Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.
“There’s no off-switch for us:” Head Start family engagement amidst COVID-19

H. Callie Silver a,*, Sarai Coba-Rodriguez b

a Georgetown University, Center for Child & Human Development, Washington, DC, USA
b University of Illinois Chicago, Educational Psychology, Chicago, IL, USA

ABSTRACT

Head Start center closures as a result of the COVID-19 pandemic required providers to innovate to continue engaging families and building relationships. Family Engagement has long been a pillar of Head Start’s holistic approach to working with children and families in poverty. The present study provides a unique qualitative, longitudinal perspective of 20 Illinois-based Head Start/Early Head Start center directors regarding their approach to working with children and families within the context of COVID-19, some of which may have an important place in a post-pandemic world.

Head Start/Early Head Start (HS/EHS) has long served our country’s highest-needs communities with wraparound early childhood programming. Launched in 1965, Head Start is one of the largest federally-funded preschool programs in the United States and has served over 36 million low-income children and their families. The majority of families in Head Start self-identity as Hispanic/Latino (37%), followed by Black/African-American (30%). Although Head Start focuses on children’s school readiness, it also provides a range of other family support services related to housing, health, well-being, financial security, and continuing education (Office of Head Start, 2021).

Researchers have noted that Head Start has become a central policy lever for expanding opportunities for low-income children, specifically (Magnuson & Waldfogel, 2005; Yoshikawa et al., 2013). However, 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 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 support and modified practices. Specifically, strategies related to family engagement have been particularly critical to mitigate potential psychological consequences of the pandemic (Gassman-Pines et al., 2020; Van Lancker & Parolin, 2020; Liu & Doan, 2020; Yoshikawa et al., 2020). Given the relationship-based nature of this core element 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 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 in March 2020 (State of Illinois Coronavirus Response, 2021), stakeholders reported that HS/EHS programs tirelessly and creatively supported their children, families, and staff. However, it remained unknown what exactly these practices were, how they aligned with pre-pandemic practices, and what they mean for future practice.

1. Family engagement

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, 2005; Authors Citations; Epstein, 1990; Fantuzzo et al., 2000). The Head Start model explicitly grounds the construct of family engagement within relationships. Head Start’s Parent, Family, and Community Engagement Framework define family engagement as “an interactive process through which program staff and families, family
members, and their children build positive and goal-oriented relationships” (U.S. Department of Health & Human Services, 2018). These authentic partnerships are based on a shared commitment to the child, equity, inclusiveness, and cultural and linguistic responsiveness (Office of Head Start, 2018). In addition, family engagement is firmly grounded in bioecological theory (Bronfenbrenner, 1986), which 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).

In accordance with the Head Start model and in acknowledgment of the fact that a child’s caregiver(s) may not always be parent(s), this paper 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. While multidimensional, parent involvement uses a narrow set of activities (i.e., volunteering in the classroom, participating in the PTA) that often focuses on the needs of the school and not of the family/child (Fantuzzo et al., 2014). However, it should be noted that in the literature, parental involvement and family engagement are often used interchangeably, and we may refer to a study’s original terminology (e.g., parent involvement).

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 adverse effects of poverty on children’s development (Fantuzzo et al., 2004; Miedel & Reynolds, 2000; Shonkoff et al., 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 et al., 2002; Jeynes, 2011), decrease challenging behaviors, and increase prosocial behaviors (El Nokali et al., 2010; Garbacz et al., 2015; Nzenga-Johnson et al., 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 children had positive social-emotional gains when parents were highly engaged in the program by the end of their first year (Bulotsky-Shearer et al., 2012).

As the benefits of family engagement have become increasingly apparent, 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 et al., 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). Qualitative research conducted with 17 low-income Latina Head Start mothers identified numerous child literacy skills that families supported through an array of family instructional practices and tools. For example, mothers who had low English fluency were creative and used book drawings to engage their child in reading. Similarly, due to being unable to find Spanish-textbooks, mothers used a Spanish bible to read to their child. Mothers also reported counting the steps from their apartment to their car in an effort to help their child learn their numbers (Authors Citations). 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.

2. 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 has long been associated with positive outcomes in early childhood programming, but to our knowledge, no studies are exploring these constructs within the context of widespread center closures and a global pandemic. Further, the Urban Institute has kept track of early childhood education (ECE) 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 strategies utilized before, during, and after state-mandated center closures. Specifically, our research aims to answer the following questions:

1. What strategies did HS/EHS employ to engage families throughout the COVID-19 pandemic (before, during, and after center shutdowns)?
2. What communication strategies did HS/EHS employ to communicate with families throughout the COVID-19 pandemic (before, during, and after center shutdowns)?

Strategies yielded from this study will be useful in future waves of COVID-19 and will also be the first study to provide research-based guidance to early childhood programs if their center has to close for any other reason. This translational research seeks to directly inform the practice and policy of Head Start programs in Illinois and nationwide while guiding the rest of the ECE field, which has looked to Head Start as an exemplar of quality for decades.

3. Theoretical framework

The guiding theory for this study 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). 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 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 most significant 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, we seek to understand how Head Start programs and families interact to best support children.

4. Methods

This section describes the research methodology, followed by the setting, recruitment process, and sample. A discussion of the data collection methods and how the data was analyzed is explained next. Lastly, managing data quality is discussed.

Data for this article was derived from a study of Head Start directors regarding ways that their programs maintained relationships with families throughout the COVID-19 pandemic. Illinois HS/EHS center directors were interviewed at two-time points. The first interview
September 2020), directors had been in their current administrative roles for an average of approximately 3 years. Directors represented a range of Head Start centers throughout Illinois (see Table 1). The majority of directors described the racial/ethnic makeup of the children they served as diverse, with only six directors classifying themselves as White (13) and a little over half (11) had a Master’s degree. On average, Directors had 15 years of experience in the field of early childhood education. At the time of the first interview (August/September 2020) covered pre-pandemic and center shutdown approaches, while the second interview (November 2020) focused on reopening strategies. A follow-up survey was also sent to participants at the end of 2021 to collect additional demographic information.

4.1. Recruitment and sample

All of our research activities were reviewed and approved by the University of Illinois Chicago’s Institutional Review Board (IRB) in June 2020 as Protocol #2020–0813. The first author used convenience and purposive sampling (Patton, 2002) to recruit 20 center directors who varied by geography (North, Central, South), urbanity (urban, suburban, rural), and program type (Head Start, Early Head Start, combine) across Illinois. The decision was made to focus on center directors due to their ability to provide both breadth and depth related to daily family engagement practices. Recruitment was done by partnering with the Illinois Head Start Association. Our partners sent an email to all grantee directors (approximately 150) asking them to disseminate study information to all of the center directors (approximately 620). Interested directors were asked to provide center demographic and contact information via Qualtrics. Initially, 14 directors responded to the survey, all of whom were eligible to participate. The remaining seven participants were recruited purposefully from several geographic regions of the state (Central and Southern), in collaboration with partners, based on a scan of the demographic variables of our existing participants.

Our final sample consisted of 20 Head Start directors (see Table 1). One participant did not provide demographic data in the follow-up survey (e.g., race/ethnicity, level of education). Directors primarily identified as White (13) and a little over half (11) had a Master’s degree. On average, Directors had 15 years of experience in the field of early childhood education. At the time of the first interview (August/September 2020), directors had been in their current administrative roles for an average of approximately 3 years. Directors represented a range of Head Start centers throughout Illinois (see Table 1). The majority worked in joint HS/EHS centers (14), and the sample contained a good variation of urbanity across suburban (8), rural (7), and urban (5) settings. 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.

4.2. Interview procedures

The first author conducted two rounds of interviews with each director, with the first occurring in August/September 2020 and the second occurring in November 2020. All interviews were conducted via telephone and were audio-recorded. However, audio-recording was not an inclusion criterion, and if directors were not comfortable with audio recording, only notes were taken. All directors agreed to be audio recorded. Each interview lasted between 60 and 90 min and were scheduled during a time/date convenient for the director. As a token of our appreciation, participants received $60 in Amazon gift cards for their participation in two interviews and a follow-up survey.

4.3. Interview protocol

The interview protocol was topically organized, with open-ended and semi-structured questions that aimed to accommodate variability in the center’s opening and closing before and throughout the pandemic (see Patton, 1996). This approach was used as it is conversational in nature, encouraged an interactive dialogue, and helped the researcher ensure that all topics were covered. Examples of questions included: “How did you go about building relationships with families?” “How are the biggest stressors that your families are currently facing?” “What do families do at home to support their child’s learning?” “How has family’s level of engagement with the program been?”

As new themes emerged during the interviews, the interview protocol was revised to reflect these newfound themes. Click here to enter text. Protocol questions were heavily influenced by questions asked during the Illinois Head Start Association’s Quality Enrichment Circles (QECs), as well as from guiding research questions, and existing literature. Led by the Illinois Head Start Association, QECs are a type of Community of Practice for Head Start staff to convene (virtually, during the pandemic) around certain topics of interest or concern. The first author attended several of these sessions on Zoom in the Spring of 2020 to collect preliminary data that would later inform the interview protocol. The questions remained largely consistent across timepoints, so as to be able to make longitudinal comparisons. To ensure that the language used was that in which directors were accustomed to, language from Head Start’s frameworks of family engagement was embedded within the interview scripts.

4.4. Data analysis

All interviews were digitally recorded and transcribed verbatim using NoNotes, a professional recording and transcription service. Transcribed interviews were reviewed for accuracy by the first author, and when necessary, “content-based” edits were completed (see Elliot & Timulak, 2021).

This study followed 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. Two rounds of data restructuring and reduction were used to analyze this data. First, an all-inclusive (meaning all data was coded) data display organized by time period (pre-pandemic, center shutdown, and reopening) and topic (e.g., family engagement, social-emotional learning) was developed. The first author sorted meaning units into various data displays. Denzin and Lincoln (2011) note that analysis is easier when the analyst can see the data organized and compressed in one place rather than in multiple pages of unedited text. Relatedly, data displays permit the researcher to absorb large amounts of information quickly (Cleveland, 1985).

Second, the researcher utilized the essence of the RADaR technique by converting the Step 1 document into data tables that only contained relevant information for addressing specific research questions. Throughout both steps of this process, detailed notes and memos were written regarding potential findings and patterns. A codebook began to form during this phase as well. When units were categorized, the researcher used a combination of a priori codes (Miles & Huberman, 1994) informed by the theoretical framework and research questions, and open-coding (Strauss & Corbin, 1990). This study also utilized profile matrices, which enabled the researchers to see the prevalence of various codes across various questions or topic areas of interest (Bernard et al., 2017). A second coder (second author) was part of the coding process, and coding disagreements (e.g., name of code, meaning of code) were resolved through a collaborative discussion process, known as coding by consensus (Hill, 2012).

4.5. Managing data quality

A number of strategies were used to ensure data quality, starting with a protocol based on the first author’s relationship with the Illinois Head Start Association and findings from their QECs. The first author also conducted interviews that minimized power dynamics (e.g. beginning the interview with a verbal recognition that the participant was the expert and building rapport; Kvale, 1996), engaged in real-time member checking (e.g. repeating what the participant had said back to them to make sure their point was understood; Taylor et al., 2015), and included multiple probing techniques to ensure participants had opportunities to respond fully (e.g. asking pertinent follow-up questions; Bernard et al., 2017). Next, all interviews were transcribed professionally and reviewed by the first author. To enhance the reliability of the coding
| Participant Pseudonym | Age Range (years) | Race / Ethnicity | Highest Level of Education (degree) | ECCE Experience (years) | Time in Current Role (years) | Program Type | Geographic Region – Urbanicity | 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 Regional Director: 1 | HS/EHS       | N – Suburban                  | Over 300 children HS: 120 slots EHS: 24 slots | Split between Hispanic and African-American Mostly Caucasian, some African-American and some Hispanic All families have working knowledge of English Majority African-American (95%), followed by White and then Hispanic Families speak English—80% Caucasian, 20% African-American / biracial Primarily English, about 7 families who are Spanish-speaking Hispanic (75%) and African-American 75% Spanish-speaking Diverse; Arabic, African-American, Caucasian, some Hispanic |
| Christine             | 35 to 44          | White           | Bachelor’s                          | 12                     | Center Director: 5         | HS/EHS       | C – Rural                     | 70 children for center-based HS 60 slots for home-based EHS | Mostly White children, very distant 2nd would be Black or African-American |
| Emily                 | 35 to 44          | White           | Master’s                            | 20                     | Center Director: 1         | EHS          | N – Suburban                  | 72 children |          |
| Grace                 | 45 to 54          | White           | Master’s                            | 12                     | Center Director: 1         | HS/EHS       | C – Rural                     | 290 HS students |          |
| Hazel                 | 35 to 44          | White           | Bachelor’s                          | 10                     | Center Director: 3         | EHS          | N – Suburban                  | 32 slots    |          |
| Jasmine               | 45 to 54          | White           | Bachelor’s                          | 15                     | Site Supervisor: 1         | HS/EHS       | C – Rural                     | Licensed for 88; at partial capacity (41 enrolled) |          |
| Jessica               | 35 to 44          | White           | Master’s                            | 15                     | Center Director: 1.5       | HS/EHS       | N – Rural                     | 517 HS 16 EHS (84 of which are home-based) | Mostly White children, very distant 2nd 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 Hispanic and African-American About 5% of families speak only Spanish 55% Hispanic 40% African-American 5% African 5% Chinese, Vietnamese Languages spoken: English, Spanish, Urdu |
| Monique               | 18                |                 |                                    |                        | Director: 5                | EHS          | N – Suburban                  | 36 families |          |
| Naomi                 | 45 to 54          | Black or AA     | Master’s                            | 13                     | Manager of FCSS: 9         | HS/EHS       | N – Urban                     | 700 children across 6 centers |          |
| Nicole                | 35 to 44          | White           | Master’s                            | 10                     | Director: 1.5              | HS/EHS       | N – Urban                     | (continued on next page) |          |
process, multiple transcripts were coded by the first author and reviewed with the second author. Group discussions informed analysis and double coding served as reliability checks. To further ensure the integrity of the data, findings are presented using direct, verbatim quotes from participants. Quotes revealed respondents’ depth of emotions, how they organized their world, their thoughts about what was happening, and their experiences and perceptions (Patton, 1990).

5. Findings

Our findings below describe the various family engagement strategies that our sample of Head Start directors engaged in throughout three time-points: 1) Pre-Pandemic; 2) COVID-19 Shutdowns and 3; Reopening phase. Pre-pandemic findings focus on how the center was engaging with families, the resources they provided, and how the center communicated with families before COVID-19 was ever present. COVID-19 shutdown findings describe practices during the time-period in which centers were not physically open and children were at home with their families. The centers had to adopt how they asked parents to engage, the type of activities/work they sent home and expectations of parents. Similarly, during the shut-downs, centers had to adapt (and often reinvent themselves) in the type of services they could offer to families since they were not seeing them face-to-face. During the Reopening phase, children were back in the classroom, but centers still had many restrictions. For example, parents could no longer walk their children into the classroom they could only drop them off at the door.

The findings are organized by timepoint. Four key themes emerged: engaging families: school-based, engaging families: home-based, resource provision, and communication strategies.

5.1. Engaging families: school-based

School-based engagement focuses on activities that parents engage in at the Head Start center. For example, attending meetings, volunteering in the classrooms, etc. When possible, some of these activities were adapted to be in a virtual format during COVID-19, but there were mixed responses from families to doing so.

Pre-pandemic. In describing their pre-pandemic practices, directors spoke about the fact that families were encouraged to volunteer their time at the center in various ways, including visiting the child’s classroom to read, going on field trips, or volunteering at the center. All

directors also reported on the in-person events they hosted: 1) informational meetings, 2) policy council meetings, and; 3) fun, celebratory, family events. Despite varied and often low attendance, most directors alluded that attending in-person events was the primary way that families were engaged prior to the pandemic.

COVID-19 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 through Zoom or socially distanced “drive-bys.” Katie shared a new event that her center did, called “Zoom and Tell,” where each week was a different fun activity that families could participate in. The 10 families who actively participated reported to really enjoy it. However, she reported that when they first started hosting this event, “it was a struggle to get anyone to log on.” 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 afar. 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 low with Misty sharing that “attendance was so impersonal.”

Reopening. 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,” while others felt “it is just so difficult we’re not really sure if it’s worth the time.” Of the directors who transitioned to virtual events, the most mentioned were parent meetings. Two directors mentioned their involvement in Parent Cafes. 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. 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.” 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.”

5.2. Engaging families: home-based

Home-based involvement considers activities that parents can do at home with their children. These activities can include reading, writing,
or singing to their children and often, these home-based activities for racially and linguistically diverse families are invisible and not recognized. However, with COVID-19, home-based practices became more visible to teachers.

**Pre-pandemic.** Prior to COVID-19 coming into everyone’s lives, 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 that her teachers “sent home weekly parent engagement packets with activities” but that “parents didn’t do a whole lot outside of these packets.” Like what others had shared regarding in-person event attendance, Christine explained that she thought variations in at-home engagement were based largely by the extent to which teachers were following up. She expanded on and said:

I think some teachers present it as like, ‘Hey this is something we’re doing, and we’d love for you to do it’ and some 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.’

**COVID-19 Shutdown.** Home-based engagement expectations took on an entirely new look during the shutdown, as one director described that families were “jumping into that role of being the parent and the teacher.” Although remote learning became a common practice amongst almost all centers, directors noted that it came about later in the shutdown, “after at least six weeks,” or “by mid-April” or “eventually,” once programs had been able to first 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. Misty shared:

As we realized this was going to be a while, we set up the education component back into it. Teachers started holding Zooms… sending lessons home…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.

Similarly, Latoya shared how impressed she was with the way that her families adapted to this new role: “They did really good with teaching from home, jumping into that role of being the parent and the teacher.” Although most directors had some home-based engagement expectations for parents, 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:

I know some teachers were calling the families at different times. I did not think that was appropriate because families were going through a lot… I didn’t want to overburden them with activities.

**Reopening.** 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. Ready Rosie is an online parent engagement tool that gives family members various methods to engage their children in learning activities during their daily routines (i.e., doctors office, eating out at a restaurant). A sizable portion of directors discussed that even for the kids in their program who continued with in-center services, their families seemed to be much more engaged with the in-kind activities than they ever had been. Christine postied that maybe “they built these routines” 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. Not all directors saw this increase in at-home family involvement, with some noting that “it’s about the same.” However, it is particularly interesting to note that all 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.

### 5.3. Resource provision

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. Several elements of the Head Start model (e.g., community collaborations and staffing structures) made uninterrupted resource provision feasible amidst the pandemic.

**Pre-pandemic.** 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,” 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. Emily summed up the needs of her families that many directors described with the following: “A lot of stress that families experience is due to economic hardship… It’s usually related to money.”

**COVID-19 Shutdown.** 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., finding a new job, filing for unemployment), and household supplies (e.g., toiletries, diapers/wipes, clothing). There was a general sentiment that the number of families requiring assistance meeting their basic needs was greater during the shutdown than it ever had been in their programs. Chelsea shared the following 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. It’s been draining.” Directors in this study 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. For example, during the shutdown interview, directors frequently spoke 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.” Teachers, bus drivers, agency upper management, and Family Support teams were all crucial in getting families the resources they needed.

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.’” Through their grantees, three directors mentioned that they were even able to provide families with direct cash payments, ranging from $500 to $1,500. 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.”

Another critical element of successful and timely resource provision during the shutdown were programs’ pre-existing community partnerships with social service agencies. Before the pandemic, directors spoke about the need to be aware of other community organizations in the area and 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 needed a particular resource that an organization specialized in. 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 and said:

We have a lot of community resources in our area, and we keep those relationships all the time because families go through lots of things at many different times, not just the COVID time. It’s who we are in Head Start.

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 they did not have many agencies to form partnerships in her geographic location and that most of their pre-pandemic relationships had been with medical agencies that were shut down at the time of their center shutdown. She said: “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.”

**Reopening.** As programs slowly reopened, only one director, Shondra, felt that families were in a “much better position regarding basic needs” than they had been during the shutdown, given the amount of available community resources. Eight other directors mentioned that their families were still in need of resources, all of which programs were still able to help families procure. During the reopening phase, directors also shared that community partnerships were so strong that programs could 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 and safety protocols. However, as Brooke described, they actively assisted families in making these connections by “bombarding” them with resources and letting them know about “anything and everything” happening in the community.

### 5.4. Communication strategies

Head Start programs use various strategies to stay in communication with their families. Novel systems for communicating with families emerged during the shutdown that allowed for an even greater amount of personalization to meet families where they were at and the increased use of technology within programs brought challenges, that required iterative adaptations, as well as successes that may inform post-pandemic practice.

**Pre-pandemic.** While specific communication strategies varied across all timepoints, directors described the necessity of individualizing communication strategies by family. Amelia explained the following: “You have to ask the family what the easiest way for them is to receive information.” Prior to COVID-19, Head Start directors and other program staff relied heavily on face-to-face communication. Many directors described their “open-door policy,” and as Hazel stated, “Catching them in the center was always best.” The most utilized communication strategy, with half of the directors endorsing it was talking at drop-off and pick-up. Latoya mentioned that this time of day was so useful because you could “give reminders, get signatures, just say ‘Hey, how you doing?’” Misty and Naomi mentioned that their program staff were respectful 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.

**COVID-19 Shutdown.** With many former communication strategies no longer an option, the most common way relationships were maintained was through informal, “how are you?”-type check-ins via phone calls. All but two directors spoke about their staff conducting regular check-ins with families. Jasmine and Shondra mentioned that families typically initiated communication if/when they needed 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 common for directors changed their expectations of staff throughout the shutdown period in terms of the number of times they were reaching out to families. There was also variability in how these calls occurred, with some staff scheduling their calls at a set time and others calling more sporadically. Naomi, specifically, 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, ranging from special circumstances (i.e., homeless, incarcerated, domestic violence) where staff would make calls weekly, to hard-to-reach (e.g., families who were challenging to get in touch with) families where they would try once a week.

Programs also differed in who was doing most of this outreach during the shutdown. Most often, check-ins were designated to Family Support Workers, but a fair number 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 that only her Family Support staff had access to families’ contact info due to confidentiality concerns. She reflected on this being a “significant challenge” and “really detrimental” to the relationship between teachers and families/children.

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.” Directors also picked up on the fact that family responses changed as the shutdown went on. 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.”

As was expected, directors described a sharp increase in their technology use because of the pandemic. Directors explained that phone calls and texting were the large extents of technology utilized. In contrast, a few directors felt that Facebook Messenger was their most effective strategy because families did not always have access to phone minutes or reliable data through a Smartphone. During the shutdown, texting and making phone calls increased leading to agencies not having devices available for staff to use. For example, one director said: 

> [Families] like Facebook Messenger or texting but we don’t have anything to do that through our agency. Teachers and Family Advocates had to use their personal cell phones and not all of them wanted to.

Only one participant spoke about using a Smartphone application as an effective way to communicate with families. Emily’s program used the Remind app1 for several years, and engagement shot up when they started using it. 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.”

**Reopening.** Many directors described the check-ins during the center shutdown phase largely continued during reopening through both phone calls and text messages. Shondra mentioned that they had transitioned more towards families initiating this contact: “They’re able to reach us…. There’s no off switch for us at Head Start.” Given the new procedures that programs were following to comply with the CDC’s health recommendations, drop-off and pick-up was a frequently discussed topic that directors brought up. About a quarter of directors shared that they felt the new policies limiting families’ ability to come into their center impacted communication between teachers and families. A couple of these directors specifically noted that these policies have been most difficult for families 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 has been very challenging.” Other directors 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 mentioned that they were planful about having teachers come to the front or outside on an as-needed basis.

Despite the challenges that several directors spoke about, another quarter of directors mentioned that they felt their new drop-off and pick-up procedures had led to some positive outcomes. Hazel, Brooke, Christine, and Grace shared that they were speaking to families more by being positioned at the front door and doing the required daily medical

---

1 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.
checks with them. 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: “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.”

6. Discussion

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, this study supports 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 resulting from 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 et al., 2020; Root & Simet, 2021). Several studies throughout the pandemic demonstrated that job and income loss were more prevalent among low-income workers (Bukon 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 et al., 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). However, in the present study, all directors spoke at great lengths about their commitment to continuing food delivery during the shutdown. Oftentimes, 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 that children and families need to have their basic needs met, first and foremost. Historically, programs have been able to do this through adequate federal funding and close community partnerships. As such, it is noteworthy that Head Start programs in our study were equipped to deliver on this goal of providing food, diapers, housing, and employment support, even when the state was shut down. 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. Head Start programs were well-positioned to be this consistent source of resources for families from the federal to local levels. Other studies conducted during the pandemic have suggested that these strengths were fairly specific to Head Start and were not seen across the broader ECE community (Hanno et al., 2021; Sites et al., 2021; Weeldreyer et al., 2020).

It is likely that ECE 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 2020. Fisk and Russell (2021) found 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 due to new communication strategies. Before 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 s, on average, in their young child’s classroom during drop-off (Perlman & Fletcher, 2012). Prior to the pandemic, programs also frequently relied on in-person events that were mixed in their effectiveness. On the 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, directors in this study reported it as being very effective for others. 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 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 partnerships has consistently been demonstrated across the early childhood literature (e.g., Biern et al., 2017; Christenson, 2003; Goodall & Montgomery, 2014), 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 in our study 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 supporting families in this work. Directors reflected that encouragement from teachers and 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. Directors often described Home-based learning 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 a lack of time, often due to work demands (Castro et al., 2004; Lamb-Parker et al., 2001). Perhaps in a post-pandemic world, we will continue to emphasize and support at-home activities as an integral part of family engagement. This change in mindset may be particularly important for programs that 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 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 ECE programs, administrators must 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.

6.1. Implications

Policy Implications. The present study provides support for the continuation of federal investments in Head Start and Early Head Start programs, despite potential disruptions to enrollment over the next several years due to the pandemic. During one of our nation’s darkest times, HS/EHS was able to continue paying all staff, provide wrap-around support to families, and continue fostering the development of over a million children across the country. These programs represent important pillars within low-income communities, and their reach extends much beyond simply providing child care. It should also be noted that the Office of Head Start’s flexibility and guidance during the pandemic allowed centers to make decisions that best supported their families and communities during an unprecedented time. The delicate balance they achieved of providing support but not being overly prescriptive, should be commended and maintained moving forward.

Head Start Implications. Findings from this work reaffirm Head Start’s model as a whole child, whole family support system. Moving forward, it will be important for programs to continue educating families about all that their program entails and all that families are eligible to receive, particularly during the onboarding process. In communicating with families, utilizing a variety of communication methods will be important to most effectively reach all families. Programs may also choose to continue supporting their families’ at-home engagement, in addition to returning to those in-person events that are desired among families. This study showed that families have a limited capacity for engagement (e.g., families completing more homework assignments when participating in fewer virtual or in-person events), so discretion will be important when planning engagement activities. Technology can be an important tool in reducing barriers to engagement for some families but should not be seen as a total replacement for in-person relationship-building.

6.2. Limitations & future research

The present study is not without limitations. First, no family or parent data were collected, and we recognize that this is an important caveat to the interpretation of our findings. Relatedly, our data come from directors, which is only one perspective among Head Start staff. Future studies should seek to incorporate family and other staff perspectives (e.g., Family Support Staff, teachers) either via a survey or in-depth interviews. Second, we utilized convenience and then purposeful sampling in our recruitment strategy to diversify participants by geographic region, program type, and ages of children served. However, our sample is still by no means representative of all Head Start programs in Illinois or the United States. We also relied on grantee directors to communicate with their center directors about the present study, and there were likely center directors who did not ever hear about the study. Randomized sampling strategies should be considered in future research. Third, our sample size of 20 did not allow for meaningful disaggregation of findings by demographic variables. While we occasionally made note of patterns in our findings, a true disaggregated analysis would require a larger sample. Mixed methods would be of particular utility to allow for this type of analysis in subsequent studies.

7. Conclusion

As COVID-19 continues to change the world as we know it, this study provides critical insight into early childhood family engagement amidst unprecedented times. Findings indicate that several innovative strategies to connect with Head Start families were used and may have an important place in a post-pandemic world. Programs have revamped and expanded their “toolkit” of strategies to work with families, which will likely impact the practice of family engagement for many years to come. The work of Illinois HS/EHS programs throughout various stages of the pandemic also serves to emphasize the importance of this social service for communities that have been hit hardest by the pandemic.

CRediT authorship contribution statement

H. Callie Silver: Conceptualization, Methodology, Software, Formal analysis, Data curation, Writing – original draft, Visualization, Project administration, Funding acquisition. Sarai Coba-Rodriguez: Validation, Formal analysis, Investigation, Resources, Writing – review & editing, Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Funding Acknowledgement

This study was funded by the following sources:
1. Administration for Children and Families/Office of Planning, Research, & Evaluation Head Start Dissertation Grant, Award #: 90YR0121-01-00.
2. University of Illinois Chicago Institute for Research on Race and Public Policy Dissertation Research Grant.
3. Illinois Association for Infant Mental Health Dolores Norton Dissertation Award.

References

Barbarin, O. A., Early, D., Clifford, R., Bryant, D., Frome, P., Burchinal, M., Howes, C., & Pianta, R. (2008). Parental conceptions of school readiness: relation to ethnicity, socioeconomic status, and children’s skills. Early Education and Development, 19(5), 671–701. https://doi.org/10.1080/10409280802375257
Shonkoff, J. P., Phillips, D. A., & National Research Council (Eds.). (2000). The developing brain. In Prom Neurons to Neighborhoods: The Science of Early Child Development. Washington, D.C.: National Academic Press.

Sites, M. L., Sonnenschein, S., & Galczyk, S. H. (2021, April). Preschool Teachers Struggle with Distance Learning during COVID-19 [Poster session]. SRCD 2021 Biennial Meeting, Virtual.

State of Illinois Coronavirus Response (2021). Executive Orders Related to COVID-19 Retrieved from https://coronavirus.illinois.gov/s/resources-for-executive-orders.

Taylor, S. J., Bogdan, R., & DeVault, M. (2015). Introduction to qualitative research methods: A guidebook and resource. Hoboken, NJ: John Wiley & Sons Inc.

U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement. (2018). Head Start Parent, Family, and Community Engagement Framework. Retrieved from https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/pfce-framework.pdf.

United Nations. (2020, April). Policy Brief: The Impact of COVID-19 on children. Retrieved from https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf.

Van Lancker, W., & Parolin, Z. (2020). COVID-19, school closures, and child poverty: A social crisis in the making. The Lancet Public Health, 5(5), e243–e244. https://doi.org/10.1016/S2468-2567(20)30084-0

Weeldreyer, L., Robde, S., Egerton, L., Lent, D., Macsherry, C., Morrow, B., Speck, F., Cope, H., & Sonnier-Netto, L. (2020, June). Caring During COVID: The Impact of the Pandemic on Maryland Child Care Providers. Baltimore, MD: Maryland Family Network.

Wolfson, J. A., & Leung, C. W. (2020). Food Insecurity and COVID-19: Disparities in Early Effects for US Adults. Nutrients, 12(6), 1648. https://doi.org/10.3390/nu12061648

Yoshikawa, H., Wuermli, A. J., Britto, P. R., Dreyer, B., Leckman, J. F., Lye, S. J., Ponguta, L. A., Richter, L. M., & Stein, A. (2020). Effects of the global coronavirus disease-2019 pandemic on early childhood development: Short- and long-term risks and mitigating program and policy actions. The Journal of Pediatrics, 223, 188–193. https://doi.org/10.1016/j.jpeds.2020.05.020

Further reading

Coba-Rodriguez, S. E. (2017). ‘We’re gonna’ do it together!’: A qualitative study of school readiness beliefs and practices among low-income Latina mothers and teachers in a suburban Head Start. University of Illinois at Urbana-Champaign. Retrieved from https://www.ideals.illinois.edu/bitstream/handle/2142/98233/COBA-RODRIGUEZ-DISSERTATION-2017.pdf?sequence=1&isAllowed=y