with that. But I think the food is a draw, but I think also like the community is a draw. People probably didn’t really come to the parent meetings for the parent meeting. It was probably just fun and engaging and maybe they’ll hear some good tips. But nobody wants to do any more meetings. Like we’re all just meeting’ed out. (T3)

**Engaging families at home.** In their pre-pandemic interview, a very small portion of directors mentioned the use of in-kind activities (e.g. worksheets, activities, or packets designed for family members and children to complete together) or the expectation that families continue their child’s learning at-home. Christine shared her assumption that her teachers “sent home weekly home and parent engagement packets with activities” but that “parents didn’t do a whole lot outside of these packets” (T1). Similar to what others had shared regarding in-person event attendance, Christine went on to explain that she thought variations in at-home engagement were based in large part by the extent to which teachers were following up:

Some classrooms are good about getting homework back and other parents “could care less.” I think some teachers present it as like, “Hey this is something we’re doing and we’d love for you to do it.” Some teachers are like, “We have to send this home, this is a requirement. If you do it, you do it, if you don’t, you don’t.” (T1)

Melissa talked about a creative incentive for families and children to participate in their weekly in-kind activities, sharing that families could “send it back and children could display it

at school and show their friends” (T1). This was the only mention of creating a link between at-home activities and the school-based setting.

During the shutdown, home-based engagement expectations took on an entirely new look, as one director described that families were “jumping into that role of being the parent and the teacher” (T2). Maintaining children’s learning during this time required a never-before-seen level of family’s at-home involvement. Remote learning during the shutdown represents a quintessential bi-directional resource exchange between families and programs, in pursuit of the common goal of supporting children. It is important to note that one director, Monique, deliberately did not want her families to be involved in their child’s academic content during the shutdown, so as to not overwhelm them:

I know some teachers were calling the families at different grantees. I did not think that was appropriate during that time because families were going through enough and some families were experiencing COVID....Not to overburden them with activities and “can we do this and can we do that?” I did not allow that. I’m being honest with you, I was asked if my teachers could do activities or lesson plans and I said “No we’re not, that is not appropriate right now.” (T2)

For the remainder of programs who did have a remote educational program, a common theme was that remote learning came about later in the shutdown, “after at least six weeks,” or “by mid-April” or “eventually,” once programs had been able to meet their families’ basic needs. There was also a shared sentiment that the shutdown was only going to last a few weeks and that there would be no need for educational services. Brooke and Misty shared:

Our initial plan was to be closed for three weeks. Then after three weeks, then we were not open. That’s when we started to say “Okay, we really got to get on this. We have to start doing something.” It took us a good probably month, six weeks after closure to get that up and going. (Brooke: T2)

As we realized this was going to be a while, we set up the education component back into it. Teachers started holding Zooms and sending lessons home, they started calling parents themselves to see how children were doing. We really shifted focus from family support to child support, too, how can we help you teach your child at home. (Misty: T2)

Most directors recalled that attendance for live Zoom sessions was never particularly high but that the families that did engage had very positive experiences. Lily described that the “same families who engaged prior to COVID were the ones that were engaging with remote services.” Amelia mentioned that it varied, as “some families were avid participants in the learning experiences with their children and some parents we hardly heard from unless we were giving away something” (T2). Brooke shared a common sentiment:

Our attendance was never super high, never had a class with everybody come on, but we did hear how much they enjoy it and they look forward to it every single week. We heard they loved the Zoom calls and the e-learning. To be able to see their teachers and their friends was just amazing. (T2)

Somewhat relatedly, Latoya shared how impressed she was with the way that her families adapted to this new role they now had of supporting their child’s education at home: “They did really good with teaching from home, jumping into that role of being the parent and the teacher. We made sure to contact them and allowed them to contact us as much as needed” (T2).

In lieu of traditional in-person events to support family engagement during the reopening phase, many directors spoke about sending more materials home (in-kinds) and relying on apps such as Ready Rosie to encourage families to engage with their children at-home. A sizeable portion of directors discussed that even for the kids in their program who were continuing with in-center services, their families seemed to be much more engaged with the in-kind activities than they ever had been. Christine posited that maybe “they built these routines” (T3) during the shutdown, to explain why they were getting back a lot more of our homework sheets and reading logs than the prior year at that time. Lily also shared that in school districts where older children were doing remote learning, they were getting more homework sheets back from their Head Start kids. Melissa also noted an increase in completed in-kind activities, explaining:



I'm just going to think probably they're just not as busy. I mean, there's no sports. There's no events going on anywhere, hardly. So there's nothing else for families to do. So they like the idea of the activities and stuff that we send home and doing them to kind of fill some time over the evening (T3).

Not all directors saw this increase in at-home family involvement, with some noting that “it’s about the same” (T3). However, it is particularly interesting to note that all of the directors who mentioned an increase in returned homework assignments were also the ones who said they had not been doing many, or any, events virtually.

In the next section, I discuss the resources that programs contributed to the exchange at all three time points, organized by the type of need that the program was seeking to meet.

#### *Programmatic Resources.*

**Physiological needs.** According to Maslow’s Hierarchy of Needs, individuals are motivated first and foremost to fulfill their basic, physiological needs, such as food, water, warmth, and rest. Across all three timepoints, directors felt that their relationships with families were fostered by how they were able to help address their needs. Even prior to the pandemic, a central focus of the Head Start model was to assist families in meeting their physiological needs (e.g. shelter, food, clothing). Amelia had mentioned, “for some, it might be shelter needs, for some it might be food needs,” (T1) while Brooke described that about 10% of her center’s population was “affected by homelessness” and that they were located “in a food desert” and didn’t “have access to healthy foods” (T1). Emily summed up the needs of her families with the following (T1): “A lot of stress that families experience are due to economic hardship...it’s usually related to money.”

During the shutdown, directors spoke about the fact that their families most often needed food, followed by shelter (e.g. rent, utilities), employment (e.g. being laid off, finding a new job, filing for unemployment), and household supplies (e.g. toiletries, diapers/wipes, clothing). There

was a general sentiment that the quantity of families requiring assistance meeting their basic needs was greater during the shutdown than it ever had been in their programs, explained by the fact that “a lot of families didn’t have income at all” (T2). Chelsea shared with us, “We had to do a lot of support, none like I’ve ever seen before in my life since I’ve been in this field and this service. I’ve never seen anything like it. It’s been a lot. It’s been draining.” Directors elaborated on the emotional nature of this work in their reflections of families’ challenges during this time, with quotes such as:

Oh wow, it was heartbreaking. They needed diapers. They needed formula. They needed food. They needed housing. They just needed resources because it hit everyone hard. (Chelsea: T2)

We found that it was very challenging for them to try to work from home, digest what was going on with COVID and try to stay safe, and now I have my one, two, or three children home and I need to feed them. My heart went out there. (Monique: T2)

All directors talked about the distribution of physical resources to their families during the shutdown. Most often this included food, as well as diapers and wipes. Both prepared meals as well as gift cards to grocery stores were made available. Many programs were already providing these supplies to children in their center, so they had the existing resources to continue providing these essentials. Christine explained that this support came very early on in the shutdown and many others echoed her sentiment that, “It was the very first few days of when we found out this was happening and we were like, “No, our families still need us. They still need food. The kids still need food and the parents still need some type of support” (T2).

As programs reopened, only one director, Shondra, felt that families were in a “much better position regarding basic needs,” (T3) than they had been during the shutdown, given the amount of community resources that were available. Eight other directors mentioned that their

families were still in need of resources such as food, medical care, and household supplies, all of which programs were still able to help families procure.

Fortunately for Head Start/Early Head Start families, directors in the current study spoke about wasting no time helping families sustain their most basic needs when the pandemic hit. Directors spoke primarily about two ways they were successful in these efforts: an internal “all hands on deck” mentality and reliance on the community partnerships they had developed and grown prior to the pandemic.

*“All Hands on Deck.”* During the shutdown interview, directors spoke frequently about how much of a group effort it was to “make sure [families] had the resources or supplies they needed to continue to thrive as much as possible during the shutdown” (T2). Teachers, bus drivers, agency upper management, and Family Support teams were all crucial in getting families the resources they needed. Naomi explained that her “staff came out of their own house(s), with the safety of their families, to make sure the families on their caseload were taken care of” (T2). In instances where particular staff members had a harder time making the rounds to drop off supplies at their families’ homes (e.g. child care challenges or health care concerns), directors spoke about other staff members stepping up. Participants also shared positive sentiments about how glad they were to be able to continue helping families, despite the shutdown, with Brooke stating:

It was good to know they were able to go to the shelter and get food and we paid the rent, so they’re okay for another month. We’ve got them kind of settled. Next month, we’re going to do something else. It felt good to be able to do all of that. (T2)

Many directors praised the responsiveness of their agencies in helping to meet their families’ basic needs, with Misty recalling that “I would contact [grantee director] and it was always, “absolutely, let’s make it happen” (T2) and Hazel sharing that “they were so good” (T2).

Through their grantees, three directors mentioned that they were even able to provide families with direct cash payments, ranging from \$500 to \$1,500. Grantees worked with their funders and donors to collect this money and it was given directly to families in the form of emergency assistance grants. Amelia and the others shared the feeling that “everyone was very appreciative of the direct cash.” Grantee staff were also lauded by a few directors for their efforts to “constantly update” resource lists of “different food pantries that were giving out meals” or “free testing” or “utility assistance” (T3).

*Community Partnerships.* Another critical element of successful and timely resource provision during the shutdown were programs’ pre-existing community partnerships with social service agencies that shared common goals. Pre-COVID, with the general recognition of the fact that, “What I may need may be different from what you need” (T1), as Amelia described, many directors noted their reliance on community partnerships to be able to meet the breadth of families’ various needs. Before the pandemic, directors spoke about the need to be aware of other community organizations in the area, as well as the importance of making them aware of their Head Start program. Much of their partnerships, as directors described, were in the form of making referrals to families who were in need of a particular resource that an organization specialized in. To foster this collegiality, Naomi mentioned that prior to the pandemic they hosted an annual luncheon with over 100 community partners to make sure that those connections remained strong (T1). Given the deepening needs that families were experiencing during the pandemic, directors spoke at length about the value of such pre-existing relationships.

Victoria reflected:

We have a lot of community resources in our area and we keep those relationships all the time, not just at the time that there’s something going on, because families go through lots of things at many different times, not just the COVID time. It was a tragedy for

everyone, we've never been through anything like this. But because we are who we are in Head Start, those resources were readily available. (T2)

While most directors shared this sentiment, Misty expressed that their lack of pre-existing partnerships presented a challenge when the pandemic hit. She explained that in her geographic location they did not have many agencies to form partnerships with and that most of their pre-pandemic relationships had been with medical agencies that were shutdown at the time of their center shutdown. Misty stated, "We had been working on strengthening partnerships but where we're at there's not a lot. We're very close to Chicago but resources don't reach this far, so we've always struggled to find good resources for our families" (T2).

For the majority of programs in this study, however, by the time of the reopening phase, community partnerships were so strong that programs were able to outsource most of their work around basic needs to their partners. This work also became more hands-off as programs redirected their attention to in-person learning, safety protocols, and the like. However, as Brooke described, they were actively assisting families in making these connections by "bombarding" them with resources and letting them know about "anything and everything" happening in the community. For example, programs were referring families to "diaper drive-bys every Sunday at the church," "free COVID testing sites," or "food pantries and mobile food drives," as well as collaborating with "Toys for Tots," and other agencies (T3). While a portion of directors still talked about "porch drop-offs," this was less-so for basic needs and most commonly for educational materials for remote families who hadn't returned to the center.

**Employment supports.** Maslow's Hierarchy of Needs classifies employment as a second order, or safety need, as it is often a pathway through which to access physiological needs. Directors varied across timepoints regarding how much of a programmatic effort they placed on employment supports, noting that during the shutdown, their attention shifted to an emergency

crisis mindset where they were putting out more immediate fires regarding basic needs. Upon reopening, they were able to reallocate more resources to this issue.

In pre-COVID times, while programs did supply families with resources directly, directors spoke more frequently about supporting their families with educational and employment needs, which would ultimately impact their ability to procure their basic needs independently. Misty remarked that families' biggest needs were "with education or helping them find better employment" (T1). Jessica mentioned that because they are in a rural area, it's "hard to find well-paying jobs" (T1). Chelsea explained that they were able to assist families who were needing "help with their resume writing, interviewing skills and techniques" (T1).

During the shutdown, while directors commonly discussed employment as a challenge that families were facing, programs seemed to be focusing less on employment resources than the provision of direct resources. The primary support around employment that a few directors mentioned was providing assistance filing for unemployment benefits.

After programs had reopened, more directors mentioned their families facing unemployment and the burden that posed for them regarding them accessing their basic needs. Naomi described a new partnership with a local Amazon warehouse, who she had been working with to plan a "drive-by job fair" (T3). Other directors noted that their Employment Counselors had increased caseloads as a result of the pandemic. Directors shared a sentiment that they were turning some of their energy from providing families with tangible emergency resources to helping them procure gainful employment so that they could independently obtain basic needs such as food and shelter.

**Transportation.** When discussing both physiological and employment needs, a theme that came up repeatedly was transportation. Predominantly in the pre-pandemic interviews,

another barrier to procuring basic needs and/or employment was a lack of public transportation, making getting to appointments or even the center a challenge. It is important to note that of the eight directors who mentioned transportation as a need, seven were in rural or suburban areas, and one was located in an urban environment. Directors shared that they were sometimes able to provide “transportation to appointments,” or “put money on their bus card” to help meet this need (T1).

With the utilization of “porch drop-offs” and home delivery of resources being common and educational services being provided remotely during the shutdown, directors did not make reference to transportation resources during this time. While some directors spoke about set pick-up times that families could come to the center and get food and other supplies, most of them also mentioned contactless drop-off at families’ homes. Chelsea shared that they would drop off supplies on their families’ porches and that they “waved and gave them air hugs” (T2). Two directors also brought up the fact that in the beginning of the shutdown they ordered supplies through Amazon and had them delivered to families’ homes. Nicole explained:

Our general model is we try to support the family in any way we can. When we were only virtual and we weren’t really allowed to even go to their house or do pickups and drop offs to give supplies, the only thing we can really do is order things for them and have them sent. (T2)

During the reopening interview, only one director brought up transportation challenges, but in a way that clearly linked it to a loss of income. Grace described, “I had a mom tell me I can’t come pick up the materials I don’t have gas to put in my car because I lost my job” (T3).

**Psychological needs.** In Maslow’s Hierarchy of Needs, higher-order psychological and relational needs, such as “belonginess and love” or “self-esteem” come higher on the pyramid than the aforementioned basic and employment needs. In accordance with this framework,

directors spoke about resources being allocated to these needs after families' basic needs had been taken care of.

It is particularly important to note that when familial needs and programmatic resources was discussed during the pre-COVID practices interview, directors made no mentions to higher-order psychological or relational needs, such as Maslow's "belongingness and love needs" or "esteem needs." It was only during the shutdown and reopening interviews that directors began to mention these constructs when discussing the resources they provided families, and even amidst the pandemic, there was an evolution in what programs were attending to during the shutdown and reopening phases.

During the shutdown interview, some directors began to express a surface-level attention to their families' belongingness and love needs, particularly the ones related to their familial relationships and feelings of community. A handful of directors mentioned that their families were struggling with "keeping their kids busy" and Grace shared that her families were "just wanting to talk because they hadn't had any social interaction" (T2). Interestingly, these needs were only attended to "as the shutdown carried on," with a few directors mentioning the addition of supplies or activities for children and families "so they had something to do at home" (T2). During the shutdown, there was still disagreement on the role of families in their child's learning, as Shondra and Victoria also discussed their support of families' around educating their children. Interestingly, the messaging was quite contradictory between the two:

Just reminding them that you can do it and they are their child's first teacher. (Shondra, T2)

We say this in early childhood a lot, we like to say, "Parents are the child's first teachers." Yeah, but parents are not teachers. The reason I say that is because parents were in shock having their children for so long, it was more like supporting them and giving them those little steps on things to work on. There are things they do teach them, yes, but as far as other things, a lot of times parents let kids do whatever they want at



home. (Victoria, T2)

The majority of the dialogue surrounding personal psychological needs emerged during the reopening interviews. Directors spoke much more frequently about providing caregivers with the support, knowledge, and education to increase their feelings of confidence around educating their children and navigating uncharted waters. Directors shared about their efforts to provide families with educational supplies, knowledge, and “whatever we [had] to do to make it easier for them” (T3) to support their child’s learning. Shondra shared that:

When we make it easier for the parent, they feel more confident doing it. It’s not so much of a task, it’s not a job. It’s just fun, it’s going to be exciting. Just educating our parents. Some of our parents didn’t even graduate high school. They don’t feel confident in teaching the students, nor do they feel like they should. It’s just trying to give them the confidence and encouraging them to keep trying the best way they can. (T3)

Victoria praised the work of her program, sharing that they had been able to provide families with supports to fulfill their higher-order psychological needs, as she explained that “No matter what changes we’re going through, Head Start is so intensive. It’s needed for family support. I don’t believe if Head Start wasn’t there, that families would be hopeful” (T3).

Lastly, Jessica described that her program worked “really hard to help families understand that a lot of the things that we’re offering them, they’re already doing in their home....Really empowering them to feel like they are their child’s most important teacher and we believe in them” (T3). She also emphasized the fact that many families were doing remote learning for several children and that part of their job was to support families through that as well. Jessica concluded with the sentiment that their “parents have just been exceptional through all of this” (T3).

### **What mechanisms were used to initiate and maintain the exchange?**

*Communication strategies.*

The exchange of all resources between families and Head Start programs starts with communication, a pillar in building and maintaining family relationships and engagement. While specific communication strategies varied, across all timepoints, directors described the necessity of individualizing communication strategies by family. Amelia explained that, “You have to ask the family what is the easiest way for them to receive information. We try to individualize with multiple modes of communication so that parents are aware of what is happening in the program” (T1).

Prior to the pandemic, Head Start directors and other program staff relied heavily on anytime they got to speak with their families in-person, face-to-face. Many directors described their “open-door policy” (T1) and as Hazel stated, “Catching them in the center was always best.” The most utilized communication strategy, with half of directors endorsing it was talking at drop-off and pick-up, the few minutes per day they had to see their families in-person as they were dropping off or picking up their child. Latoya mentioned that this time of day was so useful because you could “give reminders, get signatures, just ‘Hey, how you doing?’” (T1) Misty and Naomi mentioned that their program staff were respectful of the fact that many families were often “busy and in a hurry” during drop-off and pick-up so they would walk with them to the child’s classroom and talk to them along the way. Despite the utility of this method of communication according to many directors, Naomi was aware that it was not a foolproof method, as she explains:

We walk with them, we talk to them, but we assess the situation. If the parent is not in a good mood or they seem not themselves, we might not ask them for what we need. We might talk and be intentional and say, “Hey, how’s it going? Can I help you? What can I offer you?” And then ask them on a different day for our need. (T1)

During the shutdown, with many former communication strategies no longer an option, the most common way that relationships were maintained was through informal, “how are

you?”-type check-ins via phone calls. Directors described these calls as consisting of questions such as “How are things going?,” “What’s changed in your life in the past week?,” “Do you need anything?” (T2) All but two directors spoke about their staff conducting regular check-ins with families. Jasmine and Shondra mentioned that communication was typically initiated by families if/when they were needing something, as opposed to program staff reaching out at set intervals.

There was wide variability in the frequency in which program staff were “checking in” with families during the shutdown. It was also very common that directors changed their expectations of staff throughout the shutdown period, in terms of the number of times they were reaching out to families. Many programs began by having their staff check-in more frequently (e.g. daily or weekly), only to “dial back” after hearing that “families do not want that” and it was “too much” (T2). If programs had been checking in daily, they often moved to weekly and if programs had been checking in weekly, they moved to a few times a month. There was also variability in the way that these calls occurred, with some staff scheduling their calls at a set time and others calling more sporadically. Christine mentioned that her staff “got better responses when they called consistently on the same day” (T2).

Naomi spoke about an innovative, systematic approach for determining the frequency of calls to families during the shutdown. She described that Family Service Workers divided their families into four categories:

1. **Special Circumstances** – homeless, foster children, incarcerated, domestic violence; you’re going to target more, talk to them weekly and say “We’re not trying to bother you, but we’re here to advocate for you. We’re here to make sure you have services or referrals, get your utilities paid, whatever the case may be, and we’re going to call you weekly for this first 60 days.”
2. **No Issues** – families that were easy, we can ask them for anything and they get back to us in 15 minutes; you don’t have to talk to them every week; “We’re going to talk to you twice a month and carve out at least 45 minutes for us because we’ve got a lot to talk about since we’re going from our norm of 3 times a month to now 2 times a month.”

3. **Okay to Reach** – we can ask them for stuff, but they’re going to give it to us in a week; gave them 2 times a month
4. **Hard to Reach** – we can ask them all day long, we’re not going to get it, we got to hold their hand; they’re always upset about something; we were going to talk to them every Monday

Using this approach, Naomi had her staff plan out calls 60 days ahead, take a picture of the schedule, and send it to families so they knew the days they would be called. She had learned from previous years of “something happening” that it works better to “give them actual appointments.”

Programs also differed in who was doing the majority of this outreach during the shutdown. Most often, check-ins were designated to Family Support Workers, but a fair amount of programs had both their Family Support team and their teaching staff conducting check-in calls. Latoya mentioned that while her Family Support team was expected to check-in with families regularly, her teachers shared their personal contact information with their families and allowed them to make contact as needed.

Nicole brought up the fact that only her Family Support staff had access to families’ contact info due to confidentiality concerns, so that in order for the teachers to contact families, this had to occur through the Family Support workers. She reflected on this being a “significant challenge” and “really detrimental” to the relationship between teachers and families/children. Other programs had their Family Support and teaching staff both check in with families, but over time, they realized the need for coordination so as to not overwhelm families with the number of calls they were getting weekly.

As previously mentioned, nearly all programs adjusted their check-in approach throughout the shutdown in response to family feedback and responses. The most common sentiment was that families were overwhelmed by the level of contact from Head Start staff,

given everything going on. Chelsea explained that they had “a family just tell us, ‘You know what, this is overwhelming for me. This is all new for me. Bear with me.’ We had more than one and we understood that” (T2). In these instances, when programs heard this time of feedback, they would reduce the number of check-ins, switch to communicating over text, or let the family reach out to them if/when they needed it. Chelsea added that even when they would adapt their strategies, “it was still overwhelming” and they had better engagement with their “open-door policy when they were able to come in vs. technology” (T2).

Many directors also spoke about the mixed responses they received from families, with some being “annoyed” and some being very “appreciative” and “looking forward to those weekly calls so they could just talk to another grown up for a minute, not their kid” (T2). Christine echoed this by sharing that a few of her families expressed, “‘We really enjoy having them calls every week because that was the only interaction I had with an adult all week’” (T2). Hazel quantified this variation by saying that “probably half the families didn’t really want to do it – half of them wouldn’t answer the phone or we’d set up a time and they wouldn’t answer or they would cancel it” (T2). Directors also picked up on the fact that family responses changed as the shutdown went on, but interestingly, some found that families were more receptive over time because they had “adjusted to the new normal” while others felt that “as it dragged on, more people started falling off the radar” (T2). Victoria mentioned that, “In the beginning, the most effective communication was phone calls and they were answering. As time went on, it turned into text messaging. Some of that, I believe, is because of how much we were reaching out to them” (T2). Katie shared that, “Some of the families were glad that we quit calling them every week” by the end of the shutdown, but that they were appreciative of it during” (T2). Lily

summarized this change over time by saying: “I think it just got really old really quickly for the parents” (T2).

The check-ins that many directors described during the center shutdown phase largely continued during reopening, through both phone calls and text messages. In fact, phone calls were the most commonly mentioned form of communication by directors, and they mostly were initiated by Family Service staff, followed by teachers. Several directors mentioned that these calls were still happening in regular intervals, such as “weekly.”

Shondra mentioned that they had transitioned more towards families initiating this contact, and just how available they have made themselves as staff:

Most of the time, it’s really just phone call. They’re able to reach us. It’s weird; there’s no off-switch for us at Head Start. We have parents call us, text us at 8 o’clock at night. If they need us, or if they need to talk, we answer our phones, regardless if it’s our personal cell.

A prominent theme throughout directors’ discussions of check-ins during reopening was being accommodating and communicating in “any way necessary,” or “really doing what’s easier for the parents.” Melissa shared the following:

They're still checking in with them however the parents prefer to be contacted. We've got some that like to be texted, some that like to be messaged through Facebook, some like the calls. (T2)

Also, in response to feedback from families during the shutdown period, several directors spoke about their efforts to coordinate who is reaching out when so as to not “overwhelm” or “frustrate” their families. Relatedly, more directors spoke about using text messaging for check-ins than during the shutdown, in response to the fact that texting seemed to be most desired by families and that according to Victoria, “families are texting us quicker than they answer our phone calls” (T2). Katie elaborated:

Especially for our working families, they do best with texting, for sure. Because they're able to send stuff while they're maybe at work, or between jobs. That's just a lot quicker for them. Even phone calls sometimes are a little too long for them if they've got too much going on. (T2)

During the reopening interview, drop-off and pick-up was discussed frequently, given the new procedures that programs were following to be in compliance with the CDC's health recommendations. About a quarter of directors shared that they felt the new policies limiting families' ability to come into their center was impacting communication between teachers and families. Directors used the words: "struggle," "very challenging," and "rough" (T3). Lily posited that her "staff miss it more than the parents," because they no longer have much private time with the parents to talk about anything that might be going on with their child. A couple of these directors specifically noted that COVID-19 drop-off and pick-up policies have been most difficult for families that are new to the program. Misty described that, "You just feel horrible because mom stands at the door and cries, the baby is crying, and it's been very challenging" (T3).

Other directors (also about a quarter) noted that they have worked to adjust their practices to ensure that face-to-face communication between teachers and families was not lost entirely. They made mention of the fact that they were planful about having teachers come to the front of the building or outside on an as-needed or scheduled basis. Rose explained that they had to "plan ahead and prepare who needs to see the parent," while Melissa shared that "if there's really an issue, the teacher will take the child to the door when the parent picks up so she can talk to her in person" (T3). Brooke spoke to the accommodations to protocols that they made for new families and children, as she explained, "I had one little girl who started today...and I had the teacher come out to take her down. We try to do that, especially with our newer families. They were really excited to meet the teacher face-to-face" (T3).

Despite the challenges that several directors spoke about, another quarter of directors actually mentioned that they felt their new drop-off and pick-up procedures had led to some positive outcomes. Hazel, Brooke, and Grace shared that as directors, they were speaking to families more by being positioned at the front door and doing the daily medical checks with them. Rose had a similar thought that the Family Advocates got to interact with families more, though teachers may not have been. Brooke shared the sentiment that while teachers were seeing their families less, her (and her administrative staff's) experiences were different:

It's funny because front end staff, so me, my AD, my admins, all of those, we're the ones taking the children to the room and we've all said we feel closer to the parents, obviously. Before all this, we got a "Hello. How are you?" Maybe a brief conversation. But now, we're the ones doing the intake every day. We got closer. (T3)

Shondra explained to me that she felt there was "improved trust" between families and the program by not allowing parents in the building. When families were able to see first-hand how seriously the program was taking health and safety for all parties, this fostered a new form of trust. Relatedly, Christine mentioned that she felt their interactions with families actually increased since before COVID, due to the fact that they were required to spend a certain amount of time with each family doing the medical check-in. She explained:

I feel like our families actually have better relationships because we check in more and we also have to do temperature checks and we have to ask them questions. It's awkward if you just read the list of questions, so you actually talk to the parents at the beginning, compared to before, it was like "Oh here's the kid. All right, bye." Our interactions are actually longer. (T3)

Interestingly, these altered procedures also led to innovation. Brooke shared her program's idea of creating a "journaling system" to communicate with families since they're not getting that daily face-to-face at drop-off and pick-up. She was hoping to roll it out at the start of the 2021 year, as she described, "We're also working on some type of system. We just haven't



figured out the kinks yet, like almost a journaling system where the teachers can write to the parents, send it home, the parents can write back to us” (T3).

### *Technology.*

As was expected, directors described a sharp increase in their technology use as a result of the pandemic. Prior to the shutdown, directors explained that phone calls and texting were the large extent of technology utilized. In pre-pandemic times, technology was not the central mode of communication for most programs. As Chelsea stated: “We pretty much didn’t use technology at all. We didn’t have to” (T1). Interestingly, participants that brought up the use of text messaging with families unanimously agreed that it was their most effective mode of communication. Katie explained that “most families really preferred texting” (T1) because they are working more and Jasmine elaborated that both her Family Advocates and teachers also find texting to be the best. While Lily admitted to text messages being most effective, she added that “It drives me crazy that that’s the world we live in, where we now text our families. I’m not that old, but I still want people to call” (T1). Somewhat similarly, two other directors felt that Facebook Messenger was their most effective strategy because families didn’t always have access to minutes or data to use their phones.

One issue that Rose mentioned regarding these newer methods of communication is that their agency did not have devices available for staff to use, and many teachers and Family Advocates were not comfortable using their personal cell phones. She elaborated that, “[Families] like Facebook Messenger or texting but we don’t have anything to do that through our agency. Teachers and Family Advocates have to use their personal cell phones and not all of them want to” (T1).

Before COVID, only one participant spoke about the use of a smartphone application as an effective way to communicate with families. Emily's program had been using the Remind app for several years and engagement shot up when they started using it. The Remind app is a parent communication app where you can "send messages, pictures, updates, notifications" and parents can set them up to be received in a variety of ways. Emily's program also decided to use this app after conducting a survey with parents that provided them with data that their families had smartphones and would be able to access this type of technology. Emily further explained:

We noticed that parents were not really reading our paper newsletters and they were either getting lost or crumpled in the back of the car. So we just started sending them out via Remind and many preferred that kind of communication because they can set it up to be a text message, or to be an email. (T1)

It should be noted that Misty mentioned the fact that her program had been talking about wanting to get a communication app running before COVID hit but they had not implemented it in time. Also, though not specifically used for communication, Christine and Lily both mentioned the use of the app called Grow Me, a 52-week program for families focused on growth mindset activities.

Though the pandemic radically changed the technology landscape for Head Start programs, some things remained the same. Like in pre-COVID times, families still preferred communication through their smartphones, whether it be texting or messaging. Programs that had experience with some of this technology prior to the shutdown seemed to have provided families with educational materials earlier on in the shutdown. Other directors, like Latoya, mentioned that they did a lot of research on the best programs to use and that "technology was the key to success" (T2). Shondra shared that she learned they "needed to be more versatile...always and constantly looking at the newest form of communication with our

families....making sure that we know there are more means of communicating than just a telephone” (T2).

**Video Conferencing.** For most programs, the shutdown entailed the use of video conferencing, something that no program had experience with using to communicate with families prior to COVID-19. During the shutdown, many directors described that they would host Zoom sessions that were typically brief (e.g. 15 to 30 minutes) with the intention of maintaining connections between families, children, and staff. These sessions occurred as a group and one-on-one with families. A few directors, particularly in regards to their Early Head Start children, mentioned that it was “inappropriate to have small babies and children watching a Zoom link,” so they would engage caregivers instead via this approach (T2). As the shutdown went on, programs began to realize that live learning sessions were not always feasible for families juggling multiple children and work schedules. Many directors spoke about the transition to recording their sessions and posting them to YouTube or Facebook so that families could access them on their own time. To this point, Amelia told us:

I think for some the Zooms were overwhelming because if you had us trying to do Zoom, you had the school-age child trying to do Zoom or Google meets and what not. This is where we stepped back. What do we need to do less of? How can we be more of a support than more of a stressor? We started taping stuff. So if there was a parent meeting, you recorded it and sent out the link and people can watch it at their leisure instead of trying to participate live. (T2)

Having utilized Zoom and other video conferencing platforms for several months at the time of their second interviews, directors provided a more nuanced reflection on the utility of such platforms in their work. Directors spoke more positively about the use of Zoom when discussing staff meetings/trainings (e.g. “It’s saved us lots of time.” “Teachers are able to do their PD much easier now.” (T3)), one-on-one conversations, or parent meetings. There was a general sentiment that using Zoom for virtual events or remote learning, where large numbers of

people were invited, was less engaging or impactful for children and families. A few directors mentioned some concerns over the use of Zoom, including families that “don’t know how to log into Zoom,” and families who are unable to join do to their “environmental settings, or who’s in the house with them” (T3). Amelia raised an important question on the utility of virtual communication in early childhood work that is so dependent on relationships:

So can you really build a solid relationship with someone through a Zoom or through the phone? I don’t know. We have yet to see if we can still build those same types of strong relationships. That’s been somewhat of a concern. (T3)

Despite some of the challenges and concerns during reopening, some directors were interested in thinking through the ways that they might incorporate this technology into ‘business as usual.’ Jessica mentioned that, particularly in a rural area “over 5,000 square miles,” being able to “connect with each other through Zoom or Teams is really valuable” (T3). The future utility of video conferencing came up most often when directors were discussing home visits and parent-teacher conferences. Prior to the pandemic, at least three programs had been offering home visits and conferences at the center for families who did not want staff in their homes. However, there was still support for true home visits as Lily explained them being “a lot easier than emails and phone calls” in building relationships (T1). During the reopening interview, several directors spoke about offering these relationship-building activities virtually to their families. While Katie shared that her staff has been reflecting on how they “get more” out of a true home visit than a virtual one, other directors shared that even without the pandemic, that wasn’t always an option. Hazel explained:

I wouldn’t be surprised if home visits don’t change a little bit. Obviously we want to be in there and see it, but some parents don’t want that. So previously we would have the teacher meet with them at the school, which is not even close to home. So now we can maybe give them the option of “Hey, could we Zoom with you in your home?” and then maybe they can take us on a tour. (T3)

Brooke also felt that maintaining virtual technology would be helpful for parent meetings. She shared:

One of the things I would like to continue is even when we are able to meet in person, I would love to offer our parent meetings and everything virtually as well because I think there are parents who want to attend, it's just not convenient in person. So, I would love to continue that because I really think that would be valuable and more parents would be able to come. (T3)

**Apps and Social Media.** During the shutdown and reopening, directors also mentioned that some teachers utilized other platforms, in addition to or instead of Zoom, including ClassDojo, ClassTag, ABC Mouse, Teaching Strategies, Remind, ChildPlus, My Head Start, Read as Chat, Seesaw, Ready Rosie, Hatch Ignite System. It's important to note that the number of and use of apps was greater in the reopening interview than the shutdown interview, explained by the fact that for many programs, this was new technology. Directors praised these smartphone apps for enabling them to send "mass messages" (T2) and make calls/send text messages to families without revealing personal contact information. Staff were able to communicate with all of their families at once, in the event that they "were going to close or reminders about parent meetings and things like that" (T3). This feature also allowed for newsletters to be sent out digitally. While most directors praised the potential of the use of apps, Grace discussed some of their implementation challenges:

We've had some that have not connected, and...we're continuously calling and saying "Look, this is the prime form of communication. You're not getting things because you're not connected. We need to help connect you." We've made videos, we've done charts to help them figure it out. We put how to connect to your child's Seesaw account into the family app on our social media. So, it's there for them. And sometimes we have to continue to poke and prod by bothering them. (T3)

During the shutdown, many programs utilized social media, particularly Facebook, with half of the directors explaining that they used this platform more than they ever had. Three directors mentioned that they allowed teachers to make their own Facebook group for their

classroom, when they previously had not been allowed to. Misty shared that they “really beefed up social media presence during COVID” and it “became super effective,” when they had “never really utilized it much before” (T2). Directors spoke about more daily posts, whether it be sharing resources in the community, videos of teaching staff conducting an activity or reading a book, or posting in-kind activities. Others mentioned that they would post their lesson plans for the week on Facebook. Jessica added that they made sure to add resources in both English and Spanish on their Facebook page.

Five other directors mentioned that while they did not personally use or post on Facebook, their broader agency used the platform during the shutdown. Agencies used Facebook in similar ways to centers, just with a broader audience. Only one director, Chelsea, explicitly mentioned that they “did not use Facebook at all to communicate with families” (T2).

During the reopening interview, directors mentioned the use of social media much less often, with only a few mentioning its utility for some teachers who had classroom Facebook pages or to message families they were unable to reach in other ways.

### **What barriers to the exchange existed?**

While there were a couple consistent barriers across all timepoints to resource exchanges between families and programs (e.g. competing demands and interest/ability level), there were also unique barriers described at certain timepoints, such as transportation and weather (T1), COVID-19 restrictions (T2, T3), and the digital divide (T2, T3). This sections starts with the experiences that directors had with particularly “hard-to-reach” families, followed by the barriers exchanging resources between families and programs, beginning with those that were consistent throughout and concluding with barriers that were specific to only one or two time points.

#### *Hard-to-Reach Families.*

Across all three timepoints, many directors described their experiences with “hard-to-reach” families and the ways that they went about dealing with these challenging situations. In the pre-pandemic interview, the majority of directors had at least one hard-to-reach family; during the shutdown interview, half of the directors had at least 1-2 families they couldn’t reach, with some facing as many as 15 that they couldn’t get in touch with; and during the reopening interview, most directors shared that they continued to experience “one” to “several” families who were unresponsive to their communication efforts.

On the contrary, two directors in the pre-pandemic interview stated that they had no families that were hard-to-reach and that they “had no problem with that” (T1). Further, during the shutdown, six directors shared that they had “good communication with all of [their families],” though Lily mentioned as time went on, some families “were just done” and Jessica mentioned that some families “were experiencing issues with data or minutes.” Victoria explained that they were able to reach everyone “because the relationship [they] had previously built with the families” and that “this is our regular thing.” She described her program’s approach to maintaining communication with families:

We asked families not just for their numbers, but the phone number of as many different people in their lives, so that when we’re trying to get in touch with them or they’re trying to get in touch with us, we could reach out to other people.

We understand, there were some families that were paying for phone service that couldn’t pay for phone service at this time, until they got the stimulus. They would say “Oh I forgot to give you my new number” and it’s because they’re busy. I mean, families in Head Start are most times in survival mode. I mean this is regular practice.

While directors stated more matter-of-factly during the pre-pandemic and reopening interviews that “there will always be families that are harder to engage than others” (T1) or “it was the same families that we’ve had problems with in the past,” (T1) hard-to-reach families

took a particularly emotional toll on directors and staff during the shutdown period, as two directors shared:

It was frustrating because we were worried; we were concerned about these families, were they okay? Nobody could reach them. We tried whatever we could. We tried everything. It was just worrisome. You don't want anyone to be in a hard spot if you could help them. (Misty, T2)

It's really hard. Just the not knowing if they're okay or if they need something, it's difficult. (Misty, T2)

Pre-pandemic, some directors mentioned their feelings that hard-to-reach families viewed Head Start/Early Head Start simply as a child care service, and perhaps didn't need or understand the full extent of what was being offered to them. The following quotes illustrate this theme:

They just more or less want their children in a program and this is what they have, so they put them. (Jasmine, T1)

Some families still only see Head Start as child care; they don't want them to help with goals or anything beyond that service. (Amelia, T1)

During the shutdown interview, however, it was notable that Melissa discussed the fact that perhaps the shutdown was expanding familial views of what Head Start entails:

There's always a few parents that don't understand exactly what all goes on at a Head Start. Some parents don't think of us as a school, they think of us more as a daycare. I think after the shutdown and experiencing what all they weren't receiving anymore, it kind of opened their eyes to like, "Oh they are a school. They are teaching my children. They're not just going there and playing all day." I think it was an eye-opener for the parents. (T2)

When situations arose where families were not able to be reached, directors and programs largely used the same techniques and courses of action across timepoints. In the pre-pandemic interview, directors recounted using "email," "calls", and "sending weekly info home" (T1). Two directors mentioned that if these methods were not successful, they would send a staff member to the family's home to "make sure they're okay and see what's going on" or "just to build that relationship, to say we want to check up on you" (T1). Regarding the potential for



face-to-face connection pre-COVID, it was interesting that Lily brought up the fact that their hardest to reach families also tended to have babysitters, eliminating the opportunity to connect with families at drop-off or pick-up.

During the shutdown, programs continued their original strategies, while also getting creative. They would use phone calls, letters, texts, emails, and home visits, but Misty explained that they would even try to find relatives through Facebook to reach out that way. Katie mentioned that when they would drop off food, they would leave notes asking them to reach out, stating that they “just wanted to make sure they were okay” (T2). Typically the last resort option before a child’s spot had to be released was a snail mail letter asking the family to contact the program by a specific date if they were still interested in services.

While there was virtually no difference in strategies during the reopening interview in terms of strategies to connect with families (e.g. phone calls, letters, showing up at their house), more directors seemed to talk about the fact that they had to “drop” these families if they continued to be unresponsive. Latoya explained that, “When there's no communication and we do a home visit or send out an email, they don't communicate, then we have to drop them” (T3).

More often than not, directors described that hard-to-reach families never ended up reaching back out or that they “dropped off the map” (T3), but occasionally programs did get answers as to why their families were uncommunicative for a period of time. Among them, as described by directors, were the family moved, a caregiver passed from COVID-19, they got a new phone number, or the child went to Kindergarten. Hazel also reminded us that Hazel reminded us that circumstances among the Head Start population can be volatile and sometimes account for their lack of communication or “dropping off the map” entirely:

Sometimes we shut down a classroom and we don't hear from them for two weeks and then they come back. Or we close down for two weeks and we never hear from them

again. Anything and everything can happen. It's strange, but they have circumstances where something can change on a dime like that.

### *Barriers.*

**Competing Demands. (T1, T2, T3)** Directors were fairly consistent in their appraisal of families' competing demands at all three timepoints, with the most frequently mentioned demands on their families' time being work and other children.

Before COVID-19, directors described the demands of employment and multiple other children in the household. Jasmine noted that the biggest barrier to engagement was that "parents were busy because most families have multiple kids" (T1). Grace summarized these concerns by stating that, "people had their kids in everything, or we had families that were working multiple jobs and they can't get here" (T1). Several participants echoed the barrier of work schedules and other household demands. Lily and Brooke both elaborated on their understanding on how busy the lives of their families could be:

It was really easy for our parents to get caught up...sometimes they're more worried about how am I going to pay my light bill or how am I going to get to work tomorrow.  
(T1)

There's always parents who said, "I'm too busy," and we tried and respect that because we do realize that they are too busy. (T1)

A few participants explained that despite these demands on families, they did their best to accommodate them. For instance, Melissa said that at her center, "working parents weren't able to come in as much" but that they would have "grandparents or something like that" come in and volunteer. Amelia explained that they made sure families stayed in the loop, regardless of their ability to attend events due to work:

If the family is working and it is harder to balance getting here to attend the event, you send home information on the minutes, or what have you, or the handouts that were provided to parents, so at least they are aware.

These sentiments regarding the demands of other children and employment were consistent during the shutdown and reopening, with directors describing that having multiple children home and participating in remote learning presented additional barriers to their involvement with their Head Start/Early Head Start child. The technical challenges of sharing devices will be described later in this section. Directors noted that for caretakers who “had to work while everyone else shut down, it was a little bit tougher for them,” to be involved with their child’s continued learning (T2), and that for families who had lost jobs, they were spending time learning “how to maneuver unemployment” and make sure their basic needs were met.

**Interest and Ability Level. (T1, T2, T3)** Across all timepoints, fortunately only a small portion of directors adopted the deficit-focused rationale for families lack of participation being due to a lack of interest or ability. Before the pandemic, a few directors perceived a lack of interest as a barrier to familial involvement in the program. Jasmine noted that the program would “encourage them to come and make it interesting, but they didn’t want to” and Hazel referenced “a lack of interest” as a reason for not attending events. Both Shondra and Amelia noted that “attendance level varied greatly by topic” and “event attendance depended on people’s interests and what topics were being discussed.” Grace and Rose elaborated on this notion by explaining what their programs needed to do to pique the interest of families:

We have to make it meaningful and engaging...I’m like “Guys, you can’t call it Curriculum Night. You can’t continue to do the same thing year after year. You have to keep it fresh. We have to draw them in. You have to engage them.” (Grace: T1)

Try to find something in common. Like if we knew they were really into like being outside at a park or fishing or something like that we would try to talk to them about experiences that we’ve had personally doing those things. Or maybe we would try to schedule a family event at a park or something like that. (Rose: T1)

A similarly small number of directors echoed deficit-centered sentiments around families’ interests and ability levels during the shutdown and reopening, specifically regarding

contributions to their child's at-home learning. During the shutdown, while most directors explained that it was their role to support families in their at-home educational efforts, Rose shared that teachers were not working with their families on some of their curricula because "the parents didn't know or understand enough to be able to use them with the children" (T2). Regarding familial interest as a potential barrier to involvement, Jasmine shared her thoughts on why some families were not as engaged during reopening:

I don't know if it's just they have older children that are in school so they're not really concerned with doing a worksheet or reading to their kid in Head Start compared to the ones that have homework and things that they're graded on. For some, Head Start is just their child care, so they don't care if they help and do the in-kind tracking that we use and stuff like that. So it's a mixture of too much going on at home and can't do it or not really wanting the benefits of the program. (T3)

**Transportation and Weather. (T1)** In the previous section on programmatic resources, transportation was discussed as a familial need pre-pandemic, but it is important to note that it came up several more times when directors were discussing barriers to participation. Particularly, several directors mentioned that the combination of weather and transportation created unique difficulties. Katie and Brooke mentioned that they would try to help with bus cards or even provide busing for certain events. However, Monique explained that often she felt unable to help:

Transportation has been a huge barrier for many families. We have lost families or have had very low attendance because our families might've been homeless or they didn't have vehicles and especially in winter, when the cars will break down with the single mothers and my heart went out. Oh my God, it was just bad, but there was nothing I could do. We reached out for support but that is something that we're working on here, to maybe be able to provide Uber cards and some type of transportation support for our families. (T1)

As previously mentioned, some directors felt that their center location was not the most accessible for families. While Shondra spoke to this challenge, she also mentioned that their program was able to provide busing to reduce this barrier. She stated that:

Where we're located, we're kind of far out. We're outside of where our families are located. Like, they live mostly in city, in town, and then where our school is located, it's kind of like on a country road. They don't have a lot of transportation, so it was hard for them to get where we were. But what set us aside, what made it easier for them is we had busing. No other Pre-K program provided busing for our families, and we did. So, we had a good turnout when it came to parent engagement and parent involvement. (T1)

Lastly, three directors spoke to the fact that the cold weather alone prevented families from coming out to events, with Monique noting that her program would be especially sure to serve a warm meal at that time of the year.

**COVID-19 Restrictions. (T2, T3)** One of the most affected resources of this pandemic that Head Start centers had historically been providing uninterrupted has been child care. During the shutdown interview, while directors mentioned the lack of child care for a period of time, they also shared that families were “really understanding” for the most part, and “knew why” they had to be closed (T2). During the reopening interview, however, 12 directors brought up the fact that their families were concerned about child care, a resource that Head Start traditionally provided to them. Sometimes this was due to “exclusion restrictions” requiring a child to quarantine for any symptoms, a positive case in the center requiring a full or partial shutdown for a period of time, or fear of the pandemic and not being comfortable with having their child in center-based care. Directors shared that “a lot of them are trying to balance work and school and child care and all of it” (T3). Christine elaborated:

Everyone’s fear is “when are you going to give us that call saying you can’t be open again?” I think that’s everyone’s biggest fear. “When are we going to have to stay home? What am I supposed to do if I have to go to work and you guys aren’t there?” (T3)

While many of the fears around the uncertainty of their child care situations could not be assuaged by the administration during this time, directors were being intentional about letting families know not to “worry about attendance” if their child had to stay home to quarantine, providing them with paper packets or educational materials when temporary shutdowns

occurred, and continuing to communicate as best as they could to allow their families to make alternate care arrangements. However, the reality of the situation for most centers was that these decisions were occurring last minute and the inability to provide child care consistently did negatively impact families. Despite this, several directors talked about how “for the most part, families have been very understanding,” or “really understanding right now of what’s needed” (T3).

**Digital Divide. (T2, T3)** While children, families, and staff alike appreciated new forms of technology and ways of connecting, there were real issues around accessibility, commonly referred to as the “digital divide.” In the shutdown interview, fifteen directors brought up issues around technology, either related to access or digital literacy. They talked about the fact that they had many families, as well as staff, who either did not have the equipment (e.g. iPad or laptop) or they were having difficulty sharing limited resources. Christine explained that at the center, her staff shared computers, so they couldn’t all take home that device during the shutdown. Victoria outlined a very real situation for many families during this time:

If you have a family of 3 children and you don’t have a computer or means and you have your phone and three different kids that need to use your phone, then that would probably bump us last, because to some families, we’re just early childhood and the district is the district. I’m not saying it’s right, I’m just saying it’s what happens. (T2)

Some directors shared that they were able to help, by providing tablets or laptops to staff and families, or by partnering with local school districts who were providing these resources to school-aged children. Two directors mentioned that they were looking at data to see which of their families had school-aged children and could benefit from such initiatives, thereby freeing devices for families’ younger learners. Grantee assistance and other COVID-19 grants were essential for procuring technology during the shutdown.

A few directors also mentioned the fact that while families could use Smartphones to stay up to date and participate in e-learning, this was harder for staff, who were responsible for actually planning lessons and recording information. Nicole explained:

For staff, cell phones didn't really help because it didn't help them with doing work, because we were asking them to work from home and it's very hard to do like word processing or Excel things on their cell phone. (T2)

In addition to a shortage of devices, some directors noted that applications like Zoom, and even email, presented challenges for families and staff. Lily shared that communication was challenging given that she had "staff that range from really great knowledge of the computer to can barely check their email" (T2). Chelsea mentioned that they held trainings for her staff because they were "struggling with Zoom." Nicole also noted that "Zoom's instructions are not bilingual" (T2). Shondra and her program realized at a certain point that they needed to be more hands-on with helping their families with new technology. She told us:

If we needed to, we were at their home, showing them hands on, this is how you do it, this is what we're going to do. And if you can't do it this way, this is what we're going to provide you with. So this baby is not without education, period. (T2)

Another common issue that came up was issues around connectivity, either a lack of a reliable connection, no Internet at all, or limited data or minutes. Amelia's program sought to solve this issue for staff by reimbursing staff for "\$50 a month for Wi-Fi or cell phone usage" (T2). Other directors talked about their partnerships with companies like Comcast and access to Xfinity hotspots within their communities. However, Lily mentioned that families "that live out in the country" still wouldn't be able to utilize those hotspots (T2).

In an attempt to ensure that lack of access to reliable technology was not a barrier to children's continued learning, many directors shared that their teachers would drop off learning packets or mail home in-kind activity sheets to their families. While some directors described

this as the norm for their program, given the widespread lack of technology, Rose shared that there was not consistency on which families received print materials within her program:

Some of the teachers dropped off packets. Some of the teachers would mail in-kind sheets home to families. Not all families got that. It just depended on the teacher and what the teacher wanted to do and how much work she wanted to put into it. (T2)

In retrospect, Melissa said that she wished her program had mailed out activity packets for those that had unreliable Internet or were unable to print out materials, but that this had not been a priority during the shutdown.

Technology access issues came up less frequently in the reopening interview than during the center shutdown time period. Directors seemed more composed when talking about their staff and families' access to devices, with quotes such as: "We're doing what we can to make sure technology is not a barrier" and "We're much more prepared" (T3). Between internal budgets, grants, agency/community resources, and "tech giants," many programs were able to supply their teachers with laptops or tablets. In terms of resources for families, programs continued to work with families with older children or children with special needs to help them procure devices through the school district. Several directors also discussed the use of surveys in identifying the needs that their families had around technology, given that there were finite resources available. Several directors described their efforts to prepare for a situation in which they had to go fully remotely again, by procuring "whatever technical system we could get our hands on to" (T3). Latoya mentioned that they were having meetings to discuss how to potentially provide technology to families given that some families already had "three children doing remote learning," where "it's been hard" (T3).



While there was definitely progress in this regard, technology was not without challenges. There were still issues with reliable Internet, digital literacy, and sharing devices among multiple members in a household. Nicole elaborated:

Unfortunately our technology awareness and knowledge and access to Internet are pretty spotty. It depends on the parent, whether they have a computer or a cell phone, whether they're at home with the child or whether the child's home with grandma or grandpa and what their level of ability is to do Zoom, and whether they have Internet or not. (T3)

Chelsea shared the fact that her program and families had a lot of adapting and adjusting to do it came to technology because "screen time was something they'd always fought against" so they hadn't "embraced technology as much" (T3). It is important to mention that there was still a reliance on paper packets and materials in some programs, particularly those that were facing the most technological challenges.

Some directors shared their lessons learned regarding this transition to technology, with Katie explaining that it all goes back to understanding your families and being accommodating, two pillars of Head Start's family engagement work:

You're going to have people that are extremely technologically savvy and then some that don't have any experiences with that. Try to meet them where they're at and offer options. Not just sticking to this is the only way you can do the work, because then you're not going to have people that stick around. Just trying to be flexible and lead them where they are. (T3)

## Social-Emotional Learning

In this results section, I organize the findings in accordance with Bronfenbrenner's Bioecological Model by considering what programs did specifically to support children's social-emotional development, as well as to support family mental health, and staff mental health. Given Head Start's reliance on Bronfenbrenner's work since its origin, it was unsurprising that several participants alluded to the important role of attending to ecological systems across all timepoints:

We feel like if our staff are supported, they're able to support our children. (Emily, T1)

We knew that it started from the top and that we needed to model that positive relationship with everyone and just self-regulate. We just had to self-regulate no matter how hard it was. We had to be able to bring it back down and work through it. It kind of just trickled on down. I mean, it definitely starts at the top. (Shondra, T2)

It's all just continuing to build the trust and getting staff what they need to feel safe, so the children feel safe and the parents can feel that safety and we can build that relationship with our families. (Grace, T2)

It is important to note that mental health consultation (MHC) comes up in all sections, given its intentional model of working at all ecological levels. Across the interviews, directors referred to this position using different names, such as wellness or social-emotional coach, but they all went on to describe the role of a mental health consultant, so in this section I will use the abbreviation MHC to capture all of these titles, with the exception of direct quotes. It should be noted that many programs also mentioned the use of a Mental Health Specialist, who was typically an in-house staff member with a broader role than the MHC. In some situations, the Mental Health Specialist would partner with the MHC for additional support.

Across all subsections of these results, several key findings emerged from the analysis:

- 1) SEL teaching became less formalized/manualized during the pandemic, with a greater emphasis on relationships and the social-emotional context of COVID-19.

- 2) Children fared much better upon returning to centers than directors had anticipated.
- 3) With the exception of children with special needs, challenging behaviors did not increase from before to during the pandemic, likely as a result of increased intentionality around SEL, supporting families to prepare children for the transition, and smaller class sizes.
- 4) MHCs were a consistent resource to programs at all timepoints, though they adapted their activities with an increase in resource provision and conducting workshops and trainings for families and staff during the shutdown.
- 5) New and/or heightened familial stressors emerged during the pandemic that programs sought to mitigate.
- 6) Programs sought to mitigate families' new and/or heightened mental health stressors without being an additional burden, through individualized communication and supports.
- 7) Directors expressed a programmatic refocus around staff well-being, as well as increased dialogue around mental health, as a result of the pandemic.

### **Children's Social-Emotional Development**

Across timepoints, directors varied in the formality of their work related to children's social-emotional learning (SEL). In the pre-pandemic interview, the majority of directors described curriculum-based SEL, with far fewer reflecting on their more general SEL approaches. Conversely, during the shutdown, directors talked about supporting their families in delivering SEL or a feeling that they "faltered" or might not have done as much as they typically do. During the reopening interview, directors again discussed the role of their families, while

also providing far more detail about non-curriculum based SEL strategies and elements of their program that supported children's well-being.

### *Curricula & Assessments.*

Across the three timepoints, directors mentioned the use of a curriculum in varying amounts; with the use of pre-packaged materials most commonly mentioned in pre-pandemic reflections. During the pre-pandemic interview, when directors were posed the question, "how did your program support the social-emotional development of children?", almost all directors described some sort of SEL curriculum or assessment. The most commonly mentioned curricula were Conscious Discipline (9 directors) and Creative Curriculum (8). Though not all curricula, also talked about the following approaches as well: LUME (2), Second Step (2), Baby Doll Circle Time (2), Reggio-Amelia, New Beginnings (1), and the Pyramid Model (1). It is important to note that several directors described flexibility and adaptability even within the use of frameworks or curricula, most specifically with the Creative Curriculum:

We used Creative Curriculum but we don't follow it to a tee, say this, this, this. The teachers really have the autonomy to look at the curriculum, look at the lesson, look at what their students need and go from there. (Brooke, T1)

We also used the Creative Curriculum and we kind of add to it. The themes and subjects are set, but teachers are able to implement their own creative aspect of it. (Shondra, T1)

Several directors also discussed the use of established screening or assessment tools in their response to this question. Directors mostly discussed screenings for children who may have social-emotional delays (9 directors), including the ASQ:SE (Ages & Stages Questionnaire®: Social-Emotional; Squires & Bricker, 2009) and Teaching Strategies GOLD® (Burts & Kim, 2014) and the Brigance Diagnostic Inventory of Early Development (Brigance, 2004). Others talked about their use of CLASS™ (Classroom Assessment and Scoring System; Pianta, La Paro, & Hamre, 2008).

Relatedly, most directors mentioned the fact that MHCs would come to their program on a planned date to conduct classroom observations, with some mentioning this as their primary or solitary use for MHC. The frequency in which observations were occurring varied by program but included: “several times a month,” “monthly,” “twice a year,” “every so often,” and “the beginning of the school year” (T1). One director mentioned that this observation period also mentioned the use of CLASS during these observations, while others mentioned more generally that MHCs would provide feedback and suggestions to teachers.

During the shutdown interview, specific curricula came up less frequently, with assessments not being mentioned at all. The most common way that programs supported children’s social-emotional development during the shutdown was through providing resources to families. Half of the directors discussed sending materials, either physically or electronically, regarding things like “how to talk to children about COVID-19,” or “behavior techniques.” Included in these resources for several directors were social stories about mask-wearing, or “what can you do when you feel this way and when you’re bored and don’t have anything to do because we have to stay in the house?” A few directors mentioned that these resources came from the curriculum they had been using prior to the shutdown (e.g. Conscious Discipline), but only one director, Katie, mentioned that her teachers were required to do a daily social-emotional learning activity on their ClassDojo platform. All the other directors who discussed their curriculum said that it was “too hard to do” or that they “didn’t continue it” during the shutdown. Melissa explained why this was the case in her program when she stated her assumption that “parents didn’t know or understand enough to be able to use them with the children.” However, Amelia shared a different perspective in that it was the program’s obligation to be supporting parents in their support of children’s development:

The purpose is for you to be teaching the parents about areas of development and strategies that they could do in the home to support their child's learning and development. When you are in virtual learning it is the parent that is actually implementing the experience. We are training the parents to then work with their child. (T2)

In the reopening interview, directors did discuss their continued use of SEL curricula, but it is important to note that these more traditional supports, that were frequently mentioned pre-COVID, only came up a handful of times organically, and were most often only mentioned when I explicitly probed (e.g. "Were you using the same curriculum as before?"). A few directors mentioned that they had their staff being more explicit in their instruction of SEL than they had been prior to the pandemic. A few directors shared that their SEL instruction had "maintained, if not increased," or "had really stepped up." The specific curricula mentioned had not changed from pre-pandemic, and still mostly included Conscious Discipline and Second Step. Two quotes below suggest that perhaps explicit attention to SEL was greater during the reopening period than pre-COVID:

Not that we didn't care about social and emotional needs [before], but we very much said, "Let's make sure this is our focus," knowing a lot of these kids had no routines, they had no schedules for how many months. (Christine, T3)

The staff's gotten the message all along: meet their social-emotional needs, build those relationships with the children and their families. That is first and foremost. And that should be any year, but it's more important now. (Grace, T3)

#### *Additional SEL Strategies.*

In addition to formal and more traditional conceptualizations of SEL, such as curricula and assessments, directors described more informal or general ways that they supported children's social-emotional development. It is important to note that these approaches were more common during the shutdown and reopening than they were in the pre-pandemic practices interview. Two directors noted that prior to the pandemic, they were supporting their children's

SEL through positive teacher-child interactions. Monique shared that they had “some very loving teachers” (T1) and Hazel explains that her teachers were “really in tune with their kids” (T1) and that many of them have been with the children from infancy.

Interactions between teachers and children also came up during the shutdown interview, with about a quarter of the directors saying that the way they supported children’s social-emotional development was just through them being able to see and interact with their teachers virtually on Zoom. Christine shared that they added in Zooms for the children once they realized they were not doing enough to support them in this way and Brooke explained that when she talked to teachers, “a lot of times they said it just turned into a conversation. They’d read a book or sing a song or do something, and then the kids would talk” (T2).

In the pre-pandemic interview, a few directors also elaborated on the individualization of routines and procedures based on a child’s needs. Emily and Brooke shared:

Well maybe all kids have a little bit of separation anxiety, so we try to provide a routine at drop-off. But for kids who particularly have issues with separation, we might have a little book about home and pictures of home, a very specific routine for that child when they come in. (Emily, T1)

If they noticed a particular child is really struggling with their emotions or whatever it may be, dealing with transitions, they tailor things to make sure they’re assisting that child to help them through these things. (Brooke, T1)

Throughout the shutdown interview, directors spent more time discussing children who may have been struggling in the domain of social-emotional development, as opposed to the more broad interpretations that were emphasized pre-pandemic. Six directors mentioned the fact that either their MHCs were available or professional counseling services were offered to children and families. Relatedly, it was very common for directors to bring up either children with challenging behaviors or social needs when they were asked the general question about supporting children’s social-emotional development.

Of particular note, a few directors spoke about their expansion of their view of SEL in their discussion of new events that they had during this time, either virtual or drive-by, that boosted children and family morale. Naomi explained why she felt that her program doing a virtual fashion show was supporting children's SEL:

When I'm thinking social-emotional, sometimes people think of it as a standard. To me, during COVID, the Fashion Show was social-emotional. The families had been in a house for two months and they couldn't take it anymore and this was something that got us going and got us outside in our backyard. We tried to find things that would touch, not our standard social-emotional, how we're always doing it by the book, but something that would also make them want to get outside a little. (T2)

The most surprising finding from this portion of the interviews was how many directors struggled to answer this question or expressed the feeling that "this is where we faltered." Brooke stated "that's a hard one to answer," Nicole shared that she was "not sure they did," and Lily said "that's a good question, I hope we did." A few expanded on the fact that they were unable to provide their children with the "social interaction part." While several directors would start their response in this way, many of them went on to describe several ways in which they supported children's social-emotional in new, and often creative, ways. A few of them talked about "just checking in" and providing basic needs, but many did not automatically view that as an answer to the question at hand. The following quote from Monique demonstrates the process that several directors went through in thinking through this topic:

I am not sure. I'm not sure how to answer that question, if at all....We checked on them to see how they were doing and let them know meals were ready for pickup; diapers, wipes, things like that. And then asking them how they were doing, so I guess that is support. Would that be social-emotional support? Someone is constantly calling, making sure we have diapers and wipes, bringing activities to our homes, providing meals to us and our children, so that was great support. (T2)

*"And how are the children?"*

Given directors' concerns about the extent to which they were able to support the ongoing social-emotional development of their children during the shutdown and general



concerns across the child development field, I was intentional during the reopening interview about asking not only “how are you supporting children’s social-emotional development?” but also more generally, “how are they doing?”

All 19 directors who had children back in their center at some point in the fall shared a very similar sentiment that children were doing “really well,” that the transition back was “smooth” and that they were “happy to be with their teachers and learning with their friends even though it looks very different than maybe what they were used to” (T3). Most directors also shared how surprised they were by how well this school year has gone so far, and particularly at how well the children were doing.

We had a couple that took two or three weeks to get adjusted back to the routine but other than that, I mean, for them being out for four months, it went surprisingly really well. (Jasmine, T3)

We just knew three to five year old’s were not going to have these masks on, they were going to lose all that that we’ve taught them as far as social-emotional development in school. We were so wrong. Our kids did so well. It was just absolutely amazing. (Shondra, T3)

Not only were children doing well in terms of their emotions and relationships, but they were adjusting “remarkably well” to all of the new regulations that COVID-19 entails, most notably the mask-wearing. One of the most common sentiments expressed by directors was that not only were children doing better with the masks “than expected,” but they were doing “better than a lot of grownups.” Of course, some directors mentioned that they had to provide reminders for children to “pull your mask up over your nose,” or that some children are unable to wear masks (typically due to a special need or young age), the overwhelming feeling was that children were exceeding their expectations in terms of mask-wearing. A few directors even mentioned that now they have children “reminding each other” to wear a mask or wash hands and that they

“can tell you why they need to wear a mask” and are comforting others by saying “it’s for your protection.”

Given the concern expressed by these directors earlier in the pandemic, it was interesting to hear the hypotheses they had as to why and how children were fairing so well during this time. The theme of children doing better than adults came up more generally across directors, exemplified by these words from Chelsea:

The kids are actually helping their parents, like "It'll be okay. It'll be okay, Mommy. It'll be okay, Daddy." So, the kids are being reassuring. And so, I'm just so happy about that. Because we [adults] worry about contagion, we worry about someone coming into our lives that can have the virus and ya know, bills, loss of income, loss of place to stay. But children, they're not touched by that, because we don't let them see that part of it. We try to do things to keep them from experiencing it, experiencing what the parents may be experiencing. (T3)

The most common words that directors used when describing the children in their program were “resilient” and “adaptable,” with others using “amazing” and “awesome.”

Directors reflected on their children with high praise, two of which are below:

It reminds me, and I think others, why we do the job that we do because they're just the most resilient little bodies and brilliant little minds. (Jessica, T3)

These kids are soldiers....I mean, we do learn a lot from our babies and we get our strength from them and our courage. They're amazing little people. They are. (Shondra, T3)

While directors across the board emphasized just how well they felt children were doing during reopening, and some of the reasons why this might have been the case, it is also important to mention that some directors raised longer-term concerns about how this time-period will ultimately affect children’s social-emotional development. Christine noticed that her students had been “more cautious,” and perhaps “a little more reserved,” since being back and she wonders what the impact of this is going to be on their personality development. On the flip side, Misty observed that children in her program were “more emotional, more clingy” and

“heightened.” A few directors mentioned that while they were doing their best to support children’s social relationships given the need for “safe distances between children” and teachers were “getting a bit more skilled in how they approach that,” it’s still a point of concern. Jessica elaborated by saying that her, her staff, and “everybody that’s a part of the world of education are concerned about [children’s social relationships], but we’re doing the best that we can.”

#### *What worked?*

Beyond children being innately “wonderful,” which many directors endorsed, there were other theories as to what aided them in doing so well during this transition back to school. Several noted that “children love routine” and that teachers were adamant and consistent about making COVID-19 procedures a simple “part of the routine.” Christine commended the work of her teachers, by sharing that, “The teachers are very much at the forefront of making sure these routines happen and that they’re there” (T3).

There was also a sentiment that it was important to “explain why” and provide children with information on what was happening, in an age-appropriate way. While programs spent a lot of time doing this in the classroom, there was widespread recognition of the “big role” that parents and families had in preparing their children for COVID procedures and mask-wearing. Directors spoke about the team effort that ensued before reopening, where they were “sending books about it,” social stories, as well as providing “training to parents.” Jasmine expressed that she gives “a lot of credit to the parents” for making sure they were prepared. She went on to share, “I love that my kids and parents talked about it and we sent books home to all of them about wearing masks and we put it in some of the lesson plans about why we’re wearing them for the older kids” (T3).

Shondra explained that the program would scaffold information on the pandemic for families and that the partnership, as well as the ecological system surrounding children, was particularly important:

I feel like I have to definitely say it starts at the top. So, I feel like it comes from our parents. By us talking to our parents about what's expected and what's necessary and what's important, we spoke to and educate our parents on that. Then from there, our parents prepared the students....As parents and as staff, we modeled that and we taught the students not to be scared, not to be afraid, to be brave. I think that's how they're able to handle it so well. (T3)

Simply put, many directors shared the fact that what helped their kids transition back was simply how much they “love coming to school.” Brooke shared that even the children who are more hesitant at drop off, “the minute they get in their classroom and see their friends, they’re so excited.” Several others echoed this sentiment and the fact that children (along with staff) were really “ready” to come back.

A theme that came up consistently throughout the reopening interviews, when discussing both child and staff well-being, were the smaller class sizes that were being required as a result of social distancing. Several directors noted that it has been “great for kids and staff,” it “improved the quality of learning,” and that teachers are able to provide more “one-on-one attention.” Regarding smaller class sizes, Emily mentioned that, “It’s really interesting that we're getting a taste almost of the ratios and feeling that it's kind of the way it should be” (T3). Several directors also noted that smaller class sizes were helping to keep challenging behaviors at bay.

#### *Challenging Behaviors.*

Even though the shutdown and reopening transitions went smoother for children than most directors expected, challenging behaviors are an expected and developmentally typical part of early childhood. Therefore, this section describes the ways in which challenging behaviors were present and managed before, during, and after center shutdowns. While the majority of

directors across all timepoints responded to the question of supporting children's social-emotional development with a reference to either challenging behaviors or children with special needs, I did go on to ask explicitly about these topics and I present these findings below. Given that "challenging behavior" is a somewhat subjective construct, based on what behaviors adults find to be challenging, I start this section with several powerful quotes of how, during the pre-pandemic interview, directors described the challenging behaviors they were seeing in their centers:

Not being able to share, not wanting to take turns, a lot of sensory issues in our day care, a lot of getting overwhelmed by the noise or maybe different activities in the classroom, or by kids being in their personal space. We have several children with communication issues so they're not able to use their words to say what they need so that causes a lot of frustrations for the children. (Misty, T1)

We have kids that aren't used to using their words or they might be a little behind in communication. They're biting or hitting more than usual or they might be seeing those behaviors at home and think that's okay, with maybe older siblings that wrestle or play fight....Some of them have a little bit of separation anxiety with parents, especially if there's a parent at home that isn't there anymore, or if there was a recent split. We see kids that come in that are a little more emotional, like on Mondays because they've maybe been with a different parent over the weekend and then they're being dropped off by that parent. (Hazel, T1)

There's a lot of behavioral stuff of hitting, biting spitting, one just screaming because he knew that would get people riled. (Jasmine, T1)

Some children have transition issues or separation issues or something going on at home or special needs, so they have children that have had like violent behavior. (Victoria, T1)

Aggression with children in the classroom, not wanting to share, crying, tantrums. Most of it was coming from children that were the only child in their homes, so this typically is expected. (Monique, T1)

Some have outbursts – yelling, screaming. Some will throw toys if they became upset, a lot of tantrums when they couldn't have their way. A lot of outburst came about during transition time. Sometimes they didn't want to stop something, so that could be a trigger, too. (Latoya, T1)

**Prevalence.** During the pre-pandemic interview, most directors shared that they had fairly frequent experiences with challenging behaviors in the classroom. Naomi felt that the year prior to the pandemic entailed “more several challenging behaviors than we normally have” and others described the prevalence as having “frequent issues with challenging behavior” across “all classrooms.” Some directors proposed potential reasons for the prevalence of challenging behaviors in their program, all focusing on the unique population that Head Start serves including children who had been previously expelled, children with disabilities, and “at-risk families.” The quotes below illustrate this:

We found out that Head Start doesn’t kick kids out of school. We had families who told us they were put out of their place because they couldn’t handle the challenging behavior. (Naomi, T1)

We have a lot of children with disabilities, so that comes with a lot of social-emotional delays. We’ve had a lot of challenging behaviors and they all kind of fall in that social-emotional area. (Misty, T1)

When you have a program working with at-risk families, the expectation is that you would have children with different abilities and needs and our program was no different. We did have children who had different behaviors, even young children. People don’t realize that they have social-emotional problems as well as our preschool children. (Chelsea, T1)

A select few directors mentioned that they didn’t have many concerns about challenging behaviors and everything they experienced was “typical” or that they may have had 1-2 children “presenting a real challenge to staff, but it’s rare.” Lily elaborated on this as she stated, “We didn’t have a ton. Last year was a really mild year for extreme behaviors. We were coming off of a couple years where we had really difficult behaviors. Last year was actually a really mild year.”

Directors in the shutdown interview spoke less consistently about challenging behaviors that they were hearing about from staff and families directly. Despite the wide variability in the

prevalence described by directors, the majority of directors reported that they were not hearing about challenging behaviors as being an issue or that behaviors remained largely the same during the shutdown. Directors shared that it was more so “the kids are missing school” (T2\_ or “the typical ‘everybody was sick of each other’” (T2) or “just bored, stir crazy, not having enough to do” (T2) vs. major behavioral challenges. Brooke mentioned that while they didn’t hear much, they heard from a few grandparents who were “just struggling to keep up with their children because they’re high energy at this age and you’re a grandparent” (T2).

While most directors relayed that their families were seeing typical, developmentally appropriate behaviors, a few noted an increase in challenging behaviors. Christine shared that parents talked about their children being “more aggressive” and “having a harder time sitting still.” Chelsea and Katie told us that children who had not previously had challenging behaviors before the pandemic were newly “acting out” out of “frustration” because they “wanted to come back to school.” However, Katie also mentioned that for some children who had behaviors in the center, some of these decreased because their “schedules weren’t as busy,” inferring that children need various settings and levels of structure to thrive. Of particular note, two directors had the experience of families seeing behaviors at home that they had not previously seen, but that the center had been aware of. Latoya and Misty shared:

We did have families contacting us saying, “Now I see.” A lot of families contacted us to say “Thank you” because they saw some of the things the teachers were experiencing they were now experiencing at home. We did receive a lot of those calls. (Latoya, T2)

It was interesting because we heard a couple of times from different families, “Oh now I know what the teacher was always talking about. I didn’t know they acted that way.” Parents were seeing a lot of those behaviors they hadn’t been seeing in the home environment, they were saying, because they were with their children all day. The not listening, not following directions, talking back, temper tantrums. (Misty T2)

During the reopening interview, the vast majority of directors made note of the fact that children's challenging behaviors had either been "normal, what you'd expect" (T3) or had actually decreased since being back this fall. These behaviors included "typical separation anxiety...at drop-off" or what "happens every year when you're starting a new school year" (T3). A few directors shared that they "didn't think any of the behaviors because we were gone" and that the challenges they did have were "not related to COVID" (T3).

A couple of directors had different opinions on challenging behaviors this fall with Misty describing that at her center, they saw a change in behavior over time during their reopening, but ultimately felt they were dealing with an increase in challenging behaviors, as well as "more emotional instability" as a result of parental stress. She explained the timeline she observed:

It actually started out fine. It started out great. We had kind of like I would call it a honeymoon period, I guess, where everybody was just so excited to be back and the kids were so happy to be here. And then we started seeing all the behaviors coming out. So we've been dealing with a lot more challenging behaviors, a lot more kids with some trauma.

Chelsea shared that one of her students who was supposed to be receiving services, but who had not, was demonstrating such extreme challenging behaviors that "a teacher had a full-blown panic attack."

**Strategies.** Prior to COVID, the most common approaches programs used for children with challenging behaviors were working with their MHC and reaching out to families. During the pre-pandemic interview, 12 directors talked about MHC within the context of a specific child's behavior. Directors described the MHC as being helpful in working with children directly, helping to create behavior plans, as well as for referring a child to additional screening or services. Shondra mentioned that their MHC came in "once or twice a month to meet with children that might have struggled with social-emotional more than other children" (T1). Naomi



recalled that they “had to hire more mental health consultants to help” but that DCFS was willing to work with them because “most of those kids with challenging behaviors would fall on them” (T1). Several participants mentioned the fact that for the MHC to respond to a specific child, there was a certain level of family buy-in needed. Brooke said that sometimes parents aren’t open to this, and in those cases, they might have the MHC come in and give general observations on “how to better run the classroom” or how “we can do a better job to support the whole class with transitions.” Monique provided a poignant example of the value that an MHC was able to provide when her program was working with a child demonstrating aggressive behavior:

We had one child where it was quite a bit and it was a lot of hitting and very aggressive. MHC came in and she did a lot of one-on-one. She created expression cards after doing the assessment, the assessment showed that the child was acting out those behaviors because he couldn’t talk, he couldn’t express himself verbally because there was a delay or speech impediment. She created cards for him and mom to use at home and cards for the teachers in the classroom to express verbally and visually what he’s trying to express and it worked really well.

While these behavior management techniques were seen as a major benefit of working with MHC, Lily provided the caveat that suggestions from the MHC might not always be feasible when she stated, “If the suggestions are actually implemented it’s effective. Sometimes they’re really good suggestions but they’re a lot of work and they take more time and they don’t always get implemented.”

Working with MHCs when seeking to address challenging behaviors was also mentioned in situations where “parents were seeing it but not wanting to admit that there is a problem with their child because a lot of parents don’t have time to take them to speech and behavior things” (T1). Two directors brought up specific situations in which they were communicating with a family around a potential behavioral or developmental concern. Interestingly, the MHC served opposite roles in each scenario, with one director saying the MHC was an important voice to

have in conversations around this topic, and the other saying that the MHC would rely on the relationship between program staff and the family to communicate such concerns. The following quotes demonstrate the two different situations:

One situation where the parent wasn't seeing it at home but the child was doing it here. When we have the meeting and go, "This is what we're seeing" and it's not just the teacher or myself, it's the MHC too. The parents are seeing it but not wanting to admit that there is a problem with their child because a lot of parents don't have time to take them to speech and behavior things. (Jasmine, T1)

Sometimes [the MHC] would need that support from me in contacting parents because we have that relationship. A lot of parents are in denial and I have quite a bit of experience with that, but when you know the parent and you've built that relationship, they know you know their child, you can speak with them. Whereas a person that just comes in to do assessments and phone calls, the parents receive it from the Director or the teacher a little better. (Monique, T1)

While in many instances directors viewed their parents as partners in this process of addressing challenging behaviors (e.g. using a Parents as Teachers family engagement framework, bringing everybody together for a multi-disciplinary meeting, or asking for advice on at-home approaches), there were some trickier scenarios with families that directors and staff had to work through, often times with the help of their MHC. In addition to the previously mentioned challenge of some families being reluctant to acknowledge a potential concern with their child, Hazel brought up the fact that they had to be careful with how they were communicating with their families around what they were seeing in their child, as she described:

We do our best to communicate with parents but sometimes parents; we can't really say like, "Hey, why is Johnny up all night with his brother?" We can't really say that. We try to let them know, so-and-so's having a tough time at morning meeting and we're concerned. (T1)

Pre-COVID, two directors mentioned that MHCs were also described as being useful in working directly with families to provide supports and strategies around challenging behaviors at home. In these instances, the MHC would ask to meet with families in order to provide "tips" or

“check up on them,” since they may have also been “struggling with how to handle the behaviors” (T1).

During the shutdown interview, directors described the ways they would seek to partner with families, to address challenging behaviors. Though this time, they were serving in a supportive role of the work occurring by families at home. During their planned check-ins, teachers or Family Workers suggested various strategies, MHCs were made available to talk to families who needed additional support, and some programs sent home resources (e.g. short videos, literature from Conscious Discipline or videos through Ready Rosie) around different behaviors. Latoya mentioned that Ready Rosie was a great help during the shutdown and they used it much more than before COVID. She explained, “This curriculum allows the parents to log in and type in something that they want info on and then it’ll pop up in a video form with the child and the parent actually acting out that situation and scenario” (T2).

Though less commonly mentioned than MHCs and working with families during the pre-pandemic interview, another focus of directors regarding challenging behaviors was training. Katie discussed the use of the LUME approach in seeking to better understand children’s behavior, as well as our adult responses to them. In identifying triggers for behaviors, they also emphasized their adult lenses and responses to behaviors. Katie elaborated:

That's also why we tried to implement the LUME approach so that you could really like see why that behavior may be happening because it has you look at learning more about yourself, too, like reasons why you act about things. So maybe that child's behavior looks challenging to you but maybe it's just your response to it. Even if there's something you're not wanting to happen, how can you still address it without becoming upset with that child, or labeling that child as a bad child, or that type of thing. They are still a child, and they're there needing your support. (T1)

Nicole also spoke to this point around looking for potential explanations or triggers for a particular behavior, so as to reduce negative adult reactions.

[Our agency has a really good approach to what other centers would call challenging behaviors. I would say people here would say challenging behaviors aren't an issue but that's because when we see behavior, we don't see it as behavior usually. It's really well-ingrained in the culture that we really look at the reasons underlying it and track where it might be coming from. (T1)

It was explained by some directors that this change in perspective in responding to challenging behaviors was a focus of professional development and trainings. In addition to things like mindfulness training, a few programs utilized Conscious Discipline to help teachers “better understand how to work with children who may have challenges or how to look at situations differently without being frustrated.” Though a couple of directors also mentioned that Conscious Discipline's child-level activities and “safe spaces” as being helpful, Lily admitted that for some children, it was not always effective:

We try really hard to stick to Conscious Discipline and use the “safe space,” encourage children to calm down and all of that. But as everyone knows, when someone's throwing chairs at you, they don't want to do the balloon and breathe with you, so I think each classroom probably has their own techniques that just work for them. (T1)

During the shutdown interview, a few directors mentioned that they were conducting virtual trainings around challenging behaviors and trauma-informed care, in anticipation of there being an increase in such issues upon returning to school. Hazel even shared that during the shutdown, they did “a ton of training.” With everything going on during this time, however, Christine more cautiously shared that she hoped “that some of the staff were listening and watching when they were having all those conversations” around “trauma and coming back from the pandemic.”

In both the pre-pandemic and reopening interviews, the topic of child-staff ratios came up several times, with directors reflecting on the impact of the impact of smaller child-staff ratios on preventing and addressing challenging behaviors. In reflecting on pre-pandemic practices, a few directors shared their experiences with ratios. Lily explained that several years prior to COVID,

their program had reduced their staff to two, from three, per classroom and saw a large increase in challenging behaviors. More recently, they added the “third person back in” and found that, “Having more people in the classroom definitely helps us combat those behaviors. This is our third year back with the three people again and each year it seems to have gotten a little bit less severe” (T1). Brooke also echoed this staffing strategy, after others had been unsuccessful. She shared, “If [the behavior] continued and the classroom just needed more support, we did the best we could to pull a floater in, because more hands really do help” (T1). In Victoria’s program, she explained that they would partner with schools or training programs in their community and would have “students from schools came in to support the staff and children with social-emotional development activities,” (T1) which provided another set of hands to support children needing more attention.

These sentiments were echoed even stronger by directors during the reopening period. Given the somewhat surprising findings regarding challenging behavior prevalence during reopening, I prompted directors who felt that behaviors were “normal” to share some of their speculations as to why this might be and most of them mentioned “not being fully enrolled” and “having smaller ratios” (T3). Melissa shared that “it’s just a more relaxed environment; kids aren’t as stressed out being shifted around here and there and everywhere.” Jessica reflected on an interesting insight related to managing behaviors with their new, smaller child-teacher ratios:

One of the biggest differences I've heard is that [behavior] is more easily redirected because of that class size and because of the primary teacher's ability to go over to that child and work with them individually and because we're doing the best that we can to keep children distanced while in their classroom, you don't have five or six kids joining them, playing follow-the-leader and picking up on some of those behaviors that need to be redirected.

## **Family Mental Health**

Given the importance of family well-being on children's social-emotional development, I inquired specifically about programmatic attention to family mental health at each time point. In general, directors spoke at much greater lengths about supports (e.g. check-ins, MHC use, etc.) during pandemic times, than prior to. With new familial stressors and children being confined to their homes, programs pivoted from formal parent education as their primary form of mental health resources to an array of supports that emphasized relationships and "touching base" more informally and frequently regarding well-being.

Prior to the pandemic, the most common responses to the way in which programs supported their families' mental health was formal parent education. This strategy took different on approaches by director, with Shondra mentioning that they had a focus on basic needs, such as nutrition and dental hygiene. She explained that the topics "just depended on what our parents were asking for at the time and what they were lacking" (T1). Victoria also echoed that education was "based on topics of interest to parents," (T1) and that they were not necessarily mental health-related. Misty noted that despite offering parent education opportunities, "parent trainings were not well-attended, so they were not really effective." Grace specifically discussed Love and Logic, a relationship-based parenting curriculum, but noted that they were going to be switching to Conscious Discipline, given that they had been using Love and Logic for several years already.

Only two directors mentioned the role of their MHC when it came to training, with Nicole explaining that their MHC would do "workshops for parents at parent meetings" and was also "generally present at parent meetings so that parents could ask questions" (T1). Chelsea shared that "parents picked activities they wanted to know more about," such as "child abuse and neglect, domestic violence," and then they "would have meetings around that" (T1).

The most striking result from this inquiry, pre-pandemic, was the number of directors who had trouble answering this question, stating that they either weren't doing anything or were not sure if their answer was appropriate for the question. Christine mentioned that her and her staff "had talked a little bit about it...but there was no active plan or where do we go from here" (T1). Misty shared that they did "A little bit. It was not our program's emphasis by any means" (T1). Emily echoed this by stating that "nothing was really on our radar in terms of family's mental health" (T1). Jasmine said she was unable to answer this question and Nicole and Lily said that besides MHC and Grow Me, respectively, they didn't have any other initiatives.

Pre-pandemic, only three directors mentioned that they would offer their families counseling with a mental health professional, confidentially and free of charge. However, some directors added that this service was "very rarely used" (T1). During the shutdown interview, however, professional mental health providers were the most commonly mentioned strategy that directors endorsed for attending to family mental health. The majority of directors described utilizing their MHC or making referrals to community resources to provide families with services in group settings (e.g. Zoom sessions for all families) and one-on-one (e.g. individual counseling). In the reopening interview, again, the most common strategy to support families was reminding them about their ability to access professional, mental health counseling services, free of charge. Directors shared that uptake of this resource was mixed, with Katie mentioning counseling among her families seemed like a "common thing right now" (T2) and Naomi sharing that they had to contract with additional mental health services to meet the demand, but others like Emily noting that families were "not taking advantage" of the referrals they were giving out "liberally" (T2).

In the pre-pandemic interview, only one director, Hazel, described that the way they supported family mental health was that “teachers checked in with parents every morning at drop-off” (T1). This “checking in” strategy became a much more common response during the shutdown interview, as Shondra explained that many of her families just “needed someone to talk to.” Over half of the directors during the shutdown emphasized how critical it was to have contact with families and simply ask “how are you?” and “what do you need?” (T2) Directors felt that these conversations went a long way in terms of supporting family mental health. In these check-ins, directors explained that sometimes they would focus on validating their families’ emotions (e.g. “it’s okay to need a safe space”) as well as providing strategies for coping. Two directors had mentioned that they didn’t think they did much in terms of family mental health beyond this but then went on to describe it was addressed within these check-ins. Victoria stated that, “Those well-checks were the most important thing. Even if you just said, “Hi, how are you?” – that was what parents needed” (T2).

A few directors expressed that they did not want to overburden their families, but stressed the importance of making sure they were available and constantly letting them know they were there. Chelsea shared that they, “respected [their] parents’ wishes when they said they were overwhelmed, but we let them know we’re still here” (T2). Other shutdown strategies mentioned by one or two directors each included weekly virtual yoga and mindfulness sessions for families, sending home resources on mental health and “staying positive,” and surveys to see how parents were feeling and what they needed.

During the COVID-19 shutdown, directors were hearing about the well-being, or lack thereof, of their families from families themselves, as well as other staff that more directly interacted with families. Most directors expressed that, unsurprisingly, there was a great deal of



stress among their families. Whether it was struggling with feelings of uncertainty, worry, and fear or being “overwhelmed with food and jobs” some families were describing things as “chaotic” and sharing that they were “in crisis” (T2). Other mental health stressors during this time were external events, such as “shootings and the looting” surrounding the racial justice movement, as well as “everyone getting sick of each other” (T2). Amelia shared the experience of the psychological toll that this time period was having on one of her parents, as she described, “One parent during one of the weekly wrap-ups said she felt so bad that she had to go sit in the car, you know, just to get a break” (T2).

During the reopening interview, directors shared that families were experiencing some of their usual stressors, such as employment or job concerns, and basic needs (e.g. “feeding my family”), but that there were also unique difficulties during this time. Many families were struggling with new anxiety about the uncertainty of “what is going to happen next?” Christine shared that “everyone is on edge and they’re very anxious” and Misty explained that her families are “like everybody, they’re very stressed, they’re very overwhelmed, they’re just trying to hold it together” (T3). There was a common “fear that we might go back to phase two and we may all be back at home” (T3). Chelsea described the mental health of her families as “fragile, very fragile” (T3).

Child care, particularly in families that have multiple children, was also a new stressor, given that many school districts are online and families are still working in-person. There was also the stress of classrooms being shut down in the event of a positive COVID-19 case. One of the most commonly mentioned new stressors was around “exclusions,” or having to “isolate and send home a child with any sickness symptoms, including a runny nose.” Children may be required to quarantine between 10-14 days or receive a doctor’s note, which Nicole noted, “is

very challenging right now” (T3). Amelia explained that this creates “a hardship for families that are working, especially with no notice, as soon as the issue happens” and Rose shared that she thinks the exclusion protocols are “probably the absolute worst thing the parents are having trouble with” (T3). Even when center-based care was up and running as an option, this brought about anxieties for many families, given fears around contracting the virus. Emily told us that of her families from prior to the pandemic, “a lot found family and friend care, or a smaller, licensed home child care” (T3).

While most directors expressed that this was a particularly challenging time for families in regards to their mental health, seven directors (Nicole, Brooke, Rose, Shondra, Melissa, Grace, Monique) shared that they felt their families were “doing pretty well” or that they had not seen any “heightened level” of concern. These directors noted that “everything has been pretty normal” or that they did not “see the struggles” (T3). A few directors provided insight into why this might be, proposing that their families “go through difficult things, but that’s pretty typical” and that “all of them have their small group of family or friends that they’re still seeing” (T3).

Brooke explained that:

Mentally, I feel like my parents live in high stress all the time. They just, they do, unfortunately...I would say I think my families are right around the same, honestly as pre-COVID, just because they have a lot of stress in their lives. (T3)

It is important to note that there was no similarity between these directors in terms of geography, urbanity, or other demographic variables.

The popularity of informal “check-ins” continued during the reopening interview, with several directors mentioning that they continued and were typically initiated by Family Support Staff. Amelia described that this “listening ear” was important in having a “constant pulse” on

how families were doing. Melissa explained that they were certain to check in, particularly when attendance started to be an issue:

Just checking with the parents, especially like if they start missing a lot of school, which we just had one that they were missing like every time we turned around. And so we made contact with the parent, and it turns out she was struggling with depression and just couldn't handle it. So we put her touch with a mental health professional. (T3)

### **Staff Mental Health**

Across all timepoints, directors spoke about practices used to support staff mental health, including MHC, pay and benefits, initiatives to boost morale, and team building. Strategy utilization and what directors felt was relevant to staff mental health varied decently by timepoint, with the most attention paid to this issue during our shutdown and reopening discussions. It is also important to note that at all times, but particularly in the shutdown interviews, directors made reference to the ecological systems inherent in thinking about staff mental health. Several directors mentioned that staff well-being supported by policies at the Office of Head Start level (e.g. flexibility around PIR, continued full pay), the ILHSA level (e.g. weekly calls to assist each other), or their agency/grantee. Directors reflected on how important it was for policies and administrators to focus on the needs of their staff, which ultimately trickles down to families and children. Shondra explained that this period was critical for their recognition of and attention to staff mental health:

We are trying to focus our attention on the families and their needs, but at the same time, it was an eye-opener for administration to see, this is a good opportunity to check in on our staff to see how they're doing and how they're dealing with it. (T2)

In the pre-pandemic interview, directors most frequently mentioned MHC in their discussion of how they supported staff mental health. Directors talked about MHCs being available to help inside and outside of the classroom, as well as in training staff around mental health and self-care. In nine interviews, directors mentioned that their MHCs would meet with

staff in a one-on-one setting. Most of the time these meetings were by way of their consultants being available to talk on an as-needed basis about personal or professional challenges.

However, Amelia mentioned “office hours” for all staff, as well as a “monthly reflective group with the Family Support team” and Naomi mentioned that “everybody was signed up for 10 minutes with her.” Beyond their assistance and coaching around classroom and behavior management, programs utilized MHCs to provide support to staff who might be “going through changes” or “having hard days.” Shondra recalled the value of having an MHC readily accessible for staff:

I think that’s where the mental health consultant came in: giving them that confidence and that boost of whatever they needed to get them going for the rest of the month. Burnout is huge, so having that MHC on-call or available was helpful for our staff. (T1)

Several directors mentioned that they involved their staff in discussions on what types of trainings they wanted to see and the MHC would come in to deliver those. Lily discussed that the MHC would “come in and give ideas on how staff can decompress and try to relieve stress,” while Nicole mentioned that their MHC provided a “series of workshops on staff and child mental health” (T1). Victoria also brought up the fact that trainings, such as those on Conscious Discipline, helped staff “look at situations differently without being frustrated,” (T1) ultimately helping to improve their well-being. She then went on to describe the fact that they sought to support their staff as human-beings, beyond their roles in Head Start:

Staff development doesn’t always focus on the classroom; it focuses on their mental health and development as they go through teaching with children and doing things within their own life, ya know, they go through challenges. (T1)

When reflecting on the relationship that the MHC had with teachers and other staff prior to the pandemic, directors varied in their responses fairly consistently as a function of the amount of time the consultant had been with their program. Three directors unequivocally described

relationships between MHC and staff as “really good, established,” “great,” or “fabulous” relationship between their MHC and staff; as well as mentioning that they had worked with this person since the “program’s inception” or “for a long time.” These relationships were also described with the words “comfortable” and “trust.”

Two directors made similar remarks about their relationship having greatly improved over time and having been “very positive” just before the pandemic, as staff became more comfortable with the MHC and as certain modifications were made. For example, Katie mentioned that, “In the past it was something they were working on and trying to make better. Now the MHC goes into the classroom, works side by side with the teacher for a long period of time, rather than only having a meeting” (T1). Lily also spoke about the ways in which MHC had improved for her program over time:

The first year she would send them reports and last year we engaged her to come back and actually sit with the teachers to go over the report. It wasn’t just “Hey, here she is for an hour and a half in your classroom and then you get this five page report that you may or may not have time to read.” So they actually had to block off 30 minutes where she’ll come back and sit and go through it with them and give her suggestions and ideas. I think that helped because it’s much easier to build a relationship with somebody that you have to sit face-to-face with. (T1)

Two directors shared that they had been working with a new MHC for a short period of time and that their staff had not had the time to develop a relationship before their shutdown.

Brooke explained:

[The relationship] was building. She was a new consultant. We had just got a new one in for this year. So, I think they were learning to trust her and try to figure out her way of communicating and working. So, I think we were building that relationship and then of course we got cut off. But it was progressing, should we say. (T1)

Lastly, one director mentioned that prior to the pandemic, teachers’ relationships with the MHC had been less helpful. Misty told us:

Prior to COVID, the MHC was not as helpful to the teachers as she is now. They were kind of burned out with her. Teachers would say she always told them the same thing over and over. They felt like they needed a new, fresh idea and maybe weren't getting it. (T1)

While MHC was by far the most common resource utilized by programs prior to the pandemic to support staff mental health, a few other resources were shared. Four directors mentioned their Employee Assistance Programs (EAPs), that were described as “different services and resources staff can access as a benefit” (T1). Nicole’s program had an EAP hotline for employees to “call for support for any issue they’re; having.” These EAPs also typically included several free counseling appointments. Directors spoke about their encouragement of staff to utilize these resources, however, given confidentiality, they were not certain how effective they were. Lastly, Amelia described her program’s work with the external resource, Illinois Association for Infant Mental Health, who provided her staff with reflective practice groups, that not only helped to improve their instruction, but also their overall mental health.

During the shutdown interview, once again, MHC services were commonly mentioned, either through group check-ins with staff or providing resources and training. Rose mentioned that they were more proactive about staff mental health and that, unlike prior times when they would let staff know that mental health services were available, they now had the MHC “calling every single staff member” (T2). Amelia and Chelsea also mentioned that they reminded their staff of counseling services available through their EAPs. Several directors explained that their MHC or other MH professionals were providing training and professional development during the shutdown, much of which focused on staff mental health. Emily remarked that, “refreshers are always good. It’s a good reminder to breathe” (T2). Other trainings focused on health and safety protocols were also important in relieving staff anxieties about returning to the center.

After resources, the second most popular strategy mentioned by directors about supporting staff mental health, pre-pandemic, was through offering breaks or time off. Directors discussed the importance of having a break, whether that be for a few minutes when dealing with a challenging behavior, a spontaneous day off, or an appropriate amount of vacation day. Misty, Jasmine, and Rose all spoke about the importance of having additional staff in the building to ensure that if a teacher needs to step out, “there’s always someone in the building that can step in for them so they can take a break” (T2). Misty echoed this sentiment, mentioning that their Disability Coordinator was often this person who could provide a reprieve. Rose summed it up by sharing, “We encourage staff if they are in a stressful situation just say “Hey, I need some help here.” Step away, take a breath, go outside and go for a walk for a minute.

Somewhat relatedly, a couple of directors talked about “mental health days” and that they offered personal days that you’re able to take whenever you want. Brooke said she will even suggest to her teachers, if she sees them struggling, that they should take a day off for a mental health day. The importance of appropriate days off was reiterated by Lily, when she described a decline in staff satisfaction after a changed vacation time policy by her agency. The previous year, “98% of staff were happy and engaged in their position” and it “went down to 60%” after the change. In attempts to combat this unpopular policy, her program tries to be flexible in the summer on choosing to work longer hours four days in a row to be able to take a long weekend. She explained, “We are at least flexible in those types of areas where they can still get time off in other ways.”

During the shutdown interview, the most common strategy for supporting mental health during the shutdown was meetings and check-ins. Amelia described that this was “time and space for staff to reflect on their own experience” and Misty shared that meetings “became very

much just to check in and ‘how are you doing?’” (T2) Full-staff, smaller departmental, and one-on-one meetings were occurring weekly for many programs through Zoom in order to stay connected and provide an opportunity to debrief what was going on, “what’s working” and “how can we help?” These meetings also provided an opportunity for administrators to keep staff informed as to the constantly changing policies and initiatives that were being rolled out during the shutdown. Amelia mentioned that these meetings also sometimes contained an element of fun, such as “virtual aerobics” (T2). Naomi and Victoria shared the sentiment of “we have to treat our staff the same way we do our families” and “the same things that they were doing for families, I was doing for them, as far as checking in.”

One director, Brooke, described how intentional their program was about staff mental health during the shutdown by “requiring” mental health activities, as well as time off, during the shutdown. Brooke explained:

I also “required” them to do something every day regarding their mental health. You need to do something that relaxes you, calms you, whatever. I was like, “Take a nap. If you need to take a nap, take a nap. Go for a walk. Bake. Sew. Watch a movie. Whatever just calms you down, do it.” (T2)

There were a couple of them I was like, “You’re going to take Friday off. You’re taking tomorrow off for a mental health day. I don’t want you to go near a computer. Just take a day and focus on yourself.” I think the majority of them did. They appreciated it. (T2)

Another strategy employed prior to the pandemic, though less common, was initiatives to boost morale, whether in general or specific terms. Generally speaking, directors would say things like “We tried to do positive staff morale activities” (T1). More specifically, Shondra created bulletin boards “with nice little quotes or letters to let staff know ‘We’re thinking about you. We saw how you handled the situation. You were working extra overtime this week.’” She also talked about the annual staff Christmas party where she reminisced on being “able to just laugh and talk and be ourselves” (T1). Naomi and Latoya both spoke about annual events during



mental health awareness month where they would offer a mix of fun and education. Naomi's event entailed an offsite location with a motivational speaker, various stations including massages, workouts, board games, and yoga. Similarly, Latoya spoke about having a speaker and massages at their event.

A few directors mentioned that they focused a great deal of attention on making sure their staff knew that they were appreciated and valued within their program. Shondra spoke about a "yearly recognition dinner" for staff and Nicole talked about involving staff in her decisions and getting "everyone's opinion" so that staff felt valued. Brooke's strategy to recognize and celebrate staff was also based in actions:

Letting them know how appreciated they are because sometimes as teachers you start to get really down because it's a hard profession and it is many, many times thankless. We really try to do things for them as much as possible to show how much we appreciate them because I think that just boosts your mental health. I'm a big one for food. I give food. I'm like "today's lunch will be in the growth motor room at noon." Surprising them with things along the way to try and let them know you're appreciated, you're valued, and we see what you're doing. You're doing a hard job and you're doing it well. (T1)

Similar to when directors were asked about family mental health practices during the shutdown, several directors struggled with this question around staff mental health, or felt that they hadn't done enough or anything at all. The most striking part of these responses is that each of the four directors who mentioned some variation of "not doing well" in this regard also went on to mention various ways that they supported their staff's wellness, through providing "an ear to talk to" or "checking in" or "fun, little quirky things through the year," or "maintaining relationships" (T2). Therefore, a portion of directors shared that they were not supporting staff mental health, but went on to describe the very ways that they did, suggesting variations in perceptions of what it means to support adults. This type of response only came up during the shutdown interviews. Also during those interviews, several directors brought up the fact that

being able to continue to pay staff indirectly supported their staff's mental health, with Katie sharing that the "biggest thing" was "making sure that staff were able to remain employed" (T2).

While directors made reference to the stress of being an early educator during the pre-pandemic and shutdown interviews, nearly all directors made note of an increased level of stress amongst their staff since returning to the center during the reopening interviews. Rose summarized this sentiment with the following:

There's definitely a lot more stress than there normally would be. People are a little bit more on edge, I think, just because we're asked to do so much more. People aren't near as happy as they normally are. (T3)

Increases in stress were mostly attributed to "concern about how we're going to stay safe," "when there was an increase in positive cases," and "chaos in the community," such as rioting, the election, and racial tension. Brooke stated that at her center, "risk of infection is the biggest stressor" (T3). Hazel mentioned that "probably the most stressed-out people" were her teachers. Others echoed this and added that staff were "doing in-person and at-home learning" at the same time, "trying to make sure everything is cleaned and sanitized," while also "dealing with their own situations" (T3). Directors also mentioned that due to quarantining guidelines and staff members' fear of being infected, they were often short-staffed, placing more of a burden on staff that were able to work. Several staff members had lost family members due to the virus or had family members at home that they were worried about infecting. Monique shared sentiments from her staff: "We're afraid. We don't want to contract it, we don't want to take it home. We have elderly parents" (T3).

A few directors did make note that their staff were "taking it day by day" or "for the most part doing good," or "holding up really well," but even these individuals made some mention of the increased stress of the situation and the fact that their staff were "coping, but really worn out"

(T3). Lily also mentioned the fact that even when they seem okay, “I think teachers as a whole tend to take care of everybody else and not really worry about themselves very much” (T3). Given the multitude of new stressors (e.g. child care for their own children, health concerns, societal issues, staffing, uncertainty), directors spent a lot of time in the interviews discussing their increased efforts to attend to staff mental health.

Strategies that programs relied upon during the reopening phase to support staff mental health, from most to least common, included: keeping communication channels open (e.g. “explaining the why behind things,” “more meetings,” “check in,” being as transparent and as honest as you can,” “really knowing where your staff is at”), being accommodating around family obligations and time-off (e.g. “being lenient,” “trying to be really sensitive,” adjusting schedules to allow more down time for staff), providing training around mental health, well-being, and taking care of yourself (e.g. “making sure staff know how to take care of themselves so they can take care of families,” “mindfulness,” “mental health workshops”), planning meetings with MHCs (e.g. “listens and talks to the staff,” “space for them to vent and connect,”), making sure that staff feel appreciated and recognized (e.g. “Staff Appreciation” celebrations, “tell them how thankful I am for them,”), and initiatives to boost morale (e.g. “brought everyone breakfast,” “playing games, dress up,” “Freebie Friday,” “staff potluck,” “Sunshine Club”) (T3).

As was previously mentioned in the section on children’s social-emotional development during the reopening phase, slightly under half of the directors brought up the fact that smaller class sizes reduced behaviors, as well as improved staff’s well-being. While Lily mentioned that some of her “teachers have said it’s boring,” (T3) she also said they have noticed the reduction in behaviors. A couple of directors also mentioned the fact that their strict protocols regarding the

virus, such as no visitors allowed, no switching classrooms, no field trips, etc., worked to help alleviate a lot of stress and anxiety for staff.

*Staff Relationships.* Prior to COVID, some directors talked about the relationships between their staff (or between administration and staff) as being a source of support. While Naomi described the staff relationships as just “okay,” others used phrases like “very positive,” “like little families,” and “close environment.” Latoya shared that she felt staff relationships were “closer before the pandemic” because there wasn’t as much fear or physical separation. Katie and Nicole spoke about their deliberate attempts at community building and fostering these positive relationships with the following remarks:

We’d also been trying a little bit more of building staff interactions so that the teams in the classroom were stronger, so that when they’re working with children, they’re not working siloed, they’re working together. You shouldn’t know who’s the lead, who’s the assistant, everyone is a teacher in the room. I think that plays into the social learning of children because if they see the teachers doing it, then hopefully that correlates to them as well. (Katie, T1)

We always did a lot of community building, which isn’t directly addressing mental health, but I do think it creates a really positive work environment. Just as we’re communal with families, we also tend to be communal with staff. We had a lot of potlucks. (Nicole, T1)

Employing an ecological framework, Emily also spoke about the importance of positive relationships between administrators and staff members, and how they were able to see a marked difference with the start of new administrative staff:

Staff feel like they really like this new administration. We all work really well together, and we really care about our staff. There’s been a lot of positive feedback regarding administrative staff. They’re just happier. That’s what the data says, they’re happier... We feel like if our staff are supported, they’re able to support our children. (T1)

During the shutdown, most directors shared that relationships among staff either got closer or remained the same. They attributed this to more consistent group meetings and creating personal connections while being home. Misty explained the latter sentiment:

We all got to know each other really well because you're in your home and your kids are walking through and your dogs are barking and you get to know each other's lives more than you would just in the office. I think we all agree we became a very close team during the closure....Those relationships have been formed and it's a little more than just a work relationship, there's a personal note to it that wasn't there before. (T2)

While some directors shared this view, others felt that there was no impact; staff continued to stay in touch with one another and the relationships were not affected one way or the other. Only one director, Melissa, felt that the shutdown negatively impacted staff relationships, as she shared, "I think some of the relationships seem like they got a little distant, where we weren't able to have that social interaction or get together outside of work" (T2).

Lastly, Brooke shared that there was a mixed impact of the shutdown on relationships, with teachers and staff getting closer with one another than they had before, but with her feeling more distant. She explained:

I feel more removed from everybody because every day when I'm here, I go classroom to classroom. I have a conversation. We get to talk. I didn't get to do that while we were on break. I didn't always get to talk to everybody every day because that's just when they get sick of me. I felt more removed. I didn't have that great of a connection with them and I wanted more. (T2)

## **CHAPTER V. DISCUSSION**

The current study provides a unique glimpse into Head Start/Early Head Start family engagement and social-emotional learning practices before, during, and after COVID-19-related center shutdowns. Through semi-structured interviews with 20 center director at two time points, the qualitative findings from this study seek to provide the Head Start community, as well as the broader ECCE landscape, with an understanding of how programmatic strategies evolved throughout the pandemic. These findings can be utilized to inform future policy, at the program-level up to the national-level. Below I discuss several key findings, including how family engagement and communication practices changed over time and in response to family feedback and how social-emotional learning practices became more contextualized and inclusive of adults. I draw on the relevant literature base to unpack results from the current study. I conclude with sections on this study's theoretical contributions, limitations and future directions, and its conclusions and implications.

### **Family Engagement**

During COVID-19, families across the country, and particularly those within the Head Start community, were grappling with demands and challenges that threatened their livelihood, ability to meet basic needs, and well-being. Head Start programs were particularly well-situated to intervene and in doing so, many were able to grow their relationships with families and foster engagement. Though family engagement practices looked different during the pandemic than prior to, this study provides support for the fact that Illinois HS/EHS programs enabled their families to engage with program staff and their child's learning in new, and potentially more effective ways. By swiftly providing families with resources, testing new communication strategies, and facilitating at-home involvement, most programs were able to maintain family

engagement throughout the pandemic. With the recognition that family engagement will always be a flexible construct, seeking to “meet families where they are at,” expanding traditional strategies that came about as a result of the pandemic is particularly important.

Programs’ ability to quickly meet families’ needs enabled them to be seen as a reliable, trustworthy entity in families’ lives. Directors in this study described that their families were experiencing a greater demand for basic needs throughout COVID-19, a finding that has been echoed strongly in the academic literature and prominent news sources (Karpman, Zuckerman, Gonzalez, & Kenney, 2020; Root & Simet, 2021). Several studies throughout the pandemic demonstrated that job and income loss were more prevalent among low-income workers (Bokun et al., 2020; Center for Translational Neuroscience, 2020b; Karpman et al., 2020). Of particular relevance, one study found that average monthly income pre-pandemic and in-pandemic decreased more dramatically for Head Start families compared to child care families (Heyfan et al., 2021). Despite food insecurity increasing around the nation (Fitzpatrick, Harris, & Drawye, 2020; Kulish, 2020; Wolfson & Leung, 2020), one study found that in a sample of 945 adults with children ages 3-5, only 23% of children in closed centers continued to receive meals (Barnett & Jung, 2021). In the present study, however, all directors spoke at great lengths about their commitment to continuing food delivery during the shutdown. Often times, directors mentioned that it was the provision of food (and other basic needs) that provided them a window into the home lives of their families and the ability to maintain engagement levels.

The Head Start model has always emphasized the fact that children and families need to have their basic needs met, first and foremost. It is noteworthy that Head Start was equipped to deliver on this goal of providing food, diapers, housing, and employment assistance, even when the state was shutdown. HS/EHS programs in this study were able to be this responsive for

several key reasons: specific staff roles dedicated to maintaining open communication with families (e.g. Family Support Staff), continued full pay to all staff, responsive grantee agencies, and strong pre-existing community partnerships. From the federal to local levels, Head Start programs were well-positioned to be this consistent source of resources for families. Other studies conducted during the pandemic have suggested that these strengths were fairly specific to Head Start, and were not seen across the broader ECCE community (Hanno et al., 2021; Sites, Sonnenschein, & Galczyk, 2021; Weeldreyer et al., 2020). It is likely that ECCE programs with fewer financial resources and without explicit community connections were not able to serve in the role of a stable source of material support during the shutdown.

Programmatic efforts to provide support around basic needs were met by positive sentiments of appreciation and gratitude, as described by both directors in this study and Head Start parents/caregivers themselves in a mixed-methods study from April 2020. Fisk and Russell found that that despite COVID-19-related disruptions, families viewed their Head Start/Early Head Start program as a valuable source of support in areas beyond just early care and education. Of particular note, findings from this study suggest that programmatic efforts during shutdowns contributed to not just family stability, but growth in several areas (e.g. housing and job training). Trust is a primary component of the Social Exchange Theory and when families felt like they could count on their Head Start program throughout a major global disaster, feelings of trust, along with overall relational quality, likely increased. Relatedly, families' new role as co-educators increased the value and trust that directors expressed towards them.

Some of the improvements in relationships that many directors noted in their interviews during the pandemic were also likely a result of new communication strategies. Prior to COVID-19, directors described that their primary method of communication to foster engagement was



face-to-face that predominantly occurred in passing during drop-off and pick-up. While this may have been the most communication time that program staff had with their families, a 2012 study found that caregivers spent only 63 seconds, on average, in their young child's classroom during drop-off (Perlman & Fletcher, 2012). Pre-pandemic, programs also frequently relied on in-person events that were mixed in their effectiveness. On one hand, they provided an opportunity for fun and relationship-building, but families faced many barriers to attendance. During the shutdown and even the reopening phase, families were given more opportunities to speak one-on-one with program staff, typically Family Support Workers or teachers over the phone or via text. While some families were overwhelmed by this level of contact amidst the pandemic, for others, directors in this study reported it as being very effective. In response to feedback from families, the "check-in" strategy also led to increased communication between Family Support staff and teachers to coordinate when they would each be communicating with families. It will be interesting to see whether the informal phone "check-in" remains as a family engagement and relationship-building strategy. Perhaps without the additional stressors of the pandemic it could be an effective long-term strategy for programs to better connect with families. While the power of family-school relationships has consistently been demonstrated across several bodies of literature (e.g. expulsion prevention, challenging behavior prevention, future academic outcomes, etc.) there are fewer studies pinpointing potential strategies and practices to employ to achieve successful relationships.

Another way that families have long been encouraged to engage in their child's Head Start program and educational development is through at-home, or in-kind activities. During the pandemic, directors described providing their families with a never-before-seen level of support around educational activities at home. While center shutdowns made this practice a necessity to

combat potential learning losses, early childhood programs now have a model for how to support families in this work. Directors reflected on the fact that encouragement from teachers, and ultimately parental/caregiver confidence is key to family participation in their children's at-home learning activities. Other pre-pandemic studies have also demonstrated these precursors to effective family learning in the home (Dixon-Elliott, 2019; Murkli, 2011; Pelletier & Brent, 2002). When forced by the pandemic, programs developed effective ways to build confidence and support families' at-home engagement with their children's learning that should continue into the future. In directors' reflections of pre-pandemic practice, program staff spent far less time, if any, supporting their families in actually implementing at-home learning activities. Home-based learning was often described by directors as being limited to providing a worksheet or packet, as opposed to a more hands-on and integral part of their family engagement practice.

Further, in the current study, the directors who spoke about increased at-home engagement during the shutdown and reopening (as evidenced by returned homework/in-kind assignments or posting photos on Smartphone apps) were also the programs that put a pause on events during this time. Pre-pandemic studies support the notion that even in typical times, the primary barrier to engagement for Head Start families is as a lack of time, often due to work demands (Castro et al., 2004; Lamb-Parker; Zarate, 2007). Perhaps in a post-pandemic world we will continue to see an emphasis on and support around at-home activities as an integral part of family engagement. This change in mindset may be particularly important for programs who have historically struggled with in-person event participation. The current study also provides support for the fact that as technology and early childhood education become more integrated, there is a necessity to ensure that both families and staff alike have the appropriate technological devices and resources.

Taken together, directors made it clear that family engagement has never been and will never be a “one-size-fits-all” approach. Each of their families is unique, with their own preferences and sets of circumstances. Further, directors noted the ever-changing needs and abilities of their families over time and when basic needs are part of the equation, that is the top priority. Therefore, family engagement and communication strategies require flexibility and responsiveness. Directors described a focused attention on what their families really wanted and needed, above and beyond all else. Throughout the pandemic, directors all expanded on the strategies and practices that they used to engage with families, whether it be check-in calls, the use of Smartphone apps, or home drop-offs. While we saw that these strategies were not a universal panacea to connect with all families, it is likely beneficial that programs now have more “tools in their toolbox” when it comes to working with families. Within Head Start and other ECCE programs, it is important that administrators continue to feel that their standards and requirements allow them the flexibility to implement new approaches in response to feedback from their families. The Office of Head Start should be commended for their adaptability during the pandemic, as several directors mentioned themselves, but it should seek to continue this level of responsiveness moving forward.

### **Social-Emotional Learning**

In continuing to support children’s social-emotional development amidst the pandemic, programs pivoted from more traditional curricular conceptualizations to emphasizing the emotional nature of the pandemic, supporting adult mental health proactively, and fostering relationships. Directors’ discussions at all timepoints provide insight into the fact that upon reopening, all directors in the study expressed their pleasant surprise with how well children had been doing socially and emotionally. This finding contradicts what many experts warned of

earlier on in the pandemic (Holmes et al., 2020; Liu & Doan, 2020; Pfefferbaum & North, 2020; Yoshikawa et al., 2020) and what other empirical studies have found. Several COVID-19 studies documented significant associations between parental stress/negative mood and parent-reported increases in child emotional and behavioral challenges (Center for Translational Neuroscience, 2020a; Gassman-Pines, Ananat, & Fitz-Henley, 2020; Gonzalez et al., 2020; Groh et al., 2021; Hanno et al., 2021; McBride et al., 2021; Spinelli et al., 2020). Most directors in this study credited children's social-emotional resilience to their program's increased attention to supporting adult (staff and parent/caregiver) mental health and increasing their capacity to support children's social-emotional well-being within the unique context of the pandemic.

While the utilization of traditional conceptualizations of social-emotional learning (e.g. curriculum, assessments) declined during the shutdown period, directors spoke about the utility of new resources that were created to support children's social-emotional development, particularly within the unique context of the pandemic. Directors frequently mentioned the fact that supporting children's family members around how to talk to their child(ren) about COVID-19, through the use of social stories and online resources, was critical. Empirical and theoretical literature supports the importance of families talking to their children about the pandemic, and the importance of Head Start/Early Head Start program's helping families do this in a developmentally appropriate way (Chin et al., 2021; Dalton, Rapa, & Stein, 2020; Yoshikawa et al., 2020). Dalton and colleagues published a peer-reviewed article in the very beginning of the pandemic emphasizing that providing information to families about how to communicate with their children about COVID-19 is essential in a pandemic response. From a developmental perspective, they argued that when children aren't provided an explanation to changes in their lives from adults, they attempt to make sense of the situation on their own (Dalton, Rapa, &

Stein, 2020). This independent sense-making can lead to increased levels of fear or negative emotions.

Programs' refocused attention to the role of family and staff mental health in the support of children's social-emotional development during the COVID-19 pandemic was made clear by directors in this study. A new focus on informal check-ins and psychological support within these conversations was beneficial to families and staff alike, according to directors. In the shutdown and reopening interviews, directors paid more attention to the stress and struggles that the adults in their community were having. Between increased financial and child care stressors, the uncertainty of the future, and health concerns, both families and staff were in need of support. These increased mental health challenges have also been found in other recent COVID-19 studies (Daro & Gallagher, 2020; Hanno et al., 2020; Kwon, Ford, Tsortsoros, & Randall, 2021; Markowitz, Bassok, Michie, & Smith, 2021).

While increased mental health challenges among parents/caregivers and early childhood educators tended to be the general sentiment, there were some exceptions. A few directors in the present study described that some of their families were so accustomed to handling major life stressors and that they had built such strong systems of support from family and friends that they were, at least not outwardly, showing an increase in stress or related psychological challenges. Three other recent survey studies, including a mix of HS/EHS and child care educators, also found anomalies within the ECCE workforce. Participants mostly credited their lack of poorer mental health to feeling adequately supported by their program (Farewell, Quinlan, & Puma, 2021; Schock, Wang, Ardeleannu, & Jeon, 2021; Strassberg et al., 2021).

Directors in this study spoke about the ways that their programs were able to support families and staff alike. There was a general sentiment across directors that their attention to

adult mental health during the shutdown was more proactive than it had been prior to the pandemic. Whereas historically directors may have waited for a parent or staff member to reach out in a state of crisis, programs were putting in place structures such as mental health checks, relationship-building, and reminders of professional psychological counseling services available. Directors explained that among all adults in their Head Start community, there was a greater sense of emotional vulnerability during the pandemic than had ever existed before.

In regards to staff mental health, directors also frequently credited systemic elements of their programs that supported well-being, such as continuing to pay staff during the shutdown, adequate breaks and time-off, small child-staff ratios, and Employee Assistance Programs. These elements of the Head Start program likely contribute to the fact that in all of the aforementioned studies assessing educator mental health during the pandemic, when samples were disaggregated by program type, Head Start program staff fared better than other program types (e.g. child care, family child care, public pre-K). The study of Massachusetts educators also found that while only between 27-33% of educators in other program types reported having access to mental health supports, 58% of Head Start staff reported this to be the case (Hanno et al., 2020). Further, several recent studies have spoken to the critical importance of uninterrupted and adequate pay of the early childhood workforce (Hanno et al., 2020; Markowitz et al., 2021; Sites et al., 2021; Weeldreyer et al., 2020).

Taken together, this study provides evidence to suggest that supporting children's social-emotional development ought to be a systematic and contextually responsive process. This work must involve individuals at various ecological levels and an appreciation of context. All individuals who support children's development should be psychologically supported so that they are able to do so and supporting a child's understanding of something like the COVID-19

pandemic should also be conceptualized and credited as social-emotional teaching. In order to study and advocate for the importance of SEL, the construct has been manualized and standardized in recent years. However, perhaps as a field it is important that we ensure this process has not muddled the essence of what SEL is intended to be or the creativity that early childhood educators employ to foster children's social-emotional development. When thinking about standards, they should allow flexibility for novel, and context-relevant approaches.

### **Limitations and Future Directions**

While this study provides an important contribution to the newly emerging COVID-19 literature, it is not without several limitations. Despite purposeful sampling to include a variety of Head Start/Early Head Start center directors across the state of Illinois by ages served, geography, and urbanity, the current sample is not representative and the findings are not generalizable, as tends to be the case in qualitative research (Creswell, 2009; Polit & Beck, 2010). It is my hope that the findings from this study can provide deeper insight into the constructs of family engagement and social-emotional learning in early childhood that can be used to inform future quantitative, or mixed-methods research studies. Future survey-based studies should be mindful to not operationalize constructs too narrowly or based on pre-pandemic definitions.

Relatedly, the current study only included center directors of Head Start/Early Head Start programs, representing only a portion of the broader early childhood care and education (ECCE) landscape. The purpose of this study was to provide an understanding of the practices and strategies that centers were able to employ at various points of the pandemic with consistent funding and high-quality standards. In a sense, this study can be thought of as a glimpse into the best practices that may serve as a model for other early childhood settings. However, it will be

important for future studies to be able to compare between Head Start/Early Head Start practices and those of other ECCE settings, in order to advocate for the importance of sufficient funding mechanisms. Given the fragmentation of ECCE systems, studies of this nature will likely require coordination across data sets, but the necessity of this work is great.

The use of retrospective recall in inquiring about directors' practices and experiences prior to COVID-19 and during center shutdowns is also a limitation of the present study. By the first interviews in August/September 2020, most programs had already reopened their centers in some capacity. Therefore, we were asking directors to reflect on two different time ranges within the past year. In order to improve the reliability of participant recall, I used particular interviewing techniques (Belli, 2005; Reimer & Mathes, 2007; Sudman & Bradburn, 1974; Loftus & Marburger, 1983) and fortunately, science indicates that our memory for emotionally negative events tends to be stronger (Kensinger, 2009). However, human memory is riddled with fallacy and this must be taken into consideration in the current study. Future studies should seek to procure data (whether it be quantitative or qualitative) that was collected prior to the pandemic to be used as a baseline when seeking to understand how COVID-19 has impacted practices.

Another important limitation of this study is the sample being limited to Head Start/Early Head Start program directors/administrators. Brantlinger and colleagues discuss the importance of triangulated data to improve methodological rigor and the credibility of findings (2005). It is critical that future research take into consideration a variety of perspectives among program staff (e.g. Family Support Staff, teachers, and other leadership roles), as well as families. In the original proposal of this dissertation, I planned to capture the parent voice through verbatim notes collected at Parent Cafés that were planned reach over 1,000 parents throughout Illinois between October and December of 2020. Unfortunately, given the impact of COVID-19, several



challenges arose that made this portion of the study no longer feasible. I document this process and lessons learned in Appendix K. To account for the lack of triangulated data in this study, I made sure to conduct a thorough review of relevant studies that provide insight into the perspectives of other key audiences and stakeholders (e.g. teachers and parents). It will be important for future research to understand novel family engagement and social-emotional practices that came about during the pandemic through the perspectives of families and caregivers.

## **VI. CONCLUSIONS AND IMPLICATIONS**

As one of our nation's longest standing and most successful social service programs for children and families in poverty, it is critical that we understand how Head Start programs were able to continue to fulfill their mission and what lessons can be carried forward to benefit teaching and learning during or outside of crises. The current study provides rich, detailed information regarding the family engagement and social-emotional learning practices that Illinois HS/EHS center directors reported used before, during, and after pandemic-related center shutdowns. Findings from this study provide insight into pre-pandemic practices we may prioritize returning to and the novel strategies that should have a place in a post-pandemic world. Ultimately, this study contains evidence of the tremendous work that Head Start was able to carry out in one of our country's darkest moments that can be utilized to advocate for an increased federal investments in this critical program so that more children and families can reap its documented benefits.

Looking ahead, it will be important that research continue to understand how the pandemic has impacted family engagement and social-emotional learning strategies in a post-pandemic world. Given the richness of interview data and the overarching finding that conceptualizations of these concepts has evolved, future studies should incorporate qualitative methods. It will also be important to continuously monitor the social-emotional wellbeing of young children over time. While the current study did not suggest short-term negative impacts, according to director observations, early childhood is a critical development period and the pandemic has been an extraordinarily atypical event.

From a policy lens, this study suggests that Head Start/Early Head Start programs should continue budgeting for the provision of basic needs/employment assistance for their families.

Responding to families' most pressing needs builds trust and makes other higher-order engagement activities possible. Findings from this study also convey the importance of proactively attending to staff and family mental health, as they support children's social-emotional development. There may be a continued benefit, beyond the pandemic, for checking in with families one-on-one and supporting their involvement in their child's learning in the home environment in this way. Programs may want to re-evaluate the frequency and type of in-person events they are hosting, particularly when attendance is low. Findings from this study suggest that there are various ways that families may engage with their programs and a tailored approach should be sought for each individual family.

Ultimately, the most salient takeaway from this research is that Head Start/Early Head Start programs have been able to innovate and reconceptualize family engagement and social-emotional learning amidst a global pandemic to still effectively meet the mission of Head Start. Early childhood programs can now see that these practices and strategies need not be rigid and can be continuously adapted to meet the ever-changing needs of the children and families that they serve.

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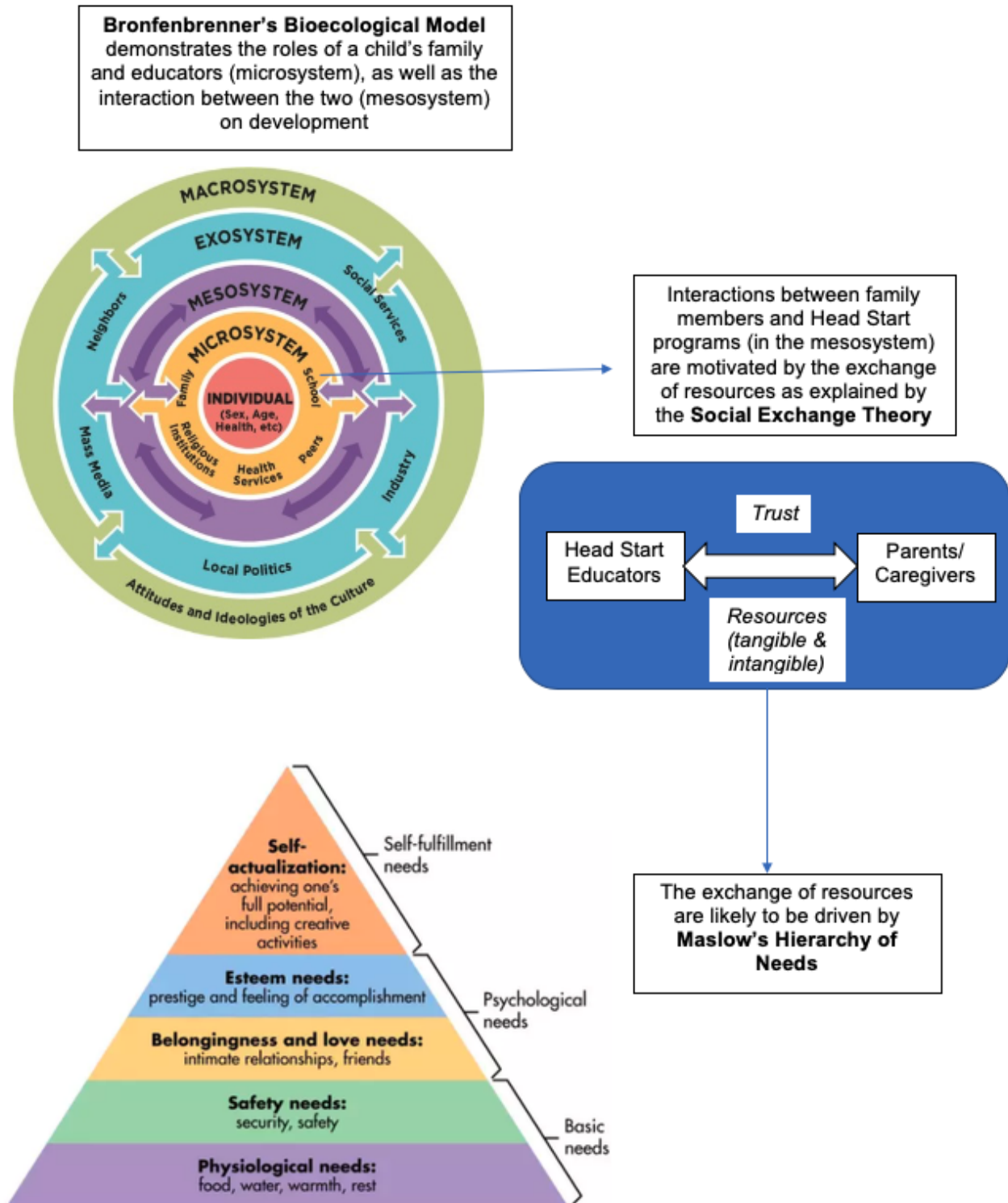
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## APPENDICES

### Appendix A. Theoretical Framework Visual and Example



## Appendix B. Study Timeline

Date	Activity
<b>2020</b>	
March – June	New dissertation topic, background research, write up study
June	ACF/OPRE application submitted IRB application submitted and approved
July	Passed dissertation proposal
August	Finalized interview script with ILHSA Participant recruitment
August – September	Director interviews Round #1
September	ACF/OPRE grant awarded Parent Café script planning
October	ILAIMH grant awarded Parent Cafés began
November	Qualitative data bootcamp and data analysis research (books) Director interviews Round #2
December	Transcript cleaning and memo writing
<b>2021</b>	
January	Transcript cleaning and memo writing cont. Demographics table Data displays by protocol question Revise Methods section
February	Coding data displays Write up Director Results section
March	<i>Director Methods &amp; Results to Kate by 3/8/21</i> Parent Cafés completed; code PC data and write up results Revise PC Methods section
April	Discussion Intro revisions from proposal, new literature & findings ACF/OPRE bi-annual report due <i>Full draft to Kate by 4/26/21</i>
May	Revisions from Kate Submit dissertation to committee ( <i>May 7, 2021</i> ) Dissertation defense ( <i>May 21, 2021</i> )
June	Make edits and upload final dissertation to Grad College
June – August	Dissemination to participants, ILHSA, policy audiences Submit manuscript to academic journal / conferences

### Appendix C. Participant and Center Demographics

Participant Pseudonym	Age Range (years)	Race / Ethnicity	Highest Level of Education (degree)	ECCE Experience (years)	Time in Current Role (years)	Program Type	ILHSA Urbanity / Geography Classification	Center Size	Center Demographics
Amelia	45 to 54	Black or AA	Master's	25	Director: 2	HS/EHS	N – Urban	145 children: 64 EHS and 81 HS slots	Predominantly African-American  Nearly 100% speak English at home
Brooke	35 to 44	White	Bachelor's	21	Center Director: 1.5	HS/EHS	N – Urban	Licensed for 462 children (of which 80 are EHS)	95% African-American 5%: Hispanic, Caucasian, Asian  Majority of families speak English; some Spanish-speakers
Chelsea	45 to 54	Black or AA	Master's	20	Center Director: 5	HS/EHS	N – Suburban	Over 300 children	Split between Hispanic and African-American
Christine	35 to 44	White	Bachelor's	12	Regional Director: 1	HS/EHS	C – Rural	HS: 120 slots EHS: 24 slots	Mostly Caucasian, some African-American and some Hispanic  All families have working knowledge of English
Emily	35 to 44	White	Master's	20	Center Director: 1	EHS	N – Suburban	72 children	Majority African-American (95%), followed by White and then Hispanic  Families speak English
Grace	45 to 54	White	Master's	12	Center Director: 1	HS/EHS	C – Rural	290 HS students	~80% Caucasian, 20% African-American / biracial  Primarily English, about 7 families who are Spanish-speaking
Hazel	35 to 44	White	Bachelor's	10	Center Director: 3	EHS	N – Suburban	32 slots	Hispanic (75%) and African-American 75% Spanish-speaking



Jasmine	45 to 54	White	Bachelor's	15	Site Supervisor: 1	HS/EHS	C – Rural	Licensed for 88; at partial capacity (41 enrolled)	Diverse; Arabic, African-American, Caucasian, some Hispanic
Jessica	35 to 44	White	Master's	15	Center Director: 1.5	HS/EHS	N – Rural	517 HS 116 EHS (84 of which are home-based)	Mostly White children, very distant 2 <sup>nd</sup> would be Black or African-American
Katie	25 to 34	White	Master's	8	Center Director: 1	HS/EHS	S – Suburban	70 children for center-based HS  60 slots for home-based EHS	Majority Black and White, with a few Hispanic families  4 families speak Spanish-only
Latoya	35 to 44	Black or AA	Master's	20	Center Director: 1	HS	N – Suburban	100-200 families	Middle-Eastern and Hispanic
Lily	35 to 44	White	Bachelor's	15	Director: 5	HS/EHS	C – Suburban	278 HS 90 EHS (mix of center: 32 and home-based: 58)	Primarily White, less than 5% other race/ethnicity
Melissa	25 to 34	White	Bachelor's	12	Center Director: 5	HS/EHS	C – Rural	42 children enrolled (down 14 slots)	99% White non-Hispanic
Misty	45 to 54	White	Bachelor's	22	Director & Fam Supervisor: 3	HS/EHS	N – Suburban	HS: 80 EHS: 24	95% African-American  High percentage of homeless children; higher than average percentage (25%) of children with disabilities  All English-speaking
Monique				18	Director: 5	EHS	N – Suburban	36 families	Hispanic and African-American  About 5% of families speak only Spanish
Naomi	45 to 54	Black or AA	Master's	13	Manager of FCSS: 9	HS/EHS	N – Urban	700 children across 6 centers	55% Hispanic 40% African-American 5% African

									5% Chinese, Vietnamese  Languages spoken: English, Spanish, Urdu
Nicole	35 to 44	White	Master's	10	Director: 1.5	HS/EHS	N – Urban	150 children (7 EHS rooms, 5 HS rooms)	Very high percentage of Latinx families (Mexican and Puerto Rican); 9% African-American, 1% White (Kazakhstan, China)  90% have a home language of Spanish
Rose	35 to 44	White	Associate's	19	Center Director: > 1	HS/EHS	C – Rural	~50 children	All English and primarily White  Some mixed race or Mexican-descent families
Shondra	35 to 44	Biracial	Master's	12	Site Director: 3	HS	S – Rural	64 children (40 in-person, 24 remote)	Diverse: “Caucasian, Black American, Hispanic”
Victoria	45 to 54	Black or AA	Master's	20	Center Director: 3	HS	N – Urban	193 slots	Diverse; some Caucasian, African families, largest population is African-American and Hispanic  Serve many families with limited English (Spanish-speaking)

*Note.* AA: African American; White refers to participants who indicated that they were White and not of Hispanic or Latino origin; N: North, C: Central, S: South; Time in Current Administrative Role was as of August/September 2020

## Appendix D. Map of Participant Center Locations in Illinois



**Appendix E. Consent Form (approved by the UIC IRB 6/20/20)**

**University of Illinois at Chicago  
Research Information and Consent for Participation in Social, Behavioral, or Educational  
Research**

**Illinois HS/EHS Center Director COVID-19 Study**

**Principal Investigator Name and Title:** Callie Silver, ABD

**Department and Institution:** Psychology Department, University of Illinois at Chicago

**Address and Contact Information:** 1007 W. Harrison St (M/C 285), Chicago, IL, 60607

**Phone:** 203.247.3818

**About this research study**

You are being asked to participate in a research study. Research studies answer important questions that might help change or improve the way we do things in the future.

**Taking part in this study is voluntary**

Your participation in this research study is voluntary. You may choose to say “no” to this research or may choose to stop participating in the research at any time. Deciding not to participate, or deciding to stop participating later, will not result in the loss of any services, class standing, and/or professional status to which you are entitled, and will not affect your relationship with the University of Illinois at Chicago (UIC) and/or University of Illinois Hospital and Health Sciences System (UI Health), or any of the agencies or organizations collaborating in this research.

This consent form will give you information about the research study to help you decide whether you want to participate. Please read this form and ask any questions you have before agreeing to be in the study.

You are being asked to be participate in the research study because you are a Head Start/Early Head Start center director in the state of Illinois.

A maximum of 20 subjects will be enrolled in this research study.

**Important Information**

This information gives you an overview of the research. More information about these topics may be found in the pages that follow.

<b>WHY IS THIS STUDY BEING DONE?</b>	We are interviewing Illinois Head Start/Early Head Start center directors to understand how you have continued to engage with families and support the social-emotional well-being of children and families in your program during COVID-19.
<b>WHAT WILL I BE ASKED TO DO DURING THE</b>	You will be asked to participate in <i>two</i> telephone interviews at a time that is convenient for you. You will be asked questions about your experiences as a center director before, during, and after

<b>STUDY?</b>	COVID-19-related center closures. The interviews will be audio recorded.
<b>HOW MUCH TIME WILL I SPEND ON THE STUDY?</b>	The interviews will each take between 30-60 minutes, depending on your responses. There will be two interviews (August 2020 and October/November 2020).
<b>ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?</b>	This study is not designed to benefit you directly. This study is designed to learn more about early childhood programs' responses to the pandemic.
<b>WILL I BE COMPENSATED FOR MY PARTICIPATION IN THIS STUDY?</b>	After completing each interview, you will receive a \$25 Amazon gift card via email. Therefore, if you participate for the entirety of the study, you will have received \$50 in total for your participation in both of the interviews. Your email address will be requested in order to send you this gift card, but it will not be retained and will be destroyed after completion of both of your interviews.
<b>WHAT ARE THE MAIN RISKS OF THE STUDY?</b>	<p>To the best of our knowledge, participating in this study poses no more risk of harm than what you would experience in a typical day of work.</p> <p>A risk of this research is a loss of privacy (revealing to others that you are taking part in this study) or confidentiality (revealing information about you to others whom you have not given permission to see this information). We will take measures to ensure your confidentiality. Interview audio recordings will be stored in a secure place that is only available to researchers. Although the investigators will protect the data to the extent technologically possible, it cannot be guaranteed that online communications are 100% secure.</p>
<b>DO I HAVE OTHER OPTIONS BESIDES TAKING PART IN THE STUDY?</b>	You have the option to not take part in the research study.
<b>CAN I WITHDRAW OR BE REMOVED FROM THE STUDY?</b>	If you decide to participate, you are free to withdraw your consent and discontinue your participation at any time without penalty. If you wish to withdraw your consent, please contact Callie Silver at <a href="mailto:hsilve2@uic.edu">hsilve2@uic.edu</a>
<b>WHAT ABOUT PRIVACY AND CONFIDENTIALITY?</b>	<p><b><u>What about privacy and confidentiality?</u></b></p> <p>Efforts will be made to keep your personal information confidential; however, we cannot guarantee absolute</p>

	<p>confidentiality. In general, information about you, or provided by you, during the research study, will not be disclosed to others without your written permission. However, laws and state university rules might require us to tell certain people about you. For example, study information which identifies you and the consent form signed by you may be looked at and/or copied for quality assurance and data analysis by:</p> <ul style="list-style-type: none"> <li>• Representatives of the university committee and office that reviews and approves research studies, the Institutional Review Board (IRB) and Office for the Protection of Research Subjects.</li> <li>• Other representatives of the State and University responsible for ethical, regulatory, or financial oversight of research.</li> <li>• Government Regulatory Agencies, such as the Office for Human Research Protections (OHRP).</li> </ul> <p>A possible risk of the study is that your participation in the study or information about you might become known to individuals outside the study. We will also be asking respondents to report the ZIP code in which their center is located for sampling purposes. This data will be stored securely within Qualtrics on a password protected, encrypted computer.</p> <p>While our research team may have access to interview transcript files, only the Principal Investigator will have access to your identifiable information. Identifiable information about you may be collected as part of this study for 1) scheduling purposes and 2) if you choose to receive an Amazon gift card. However, this information and all other information collected in the screener will only be connected to your interview audio file/transcript using a unique numeric identifier. The master key for these identifiers will be password protected and encrypted, and accessed only by the Principal Investigator. The PI will also destroy your email address and any other contact information (e.g. phone number) after the second interview has been completed.</p> <p>When the results of the study are published or discussed in conferences, no one will know that you were in the study.</p>
<b>QUESTIONS ABOUT THE STUDY?</b>	<p>Contact the researcher, Callie Silver, at <a href="mailto:hsilve2@uic.edu">hsilve2@uic.edu</a> or her Faculty Advisor/dissertation chair, Katherine Zinsser, PhD at <a href="mailto:kzinsser@uic.edu">kzinsser@uic.edu</a> or (312) 996-5494</p> <p>-if you have any questions about this study or your part in it,</p>

	<p>-if you have questions, concerns or complaints about the research.</p> <p>If you have questions about your rights as a study subject; including questions, concerns, complaints, or if you feel you have not been treated according to the description in this form; or to offer input you may call the UIC Office for the Protection of Research Subjects (OPRS) at 312-996-1711 or 1-866-789-6215 (toll-free) or e-mail OPRS at <a href="mailto:uicirb@uic.edu">uicirb@uic.edu</a>.</p>
<b><u>REMEMBER:</u></b>	<p>Your participation in this research is voluntary. Your decision whether or not to participate will not affect your current or future relations with the University. If you decide to participate, you are free to withdraw at any time without affecting that relationship.</p>

**Please retain a copy of this information for your records. You will be given an opportunity at the beginning of the interview to have any questions answered.**

**After any questions are asked, the interviewer will ask that you provide verbal consent to participate in the interview and to have the interview recorded.**

## **Appendix F. Supplemental Methods: Interviewing Techniques and Data Trustworthiness**

### *Interviewing Techniques.*

During the interviews, I was intentional about several best practices for ensuring data quality: minimizing perceived power dynamics by reassuring participants that they are the experts and that there are no right or wrong answers (Kvale, 1996), as well as a version of member checking known as question answer validity, where I paraphrased paraphrases the interviewee's comments in real time to confirm and/or clarify meaning (Taylor, Bogdan, & DeVault, 2015). I used several probing techniques such as the echo probe, repeating the last thing the participant said and asking them to elaborate and the long-question probe, using a preamble or longer first sentence to create a safe and neutral context for the participant to provide a rich response to the question of interest (Bernard, Wutich, & Ryan, 2017).

Given that my interviews entailed retrospective questions, I used strategies to improve the accuracy of participant recall. Using landmarks, such as “the start of the 2019-2020 school year,” or “when shelter in place began,” is a common memory recall technique (Sudman & Bradburn, 1974; Loftus & Marburger, 1983). Research has also particularly demonstrated that framing questions in the context of a school start or end date can be helpful (Reimer & Matthes, 2007). I also made sure to bring participants “back” to these landmark timepoints repeatedly throughout the interview.

### *Trustworthiness of the Data.*

Similar to validity in quantitative data, qualitative researchers have developed four constructs to assess the quality and trustworthiness of a study (Cresswell, 2009). As originally described by Lincoln and Guba (1985), data trustworthiness contains four constructs:

- 1) **Credibility:** how confident one can be in that the findings are truthful



- 2) **Transferability:** how applicable one's findings are to another setting or group (note: generalizability does not tend to the goal of qualitative research)
- 3) **Dependability:** how stable the findings are over time and how easily a study could be replicated
- 4) **Confirmability:** how neutral the data and researchers were in shaping findings

To address these four constructs, and to ensure the quality and trustworthiness of my data, I utilized several strategies. To increase the confidence that one could have in the truth of my study's findings, I utilized the practices of rapport building with participants as previously mentioned in *Interviewing Techniques*, audio recording and verbatim transcription, and peer debriefing throughout the data analysis process. Since November 2020, I have been meeting virtually with a fellow, though impartial, graduate student from another University to discuss emerging interpretations, and to help "uncover" any of my potential biases or faulty assumptions (Noble & Smith, 2015). Experts also argue that even if researchers are working on different projects, sharing excerpts, dilemmas, and potential findings can be greatly beneficial (Saldaña, 2015; Strauss, 1987).

While the goal of qualitative research is typically not generalizability (Creswell, 2009), by providing rich, detailed information about my participants and their center demographics, audiences can determine the relevance of the results for their particular purpose or interest (Noble & Smith, 2015).

To increase the degree to which this study could be repeated, I utilized an audit trail (Carcary, 2009) to document all decisions made prior to, during, and after data collection. I made sure to keep track of each methodological choice I was making and the reason behind those

decisions, particularly when changes were made from my proposed plan. In this methods section, I have been sure to provide dense descriptions of the research process and design.

To reduce bias, I used direct quotes throughout the presentation of the study's findings to exemplify concepts in the words of the participants themselves. In accordance with the literature, I ensured that these quotes were authentic, illustrative, and representative (Lingard, 2019).

Although a formal consensus coding method was not used for this study, I was fortunate to have one of my committee members serve as an auditor (Cutcliffe & McKenna, 2004), as we dual-coded a portion of all 20 interviews and debriefed in a discussion of similarities/differences in our coding decisions.

## **Appendix G. Center Director Demographic Form**

### **Interview Screener (COVID-19 & IL HS/EHS)**

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#### **Start of Block: Default Question Block**

Q1 The Social-Emotional Teaching and Learning Lab at the University of Illinois at Chicago is conducting a research study of Illinois Head Start/Early Head Start center directors to learn about your experiences supporting children and families during COVID-19. Your participation will help us better understand how early childhood programs have responded to center-closures related to the pandemic.

If you are interested in participating in **two** interviews (1st interview: July/August 2020, 2nd interview: October/November 2020), please complete this short screener and we will be in touch to schedule your first phone interview using the contact information that you provide.

For more information on our study, please refer to this Consent Form.

**Link to CONSENT FORM**

---

Q2 Are you a Head Start/Early Head Start center director in the state of Illinois?

☐ Yes (1)

☐ No (2)

*Skip To: End of Survey If Are you a Head Start/Early Head Start center director in the state of Illinois? = No*

---

Q3 What is your first name?

---

Q4 What type of center are you the director of?

☐ Head Start only (1)

☐ Early Head Start only (2)

☐ Head Start/Early Head Start (3)

Q5 What ZIP code is your Head Start/Early Head Start center located in?

---

Q7 Thanks so much for your responses! If you are selected for this study, we will be contacting you by email or phone (whichever you prefer) to schedule your first (of two) phone interview. If you have no preference, feel free to provide both your email address and phone number.

☐

I can be contacted by email and my email address is: (1)

---

☐

I can be contacted by phone and my phone number is: (2)

---

**End of Block: Default Question Block**

## **Appendix H. Center Director Interview Script Time #1**

Thank you in advance for agreeing to be part of this study and for taking the time to talk to me today. Before we go any further I would like to confirm that you received the consent document. Do you have any questions about it?

The interview today will cover a range of questions related to your Head Start centers' practices before and during COVID-19. We expect the interview to last between 30 to 60 minutes. If we come to any questions that you do not want to answer, please let me know and we will move to the next one. All of your answers are voluntary and confidential. I also want to emphasize that there is no right or wrong answer to these questions and you truly are the expert here. I very much appreciate your time and as such, you will receive a \$25 Amazon gift card via email at the end of the interview.

Do you have any questions?

Are you willing to participate in this interview? [IF NO, thank them for their time and end call]

I would also like to audio tape our conversation today but as stated in the consent form, this recording will be deleted once the audio has been transcribed. Is this all right with you?

We ask that you not reveal any identifying information, such as names. But if you do, we will not transcribe the names of adults, children, or specific places in order to protect your and their confidentiality.

The interview today is going to be divided into several sections. We'll start with just a quick section about some demographics. And then the bulk of the questions will be divided into Part 1 and Part 2. Part 1 will ask you to reflect on your pre-COVID practices and Part 2 will ask you to discuss how things have changed.

Thank you. If you don't have any other questions, we'll get started.

**Turn on No Notes recording app\*\*\* RECORD EXACT TIME:**

### **Demographics**

- Confirm survey responses
- Describe the racial/ethnic makeup of the children and families that you serve.
- What language do your families' speak?
- Just a few questions about yourself:
  - How long have you worked as a Head Start director?
  - How long have you worked in the field of early childhood?

## **PART 1: Pre-Pandemic Practices Interview**

This first set of questions will be all about your pre-center closure practices. What did things look like before COVID-19? How you previously went about building relationships with families at your center, perhaps using the start of the 2019-2020 school year as an example.

### ***Part 1: Family Engagement***

1. How did you previously go about building relationships with families at your center, at the start of the 2019-2020 school year for example?
2. How did your program learn about families' needs and their goals for their children?
  - a. How is this data collected and how is it used?
3. How did your family engagement strategies or initiatives typically begin?
  - a. Center-initiated or in response to family asks?
4. Tell me about a family that was hard to engage, what did you do?
  - a. What did your program do?
  - b. How did you know it was working?
  - c. If that hadn't worked, what would have been your next step?

### ***Part 1: Social-Emotional Learning/Mental Health/Disability***

1. How did you/your program support the social-emotional development of children?
  - a. Tell me about the most challenging behaviors in your center.
  - b. How did you support children with challenging behaviors?
2. Did you use a specific SEL curriculum?
3. What were the biggest stressors that your families faced?
4. How did you/your program support parent/family mental health?
5. How did you/your program support staff mental health?
6. How did you meet the needs of children with disabilities?

#### Potential probes:

- What did you find most effective?
- What were the biggest challenges or barriers?
- What resources were most helpful to you?
- What did you wish you had to be more effective?

**Is there anything else you want to mention about your pre-COVID practices before we move to the next section?**

## **Pre-Part 2 Screener Questions**

We are now moving to the second part of the interview.

Ask the following questions to determine which version of Part 2 they will get:

- I. Did your center ever close as a result of COVID-19?
- II. Is your center currently closed?
- III. When was the last time your center was open?
- IV. Do you have summer funding or programming? Is this occurring in-person or remotely?

## **PART 2: COVID-19 Adjustments and Practices Interview**

### **IF CENTER IS CURRENTLY OPEN (but was closed)...**

The next set of questions will ask you to reflect on your practices during COVID-19 center closures. The first set will be about family engagement and then next set will be about social-emotional learning and mental health.

#### ***Part 2 (open): Family Engagement***

1. During your center's shut down, how did you go about building relationships with families?
2. How did your program learn about families' needs and their goals for their children?
3. How did your family engagement strategies or initiatives typically begin?
  - a. Center-initiated or in response to family asks?
4. Tell me about a family that was hard to engage during the pandemic, what did you do?
  - a. What did your program do?
  - b. How did you know it was working?
  - c. If that hadn't worked, what would have been your next step?
5. In what ways has your relationship with families and parents changed and in what ways has it stayed the same?
6. Looking back on the past few months during the pandemic, is there anything you wish you had done differently related to family engagement?
7. Looking forward, what are you most nervous about as it relates to working with families?

#### ***Part 2 (open): Social-Emotional Learning/Mental Health/Disability***

1. How did you/your program support the social-emotional development of children during your center closure?
  - a. What are the challenging behaviors you are witnessing or hearing about?
  - b. How have you been supporting children with challenging behaviors?
2. Did you use an SEL curriculum virtually? (same or different than before)
3. What were the biggest stressors that your families faced during your center closure?
4. How did you/your program support parent/family mental health during your center closure?
5. How did you/your program support staff mental health during your center closure?
6. How did you meet the needs of children with disabilities during your center closure?
7. How did you meet the needs of children with behavioral challenges during your center closure?
8. Tell me about the SEL or mental health work over the past several months that you are most proud of.
9. Looking back on the past few months during the pandemic, is there anything you wish you had done differently related to SEL?
10. Looking forward, what are you most nervous about as it relates to SEL?

#### **Potential probes:**

- How did community collaborations support your work?
- What did you find most effective?
- What were the biggest challenges?
- What resources were most helpful to you?

- What did you wish you had to be more effective?

### **IF CENTER IS STILL CLOSED...**

#### ***Part 2 (closed): Family Engagement***

1. How have you gone about building relationships with families over the past several months?
2. How have you learned about families' needs and their goals for their children?
3. How have your family engagement strategies or initiatives typically begun?
  - a. Center-initiated or in response to family asks?
4. Tell me about a family engagement initiative during COVID-19 that you are most proud of.
5. Tell me about a family that has been hard to engage during the pandemic, what have you done?
  - What has your program done?
  - Is it working?
  - What are your next steps?
6. In what ways has your relationship with families and parents changed and in what ways has it stayed the same?
7. Looking back on the past few months during the pandemic, is there anything you wish you had done differently related to family engagement?
8. Looking forward, what are you most nervous about as it relates to working with families?

#### ***Part 2 (closed): Social-Emotional Learning/Mental Health/Disability***

1. How have you/your program been supporting the social-emotional development of children during your center closure?
  - a. What are the challenging behaviors you have been witnessing or hearing about from families?
  - b. How have you been supporting children with challenging behaviors?
2. Are you using an SEL curriculum virtually? (same or different)
3. What are the biggest stressors that your families have been facing during your center closure?
4. How has you/your program been supporting parent/family mental health during your center closure?
5. How has you/your program been supporting staff mental health during your center closure?
6. How have you been meeting the needs of children with disabilities during your center closure?
7. Tell me about the SEL or mental health work over the past several months that you are most proud of.
8. Looking back on the past few months during the pandemic, is there anything you wish you had done differently related to SEL?
9. Looking forward, what are you most nervous about as it relates to SEL?

#### **Potential probes:**

- How did community collaborations support your work?
- What did you find most effective?
- What were the biggest challenges?
- What resources were most helpful to you?
- What did you wish you had to be more effective?



## **Appendix I. Center Director Interview Script Time #2**

### **DIRECTOR INTERVIEW: Time 2 (October/November 2020)**

#### Introduction

Thank you in advance for agreeing to be part of this study and for taking the time to talk to me today. Before we go any further I would like to confirm that you received the consent document. Do you have any questions about it?

The interview today will cover a range of questions related to your Head Start centers' current practices. We expect the interview to last between 30 to 60 minutes. If we come to any questions that you do not want to answer, please let me know and we will move to the next one. All of your answers are voluntary and confidential. I also want you to know that there is no right or wrong answer to these questions and you truly are the expert here. I very much appreciate your time and as such, you will receive a \$25 Amazon gift card via email at the end of the interview.

Do you have any questions?

Are you willing to participate in this interview? [IF NO, thank them for their time and end call]

I would also like to audio tape our conversation today but as stated in the consent form, this recording will be deleted once the audio has been transcribed. Is this all right with you?

We ask that you not reveal any identifying information, such as names. But if you do, we will not transcribe the names of adults, children, or specific places in order to protect your and their confidentiality.

If yes: Turn on audio-recorder. [IF NO, take notes to open-ended questions]

Thank you. If you don't have any other questions, we'll get started.

#### **RECORD TIME NOW**

Ask the following questions to determine which version of this interview they will get:

- A. Did your center ever close as a result of COVID-19?
- B. Is your center currently closed?
- C. When was the last time your center was open?

### **DIRECTOR INTERVIEW: Time 2 (November 2020)**

#### Introduction

Hi \_\_\_. How have you been since we last spoke? Just want to briefly review the plan for today and provide you an opportunity to ask any questions. I expect the interview to last between 30 to

60 minutes. If we come to any questions that you do not want to answer, please let me know and we will move to the next one. All of your answers are voluntary and confidential. I also want you to know that there is no right or wrong answer to these questions and you truly are the expert here. I very much appreciate your time and as such, you will receive a \$25 Amazon gift card via email at the end of the interview.

Do you have any questions?

Are you willing to participate in this interview? [IF NO, thank them for their time and end call]

I would also like to audio tape our conversation today but as stated in the consent form, this recording will be deleted once the audio has been transcribed. Is this all right with you?

We ask that you not reveal any identifying information, such as names. But if you do, we will not transcribe the names of adults, children, or specific places in order to protect your and their confidentiality.

If yes: Turn on audio-recorder. [IF NO, take notes to open-ended questions]

Thank you. If you don't have any other questions, we'll get started.

## **RECORD TIME NOW**

### **Intro questions**

1. When we last spoke on \_\_\_\_, you mentioned that your program was \_\_\_\_ (currently open and serving children / at reduced enrollment / doing a hybrid model). Can you update me on your enrollment since then?
  - a. Has that remained the case?
2. How would you describe the transition back to school this year?
3. How has it been going this fall?

The next questions are going to cover the period of time since we last spoke, so thinking about the past several months.

### ***Family Engagement***

1. How has family's level of engagement with the program been?
2. How has your program continued building relationships with families?
  - a. How has COVID-19 impacted your relationships with families?
3. I know that prior to COVID you were hosting events in-person, are those still happening?
  - a. Has there been anything to replace these?
4. Pick up and drop off rules – how is that impacting relationships?
5. How are you learning about families' needs and their goals for their children?

6. What are families doing at home to support their child's learning?
7. What are the biggest stressors that your families are currently facing?
8. How are you communicating with families? What is most effective?
9. Tell me about a family that is hard to engage, what are you doing?
10. How would you describe the mental health of your families at this time?

### ***Social-Emotional Learning/Mental Health/Disability***

1. How has your program been supporting the social-emotional development of children?
2. Have you been seeing any new challenging behaviors?
3. Have you seen any new challenging behaviors that you were not seeing prior to the pandemic?
4. How are children in your program adjusting to mask wearing and other protocols that have been put in place?

\*\*if not mentioning challenges, what do you think accounted for the positive transition back?

6. How are children with disabilities receiving their services or therapies?  
Do you feel like they're getting what they need?
7. How is your program supporting the adults at your center? Staff mental health.
8. Do you have children who have been dealing with death and grief?
9. For virtual learners, how do you encourage children's engagement?

### **GENERAL REFLECTIONS**

1. What do you think has helped you be successful this Fall?  
What would you tell another program? Advice to another program who was struggling.
2. What would you say your biggest challenge has been this fall?
3. What have you learned from last shut down in case you have to shut down again?
4. I know we're all anxious to get back to normal but is there anything that you would keep from this time period?

## Appendix J. February 2021 Demographics & Follow-up Survey

### IL HS Study Feb 2021 Survey

**Study Title:** Illinois HS/EHS Center Director COVID-19 Study

**Principal Investigator:** Callie Silver This past Fall 2020 you currently participated in two interviews for the above-named research study. As part of this study, we have added an additional survey that was not part of the original consent form you verbally consented to. Below we outline the additional research activities that might affect your willingness to continue your participation. A brief, 5-10 minute survey containing questions on your demographics and open-ended questions regarding your program's family engagement and social-emotional learning practices since November 2020. You will receive a \$10 Amazon gift card following the completion of the survey.

All information contained in the original consent form that you signed is still true and remains in effect. Your continued participation in this research study is voluntary. You may withdraw from the research now or at any time without penalty or negative consequences.

If you have any questions or concerns about this information, contact the researcher, Callie Silver, at [hsilve2@uic.edu](mailto:hsilve2@uic.edu) or (203) 247-3818 or her Faculty Advisor/dissertation chair, Katherine Zinsser, PhD at [kzinsser@uic.edu](mailto:kzinsser@uic.edu) or (312) 996-5494.

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I have read (or someone has read to me) the above information. I have been given an opportunity to ask questions and my questions, if any, have been answered to my satisfaction. By clicking below, I agree to participate in this portion of the study.

- ☐ Yes, I would like to participate. (4)
- ☐ No, I would not like to participate. (5)

*Skip To: End of Survey If I have read (or someone has read to me) the above information. I have been given an opportunity t... = No, I would not like to participate.*

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Page Break

In order to get a better sense of this study's representation as I work through the interview data from the Fall, this survey begins with a few demographic questions.

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Q1 What is your highest level of education?

- ☐ High school (or equivalent) (1)
  - ☐ Some college (2)
  - ☐ Associate degree (3)
  - ☐ Bachelor's degree (4)
  - ☐ Master's degree (5)
  - ☐ Ph.D. (6)
- 

Q5 What is your age?

- ☐ 18 to 24 years (1)
  - ☐ 25 to 34 years (2)
  - ☐ 35 to 44 years (3)
  - ☐ 45 to 54 years (4)
  - ☐ 55 to 64 years (5)
  - ☐ Age 65 or older (6)
-

Q2 Do you identify as Hispanic/Latina or of Spanish origin?

☐ Yes (1)

☐ No (2)

---

Q3 Which of the following do you identify as? (select all that apply)

☐ American Indian or Alaska Native (1)

☐ Asian (2)

☐ Black or African American (3)

☐ Native Hawaiian or Other Pacific Islander (4)

☐ White (5)

☐ Other, please describe: (6) \_\_\_\_\_

I know a lot has happened since we last spoke in November 2020. The next questions seek to understand how things have been going for your program since then.

---

Q7 Is your center currently open (as of February 2021)?

☐ Yes - all classrooms are open (1)

☐ No - no classrooms are open (2)

☐ Hybrid - some classrooms open, some virtual learning (3)

☐ Other, please describe (4) \_\_\_\_\_

---

## **Engaging Families**

Q8 Since we last spoke in November 2020, please tell me what your program has done **differently** to *engage families*.

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Q9 Since we last spoke in November 2020, please tell me what your program has **continued** to do to *engage families*.

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### Supporting children's social-emotional development

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Q10 Since we last spoke in November 2020, please tell me what your program has done **differently** to *support children's social-emotional development*.

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Q11 Since we last spoke in November 2020, please tell what your program has **continued** to do to *support children's social-emotional development*.

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### Final Questions & Gift Card

Q14 Is there anything else you'd like to share with me about the past few months?

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Q17 I want to thank you so much for your time and commitment to this research study over the past year. I can't express how much your continued involvement means to me. Your insight and expertise is going to be so valuable to the field of early childhood education. I am wishing you and your families health and wellness in the months ahead.

In exchange for your time completing this survey, I am pleased to be sending you a \$10 Amazon gift card via email.

Please provide the email you would like the gift card to be sent below:

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## **Appendix K. Parent Café Reflections**

As to be expected while conducting community-engaged research during a global pandemic, this dissertation hit some road bumps. One of these bumps was pertaining to an originally proposed element of this dissertation: the secondary data analysis of parent perspectives on their experiences throughout the pandemic and if/how they felt supported by their Head Start agency. From the outset of this dissertation, I was intentional about using triangulated data such that I would be able to elevate the voices of center directors, as well as parents. Having served as Fellow at the Governor's Office of Early Childhood Development (GOECD), I was aware of the fact that Parent Cafés were being conducted annually as part of a federal Preschool Development Birth to Five (PDG B-5) grant, in partnership with the Illinois Head Start Association (ILHSA). Parent Cafés are an evidence-based family engagement practice whereby caregivers are provided a safe space “to talk about the victories and challenges of raising a family” (Be Strong Families, 2019). Parents themselves are trained as facilitators, timekeepers, and notetakers to ensure that events are successful and foster openness. Using a peer leader has several benefits for data validity including participant openness and comfort, cultural sensitivity, and an opportunity for parent leadership (Center for the Study of Social Policy, 2015).

Parent Cafés generally have a theme or topical focus and for the 2020 series, with the onset of the pandemic, it was decided that the Cafés would be titled “Parents Leading through Crisis.” The question guides were focused on managing family emotions and stress and zero to five schooling during the pandemic. Given the relevance to my dissertation and my intrigue with the format of these events, I reached out to folks at GOECD and ILHSA to discuss the possibility

of becoming a thought partner in this work. For the past year I have been involved in bi-weekly calls with the “Parent Café team” to discuss the planning and roll-out of these events.

The team agreed that Parent Cafés yield such important and honest information from parents/caregivers that we all wanted to find a way to capture it. We decided early on against video-taping or audio-recording these events, for we did not want to fundamentally change the open, safe nature of these events. However, the team reflected on the fact that in the 2019 in-person Cafés, notetakers were diligent and produced detailed, verbatim notes of what attendees had discussed. We decided that even in this new virtual format, the trained parent notetaker could take notes that would be submitted to the ILHSA. I went through the process with UIC of creating a data sharing agreement with the ILHSA in order to conduct a secondary analysis on the notes collected at the Parent Cafés.

### **2020 Parent Café Plan**

For the second year of Parent Cafés, the plan was that 18 individual agencies would be selected through an RFP process with the ILHSA to conduct a series of virtual Parent Cafés that would ultimately reach at least 60 parents/caregivers per agency. Therefore, we were all expecting that ILHSA would be receiving a massive amount of notes and I decided that I would intentionally sample from the agencies that oversaw Head Start centers where the directors I interviewed worked (there were 4 centers that met this criteria).

While parent leader training was intended to begin during the summer of 2020, there was a setback regarding contracts that pushed back the training to occur during the fall of 2020. However, given the PDG B-5 spending requirements, we still had confidence that programs would complete their Cafés in November/December 2020 and would successfully meet the grant deadline. Programs were reminded of these expectations (and supported by a Mentor Coach) to

complete their events by the end of 2020, reach at least 60 participants, and submit participant evaluations, demographic surveys, and notes from each event to the ILHSA.

### **2020 Parent Café Reality**

Unfortunately, as of January 7, 2021, only 10 out of 17 active agencies submitted a report of any kind to the ILHSA. Programs had not submitted verbatim notes, with few submitting notes at all, and demographic surveys were sparse as well. Of particular note, only one agency had met the goal of reaching 60 caregivers (and they did not submit all of their required materials). Given the less-than-satisfactory performance by these agencies and feedback that the pandemic had been a major hinderance, we decided to extend their deadline to the end of March, 2021. The expectations, particularly regarding note-taking and data, were reiterated and agencies were continuing to be provided with support from a Licensed Social Worker. Sadly, by mid-April, the ILHSA had not received any additional new or revised reports from the agencies. It became clear at this point that it would not be feasible for me to answer my originally proposed third research question: How do Illinois HS/EHS parents view their interactions with Head Start centers throughout COVID-19? To what extent do parents report experiencing and benefiting from programs' efforts to engage families and foster children's social-emotional development?

### **Lessons Learned**

Despite this process being more difficult than expected, and at times frustrating, for all involved (particularly given the success of the 2019 Parent Cafés), there were several silver linings and lessons learned. I outline five key takeaways below:

- 1) When programs were able to host Parent Cafés, the response from parents/caregivers was resoundingly positive. In program reports, they shared quotes such as “I really needed this” and “I felt empowered” from attendees. Others shared that parents were able to

Enlightening  
Informative  
Learning  
Love  
Self  
Family  
Resilient  
Empowering  
Fun  
United  
Refreshing  
Awesome  
Resilient  
Caring  
Nurturing  
Flexibility  
Cheer  
Intense  
Support  
Encourage  
Self-esteem  
Optimism  
Relaxing  
Courageous  
Collaboration  
Sympathetic  
Grateful  
Venting  
Understanding  
Liberating  
Inspired  
Routine  
Free  
Emotions  
Responsibility  
Supportive  
Amazing  
Community  
Understood  
Comforting  
Good Human  
Emotion  
Related  
Blessed  
Happy  
Resourceful  
Connected  
Peaceful  
Therapeutic  
Persistence  
Validated  
Child  
Socialize  
Frustration  
Strategies  
Inspirational  
Heal  
Experience  
Confidence  
Great  
Ideas  
Balance  
Familiar  
Empathy  
Vent  
Walk  
Faith  
Proud  
Joy  
Time  
Okay  
Bond  
Stomach  
Frustration

*Word cloud of “one-word reactions” from 119 parents across 6 agencies*

- 2) Within the program reports that were received, administrators unanimously expressed a need for more time. They mentioned that, particularly during the pandemic, it was a challenge to make sure they had all the materials they needed (e.g. flyers, manuals, etc.) in a timely fashion. Without enough time to promote the events, many struggled with event attendance. Others shared that more parents signed up than actually attended the event, largely due to issues caused by the pandemic. One program expressed that “the month of December was a challenge” with many sites closing temporarily due to spread of the virus. Moving forward, it seems like ensuring that contracts are executed in a timely fashion to allow programs to have more time to implement the Cafés will be critical.
- 3) Amongst the Parent Café leadership team we have had some very rich discussions over the past several months about the fact that the lack of success that some programs have had with reaching 60 parents in their community has served as an opportunity for them to conduct a real self-check on their overall family engagement approach. They’ve been asking themselves “why has it been so hard to get people to show up?” and “what might we do moving forward to change this?” We’ve discussed that this has revealed a deeper issue for many programs, indicating a need for more family engagement training in general, before the next round of agencies launch Parent Cafés. This feedback has already informed the 2021 Parent Café training plan and schedule.
- 4) Another observation from this experience has been that the outcomes for programs was rather dichotomous: either they successfully conducted the events and exceeded their goal of parents reached (though documentation lacked all around) or they failed to even host a single event. Given that we have agencies that have been successful and agencies

that have really struggled, we have discussed the idea of potentially setting up systems where agencies can learn from one another. Having the programs that were able to reach parents virtually in the midst of the pandemic share what they were able to do with those that were not will be extremely valuable.

- 5) Obtaining participant evaluations was a challenge across the board, but some agencies employed innovative strategies. For example, we heard that after some Parent Cafés, parents were able to text back a photo of their completed survey or they were texted a Google doc link to complete the evaluation on their phones at the conclusion of the event. These approaches speak to the process that so many were going through regarding the learning curve of conducting activities in a virtual world. While agencies expressed that they hope to be able to resume in-person Parent Cafés soon, we have learned a great deal about what works and doesn't work regarding data collection should we have to host events of any kind virtually in the future.

## H. CALLIE SILVER, A.B.D

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Chicago, IL 60607  
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### Education

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- 2018-2021 **University of Illinois Chicago**, Chicago, IL  
(expected) Ph.D., Community and Prevention Research, Department of Psychology  
Dissertation Title: *Illinois Head Start/Early Head Start Programs Respond to COVID-19: Family Engagement and Social-Emotional Learning in Unprecedented Times*  
Advisor: Katherine Zinsser, Ph.D.
- 2016-2018 **University of Illinois Chicago**, Chicago, IL  
M.A., Community and Prevention Research, Department of Psychology  
Thesis Title: *Examining the Ecology of Preschool Expulsion Decision-Making*  
Advisor: Katherine Zinsser, Ph.D.  
GPA: 4.0/4.0
- 2012-2016 **Cornell University**, Ithaca, NY  
B.S., College of Human Ecology  
Major: Human Development  
Minors: Inequality Studies, Policy Analysis & Measurement, Law & Society  
GPA: 3.77/4.0

### Publications

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#### Peer-Reviewed Publications

1. **Silver, H. C.**, Davis, A. E., Loomis, A. M., Park, C., & Zinsser, K. M. (under review). Updating the evidence: A systematic review of a decade of Infant Early Childhood Mental Health Consultation (IECMHC) research. *Infant Mental Health Journal*.
2. Zinsser, K. M., **Silver H. C.**, Shenberger, E. R., & Jackson, V. (under second review). A systematic review of early childhood exclusionary discipline. *Review of Educational Research*.
3. **Silver, H. C.**, Zinsser, K. M., Zulauf-McCurdy, C. A., Lowe-Fotos, A., Orr, L., & Estlund, M. (2021). Transforming early childhood discipline policy through collaborative research and evaluation. *Translational Issues in Psychological Science*.  
<https://doi.org/10.1037/tps0000279>
4. **Silver, H. C.** & Zinsser, K. M. (2020). The interplay among early childhood teachers' social and emotional well-being, mental health consultation, and preschool expulsion.

*Early Education and Development*, 1–18.

<https://doi.org/10.1080/10409289.2020.1785267>

5. Zulauf, C., **Silver, H. C.**, & Zinsser, K. M. (2019). *Mixing Methods in Matrix Analyses of Preschool Expulsion Practices*. SAGE Publications Ltd.  
<https://dx.doi.org/10.4135/9781526477736>
6. Zinsser, K. M., Zulauf, C. A., Nair Das, V., & **Silver, H. C.** (2019). Utilizing social-emotional learning supports to address teacher stress and preschool expulsion. *Journal of Applied Developmental Psychology*, 61, 33–42.  
<https://doi.org/10.1016/j.appdev.2017.11.006>
7. **Silver, H. C.**, Hazan, C., Whitlock, J. (2015). The wellbeing of young adults as a function of parental status in rural Tanzania. *American Journal of Undergraduate Research*, 12(4). <https://doi.org/10.33697/ajur.2016.009>

### **Reports, Briefs, Articles, & Chapters**

1. **Silver, H. C.**, Nylander, D., Lowe-Fotos, A., Knight, B., Chalmers, D., Metcalf, J., Mitchell, L., Orr, L., Corso, R., & Doubet, S. (2021, April). Illinois Pyramid Model Implementation Guide. *Illinois Governor's Office of Early Childhood Development*.
2. **Silver, H. C.**, Zinsser, K. M., & Coba-Rodriguez, S. (2021, April). Early Childhood Expulsion in Illinois Amidst COVID-19. *The Society for the Psychological Study of Social Issues (SPSSI) Forward*. Retrieved from  
<https://www.spssi.org/index.cfm?fuseaction=page.viewPage&pageID=2676&nodeID=1>
3. Zinsser, K. M. & **Silver, H. C.** (2020, July). When we stop expelling three year olds, teachers need resources. *Society for Community Research and Action*. Retrieved from  
<https://www.communitypsychology.com/wp-content/uploads/2020/07/Zinsser-Stop-Expelling.pdf>
4. Zinsser, K. M., **Silver, H. C.**, Hussaini, Q., & Zulauf, C. A. (2019, June). *Evaluation Report of the Implementation of Illinois Public Act 100-0105: Early childhood programs' knowledge of and responses to the 2018 expulsion legislation*. Retrieved from  
[https://docs.wixstatic.com/ugd/1a138e\\_e8153ce6e9664181b871166f97777a2f.pdf?index=true](https://docs.wixstatic.com/ugd/1a138e_e8153ce6e9664181b871166f97777a2f.pdf?index=true).
5. **Silver, H. C.** (2017). Chapter 13: Plotting Regression Interactions. In A. P. Demos (Ed.), *A language not a letter: Learning statistics in R*. Retrieved from  
<https://ademos.people.uic.edu/Chapter13.html>.

### **Funding, Awards, Honors, & Fellowships**

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**SPSSI Local- and State-Level Policy Work Award (\$2,000)**  
“Early Childhood Expulsion in Illinois Amidst COVID-19”

**December 2020**

**Dolores Norton Dissertation Research Award (\$5,000)**  
Illinois Association for Infant Mental Health

**October 2020**

**ACF/OPRE Early Care and Education Research Scholar (\$25,000)**  
Head Start Graduate Student Research Grant

**September 2020**



<b>UIC Institute for Research on Race &amp; Public Policy (\$1,500)</b> Dissertation Award	<b>November 2019</b>
<b>SRCD Pre-Doctoral U.S. State Policy Fellowship (\$30,000)</b> Illinois Governor's Office of Early Childhood Development	<b>March 2019</b>
<b>UIC Chancellor's Graduate Research Award (\$5,000)</b> University-wide funding for independent research	<b>December 2017</b>
<b>Cornell Cooperative Extension Summer Internship Award (\$4,000)</b> Summer research funding for undergraduates	<b>May 2015</b>
<b>Blumenthal Internship Award (\$3,000)</b> Summer nonprofit experiences for undergraduates	<b>May 2014</b>

## **Presentations of Research**

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1. **Silver, H. C.** (2021, August). *Head Start in the Age of COVID-19: A Qualitative Study with Illinois Center Directors*. Presentation submitted to the Society for the Psychological Study of Social Issues (SPSSI) 2021 Virtual Conference.
2. **Silver, H. C. & Zinsser, K. M.** (2021, August). *Early Childhood Expulsion in Illinois: Findings 3 Years Post-Legislation*. Presentation submitted to the Society for the Psychological Study of Social Issues (SPSSI) 2021 Virtual Conference.
3. **Silver, H. C. & Zinsser, K. M.** (2021, June). *Evaluating the implementation of the Illinois Early Childhood Expulsion Legislation*. Paper accepted to a symposium at the World Association for Infant Mental Health (WAIMH) Congress, Virtual.
4. Shenberger, E., Jackson, V., **Silver, H. C.**, & Zinsser, K. M. (2021, April). *A Systematic Review of Early Childhood Suspension and Expulsion*. Poster presented at the Society for Research on Child Development (SRCD) Biannual Meeting, Virtual.
5. Kruzik, C., Wei, W., Bowne, J., Ha, Y., **Silver, H. C.** (2021, April). *Quality and Access Equity in Early Education and Care during COVID-19: A State Policy Perspective*. Roundtable presentation at the Society for Research on Child Development (SRCD) Biannual Meeting, Virtual.
6. Zinsser, K. M., **Silver, H. C.**, Lowe-Fotos, A., Estlund, M., & Orr, L. (2021, April). *Longitudinal Assessment of Illinois Legislation Promoting Mental Health Consultation to Prevent Early Childhood Expulsion*. Paper presentation at the Society for Research on Child Development (SRCD) Biannual Meeting, Virtual.
7. Clayback, K. C., **Silver, H. C.**, & Zinsser, K. M. (2021, April). *A Multilevel Examination of the Role of Head Start Teacher Characteristics in Ratings of Child Behavior*. Poster presented at the Society for Research on Child Development (SRCD) Biannual Meeting, Virtual.
8. **Silver, H. C.** (2020, October). *At the Nexus of Early Childhood Research and Policy: Reflections from an SRCD State Policy Fellow*. Brownbag presentation at the Brownbag presentation at the UIC Department of Psychology Community and Prevention Research Colloquium Series. Virtual.

9. Clayback, K. A., **Silver, H. C.** & Zinsser, K. M. (2020, April). *A multilevel examination of the role of teacher characteristics in ratings of child behavior in Head Start classrooms*. Roundtable presentation accepted at the American Educational Research Association (AERA) Annual Conference, San Francisco, CA. Conference cancelled due to COVID-19.
10. Zinsser, K. M. & **Silver, H. C.** (2020, February). *A Research, Practice, and Policy Partnership to Study the Implementation of Illinois Expulsion Legislation*. Symposium presentation at the Illinois Every Student Succeeds Act Annual Conference, Chicago, IL.
11. Zinsser, K. M., **Silver, H. C.**, Hussaini, Q., & Zulauf, C. (2019, June). *Ending early childhood education expulsion in Illinois through collaborative legislation, implementation, and intervention approaches*. Paper presented at a symposium at the Society for Community Research and Action (SCRA) Biennial Conference, Chicago, IL.
12. Hussaini, Q., Zulauf, C., **Silver H. C.**, & Zinsser, K. M. (2019, June). *Understanding the multiple sources of gender bias in early childhood education*. Poster presented at the Society for Community Research and Action (SCRA) Biennial Conference, Chicago, IL.
13. Park, C. E., **Silver, H. C.**, Hussaini, Q., Zulauf, C., Zinsser, K. M. (2019, June). *Illinois expulsion legislation implementation*. Poster presented at the Society for Community Research and Action (SCRA) Biennial Conference, Chicago, IL.
14. **Silver, H. C.** (February, 2019). *Evaluation planning for early childhood mental health consultation: A collaborative and iterative approach*. Brownbag presentation at the UIC Department of Psychology Community and Prevention Research Colloquium Series, Chicago, IL.
15. **Silver, H. C.**, Clayback, K. A., & Zinsser, K. M. (2019, April). *The role of preschool teacher characteristics on child behavior ratings*. Paper accepted to the Midwest Psychological Association (MPA) Annual Meeting, Chicago, IL.
16. **Silver, H. C.** & Zinsser, K. M. (2019, March). *Mitigating the relationship between teacher depression on preschool expulsion requests in a diverse, urban sample*. Paper presented at a symposium at the Society for Research on Child Development (SRCD) Biannual Meeting, Baltimore, MD.
17. Hussaini, Q., **Silver, H. C.**, Zulauf, C., & Zinsser, K. M. (2018, October). *Illinois expulsion legislation implementation process evaluation*. Presentation at the SCRA Midwest ECO Conference, Chicago, IL.
18. **Silver, H. C.** (2018, October). *The untold stories of community-based, action research*. Workshop conducted at the SCRA Midwest ECO Conference, Chicago, IL.
19. **Silver, H. C.** (2018, October). *Emotion teaching in the classroom: Connecting adult practices to child competencies*. Workshop presented at Illinois Action for Children's Annual Social-Emotional Development Symposium, Chicago, IL.
20. Zinsser, K. M., **Silver, H. C.**, Zulauf, C., & Nair Das, V. (2018, June). *Utilizing social-emotional supports to address stress and preschool expulsion*. Poster presented at a symposium at the National Research Conference on Early Childhood (NRCEC) Annual Conference, Arlington, VA.
21. Troxler, J. R., Roth, A., **Silver, H. C.**, Ponce, E., An, X., Gordon, R. A., Zinsser, K. M., & Curby, T. W. (2018, June). *Development and evaluation of observational measure of emotion teaching*. Poster presented at the National Research Conference on Early Childhood, Washington, D.C.

22. **Silver, H. C.** (2018, April). *Practicum in action research at Illinois Action for Children*. Brownbag presentation at the UIC Department of Psychology Community and Prevention Research Colloquium Series, Chicago, IL.
23. **Silver, H. C.** (2018, April). *From paper to practice: Supporting educators to ensure the efficacy of preschool expulsion legislation in Illinois*. Policy brief presentation in Educational Policy seminar, Chicago, IL.
24. **Silver, H. C.**, Harris, D., Ponce, E, D., Zinsser, K. M. & Curby, T. W. (2018, April). *Early childhood professionals' conceptualizations of emotional competence*. Paper presented at the American Education Research Association annual meeting, New York, NY.
25. Zulauf, C., Nair Das, V., **Silver, H. C.**, & Zinsser, K. M. (2018, April). *Utilizing social-emotional learning supports to address teacher stress and preschool expulsion*. Paper submitted to the Midwestern Psychological Association annual meeting, Chicago, IL.
26. **Silver, H. C.** (2018, March). *Mitigating the relationship between teacher depression and preschool expulsion decision-making in a diverse, urban sample*. Brownbag presentation at the UIC Department of Psychology Community and Prevention Research Colloquium Series, Chicago, IL.
27. **Silver, H. C.** (2018, March). *Unpacking the ecology of preschool expulsion decision-making: The mitigating effects of early childhood mental health consultation on teacher depression symptoms*. Data blitz presentation at the UIC Department of Psychology's 4<sup>th</sup> Annual Cross Program Conference, Chicago, IL.
28. Zinsser, K. M., **Silver, H. C.**, & Jiang, X. (2018, February). *Social-emotional teaching and learning: Connecting adult practices to child competencies*. Workshop presented at the Collaboration for Early Childhood 15<sup>th</sup> Annual Symposium, Oak Park, IL.
29. **Silver, H. C.** & Zinsser, K. M. (2017, November). *The ecology of preschool expulsion decision making*. (November, 2017). Paper presented at the Illinois Education Research Council Conference, Naperville, IL.
30. **Silver, H. C.**, Whitlock, J. L., & Powers, J. (2015, September). *Adolescent Sexual Health in the Digital Age: Assessing Parental and Professional Needs and Knowledge*. Poster presented at the Cornell Cooperative Extension Summer Intern Reception, Ithaca, NY.

## Experience

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### Research & Policy Experience

**2020-**

#### **Illinois Pyramid Model State Lead**

Pyramid Model Consortium

*Advisor:* Rob Corso, Ph.D.

Working closely with the Governor's Office of Early Childhood Development and other state partners to implement the Pyramid Model, an evidence-based social-emotional learning (SEL) professional development framework across Illinois' mixed-delivery system (child care, public preschool, Head Start). Funded by federal Preschool Development Grant Birth to Five (PDG B-5) and GEER (Governor's Emergency Education Relief) funds.

**2019-2020**

**SRCD Pre-doctoral U.S. State Policy Fellow**

Illinois Governor's Office of Early Childhood Development

*Advisors:* Cynthia Tate, Ph.D. & Lori Orr, M.S.W.

[Portfolio](#) included: Illinois Pyramid Model Implementation Guide, FAQ's for Child Care during COVID-19, Emotional Wellbeing Toolkit for Caregivers during COVID-19, Early Childhood Expulsion Process Evaluation Stakeholder Coalition

**2019-2020**

**Graduate Student Summer Research Associate/Adjunct Research Associate**

RAND Corporation

*Advisors:* Laura Hamilton, Ph.D. & Celia Gomez, Ph.D.

**Partnerships for Social-Emotional Learning Initiative (PSELI)**

Funded by the Wallace Foundation

*Principal Investigators:* Laura Hamilton, Ph.D. & Heather Schwartz, Ph.D.

**2017-2018**

**Illinois Action for Children**

Data and Research Department, Chicago, IL

Early Childhood Mental Health Consultation Services, Chicago, IL

*Process and Outcome Evaluator of I/ECMHC Framework*

*Advisors:* David Alexander, Ph.D. & Deborah Chalmers

**2017-2018**

**Institute for Policy and Civic Engagement**

College of Urban Planning and Public Affairs, University of Illinois at Chicago, Chicago, IL

*Graduate Research Assistant*

*Advisor:* Joseph Hoereth, Ph.D.

**On the Table Initiative 2017**

Funded by the Knight Foundation

*Principal Investigators:* Joseph Hoereth, Ph.D., Matt E. Sweeney, Kathryn James

**Online Public Input for the IDOT Long-Range Transportation Plan**

Funded by the Illinois Department of Transportation

*Principal Investigators:* Joseph Hoereth, Ph.D., Matt E. Sweeney, Roy Rothschild

**2016-**

**Social Emotional Teaching and Learning Lab**

Department of Psychology, University of Illinois at Chicago, Chicago, IL

*Graduate Research Assistant*

*Advisor:* Katherine Zinsser, Ph.D.

**Early Childhood Expulsion in Illinois Amidst COVID-19**

Funded by the Society for the Psychological Study of Social Issues (SPSSI)

*Principal Investigators:* Callie Silver, M.A. & Katherine Zinsser, Ph.D.

**Illinois Head Start Centers Respond to COVID-19**

Funded by ACF/OPRE, UIC's Institute for Research on Race and Public Policy (IRRPP), and the Illinois Association for Infant Mental Health (IAIMH)

*Principal Investigators:* Callie Silver, M.A. & Katherine Zinsser, Ph.D.

**Process Evaluation of Early Childhood Expulsion Legislation in Illinois**

Funded by the Society for Community Research and Action

*Principal Investigator:* Katherine Zinsser, Ph.D.

**Development and Preliminary Validation of the Emotional Teacher Rating Scale (EMOTERS) for Preschool Classrooms**

Funded by the Institute of Education Sciences (IES)

*Principal Investigators:* Katherine Zinsser, Ph.D., Timothy Curby, Ph.D., & Rachel Gordon, Ph.D.

**Contexts of Discipline: Understanding How Social-Emotional Supports Impact Preschool Suspension and Expulsion Practices**

Funded by NAEEd/Spencer

*Principal Investigator:* Katherine Zinsser, Ph.D.

**2015-2016**

**Adolescent Sexual Health in the Digital Age**

Bronfenbrenner Center for Translational Research, Cornell University, Ithaca, NY

*Undergraduate Research Assistant*

*Advisors:* Janis Whitlock, Ph.D. & Jane Powers, Ph.D.

**2015-2016**

**The Cornell Research Program on Self-Injury and Recovery**

Bronfenbrenner Center for Translational Research, Cornell University, Ithaca, NY

*Undergraduate Research Assistant*

*Advisors:* Janis Whitlock, Ph.D.

**2015-2016**

**ACT for Youth Center of Excellence**

Bronfenbrenner Center for Translational Research, Cornell University, Ithaca, NY

*Evaluation Team Member*

*Supervisors:* Jane Powers, Ph.D. & Amanda Purington, M.A.

**2014-2016**

**Adult Attachment Phenomena Lab/Sex and Gender Lab**

Department of Human Development, Cornell University, Ithaca, NY

*Undergraduate Research Assistant*

*Supervisor:* Cindy Hazan, Ph.D.

### ***University Service***

2020-2021	Psychology Undergraduate Research Readiness (PURR) Mentor <i>Department of Psychology, UIC</i>
2018-2020	Graduate Student Council Representative <i>UIC</i>
2018-2020	Committee on Graduate Studies (COGS) Student Representative <i>Department of Psychology, UIC</i>
2016-	Diversity Advancement Committee – Student Advisory Board <i>Department of Psychology, UIC</i>
2017-	Planning Committee, Collaborative for Young Children and Families <i>UIC</i>
2016-2018	Program TA, Community and Prevention Research <i>Ph.D. program – Department of Psychology, UIC</i>
2016-2017	Annual Cross-Program Conference Committee <i>Department of Psychology, UIC</i>

### ***Professional Service***

2021	Reviewer <i>Journal of Early Childhood Teacher Education</i>
2020	Reviewer <i>Early Childhood Research Quarterly</i>
2020	Reviewer <i>American Journal of Community Psychology</i>
2020	Student Board Member <i>Illinois Association for Infant Mental Health</i>
2019	Reviewer <i>Sociological Inquiry</i>
2019	Reviewer <i>Educational Psychology</i>
2018	Conference Planning Committee <i>SCRA Midwest-Eco Conference, Chicago, IL</i>

- 2018           Reviewer  
                  *Infant Mental Health Journal*
- 2018           Reviewer  
                  *National Research Conference on Early Childhood, Washington, DC*

### ***Teaching Experience***

- 2017, 2019    Developmental Psychology (PSCH 320)  
                  *Teaching Assistant*
- 2016           Introduction to Psychology (PSCH 100)  
                  *Teaching Assistant*

### ***Work Experience***

- 2016           Big City Day Camp, Chicago, IL  
                  *Unit Head/Lead Counselor for 6-8<sup>th</sup> graders at an urban summer camp*
- 2014           Lawyers for Children, New York, NY  
                  *Social work intern at an advocacy non-profit for children in foster care*
- 2013           Sleep-away Camp Counselor, Smithfield, ME  
                  *Bunk counselor and sports counselor for girls ages 7-15*

### ***Volunteer Experience***

- 2015-2016    Cornell University Psychology Field Practicum, Dryden, NY  
                  *Conducted individual, weekly play-therapy with 3 elementary aged students*
- 2014-2016    Cornell Youth Outreach Undergraduates Shaping Success, Dryden, NY  
                  *One-on-one academic and enrichment mentor for children living in mobile homes*
- 2015           Center for International Educational Exchange, Iringa, Tanzania  
                  *Taught English to and fundraised for homeless and orphaned youth*

### ***Research Skills***

- Data collection – surveys, interviews, focus groups, field observations
- Data analysis – quantitative (R/R Studio, SPSS) and qualitative (Dedoose, NVivo, QDA Miner)
- GIS mapping software (ArcGIS)
- Successful grant writing
- Manuscript writing and editing
- Brief research and policy reports
- Systematic literature reviews

### ***Measures & Assessment Certifications***

The Classroom Assessment Scoring System (CLASS-Pre-K, observer)

### ***Professional Memberships***

Society for Research on Child Development (SRCD)

American Psychological Association (APA)

Society for the Psychological Study of Social Issues (SPSSI)

American Educational Research Association (AERA)

Society for Community Research and Action (SCRA)

World Association for Infant Mental Health (WAIMH)

Illinois Association for Infant Mental Health (ILAIMH)