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Supporting Families in Region XI AIAN Head Start: Centers' Early Responses to the COVID-19 Pandemic

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Key findings

- During the COVID-19 pandemic, most children's centers used physical delivery or pick-up locations, telephone calls, and social media accounts for communication with multiple families and for contacting individual families. Children's centers also used e-messaging to contact individual families, such as text messages or WhatsApp.
- Children's centers used a combination of strategies to continue providing services early in the COVID-19 pandemic. Most children's centers provided remote learning opportunities and either dropped off materials, food, and supplies or established family pick-up sites for distributing those items.
- Children's centers described a variety of family needs early in the COVID-19 pandemic, most commonly for food and nutrition supports and for educational activities to support children's learning at home. In a majority of children's centers, families also expressed needs for housing and transportation assistance and child care. In more than half of children's centers, families also expressed needs for in-person social gatherings.
  - Many children's centers provided supports that correspond with some of families' most pressing needs, including food and nutrition supports and educational activities for families to use at home.
- As most children's centers physically closed due to the COVID-19 pandemic, most also reduced the number of in-person home visits and in-person social gatherings for children and families. However, many began providing virtual home visits and virtual social gatherings, or provided more of these virtual events than before the pandemic.

National impacts of COVID-19 on children and families

The coronavirus disease 2019 (COVID-19) pandemic has had widespread negative impacts for children and families. COVID-19 was declared a pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control in March 2020 (Centers for Disease Control and Prevention 2020). In the following months, families in the U.S. experienced financial hardships such as job and income loss, increasing food insecurity, and loss of child care (Gassman-Pines et al. 2020; Patrick et al. 2020). In April 2020, the national unemployment rate reached a high of 14.7 percent, compared to 3.6 percent in January 2020 (Bureau of Labor Statistics 2020). Rates of food insecurity also increased in the early months of the pandemic, particularly

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among households with low incomes (Wolfson and Leung 2020). In a national survey conducted in June 2020, nearly one-quarter of parents reported losing regular child care during the pandemic (Patrick et al. 2020).

These disruptions to families' well-being are likely to have lasting consequences for children's development (Benner and Mistry 2020; Prime et al. 2020). Nationally, the pandemic has already had negative impacts on the mental health of families with young children. Parents report feeling higher levels of stress and worse physical health compared to before the pandemic (American Psychological Association 2021). And while parents always report feeling higher levels of stress compared to adults without children, the pandemic has increased this difference over time. Parents are more likely to report that meeting their families' basic needs is a source of stress (American Psychological Association 2020). Since the pandemic began, parents and caregivers of young children have reported on their own worsening mental health as well as the worsening mental and behavioral health of their children (Gassman-Pines et al. 2020; Patrick et al. 2020). These impacts have been more pronounced among families who have experienced more hardship during the pandemic, such as unemployment and income loss (Gassman-Pines et al. 2020).

COVID-19 in AIAN Communities

Historically, pandemics and diseases have had higher prevalence and impact in American Indian and Alaska Native (AIAN) communities (Kakol et al. 2020), including the 1918 influenza pandemic (Crosby 2003) and the more recent H1N1 influenza A pandemic (Centers for Disease Control and Prevention 2009; Groom et al. 2014). Children and families in AIAN communities have also been disproportionately affected by the COVID-19 pandemic. Evidence spanning the early months of the COVID-19 pandemic through mid-2021[1] indicates the rate of COVID-19 cases in AIAN communities is higher than that in other racial and ethnic groups (Centers for Disease Control and Prevention 2021; Hooper et al. 2020; Tsethlikai et al. 2020). Members of AIAN communities may be at particular risk of poor health outcomes from exposure to the disease due to medical and nonmedical reasons (Kakol et al. 2020; Rodriguez-Lonebear et al. 2020).

Source: National Center on Early Childhood Development, Teaching, and Learning.

The COVID-19 pandemic has had widespread economic impacts on AIAN communities. A higher proportion of jobs in AIAN communities are in occupations and industries that were particularly disrupted by the pandemic, such as the service sector and the arts, recreation, and accommodation industries, compared to non-AIAN communities. In the early months of the pandemic, tribal enterprises and governments reported staffing cuts and anticipated large declines in tribal enterprise revenues (Lozar et al. 2020). The unemployment rate also rose more sharply for AIAN workers relative to other racial and ethnic groups during the early months of the COVID-19 pandemic. The unemployment rate for the AIAN population more than tripled from 7.1 percent in February 2020 to 26.3 percent in April 2020 (Feir & Golding 2020).

The pandemic has also exacerbated the challenges AIAN communities face around food insecurity. Usage of food assistance programs such as the Food Distribution Program on Indian Reservations (FDPIR) increased during the early months of the COVID-19 pandemic (Hoover 2020). Moreover, many AIAN families, particularly families living on reservations, have limited access to sources of healthy, affordable food such as supermarkets (Kaufman et al. 2014). For these families, research suggests that measures to reduce the spread of COVID-19, such as shelter-in-place mandates, led to a decline in access to supermarkets and increased the usage of convenience stores for grocery shopping (Quintero et al. 2021). Although information on the impacts of the COVID-19 pandemic on parent and child mental health in AIAN communities is currently limited, adults in AIAN communities reported worsened emotional well-being and higher levels of stress in mid-2020 as compared to before the pandemic (Burton et al. 2020).

Source: National Center on Early Childhood Development, Teaching, and Learning.

In AIAN communities, connections to culture can protect children from the effects of trauma (Bigfoot & Schmidt 2010; Goodkind et al. 2010; Henson et al. 2017). These protective factors include participation in ceremonies and traditional activities, connections with extended families, and other connections to language and culture within AIAN communities (Henson et al. 2017; Tsethlikai et al. 2020). Social distancing and the loss of Elders, parents, grandparents, and extended family to COVID-19 may make it difficult for children to maintain connections with AIAN culture and may inhibit children's ability to overcome adversity (Tsethlikai et al. 2020). This suggests that the consequences of the COVID-19 pandemic for children and families in AIAN communities could be particularly severe.

Region XI Head Start programs are operated by federally recognized AIAN tribes and deliver comprehensive children's development services to economically disadvantaged children and families. Even while physically closed, Head Start programs and centers may have offered children and families valuable support during the COVID-19 pandemic. The Administration for Children and Families (ACF) and Office of Head Start (OHS) provided guidance to Head Start programs on how to provide resources and activities to support children's learning at home, engage in regular communication with families, and deliver other program services (Administration for Children and Families 2020b). Programs also received additional funding through the Coronavirus Aid, Relief, and Economic Security (CARES) Act to conduct a variety of activities in response to the COVID-19 pandemic, such as operating supplemental summer programs and undertaking one-time actions or activities to maintain program operations and services (Administration for Children and Families 2020a). The Office of Head Start (OHS) also provided additional funding and administrative flexibilities in order to maintain services and family supports during the COVID-19 pandemic (Administration for Children and Families 2020c). This brief focuses on how Region XI Head Start children's centers responded early in the COVID-19 pandemic to support children and families in Region XI.

Region XI directors' perspectives on supporting families during the COVID-19 pandemic

First-person accounts provide additional insight about Region XI directors' decision-making processes at this time. In an ACF webinar in December 2020, one Region XI Head Start program director shared how, after their program physically closed in March 2020, the program made it a priority to ensure that families continued to receive meals. The program established pick up sites where families were able to receive breakfast, lunches, and snacks. The program also distributed lessons, activities, and supplies to households to support children's learning throughout the remainder of the school year (Lertjuntharangool et al. 2020).

As part of the center director surveys conducted in spring 2020, AIAN FACES included an open-ended question that asked about the largest changes centers made in providing services to families and continuing operations. In their responses, center directors frequently mentioned the virtual learning they had provided directly through online classes or indirectly through support to parents, materials they were providing to support learning at home such as backpacks or kits filled with at-home learning materials, and conducting regular family check-ins. Supports to families were also a common theme, including the provision of nutrition supports, personal care items, and referrals and partnerships to meet families' needs. The findings in this brief shed additional light on how Region XI Head Start centers pivoted their services to support children and families at the start of the pandemic.

In this brief, we use information reported by center directors in June and July 2020 to describe how children's centers adjusted their communications and services with families during the early months of the COVID-19 pandemic. We first describe the strategies that children's centers used to communicate with families. We then examine the needs that families reported to center staff during the COVID-19 pandemic, and explore whether children's centers provided supports that correspond with those needs, on average. Finally, we discuss how the services and referrals that children's centers provided to children and families changed during the early months of the COVID-19 pandemic.

All estimates in this brief are at the child level and should be interpreted as the percentage of children. For that reason, we use the phrase "children's centers" throughout the brief. These weighted estimates from center director-reported data are nationally representative of children in Region XI Head Start.

Context: The COVID-19 pandemic and Region XI Head Start

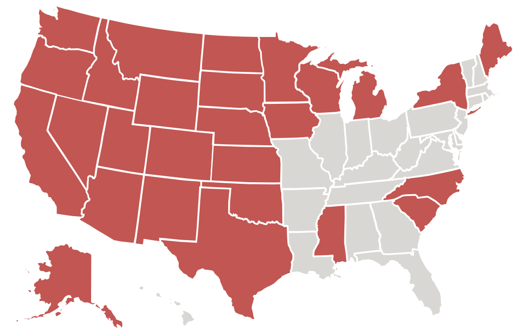
Center directors completed surveys early during the COVID-19 pandemic, in June and July 2020. Center directors' responses illustrate the severe early impacts of the pandemic for children's centers and families. Specifically, children's center directors reported early in the pandemic:

- All children's centers had to physically close at some point because of the COVID-19 pandemic. Most children's centers were still physically closed when directors were completing the survey.
- The COVID-19 pandemic had a moderate or great impact on the health of staff and families in more than half of children's centers.
- The COVID-19 pandemic had a moderate or great impact on families' employment status in more than three-quarters of children's centers.

What is Region XI Head Start?

As part of its management of Head Start, the federal government divides Head Start programs into 12 regions. Ten of the regions are geographically defined. The other two are defined by the populations they serve: Region XI serves children and families in programs operated by federally recognized American Indian and Alaska Native (AIAN) tribes, and Region XII serves migrant and seasonal workers and their families. AIAN FACES 2019 is a study describing the children, families, and programs in Region XI. In 2019, there were about 145 Head Start programs across the U.S. in Region XI. These programs enrolled about 20,000 children, the majority of whom were AIAN. It is important to note, however, that not all children served in Region XI are AIAN.

States with Region XI Head Start Programs



Region XI Head Start programs may enroll families with incomes above the poverty threshold if (1) all eligible children in the service area who wish to be enrolled participate in Head Start; (2) the program has resources in its grant to enroll children whose family incomes exceed the low-income guidelines in the Head Start Program Performance Standards; and (3) at least 51 percent of the program's participants meet the income eligibility criteria in the Head Start Program Performance Standards (subchapter B of 45 CFR chapter XIII; see https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/hspps-final.pdf).

What strategies did children's centers use to communicate with and provide services to families during the early months of the COVID-19 pandemic?

All children's centers physically closed during the early months of the COVID-19 pandemic. To understand how children's centers supported children and families despite these closures, we first look at how children's centers communicated with and provided services to families during the pandemic.

Staff in children's centers continued to communicate with and provide services to families early in the COVID-19 pandemic. Although all children's centers had closed at some point because of the COVID-19 pandemic, and most children's centers were physically closed at the time of the survey, centers used a variety of strategies to (1) communicate with multiple families and contact individual families (Exhibits 1 and 2), and (2) provide services to children and families (Exhibit 3).

Source: National Center on Early Childhood Development, Teaching, and Learning.

Barriers to contacting and providing services to Region XI Head Start families early in the COVID-19 pandemic

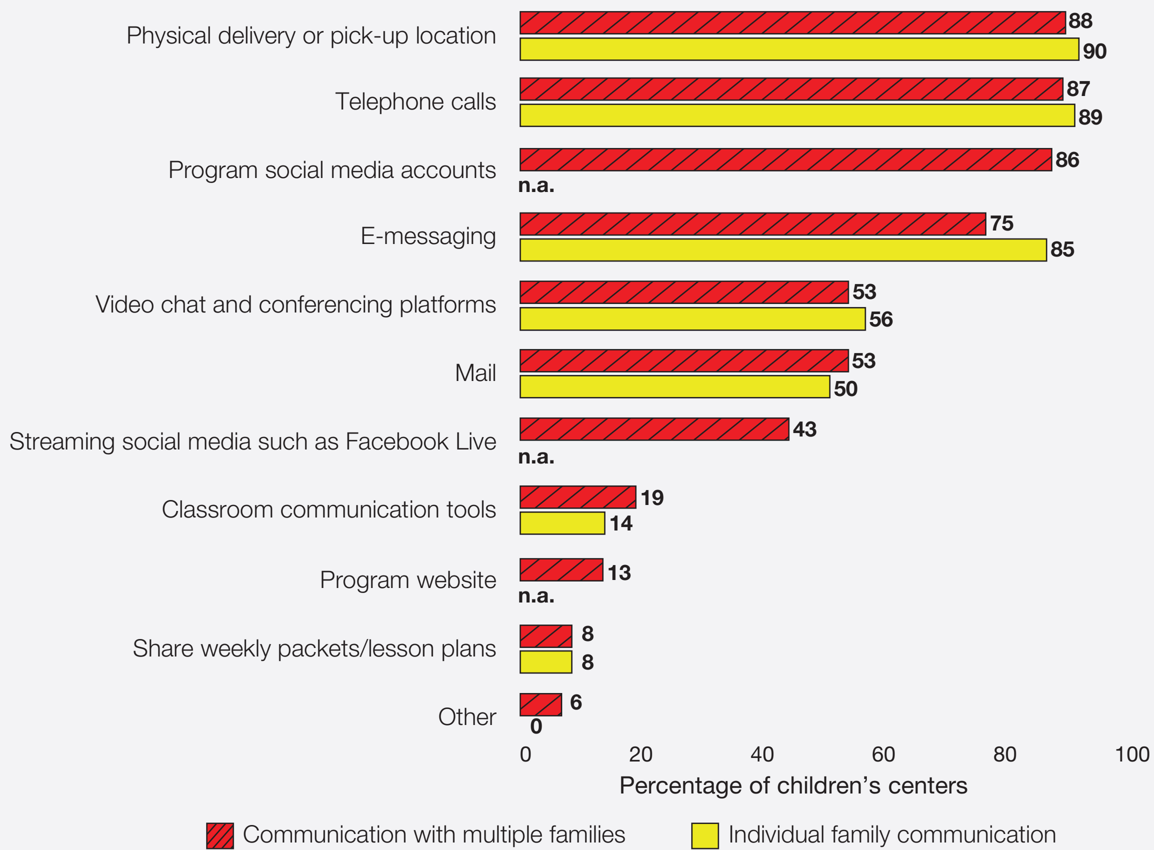
Head Start programs receive grants to provide direct services to children and families. One program can operate more than one center. In addition to center director surveys, program directors also completed surveys in June and July 2020. Program directors' responses indicate that both families and program staff had limited Internet access, meaning program directors likely had to find other ways to contact families early in the COVID-19 pandemic.

- In more than half of children's programs, families' limited Internet hardware and limited Internet access were substantial barriers to contacting families and providing services.
- For more than half of children's programs, staff's limited Internet hardware and limited Internet access were moderate or substantial barriers to contacting families and providing services.

Program directors' responses also indicate that competing demands kept both families and staff from being as engaged with their programs as usual.

- In most children's programs, families' lessened availability to be involved with the program was a moderate or substantial barrier to the program's contacting families and providing services.
- For more than half of children's programs, staff who were less able to engage in the program was a moderate or substantial barrier to contacting families and providing services.

Exhibit 1. Children's centers used a variety of strategies to communicate with families

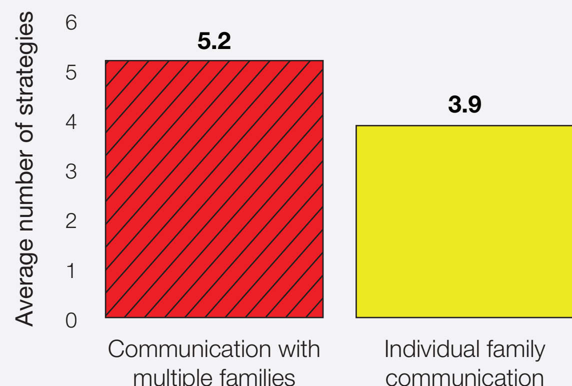


Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. Data are drawn from Tables A.1 and A.3 in the accompanying appendix.
n.a. = not applicable.

- Most children's centers delivered or established pick-up locations to communicate with multiple families (88 percent) and to contact individual families (90 percent) (Exhibit 1).
- Most children's centers used telephone calls (87 percent) and program social media accounts (86 percent), such as Facebook, Twitter, or YouTube, for communication with multiple families.
- Most children's centers used telephone calls (89 percent) and e-messaging (85 percent), such as text messages, Facebook Messenger, or WhatsApp, to contact individual families.

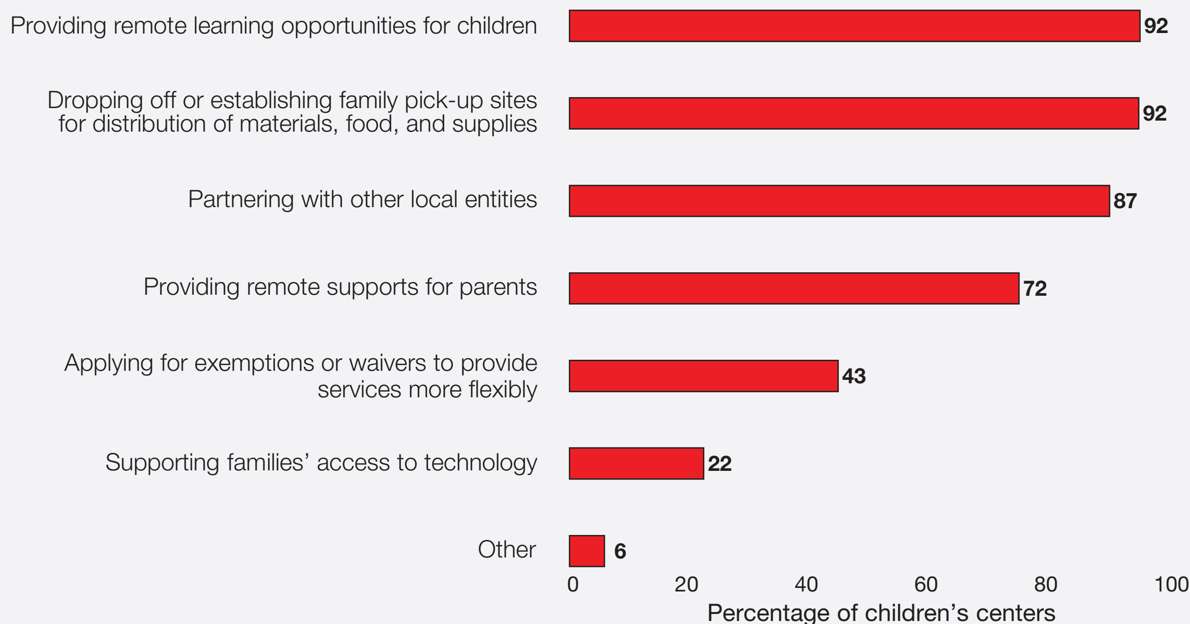
- All children's centers used at least one of the ten strategies for communication with multiple families shown in Exhibit 1, and nearly all children's centers (96 percent) used more than one strategy. On average, children's centers used five strategies for communication with multiple families (Exhibit 2).
- All children's centers used at least one of the seven strategies to contact individual families shown in Exhibit 1, and most children's centers (91 percent) used more than one strategy. On average, children's centers used four strategies to contact individual families.
- Most children's centers (92 percent) provided remote learning opportunities for children and delivered or established pick-up sites for the distribution materials, food, and supplies (Exhibit 3).
- All children's centers used at least one of the six strategies to provide services to children and families, and nearly all children's centers (98 percent) used more than one. On average, children's centers used four strategies to provide services to children and families.

Exhibit 2. Children's centers generally used multiple strategies to communicate with families



Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020.
Data are drawn from Tables A.2 and A.4 in the accompanying appendix. The number of strategies includes the ten strategies for communication with multiple families in Table A.2 and the seven strategies for contacting individual families in Table A.4, not including strategies listed as other.

Exhibit 3. Children's centers used several strategies to continue providing services to children and families



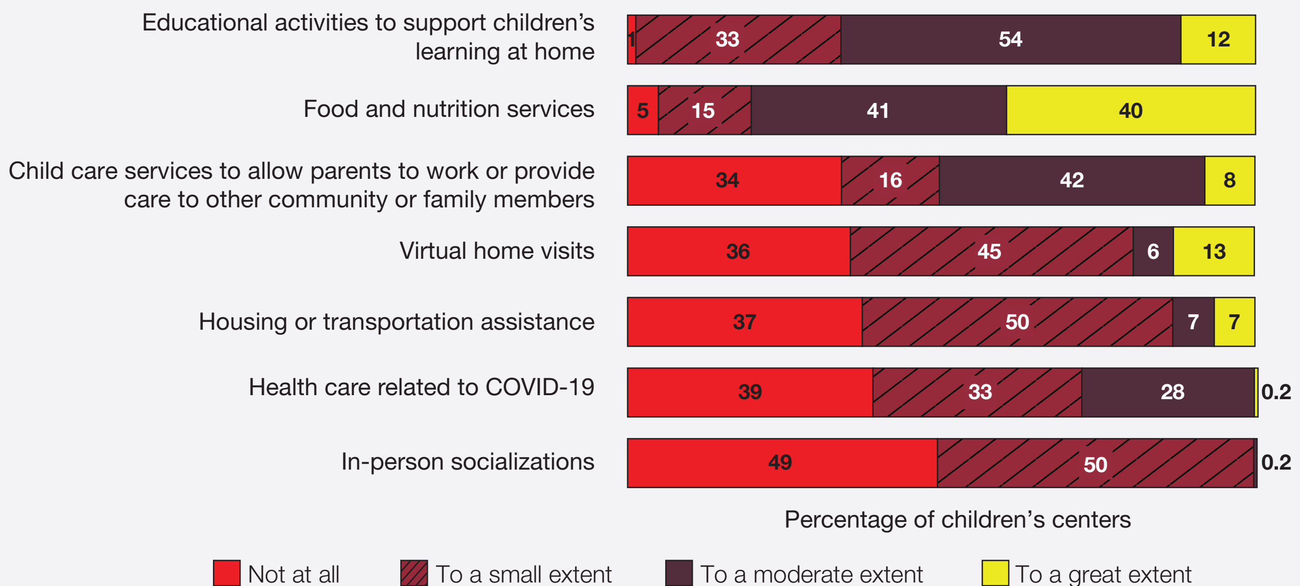
Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. Data are drawn from Table A.5 in the accompanying appendix.

What needs did families have during the early months of the COVID-19 pandemic? On average, did children's centers provide supports that correspond with families' needs?

Next, we examine the needs families expressed to children's centers during the early months of the COVID-19 pandemic, as reported by center directors. We also examine the supports provided by children's centers to understand whether, on average, children's centers provided supports that corresponded with families' needs. Due to the small number of centers in AIAN FACES, we cannot examine whether centers provided supports that met the specific needs of families in their center.

Children's centers provided supports that correspond with several of families' needs during the early months of the COVID-19 pandemic. In most children's centers, center directors reported that families expressed a variety of needs, particularly needs for food and nutrition and for educational activities to support children's learning activities at home (Exhibit 4). At the time of the survey, many children's centers provided supports that correspond with some of families' needs, including food and nutrition supports and educational activities for families to use at home (Exhibit 5).

Exhibit 4. Directors reported that families in nearly all children's centers expressed at least some need for educational activities to support children's learning at home and for food and nutrition services

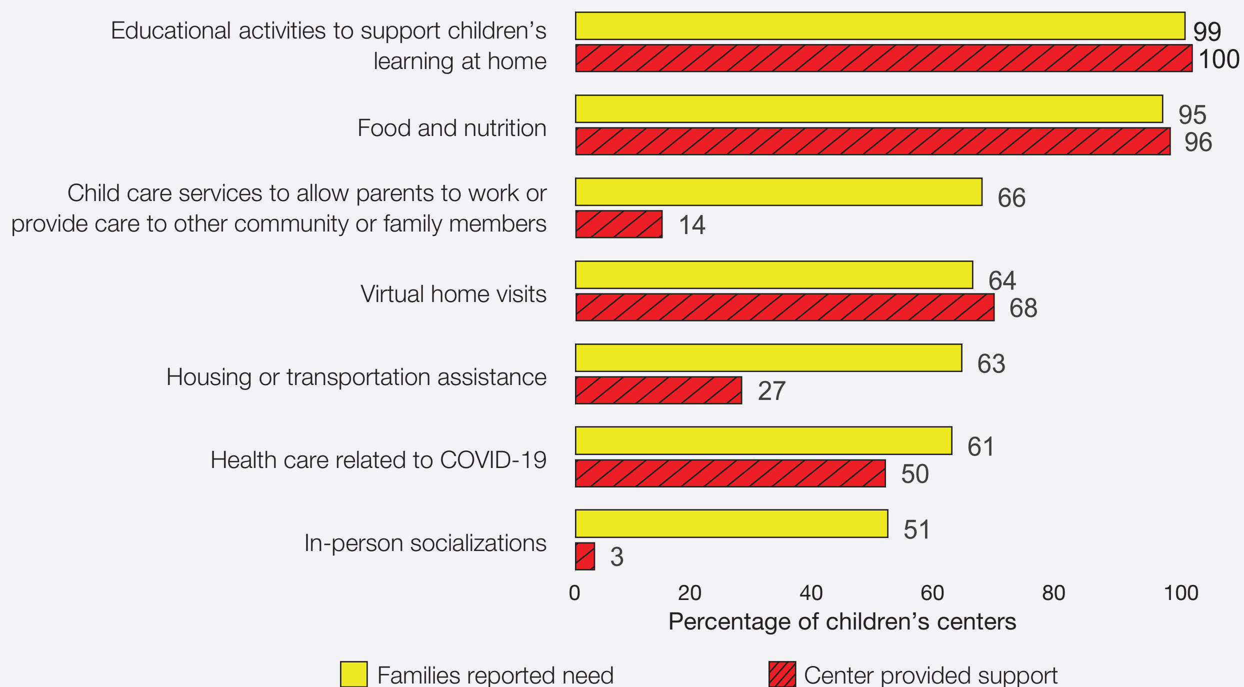


Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. Percentages may not sum to 100 due to rounding.
Data are drawn from Table A.7 in the accompanying appendix. Figure includes seven of sixteen needs for which at least 50 percent of children's centers reported that families had at least some need (defined as to a small extent) or more.

- In nearly all children's centers (99 percent), families expressed at least some need (defined as to a small extent or more) for educational activities to support children's learning at home during the pandemic. In 66 percent of children's centers, families expressed moderate or great needs for these supports (Exhibit 4).
- In most children's centers (95 percent), families expressed at least some food and nutrition needs. In 81 percent of children's centers, families expressed moderate or great food and nutrition needs.

- A majority of children's centers found that families expressed at least some need for child care services (66 percent), virtual home visits (64 percent), housing or transportation assistance (64 percent), and health care related to COVID-19 (61 percent), such as access to testing or personal protective equipment.
- In nearly half of children's centers (49 percent), families expressed at least some need for disability services or referrals (Table A.7).
- Families in less than one half of children's centers expressed need for other supports, for example health care not related to COVID-19, employment assistance related to the COVID-19 pandemic such as unemployment claims or benefits, and mental health services or referrals. Families expressed the least need for employment assistance not related to the COVID-19 pandemic such as job training, in-person home visits, and referrals to services for drug or alcohol misuse. The percentages of families who expressed needs for other supports are shown in the appendix (Table A.7).

Exhibit 5. On average, children's centers provided supports that corresponded with several of families' needs



Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. Data are drawn from Tables A.7 and A.8 in the accompanying appendix. Figure includes seven of sixteen needs for which at least half of children's centers reported that families had at least some need.

To understand the services children's centers provided to children and families in the early months of the COVID-19 pandemic, we first asked center directors whether they were providing various supports at the time of the survey.

- Families in children's centers expressed the most need for educational activities to support children's learning at home and for food and nutrition supports early in the COVID-19 pandemic. All children's centers provided educational activities to support children's learning at home during the pandemic, and nearly all of children's centers (96 percent) provided food and nutrition supports (Exhibit 5).
- In a majority of children's centers, families expressed at least some need for virtual home visits and health care related to the COVID-19 pandemic. A majority of children's centers provided virtual home visits (68 percent), and half of children's centers provided health care supports related to the COVID-19 pandemic.

- Some children's centers provided supports that corresponded with other family needs. Twenty-seven percent of children's centers provided housing or transportation assistance and 14 percent provided child care services. However, as most centers were physically closed at the time of the survey, only 3 percent of children's centers provided in-person social gatherings.

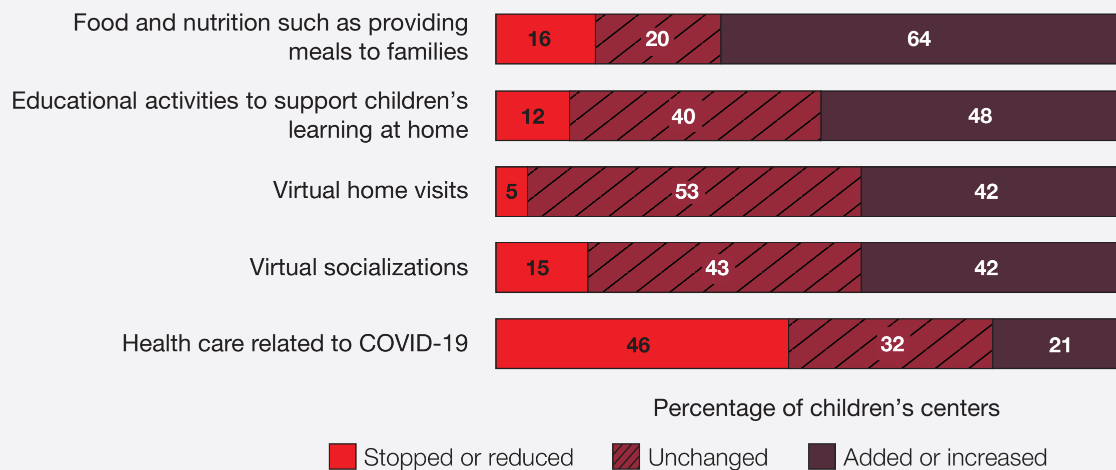
How did the services and referrals provided to children and families change during the early months of the COVID-19 pandemic?

Finally, we examine how the services and referrals children's centers provided to children and families changed during the early months of the COVID-19 pandemic. We examine which services and referrals were added or increased, and which services and referrals were stopped or reduced.

Despite the closure of most children's centers, we find that many added several types of services and referrals, or increased the provision of existing ones, during the early months of the COVID-19 pandemic. A majority of children's centers added or increased food and nutrition services during the COVID-19 pandemic, and nearly half provided families with educational activities to support children's learning at home or provided more of these activities. Although most children's centers stopped or reduced in-person home visits and in-person social gatherings provided to families, many added or increased virtual home visits and virtual social gatherings (Exhibit 6).

We asked center directors how services and referrals for families had changed specifically because of the COVID-19 pandemic. Center directors reported whether services or referrals were either stopped or reduced, added or increased, or unchanged because of the pandemic. Services and referrals were unchanged if centers provided a service or referral before the pandemic and were still providing it at the time of the survey, or if centers did not provide a service or referral before the pandemic and were still not providing it at the time of the survey.

Exhibit 6. Many children's centers added or increased services and referrals for children and families during the early months of the COVID-19 pandemic



Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020.
Percentages may not sum to 100 due to rounding.
Services and referrals were unchanged if centers provided a service or referral before the pandemic and were still providing it at the time of the survey, or if centers did not provide a service or referral before the pandemic and were still not providing it at the time of the survey.
Data are drawn from Table A.9 in the accompanying appendix. Figure includes five of sixteen services or referrals for which at least 20 percent of children's centers added or increased the number of services or referrals.

- A majority of children's centers added or increased at least one type of service or referral during the COVID-19 pandemic (77 percent), and nearly half added or increased three or more types of services or referrals (47 percent) (Exhibit 6).
- Many children's centers added or increased services and referrals that correspond with families' needs. A majority of children's centers (64 percent) added or increased food and nutrition services during the COVID-19 pandemic, such as providing meals to families. Nearly half of children's centers (48 percent) provided more educational activities to support children's learning at home.
- In response to the COVID-19 pandemic, most children's centers stopped or reduced the number of in-person home visits (91 percent) and in-person social gatherings (87 percent) provided to families. However, 42 percent of children's centers added or increased virtual home visits, and 42 percent of children's centers added or increased virtual social gatherings.
- More than a fifth of children's centers added or increased health care supports related to COVID-19, such as access to testing or personal protective equipment (PPE) such as masks (21 percent).
- Less than a fifth of children's centers added or increased other supports, such as housing or transportation assistance (for example, securing housing or transportation) and health care services not related to COVID-19 (for example, access to health care services or assistance with obtaining health insurance). The percentages of children's centers that added or increased other supports are shown in the appendix (Table A.9).

Conclusions and implications

In this brief, we provide a snapshot of how children's centers communicated to families at the beginning of the COVID-19 pandemic, the needs families expressed to children's centers, and the supports children's centers provided. Surveys were completed early during the COVID-19 pandemic, in June and July 2020. At that time, most children's centers in our sample had physically closed and had not reopened. Families' needs and the supports centers provided to children and families may have changed over time. Findings in this brief reflect children's centers at the time the surveys were completed; they may not reflect the communication and service provision strategies, the supports provided to families, and the changes to services and referrals that occurred later in the pandemic.

The findings in this brief show the needs families expressed to centers and the supports children's centers provided during the COVID-19 pandemic. However, given the small sample size in AIAN FACES, we are limited in our ability to use statistical methods to understand the links between family needs and center supports. In our sample, 20 center directors reported on 25 Region XI Head Start centers. Because of this small sample, we cannot look at whether centers that reported that families had greater need for a particular support were also more likely to provide that support. Nevertheless, we do observe that in several areas where families' expressed need is high it also appears that the provision of services was frequently high as well. We also note that in the survey we asked only a small number of questions on what Region XI Head Start centers were doing during in the early months of the pandemic. We were not able to have the in-depth conversations with individual programs that would provide richer information on how programs supported children and families.

Region XI Head Start children's centers offered a number of supports, services, and referrals prior to the pandemic. At the time of the survey, many centers not only continued to provide these supports during the pandemic but also offered additional services and referrals to support children and families. The ways in which centers modified their services and supports in response to the pandemic, such as by providing food, nutrition, and health supports, targeted several areas in which Region XI families expressed need. This finding suggests that centers were able to recognize and respond to the needs of children and families in their communities, which could provide a buffer against the negative impacts of the pandemic. Family outreach by the centers during the pandemic, such as virtual home visits and social gatherings, may also have been a valuable support children and families.

Program and center director reports also provide information about the broader context in which centers provided supports to children and families. Center directors reported that the pandemic had severe, negative consequences for families, including impacts on health and employment. Program directors also reported that

barriers to contacting and providing services to families during the pandemic, such as lack of Internet access for both families and center staff, may have made it difficult to reach children and families in need.

These findings shed light on the supports that children and families in Region XI Head Start had early in the pandemic including needs for comprehensive services, educational engagement, and socialization. However, many children's centers could not provide housing or transportation assistance to families during the early months of the pandemic. The pandemic likely made it difficult for most children's centers to provide supports that could address other needs families expressed, including families' need for in-person child care and social gatherings for children.

Early in the COVID-19 pandemic, center directors may have focused on quickly addressing families' most urgent needs, including needs for health and educational supports. These efforts may have been supported by the additional financial and policy flexibilities provided by the federal government and the Office of Head Start, which were intended to help programs maintain services and supports during the pandemic, including while programs were physically closed. Information from this brief, and the passage of time, will provide an opportunity for Region XI Head Start directors to look back on what worked to support children and families, and what did not, and to engage in planning efforts so that they are prepared to respond quickly to families' needs in the future.

AIAN FACES 2019

This research brief uses data from the American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (AIAN FACES 2019). Other AIAN FACES 2019 products describe the study's design and methodology (Bernstein et al. 2021a; Bernstein et al. 2021b; Dang et al. 2021).

Head Start is a national program designed to promote children's school readiness by enhancing their social-emotional, physical, and cognitive skills. The program provides educational, health, nutritional, social, and other services to enrolled children and their families. Head Start places special emphasis on helping preschoolers develop the reading, language, social-emotional, mathematics, and science skills they need to be successful in school. The program also seeks to engage parents in their children's learning and to promote progress toward the parents' own educational, literacy, and employment goals (ACF n.d.). Head Start works to achieve these goals by providing comprehensive children's development services to economically disadvantaged children and their families through grants to local public agencies and to private nonprofit and for-profit organizations. Region XI AIAN Head Start programs also offer traditional language and cultural practices based on community needs, wishes, and resources.

Methods

For AIAN FACES 2019, we selected a nationally representative sample of Region XI Head Start programs from the 2016–2017 Head Start Program Information Report, with one or two centers per program and two to four classrooms per center. Within each classroom, we randomly selected 13 children for the study. In fall 2019, 720 parents consented for their children to participate. The children came from 85 classrooms in 40 centers in 22 programs. A total of 686 children and their parents were eligible for the spring 2020 follow-up. More information on the study methodology and measurement used in AIAN FACES 2019 and tables for findings presented here are available in the AIAN FACES Spring 2020 Data Tables and Study Design Report (Dang et al. 2021).

Center directors completed the center director survey from March through July 2020. Partway through data collection, in June 2020, COVID-19 related questions were added to the survey. Center directors who had already completed the broader center director survey before the addition of the COVID-19 questions were invited to complete a survey module on the web that contained only the new COVID-19 questions. Not all center directors who completed the broader center director survey before the addition of the new COVID-19 questions completed the module. Twenty center directors, reporting on 25 centers, completed the COVID-19 questions. Of the 485 children who were enrolled in Region XI Head Start and whose center directors completed the center director survey, 430 children were enrolled in Region XI and had center directors who completed the COVID-19 related questions.

All findings are weighted to represent this population of children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The weights used in this brief are based on children who had completed center director surveys before the addition of the new COVID-19 questions. We report percentages and averages (means) to answer all three research questions.

Endnote

[1] In this brief, we define the "early months" of the COVID-19 pandemic as March 2020 (when COVID-19 was declared a pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control) through July 2020.

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Appendix

Table A.1. Strategies center staff used to communicate with families as a group during the COVID-19 pandemic

	n	Percentage of children
Program website	430	13.3
Program social media accounts such as Facebook, Twitter, or YouTube	430	85.5
Streaming social media (for example, Facebook Live)	430	43.2
Video chat and conferencing platforms (for example, FaceTime, Google Chat, Skype, Zoom, or other conferencing site)	430	52.8
Classroom communication tool (for example, Google Classroom, ClassDojo, or Bloomz)	430	18.6
Telephone calls	430	87.3
E-messaging such as text messages, Facebook Messenger, or WhatsApp	430	74.9
Mail	430	52.7
Physical delivery or pick-up location	430	87.6
Share weekly packets/lesson plans	430	8.3
Other[a]	430	6.4

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] An example of "other" strategies includes community meal deliveries.

Table A.2. Number of strategies center staff used to communicate with families as a group during the COVID-19 pandemic

	n	Percentage of children
Number of strategies used for group communication	430	
0		0.0
1		4.0
2		12.4
3		17.3
4		0.6
5		10.7
6		12.4
7		28.0
8		14.6
9 or more		0.0
	n	**Mean (reported range[a])**
Number of strategies used to communicate with families as a group	430	5.2 (1-8)

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a]Possible range is 0 to 10 and excludes strategies to communicate with families as a group in the "other" category.

Table A.3. Strategies center staff used to contact individual families during the COVID-19 pandemic

	n	Percentage of children
Video chat and conferencing platforms (for example, FaceTime, Google Chat, Skype, Zoom, or other conferencing site)	430	55.5
Classroom communication tools (for example, Google Classroom, ClassDojo, or Bloomz)	430	13.6
Telephone calls	430	89.2
E-messaging such as text messages, Facebook Messenger, or WhatsApp	430	84.7
Mail	430	49.8
Physical delivery or pick-up location	430	89.9
Share weekly packets/lesson plans	430	8.3
Other	430	0.0

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.

Table A.4. Number of strategies center staff used to contact individual families during the COVID-19 pandemic

	n	Percentage of children[a]
Number of strategies used for group communication	430	
0		0.0
1		8.8
2		4.0
3		20.7
4		23.0
5		42.3
6		0.0
7		1.3
	n	**Mean (reported range[b])**
Number of strategies used to contact individual families	430	3.9 (1-7)

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Percentages may not sum to 100 due to rounding.
[b] Possible range is 0 to 7 and excludes strategies to contact individual families in the “other” category.

Table A.5. Strategies center staff used to provide services to children and families during the COVID-19 pandemic

	n	Percentage of children
Applying for exemptions or waivers to provide services more flexibly (for example, applying for Child and Adult Care Food Program (CACFP) waivers)	430	43.2
Partnering with other local entities (for example, schools or local education agency, tribal programs, internet providers, food banks, hospitals) to deliver services	430	86.9
Providing remote learning opportunities for children	430	91.8
Providing remote supports for parents	430	72.3
Dropping off or establishing family pick-up sites for distribution of materials, food, and supplies	430	91.6
Supporting families' access to technology (for example, facilitating internet access, supplying Chromebooks/laptops)	430	21.6
Other[a]	430	5.6
None of these	430	0.0

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] An example of "other" strategies includes encouraging families to send in photos of home learning activities.

Table A.6. Number of strategies center staff used to provide services to children and families during the COVID-19 pandemic

	n	Percentage of children
Number of strategies used to provide services to children and families	430	
0		0.0
1		1.7
2		9.8
3		24.0
4		16.4
5		40.4
6		7.7
	n	**Mean (reported range[a])**
Number of strategies used to provide services to children and families	430	4.1 (1-6)

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on the construct. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Possible range is 0 to 6 and excludes used to provide services to children and families in the "other" category.

Table A.7. Extent of needs families expressed to center staff due to the COVID-19 pandemic

	n	Percentage of children[a]
Educational activities to support children's learning at home	430	
Not at all		1.3
To a small extent		32.7
To a moderate extent		54.2
To a great extent		11.9
Child care services to allow parents to work or provide care to other community or family members	430	
Not at all		34.1
To a small extent		15.6
To a moderate extent		42.3
To a great extent		8.0
Food and nutrition (for example, providing meals to families)	430	
Not at all		4.9
To a small extent		14.8
To a moderate extent		40.7
To a great extent		39.7
Housing or transportation assistance (for example, securing housing or transportation, assistance with rent payments or deferments)	430	
Not at all		37.4
To a small extent		49.5
To a moderate extent		6.6
To a great extent		6.5
Health care not related to COVID-19 (for example, access to services, obtaining health insurance, assistance with medical bill payment or deferment)	430	
Not at all		59.6
To a small extent		32.3
To a moderate extent		8.1
To a great extent		0.0
Health care related to COVID-19 (for example, access to testing or personal protective equipment such as masks)	430	
Not at all		39.1
To a small extent		33.3
To a moderate extent		27.5
To a great extent		0.2
Employment assistance not related to COVID-19 (for example, job training)	430	
Not at all		85.3
To a small extent		13.1
To a moderate extent		1.7
To a great extent		0.0

	n	Percentage of children[a]
Employment assistance related to COVID-19 (for example, unemployment claims/benefits)	430	
Not at all		57.0
To a small extent		34.9
To a moderate extent		8.1
To a great extent		0.0
Referral to services for drug or alcohol misuse	430	
Not at all		80.4
To a small extent		19.6
To a moderate extent		0.0
To a great extent		0.0
Services/referrals for dual language learners	430	
Not at all		66.5
To a small extent		33.5
To a moderate extent		0.0
To a great extent		0.0
Mental health services/referrals for children and families	430	
Not at all		64.7
To a small extent		17.2
To a moderate extent		18.0
To a great extent		0.0
In-person home visits	430	
Not at all		82.0
To a small extent		12.3
To a moderate extent		5.8
To a great extent		0.0
In-person socializations	430	
Not at all		49.4
To a small extent		50.4
To a moderate extent		0.2
To a great extent		0.0
Virtual home visits	430	
Not at all		35.5
To a small extent		45.1
To a moderate extent		6.4
To a great extent		12.9
Virtual socializations	430	
Not at all		66.3
To a small extent		21.0
To a moderate extent		5.6
To a great extent		7.1

	n	Percentage of children[a]
Disability services/referrals	430	
Not at all		51.0
To a small extent		36.6
To a moderate extent		5.9
To a great extent		6.4
Other[b]	369	
Not at all		72.1
To a small extent		21.1
To a moderate extent		6.8
To a great extent		0.0

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020.
The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on each of the constructs. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Percentages may not sum to 100 due to rounding.
[b] Examples of "other" needs include marriage counseling and providing essential supplies.

Table A.8. Supports centers provided to families during the COVID-19 pandemic

	n	Percentage of children
Educational activities to support children's learning at home	430	100.0
Child care services to allow parents to work or provide care to other community or family members	430	14.0
Food and nutrition (for example, providing meals to families)	430	96.4
Housing or transportation assistance (for example, securing housing or transportation, assistance with rent payments or deferments)	430	27.0
Health care not related to COVID-19 (for example, access to services, obtaining health insurance, assistance with medical bill payment or deferment)	430	50.3
Health care related to COVID-19 (for example, access to testing or personal protective equipment such as masks)	430	50.2
Employment assistance not related to COVID-19 (for example, job training)	430	26.8
Employment assistance related to COVID-19 (for example, unemployment claims/benefits)	430	37.1
Referral to services for drug or alcohol misuse	430	22.1
Services/referrals for dual language learners	430	50.5
Mental health services/referrals for children and families	430	70.3
In-person home visits	430	6.4
In-person socializations	430	3.0
Virtual home visits	430	67.8
Virtual socializations	430	69.2
Disability services/referrals	430	40.1
Other[a]	369	14.8

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020.
The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on each of the constructs. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Examples of "other" supports include counseling and providing essential supplies.

Table A.9. Change in services or referrals that centers provided to families during the COVID-19 pandemic

	n	Percentage of children[a]
Educational activities to support children's learning at home	430	
Stopped or reduced		11.7
Unchanged		40.0
Added or increased		48.3
Child care services to allow parents to work or provide care to other community or family members	430	
Stopped or reduced		55.2
Unchanged		44.8
Added or increased		0.0
Food and nutrition (for example, providing meals to families)	430	
Stopped or reduced		15.8
Unchanged		19.9
Added or increased		64.3
Housing or transportation assistance (for example, securing housing or transportation, assistance with rent payments or deferments)	430	
Stopped or reduced		26.5
Unchanged		73.5
Added or increased		0.0
Health care not related to COVID-19 (for example, access to services, obtaining health insurance, assistance with medical bill payment or deferment)	430	
Stopped or reduced		26.5
Unchanged		73.5
Added or increased		0.0
Health care related to COVID-19 (for example, access to testing or personal protective equipment such as masks)	430	
Stopped or reduced		46.4
Unchanged		32.4
Added or increased		21.2
Employment assistance not related to COVID-19 (for example, job training)	430	
Stopped or reduced		22.2
Unchanged		77.8
Added or increased		0.0
Employment assistance related to COVID-19 (for example, unemployment claims/benefits)	430	
Stopped or reduced		47.7
Unchanged		46.5
Added or increased		5.8
Referral to services for drug or alcohol misuse	430	
Stopped or reduced		47.7
Unchanged		46.5
Added or increased		5.8

	n	Percentage of children[a]
Services/referrals for dual language learners	430	
Stopped or reduced		23.1
Unchanged		76.8
Added or increased		0.2
Mental health services/referrals for children and families	430	
Stopped or reduced		18.0
Unchanged		75.9
Added or increased		6.1
In-person home visits	430	
Stopped or reduced		91.1
Unchanged		8.9
Added or increased		0.0
In-person socializations	430	
Stopped or reduced		87.0
Unchanged		13.0
Added or increased		0.0
Virtual home visits	430	
Stopped or reduced		5.0
Unchanged		53.0
Added or increased		42.1
Virtual socializations	430	
Stopped or reduced		14.6
Unchanged		43.4
Added or increased		42.1
Disability services/referrals	430	
Stopped or reduced		27.3
Unchanged		72.6
Added or increased		0.2
Other[b]	403	
Stopped or reduced		28.5
Unchanged		57.7
Added or increased		13.7

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020. The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on each of the constructs. 20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Percentages may not sum to 100 due to rounding.
[b] Examples of "other" services or referrals include counseling and providing essential supplies.

Table A.10. Number of services or referrals for center families that were added or increased during the COVID-19 pandemic

	n	Percentage of children[a]
Number of services or referrals added or increased	430	
0		22.5
1		3.6
2		27.1
3 or more		46.7
	n	**Mean (reported range)**
Number of services or referrals added or increased	430	2.3 (0 - 9)

Source: Spring 2020 AIAN FACES Center Director Survey.
Note: Statistics are weighted to represent all children who were enrolled in Region XI Head Start programs in fall 2019 and were still enrolled in spring 2020.
The n column in this table includes unweighted sample sizes to identify the number of children with valid center director survey data on each of the constructs.
20 center directors completed the COVID-19 questions, reporting on 25 centers.
All estimates are at the child level and should be interpreted as a percentage or mean of children's centers. For ease of reading, we abbreviate to "centers" in the table title.
Spring 2020 data were collected from June 2, 2020 to July 17, 2020, during the COVID-19 pandemic.
[a] Percentages may not sum to 100 because of rounding

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