Early Head Start Programs, Staff, and Participating Infants/Toddlers and Families:

Baby FACES 2022 Data Tables

OPRE Report 2023-249
August 2023

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OPRE Report 2023-249
August 2023

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OVERVIEW

Introduction

Early Head Start programs provide a comprehensive array of two-generation, family-centered services to infants, toddlers, pregnant women, and their families. These include child development services, child care, parenting education, case management, health care and referrals, and other family support services. In 2021, Early Head Start served more than 192,000 children and families throughout the nation (Office of Head Start [OHS] 2022).

The Early Head Start Family and Child Experiences Survey (Baby FACES) 2022 provides a wealth of information about Early Head Start programs, center-based or home-based services, teachers and home visitors, and the children and families they serve. Specifically, Baby FACES 2022 describes the children and families participating in Early Head Start, the services they receive, and the staff who serve them. It also describes how programs support staff to ensure they provide high-quality services and how the quality of those services relate to the well-being of children and families.

Primary research questions

Baby FACES 2022 focuses on the processes in classrooms and home visits that support responsive relationships, including teacher-child relationships, staff-parent relationships, and parent-child relationships. The 2022 data collection concentrated on home visiting processes and explored the quality of home visits and parent–child relationships in depth, with observations of home visits and semi-structured parent–child interactions. The study answered these overarching research questions: (1) How do Early Head Start services support the development of infants and toddlers in the context of nurturing, responsive relationships? and (2) What is the quality of the services provided by teachers and home visitors in Early Head Start?

Purpose

This report shares key information about the study, including the design, methods, and findings. The tables in this report give an overview of the data collected in Baby FACES 2022, and describe the Early Head Start program and center services and staff, the families served by the program and how children and families are doing in important areas of well-being, and the evidence of responsive relationships in Early Head Start. These data can inform program planning, technical assistance, and future research.

Key findings and highlights

The following are key findings of the study:

- Families served by Early Head Start are ethnically and linguistically diverse. The median family household income in the past year is about $26,400. About 36 percent of families have medium or high levels of demographic risk. In spite of those challenges, families and children are faring well and managing their stress. Parents report positive relationships with their children, and are responsive and sensitive to their child's needs.
- About 30 percent of families reported dealing challenges associated with the COVID-19 pandemic, most commonly for employment issues and keeping family safe from COVID-19. Most of these families have received support from their Early Head Start program to address these challenges.
- Early Head Start teachers and home visitors are well educated and experienced. Most teachers (60 percent) and home visitors (83 percent) have at least a college degree and infant/toddler experience (8 years for teachers and 6 years for home visitors).

- Early Head Start teachers and home visitors receive professional development from their programs. Most teachers and home visitors (over 70 percent) have participated in a wide range of professional development activities (including individual or group supervision meetings and classroom/home visit observations with feedback) and received training on a variety of topics. A majority of teachers (80 percent) and home visitors (75 percent) have coaches, and most of them meet with their coaches at least once a month.
- Generally, Early Head Start classrooms are in the mid-range of quality. On average, however, Early Head Start teachers provide stronger support for children's social-emotional development (with a mean of 4.5 out of 7) than for their cognitive development (with a mean of 3.2 out of 7) or language and literacy development (with a mean of 3.8 out of 7). Teachers say they have positive relationships with infants and toddlers. Teachers and parents also report positive relationships with each other.
- Early Head Start home visits are in the adequate range of quality, with a mean of 4.1 out of 7. Early Head Start home visitors are stronger in relationship building with families than being responsive to family strengths, facilitating caregiver-child interactions, or collaborating with caregivers. On average, about half (54 percent) of the time during the observed home visits is spent on child-focused activities. Play is the most commonly conducted activity during home visits (80 percent of the home visits). Parents and home visitors report strong working relationships with each other.

Methods

Baby FACES 2022 selected nationally representative samples of Early Head Start programs, centers, home visitors, classrooms, and teachers, and also sampled the families and children they serve. All programs were in Office of Head Start Regions 1–10.

The study collected cross-sectional data in spring 2022, conducting parent surveys by phone and giving web-based surveys to teachers, home visitors, and center and program directors. In addition, parents and teachers or home visitors rated the language and social-emotional development of the children in the sample. Observers conducted in-person classroom observations and in-person or virtual home visit observations. For home visit observations that were conducted in person, the study also video-recorded parent–child interactions in the home if the child in the sample was 12 months or older.

The tables in this report answer both research questions. They include nationally representative estimates of key characteristics of Region 1-10 Early Head Start programs and centers; teachers, home visitors, and classrooms; and families and children enrolled in spring 2022. Descriptive statistics (means and percentages) are weighted to represent the total population at each level. A nonresponse bias analysis suggests that the responding sample at the program level may not be fully representative of the national sample. Because samples of centers, home visitors, classrooms, and children were selected within participating programs only, weighted estimates from those later sampling stages also may not be fully representative. Therefore, the study team recommends interpreting the national representativeness of the estimates in the data tables with caution.

Glossary:

Baby FACES. The Early Head Start Family and Child Experiences Survey.

Cross-sectional data. Data collected at a single point in time.

Demographic risk. Risk factors include: Teen mother (when first child born), less than high school education, receipt of public assistance, single parent and not employed or in school or training.

Office of Head Start Regions 1-10. Includes all Head Start programs except Migrant programs and American Indian/Alaska Native programs.

I. INTRODUCTION

Early Head Start programs provide a comprehensive array of two-generation, family-centered services to infants, toddlers, pregnant women, and their families. These include child development services, child care, parenting education, case management, health care and referrals, and other family support services. In addition to providing many services directly, some programs form partnerships with other community service providers as vehicles for delivering services. Early Head Start has grown from the initial 68 Early Head Start grant recipients funded in 1995 to nearly 1,700 programs serving more than 192,000 children and families throughout the nation (Office of Head Start [OHS] 2022).

The Early Head Start Family and Child Experiences Survey (Baby FACES) is a nationally representative descriptive study of Early Head Start. It is designed to inform program planning, technical assistance, and research at the national level by doing the following:

- Providing descriptive information about the quality, frequency, and intensity of Early Head Start services
- Describing the characteristics of, qualifications of, and professional supports provided to staff working with Early Head Start families
- Identifying key characteristics, strengths, and needs of families served in Early Head Start
- Learning how Early Head Start children and families are faring in key areas of child and family well-being
- Exploring associations between the type and quality of Early Head Start services and child and family well-being

The first cohort of Baby FACES was fielded in 2009–2012. It used a longitudinal design, following two age cohorts of children (newborns and 1-year-olds) through their time in Early Head Start. Baby FACES was re-designed to employ a repeated cross-sectional approach that provides a comprehensive snapshot of Early Head Start with a nationally representative sample of programs, centers, home visitors, teachers and classrooms; and enrolled families, children of all age groups, and pregnant women in OHS Regions 1 through 10[1,2] Using the cross-sectional design, the second cohort of Baby FACES was fielded in spring 2018 (Baby FACES 2018), and the third was fielded in spring 2022 (Baby FACES 2022). Baby FACES 2018 and 2022 focus on the processes in the classrooms and home visits that support responsive relationships, including teacher–child relationships, staff–parent relationships, and parent–child relationships. These studies address the overarching research question: *How do Early Head Start services support growth and development of infants and toddlers in the context of nurturing, responsive relationships?*

The 2018 round focused on the classroom context and explored classroom processes and teacher–child relationships in depth with multiple observation-based measures of classrooms and teachers. The 2022 round focused on home visit processes and included observations of the quality of home visits and parent–child interactions. Both the 2018 and 2022 data collections included surveys of children's parents,

[1] The sample does not include Head Start programs or any Early Head Start programs in Regions 11 (American Indian and Alaska Native) and 12 (Migrant and Seasonal Head Start) of the Office of Head Start. For reasons of cost, programs in Alaska and Hawaii were excluded. The sample also does not include any programs that are under transitional management or with enrollment of less than 25, are outside the continental United States, or do not directly provide services to children and families (that is, they delegate direct services to other agencies). Teachers and families participating in the family child care (FCC) option were also excluded from the sample.
[2] Pregnant women were excluded from the sample in 2022.

teachers, home visitors, and center and program directors, along with classroom observations. In addition, parents and teachers or home visitors completed reports on the children in the sample.

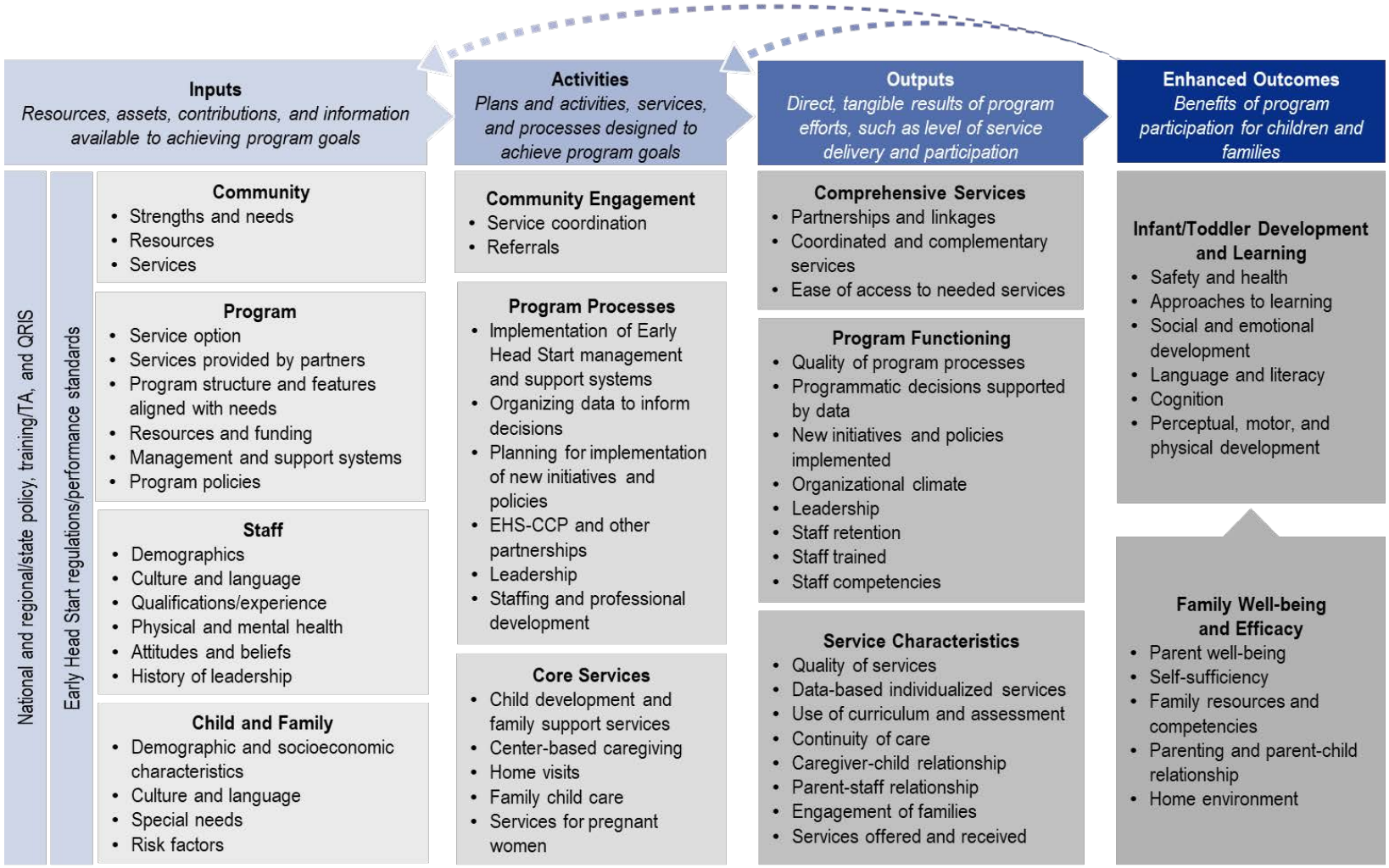
Baby FACES is guided by a broad conceptual framework for the entire Early Head Start program (Exhibit 1). The conceptual framework includes multiple layers that show the many relationships that can be studied in Baby FACES: the resources, assets, contributions, and information available to achieve program goals (inputs); the plans and activities, services, and processes designed to achieve program goals (activities); the direct, tangible results of program efforts, such as level of service delivery and participation (outputs); and the intended benefits of program participation for children and families (enhanced outcomes). The conceptual framework shows the pathways from inputs for Early Head Start programs to program goals of achieving enhanced outcomes for children and families. The underlying hypotheses are as follows:

- Inputs into the program (outlined on the left-hand side) affect activities. Some of the inputs may directly influence other layers of the framework in addition to activities. For example, the inputs of child and family characteristics are also associated directly with child and family outcomes.
- Activities lead to outputs.
- Outputs lead to enhanced outcomes.
- Programs gather data on child and family outcomes that then influence subsequent inputs and activities that programs perform (the dashed arrows on the top of the figure).

Guided by the conceptual framework and working collaboratively with the Administration for Children and Families (ACF), we developed sub-frameworks that capture the constructs considered to be most important given the focus of Baby FACES 2018 and 2022. There are separate versions of the sub-frameworks for center-based and home-based programs, depicting the nuanced relationships among components of the conceptual framework that are essential for understanding classroom processes and home visit processes that support responsive relationships in Early Head Start.

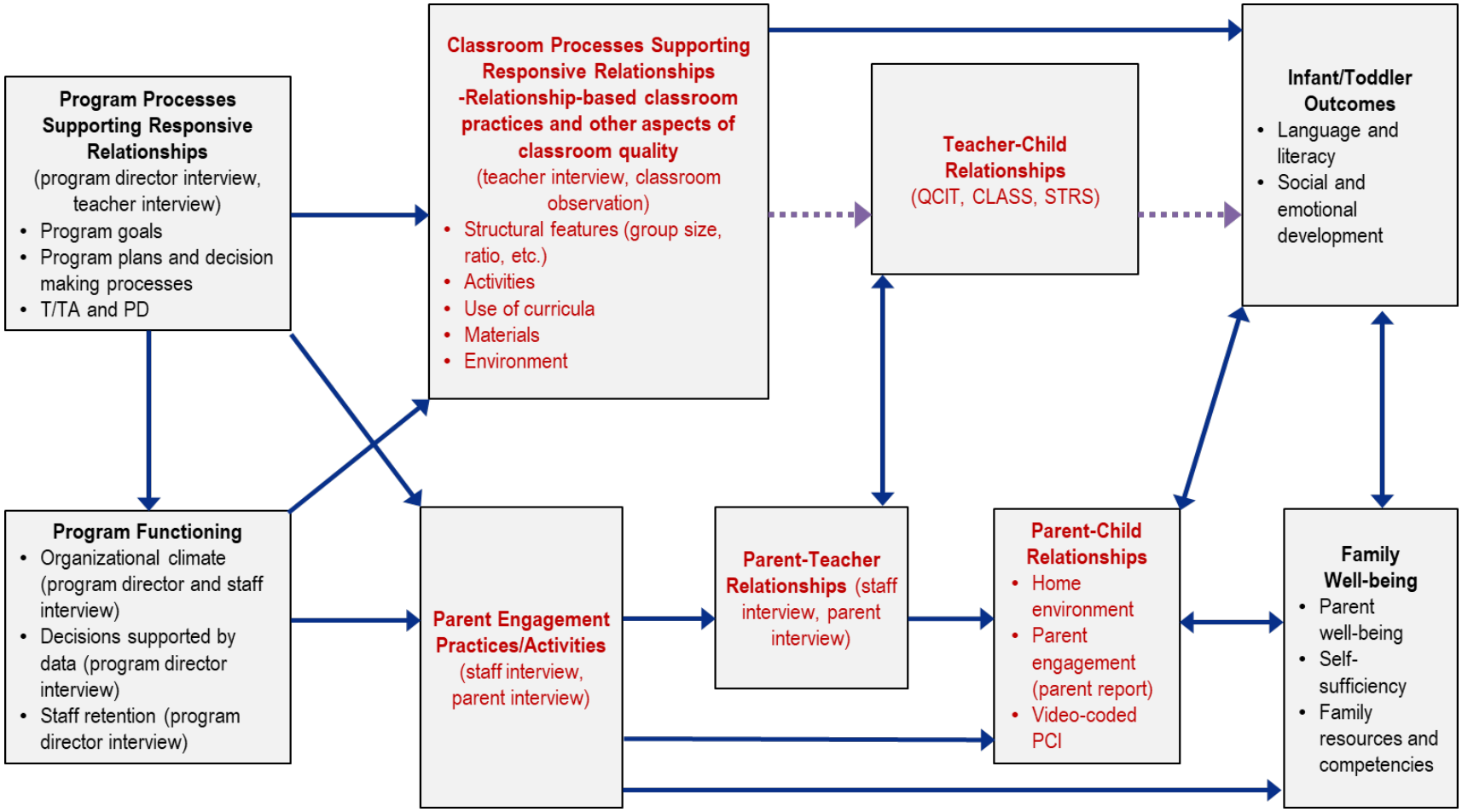
Sub-framework for center-based programs (Exhibit 2). The sub-framework for center-based programs illustrates the focus on the quality of relationships across different aspects of service provision (teacher–child relationships, parent–teacher relationships, and parent–child relationships), classroom processes that support responsive relationships (structural features such as group size, activities, use of curricula, materials, and environment), and parent engagement practices/activities. These elements are shown in boxes with red text at the center of the sub-framework. At the left-hand side are program processes and functioning that support classroom processes and practices for responsive relationships. The right-hand side of the framework has the intended infant/toddler outcomes and family well-being. The arrows in the figure show the pathways hypothesized to link program processes and functioning, classroom processes and practices, relationship quality, and infant/toddler outcomes and family well-being.

Exhibit 1. Conceptual framework for Early Head Start



Note: Some of the input factors, for example, child and family characteristics, may directly influence other layers of the framework in addition to Activities. Child and family outcomes learned may also influence the inputs and the activities that programs will take

Exhibit 2. Understanding classroom processes that support responsive relationships in Early Head Start



Note: For classroom observation of teacher–child relationships, Baby FACES 2018 used the QCIT and CLASS; Baby FACES 2022 used the QCIT. Baby FACES 2022 also added video-coded parent–child interaction to measure parent–child relationships.

* As an example of mediation, purple dotted path shows teacher–child relationships mediate the associations between classroom processes and infant/toddler wellbeing.

T/TA = training and technical assistance; PD = professional development; QCIT = QCIT = Quality of Care for Infants and Toddlers; CLASS = Classroom Assessment Scoring System; STRS = Student-Teacher Relationship Scale; PCI = parent–child interaction.

Sub-framework for home-based programs (Exhibit 3). Similarly, at the center of the sub-framework for home-based programs is the focus on relationship quality in home visits (parent–home visitor relationships and parent–child relationships), home visit processes that support responsive relationships (curricula, interactions, and activities and content), and parent engagement practices/activities. These are also in boxes with red text. At the left-hand side are program processes and functioning that support home visit processes and practices for responsive relationships. At the right-hand side are infant/toddler outcomes and family well-being. Again, the arrows in the figure show the pathways hypothesized to link program processes and functioning, home visit processes, relationship quality, and infant/toddler outcomes and family well-being.

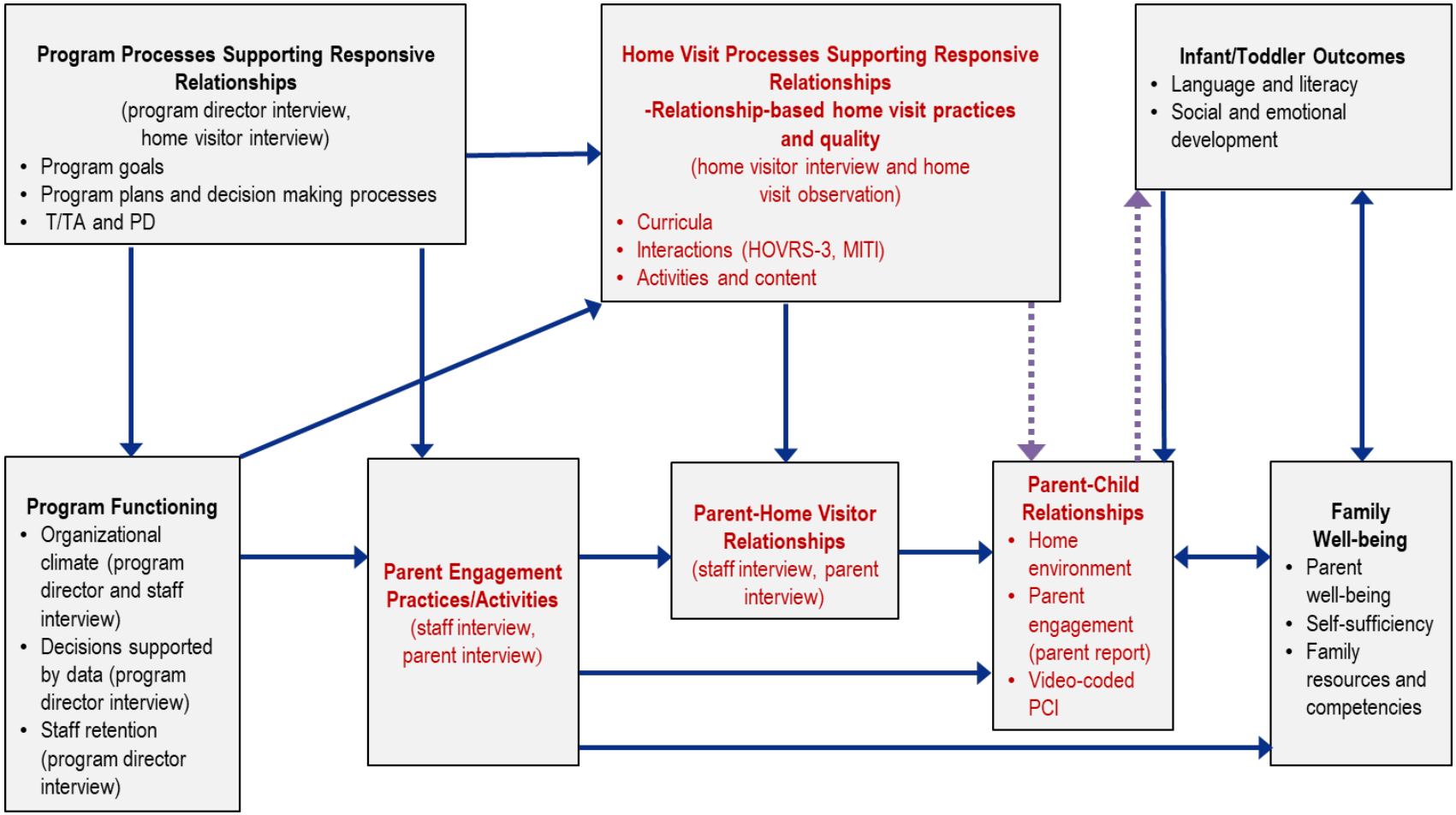
The tables in this report present descriptive findings from Baby FACES 2022. The introductory chapters (Chapters I–III) describe the Baby FACES 2022 sample, discuss data collection and analytic methods, and provide an overview of the measures. This includes discussion of limitations of the 2022 estimates given lower than expected study participation and response rates and potential risk of nonresponse bias for some of the study instruments.

The tables that follow present descriptive statistics for nearly all variables gathered in the 2022 data collection and are organized into eight sections:

- Section I: Who are the children and families participating in Early Head Start?
- Section II: What strengths and challenges are families in Early Head Start experiencing?
- Section III: Who are the staff in Early Head Start?
- Section IV: What professional development and supports are provided to Early Head Start staff?
- Section V: What services are provided by Early Head Start centers, and what is the quality of those services?
- Section VI: What services are provided by Early Head Start home visiting, and what is the quality of those services?
- Section VII: How are parents engaged and families supported in Early Head Start?
- Section VIII: What are the characteristics, qualities, and functions of Early Head Start programs?

Baby FACES 2022 data are archived at the Child and Family Data Archive, Inter-university Consortium for Political and Social Research (ICPSR), University of Michigan. Researchers can apply for access to the data to carry out secondary analyses.

Exhibit 3. Understanding home visit processes that support responsive relationships in Early Head Start



Note: Baby FACES 2022 added the HOVRS-3 and MITI to measure quality of home visit practices and video-coded parent–child interaction to measure parent–child relationships.

* Purple dotted path shows parent–child relationships mediate the associations between home visit processes and infant/toddler well-being.

T/TA = training and technical assistance; PD = professional development; HOVRS-3 = Home Visit Rating Scales-3; MITI= Motivational Interviewing Treatment Integrity Coding System; PCI = parent–child interaction.

II. METHODS

A. Baby FACES 2022 sample

Like Baby FACES 2018, Baby FACES 2022 includes nationally representative samples of Early Head Start programs, centers, home visitors, classrooms, teachers, and participating families and children. The study's complex sample design incorporated multistage sampling, stratification, and unequal selection probabilities. While the *selected samples* at the program, center, classroom, teacher, home visitor, and child levels are nationally representative, a nonresponse bias analysis suggests that the *responding sample* at the program level may not be fully representative of the national sample (see Section II C, Analytic Methods, for details). Because we selected samples of centers, home visitors, classrooms, and children within participating programs only, weighted estimates from those later sampling stages also may not be fully representative.

1. Baby FACES 2018 program sample

We selected the 2018 sample of Early Head Start programs from the Head Start Program Information Report (PIR) for the 2015-16 program year, after excluding programs ineligible for the study (those from Regions 11 and 12 of the Office of Head Start; programs in Alaska, Hawaii, and U.S. territories; family child care programs; administrative programs delegating all services; programs with enrollment of less than 25, and programs under transitional management). We combined programs when they were listed more than once on the PIR but had the same name, address, and program director. We then stratified the sample by program option (center-based only, home-based[3] only, or both) and selected programs with probability-proportional-to-size (funded enrollment) using a sequential sampling method. The program sample was intentionally selected to be larger than the target (in other words, "augmented") to allow for random subsamples to be released as needed to recruit 140 participating programs after accounting for ineligible or refusing programs. After sampling, we paired similar programs together and randomly released one from each pair for recruiting, reserving the other program in the pair as a backup to be released if necessary. Out of an "augmented" sample of 308 programs, we released 167 (we originally released 140, followed by 27 backup programs), of which 3 were ineligible and 27 refused, resulting in a participating sample of 137 programs in spring 2018. See Baby FACES 2018 Users' Guide (Cannon et al. 2020) for more details.

2. Freshening the program sample for Baby FACES 2022

We intended to retain as many programs from 2018 as possible when planning for a spring 2020 data collection. However, to be representative, we needed to freshen the sample by including programs that were newly funded since 2018 and dropping those that were no longer operating. In late 2019, using the PIR from the 2018-2019 program year and with the help of the Office of Head Start, we identified participating programs from 2018 that had since closed, along with all the new programs that came into being since 2018. The new programs were sampled using the same methodology as that used for the original sample but on a smaller scale. We selected an augmented sample of 34 such programs, released 13 (we originally released 10, followed by 3 backup programs), and recruited 11. At the same time, among the 137 original programs, 3 were randomly deselected (to reduce the sample size), 4 had since become ineligible and 17 refused to participate in 2020, leaving 113. With the 11 new programs, this left

[3] Early Head Start uses the term "home-based" to refer to home visiting services.

us with 124 recruited programs for spring 2020. The COVID-19 pandemic interfered with data collection that began in early spring 2020, and the study had to be suspended until spring 2022.

In spring 2022, we updated the sample to exclude sampled and recruited programs that had become ineligible in the interim or that now declined to participate (5 and 40 programs, respectively). We did not freshen the sample again to bring in programs that came into being after the 2020 sampling, but we did release enough programs from the original and freshened samples (including 21 backup programs from the freshened sample not released in 2020) to recruit a total of 99 programs for spring 2022 data collection, which was in alignment with our reduced target sample size of 100. Of these, 82 are programs that existed at the time of 2018 sampling and 17 are programs that were newly funded between 2018 and 2020 sampling.

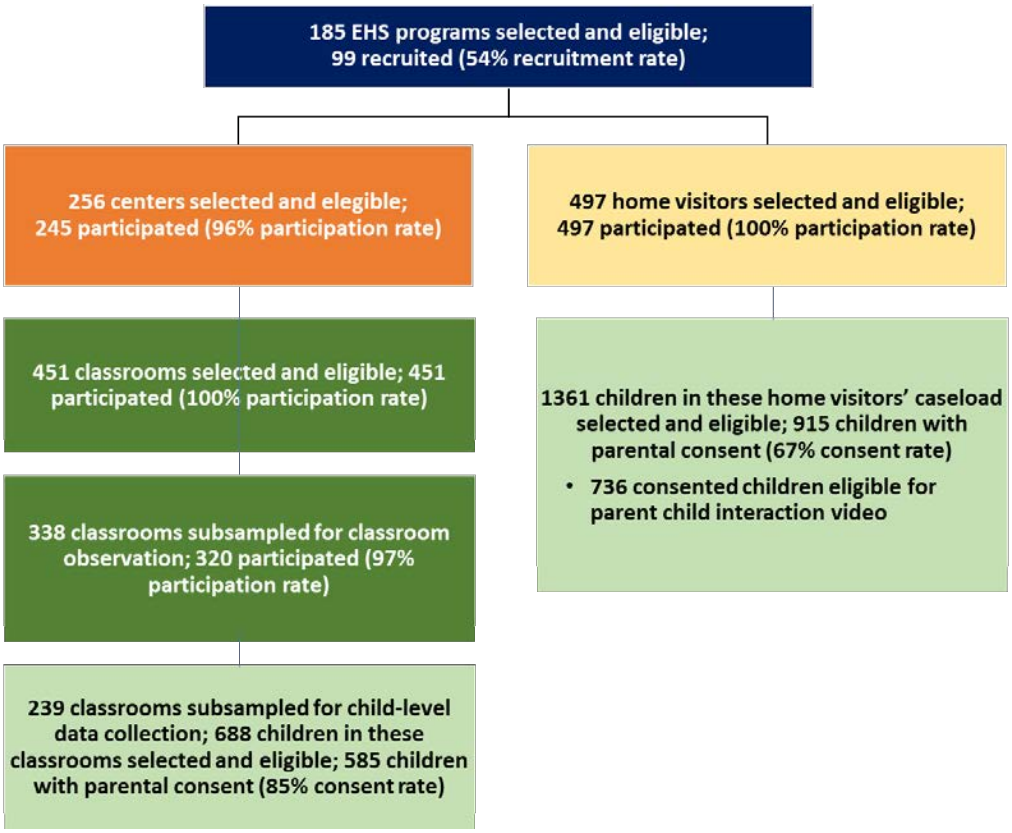
3. Sampling within programs

For all programs, whether recruited for the first time in 2018, 2020, or 2022, we selected new samples of centers, classrooms, home visitors, and children/families within those programs for spring 2022. Within programs offering center-based services, we randomly sampled an average of about 3 centers per program (stratified by Early Head Start-Child Care Partnership status) and about 2 classrooms per center. Within the sample of centers, we randomly subsampled three-quarters to have classrooms observations and two-thirds of the subsampled centers to have child-level data collection (3 children/families per sampled classroom).[4] Within programs offering home-based services, we randomly sampled an average of about 8 home visitors per program and 3 children/families within each sampled visitor's caseload. If we sampled more than one child from the same family (same primary caregiver), we randomly subsampled one to retain in the study to minimize burden on the caregiver and home visitor.

Note that a program could provide both types of services (center and home based) and therefore have both types of samples selected. Of the 99 participating programs, 84 have center-based services and 67 have home-based services. About half of the programs (n = 52) have both types of services. Exhibit 4 presents the flow chart of participation in Baby FACES 2022 at the program, center, classroom or home visitor, and child levels. See Exhibit 5 below for more details about the selected and participating samples. See Exhibit 6 below for more details about the instrument response among participants.

[4] This results in one-half of the sampled centers having both classroom observation and child data.

Exhibit 4. Flow chart of participation in Baby FACES 2022



Note: Subsampling of classrooms occurred at the center level, so all sampled classrooms within a center had the same subsampling designation for classroom observation and child sampling.

Participating programs are those that were recruited into the study and allowed the study team to select centers and/or home visitors. Participating centers are those that did not refuse to participate in the study and provided classroom lists for the study team to sample classrooms and enrollment rosters to allow the study team to sample children (if applicable). All sampled classrooms and home visitors are considered study participants. Participating children are those for whom parents consented to participate in the study.

There are 185 eligible programs in 2022. This total is from 155 eligible programs in 2018, of which 82 participated in 2022 plus 30 freshened programs of which 17 participated.

EHS = Early Head Start.

Exhibit 5. Study participation rates for Baby FACES 2022

	Selected sample	Eligible sample	Participating sample	Participation rate[a] (percentage)
Programs	197[b]	185	99	53.5
Centers	261	256	245	95.7
Classrooms	458	451	451	100.0
Classrooms subsampled for observation	338	320	320	100.0
Home visitors	508	497	497	100.0
Children	2149	2049	1500	73.2
Center-based children	705	688	585	85.0
Home-based children	1444	1361	915	67.2

Note: Participation in this table means they did not refuse to participate in the study. They may not have completed all the relevant instruments or activities. For programs, it means they were recruited into the study and allowed the study team to select centers and/or home visitors. For centers, it means they did not refuse to participate in the study and provided classroom lists for the study team to sample classrooms and enrollment rosters to allow the study team to sample children (if applicable). All sampled classrooms and home visitors are considered study participants. Participating children are those for whom parents consented to participate in the study.

[a]This is a marginal (not cumulative) unweighted participation rate.

[b]This number reflects all programs released in 2018 or 2020 or 2022.

Exhibit 6. Instrument response rates among those participating in Baby FACES 2022

	Level	Participants	Respondents	Response rate[a] (percentage)
Program director survey	Program	99	83	83.8
Center director survey	Center	245	208	84.9
Teacher survey	Classroom	451	405	89.8
Classroom observation (subsample)[b]	Classroom	320	306	95.6
Home visitor survey	Home visitor	497	438	88.1
Home visit observation for home-based children	Child	915	602	65.8
Parent–Child Interaction for home-based children age 1 or older	Child	736	452	61.4
Parent survey	Child	1500	1024	68.3
Parent survey for center-based children	Child	585	336	57.4
Parent survey for home-based children	Child	915	688	75.2
Parent child report	Child	1500	1228	81.9
Parent child report for center-based children	Child	585	461	78.8
Parent child report for home-based children	Child	915	767	83.8
Staff child report	Child	1500	1368	91.2
Staff child report for center-based children	Child	585	558	95.4
Staff child report for home-based children	Child	915	810	88.5

[a]This is a marginal (not cumulative) unweighted response rate.

[b]Subsampling occurred at the center level, so all sampled classrooms within a center had the same subsampling designation for classroom observation and child sampling.

B. Data collection

We collected data over a five-month period in spring 2022 (February–July). Early Head Start parents completed surveys by phone. The teachers in sampled classrooms and the home visitors in the sample used web-based surveys to provide information about their background and the professional supports they receive in Early Head Start. Center and program directors also completed surveys on the web. In addition, parents and teachers or home visitors completed Parent Child Reports (PCRs) and Staff Child Reports (SCRs) for each child in the sample on a web-based or paper form, depending on their preference. We observed the classrooms of teachers in the sample in person. We conducted in-person or virtual home visit observations with sampled families in the home-based option and audio recorded all observations. For observations that were conducted in person, we also video-recorded parent–child interactions in the home if the child in the sample was age 1 or older. We video-recorded parent–child interactions just before the home visit observations or at a time outside the home visit convenient for parents. Exhibit 7 presents the spring 2022 data sources at different levels and domains of measures.

Exhibit 7. Data sources for Baby FACES 2022

Level of data	Domain of measures	Source of data in spring 2022
Program and center	Program inputs, program processes, program functioning, and influence of the COVID-19 pandemic on services offered to children and families	Program and center director surveys; staff surveys
Teacher and classroom or Home visitor and home visit	Staff characteristics, classroom and home visit processes supporting responsive relationships, activities to engage parents, teacher–child relationships, parent-staff relationships	Staff surveys, classroom observations, home visit observations, and staff child reports
Parent and family	Family and child characteristics (demographics), home environment, family well-being, parent engagement, parent–child interactions, parent–child relationships, parent-staff relationships, and challenges families experienced because of the COVID-19 pandemic	Parent surveys, parent child reports, video recording of parent–child interactions
Infants and toddlers	Language and communication; social-emotional development	Parent child reports, staff child reports, video recording of child behaviors during parent–child interactions

Program and center director surveys. Using web-based surveys, program and center directors provided information on structural characteristics; program policies, processes, and functioning; and how the COVID-19 pandemic affected services offered to children and families.

Staff surveys. Using web-based surveys, teachers and home visitors reported information about their educational backgrounds, professional development and training experiences, and credentials. They also reported on their use of curricula and assessments, their perceptions about program climate, and their mental health.

Staff child reports. Using web-based or paper forms for the staff child report, teachers and home visitors rated each child in the sample who was in their classroom or caseload on the child's English language and social-emotional development, child developmental screenings and referrals for developmental concerns, parent engagement in the program, staff's relationships with the parent, and teachers' relationships with

the child. Home visitors also reported on the content and characteristics of home visits with the family during the preceding month.

Parent surveys. During telephone interviews, parents of children in Early Head Start provided the following characteristics, among others: demographics; household characteristics (such as languages spoken in the home and to the child, and household members); program services received; needs and resources; parents' ratings of their children's and their own health status and well-being; and how the COVID-19 pandemic impacted their lives. Parents also reported on their relationships with their Early Head Start teachers or home visitors.

To ensure we collected the most accurate information about the child's development and care, the respondent for the parent survey is the child's primary caregiver. Although the primary caregiver is usually the birth mother (90 percent), 3 percent are birth fathers, and 7 percent are someone other than the birth father or birth mother. We recognize that information about the child's birth parents is valuable, even if they are not the primary caregiver. Therefore, the parent survey includes background and demographic information about the primary caregiver and each birth parent other than the primary caregiver.

Parent child reports. Using web-based or paper forms for the parent child report, parents provided information on the child's language development in the child's home language,[5] the child's social-emotional development, the child's special needs, their relationship with the child in the sample, their mental health, their social support, substance use by people in the household, and household income.

Classroom observations. Trained observers conducted in-person classroom observations of the sampled classrooms using the Quality of Care for Infants and Toddlers (QCIT [formerly Q-CCIIT]; Atkins-Burnett et al. 2015). The QCIT is appropriate for infant, toddler, and mixed-age classrooms. All observers were fully certified as reliable by the measure developers. Each QCIT observation included six 10-minute cycles and the total observation time in each classroom was about three hours. The classroom observations also provided information on observed child–adult ratios and group sizes, range of ages of children served in the classroom, and classroom features and practices.

Home visit observations. Trained observers conducted in-person or virtual observations of home visitors in the sample, using the Home Visiting Practices Scales from the Home Visit Rating Scale-3 (HOVRS-3; Roggman et al. 2019). All observers were fully certified as reliable by the measure developers. The total observation time was the length of the entire home visit and averaged about 40 minutes. Observers matched the mode of the observations (in-person or virtual) to the mode that the sampled home visitor reported using for their home visits; for home visitors who reported conducting both in-person and virtual home visits, observers attempted to conduct the observation using the mode the home visitor reported using most frequently. Fifteen percent (n=90) of the home visit observations were conducted virtually. Observers also audio-recorded all home visits. After data collection, trained coders scored the audio recordings using select codes from the Motivational Interviewing Treatment Integrity (MITI) coding system (Moyers et al. 2014). At the end of the home visit, observers completed select items from the Home Observation for Measurement of the Environment (HOME; Caldwell and Bradley 2016). Observers used the infant and toddler version (birth to age 3) or early childhood version (ages 3 to 6) of the HOME, depending on the age of the child in the sample.

[5] Parents reported on children's language development in either English or Spanish, based on the home language provided by the program.

Video recordings of parent–child interactions. For children age 1 or older receiving in-person home visits, trained observers recorded the interactions between the parent and the child before they started home visit observations in the homes (or at a time outside the home visit convenient for parents). After data collection, trained coders scored video recordings of the parent–child interaction using the Child-Parent Interaction Rating Scales (Brady-Smith et al. 2000), two codes adapted from Cox (1997), and a code for child stress (Atkins-Burnett et al. 2022) developed for Baby FACES 2022.

For the parent–child interaction, the parent and child were seated on a mat on the floor (or on a sofa, if needed) for video recording. The task began with the observer handing the parent an age-appropriate book (*A Ball for Daisy*) and asking them to share the book with their child for two minutes. After two minutes, the observer took the book from the parent and handed them a bag of toys, which included a set of wooden blocks, three Little People figures, and a set of Little People vehicles (a car, fire truck, and tractor). Parents were told that they could play with the child if they would like. The play part of the interaction was recorded for eight minutes. There were no restrictions placed on the interaction other than for the parent to spend two minutes with the book and eight minutes with the bag of toys, to remain on the mat (or sofa) facing the camera, and to not allow household members other than that parent and the child to engage in the activity.

C. Analytic methods

1. Weighting

The tables in this report present population estimates of key characteristics of Early Head Start programs and centers, teachers/home visitors and classrooms, and enrolled families and children. The descriptive statistics (means and percentages) are weighted to approximate the Early Head Start populations at each of these levels. The weights compensate for the differential probabilities of selection at the sampling stage and adjust for the effects of nonresponse. These tables also provide the unweighted sample sizes, along with standard errors based on the weighted estimates. Given differential non-response rates at the different analysis levels, the weights may not fully account for the nonresponse (see limitations of the estimates below).

2. Subgroup analyses

For subgroup tables by service type (center-based versus home-based services), we identified children and families sampled from Early Head Start classrooms or home visitors' caseloads, with both groups including some children and families who received a combination of center- and home-based services. The surveys asked about the services (center-based or home-based) that family received based on the family's sampling group.

3. Limitations of the estimates

Some caveats should be noted with regard to the estimates in the data tables.

First, to ensure precision of the estimates and protect the confidentiality of study respondents, we do not report estimates based on fewer than 10 responses for a construct/item or fewer than 5 responses for a

response category/cell.[6] Some of the remaining estimates are still unstable because the standard error represents more than 30 percent of the estimate. We add a note in the tables to flag such estimates.

Second, there is the potential risk of nonresponse bias for some of the study instruments. Nonresponse bias occurs when estimates based on the responses received are different than they would have been had everyone responded. This is more likely to occur the lower the response rate is, though bias can still occur with high response rates, and low response rates do not necessarily indicate bias. There are four individual instrument weights in Baby FACES 2022 that are associated with response rates below 80 percent:[7]

- Program participation[8]
- Child consent
- Parent survey
- Home visit observation (child level, for home-visited children only)[9]

We conducted a nonresponse bias analysis (NRBA) separately for each of these weights. While the program participation weights and the child consent weights are not used for estimation purposes, they are the building blocks of other weights. The NRBA tries to assess the extent of potential bias before and after nonresponse adjustments to the weights. See Baby FACES 2022 data users' guide[10] (Xue et al. 2023) for details about the NRBA methods and findings. The main conclusions of the NRBA are as follows:

- At the program level, there do appear to be some remaining indicators of nonresponse bias after weighting, meaning that the weighted results potentially over- or under-represent certain types of programs; therefore, estimates from programs (and the staff and children within them) may not be fully representative of all Early Head Start programs eligible for the Baby FACES study. For example, programs with the lowest proportion of lead teachers and home visitors who left in the last year were overrepresented in the sample after weighting; programs with the highest replacement rate for teachers and home visitors who left were also overrepresented. Any remaining bias from the program participation weight could carry over into all other estimates whose weights are built upon the program participation weight.
- For the two child-level NRBAs, both the consented children and the children with parent surveys show no signs of nonresponse bias after weighting when compared to all children in the Baby FACES programs. One should keep in mind that the program participation weight showed some risk for bias, which could persist for all child-level estimates.
- For home-visited children, NRBA results indicate potential for some nonresponse bias in the home visit observations after weighting. However, aside from child age, the remaining differences between

[6] We collapsed response categories with fewer than 5 responses with other categories whenever possible to limit the estimates that could not be reported.
[7] OMB guidelines suggest carrying out a nonresponse bias analysis (NRBA) when response rates are below 80 percent.
[8] While this weight is not provided on the restricted use file, it is used as the building block for all analysis weights provided on the file.
[9] The response rate of video recording of parent–child interactions (PCI) was also below 80 percent and similar to that of the home visit observation, both of which took place during visits to home visited children. We did not run a separate NRBA for the PCI weights, nor did we run one for any of the weights that involved various combinations of instruments. We opted to run the NRBAs that we did to look for indicators of nonresponse bias that could be considered more generally.
[10] The Baby FACES 2022 data users' guide is available at the Child and Family Data Archive.

the full sample (of respondents and nonrespondents) and the respondents after weighting adjustments seem small enough that we conclude that the risk for nonresponse bias is small and therefore these children are representative of all home-visited children in the Baby FACES programs. For example, children less than 12 months of age were overrepresented in the sample after weighting; programs with the lowest proportion of children 12 months of age or older were overrepresented in the sample after weighting. One should keep in mind that the program participation weight showed some risk for bias, which could persist for these estimates.

In summary, given the lower than expected study participation and response rates and potential risk of nonresponse bias for some of the study instruments, we recommend interpreting the national representativeness of the estimates in the data tables with caution.

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III. OVERVIEW OF MEASURES

In this chapter, we provide an overview of the measures included in Baby FACES 2022. The measures capture the constructs of: home environment, family well-being, child outcomes, staff characteristics, the quality of relationships, and program processes and functioning. See the Baby FACES 2022 Users' Guide for non-copyright protected measures.

Most measures were the same across Baby FACES 2018 and 2022; however, some measures used in the 2018 round were dropped, replaced, or revised for Baby FACES 2022. A few new measures were added in 2022 to measure home visit process and parent–child interactions. We made these changes because of the focus on home visit processes in 2022, adaptations needed for post-COVID changes, and burden reduction for teachers and classrooms. Exhibit 8 presents the measures used for Baby FACES 2018 and 2022.

A. Measures of home environment and family well-being

The quality of experiences and support available to children in the home contributes significantly to their development. For the 2022 round, we assessed the home environment and family well-being using (1) parents' reports and (2) observations of the home environment by trained observers.

Home environment. We used two measures—the Confusion, Hubbub, and Order Scale (CHAOS; Matheny et al. 1995) and select items from the Home Observation for Measurement of the Environment (HOME; Caldwell and Bradley 2016)—to assess children's home environments.

Household chaos. We used the CHAOS (Matheny et al. 1995) in the parent survey to assess the level of confusion and disorganization in the child's home environment. The scale consists of 15 items, and parents report how much each item describes their household, using a 4-point scale ranging from 1 (very much like your own home) to 4 (not at all like your own home). Example items include "We almost always seem to be rushed," and "We can usually find things when we need them." The scale score is the sum of the responses for the 15 items. All items were recoded so higher ratings would represent more chaotic, disorganized, and hurried homes. This measure was intended for the full sample of parents.

Parental warmth. The Home Observation for Measurement of the Environment (HOME; Caldwell and Bradley 2016) measures the quality of experiences and support available to a child in the home environment. It has separate inventories for infants and toddlers (birth to age 3), early childhood (ages 3 to 6), and middle childhood (ages 6 to 10). Baby FACES 2022 used the Emotional Responsivity items from the Parental Warmth subscale in the HOME inventories for infants and toddlers and early childhood. The Emotional Responsivity items measure responsive and supportive parenting behavior observed during the home visit by trained observers. For example, there are items measuring whether the mother praised the child, and whether she expressed warmth and affection toward the child during the observation. For children younger than 3, the subscale includes 7 items, and the scores can range from 0 (if none of the positive behaviors were observed) to 7 (if all of the behaviors were observed). For children aged 3 or older, the subscale includes 3 items, and the scores can range from 0 to 3. This measure was limited to parents for whom the home visit observations were conducted.

Exhibit 8. Key measures in Baby FACES 2018 and 2022

Domain/construct	Measure and citation	Used in Baby FACES 2018	Used in Baby FACES 2022
Home environment and family well-being			
Home environments	Confusion, Hubbub, and Order Scale (CHAOS; Matheny et al. 1995)	X	X
	Family Conflict Subscale of the Family Environment Scale (FES) (Moos and Moos 2002)	X	
	Select items from the Home Observation for Measurement of the Environment (HOME; Caldwell and Bradley 2016)		X
Parental depressive symptoms	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R; Eaton et al. 2004)	X	X
Parenting stress	Parenting Stress Index Short Form 4th edition (PSI-4-SF; Abidin 2012)	X	X
Economic pressure	Economic Strain Questionnaire (ESQ; Conger & Elder 1994)	X	X
Social support	Healthy Families Parenting Inventory (HFPI) Social Support subscale (Krysik and LeCroy 2012)	X	X
Family psychological risk index[a]	Baby FACES items	X	X
Infant/toddler outcomes			
Language and communication	MacArthur-Bates Communicative Development Inventories (CDI; Fenson et al. 2000; Mançilla-Martinez et al. 2016)	X	X
Social and emotional development	Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan and Carter 2006)	X	X
Staff characteristics			
Staff depressive symptoms	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R; Eaton et al. 2004)	X	X
Attitudes and knowledge	Teacher Beliefs about Infant and Toddler Care and Education (Atkins-Burnett et al. 2017)	X	
Quality of relationships			
Teacher–child relationships	Quality of Care for Infants and Toddlers (QCIT [formerly Q-CCIIT]; Atkins-Burnett et al. 2015)[b]	X	X
	Classroom Assessment Scoring System (CLASS), (CLASS-Toddler, La Paro et al. 2011; CLASS-Infant, Jamison et al. 2014)	X	

Table 8. *(continued)*

Domain/construct	Measure and citation	Used in Baby FACES 2018	Used in Baby FACES 2022
	Student-Teacher Relationship Scale, Short Form (STRS-SF; Pianta 2001)	X	X
Parent–teacher relationship	Cocaring Relationship Questionnaire-Adapted (CRQ-Adapted; Lang et al. 2015, 2017)[c]	X	X
	National Center for Early Development and Learning (NCEDL) Quality of Parent–Teacher Relationship measure (Serpell and Mashburn 2012)	X	
Parent–home visitor relationship	Working Alliance Inventory (WAI) (Boller et al. 2013; Horvath 1994; Santos 2005; Tracey and Kokotovic 1989)[d]	X	X
	NCEDL Quality of Parent–Teacher Relationship measure (Serpell and Mashburn 2012)	X	
	Support subscale of the Cocaring Relationship Questionnaire-Adapted (CRQ-Adapted; Lang et al. 2015, 2017)[c]	X	X
	Parent satisfaction with Home Visitors (Roggman et al. 2008)	X	
	Adaptation of the Strength-Based Practices Inventory (SBPI; Green, McAllister, and Tarte 2004)		X
	Home Visit Rating Scales-3 (HOVRS-3; Roggman et al. 2019; 2020)[b]		X
	Motivational Interviewing Treatment Integrity (MITI; Moyers et al. 2014)[b]		X
Parent–child relationship	Child–Parent Relationship Scale, Short Form (CPRS-SF; Driscoll and Pianta 2011)[e]	X	X
	Healthy Families Parenting Inventory (HFPI) Parent–Child Interaction subscale (Krysik and LeCroy 2012	X	X
	Coding of parent–child interactions videos using the coding scheme from the Early Head Start Research Evaluation Project (EHSREP) Child-Parent Interaction Rating Scales (Brady-Smith et al. 2000), two codes adapted from Cox (1997), and a child stress code developed for this study; Atkins-Burnett 2022)		X
Program processes and functioning			
Continuity of care	Continuity of Care Scale (Ruprecht et al. 2016)	X	X
Program climate	Survey of Organizational Functioning (TCU SOF; Institute of Behavioral Research 2005)	X	X
	Organizational Climate Description Questionnaire-Rutgers Elementary (OCDQ-RE; Hoy et al. 1991)	X	X

[a]The psychological risk index in Baby FACES 2022 differs from the index derived from the Baby FACES 2018 parent survey data in two key ways: (1) In Baby FACES 2022, all three components of the risk index draw on data from the parent child report and (2) In 2022, the indicator of substance use problems is derived from a new set of items that reveal more information about substance use in the entire household; in 2018, it was based on a single item specific to the primary caregiver's substance use.

Table 8. *(continued)*

[b]The scoring approach for the QCIT Areas of Concern in Baby FACES 2022 is different from that in Baby FACES 2018. See the description of the QCIT below in the section on teacher–child relationships for more detail about the scores.

[c]We adapted the CRQ in consultation with the authors, selecting a smaller set of items. In Baby FACES 2018, the items were rated on a 4-point Likert scale; it was changed to a 7-point scale in Baby FACES 2022.

[d]In the original measure, respondents rate each of the 12 items on a 7-point Likert scale, from 1 (never feeling a situation applies to their relationship) to 7 (always feeling this situation applies). In Baby FACES 2018, we adapted the ratings to a 5-point scale in the parent survey; in Baby FACES 2022, we changed back to a 7-point scale to align with the ratings used by home visitors.

[e]We used the original 7-item Closeness subscale in Baby FACES 2018. In Baby FACES 2022, we excluded 2 items for children age 16 months or younger. Descriptions of the CPRS-SF below in the section on parent–child relationship give more detail.

Family well-being. Parents reported on family well-being and self-sufficiency, including psychological and physical health, parenting stress, economic pressure, and social support. These measures were intended for the full sample of parents.

Parental depressive symptoms. We used the Center for Epidemiologic Studies Depression Scale-Revised (CESD-R; Eaton et al. 2004) to measure depressive symptoms in parents. A revised version of the full CESD, the CESD-R is a 20-item self-administered screening tool to identify symptoms of depression or psychological distress. Parents reported the frequency of symptoms they experienced "in the past week or so" on a 5-point scale ranging from 0 ("less than one day") to 4 ("nearly every day for two weeks"). Example items include "I had trouble keeping my mind on what I was doing," and "Nothing made me happy." The total scores for the scale range from 0 to 60, with higher scores indicating higher frequency of depressive symptoms. Definitions of levels of depressive symptoms are as follows:

- No clinical significance: CESD-R score of 0–15.
- Subthreshold depression symptoms: CESD-R score of 16 or higher but does not meet criteria in next three bullet points.
- Possible major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks,[11] plus symptoms in an additional two symptom groups in the Diagnostic and Statistical Manual of Mental Disorders (DSM) that are reported as occurring either nearly every day for the past two weeks or five to seven days in the past week.
- Probable major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, plus symptoms in an additional three DSM symptom groups reported as occurring either nearly every day for the past two weeks or five to seven days in the past week.
- Major depressive episode: Anhedonia or dysphoria nearly every day for the past two weeks, plus symptoms in an additional four DSM symptom groups noted as occurring nearly every day for the past two weeks.

We collapsed the last three categories in the data tables to avoid confidentiality concerns (because the sample size is small in each of these categories). The CESD-R scoring guidelines define the last three categories as potentially clinically significant.

Parenting stress. We used the most recent version (fourth edition) of the Parenting Stress Index Fourth Edition Short Form (PSI-4-SF; Abidin 2012) to assess parenting stress in relation to the child in the study. This 36-item self-report instrument identifies parent–child problem areas and is appropriate for use with parents of children from birth to age 12. Parents rate their response to each item on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). Items in which lower scores indicated higher stress were recoded so that responses to all items indicate a higher level of parenting stress. The PSI-4-SF includes three subscale scores (sum of items in each of the subscales), as well as a Total Stress score (sum of the three subscale scores):

- **Parental Distress subscale.** Higher scores on this subscale reveal higher levels of distress in the role of parent. Examples of items the parent responds to are: "I find myself giving up more of my life to meet my children's needs than I ever expected," and "Since having a child, I feel that I am almost never able to do things that I like to do."

[11] Anhedonia: loss of interest in usually pleasurable activities; dysphoria: sadness.

- **Parent–Child Dysfunctional Interaction subscale.** Higher scores on this subscale indicate the parent's perception that the child does not meet the parent's expectations, and that the parent's interactions with the child are not reinforcing to them as a parent. Example items include "My child rarely does things for me that make me feel good," and "Sometimes I feel my child doesn't like me and doesn't want to be close to me."
- **Difficult Child subscale.** Higher scores on this subscale indicate the parent perceives behavioral characteristics in the child that suggest the child is more difficult to care for than other children. Example items include: "My child seems to cry or fuss more often than most children," and "My child reacts very strongly when something happens that my child doesn't like."
- **Total Stress.** A higher Total Stress summed score indicates the parent is experiencing higher overall levels of parenting stress.

We converted the raw scores on the subscales and total stress into T-scores, using the national norms provided by the developer. The T-score has a mean of 50 and a standard deviation of 10 for each of the subscales and for Total Stress. Parents with a subscale score or Total Stress score above the 90th percentile relative to the national norms may be experiencing clinically significant levels of stress.

Family psychological risk index. The family psychological risk index is a measure of cumulative family risk of poor parental mental health and unfavorable family functioning, with the index identifying no risk, one risk, or two or more risks. The number of risks is based on the following measures: (1) depressive symptoms that are subthreshold or with clinical significance; (2) parenting stress, with a total stress score above the 90th percentile; and (3) substance use problems. The psychological risk index in Baby FACES 2022 differs from the index derived from the Baby FACES 2018 parent survey in two key ways: (1) all three components of the risk index draw on data from the parent child report,[12] and (2) the indicator of substance use problems is derived from a new set of items that reveal more information about substance use in the whole household (previously, it was based on a single item specific to the primary caregiver). Substance use problems are now defined as residing in households, with anyone in the household engaged in problematic drinking or illicit drug use (either by using illegal drugs including marijuana, or by misusing prescriptions) in the past 30 days. A characterization of problematic drinking is based on two survey items and uses components of the National Institute on Alcohol Abuse and Alcoholism's definition of heavy drinking, which varies for men and women. Problematic drinking is defined as a female caregiver (or a caregiver with an unknown gender) having 7 or more drinks in an average week, a male caregiver having 14 or more drinks in an average week, or anyone in the household having more than 4 drinks in one day at least once in the last 30 days. When the gender of the parent is unknown—that is, when the respondent identifies as other relative or other nonrelative—we assume that individual is female because most respondents in our sample are female.

Economic pressure. We adapted six items from Conger and Elder's (1994) Economic Strain Questionnaire (ESQ) to measure family economic pressure. Adaptations were designed to make the items more specific and more applicable to Early Head Start families. Four items assess the extent to which families agree they have the money to afford the kind of home, clothing, food, and medical care they *need* (adapted from *would like to have* in Conger and Elder's version) on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). For example, "My family has enough money to afford the kind of home we need." One item assesses the degree to which families have difficulty paying their bills each month over the past year on a 5-point scale ranging from 1 (a great deal of difficulty) to 5 (no difficulty at

[12] For Baby FACES 2018, items on depressive symptoms and substance use were included in the parent survey.

all). Conger and Elder's version asks about the past year without referring to each month. One item assesses the extent to which families end up with enough money at the end of each month to make ends meet. We adapted this item by increasing the response scale from 4 to 5 possible options, ranging from 1 (not enough to make ends meet) to 5 (more than enough money left over). We reverse-coded the last two items, then took the sum of all six items to create a global measure of economic pressure, an approach similar to that used by the Family Life Project researchers (Newland et al. 2013). Higher scores on this measure reflect a greater sense of economic pressure.

Social support. We used the Social Support subscale of the Healthy Families Parenting Inventory (HFPI) (Krysik and LeCroy 2012) to measure social support available to families. The HFPI is designed for use with parents of young children and examines nine aspects of parenting outcomes. The Social Support subscale includes five items that measure the parent's sense and level of connectedness with friends, family, and community. It also measures the extent to which parents have been able to identify people or resources that are available to help with challenges, stressors, or other life events. Parents rate each of the items using a 5-point scale, ranging from 1 (rarely or never) to 5 (always or most of the time). The subscale score is the sum of the items, with higher scores indicating higher levels of social support. A score of 17 or lower (out of a possible total score of 25) reveals an area of concern.

B. Measures of infant and toddler outcomes

Baby FACES 2022 uses parent- and staff-reported outcome measures of communication and language and social-emotional development for infants and toddlers because these outcomes are most relevant for the study's research questions about responsive relationships (Horm et al. 2016).

Language and communication. We used the MacArthur-Bates Communicative Development Inventories (CDI; Fenson et al. 2000) to measure children's vocabulary and communication skills. The CDI uses parent and staff reports (in this case, the staff are teachers and home visitors) to assess children's early receptive and expressive language and communication skills. Different forms are available depending on the age of the child being assessed. In alignment with the developers' recommended age ranges for the forms, we used the infant form for children ages 8 to 16 months, the toddler form for children ages 17 to 30 months, and the CDI-III (and Spanish Extended Toddler form; Mançilla-Martinez et al. 2016) for children ages 31 months or older. The forms are available in English and Spanish. As in Baby FACES 2018, we added selected items from each form to the adjacent age forms to allow the use of item response theory (IRT) to measure children of different ages in the same analysis on the same scale. When estimating the IRT (Rach scores), we anchored the item difficulties on the estimates from the 2018 data so scores from the two rounds would be on the same scales and therefore comparable. We converted the scores to T-scores based on the Baby FACES sample. T-scores have a mean of 50 and standard deviation of 10. These scores do not take the child's age into account, so any analyses done with them would need to control for age. We asked parents of all children to complete the CDI in their home language (English or Spanish). Teachers of children who were in in their classrooms and home visitors for children in their caseloads completed the CDI in English for the sampled children 8 months or older.

In addition to the IRT score, we derived two scores for children's vocabulary skills from each of the forms. Parents and staff reported (1) whether the child understands or (2) whether the child both understands and uses each specific word on the particular age form, as described below:

- Vocabulary Comprehension measures the number of words the child understands.

- Vocabulary Production measures the number of words in the child's spoken vocabulary.

In addition to the vocabulary lists, staff and parents of children ages 8 to 16 months reported on the child's use of first communicative gestures. The CDI First Communicative Gestures scale includes 12 items in English and 13 items in Spanish—rated as (0) not yet and (1) sometimes or often. Example items include "Extends arm to show you something he/she is holding," and "Waves bye-bye on his/her own when someone leaves." The scale score is the sum of the items, with higher scores indicating the child uses more communicative gestures.

Staff and parents of children aged 17 months or older reported on a single item asking whether their child had begun to combine words (rated as (1) not yet, (2) sometimes, and (3) often). Staff also rated children 31 months or older on language use and sentence complexity. The Using Language measure consists of 12 yes (1) or no (0) questions about comprehension, semantics, and syntax—for example, "Does this child ever ask what a particular word means?" The scale score is the sum of the 12 items, with higher scores indicating greater language use. The Sentence Complexity measure consists of 12 items, each describing two ways that a child might communicate a sentence. For example, "He did it (0)," and "I know who did it (1)". Staff were asked to select the ones that that sound most like the child's word combinations. The scale score is the sum of the 12 items, with higher scores indicating the child speaks in more complex sentences.

Social and emotional development. We used the Brief Infant Toddler Social Emotional Assessment (BITSEA; Briggs-Gowan and Carter 2006) completed by parents and teachers or home visitors. The BITSEA is the screener version of the longer ITSEA and is designed to detect possible delays in the acquisition of social-emotional competencies as well as social-emotional and behavior problems in children ages 12 to 36 months. The 42-item BITSEA measure focuses on the development of competencies (for example, "hugs or feeds dolls or stuffed animals") as well as problem behaviors (for example, "avoids physical contact"). The scales are as follows:

- The 31-item Problem scale assesses social-emotional and behavioral problems such as aggression, defiance, overactivity, negative emotionality, anxiety, and withdrawal. Higher scores indicate more problems.
- The 11-item Competence scale assesses social-emotional abilities such as empathy, pro-social behaviors, and compliance. Lower scores indicate less competence.

Parents and Early Head Start staff completed the BITSEA for children aged 8 months or older. They were asked to rate each item as (0) not true/rarely, (1) somewhat true/sometimes, or (2) very true/often. The possible raw scores range from 0 to 22 for the Competence domain (with higher scores indicating higher levels of competence) and 0 to 62 for the Problem domain (with higher scores indicating higher levels of problems).

The BITSEA developers recommend using the scale with children ages 12 months to 36 months. In Baby FACES 2009, staff and parents of children as young as 8 months, or older than 36 months, completed the BITSEA with adequate reliability for both groups (Cronbach's alphas > 0.70). None of the staff or parents voiced any concerns about the items. Based on those results, we again collected the BITSEA for children ages 8 months and older for Baby FACES 2018 and 2022. The measure was intended to be completed for children 8 months or older by their parents and by either their teacher or home visitor.

Because we used the BITSEA with children outside of the age ranges the developers intended, we examined reliability of the measure by children's age. In Baby FACES 2022 data, the reliability estimates

for the BITSEA were all higher than 0.70, except parent-reported problem and staff-reported competence for children younger than 12 months (for which Cronbach's alpha = 0.64 and 0.61, respectively). Sample sizes varied for the different age groups and reporters (Exhibit 9).

Exhibit 9. Reliability estimates of the BITSEA subscales by age group

Scale by reporter	8–12 months		12–36 months		Older than 36 months	
	Sample size	Reliability	Sample size	Reliability	Sample size	Reliability
Parent-reported						
Competence	57	0.76	708	0.77	195	0.80
Problem	22	0.64	631	0.85	166	0.82
Staff-reported						
Competence	44	0.61	845	0.82	258	0.83
Problem	43	0.71	789	0.84	236	0.91

Source: Spring 2022 Baby FACES parent child report and staff (teacher and home visitor) child report.

Using the published norms (based on the national standardization sample that included only children ages 12 to 36 months), we created cutoff scores for children in the Baby FACES 2022 sample in that age group to indicate either problems or deficits and delays that might exist.[13] For the BITSEA Problem scale, the cutoff point is at or above the 75th percentile. For the BITSEA Competence scale, the cutoff point is at or below the 15th percentile. Scoring in the cutoff range in at least one domain means "screens positive" for the child on the BITSEA.

C. Measures of staff characteristics

We asked staff to report on a measure of their own psychological well-being.

Depressive symptoms. We used the CESD-R to measure staff depressive symptoms (CESD-R is discussed at more length in the section on family well-being. This was intended for the full sample of teachers and home visitors.

D. Measures of quality of relationships

The core of relationship-based care practices in Early Head Start is the support for parents, teachers or home visitors, and children to build relationships with each other. In Baby FACES 2022, we captured teacher–child relationships, parent–staff (teachers and home visitors) relationships, and parent–child relationships, through classroom and home visit observations, coded parent–child interaction videos, and staff and parent surveys.[14]

Teacher–child relationships. We measured the quality of teacher–child relationships in Early Head Start classrooms through observations and supplemented those observations with teacher reports. We used the QCIT (Atkins-Burnett et al. 2015) to capture the quality of teacher–child relationships. We also assessed teacher–child relationships using the Student-Teacher Relationship Scale, Short Form (STRS-SF; Pianta

[13] This is the age range for which the national norms are available. We did not create the cutoff scores for children ages 8 months to 11.9 months or those older than 36 months.

[14] Because our understanding of parent–teacher relationships is based only on parent and teacher reports, these measures represent parents' or teachers' perceptions rather than observed behaviors.

2001), completed by teachers. The QCIT was intended for the subsample of classrooms selected for classroom observation.

QCIT. The QCIT is an evidence-based observational measure of the quality of caregiver–child interactions in early care and education settings for infants and toddlers. QCIT provides a single measure that can be used in center-based settings. In particular, it measures caregivers' support for children's development, including social-emotional (for example, responding to emotional cues), cognitive (for example, supporting object exploration), and language and literacy development (for example, extending children's language use), as well as Areas of Concern (such as harshness, ignoring children, and health and safety issues), Extreme Behaviors (an indicator if area of concern is life threatening), and Level of Chaos (a single item that reflects all the areas of concern).

The three scales for caregivers' support for social-emotional (n=8 items), cognitive (n=8 items), and language and literacy development (n=10 items) are the means of items rated along a 7-point scale. In consultation with the developers, we used the following cut points for quality ranges: low (1 to 2.9), mid (3 to 4.9), and high (5 to 7). The score for Areas of Concern is the count of areas of concern across the visit, with possible scores ranging from 0 to 14. Higher scores in Areas of Concern indicate greater concern about the safety of the environment, greater concern about health practices, more negative interactions, and poorer supervision of children. The score for Extreme Behaviors is the count of incidents of caregivers' extreme behavior, thus posing a more serious threat to children's well-being, with possible scores ranging from 0 to 10. The Level of Chaos was rated on a 7-point scale, with ratings ranging from 1 (least chaotic, calm, orderly, organized) to 7 (most chaotic). To align with the developers' current recommendation for scoring, this scoring approach is different from that for the Baby FACES 2018 data, where a *z*-score was created combining Areas of Concern, Extreme Behavior, and Level of Chaos.

STRS-SF. This 15-item self-report instrument assesses teachers' perceptions of their relationships with individual children in the classroom (Pianta 2001). The items, rated on a 5-point scale ranging from 1 (definitely does not apply) to 5 (definitely applies), can be grouped into two subscales: Closeness and Conflict. The Closeness subscale (which produces a mean score based on 8 items) measures the extent to which a teacher believes their relationship with a child is characterized by warmth, affection, and open communication (for example, "I share an affectionate, warm relationship with this child"). The Conflict subscale (which produces a mean score based on 7 items) assesses how negative a teacher believes their relationship with a particular student is (for example, "This child and I always seem to be struggling with each other"). Higher subscale scores indicate higher levels of closeness or conflict. The original STRS was developed for use with teachers of preschool and early elementary school-age children. However, it has been used successfully to investigate relationships between teachers and infants and toddlers in other studies (Lang et al. 2015; Recchia 2012). In Baby FACES 2018 data, this measure was correlated with factors such as teacher beliefs about infant and toddler care and education and teacher-reported parent–teacher relationships (Xue et al. 2022). This measure was limited to the teachers of sampled children in classrooms that were selected for child-level sampling.

Parent–teacher relationships. We measured parent–teacher relationships using the Cocaring Relationship Questionnaire-Adapted (CRQ-Adapted; Lang et al. 2015, 2017) for both parents and teachers.

CRQ-Adapted. The CRQ-Adapted (Lang et al. 2015, 2017) measures parent–teacher relationships in infant and toddler classrooms and captures nuanced aspects of the relationship by providing scores on the following dimensions:

- Support (five items; for example, the teacher asks for the parent's opinion on issues related to caring for the child; parent and teacher discuss the best way to meet the child's needs)
- Endorsement (five items; for example, the parent and teacher have similar goals for the child; the parent believes the teacher is a good educator, or the teacher believes the parent is a good parent)
- Undermining (four items; for example, the parent believes the teacher does not trust the parent's abilities or the teacher believes the parent does not trust the teacher's abilities; the teacher tries to show that he or she is better at caring for the child than the parent is)
- Agreement (three items for parents and four items for teachers; for example, the parent and teacher have different ideas for raising the child [reverse coded]; the parent and teacher have different ideas about the child's eating, sleeping, and/or other routines [reverse coded])

We adapted the CRQ in consultation with the authors, selecting a smaller set of items. In Baby FACES 2018, the items were rated on a 4-point Likert scale; it was changed to a 7-point scale in Baby FACES 2022, ranging from 0 [not true] to 6 [very true]. The subscale scores are the sum of the items in the subscale, and the items are coded so higher scores indicate stronger agreement with each construct (Support, Agreement, Endorsement, and Undermining). Parents and teachers of sampled children who were in in classrooms that were selected for child-level sampling completed the full CRQ-Adapted and their scores are reported separately.

Parent–home visitor relationships. Parents and home visitors reported on the parent–home visitor relationship using the version of the Working Alliance Inventory (WAI; Tracey and Kokotovic 1989) adapted by the Evidence-Based Home Visiting to Prevent Child Maltreatment Cross-Site Evaluation team (Boller et al. 2013; Horvath 1994; Santos 2005; Tracey and Kokotovic 1989). We also asked parents receiving home-based services to complete the Strength-Based Practices Inventory (SBPI; Green, McAllister, and Tarte 2004) to assess parents' satisfaction with home visitors and home visits and to complete selected items drawn from the CRQ. In Baby FACES 2022, we also used the Home Visit Rating Scales-3 (HOVRS-3; Roggman et al. 2019; 2020) and the Motivational Interviewing Treatment Integrity (MITI; Moyers et al. 2014) coding system to assess the quality of observed home visits.

CRQ-Adapted Support subscale. Parents in the home-based option completed only the Support subscale of the CRQ-Adapted (Lang et al. 2015, 2017; described above in the section on parent–teacher relationships). These items ask about how the home visitor and parent work together on supporting the child and parenting more specifically. We changed the original wording from "teacher" to "home visitor" in the CRQ for use with parents reporting their relationships with the home visitor. For example, we changed "My child's teacher asks my opinion on issues related to caring for my child" to "My home visitor asks my opinion on issues related to caring for my child." The Support subscale score is the sum of items in the subscale.

WAI. The adapted WAI (Boller et al. 2013) is a 12-item measure that assesses how home visitors and families rate their level of collaboration and how similar their vision and goals for the home visiting services are. For example, do they agree on what to work on as part of the home visiting services? Do they share common goals on how to achieve this? Is there trust between the two parties? The WAI captures the nature of the relationship in three domains (with four items in each domain): Tasking (agreement on how to achieve goals), Bonding (development of a home visitor–parent bond), and Goal Setting (agreement on the goals of the program):

- **Tasking** includes home visitors' and parents' perceptions of what needs to happen to reach service goals; establish relative priorities; and, if necessary, obtain a new perspective on how to proceed.
- **Bonding** includes home visitors' and parents' perceptions about the other party in terms of liking each other, confidence in their ability to do the job or make necessary changes, mutual appreciation, and trust.
- **Goal setting** includes home visitors' and parents' perceptions of their agreement on service goals, ability to develop mutual goals, and agreement on the changes needed to achieve program objectives. In both Baby FACES 2018 and Baby FACES 2022 staff and parent forms, the internal consistency reliability was very low for goal setting (<0.55) indicating that there are other factors that influenced the responses to these items. Item to total correlations were low for all four of these items. With lower reliability, scales have less precision, making it more difficult to identify associations.

In the original measure, respondents rated each of the 12 items on a 7-point Likert scale, from 1 (never feeling a situation applies to their relationship) to 7 (always feeling the situation applies). In Baby FACES 2018, we adapted the ratings to a 5-point scale in the parent survey; in Baby FACES 2022, we changed back to a 7-point scale to align with the ratings used by home visitors. The score for each domain is the mean of four items, calculated separately for parents and home visitors, for families receiving home-based services. Higher scores represent more positive relationships.

SBPI. Baby FACES 2022 used the SBPI (Green, McAllister, and Tarte 2004) to assess parents' satisfaction with home visitors and home visits. It includes 16 items that assess respondents' satisfaction on four subscales. The Empowerment Approach subscale includes 5 items; examples include "My home visitor helps me see strengths in myself I didn't know I had," and "My home visitor helps me use my own skills and resources to solve problems." The Cultural Competence subscale includes 3 items; for example, "My home visitor encourages me to learn about my culture and history," and "My home visitor respects my cultural/religious beliefs." The Home Visitors' Sensitivity and/or Knowledge subscale includes 4 items; for example, "My home visitor knows about other programs I can use if I need them," and "My home visitor understands when something is difficult for me." The Supportiveness subscale includes 4 items; for example, "My home visitor encourages me to go to family or friends when I need support," and "My home visitor encourages me to share my knowledge with other parents." Parents rated their satisfaction with their home visitor on each item using a 7-point scale ranging from 1 (strongly disagree) to 7 (strongly agree). The score for each subscale is the sum of all items in the subscale. Higher scores indicate greater satisfaction with the home visitor. This measure was limited to families receiving home-based services.

HOVRS-3. The HOVRS-3 is an observational measure of the quality of home visit practices and family engagement (Roggman et al. 2020). It was originally developed for training Early Head Start home visitors and has been revised and adapted to the current version, HOVRS-3 (Roggman et al. 2019).

The HOVRS-3 consists of seven scales, which can be combined to form a total score and two summary scores: Quality of Home Visit Practices (four scales) and Family Engagement (three scales). Quality of Home Visiting Practices scales include (1) Relationship Building with Families (7 items; for example, "To set the tone for positive interaction"); (2) Responsiveness to Family Strengths and Culture (6 items; for example, "To provide feedback to the caregiver on family strengths for supporting child development"); (3) Facilitation of Caregiver–Child Interaction (6 items; for example, "To support caregiver responsiveness to child cues"); and (4) Collaboration with Caregivers as Partners (5 items; for example, "To follow the lead of caregiver and child in pace and activities"). Baby FACES 2022 only used

the four scales for Quality of Home Visiting Practices and did not use three scales for Family Engagement—Caregiver–Child Interaction, Caregiver Engagement, and Child Engagement—because these scales do not measure quality in the parent–home visitor relationship.

Each of the HOVRS-3 scales has a series of items with a set of indicators at different levels of quality for a particular home visit practice: 1, 3, 5, or 7, with higher scores indicating higher quality. For example, for the item "To set the tone for positive interaction," the indicators are: 1 = seems tense, critical, or detached with caregiver(s); 3 = interacts with little to no tension but does not show warmth toward caregiver(s); 5 = shows warmth and respect to the caregiver(s); 7 = shows warmth, respect, and appreciation to caregiver(s). The scale scores are the means of the items in the subscales, and the Quality of Home Visit Practices summary score is the mean of the four subscales. Higher subscale scores or summary scores indicate higher quality of home visits. This measure was intended for families receiving home-based services.

MITI. The MITI (Moyers et al. 2014) is a behavioral coding system that was designed for assessing the extent to which clinicians and practitioners use motivational interviewing techniques with clients. The techniques typically focus on replacing or stopping a problematic behavior. Home visiting is designed to support parents in increasing their use of positive behaviors or learning new behaviors to support their child's learning and improve the parent's relationship with their child. The MITI has previously been used to capture aspects of home visitors' communication with parents (West et al. 2018).

Although it is not perfectly aligned with the objectives of early childhood home visiting, we included the MITI in Baby FACES 2022 to inform future studies and potentially for developing or refining measures of home visit quality. To do this, we collected audio recordings of sampled home visitors' home visits and used the MITI to code them. Because the MITI is typically coded on a 20-minute interaction, and home visits in Early Head Start are expected to be 90 minutes long (West et al. 2018), we developed rules for selecting the 20-minute segment to code. We selected the middle 20 minutes of the recorded home visit and coded that segment with the MITI. We coded a subset of six interaction-specific codes: (1) give information, (2) questions (genuine), (3) simple reflection, (4) complex reflection, (5) affirm, and (6) emphasize autonomy. We also used three global scores: (1) partnership, (2) empathy, and (3) cultivating change talk. The interaction codes are a tally of each occurrence of the six codes, and higher scores mean the home visit is adhering more closely to the principles of motivational interviewing. The global scores are rated on a 5-point scale that captures the coder's overall assessment of the interaction; a score of 3 is considered adequate use of MITI techniques, and a score of 4 or 5 indicates proficient use of the techniques. We also calculated three scale scores: a relational global summary score, which is the mean rating of the partnership and empathy items; complex reflections, which is the percentage of total reflections that are complex; and ratio of questions, which is the ratio of total reflections to the number of questions posed during the home visit. This measure was limited to families receiving home-based services whose visits were observed.

Parent–child relationships. We assessed parents' perceptions of their relationships with the child in the study using the Child-Parent Relationship Scale, Short Form (CPRS-SF; Driscoll and Pianta 2011) and the HFPI. Baby FACES 2022 also assessed parent–child interactions through coded videos of the interactions.

CPRS-SF. The CPRS-SF (Driscoll and Pianta 2011) is a self-report instrument for parents that is designed to assess parents' perceptions of their relationships with their children ages 3 to 12, but it also works well for younger children (Lang et al. 2015). We asked parents to rate their relationship with the child in the

study on a 5-point scale ranging from 1 (definitely does not apply) to 5 (definitely applies). The 15 items in the measure are summarized into two separate subscales: Conflict (sum of 8 items such as "always seem to be struggling with each other") and Closeness (sum of 5 items such as "share an affectionate, warm relationship"). Higher subscale scores indicate higher levels of conflict or closeness, respectively.

In Baby FACES 2018, we used the original Closeness subscale that includes seven items. In Baby FACES 2022, we excluded two items for children aged 16 months or younger. The two items involve the child's communication with the parent. The mean ratings on those two items, even with the older children in Baby FACES 2022, were much lower than ratings on other items and had larger standard deviations. Some parents may have responded to the items based on the child's verbal skills rather than the child's trust of and closeness to parent. The scores for the Closeness subscales are summary scores. Imputing the mean for these two items would inflate the scores for children who were not rated on these items. To maintain consistent scoring across the age groups, the scores are based on the five items. With the older children, the internal consistency is similar for the original scale and the five-item scale without the two communication items. This measure was intended for the full sample of children.

HFPI Parent–Child Interaction subscale. For Baby FACES 2022, we included the 10-item Parent–Child Interaction subscale, also drawn from the HFPI (Krysik and LeCroy 2012) discussed above. The items in this subscale assess aspects of parents' responsiveness and sensitivity to the child (for example: parent responds quickly to child's needs; can tell what the child needs) and interactions with their child (for example: uses positive words to encourage child; praises child). Parents rated how often the items were true of themselves on a 5-point scale ranging from 1 (rarely or never) to 5 (always or most of the time). The subscale score is the sum of the items, with higher scores indicating higher levels of responsiveness and sensitivity. A score of 40 or lower (out of a possible total score of 50) reveals an area of concern. This measure was intended for the full sample of children.

Video-coded parent–child interactions. In Baby FACES 2022, we coded videos of the parent–child interaction task to measure the quality of the parent–child relationship. The task is an adaptation of the Two Bags Task and is based on a protocol originally developed by Vandell (1979) with variations used in earlier studies of Early Head Start, including the Early Head Start Research and Evaluation Project (EHSREP; ACF 2002; Ware et al. 1998; Brady-Smith et al. 1999) and Baby FACES 2009 (Vogel et al. 2015). The purpose of this task is to assess parent and child behaviors as the dyad interacts in a semi-structured free play task in their home.

Baby FACES 2022 used the complete set of scales in the EHSREP, supplemented by scales that originated in the National Institute of Child Health and Human Development (NICHD) Study and one that was developed specifically for this study. The Early Head Start Child Parent Interaction Rating Scales (EHS Scales; Brady-Smith et al. 2000) assess levels of six parent and three child behaviors, each on a 7-point scale with "1" indicating a very low incidence of the behavior and "7" indicating a very high incidence of the behavior. Each point on the scale is anchored with a description of the behaviors that warrant a specific score. Overall, the scales measure both the frequency and the intensity of behaviors. Across the six parent scales, there are three scales assessing supportive interaction behaviors including: Sensitivity (for example, responding to child's cues), Positive Regard (for example, expressions of love), and Stimulation of Cognitive Development (for example, quality of effortful teaching). Higher scores on these scales indicate more favorable parenting behaviors. The parent scales also assess three dimensions of unsupportive interaction behaviors: Detachment (for example, lack of awareness), Intrusiveness (for example, exerting control over the child), and Negative Regard (for example, expressions of anger toward the child). Higher scores on these three scales indicate more unfavorable parenting behaviors. The child

scales include Engagement of Parent (for example, initiating interaction with the parent), Sustained Attention with Objects (for example, involvement with toys)—in both cases, higher scores are more favorable—and Negativity Toward Parent (for example, expressions of anger toward the parent), where higher scores indicate more unfavorable behaviors.

The coding scheme includes two additional scales adapted from Cox (1997). The first provides a rating of the child's enthusiasm (for example, eagerness related to the task); the second is a dyadic scale measuring the quality of the relationship (for example, relatedness and mutual engagement). Higher scores on Child Enthusiasm and Quality of the Relationship indicate greater enthusiasm and better relationship quality, respectively. Finally, we developed one scale specifically for Baby FACES 2022 designed to measure child stress (for example, overstimulation or frustration). For Child Stress, lower scores are more desirable and indicate fewer signs of distress. This measure was limited to children receiving home-based services who were 12 months old or older and received in-person home visit observation.

E. Measures of program processes and functioning

The primary sources of information for program processes and functioning in Baby FACES 2022 are from program director, center director, and staff surveys. In addition to other survey items, we used the following measures.

Continuity of care. We adapted items from a short instrument used in a study by Ruprecht et al. (2016) to measure continuity of care in Early Head Start classrooms. We asked center directors about their policies and practices regarding continuity of care—including how frequently children typically transition to new caregivers, whether the caregiver transitions with the children to a new classroom, the number of caregivers involved in caring for the child each day, and responsibility for primary caregiving tasks. We also collected information about group size and ratios from the teacher survey. Responses to each of the five items correspond to scores ranging from 0 to 2 points, with higher scores indicating stronger use of continuity-of-care practices. For the transition frequency item, for example, centers receive 0 points if children typically move to new caregivers every six months or less, 1 point if children and caregivers are together for six to nine months, and 2 points if children and caregivers are together for more than nine months. Item scores are summed for a maximum of 10 possible points. A cutoff score of 6 points (or more) indicates the center implements continuity-of-care practices. This measure was intended for the full sample of center directors.

Program climate. To assess program climate, we selected subscales from the Survey of Organizational Functioning (TCU SOF; Institute of Behavioral Research 2005) and the Organizational Climate Description Questionnaire-Rutgers Elementary (OCDQ-RE; Hoy et al. 1991).

TCU SOF. We included several items from the TCU SOF (Institute of Behavioral Research 2005). These items are rated by teachers and home visitors on 5-point Likert scales and come from four subscales. The first three subscales involve the staff member's assessment of the quality of the work environment in their organization: (1) Cohesion (six items; for example, "staff are quick to help one another when needed"); (2) Communication (five items; for example, "formal and informal communication channels work well"); and (3) Stress (four items; for example, "under too many pressures to do your job effectively"). The fourth asks about the staff member's satisfaction with their job (six items; for example, "you feel appreciated for the job you do"). The subscale scores are the means of the items in the subscales multiplied by 10. We modified the wording to make it appropriate to administer as an interview with teachers and home visitors, in particular by adding the words "at this center" (for teachers) and "at this

program" (for home visitors) to some items and changing the word "program" to "center" for teachers. For example, we changed the original item, "Staff here all get along very well," to "Staff at this center all get along very well." Higher scores for the Cohesion, Communication, and Satisfaction subscales indicate a more positive organizational climate. Higher scores for the Stress subscale indicate a more negative organizational climate.

OCDQ-RE. We also asked the program staff and center director to assess their organization's leadership using adapted items from the OCDQ-RE (Hoy et al. 1991). The questionnaire was intended for elementary schools, but it has been used in early childhood education settings (Dennis and O'Connor 2013). These items examine leaders' supportive behavior (for example, one item is "The center director listens to and accepts teachers' suggestions" asked to teachers and "The program director listens to and accepts center staffs' suggestions" asked to center directors and home visitors). The scores are the average response for each of the nine items in the scale across either all teachers in a center, creating a score for the center; or all home visitors and center directors in a program, creating a score for the program, which are then summed across all nine items at the center level or program level. Higher scores indicate more supportive director behavior. This measure was intended for the entire sample of teachers, home visitors, and center directors.

F. Reliability of the measures

Internal consistency reliability of measures. Appendix A presents the number of items, possible range, and Cronbach's alpha coefficients of these measures. The reliability analyses use listwise deletion, and only those with complete data are included in estimating the reliability. Generally, the greater the covariance between items, the higher the reliability (and thus the higher the value of Cronbach's alpha). We consider an alpha of 0.70 or higher as adequate for the constructed measures[15] (Bland and Altman 1997). A few of the constructed variables have alphas less than 0.70 due to the small number of items within the scale. (In general, scales with more items are more likely to have higher alphas.) Measures with reliability estimates lower than 0.70 have less precision and are less likely to demonstrate associations.

We also calculated the interrater reliability for the classroom and home visit observation measures, observed parent–child interaction ratings, and the MITI.

Interrater reliability for classroom observation measure. For the classroom observation measure, we calculated the interrater reliability using the percentage agreement between observer scores during certification and those assigned by measure developers to the certification videos. The interrater reliability for the QCIT is 85 percent. All observers received quality assurance visits during data collection and demonstrated at least an 80 percent agreement with gold standard observers.

Interrater reliability for home visit observation measure. For the home visit observation measure, the developers trained and certified all observers (observers demonstrated reliability by scoring within one point of the measure developers' total scores on each of the scales four times to be considered certified). Due to the pandemic, we opted to conduct quality assurance checks via video. We recorded a subset of the initial visits and three gold standard observers developed consensus scores for them. All observers were required to score within one point of the gold standard on each of the four scores.

Interrater reliability for parent–child interaction coding. For the parent–child interactions, a certified trainer with extensive experience coding parent–child play interactions using the Parent–Child Interaction

[15] Higher reliability is needed if measures are used to make decisions about individuals.

Rating Scales trained 15 members of the Mathematica coding team: 3 team leaders who served as gold standard coders and 12 coders. The certification criterion required that coders achieve at least 90 percent agreement (exact or within one point) with ratings assigned through consensus by the team leaders. Interrater reliabilities between the team leaders and coding team members were maintained throughout the coding period to a criterion of 80 percent, allowing for a one-point difference in scores. A total of 45 videos (or 10 percent of the codable videos) served as reliability videos. For the book share segment, agreement (exact or within one point) on the 12 seven-point scales averaged 87 percent across all coders. Agreement on the 12 seven-point play segment scales averaged 88 percent across all coders.

Interrater reliability for MITI coding. For the MITI, trained coders maintained reliability and fidelity to the tool through weekly coding meetings to prevent drift. The interrater reliability estimates for all items were in the excellent range (0.75 or higher).[16]

[16] Ten percent of the data was double coded to assess interrater reliability with two-way mixed effects, absolute agreement, average measures intraclass correlations (ICC).

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Section I:

Who are the children and families participating in Early Head Start?

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Exhibit I.1. What are the background characteristics of Early Head Start children? (percentages, unless otherwise indicated)

Child characteristics	Sample size	Percentage/ mean (SE)
What percentage of EHS children are girls?	1,024	48.0 (2.43)
On average, how old are EHS children (at survey, in months)?[a]	1,024	27.7 (0.68)
What is the age distribution of EHS children (at survey)?	1,024	
12 months or younger		10.6 (1.46)
13–24 months		25.8 (2.54)
25–36 months		37.1 (3.23)
More than 36 months		26.4 (3.47)
What is the race/ethnicity of EHS children?	1,003	
Hispanic/Latino		37.8 (4.38)
African American, non-Hispanic		32.4 (4.56)
White, non-Hispanic		18.7 (3.25)
Multiracial, non-Hispanic		9.0 (1.90)
Other, non-Hispanic[b]		2.1 (0.99)!
What percentage of EHS children were born in the United States?	1,012	99.0 (0.67)
What percentage of EHS children live with parents who immigrated to the United States?[c]	954	
Child lives with one parent born outside United States		15.4 (2.42)
Child lives with two parents born outside United States		20.9 (2.89)
Child lives with parent(s) born in United States		63.8 (4.05)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]The reported response range is 1.3-46.1.

[b]Includes non-Hispanic American Indian/Alaska Native, Asian, and Native Hawaiian/Other Pacific Islander.

[c]Among households with at least one birth parent living in the household (*n* = 961).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit I.2. Who are the primary caregivers of Early Head Start children at home?

Primary caregiver characteristics	Sample size	Percentage (SE)
Who is the child's primary caregiver?[a]	1,023	
Birth mother		87.1 (1.83)
Birth father		4.5 (1.33)
Grandparent		2.9 (0.84)
Adoptive mother, stepmother, or foster mother[b]		3.4 (0.98)
Adoptive father, stepfather, foster father, or other[c]		2.1 (0.87)!
What percentage of primary caregivers are female?	1,016	94.5 (1.37)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey.

[a]The child's primary caregiver is the respondent to the parent survey.

[b]Includes female guardian.

[c]Includes male guardian and "other."

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit I.3. What are the characteristics of Early Head Start parents? (percentages, unless otherwise indicated)

Parent characteristics	Primary caregiver		Birth mother[a]		Birth father[b]	
	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)
On average, how old are EHS parents (at survey, in years)[c]	1,019	32.1 (0.44)	1,004	30.6 (0.39)	31	34.6 (2.20)
What is the age distribution of EHS parents (at survey)?	1,019		1,004		31	
17 years old or younger		[d]		0.4 (019)!		[d]
18–19 years old		1.7 (0.76)!		1.8 (0.78)!		[d]
20–24 years old		13.3 (1.69)		13.4 (1.76)		[d]
25–29 years old[g]		27.1 (2.75)		31.1 (2.64)		23.8 (14.94)!
30–34 years old		24.4 (2.22)		27.5 (2.08)		11.2 (3.91)!
35 years old or more		33.3 (2.92)		25.9 (2.76)		52.1 (15.82)!
On average, how old were EHS parents when the focus child for this study was born (in years)?[e]	n.a.	n.a.	1,004	28.3 (0.39)	31	31.3 (2.23)
On average, how old were EHS mothers when their first child was born (in years)?[f]	n.a.	n.a.	995	22.4 (0.34)	n.a.	n.a.
What is the distribution of birth mothers' age at their first child's birth?	n.a.		995		n.a.	
17 years old or younger		n.a.		14.4 (2.44)		n.a.
18–19 years old		n.a.		19.0 (1.90)		n.a.
20–24 years old		n.a.		39.5 (2.63)		n.a.
25–29 years old		n.a.		16.8 (2.00)		n.a.
30–34 years old		n.a.		7.2 (1.42)		n.a.
35 years old or more		n.a.		3.1 (1.05)!		n.a.
What is the race/ethnicity of EHS parents?	1,009		940		596	
Hispanic/Latino		35.5 (4.37)		37.7 (4.40)		46.6 (5.71)
African American, non-Hispanic		34.0 (4.64)		33.4 (4.48)		26.5 (4.96)

Exhibit I.3 *(continued)*

Parent characteristics	Primary caregiver		Birth mother[a]		Birth father[b]	
	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)
White, non-Hispanic		23.3 (3.81)		22.2 (3.72)		21.9 (3.90)
Multiracial, non-Hispanic		3.1 (0.77)		2.7 (0.70)		1.6 (0.81)!
Other, non-Hispanic[h]		4.1 (1.26)!		4.0 (1.36)!		3.3 (1.85)!
What percentage of EHS parents were born in the United States?	1,014	69.8 (3.71)	946	66.9 (3.92)	596	54.0 (4.67)
Among parents who immigrated to the United States, how long have they been living in the United States?[i]	417		409		330	
What is the mean number of years in the United States?[j]		14.0 (1.23)		13.9 (1.25)		12.7 (0.94)
What is the distribution of years in the United States?						
5 years or fewer		25.2 (3.77)		26.0 (3.89)		23.0 (4.21)
6–10 years		19.4 (3.85)		19.0 (3.89)		23.7 (5.62)
More than 10 years		55.3 (6.20)		55.0 (6.29)		53.3 (6.10)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Information about the birth mother's age was collected if the birth mother was alive, regardless of whether the birth mother was the primary caregiver or lived with the primary caregiver (n = 1,023); however, information about the birth mother's race and immigration status was only collected from the primary caregiver if the birth mother lived with the primary caregiver (and the study child) (n = 954).

[b]Information about the birth father's age was collected only when the birth father was the primary caregiver (n = 31). When the primary caregiver was not the birth father, information about the birth father's race and immigration status was collected from the primary caregiver if the birth father lived with the primary caregiver (and the study child) (n = 597).

[c]The reported response ranges are as follows: primary caregivers, 17-79; birth mothers, 15-47; birth fathers, 19-49.

[d]We do not report estimates based on fewer than 5 responses.

[e]Among families where the birth mother was alive (n = 1,023), and the birth father was the primary caregiver (n = 31), respectively. The reported response ranges are as follows: birth mother, 14-44; birth father, 17-46.

Exhibit I.3 *(continued)*

[f]Among families where the birth mother was alive (n = 1,023). The reported response range is 13-41.

[g]The universe for birth father's age was small.

[h]Includes non-Hispanic Asian, American Indian/Alaska Native, and Native Hawaiian/Pacific Islander.

[i]Among parents born outside of the U.S. (n = 418, n = 410, and n = 334, respectively).

[j]The reported response ranges are as follows: primary caregiver, 1-50; birth mother, 1-37; birth father, 1-40.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; n.a. = not applicable; SE = standard error.

Exhibit I.4. What is the education and employment status of Early Head Start parents?

Education and employment status	Primary caregiver		Birth mother		Birth father	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What is the highest level of education for EHS parents?[a]	1,013		1,010		965	
Less than high school		15.7 (1.91)		16.2 (1.90)		21.1 (2.05)
High school diploma or equivalent		32.0 (3.28)		33.7 (3.28)		39.1 (2.45)
Vocational/technical or some college, but no degree		17.3 (2.14)		17.4 (2.13)		7.3 (1.84)
Vocational/technical diploma		4.0 (1.01)		3.0 (0.76)		2.6 (0.98)!
Associate degree		11.5 (2.06)		12.0 (2.08)		4.1 (1.2)
Bachelor's degree		11.6 (2.11)		11.0 (2.13)		5.5 (1.69)!
Graduate degree or higher		5.6 (1.37)		4.4 (1.2)		2.9 (0.85)
What percentage of EHS parents completed at least some of their education in another country?[b]	1,012	16.7 (2.06)	916	17.6 (2.21)	31	20.9 (10.44)!
What percentage of EHS parents are currently taking classes?[c]	1,012	19.5 (2.08)	946	19.8 (2.01)	31	22.7 (12.51)!
What is the employment status of EHS parents?[d]	1,010		944		594	
Working full-time (35 hours a week or more)		36.6 (3.18)		36.9 (3.23)		70.8 (4.11)
Working part-time (less than 35 hours a week)		16.0 (2.16)		16.3 (1.94)		10.5 (3.09)
Unemployed		45.4 (3.01)		45.5 (3.08)		18.0 (3.10)
Other[e]		1.9 (0.56)		1.3 (0.47)!		0.7 (0.23)!
Among parents who work 35 hours a week or more, what percentage work multiple jobs?[f]	288	5.7 (2.10)!	261	6.2 (2.27)!	452	3.1 (1.81)!
Among parents currently working, what percentage work evenings, overnights, or weekends?[g]	434	53.7 (4.23)	384	54.3 (4.14)	21	88.9 (3.41)
Among parents currently working, what percentage work the same schedule every week?[g]	437	71.9 (3.89)	387	69.2 (4.24)	21	78.7 (17.26)
Among parents whose work schedule changes each week, what percentage receive their schedule:[h]	113		108		[i]	
One week or less ahead of time?		69.4 (6.59)		68.1 (6.73)		[i]
Between one and two weeks ahead of time?		19.0 (5.73)!		19.8 (5.91)		[i]
Between three and four weeks ahead of time?		8.3 (3.27)!		8.7 (3.40)!		[i]

Exhibit I.4 *(continued)*

Education and employment status	Primary caregiver		Birth mother		Birth father	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Four weeks or more ahead of time?		3.3 (1.76)!		3.4 (1.82)!		[i]
Among parents not working, what percentage were employed in the last 12 months?[j]	575	24.8 (3.95)	537	24.8 (4.09)	91	30.7 (8.20)
What percentage of EHS parents are currently in job training?[k]	994	4.0 (1.05)	930	4.4 (1.15)	31	[i]

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Information about the birth mother's highest level of education was collected if the birth mother was alive (*n* = 1,023). Information about the birth father's highest level of education was collected if the birth father was alive and known (*n* = 1,002). Items may not sum to 100 percent because the sample sizes includes respondents who indicated they did not know.

[b]Information on education completed in another country was collected for the birth mother and for the birth father if they were identified as the primary caregiver (*n*=925 and *n* = 31, respectively).

[c]Enrollment in courses, classes, or workshops for work-related reasons or personal interest was collected for the birth mother if she was living with the study child (*n* = 954), and for the birth father if he was the primary caregiver (*n* = 31).

[d]Employment status was only collected for birth mothers and birth fathers if they were identified as living with the child (*n* = 954 and 597, respectively).

[e]Includes those who are retired, disabled, or unable to work, and those who reported working, but did not report the hours per week worked.

[f]Among parents (living with the study child) who reported working 35 hours a week or more (*n* = 288, 261, and 452, respectively).

[g]Among parents (living with the study child) who reported working for pay (*n* =437, 387, and 21, respectively).

[h] Among parents (living with the study child) who reported week to week changes in their work schedule *(n*=119, 114, respectively*)*.

[i] We do not report estimates based on fewer than 5 responses.

[j]Among parents (living with the study child) who were not working or whose work status was unknown or not reported (*n* = 577, 538, and 92, respectively).

[k]Among primary caregivers and birth mothers (living with the study child) who were not retired, disabled, or unable to work (*n* = 996 and 936, respectively). Job training status was only collected for birth fathers identified as the primary caregiver who were not retired, disabled, or unable to work (*n* = 31*)*.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit I.5. What are the characteristics of Early Head Start households? (percentages, unless otherwise indicated)

Household characteristics	Sample size	Percentage/mean (SE) or median
Who do EHS children live with?	1,009	
Two birth parents		47.8 (2.93)
Parents are married		30.9 (2.59)
Parents are not married		16.9 (1.97)
One birth parent		44.5 (3.12)
Child lives with birth mother, but not birth father		42.3 (2.79)
A spouse, partner, or another parental figure lives with birth mother and child		34.6 (2.57)
Birth mother and child live alone		7.8 (1.46)
Child lives with birth father, but not birth mother		2.2 (1.15)!
No birth parents		7.6 (1.45)
How many people live in EHS children's households?[a]	1,012	4.6 (0.09)
Mean number of adults	1,012	1.9 (0.05)
Mean number of children	1,012	2.7 (0.09)
What percentage of EHS children live in intergenerational households?[b]	1,023	5.3 (1.17)
What percentage of EHS children live in another household at least some of the time?	1,011	9.1 (1.91)
What is the median total household income, over the last 12 months, among EHS families?[c,d]	1,108	$26,391
What percentage of families had a household income that was…[e]	1,108	
$0 to $10,000?		13.5 (1.77)
$10,001–$15,000?		10.8 (1.34)
$15,001–$20,000?		10.6 (1.58)
$20,001–$25,000?		12.9 (1.51)
$25,001–$30,000?		10.9 (1.45)
$30,001–$35,000?		8.2 (1.31)
$35,001 or more?		33.1 (2.48)
What are EHS families' household incomes as a percentage of the poverty level?[c,e]	822	
0–50 percent of the poverty level		19.0 (2.20)
51–100 percent of the poverty level		38.9 (3.67)
101–130 percent of the poverty level		18.0 (2.53)
131 percent of the poverty level or higher		24.2 (3.09)
How many people contribute to the family's household income?	943	
1 person		62.0 (2.56)
2 people		32.2 (2.30)
3 people		4.0 (0.98)

Exhibit I.5 *(continued)*

Household characteristics	Sample size	Percentage/mean (SE) or median
4–8 people		1.8 (0.76)!
What percentage of EHS households receive income supports?		
WIC	965	70.4 (2.43)
SNAP	958	59.0 (2.74)
TANF	960	15.1 (2.22)
Energy assistance	957	13.2 (1.87)
SSI or Social Security Benefits	963	12.6 (1.81)
Unemployment	962	8.8 (1.98)
Foster care payments	962	2.2 (0.68)!
On average, how many income supports do EHS families receive?[f]	944	1.8 (0.06)
Of the families receiving each income support, what percentage received a referral from EHS?[g]		
WIC	740	9.8 (2.50)
SNAP	564	6.2 (1.46)
TANF	120	5.5 (2.44)!
Energy assistance	128	15.8 (4.90)!
Referrals to other income sources[h]	212	4.5 (2.35)!

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report (or staff child report). However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey and 1,228 responses to the parent child report. Household income data are drawn from the parent child report; the other constructs are drawn from the parent survey.

[a]The reported response range is 2-13.

[b]Intergenerational households are households in which children live with at least one parent and one grandparent.

[c]HHS poverty guidelines are used to determine income eligibility for Early Head Start. Children or pregnant women with family incomes below the poverty line are eligible for the program. Families receiving public assistance (such as TANF and SSI), children from homeless families, and children in foster care are also eligible. Programs can also enroll children who would benefit from services (that is, children with disabilities), regardless of income, for up to 10 percent of total enrollment. If the program is meeting the needs of these eligible groups, the program can also fill up to 35 percent of its enrollment with families who do not meet these eligibility criteria but whose incomes are below 130 percent of the poverty line.

Income information was asked in 2018 Baby FACES Parent Survey and the 2022 Baby FACES Parent Child Report. Family income reported here may differ from the family income used for Early Head Start eligibility determination for reasons beyond this imputation process. During eligibility determination, program staff use tax forms, pay stubs, or other proof of income to verify the family's countable income. The income reported here is not verified, and respondents may include income types that are considered noncountable (for example, noncash benefits, such as SNAP benefits, or one-time insurance payments), and they may include countable income types for individuals who are not considered a part of the child's family for the purposes of eligibility determination (for example, individuals who are not related to the child's parent or guardian by blood, marriage, or adoption).

[d]The mean is $36,790 (SE = $2,295), and the reported response range is $0-967,200. Incomes in the top 1 percent exceeded 1 million dollars and were recoded to missing after we determined that these values were probably data

Exhibit I.5 *(continued)*

entry errors. The data file includes sixteen potential outliers that are $250,000 and greater. These may also be errors, but we retained them for transparency. These potential outliers do not impact the median reported in the table.

[e]Poverty level is adjusted for household size according to 2022 HHS poverty guidelines.

[f]The reported response range is 0-6.

[g]Among households that reported receiving each income support; sample size varies (WIC, *n* = 746; SNAP, *n* = 566; TANF, *n* = 121; energy assistance, *n* = 128; other income sources, *n* = 213). The sample size in the table is the number of families who responded to the question.

[h]Referrals to other income sources includes referrals to SSI/SSA retirement, disability or survivors supports; unemployment supports; and foster care payments.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error; SNAP = Supplemental Nutrition Assistance Program; SSI/SSA = Supplemental Security Income/Social Security Administration; TANF = Temporary Assistance for Needy Families program; WIC = Special Supplemental Nutrition Program for Women, Infants, and Children.

Exhibit I.6a. What languages are spoken in Early Head Start households?

Household languages	Sample size	Percentage (SE)
What languages are spoken in EHS households?		
English	1,007	94.3 (1.19)
Spanish	1,009	36.8 (4.39)
Another language ("Other")[a]	1,006	8.2 (1.91)
What combination of languages are spoken in EHS households?	1,006	
English only		56.6 (4.40)
Spanish only		5.4 (1.12)
Multiple languages		37.9 (4.02)
English and Spanish only		29.7 (4.06)
English and Other only		6.7 (1.77)
English, Spanish, and Other		1.2 (0.54)!
Spanish and other		0.3 (0.16)!
What percentage of EHS children are or will be dual language learners?[b]	1,009	43.5 (4.40)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey.

[a]Over 50 languages were identified. Among those, French or French Creole was the most commonly cited, followed by American Sign Language (or sign language generally).

[b]Dual language learners are defined as children who live in households where English is not the only language spoken or only non-English languages are spoken.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit I.6b. What languages are spoken in multilingual Early Head Start households?

Child's languages	Households that speak English and Spanish		Households that speak English and Other[a]	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What language is primarily spoken to EHS children?	393		65	
All English		4.1 (1.72)!		25.3 (9.79)!
More English than Spanish/Other		22.1 (3.25)		23.2 (10.05)!
Equal English and Spanish/Other		25.0 (4.90)		31.6 (13.79)!
More Spanish/Other than English		38.3 (6.28)		13.4 (6.21)!
All Spanish/Other[a]		10.5 (2.10)		6.4 (3.35)!
What language is primarily spoken by EHS children?[b]	308		54	
All English		21.1 (4.39)		32.6 (10.78)!
More English than Spanish/Other		23.4 (3.95)		24.2 (10.86)!
Equal English and Spanish/Other		22.6 (5.09)		35.1 (13.61)!
More Spanish/Other than English		21.4 (6.98)!		6.7 (3.66)!
All Spanish/Other		11.4 (2.58)		[c]

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey. The data are limited to households that speak multiple languages (*n* = 460), and we reported households that speak English and Spanish (*n* = 395) separately from households that speak English and "Other" (*n* = 65), unless otherwise indicated.

[a]Includes households that speak both Spanish and another non-English language (*n* = 18).

[b]Among households where the child was speaking at the time of the parent survey (*n* = 363), reporting households that speak English and Spanish (*n* = 309) separately from households that speak English and "Other" (*n* = 54).

[c]We do not report estimates based on fewer than 5 responses.! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit I.7. What is the living situation (type of residence and stability) of Early Head Start families? (percentages, unless otherwise indicated)

Living situation	Sample size	Percentage/ mean (SE)
What percentage of EHS families have experienced homelessness in the last year?[a]	945	6.3 (1.41)
Where are the primary caregiver (and child) living?	960	
House, apartment, or trailer with own family only		94.1 (1.33)
House, apartment, or trailer shared with another family		4.5 (1.28)
Transitional housing (apartment), homeless shelter, or somewhere else[b]		1.4 (0.55)!
What is the primary caregiver's home ownership and rental status?[c]	952	
Rents (without public assistance)		61.4 (3.03)
Owns or is buying home or apartment		24.2 (2.92)
Living in public or subsidized housing		8.2 (1.86)
Living rent-free in relative's or friend's home		5.0 (1.77)!
Some other arrangement[d]		1.2 (0.78)!
What percentage of primary caregivers moved in the past year?	962	17.4 (2.27)
Among those who have moved, on average, how many times have they moved?[e]	168	1.1 (0.04)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Experiencing homelessness was described as "living on the street, in your car, in an abandoned building, in a homeless or domestic violence shelter, or staying at someone else's home because you have nowhere else to go."

[b]Parents' responses to "Somewhere else" most commonly included living in public and private housing (houses, apartments, or recreational vehicles) without indicating whether the housing was shared with another family.

[c]Among households not living in transitional housing or a homeless shelter (*n* = 960).

[d]Other responses included the following (beginning with the most frequent): renting to own; living at a friend's or relative's home, but not indicating whether they paid rent; living in a motel; and renting a lot.

[e]Among primary caregivers who have moved (*n* = 168). The reported response range is 1-5.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit I.8. What service options are Early Head Start families receiving?

Service options	Sample size	Percentage (SE)
What percentage of families receive the following types of services?	974	
Center-based care		59.1 (3.65)
Home-based services		29.5 (2.56)
Combination of center- and home-based services[a]		10.5 (2.61)
What percentage of EHS children receive the following types of non-parental care or services on a regular basis, in addition to their EHS services?		
Attending or receiving services from another Head Start program	989	37.2 (3.27)
Receiving child care from a relative other than a parent	990	28.7 (2.75)
Attending another formal child care program, such as a day care center or preschool	987	8.1 (1.66)
Receiving child care from a non-relative	991	6.1 (1.19)
Attending or receiving services from another EHS program	991	4.1 (1.10)
Attending a formal family child care program	989	2.5 (0.56)
How many other types of non-parental care do EHS children receive on a regular basis?	976	
None		39.5 (3.25)
One		42.6 (2.70)
Two		11.7 (1.64)
Three or more		6.1 (1.51)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey.

[a]The high percentage of families receiving a combination of center-based and home-based services may not be an accurate estimate of those enrolled in a locally-designed program option. Some parents may have reported the home visits they received as part of the center-based option. It is also possible that these families received home visits in the summer months only. When more than one program option is used with the same group of children, the PIR requires reporting the program option used for the greatest part of the year. For example, programs that offer center-based services in the school year (9 months) and home-based services for the summer months (3 months) would report as center-based in the PIR.

SE = standard error.

Section II:

What strengths and challenges are families in Early Head Start experiencing?

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Exhibit II.1. How often do Early Head Start children participate in reading, storytelling, and singing in their homes?

Reading, storytelling, and singing activities	Sample size	Percentage (SE)
How many children's books are in the child's home?	1,003	
0		1.7 (0.93)!
1–4		6.4 (1.39)
5–10		15.8 (1.92)
11–25		28.2 (2.79)
More than 25		47.9 (3.07)
How frequently does someone in the household read to the child?[a]	1,001	
More than once a day		26.6 (2.72)
About once a day		35.3 (2.48)
A few times a week		30.8 (2.88)
Once a week		5.2 (1.10)
Less than once a week		2.1 (0.84)!
How frequently does someone in the household tell stories to the child?[a]	993	
More than once a day		11.7 (1.79)
About once a day		22.8 (2.37)
A few times a week		35.4 (2.62)
Once a week		13.1 (1.58)
Less than once a week		17.0 (1.89)
How frequently does someone in the household sing to or with the child?[a]	1,002	
More than once a day		55.5 (2.91)
About once a day		23.2 (2.56)
A few times a week		18.0 (3.12)
Once a week		1.6 (0.48)
Less than once a week		1.7 (0.83)!
What percentage of children are not read to, told stories, or sung to at least once a day at home?	1,004	12.5 (1.72)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey.

[a]Responses on the frequency of reading, storytelling, and singing songs are based on primary caregivers' reports of their behaviors as well as their reports about other adults in the household.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit II.2. What are Early Head Start children's eating and sleeping routines? (percentages, unless otherwise indicated)

Household routines	Sample size	Percentage/ mean (SE)	Reported response range
On average, how many days per week do families eat dinner together?	1,001	5.9 (0.09)	0-7
What percentage of children are fed at regular times in a typical day?	999	92.6 (1.38)	n.a.
On average, how many hours do children nap in a typical day?	938	1.9 (0.05)	0.0-8.5
On average, how many hours do children sleep per night?	999	9.3 (0.08)	3-15
What percentage of children have a regular naptime?[a]	947	78.5 (2.44)	n.a.
What percentage of children have a regular bedtime?	1,001	91.3 (1.60)	n.a.

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Among children who take naps (*n* = 972).

n.a. = not applicable; SE = standard error.

Exhibit II.3. How much screen time are Early Head Start children getting? (percentages, unless otherwise indicated)

Children's screen time	Sample size	Percentage/ mean (SE)
What percentage of children receive at least some screen time in a typical day?	997	90.7 (1.48)
On average, how many hours of screen time do children have per day?[a]	873	2.1 (0.12)
Do children watch TV or use mobile devices alone to keep busy?[b]	877	
Never		10.0 (2.01)
Rarely		24.9 (2.54)
Some of the time		46.6 (2.69)
Most of the time		18.5 (2.05)
Do children and primary caregivers watch TV or use a computer or mobile devices to watch shows, play games, use educational applications, or read stories together?[b,c]	878	
Never		2.6 (0.92)!
Rarely		14.4 (2.03)
Some of the time		47.6 (2.64)
Most of the time		35.4 (3.07)
Do children watch TV or use mobile devices before nap or going to bed?[b]	878	
Never		24.7 (2.71)
Rarely		24.3 (2.34)
Some of the time		35.3 (2.85)
Most of the time		15.6 (2.21)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Screen time is defined as time spent watching TV or using a mobile device such as a smartphone, iPad, or other tablet to play games or watch videos.

Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Among all children who receive at least some screen time in a typical day (*n* = 873). The reported response range is 0.1-15.0 hours.

[b]Among children who get at least some screen time in a typical day or whose parents did not know or refused to indicate the amount of screen time the child received (*n* = 879).

[c]The wording of this question changed slightly from 2018 to 2022: In 2018, this question asked specifically about time spent watching TV or using a mobile device to watch shows or play games.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit II.4. What risk factors do Early Head Start families face? (percentages, unless otherwise indicated)

Risk factors	Sample size	Percentage/ mean (SE)
Demographic risk factors[a]		
No high school credential	989	15.9 (1.92)
Not employed, in school, or in training	1,009	37.0 (2.30)
Receives public assistance[b]	959	65.1 (2.51)
Single parent	1,009	47.6 (3.05)
Teenage mother at first birth	997	33.4 (3.03)
Mean demographic risk index score[c]	1,005	2.0 (0.07)
Demographic risk index	1,005	
Low risk (2 or less)		64.1 (3.23)
Medium risk (more than 2, less than 4)		27.1 (3.12)
High risk (4 or more)		8.8 (1.72)
Psychological risk index[d]	1,024	
No risk		66.7 (2.84)
One risk		26.5 (2.36)
Two or more risks		6.7 (1.60)

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys and parent child reports with valid data on each item out of a total sample of 1,024 parent survey responses and 1,228 responses to the parent child report. Only the psychological risk index draws on the parent child report data.

[a]The person of reference for each of the five composite factors follows the specifications used in prior rounds of Baby FACES and depends on whether the birth mother lives with the study child. In all cases, teen mother status is a measure of whether the birth mother was a teenager when she gave birth to her first child, regardless of whether their first child was the child in the study. When the primary caregiver is not the birth mother (n = 99), information about the birth mother is based on the primary caregiver's best assessment of the birth mother's characteristics. Two factors—not having a high school credential and not being employed or in school or training—are based on the birth mother's characteristics only if she lives in the home; otherwise, they are based on the primary caregiver's characteristics (n = 70). Two other factors—being a single parent and receiving household public assistance—are based on the primary caregiver's characteristics, regardless of where the birth mother lives. Single parent is defined as the primary caregiver indicating that he or she does not live with a spouse or partner.

[b]Public assistance is defined as the primary caregiver reporting that they or someone in the household received Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP or "food stamps"), or Social Security Income/Social Security retirement, disability, or survivor's benefits in the last 12 months.

[c]The demographic risk index ranges from 0–5. The reported response range is 0–5.

[d]Family psychological risk index is a measure of cumulative family risk of poor parental mental health and unfavorable family functioning. The number of risks is based on the following measures: (1) depressive symptoms that are subthreshold or with clinical significance; (2) parenting stress, which indicates a total stress score above the 90th percentile; and (3) substance use problems. The psychological risk index differs from the index used in the

Exhibit II.4 *(continued)*

Spring 2018 Baby FACES Parent Survey in two key ways: (1) all three components of the risk index draw on parent child report data (previously depressive symptoms and substance use were drawn from the parent survey), and (2) the indicator of substance use problems is derived from a new set of items that reveal more information about substance use in the household more generally (previously it was based on a single item specific to the primary caregiver). Substance use problems are now defined as households where anyone in the household engaged in problematic drinking or illicit drug use (either by using illegal drugs — including marijuana — or by misusing prescriptions) in the past 30 days. Problematic drinking is based on two survey items and uses components of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) definition of heavy drinking, which varies for men and women. Problematic drinking is defined as a female caregiver (or a caregiver with an unknown gender) having 7 or more drinks in an average week, a male caregiver having 14 or more drinks in an average week, or anyone in the household having more than 4 drinks in one day at least once. When the gender of the parent is unknown—that is when the respondent identifies as a “other relative” or “other non-relative”—we assume that individual is female because most respondents in our sample are female. Questions about specific drugs included: Prescription pain killers; Marijuana (pot, bud) or Hashish (Hash); Amphetamines (uppers, ice, speed, crystal meth, crank); Cocaine (rock, coke, crack) or heroin (smack, horse); Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy); Sniffing gasoline, glue, hairspray, or other aerosols.

SE = standard error.

Exhibit II.5. What is the health status of Early Head Start primary caregivers and others in their household?

Health status	Sample size	Percentage (SE)
How do primary caregivers rate their overall health?[a] (parent survey)	968	
Excellent		22.6 (2.12)
Very good		28.0 (2.47)
Good		34.0 (2.72)
Fair		13.9 (1.66)
Poor		1.5 (0.70)!
What percentage of primary caregivers have health insurance? (parent survey)	968	84.4 (2.45)
What percentage of EHS households have members who currently smoke or vape?[b,c]		
Primary caregiver or other household member currently smokes	1,175	11.0 (1.48)
Primary caregiver or other household member currently vapes	1,168	8.0 (1.47)
Among households that have members who currently smoke or vape, what percentage received resources or support from EHS to reduce or quit?[d]	184	
Yes		33.5 (4.82)
No		39.9 (5.12)
Don't know		26.6 (5.13)
What percentage of EHS household report substance use problems?[e]	1,097	19.0 (1.99)
Among households that have members who report substance use problems, what percentage received resources or support from EHS to reduce or quit alcohol use?[f]	197	
Yes		7.7 (2.17)
No		65.9 (6.39)
Don't know		26.5 (5.65)
Among households that have members who report substance use problem, what percentage received resources or support from EHS to reduce or quit drug use?[f]	198	
Yes		6.6 (1.81)
No		70.6 (6.13)
Don't know		22.9 (5.67)

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data out of a total sample of 1,024 responses to the parent survey and 1,228 responses to the parent child report, unless otherwise indicated.

[a]Primary caregivers reported their general health status on a 5-point scale ranging from excellent (1) to poor (5).

Exhibit II.5 *(continued)*

[b]Those who have smoked or vaped within the last 30 days are defined as currently smoking or vaping.

[c]Item was asked on the Parent Survey in 2018 and the Parent Child Report in 2022.

[d]Among households where the primary caregiver or another household member is currently smoking or vaping (*n* = 190).

[e] Substance use problems, which are used in the psychological risk index, are defined as households where anyone in the household engaged in problematic drinking or illicit drug use (either by using illegal drugs — including marijuana — or by misusing prescriptions) in the past 30 days. Problematic drinking is based on two survey items and uses components of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) definition of heavy drinking, which varies for men and women. Problematic drinking is defined as a female caregiver (or a caregiver with an unknown gender) having 7 or more drinks in an average week, a male caregiver having 14 or more drinks in an average week, or anyone in the household having more than 4 drinks in one day at least once. When the gender of the parent is unknown—that is when the respondent identifies as a “other relative” or “other non-relative”—we assume that individual is female because most respondents in our sample are female. Questions about specific drugs included: • Prescription pain killers (oxy, percs, vikes) • Marijuana (pot, bud) or Hashish (Hash) • Amphetamines (uppers, ice, speed, crystal meth, crank) • Cocaine (rock, coke, crack) or heroin (smack, horse) • Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy) • Sniffing gasoline, glue, hairspray, or other aerosols.

[f]Among households reporting substance use problems, as defined above (*n* = 200).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit II.6. What do Early Head Start primary caregivers report about the quality of their relationship with their child, their own well-being, their home environment, and the economic pressure that their family faces? (means, unless otherwise indicated)

Measures	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Primary caregiver-child relationship				
Child Parent Relationship Scale (CPRS score)				
Closeness[a]	1,170	23.2 (0.13)	5-25	5–25
Conflict	1,168	15.2 (0.24)	8-40	5–40
Parent–Child Interaction (HFPI score)	1,167	44.7 (0.29)	18-50	10–50
Percentage with area of concern[b]	1,167	19.9 (2.23)	n.a.	n.a.
Depressive symptoms[c]				
Mean CESD-R total score	1,146	7.5 (0.67)	0-60	0–60
No clinical significance[d]	1,147	84.4 (2.03)	n.a.	n.a.
Subthreshold depressive symptoms[d]		9.9 (1.48)	n.a.	n.a.
Potentially clinically significant[d]		5.7 (1.63)	n.a.	n.a.
Parenting stress (PSI-4-SF scores)[e]				
Parental Distress	1,157	45.0 (0.54)	34-85	34–85
Parent–Child Dysfunctional Interaction	1,158	44.6 (0.42)	36-92	36–92
Difficult Child	1,143	42.6 (0.43)	32-84	32–87
Total Stress T-score[f]	1,122	43.5 (0.45)	32-89	32–92
Percentage with total stress scores of clinical significance[f]	1,122	3.9 (0.74)	n.a.	n.a.
Social Support (HFPI score)	1,158	20.3 (0.17)	5-25	5–25
Percentage with area of concern[b]	1,158	24.6 (1.66)	n.a.	n.a.
Family environment				
CHAOS total score (parent survey)	989	10.6 (0.34)	0-33	0–45
Parental warmth (for infants and toddlers; home visit observation)[g]	512	6.1 (0.08)	0-7	0–7
Parental warmth (for preschoolers; home visit observation)[h]	74	2.6 (0.09)	0-3	0–3
Family economic pressure (parent survey)	960	7.9 (0.26)	0-24	0–24

Source: Spring 2022 Baby FACES Parent Survey, Parent Child Report, and Home Visit Observation.

Exhibit II.6 *(continued)*

Note: For data from parent survey or parent child report, statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

For data from the home visit observations, statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys and parent child reports with valid data on each of the measures out of a total sample of 1,024 responses to the parent survey and 1,228 responses to the parent child report, unless otherwise indicated. Items from the parent survey are indicated above.

See Exhibit A.1 in Appendix A for reliability estimates of parent–child relationship, parent well-being, home environment, and economic pressure measures.

[a]This measure differs from the 2018 Parent Child Report in that it excludes two items that were not asked for children under 16 months. Cronbach's alpha of the scores is 0.69 (lower than the threshold of 0.70).

[b]The developer defined cutoff scores indicating areas of concern.

[c]Item was asked on the Parent Survey in 2018 and the Parent Child Report in 2022.

[d]The developer defined cutoff scores indicating levels of depressive symptoms of no clinical significance. Potentially clinically significant includes those whose responses were in the range of a possible or probable major depressive episode, or met the criteria for a major depressive episode, according to the CESD-R scoring guidelines. In specific situations, it is possible to determine whether symptoms meet the threshold for potentially clinically significant even when a total score cannot be calculated due to partial missing data.

[e]We presented the T-scores, which have a mean of 50 and a standard deviation of 10 for each of the subscales and the total stress score in the national norms.

[f]The developer defined cutoff scores suggesting clinically significant levels of stress.

[g]Among children under 3 years old at the time of the home visit observation (n = 523).

[h]Among children 3 years and older at the time of the home visit observation (n = 75). Cronbach's alpha of the scores is 0.65 (lower than the threshold of 0.70).

CESD-R = Center for Epidemiologic Studies Depression Scale-Revised; CHAOS = Confusion, Hubbub, and Order Scale; HFPI = Healthy Families Parenting Inventory; PSI-4-SF = Parenting Stress Index, Fourth Edition Short Form; n.a. = not applicable; SE = standard error.

Exhibit II.7. What is the quality of parent–child interactions among Early Head Start families during a book sharing and a toy sharing task?

Scales	Book share task		Toy share task	
	Sample size	Mean (SE)	Sample size	Mean (SE)
What is the mean level of parents' supportive interaction behaviors?[a]				
Sensitivity	384	4.9 (0.08)	379	5.0 (0.07)
Positive regard	384	4.5 (0.06)	379	5.0 (0.07)
Stimulation of cognitive development	384	3.7 (0.09)	379	4.0 (0.09)
What is the mean level of parents' unsupportive interaction behaviors?[b]				
Detachment	384	1.3 (0.05)	379	1.5 (0.08)
Intrusiveness	384	2.1 (0.12)	379	2.4 (0.11)
Negative regard	384	1.3 (0.04)	379	1.4 (0.05)
What is the mean level of children's positive interactions?[c]				
Engagement of parent	384	4.4 (0.09)	379	4.7 (0.07)
Sustained attention with objects	384	4.7 (0.11)	379	5.4 (0.07)
Enthusiasm	384	4.3 (0.14)	379	5.1 (0.07)
What is the mean level of children's negative reactions during interactions?[d]				
Negativity toward parent	384	1.5 (0.08)	379	1.6 (0.06)
Stress	384	1.7 (0.09)	379	1.5 (0.05)
What is the mean quality of the parent–child relationship?[e]	384	4.7 (0.08)	379	4.9 (0.07)

Source: Spring 2022 Baby FACES Parent Child Interaction Task.

Note: Statistics are weighted to represent Early Head Start children age 1 or older (CHILDMONTHS ≥ 12) who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent–child interaction activity or technical difficulties with video recording. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The possible range for all the rating scale scores is 1-7. The scores indicate the levels of incidence of the behavior: 1= very low; 2= low; 3=moderately low; 4=moderate; 5=moderately high; 6=high; 7=very high.

Exhibit II.7 *(continued)*

The sample size column presents unweighted sample sizes to identify the number of families with valid data on each of the scales, out of a total sample of 384 families who completed the video recording of parent–child interactions.

[a]Higher scores indicate more favorable parental behaviors. Ratings are based on both frequency and intensity of parental behavior.

[b]Lower scores indicate more favorable parental behaviors. Ratings are based on both frequency and intensity of parental behavior.

[c]Higher scores indicate more favorable child behaviors. Ratings for "engagement of parent" and "sustained attention with objects" are focused on the frequency (quantity) of occurrences and the quality (intensity) of occurrences is secondary. Ratings for "enthusiasm" are based on enthusiasm related to the task and not enthusiasm directed at the parent.

[d]Lower scores indicate more favorable child behaviors. Ratings for "negativity toward parent" are focused on quantity, with a secondary focus on the intensity of verbal or physical negative behavior(s). Ratings for "stress" are focused on the intensity and quantity of behaviors indicating distress (signs of being overwhelmed, frustrated, or anxious).

[e]Higher scores indicate more favorable parent–child relationships.

SE = standard error.

Exhibit II.8. What are the social-emotional skills of Early Head Start infants and toddlers? (means, unless otherwise indicated)

Child social-emotional skills	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Parent-reported				
What are the mean BITSEA raw scores?				
Problem domain	1,060	11.9 (0.35)	0-50	0–62
Competence domain	1,053	17.2 (0.17)	0-22	0–22
What percentage of toddlers have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]				
Problem domain (possible problem)	770	42.0 (3.43)	n.a.	n.a.
Competence domain (possible deficit/delay)	770	18.1 (2.41)	n.a.	n.a.
Screening positive overall	784	47.9 (3.21)	n.a.	n.a.
Staff-reported				
What are the mean BITSEA raw scores?				
Problem domain	1,214	7.9 (0.32)	0-43	0–62
Competence domain	1,202	15.6 (0.22)	0-22	0–22
What percentage of toddlers have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]				
Problem domain (possible problem)	886	17.3 (1.76)	n.a.	n.a.
Competence domain (possible deficit/delay)	881	37.9 (2.38)	n.a.	n.a.
Screening positive overall	890	42.6 (2.58)	n.a.	n.a.

Source: Spring 2022 Baby FACES Parent Child Report and Staff Child (Teacher or Home Visitor) Report.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent child report or staff child report. However, given lower than expected study participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of children with valid data on each of the scores. The sample sizes for raw scores are out of a total sample of 1,140 responses to the parent child report and 1,278 responses to the staff child report for children 8 months or older. The sample sizes for the cutoff scores are lower than those for the raw scores because some children are out of the age range (12 to 36 months) for the norms. The sample sizes for cutoff scores are out of a total sample of 829 responses to the parent child report and 914 responses to the staff child report for children 12 to 36 months.

See Exhibit A.2 in Appendix A for reliability estimate of the BITSEA.

Exhibit II.8 *(continued)*

[a]The developer defined cutoff scores indicating a possible problem (scores at the 75th percentile or higher in the national standardization sample in the Problem domain) or possible deficit/delay (scores at the 15th percentile or lower in the national standardization sample in the Competence domain). Scoring in the cutoff range in at least one domain indicates "screening positive."

BITSEA = Brief Infant-Toddler Social and Emotional Assessment; n.a. = not applicable; SE = standard error.

Exhibit II.9. What are the language skills of Early Head Start infants and toddlers? (means, unless otherwise indicated)

Child language skills	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Parent-reported English CDI				
On average, how many English words do children comprehend and speak (English CDI raw scores)?				
Infant form (8–16 months)				
Vocabulary Comprehension	112	38.0 (4.08)	0-89	0–89
Vocabulary Production	112	5.2 (1.08)	0-57	0–89
First Communicative Gestures	112	8.0 (0.44)	0-12	0–12
Toddler form (17–30 months)				
Vocabulary Comprehension	293	69.7 (1.87)	1-100	0–100
Vocabulary Production	293	38.4 (1.94)	0-100	0–100
CDI-III (31 months or older)				
Vocabulary Comprehension	316	74.4 (1.79)	0-100	
Vocabulary Production	316	50.5 (2.19)	0-100	0–100
What is the mean English CDI IRT T-score?[a]	748	50.6 (0.49)	19.9-73.1	n.a.
What percentage of children older than 16 months are combining words?[b]	605			
Not yet		20.5 (2.78)	n.a.	n.a.
Sometimes		27.1 (3.05)	n.a.	n.a.
Often		52.4 (3.81)	n.a.	n.a.
Parent-reported Spanish CDI				
On average, how many Spanish words do children comprehend and speak (Spanish CDI raw scores)?				
Infant form (8–16 months)				
Vocabulary Comprehension	71	40.0 (3.63)	0-104	0–104
Vocabulary Production	72	4.7 (1.10)!	0-101	0–104
First Communicative Gestures	74	9.1 (0.41)	1-13	0–13
Toddler form (17–30 months)				
Vocabulary Comprehension	143	71.5 (2.91)	0-100	0–100
Vocabulary Production	143	35.2 (3.78)	0-99	0–100

Exhibit II.9 *(continued)*

Child language skills	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Extended toddler form (31 months or older)				
Vocabulary Comprehension	116	69.9 (5.04)	0-100	0–100
Vocabulary Production	116	38.3 (5.86)	0-100	0–100
What is the mean Spanish CDI IRT T-score?[a]	353	50.2 (0.92)	22.3-77.4	n.a.
What percentage of children older than 16 months are combining words?[b]	266			
Not yet		18.6 (3.96)	n.a.	n.a.
Sometimes		32.8 (4.87)	n.a.	n.a.
Often		48.6 (4.27)	n.a.	n.a.
Staff-reported English CDI				
What are the mean English CDI raw scores?				
Infant form (8–16 months)				
Vocabulary Comprehension	211	27.1 (1.72)	0-89	0–89
Vocabulary Production	211	2.4 (0.46)	0-87	0–89
First Communicative Gestures	210	7.6 (0.62)	0-12	0–12
Toddler form (17–30 months)				
Vocabulary Comprehension	498	62.3 (1.62)	0-100	0–100
Vocabulary Production	498	26.1 (1.54)	0-100	0–100
CDI-III (31 months or older)				
Vocabulary Comprehension	492	62.7 (1.78)	0-100	0–100
Vocabulary Production	492	38.2 (2.34)	0-100	0–100
Sentence complexity	332	3.5 (0.31)	0-12	0–12
Using language	363	6.4 (0.24)	0-12	0–12
What is the mean English CDI IRT T-score?[a]	1,269	50.9 (0.51)	22.1-82.6	n.a.
What percentage of children older than 16 months are combining words?[b]	987			
Not yet		33.2 (1.97)	n.a.	n.a.
Sometimes		33.6 (2.69)	n.a.	n.a.
Often		33.2 (2.82)	n.a.	n.a.

Source: Spring 2022 Baby FACES Parent Child Report and Staff Child Report.

Exhibit II.9 *(continued)*

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent child report or staff child report. However, given lower than expected study participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Parents completed the English or Spanish CDI based on their primary home language. Staff completed the English CDI for all children.

The sample size column presents unweighted sample sizes to identify the number of children with valid data on each of the scores. For the English CDI, the sample sizes for the IRT scores are out of a total sample of 778 responses to the English parent child report and 1,278 responses to the staff child report; the sample sizes for the English CDI raw scores are out of a total sample of 122 responses to the English parent child report and 217 responses to the staff child report for the infant form, 318 responses to the English parent child report and 526 responses to the staff child report for the toddler form, and 333 responses to the English parent child report and 520 responses to the staff child report for the CDI-III (368 for sentence complexity and using language). For the Spanish CDI, the sample sizes for the IRT scores are out of a total sample of 362 responses to the Spanish parent child report; the sample sizes for the Spanish CDI raw scores are out of a total sample of 76 responses to the Spanish parent child report for the infant form, 158 responses to the Spanish parent child report for the toddler form, and 122 responses to the Spanish parent child report for the extended toddler form. For Combining Words in English, the sample sizes are out of a total sample of 651 responses to the English parent child report and 1,046 responses to the staff child report for children 17 months or older. For Combining Words in Spanish, the sample sizes are out of a total sample of 280 responses to the Spanish parent child report for children 17 months or older.

See Exhibit A.2 in Appendix A for reliability estimate of the CDI.

[a]We conducted IRT analyses for the CDI to create a single score across the multiple age forms (the infant, toddler, and age 3 forms). We converted the scores into T-scores based on the Baby FACES sample. T-scores have a mean of 50 and a standard deviation of 10. These scores do not take the child's age into account, so any analyses with them would need to control for age. There were 31 children who had the maximum scores for parent-reported English CDI, 13 children for parent-reported Spanish CDI, and 25 children for staff-reported English CDI.

[b]Administered to children older than 16 months.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

CDI = MacArthur-Bates Communicative Development Inventories; IRT = Item Response Theory; n.a. = not applicable; SE = standard error.

Exhibit II.10. What is the health status of Early Head Start children? Do children have access to health care according to parent reports? (percentages, unless otherwise indicated)

Children's health and health care	Sample size	Percentage/ mean (SE)
What percentage of children were born prematurely?[a]	1,022	9.1 (1.48)
What are children's birth weights?	990	
Normal		88.4 (1.76)
Low birth weight		10.2 (1.73)
Very low birth weight		1.4 (0.47)!
On average, what is the rating of children's overall health?[b,c]	969	
Excellent or very good		82.9 (2.29)
Good		14.0 (1.85)
Fair or poor		3.1 (0.85)
What percentage of children have a regular health care provider?[c]	967	97.1 (0.87)
What percentage of children have health insurance?	970	99.6 (0.23)
What percentage of children (8 months or older) have ever visited a dentist?[c,d]	893	70.7 (3.44)
What percentage of children had a well-child visit or regular checkup in the last 6 months?[c]	941	74.8 (2.39)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Prematurity is defined as having been born more than three weeks preterm.

[b]The reported response range is 1-5; the possible response range is 1–5.

[c]Item was asked on Parent Child Report in 2018, but on the Parent Survey in 2022.

[d]Among children who were 8 months or older as of the parent survey (n = 951).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit II.11. Do Early Head Start children receive developmental screenings and/or referrals?

Developmental screening and referrals	Sample size	Percentage (SE)
What percentage of children have received a developmental screening since September?[a]	1,337	80.4 (2.66)
What is the percentage of children for whom EHS staff reported concerns about their development?	1,336	26.9 (2.40)
What percentage of children have not been referred for a developmental concern since September?[a,b]	335	34.3 (4.70)
Have children been referred to any of the following?[b]		
Part C or Part B or other disabilities services provider[c]	335	44.0 (5.24)
Health care provider	335	15.5 (3.12)
Child care partner or other child care provider	335	12.5 (3.36)
Mental health care provider	335	11.5 (3.09)
What was the reason for the referral?[d]	194	
Speech problem		66.7 (5.70)
Developmental or cognitive delay		39.1 (5.07)
Emotional problem		30.3 (7.40)
Behavior problem		29.1 (6.43)
Attention problem		19.4 (5.76)
Problems with the use of arms or legs		8.7 (3.05)!
Other developmental disabilities or medical problem[e]		5.3 (1.76)!
Hearing problem		4.3 (1.73)!
Vision problem		3.2 (1.63)!
Something else		[f]
Child referred for multiple reasons		56.9 (6.02)

Source: Spring 2022 Baby FACES Staff (Teacher and Home Visitor) Child Report.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of teacher and home visitor child reports with valid data on each item out of a total sample of 558 responses to the teacher child report and 810 responses to the home visitor child report, unless otherwise indicated. Staff were asked whether children have received developmental screenings and/or referrals since September.

[a]Data collection took place between February and July of 2022, and teachers or home visitors reported on families' experiences over the past 6–11 months. These data do not account for any experiences families may have had in the program before September.

[b]Among children for whom EHS staff reported concerns about their development or did not respond to the question (*n* = 408). Percentages may not sum to 100 because the response options are not mutually exclusive.

[c]Depending on age, children are eligible for services through Part C or Part B of the Individuals with Disabilities Education Act (IDEA). This question asked if the children had been referred to Part C or Part B of IDEA or other disabilities services provider for a developmental concern.

[d]Among children who were referred to health care provider, mental health care provider, or Part C or Part B or other disabilities services provider for a developmental concern (*n* = 196).

Exhibit II.11 *(continued)*

[e]Include autism (or concerns for autism), issues with nutrition, and health issues.

[f]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit II.12. How many Early Head Start children have special needs or have an IFSP according to parent reports?

Child characteristics	Sample size	Percentage (SE)
What percentage of children have any special needs?	1,209	32.0 (2.29)
What percentage of children have the following special needs?		
Difficulty with speech or communicating	1,194	19.4 (1.86)
Behavioral or attention problems	1,199	16.8 (1.99)
Developmental disability or delay	1,198	9.7 (1.60)
Difficulty hearing and understanding speech in a normal conversation	1,199	6.4 (1.10)
Below-normal activity level	1,195	4.5 (0.79)
Vision problems	1,198	3.4 (0.88)
Physical development issues	1,202	3.1 (0.75)
Trouble sleeping because of a breathing problem or sleep apnea	1,202	2.7 (0.73)
What percentage of children have an IFSP?	1,038	39.0 (2.86)
What percentage of families received help from EHS with IFSP development?[a]	403	87.4 (2.96)

Source: Spring 2022 Baby FACES Parent Child Report.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent child report. However, given lower than expected study participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent child reports with valid data on each item out of a total sample of 1,228 responses to the parent child report.

[a]Among those who have an IFSP (*n* = 411).

EHS = Early Head Start; IFSP = Individualized Family Service Plan; SE = standard error.

Exhibit II.13. What challenges are Early Head Start families experiencing during the COVID-19 pandemic? (percentages, unless otherwise indicated)

Impacts of COVID-19 pandemic	Sample size	Percentage/mean (SE)
What percentage of primary caregiver's are dealing with challenges associated with the COVID-19 pandemic?	940	30.3 (2.45)
What percentage of EHS families are experiencing the following challenges due to the COVID-19 pandemic?[a]		
Employment issues	265	78.9 (3.72)
Keeping my family safe from COVID-19	266	77.3 (4.63)
Paying for or finding housing	266	63.2 (6.36)
Child care issues	266	54.8 (5.67)
Getting food	266	49.1 (5.82)
Health care issues	266	38.1 (5.04)
Paying for or finding transportation	265	38.4 (5.91)
Technology issues	266	19.7 (3.62)
Some other challenge	231	14.5 (3.45)
On average, how many challenges are EHS families experiencing due to the COVID-19 pandemic?[b]	226	4.1 (0.25)
Among families experiencing challenges, what percentage are receiving any support from their EHS program to address these challenges?[c]		
Child care issues	127	81.6 (5.73)
Keeping my family safe from COVID-19	219	65.3 (7.20)
Getting food	160	64.1 (7.88)
Employment issues	212	50.3 (6.95)
Health care issues	108	49.4 (9.15)
Paying for or finding housing	171	46.0 (6.96)
Technology issues	83	44.4 (8.44)
Paying for or finding transportation	119	42.6 (7.04)
Some other challenge	46	67.5 (15.09)
On average, how many "big" challenges are EHS families experiencing due to the COVID-19 pandemic?[d]	226	1.7 (0.19)
Among families experiencing multiple big challenges, what percentage consider the following to be their biggest challenge[e]		
Employment issues	140	37.2 (9.22)
Paying for or finding housing	140	17.9 (5.39)!
Keeping my family safe from COVID-19	140	16.4 (4.33)
Child care issues	140	14.8 (4.94)!
Getting food	140	2.3 (1.28)!
Health care issues	140	2.8 (1.71)!
Paying for or finding transportation	140	[f]
Technology issues	140	[f]

Exhibit II.13 *(continued)*

Impacts of COVID-19 pandemic	Sample size	Percentage/mean (SE)
Some other challenge	140	7.6 (3.21)!

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Among primary caregivers that indicated they were experiencing challenges associated with the COVID-19 pandemic (*n* =267). Includes primary caregivers who reported experiencing a big challenge or somewhat of a challenge in these areas.

[b]The reported response range is 0-9 challenges.

[c]Among primary caregivers who reported experiencing a big challenge or somewhat of a challenge in these areas; sample size varies (child care, *n* = 129; food, *n* = 161; employment, *n* = 213; housing, *n* = 173; health care, *n* = 108; transportation, *n* = 119; technology, *n* = 84; safety from COVID-19, *n* = 219; other, *n* = 46).

[d]Primary caregivers were asked to indicate whether each challenge was “a big challenge”, “somewhat of a challenge”, or “not a challenge.” The reported response range is 0-8 big challenges. [e]Among primary caregivers who reported experiencing a “big” challenge in two or more areas (n = 141).

[f]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error

Section III:

Who are the staff in Early Head Start?

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Exhibit III.1. What are the characteristics of Early Head Start teachers and home visitors? (percentages, unless otherwise indicated)

Characteristics	Teachers		Home visitors	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
What percentage of teachers and home visitors are female?[a]	397	99.5 (0.34)	427	99.3 (0.42)
On average, how many years have teachers worked in early childhood education?[b,f]	403	11.3 (0.62)	n.a.	n.a.
On average, how many years have teachers and home visitors worked with infants/toddlers?[c,f]	402	8.3 (0.49)	432	6.2 (0.34)
On average, how many years have teachers and home visitors worked in Early Head Start?[d,f]	402	6.8 (0.45)	432	7.7 (0.46)
On average, how many years have teachers and home visitors worked in their current center/program?[e,f]	403	5.4 (0.43)	432	6.6 (0.48)
What is the race/ethnicity of teachers and home visitors?	399		425	
White, non-Hispanic		34.0 (4.92)		39.5 (5.36)
African American, non-Hispanic		28.0 (4.47)		6.9 (2.00)
Hispanic/Latino		28.8 (5.83)		49.6 (5.22)
Other, non-Hispanic[g]		9.2 (2.63)		4.0 (1.24)!
What languages do teachers and home visitors speak?[h]	392		427	
English (primary)				
English only		65.4 (5.70)		45.3 (5.15)
Also speaks Spanish[i]		17.2 (4.66)		19.3 (2.65)
Also speaks other language		4.9 (1.77)!		3.6 (0.91)
Spanish (primary)[j]		11.8 (2.45)		30.7 (4.11)
Other (primary)[j]		[k]		[k]
Speaks English at all[l]	389	97.8 (1.01)	416	96.4 (0.87)
Speaks Spanish at all[l]	379	29.9 (5.84)	418	51.0 (5.37)
Speaks other language at all[l]	378	8.7 (2.20)	407	7.2 (1.49)
On average, what are teachers' and home visitors' total scores for depressive symptoms, as measured by the CESD-R?[m]	393	4.6 (0.44)	425	6.4 (0.61)

Exhibit III.1 *(continued)*

Characteristics	Teachers		Home visitors	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
What is the prevalence of depressive symptoms among teachers and home visitors, as measured by the CESD-R?	393		425	
No clinical significance[n]		91.6 (1.69)		88.4 (2.03)
Subthreshold depressive symptoms[n]		6.2 (1.32)		10.2 (1.96)
Potentially clinically significant[n]		2.2 (0.87)!		1.4 (0.55)!

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey responses and 438 responses to the home visitor survey.

See Exhibit A.3 in Appendix A for reliability estimates of the CESD-R measure.

[a]The remaining teachers and home visitors responded they were male. A third option of "other" was also included, but was not selected by any teachers or home visitors.

[b]Teachers (but not home visitors) were asked how many years they have been working in early childhood education (that is, with children aged 0 to 5 years). Responses of 30 years or more were recoded as 30 years to protect privacy; the reported response range is 0-30.

[c]Teachers were asked how many years they have worked with infants and toddlers, although the question did not specify teaching. Home visitors were asked how many years they have worked as a home visitor serving families with infants and toddlers. Responses of 30 years or more were recoded as 30 years to protect privacy; the reported response ranges are as follows: teachers, 0-30; home visitors, 0-30.

[d]Teachers and home visitors were asked how many years they have been working in Early Head Start. Responses of 30 years or more were recoded as 30 years to protect privacy; the reported response ranges are as follows: teachers, 0-30; home visitors, 0-30.

[e]Teachers were asked about their center, and home visitors were asked about their program. Responses of 30 years or more were recoded as 30 years to protect privacy; the reported response ranges are as follows: teachers, 0-30; home visitors, 0-30.

[f]The survey instrument asked teachers who tried to respond with more years of experience with infants and toddlers or working in Early Head Start than years of experiences in early childhood education to check their responses. Although 8 identified sets of final responses still contained at least one of these discrepancies, they are included without any adjustments.

The survey instrument also asked teachers and home visitors who tried to respond with more years of experience at their center/program than years of experience in Early Head Start to check their responses. Although 46 sets of final responses (29 teachers and 17 home visitors) still contained this discrepancy, they might represent teachers or home visitors who previously worked at their center/program in a role outside Early Head Start (for example, teaching older children in Head Start or serving families through another home visiting program). These responses are included without any adjustments.

[g]Includes non-Hispanic American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and multiracial.

[h]The categories for "Languages spoken" are mutually exclusive; each teacher's or home visitor's response is only included in one category.

Exhibit III.1 *(continued)*

[i]Includes teachers and home visitors who speak English (primary), Spanish, and another language.

[j]All teachers and home visitors for whom this is the primary language, regardless of whether they speak additional languages or not, are included in this category.

[k]We do not report estimates based on fewer than 5 responses.

[l]Includes all teachers and home visitors who speak this language, whether as their primary language or another language.

[m]The reported response ranges are as follows: teachers, 0-49; home visitors, 0-48. The possible response range is 0-60.

[n]The developer defined cutoff scores indicating levels of depressive symptoms. Potentially clinically significant includes those whose responses were in the range of a possible, probable, or met the criteria for a major depressive episode, according to the CESD-R scoring guidelines.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

CESD-R = The Center for Epidemiologic Studies Depression Scale Revised; n.a. = not applicable; SE = standard error.

Exhibit III.2. What education and certifications do Early Head Start teachers and home visitors have?

Education and certifications	Teachers		Home visitors	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What is the highest level of education for teachers and home visitors?	397		428	
High school diploma or less		16.0 (3.28)		4.7 (1.37)
Some vocational/technical or some college but no diploma or degree		24.5 (2.99)		12.1 (2.07)
Vocational/technical diploma or associate degree		31.5 (4.08)		24.0 (2.83)
Bachelor's degree		23.5 (3.36)		49.6 (3.55)
Graduate degree or higher		4.5 (1.14)		9.5 (1.89)
What percentage of teachers and home visitors have a postsecondary degree involving the following fields?[a]				
Early childhood education or prenatal/infant/toddler development	390	47.8 (4.67)	427	71.7 (3.65)
Early childhood education or a related field	390	46.0 (4.63)	425	65.9 (3.63)
Prenatal or infant/toddler development	390	38.0 (3.83)	423	54.9 (3.54)
What percentage of teachers and home visitors without a postsecondary degree are currently working toward an associate or bachelor's degree?[b]	152	39.3 (4.68)	80	33.1 (5.35)
What percentage of teachers and home visitors without a postsecondary degree have the following?[b,c]				
Any type of CDA or a state-awarded certification or license	153	81.8 (4.87)	80	91.5 (3.30)
An Infant/Toddler CDA	150	78.5 (5.17)	77	78.1 (3.98)
Any other CDA or state awarded certification or license	119	36.3 (5.95)	61	52.5 (7.77)

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, unless otherwise indicated.

[a]Postsecondary degree refers to an associate degree or higher. Teachers and home visitors with a postsecondary degree were subsequently asked if their degree is in early childhood education or a related field, and if their degree or graduate work included studying or focusing on prenatal or infant/toddler development. These results are among all teachers and home visitors: the first row includes those who have a postsecondary degree and answered yes to at least one of the subsequent questions about the content of their degree; the second and third rows include those who have a degree and answered yes to each of the subsequent questions.

Exhibit III.2 *(continued)*

[b]Among teachers and home visitors whose highest level of education is below an associate's degree or unknown (*n* = 160 for teachers; *n* = 87 for home visitors).

[c]Some teachers and home visitors have multiple types of CDAs or similar credentials. Teachers and home visitors (without a postsecondary degree) were asked two questions: if they had an Infant/Toddler CDA, and if they had some other kind of CDA or state-awarded certificate or license. These results include those who said yes to at least one of the two questions (first row) and yes to each question (second and third rows).

Sample sizes include teachers and home visitors who gave a response of "don't know." The exhibit does not include the percentages for this response option. The percent of "don't know" responses varies by staff type and question, but very few teachers and no home visitors responded "don't know" to both CDA questions, so "don't know" responses for the first row (combining the two questions) are less than 5 percent for teachers and none for home visitors.

CDA = Child Development Associate Credential; SE = standard error.

Exhibit III.3a. What are the demographic characteristics of Early Head Start directors?

Director characteristics	Program director		Center director	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of directors are female?	79	92.8 (3.65)	204	98.1 (1.00)
What is the race/ethnicity of directors?	80		203	
White, non-Hispanic		72.6 (5.60)		55.6 (5.78)
African American, non-Hispanic		18.1 (4.97)		26.3 (4.80)
Hispanic/Latino		8.7 (3.05)!		16.6 (4.10)
Other, non-Hispanic[a]		[b]		[b]

Source: Spring 2022 Baby FACES Center Director Survey and Program Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item out of a total sample of 208 responses to the center director survey and 83 responses to the program director survey responses.

[a]Includes non-Hispanic American Indian/Alaska Native and Asian.

[b]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit III.3b. What are the qualifications of Early Head Start directors? (percentages, unless otherwise indicated)

Director characteristics	Program director		Center director	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
On average, how many years of experience do directors have …				
In their current role?[a]	79	8.1 (0.92)	203	4.8 (0.59)
As a director in any early childhood program?[b]	79	11.5 (1.04)	202	9.1 (0.86)
As a teacher or home visitor in Early Head Start?[c]	79	4.4 (0.94)	203	6.0 (0.69)
In Early Head Start overall?[d]	80	15.6 (1.00)	203	10.7 (0.93)
What are directors' highest levels of education?	80		204	
Less than associate degree or vocational/technical diploma		[e]		8.5 (2.35)
Associate degree or vocational/technical diploma		[e]		21.4 (3.91)
Bachelor's degree		48.2 (6.72)		47.7 (5.08)
Graduate degree or higher		50.1 (6.71)		22.4 (4.55)
What percentage of directors are currently working toward an associate or bachelor's degree?[f]	[e]	[e]	21	42.9 (12.06)
What percentage of directors have a degree or graduate work in ECE and/or prenatal or infant/toddler development?[g]	78		181	
Degree in ECE or a related field only		24.0 (6.19)		27.8 (4.45)
Degree or graduate work focusing on prenatal or infant/toddler development only		[e]		[e]
Degree in ECE and degree/graduate work focusing on prenatal or infant/toddler development		55.8 (7.04)		64.3 (4.90)
Degree without a focus on ECE or prenatal/infant/toddler development		19.5 (5.70)		7.1 (2.20)!
What percentage of directors without a postsecondary degree have a current …[h,i]				
An Infant/Toddler CDA?	[e]	[e]	20	79.7 (10.72)
Another type of CDA or state awarded certificate or license?	[e]	[e]	21	46.5 (11.65)

Source: Spring 2022 Baby FACES Center Director Survey and Program Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit III.3b *(continued)*

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item out of a total sample of 208 responses to the center director survey and 83 responses to the program director survey responses, unless otherwise indicated.

[a]The reported response ranges are as follows: program director, 0-30; center director, 0-30.

[b]The reported response ranges are as follows: program director, 0-30; center director, 0-30.

[c]The reported response ranges are as follows: program director, 0-30; center director, 0-30.

[d]The reported response ranges are as follows: program director, 2-30; center director, 0-30.

[e]We do not report estimates based on fewer than 5 responses.

[f]Among center directors whose highest level of education is less than an associate degree (*n* = 21).

[g]Among program directors whose highest level of education is at least an associate degree (*n* = 79) and among center directors whose highest level of education is at least an associate degree (*n* = 185). The 2018 survey and results also include if staff were *working towards a degree* in ECE or infant/toddler development. The 2022 survey and results include any graduate work for both directors and added a focus on prenatal development for program directors. The 2022 survey questions have some additional differences from the 2018 survey questions and results between the two years should not be compared.

[h]The 2018 survey had separate response options of a Pre-K CDA, another type of CDA, and a state-awarded certificate or license.

[i]Among center directors whose highest level of education is below an associate degree (*n* = 21).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

CDA = Child Development Associate Credential; ECE = Early care and education; SE = standard error.

Section IV:

What professional development and supports are provided to Early Head Start staff?

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Exhibit IV.1. What training and technical assistance opportunities do Early Head Start programs offer staff?

Training and technical assistance opportunities	Sample size	Percentage (SE)
What information do programs use to inform a staff training or professional development plan?	80	
Input from staff about training needs		99.0 (0.82)
Input from supervisors or coaches about the needs of the staff they supervise		96.5 (1.70)
Requirements or guidelines from OHS or other licensing, accreditation, or governing agency		96.4 (1.86)
Observations of classrooms or home visits		92.3 (3.87)
Program goals		91.3 (2.99)
Child assessment data		91.4 (3.21)
Performance reviews		83.5 (4.45)
Educational qualifications of staff		72.4 (5.99)
Community needs assessment data		47.8 (6.96)
A competency framework describing staff knowledge, skills, and abilities		32.4 (6.08)
Other		[a]
Which activities do programs support with their EHS training and technical assistance funds?	80	
Workshops or trainings sponsored by the program		89.2 (3.60)
Attendance at regional, state, or national early childhood conferences		88.9 (4.28)
Support or funding to attend workshops or trainings provided by other organizations		86.4 (4.31)
Courses toward Child Development Associate credential, associate degree, or bachelor's degree[b]		76.4 (5.86)
Consultations with experts about curriculum		60.5 (6.46)
Tuition assistance		58.1 (6.63)
Mentoring or coaching		50.2 (6.92)
A community of learners, also called a professional learning community, facilitated by an expert		43.2 (6.61)
Paid preparation or planning time		15.9 (4.63)
Visits to other child care classrooms or centers		8.0 (3.51)!
Other		[a]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated. The directors reported all information used to inform staff training and technical assistance activities that apply to their programs, so the percentages may sum to greater than 100.

[a]We do not report estimates based on fewer than 5 responses.

[b]The 2018 response option included only "onsite courses."

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit IV.2. What are the staff supervision policies in Early Head Start programs and centers? (percentages, unless otherwise indicated)

Supervision policies	For teachers (center director report)		For home visitors (program director report)	
	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)
Which supervision policies do centers and programs have to support teachers and home visitors?[a]	204		55	
Require supervisors to conduct formal performance reviews		90.3 (3.09)		94.0 (0.88)
Require supervisors to regularly observe staff		88.5 (2.87)		72.7 (6.78)
Provide training on reflective supervision to all supervisors		82.1 (3.11)		87.7 (3.05)
Require supervisors to conduct regular individual supervision meetings		74.8 (4.29)		81.0 (5.47)
Require supervisors to conduct regular group supervision meetings		66.2 (4.51)		67.0 (6.89)
None of these policies		[b]		[b]
On average, how many times per year are supervisors required to complete training in reflective supervision?[c]	167	4.9 (0.61)	45	1.8 (0.34)
On average, how many supervision meetings are held each year?[d]				
One-on-one supervision meetings[e]	155	7.9 (0.57)	45	16.8 (1.92)
Group supervision meetings[f]	139	10.0 (0.69)	36	16.9 (2.98)
How often are supervision meetings held?[d]	200		53	
Once a week of more often		[b]		12.0 (4.76)!
A few times a month or more		47.6 (4.66)		49.7 (7.99)
Once a month		6.7 (1.90)		18.6 (6.35)!
A few times a year		22.7 (4.68)		10.1 (3.59)!
Once a year or less		22.7 (4.04)		9.6 (2.44)
On average, how many times per year do supervisors conduct a formal performance review for teachers and home visitors?[g]	186	1.9 (0.25)	53	1.1 (0.04)
On average, how many times per year do supervisors conduct observations of individual teachers and home visitors?[h]	183	7.8 (0.59)	40	2.9 (0.27)

Source: Spring 2022 Baby FACES Center Director Survey and Program Director Survey.

Exhibit IV.2 *(continued)*

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution. The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item. Information on teacher supervision was collected from the center director survey and is out of a total sample of 208 responses to the center director survey. Information on home visitor supervision was collected from the program director survey and is out of a sample of 58 programs that offered a home-based service option.

[a]The directors reported all policies apply to their programs, so the percentages may sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]The reported response ranges are as follows: teachers, 1-24, home visitors, 1-6. The sample size for this question includes center directors and program directors who knew how many (n =142 and n = 40, respectively) and who did not know (n = 25 and n = 5, respectively).

[d]The 2018 survey question asked about the number of supervision meetings, whereas the 2022 survey asked two separate questions about the number of one-on-one supervision meetings and group supervision meetings. The table reports combined responses from the two questions on the 2022 survey.

[e]The reported response ranges are as follows: teachers, 1-52; home visitors, 2-52. The sample size for this question includes center directors and program directors who knew how many (n = 153 and n = 43, respectively) and who did not know (n = 2 and n = 2, respectively).

[f]The reported response ranges are as follows: teachers, 1-50, home visitors, 2-50. The sample size for this question includes center directors and program directors who knew how many (n = 136 and n = 36, respectively) and who did not know (n = 3 and n = 0, respectively).

[g]The reported response ranges are as follows: teachers, 1-24, home visitors, 1-2. The sample size for this question includes center directors and program directors who knew how many (n = 183 and n = 53, respectively) and who did not know (n = 3 and n = 0, respectively).

[h]The reported response ranges are as follows: teachers, 1-24, home visitors, 1-12. The sample size for this question includes center directors and program directors who knew how many (n = 175 and n = 39, respectively) and who did not know (n = 8 and n = 1, respectively).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit IV.3. What are the supervision experiences of Early Head Start teachers and home visitors? (percentages, unless otherwise indicated)

Supervision experiences	Teachers		Home visitors	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
What percentage of teachers and home visitors have an individual career or professional development plan?	384	95.7 (1.42)	423	94.9 (1.12)
Do teachers' and home visitors' supervisors use the plan to provide them with professional development and training?[a]	369	94.0 (1.65)	396	94.8 (1.37)
What types of supervision meetings do teachers and home visitors have?	396		430	
One-on-one supervision meetings		15.1 (3.05)		25.2 (3.16)
Group supervision meetings		15.8 (2.24)		5.1 (1.28)
Both		61.8 (2.92)		67.2 (3.24)
None		7.3 (1.50)		2.5 (1.53)!
On average, how many times a year do teachers and home visitors typically have one-on-one supervision meetings?[b,c]	295	6.0 (0.60)	389	16.1 (1.77)
How frequently do teachers and home visitors typically have one-on-one supervision meetings?[b,d]	295		389	
Once a week or more often		[e]		13.0 (3.89)
A few times a month		4.4 (1.52)!		15.0 (3.45)
Once a month		23.2 (3.25)		41.2 (4.19)
A few times or once a year		68.3 (4.18)		29.1 (3.68)
On average, how many times a year do teachers and home visitors typically have group supervision meetings?[c,f]	310	9.3 (0.51)	315	18.4 (1.80)
How frequently do teachers and home visitors typically have group supervision meetings?[d,f]	310		315	
Once a week or more often		1.0 (0.55)!		15.2 (4.08)
A few times a month		5.7 (1.54)		19.4 (3.59)
Once a month		50.0 (4.15)		45.1 (4.50)
A few times or once a year		39.3 (3.96)		18.1 (2.75)
Do teachers' and home visitors' supervisors conduct formal performance reviews with them?[b]	288	93.8 (1.72)	379	95.9 (1.22)
On average, how many times a year do teachers and home visitors typically have formal performance reviews?[c,g]	270	2.3 (0.19)	365	2.7 (0.28)
How frequently do teachers and home visitors typically have formal performance reviews?[d,g]	270		365	
Once a month or more often		4.9 (1.53)!		7.7 (2.07)
A few times a year		43.2 (4.11)		34.8 (4.27)
Once a year		51.4 (4.25)		55.0 (4.13)

Exhibit IV.3 *(continued)*

Supervision experiences	Teachers		Home visitors	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
What approaches do supervisors use to support teachers and home visitors?				
Assist with specific needs or challenges	393	83.3 (2.98)	424	93.5 (1.44)
Make themselves available/check in	395	89.0 (2.13)	428	93.2 (1.43)
Provide materials or resources	399	80.8 (3.46)	431	90.5 (2.04)
Suggest trainings or certifications	399	87.3 (1.98)	428	88.7 (1.86)
Help with reflecting and problem-solving	396	77.3 (2.54)	427	87.2 (1.84)
Provide trainings	398	84.2 (2.55)	429	85.8 (2.23)
Assist with goal setting or planning	395	73.8 (3.93)	426	82.5 (2.65)
Jointly review child assessment data	395	61.9 (4.00)	425	76.7 (2.77)
Verbal feedback	397	84.3 (2.70)	426	74.4 (3.37)
Written feedback	391	62.8 (3.96)	425	64.0 (3.99)
Model practices	394	71.7 (3.28)	421	60.7 (3.28)
Observe another teacher/home visitor (live or video)	395	24.6 (2.67)	424	49.5 (3.45)
Watch video of self	397	16.3 (2.67)	424	17.3 (3.00)

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, unless otherwise indicated.

[a]Among teachers and home visitors who have a career or professional development plan (*n* = 369 for teachers; *n* = 396 for home visitors).

[b]Among teachers and home visitors who have one-on-one supervision meetings (*n* = 300 for teachers; *n* = 391 for home visitors). Teachers and home visitors were asked how many times a year they have one-on-one supervision meetings. The reported response ranges are as follows: teachers, 1-50; home visitors, 1-52. These results include the average number of meetings (first row) and the percent within several frequency categories (second through sixth rows), where “once a week or more often” is defined as 40 to 52 times during the year, “a few times a month” is defined as 18 to 39 times, “once a month” is defined as 8 to 17 times, and “a few times or once a year” is defined as 1 to 7 times.

[c]Sample sizes include small numbers of teachers and home visitors (less than 5 percent) who gave a response of “don’t know.” The means are based on actual responses.

[d]Sample sizes include small numbers of teachers and home visitors (less than 5 percent) who gave a response of “don’t know.” The exhibit does not include the percentage for this response option. Percentages for categories that are included in the table might not add to 100 percent.

[e]We do not report estimates based on fewer than 5 responses.

[f]Among teachers and home visitors who have group supervision meetings (*n* = 315 for teachers; *n* = 318 for home visitors). Teachers and home visitors were asked how many times a year they have group supervision meetings. The reported response ranges are as follows: teachers, 1-48; home visitors, 1-52. These results include the average number of meetings (first row) and the percent within several frequency categories (second through sixth rows), using the same definitions as for one-on-one supervision meetings.

Exhibit IV.3 *(continued)*

[g]Among teachers and home visitors who have formal performance reviews (*n* = 271 for teachers; *n* = 366 for home visitors). Teachers and home visitors were asked how many times a year they have formal performance reviews. The reported response ranges are as follows: teachers, 1-24; home visitors, 1-24. These results include the average number of reviews (first row) and the percent within several frequency categories (second through fifth rows), where "once a month or more often" is defined as 8 to 24 times during the year, "a few times a year" is defined as 2 to 7 times, and "once a year" is defined as 1 time.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

ECE = early childhood education; n.a. = not applicable; SE = standard error.

Exhibit IV.4. What are the training experiences of Early Head Start teachers and home visitors?

During the current program year, in what topical areas have teachers and home visitors received training from their program?			How useful was the training received in this area?			
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Percentage (SE)	Percentage (SE)
Training topics for teachers		**Received training**		**Very useful**	**Somewhat useful**	**Not too useful or not at all useful**
Positive teacher–child interactions	378	92.5 (1.91)	328	79.2 (2.67)	19.8 (2.50)	[a]
Supporting I/T social-emotional development	376	89.5 (1.84)	309	80.5 (3.61)	18.4 (3.47)	[a]
Supporting I/T language and literacy development	375	85.0 (2.14)	291	80.3 (3.98)	18.6 (3.83)	[a]
Parent and family engagement	377	84.7 (2.39)	298	66.3 (3.35)	30.4 (3.40)	3.3 (1.42)!
Positive parent–child interactions	377	82.2 (3.08)	292	74.5 (3.26)	23.0 (3.01)	2.5 (1.30)!
Culturally responsive strategies	374	75.3 (3.63)	263	76.1 (3.81)	22.5 (3.62)	[a]
Supporting I/T math or science learning	374	69.6 (3.70)	233	79.1 (3.86)	19.6 (3.75)	[a]
Supporting dual language learners	377	65.3 (3.86)	225	73.1 (3.63)	23.4 (3.62)	3.4 (1.73)!
Training topics for home visitors		**Received training**		**Very useful**	**Somewhat useful**	**Not too useful or not at all useful**
Positive parent–child relationships	415	87.8 (2.33)	335	71.0 (3.48)	27.9 (3.40)	[a]
Parent and family engagement	414	84.9 (2.69)	330	69.2 (2.91)	29.8 (2.92)	[a]
Positive home visitor-family interactions	413	84.1 (2.56)	326	74.4 (2.83)	24.9 (2.86)	[a]
Communication skills and strategies	414	81.2 (2.71)	318	72.1 (3.55)	25.3 (3.39)	2.6 (1.19)!
Helping parents use materials to support child learning	415	79.9 (2.65)	309	76.2 (2.93)	22.7 (2.94)	[a]
Culturally responsive strategies	415	70.5 (3.52)	271	72.4 (3.42)	26.9 (3.31)	[a]
Parental learning	415	66.9 (3.31)	250	75.1 (3.64)	23.7 (3.75)	[a]
Supporting dual language learners	415	56.5 (3.52)	218	77.4 (3.72)	16.6 (3.14)	6.0 (2.41)!

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, unless otherwise indicated.

Exhibit IV.4 *(continued)*

Teachers and home visitors were asked if they had received training in several topical areas since the start of the current program year (September 2021). If the teacher or home visitor reported receiving training on a topic, they were asked to indicate how useful the training received was, so responses for the usefulness questions are among teachers and home visitors who reported receiving training on that topic. Depending on the topic, between 15 and 26 teachers and between 13 and 20 home visitors said they received training on the topic but then did not respond to the question about the usefulness of the training on that topic. These teachers and home visitors are included in the columns on the left about receiving training, but not the columns on the right about usefulness of training.

[a]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

I/T = infant and toddler.

Exhibit IV.5. How are Early Head Start centers and programs using coaching with their teachers and home visitors?

Use of coaching	For teachers (center director report)		For home visitors (program director report)	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Are teachers/home visitors at the center/program working with coaches?[a]	205		55	
Yes, all of the teachers/home visitors work with coaches who are different from their supervisor		49.5 (5.70)		39.7 (7.70)
Yes, some of the teachers/home visitors work with coaches who are different from their supervisor		23.8 (4.63)		23.2 (6.35)
Supervisors of teachers/home visitors serve as coaches		20.8 (3.69)		27.8 (7.74)
No, none of the teachers/home visitors work with coaches		6.0 (2.51)!		[b]
Which staff do centers/programs employ as coaches (only if coach is different from supervisor)?[c]	149		37	
Coaches employed by the program whose sole job is coaching[e]		61.6 (6.09)		64.8 (9.55)
Education coordinators		28.5 (4.53)		28.9 (9.09)!
Other program or center staff		16.0 (3.47)		18.5 (7.36)!
More experienced teachers/home visitors in the program		15.9 (3.96)		30.8 (9.93)!
Center director or manager		12.9 (3.45)		[b]
Consultants hired by the program		12.2 (3.18)		[b]
Someone else		6.1 (2.42)!		[b]
Do not know		2.7 (1.26)!		[b]
How many coaches at the center/program have a coaching certificate or coaching credential?[c]	149		37	
All of them		29.4 (5.78)		31.6 (8.45)
Most of them		3.0 (1.24)!		[b]
Some of them		10.2 (3.18)!		[b]
None of them		16.3 (4.65)		38.0 (9.53)
Do not know		41.1 (5.83)		[b]
How many teachers/home visitors are typically assigned to each coach?[f] (program director report)	66		37	

Exhibit IV.5 *(continued)*

Use of coaching	For teachers (center director report)		For home visitors (program director report)	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
0 – teachers are not seen by a coach		[b]		n.a.
1 teacher/home visitor per coach		[b]		14.7 (7.26)!
2 teachers/home visitors per coach		6.9 (4.45)!		22.6 (8.13)!
3-5 teachers/home visitors per coach		27.8 (6.15)		28.3 (8.95)!
6-10 teachers/home visitors per coach		31.7 (7.34)		25.6 (7.66)
More than 10 teachers/home visitors per coach		26.9 (6.63)		[b]
Do not know		[b]		[b]
Which factors determine which teachers/home visitors work with a coach?[g]	55		15	
Based on performance/supervisor recommendation		65.3 (8.59)		62.4 (13.95)
Teachers/home visitors who are new to the program		60.6 (8.98)		50.4 (15.10)
Teacher/home visitor requests a coach		58.2 (8.59)		44.1 (14.25)!
Teachers/home visitors with fewer than a certain number of years of experience		41.6 (10.11)		[b]
Teachers/home visitors with less than a certain level of education		7.5 (3.50)!		[b]
None of the above		[b]		[b]
Do not know		[b]		[b]
Which types of coaching models and approaches are used at the center/program?[c,d]	149		37	
Practice-based coaching		56.1 (5.64)		98.9 (1.17)
Coaching tied to a specific curriculum		60.9 (5.74)		[b]
Relationship-based coaching		15.0 (4.14)		11.1 (4.98)!
MyTeachingPartner		[b]		n.a.
Other		3.4 (1.55)!		[b]
Do not use any of the above models or approaches		[b]		[b]
Do not know		15.6 (4.03)		[b]

Source: Spring 2022 Baby FACES Center Director Survey and Program Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit IV.5 *(continued)*

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item. Information on teacher coaches was collected from the center director survey and is out of a total sample of 208 responses to the center director survey. Information on home visitor coaches was collected from the program director survey and is out of a sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]The 2018 survey did not specify that a coach was someone different than a supervisor. Both the 2018 and 2022 surveys included (similar) definitions of a "coach," but only the 2022 survey included that "we are interested in whether staff have coaches who are different from their supervisor." Therefore, the 2018 survey did not have the response option that supervisors serve as coaches.

[b]We do not report estimates based on fewer than 5 responses.

[c]Among centers that have coaches working with teachers who are not their supervisor (*n* = 149) and programs that have coaches working with home visitors who are not their supervisor (*n* = 37). The 2022 survey asked directors to focus on coaches who were not serving as supervisors for teachers/home visitors.

[d]Directors selected all answers that applied to their programs or centers, so the percentages may sum to greater than 100.

[e]This excludes consultants or staff whose primary role is as a home visitor, manager, or director; in contrast, the 2018 survey asked about "Coaches on the program or center staff (not consultants)."

[f]Among programs that offer a center-based option and among (*n* = 70) programs offer a home-based option and have coaches working with home visitors who are different from their supervisor (*n* = 37). The 2018 survey asked center directors/program directors for the number of coaches "currently" working with teachers/home visitors and the variable was continuous. The 2022 survey asked program directors about the number of teachers/home visitors "typically" assigned to each coach and included closed-ended categories.

[g]Among centers that have coaches working only with some teachers (*n* = 55) and programs that have coaches working with only some home visitors (*n* = 15). Directors selected all answers that applied to their programs or centers, so the percentages may sum to greater than 100.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit IV.6. What are the coaching experiences of Early Head Start teachers and home visitors? (percentages, unless otherwise indicated)

Coaching experiences	Teachers		Home visitors	
	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)
What percentage of teachers and home visitors have a coach?	396	79.9 (2.79)	427	75.2 (3.69)
What role do teachers' and home visitors' coaches have?[a]	309		315	
Coach is not supervisor and sole job is coaching		57.8 (5.04)		41.1 (5.93)
Coach is not supervisor and primary role is not coaching		10.7 (2.43)		12.4 (3.45)
Coach is not supervisor and primary role is not known		5.7 (1.41)		6.4 (1.64)
Coach is also supervisor		25.9 (4.30)		40.1 (6.24)
On average, how many times a year do teachers and home visitors typically meet with their coach? (only if coach is different from supervisor)[b,c]	222	11.5 (1.45)	190	9.8 (1.24)
On average, how many times a year do teachers and home visitors typically meet with their coach? (including supervisors who are also coaches)[a,c]	301	9.7 (1.26)	308	12.9 (1.47)
How frequently do teachers and home visitors typically meet with their coach? (only if coach is different from supervisor)[b,c]	222		190	
Once a week or more often		9.1 (3.22)!		3.9 (1.61)!
A few times a month		7.7 (2.52)!		8.1 (2.63)!
Once a month		34.2 (3.94)		37.3 (5.61)
More than once a year		40.1 (4.74)		38.5 (7.46)
Once a year or never		6.2 (2.12)!		8.1 (2.67)!
How frequently do teachers and home visitors typically meet with their coach? (including supervisors who are also coaches)[a,c]	301		308	
Once a week or more often		6.8 (2.57)!		7.8 (2.77)!
A few times a month		5.9 (1.90)!		13.3 (3.28)
Once a month		30.1 (3.72)		37.9 (4.06)
More than once a year		43.4 (4.83)		30.8 (5.17)
Once a year or never		9.6 (2.06)		7.2 (2.00)
What approaches do coaches use to support teachers and home visitors?[a,d]				
Make themselves available/check in	302	90.0 (2.08)	310	95.2 (1.51)
Help with reflecting and problem-solving	302	83.4 (2.80)	309	89.5 (2.80)

Exhibit IV.6 *(continued)*

Coaching experiences	Teachers		Home visitors	
	Sample size	Percentage/mean (SE)	Sample size	Percentage/mean (SE)
Assist with specific needs or challenges	303	84.8 (2.91)	304	88.7 (2.27)
Provide materials or resources	305	88.7 (2.33)	310	88.3 (2.24)
Assist with goal setting or planning	303	85.1 (2.60)	307	87.7 (2.69)
Suggest trainings or certifications	304	81.1 (3.16)	306	77.9 (3.73)
Verbal feedback	306	93.7 (1.47)	308	77.6 (3.40)
Provide trainings	305	76.5 (3.02)	310	77.3 (3.34)
Model practices	303	87.8 (2.27)	305	70.7 (3.78)
Written feedback	299	88.6 (2.69)	307	67.5 (3.10)
Jointly review child assessment data	303	68.9 (3.73)	306	67.2 (3.55)
Observe another teacher/home visitor (live or video)	303	35.3 (3.70)	306	45.4 (4.40)
Watch video of self	304	30.0 (4.21)	305	32.6 (6.08)

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: The questions in this table used the term *coach*, but the initial question notes that "Some people may think of this as mentoring" and defines a coach as "a person, usually someone other than your supervisor, who has expertise in specific areas and provides ongoing professional development, performance feedback, and works with staff to improve practice."

Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, unless otherwise indicated.

[a]Among teachers and home visitors who have a coach (*n* = 309 for teachers; *n* = 315 for home visitors).

[b]Among teachers and home visitors whose coach is different from their supervisor (*n* = 227 for teachers; *n* = 192 for home visitors).

[c]Teachers and home visitors were asked how many times a year they meet with their coach. This question was only asked for teachers and home visitors whose coach is different from their supervisor. One set of results includes only those responses. The reported response ranges for this set are as follows: teachers, 0-52; home visitors, 1-52. The second set of results adds in responses about the frequency of one-on-one supervision meetings for teachers and home visitors whose coach is also their supervisor. However, this assumes that every one-on-one supervision meeting counts as a coaching meeting, which might not be accurate. The reported response ranges for this set are as follows: teachers; 0-52; home visitors, 0-52.

Both sets of results include the average number of meetings and the percent within several frequency categories, where "once a week or more often" is defined as 40 to 52 times during the year, "a few times a month" is defined as 18 to 39 times, "once a month" is defined as 8 to 17 times, "more than once a year" is defined as 2 to 7 times, and "once a year or never" is defined as 0 to 1 times.

Sample sizes include small numbers of teachers and home visitors (less than 5 percent) who gave a response of "don't know." The means are based on actual responses. For the percentages, the exhibit does not include this response option. Percentages for categories that are included might not add to 100 percent.

[d]Teachers and home visitors whose coach is different from their supervisor were asked if they received each of these supports from their coach only, supervisor only, both, or neither. Responses of "coach only" and "both" are counted here for this group of staff. Teachers and home visitors whose coach is also their supervisor were only asked if they received each of these supports from their supervisor (yes/no). Responses of yes are counted here for this group of

Exhibit IV.6 *(continued)*

staff (and are also counted for this group of staff under the section on supports from supervisors presented in Exhibit IV.3).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Section V:

What services are provided by Early Head Start centers, and what is the quality of those services?

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Exhibit V.1. How often do Early Head Start children attend center-based services, and how often do their families receive home visits? (percentages, unless otherwise indicated)

Family service receipt	Sample size	Percentage/mean (SE)
Among families who receive any center-based care, on average, how many days per week do children go to the EHS center?[a]	292	4.8 (0.07)
What percentage of programs offer home visits to their center-based families…	68	
None or once a year		[b]
Less than monthly (but at least twice a year)?		90.4 (4.34)
Quarterly or more		16.5 (5.89)!
Among families that receive only center-based services, what percentage received a home visit from EHS in the past year?[c]	267	25.2 (4.44)

Source: Spring 2022 Baby FACES Program Director Survey and Parent Survey.

Note: Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. Statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the program director or parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director and parent surveys with valid data on each item, out of a total sample of 70 programs that offered a center-based service option and 336 responses to the parent survey from parents who were sampled from Early Head Start classrooms, unless otherwise indicated.

[a]Among families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), who reported receiving child care, excluding group socializations, at a center (*n* = 299). The reported response range is 1-5 days.

[b]We do not report estimates based on fewer than 5 responses.

[c]Among families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), excluding families who reported receiving home-based only or a combination of services (*n* = 271).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit V.2. What are the classroom characteristics of Early Head Start centers? (means, unless otherwise indicated)

Classroom characteristics	Sample size	Percentage/mean (SE)
What is the average number of teachers per classroom in Early Head Start centers?[a] (center director report)		
Lead teachers[b,c]	205	1.4 (0.06)
Assistant teachers	205	0.7 (0.08)
Classroom aides	205	0.3 (0.05)
Classroom volunteers	205	0.1 (0.02)!
Total staff	205	2.5 (0.12)
On average, how many children are enrolled in the classroom?[d] (teacher report)	403	7.6 (0.09)
On average, how many hours each day does a typical child spend in the classroom?[e] (teacher report)	405	7.5 (0.11)
On average, how many adults regularly work with or care for children in the classroom?[f] (teacher report)		
Lead teachers[b]	397	1.7 (0.17)
Assistant teachers	397	0.6 (0.07)
Classroom aides	397	0.3 (0.05)
Volunteers or other non-staff	397	0.1 (0.04)!
Total adults	397	2.8 (0.16)
What percentage of centers use age-based classrooms (vs. mixed-age classrooms)? (center director report)	208	62.6 (5.34)

Source: Spring 2022 Baby FACES Center Director Survey and Staff (Teacher) Survey.

Note: Statistics are weighted to represent all Early Head Start centers and teachers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey or staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of center director surveys and teacher surveys with valid data on each item, out of a total sample of 208 responses to the center director survey and 405 responses to the teacher survey.

[a]Calculated as the number of EHS staff divided by the number of EHS classrooms in the center. Total staff is only calculated when all staff categories are nonmissing. The reported ranges are as follows: lead teachers, 0.4-6.5; assistant teachers, 0.0-5.2; classroom aides, 0-3; classroom volunteers, 0.0-3.3; total staff, 0.5-9.5. The sample size for this question includes center directors who knew how many staff and who did not know how many staff (for lead teachers, *n* = 203 directors knew and 2 did not know; for assistant teachers, *n* = 200 directors knew and 2 did not know; for classroom aides, *n* = 197 directors knew and 3 did not know; for classroom volunteers, *n* = 189 directors knew and 8 did not know; for total staff, *n* = 197 directors knew and 0 did not know).

[b]The Head Start Program Performance Standards require that a qualified teacher be assigned to each group of no more than four infants and toddlers. Although the Program Performance Standards do not distinguish between "lead teacher" and "assistant teacher" for infant/toddler classroom settings, practices vary at the local level, and many programs still use the terms. The Baby FACES 2022 center director and teacher surveys ask separately about the "lead teacher" and "assistant teacher" roles; thus, they are reported separately in these tables.

[c]A small number of centers report having no lead teachers. These centers may not distinguish between lead and assistant teachers. These may also be errors, but we retained them for transparency.

Exhibit V.2 *(continued)*

[d]The reported response range is 1-16.

[e]The reported response range is 2-12. The sample size includes a small number of teachers (less than 5 percent) who gave a response of “don’t know.” The mean is not affected by these responses.

[f]Total adults is the sum of the responses for the four types of adults, treating missing responses as 0 and calculating a total as long as at least one type of adult is non-missing. The reported response ranges are as follows: lead teachers, 0-10; assistant teachers, 0-7; classroom aides: 0-4; volunteers or other non-staff, 0-10; total adults, 1-15. For each type of adult except lead teachers, the sample size includes small numbers of teachers (less than 5 percent) who gave a response of “don’t know.” The means are based on actual responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit V.3. What languages do adults and materials use in Early Head Start classrooms?

Languages used	Sample size	Percentage (SE)
What languages do adults speak in the classroom?[a]	395	
English		95.8 (1.41)
Spanish		32.8 (4.63)
Other		5.0 (1.24)
What percentage of adults in the following roles speak a non-English language in the classroom?	388	
Lead teacher[b]		27.5 (4.13)
Assistant teacher		13.5 (2.86)
Classroom aide		5.4 (1.40)
Volunteer or other non-staff		3.8 (1.36)!
Which languages do adults use to speak with children in the classroom?	392	
All English		68.6 (4.23)
More English than non-English		16.6 (2.46)
Equally English and non-English		9.1 (2.14)
More non-English than English		1.3 (0.90)!
All non-English		4.3 (1.45)!
In what languages are books and printed materials available in the classroom?	396	
English		97.9 (0.79)
Spanish		65.2 (3.82)
Other		3.1 (1.11)!
Do adults ever use Spanish to read to children in the classroom?	393	51.9 (5.20)
Which language do adults use most often to read to children in the classroom?	390	
English		94.8 (1.57)
Spanish		5.2 (1.57)!
Other		[c]

Source: Spring 2022 Baby FACES Staff (Teacher) Survey.

Note: Statistics are weighted to represent all Early Head Start teachers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of teacher surveys with valid data on each item out of a total sample of 405 responses to the teacher survey.

[a]Adults include lead teachers, assistant teachers, classroom aides, and volunteers and other non-staff.

[b]The Head Start Program Performance Standards require that a qualified teacher be assigned to each group of no more than four infants and toddlers. Although the Program Performance Standards do not distinguish between “lead teacher” and “assistant teacher” for infant/toddler classroom settings, practices vary at the local level, and many programs still use the terms. The Baby FACES 2022 teacher survey asks separately about the “lead teacher” and “assistant teacher” roles; thus, they are reported separately in these tables.

[c]We do not report estimates based on fewer than 5 responses.

Exhibit V.3 *(continued)*

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.4. How do Early Head Start teachers spend a typical day in their classrooms?

Types of activities	Sample size	Percentage (SE)				
		No time	30 minutes or less	About one hour	About two hours	Three hours or more
Teacher-directed whole-class activities	397	4.2 (1.34)!	45.6 (2.83)	21.2 (2.82)	13.0 (2.42)	16.1 (3.44)
Teacher-directed small-group activities	394	2.5 (1.09)!	58.9 (2.78)	22.5 (2.62)	12.3 (2.27)	3.8 (1.18)!
Teacher-directed one-on-one activities	388	4.5 (1.31)	62.1 (2.86)	20.7 (2.24)	7.1 (1.79)	5.6 (1.60)
Child-selected activities	389	[a]	21.0 (2.74)	26.7 (3.30)	20.0 (2.85)	30.5 (4.02)
Routine care	386	2.4 (1.26)!	18.3 (2.61)	28.0 (2.35)	28.6 (2.70)	22.6 (2.63)

Source: Spring 2022 Baby FACES Staff (Teacher) Survey.

Note: Statistics are weighted to represent all Early Head Start teachers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of teacher surveys with valid data on each item out of a total sample of 405 responses to the teacher survey.

Teachers were asked how they spent a typical day in their classroom, not including lunch or nap breaks.

[a]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.5. What are the features and practices of Early Head Start classrooms observed? (percentages, unless otherwise indicated)

Classroom feature or practice observed	Sample size	Percentage (SE)
How organized is the classroom space?	302	
Well-organized space[a]		91.5 (2.29)
Space is somewhat organized or not organized[b]		8.5 (2.29)
Where is information posted for parents?[c]	295	
In/near classroom and in general area		54.0 (5.21)
Only in/near classroom		14.8 (3.05)
Only in general area		14.7 (2.72)
No information posted for parents anywhere		7.5 (3.06)!
Could not assess		9.0 (2.62)
What materials are available to children in classrooms?	304	
Toys for dramatic/pretend play		98.1 (0.83)
Books		96.3 (2.24)
Toys promoting fine motor development		91.8 (1.96)
Toys promoting gross motor development		81.5 (3.68)
Materials for art		78.1 (3.35)
Toys and objects that promote scientific understanding		68.3 (4.72)
Sensory toys		53.7 (4.75)
Toys to encourage large motor development		42.4 (3.68)
Computer or mobile devices for children to play games or watch videos		14.0 (4.30)!
What percentage of classrooms have a quiet space for children to relax and regroup?	303	35.4 (5.62)
What percentage of classrooms have a separate napping area with cribs, cots, or mats?	304	11.1 (2.31)
What is the nature of transitions between activities in Early Head Start classrooms?		
Do activities flow easily from one to next?[d]	301	
Strongly agree		30.2 (4.72)
Agree		40.3 (3.96)
Slightly agree		16.3 (2.97)
Slightly disagree		8.8 (1.90)
Disagree or strongly disagree		4.4 (1.47)!
Do caregivers tell children about the next activity?[d]	300	
Strongly agree		26.9 (4.67)
Agree		34.1 (4.04)
Slightly agree		20.1 (3.08)
Slightly disagree		8.9 (1.88)
Disagree or strongly disagree		10.0 (2.29)
To what extent do transitions take a long time?[d]	301	
Agree or strongly agree		7.0 (1.96)

Exhibit V.5 *(continued)*

Classroom feature or practice observed	Sample size	Percentage (SE)
Slightly agree		10.9 (2.61)
Slightly disagree		15.2 (2.71)
Disagree		44.3 (4.72)
Strongly disagree		22.6 (4.02)

Source: Spring 2022 Baby FACES Classroom Observation.

Note: Statistics are weighted to represent all Early Head Start classrooms. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the classroom observation. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of classrooms with valid data on each item out of a total sample of 308 classrooms.

[a]Easy for children to find (see and reach) toys and materials.

[b]Moderately easy for children to see/reach toys and materials (somewhat organized space) or difficult for children to see/reach toys and materials (space not organized).

[c]About classroom activities, center events, parent–teacher meetings, activities or classes for parents.

[d]Response options ranged from 1 to 6, where 1 = strongly agree (i.e., happens nearly all the time); 2 = agree (i.e., happens most of the time); 3 = slightly agree (i.e., happens about half the time); 4 = slightly disagree (i.e., happens some of the time); 5 = disagree (i.e., happens hardly ever); and 6 = strongly disagree (i.e., never happens).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.6. How do Early Head Start teachers communicate with parents who do not speak English well?

Language and communication with families	Sample size	Percentage (SE)
Which languages does the child's teacher use when speaking to the parent?	23	
All non-English		51.4 (11.92)
All English or Mix of non-English and English[a]		48.6 (11.92)
For what percentage of parents does the child's teacher use the parent's preferred language?	23	69.4 (12.36)
For what percentage of parents does someone translate so parents can talk with the child's teacher?[b]	[c]	[c]

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item. The total sample is 336 responses to the parent survey from those receiving services from an Early Head Start teacher participating in Baby FACES 2022, but in this exhibit all responses are among parents who reported that they do not speak English well (n = 24). The questions in this exhibit were only asked of this group of parents.

[a]Includes parents reporting that the child's teacher uses more non-English than English or more English than non-English.

[b]Among parents who do not speak English well and are spoken to in English at least as much as in a non-English language (n = 6).

[c]We do not report estimates based on fewer than 10 responses for a construct.

SE = standard error.

Exhibit V.7. What curricula do Early Head Start centers use?

Curriculum use	Curricula used		Main curricula	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Do EHS centers use any specific curriculum?	207		n.a.	
Yes, specific curriculum		85.7 (3.53)	n.a.	
Yes, combination		12.9 (3.44)	n.a.	
No		[a]	n.a.	
Which curricula do EHS centers use?[b]	204		204	
Creative Curriculum/Teaching Strategies		67.9 (5.25)		64.1 (5.11)
Conscious Discipline (Baby Doll Circle Time)		22.0 (4.25)		2.4 (1.53)!
High/Scope		16.3 (5.46)!		16.2 (5.46)!
Agency-created curriculum		7.2 (2.25)!		4.5 (1.71)!
Frog Street		7.2 (3.10)!		5.2 (2.86)!
Other[c]		17.2 (3.20)		4.4 (1.84)!
Don't know		[a]		2.8 (1.38)!
No main curriculum		n.a.		[a]

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey. The directors reported all curricula that they used, so the percentages may sum to greater than 100.

[a]We do not report estimates based on fewer than 5 responses.

[b]Among centers that reported using a curriculum (*n* = 204).

[c]The "Other" category includes any listed curriculum reported by less than 5 percent of responses (before weighting), as well as other curriculum specified by respondents. Listed curricula in the "Other" category include Assessment, Evaluation and Programming System (AEPS); Baby Talk; Beautiful Beginnings; Hawaii Early Learning Profile (HELP); Learning Activities for Infants (Magda Gerber, RIE); Ones and Twos (Parenting: The First Three Years Curriculum); Parents as Teachers (PAT); Playtime Learning Games for Young Children; Program for Infant-Toddler Care (PITC); and Reggio Emilia.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; n.a. = not applicable; SE = standard error.

Exhibit V.8. How are Early Head Start centers adapting curricula? (percentages, unless otherwise indicated)

Curriculum adaptation	Sample size	Percentage/ mean (SE)
What percentage of centers adapt their curriculum?[a]	203	22.6 (3.50)
Why do centers adapt their curriculum?[b,c]	49	
Accommodating developmental needs of their population		80.0 (5.33)
Accommodating culture or language of their population		60.7 (7.76)
Better align with abilities or preferences of home visitors		36.3 (8.63)
Logistical issues		26.2 (7.87)
None of the above were reasons for adapting the curriculum		17.0 (5.22)!
On average, how many of the above reasons do centers cite for adapting their curriculum?[b,d]	49	2.0 (0.22)
In what ways did programs adapt curriculum?[b,c]	44	
Change the way content or materials are delivered		45.2 (9.58)
Include new content/augment the existing content or materials		42.9 (8.87)
Translate the content or materials into a different language		25.6 (6.53)
Reorder the content or material		18.7 (5.79)!
Accelerate or shorten the timeline for delivering content		9.4 (3.98)!
Remove content or materials		[e]
None of the above adaptations		14.4 (4.78)!
Don’t know what adaptations were made to curriculum		[e]
On average, how many of the above adaptations did centers implement?[b,f]	44	1.6 (0.17)
Do centers assess the extent to which curriculum is implemented as intended?[a,c]	203	
Supervisors or manager or others complete a checklist or standardized tool during observations of teachers		69.4 (4.77)
Teachers complete a checklist or standardized tool about how they use the curriculum		40.1 (5.48)
Center does not use a checklist or other standardized tool to assess how teachers are using the curriculum		16.7 (3.48)

Source: Spring 2022 Baby FACES Center Director Surveys.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit V.8 *(continued)*

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a sample of 208 centers, unless otherwise indicated.

[a]Among centers that reported using a curriculum (*n* = 204).

[b]Among centers that adapted their curriculum (*n* = 49). Adaptations were defined as significant, global changes that would be program wide, as opposed to accommodations made for individual families or situations.

[c]Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

[d]The reported range for centers is 0-4.

[e]We do not report estimates based on fewer than 5 responses.

[f]The reported range for centers is 0-6.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.9. How are Early Head Start teachers using curricula?

Curriculum use	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of teachers use a specific curriculum?[a]	387			
Uses specific curriculum		76.3 (3.43)		
Uses combination of curricula		20.8 (3.10)		
Does not use curriculum		2.1 (0.92)!		
What curricula do teachers use and what is the main curriculum used?[b]	387	**Curriculum is used**	367	**Is main curriculum[c]**
Creative Curriculum/Teaching Strategies		67.1 (5.69)		65.9 (6.02)
Conscious Discipline (Baby Doll Circle Time)		22.6 (4.64)		2.1 (1.14)!
HighScope		14.2 (5.07)!		13.9 (5.18)!
Frog Street		11.2 (5.12)!		7.4 (4.33)!
Agency-created curriculum		7.5 (1.64)		3.4 (1.23)!
Other curricula[d]		18.7 (2.58)		6.0 (1.75)
Does not use curriculum		2.1 (0.92)!		n.a.
None of curricula used are main curriculum		n.a.		1.1 (0.54)!
Have teachers been assessed, with a tool or checklist, on how they use the curriculum?[c,e]	365			
Teacher completed tool or checklist		45.1 (3.71)		
Someone else completed tool or checklist		24.9 (3.46)		
No one has used tool or checklist to assess how teacher uses curriculum		17.7 (2.90)		
Do not know		15.0 (2.54)		
What supports do teachers receive to help them use the main curriculum?[c,f]				
Help understanding the curriculum	363	91.5 (1.57)		
Refresher training on the curriculum	362	83.3 (2.29)		
Help implementing the curriculum	358	80.7 (2.65)		
Help individualizing the curriculum for children	361	80.3 (3.46)		
Help planning curriculum-based activities	361	78.0 (3.08)		
Feedback on implementing the curriculum	361	77.2 (3.60)		
Help identifying and/or receiving additional resources to expand scope of curriculum	360	75.9 (3.90)		
Feedback from checklist about use of curriculum	359	69.6 (3.87)		
Help implementing the curriculum for children with special needs	358	62.8 (4.73)		
Observing someone implementing curriculum	357	62.5 (4.31)		
Do teachers individualize the main curriculum for children in their classroom?[c]	362	94.1 (1.59)		
What do teachers use to individualize the curriculum?[g]				
Classroom observation data	332	98.4 (0.72)		

Exhibit V.9 *(continued)*

Curriculum use	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Child assessment data	331	97.5 (0.97)		
Curriculum developer guidance	327	77.2 (3.55)		
Data related to family needs	327	73.9 (2.54)		

Source: Spring 2022 Baby FACES Staff (Teacher) Survey

Note: Statistics are weighted to represent all Early Head Start teachers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher surveys with valid data on each item out of a total sample of 405 responses to the teacher survey, unless otherwise indicated.

[a]Sample size includes a small number of teachers (less than 5 percent) who gave a response of "don't know." The exhibit does not include the percentage for this response option. Percentages for categories that are included in the table might not add to 100 percent.

[b]Curricula listed are those reported being used by at least 5 percent of teachers (before weighting). Teachers were given a list of curricula and asked to select the curricula they used and to write in any other curricula they used that were not on the list. Responses outside the provided list were categorized into existing or additional options during analysis.

Sample size includes a small number of teachers (less than 5 percent) who gave a response of "don't know" either to this question (about which curricula they use) or the previous question (whether they use any specific curriculum). The exhibit does not include percentages for these response options.

[c]Among teachers using at least one curriculum (*n* = 373).

[d]The "Other curricula" category lists teachers who reported using any curriculum reported by less than 5 percent of teachers (before weighting). Exhibit B.1 in Appendix B expands results for this question to include curricula reported by less than 5 percent of teachers.

[e]Teachers could respond that they had completed a tool or checklist and that someone else had completed a tool or checklist, so the three responses to this question add to more than 100 percent.

[f]Sample sizes include small numbers of teachers who gave a response of "don't know." The exhibit does not include percentages for this response option. Teachers responded about each support separately, so the percent of "don't know" responses varies, but is almost always less than 5 percent.

[g]Among teachers who report individualizing the curriculum (*n* = 342).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit V.10. How are Early Head Start centers using assessments to gather information on children's development or progress?

Screener and assessment use	Sample size	Percentage (SE)
What percentage of EHS centers use any assessments to gather information on children's development or progress?	207	100.0 (0.00)
What child screeners do EHS centers use?[a]	207	
Ages and Stages Questionnaire (ASQ)		76.0 (4.50)
ASQ: Social-Emotional		67.9 (5.18)
Brigance Screener		13.6 (4.72)!
What child assessments do EHS centers use?[a]	207	
Teaching Strategies Gold (formerly known as Creative Curriculum)		48.7 (5.74)
Devereux Early Childhood Assessment (DECA)		17.8 (4.63)
High Scope Child Observation Record (COR)		12.5 (4.55)!
Desired Results Developmental Profiles-R (DRDP)		10.1 (3.07)!
Brigance Assessment		5.7 (2.13)!
Other screener or assessment[b]		15.6 (4.04)
Don't know what screeners/assessments used		[c]

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program directors and center directors with valid data on each item out of a total sample of 208 responses to the center director survey, unless otherwise indicated. Among center directors that reported using a screener or assessment to gather information on children's development or progress. Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

[a]Among center directors that reported using a screener or assessment to gather information on children's development or progress (n = 207).

[b]The "Other" category includes any listed screener or assessment reported by less than 5 percent of responses (before weighting), as well as other screeners and assessments specified by respondents. Listed assessments and screeners in the "Other" category include: agency-created screening assessment; Denver Developmental Screening Test; Learning Accomplishment Profile; Infant-Toddler Developmental Assessment (IDA); Infant Toddler Social Emotional Assessment (ITSEA). The Learning Accomplishment Profile includes the Early Learning Accomplishment Profile and the Learning Accomplishment Profile: Birth to Kindergarten (LAP B-K).

[c]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

ASQ = Ages and Stages Questionnaire; EHS = Early Head Start; SE = standard error.

Exhibit V.11. How are Early Head Start teachers using assessments?

Screener and assessment use	Sample size	Percentage (SE)
What percentage of teachers have used child assessments during the current program year?[a]	392	94.9 (1.45)
What child assessments and/or screeners have teachers used?[b]	391	
SCREENERS		
Ages and Stages Questionnaire (ASQ)		70.4 (3.70)
ASQ: Social-Emotional		50.3 (4.67)
Brigance Screener		10.3 (3.43)!
Agency-created screening assessment		7.3 (1.75)
ASSESSMENTS		
Creative Curriculum Tools (Teaching Strategies Gold)		53.0 (5.63)
Devereux Early Childhood Assessment (DECA)		15.5 (4.26)
Brigance Assessment		11.2 (3.62)!
HighScope Child Observation Record (COR)		9.7 (3.43)!
Desired Results Developmental Profiles-R (DRDP)		8.6 (2.72)!
Other child assessments and/or screeners[c]		24.2 (5.64)
Does not use any child assessments		3.3 (1.30)!
What challenges do teachers experience in using child assessment data?[d]		
Do not have enough time to collect data	361	43.3 (3.90)
Do not know how to use data to individualize or improve strategies	357	17.6 (2.29)
Do not know how to accurately collect data	354	15.7 (2.30)
Do not have necessary technology	360	15.5 (1.94)
Do not understand what data mean	359	14.8 (2.30)

Source: Spring 2022 Baby FACES Staff (Teacher) Survey.

Note: Statistics are weighted to represent all Early Head Start teachers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher surveys with valid data on each item out of a total sample of 405 responses to the teacher survey, unless otherwise indicated.

[a]Sample size includes a small number of teachers (less than 5 percent) who gave a response of "don't know." The exhibit does not include the percentage for this response option.

[b]Child assessments listed are those reported being used by at least 5 percent of teachers (before weighting). Teachers were given a list of assessments (including screeners) and asked to select the child assessments they used and to write in any other child assessments they used that were not on the list. Responses outside the provided list were categorized into existing options during analysis.

Sample size includes a small number of teachers (less than 5 percent) who gave a response of "don't know" either to this question (about which assessments they use) or the previous question (whether they use any assessments). The exhibit does not include percentages for these response options.

Exhibit V.11 *(continued)*

[c]The "Other child assessments" category includes any child assessments reported by less than 5 percent of teachers (before weighting). Exhibit B.2 in Appendix B has more detailed results for this question, including results for child assessments reported by less than 5 percent of teachers.

[d]Among teachers using at least one child assessment (*n* = 369).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.12. What is the quality of teacher–child interactions in Early Head Start classrooms, as measured by the QCIT?

Measures	Sample size	Mean (SE)	Reported response range	Possible response range
What are the mean QCIT scores across all classrooms?				
Support for Social-Emotional Development	306	4.54 (0.07)	2.00-6.70	1-7
Support for Cognitive Development	306	3.16 (0.06)	1.40-5.50	1-7
Support for Language and Literacy Development	306	3.82 (0.06)	1.30-6.10	1-7
Areas of Concern[a]				
Areas of concern total score	306	0.48 (0.08)	0-7	0-14
Extreme behaviors	306	0.01 (0.00)	0-1	0-10
Level of chaos[b]	306	1.98 (0.10)	1-7	1-7
What is the mean child/adult ratio during QCIT observation across all classrooms?	306	2.61 (0.07)	0.50-6.60	n.a.
What is the mean group size during QCIT observation across all classrooms?	306	5.41 (0.14)	1.00-14.70	n.a.

Source: Spring 2022 Baby FACES Classroom Observation.

Note: Statistics are weighted to represent all Early Head Start classrooms. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the classroom observation. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of classrooms with valid data on each of the constructs or scores, out of a total sample of 308 classrooms.

See Exhibit X in Appendix A for reliability estimates of the QCIT measures.

[a] The scoring approach for the QCIT Areas of Concern in Baby FACE 2022 is different from that for the formerly Q-CCIIT used in Baby FACES 2018. In 2022, three scores are reported for the Areas of Concern: areas of concern total score, extreme Behavior score, and level of chaos. In 2018, a *z*-score was created combining areas of concern, extreme behavior score, and level of chaos.

[b] Level of chaos is a 7 point rating with higher scores indicating greater chaos.

n.a. = not applicable; QCIT = Quality of Care for Infants and Toddlers; Q-CCIIT = Quality of Caregiver-Child Interactions with Infants and Toddlers; SE = standard error.

Exhibit V.13. Are Early Head Start classrooms in the low, mid, or high range of quality[a] on the QCIT?

Quality measures	Sample size	Percentage (SE)
How are the QCIT scores distributed across all classrooms?		
Support for Social-Emotional Development	306	
Low		3.6 (1.49)!
Mid		64.5 (4.35)
High		31.9 (3.93)
Support for Cognitive Development	306	
Low		41.2 (3.62)
Mid		57.1 (3.53)
High		1.7 (1.14)!
Support for Language and Literacy Development	306	
Low		16.2 (2.96)
Mid		74.4 (3.18)
High		9.4 (2.39)

Source: Spring 2022 Baby FACES Classroom Observation.

Note: Statistics are weighted to represent all Early Head Start classrooms. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the classroom observation. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

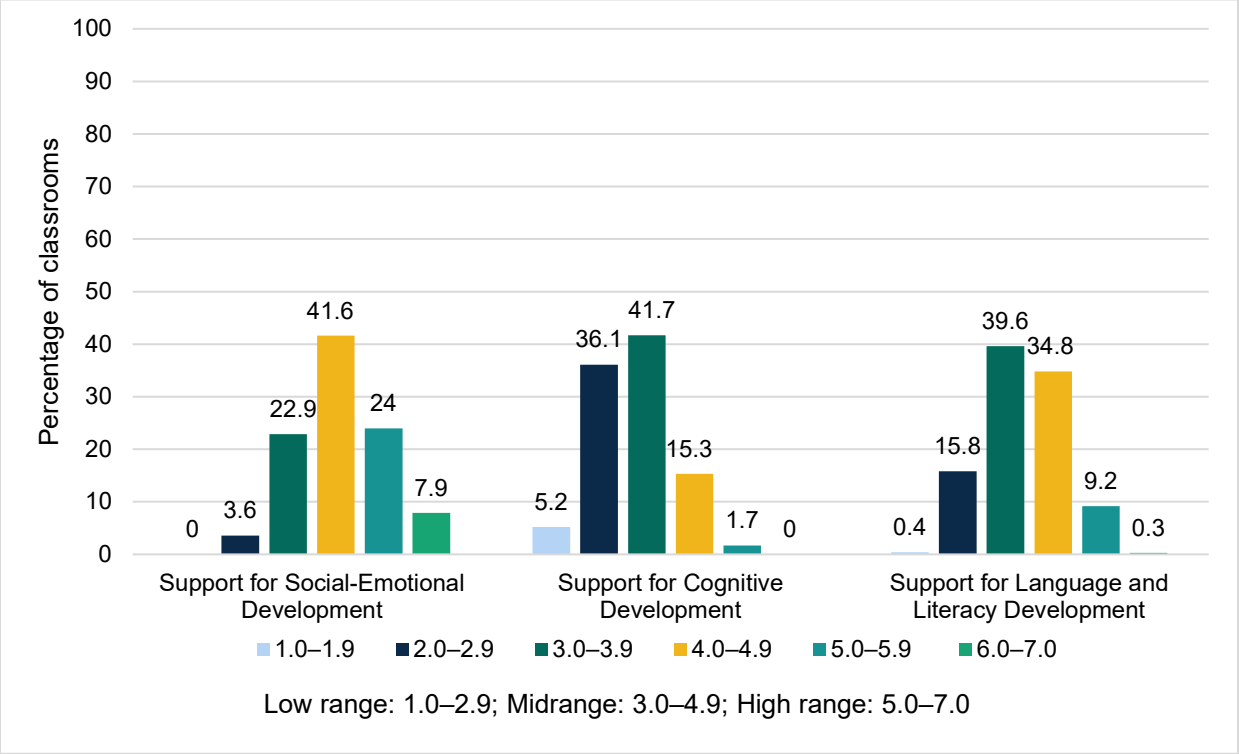
The sample size column presents unweighted sample sizes to identify the number of classrooms with valid data on each of the constructs or scores, out of a total sample of 308 classrooms.

[a]Quality ranges are based on developer suggested cut points on the QCIT scores: low (1–2.9), mid (3–4.9), high (5–7).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

QCIT = Quality of Care for Infants and Toddlers; SE = standard error.

Exhibit V.14. How are the QCIT scores distributed in Early Head Start classrooms?



Source: Spring 2022 Baby FACES Classroom Observation.

Note: Statistics are weighted to represent all Early Head Start classrooms. Statistics are weighted to represent all Early Head Start classrooms. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the classroom observation. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution. The unweighted sample size is 308.

[a]Quality ranges are based on developer suggested cut points on the QCIT scores: low (1–2.9), mid (3–4.9), high (5–7).

QCIT = Quality of Care for Infants and Toddlers.

Exhibit V.15. What is the quality of the teacher–child relationship in Early Head Start classrooms, as measured by teacher reports, across all classrooms?

Measures	Sample size	Mean (SE)	Reported response range[a]
What are the mean teacher–child relationship scores (as measured by the STRS) across all classrooms?			
Closeness	552	4.19 (0.03)	2.10-5.00
Conflict	553	1.74 (0.06)	1-5.00

Source: Spring 2022 Baby FACES Staff (Teacher) Child Report.

Note: Statistics are weighted to represent children who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of responses to the teacher child report with valid data on each of the constructs or scores, out of a total sample of 558 responses to the teacher child report.

[a]The possible response range is 1–5 for Closeness and Conflict.

STRS = Student-Teacher Relationship Scale (teacher-reported measure of relationship with child); SE = standard error.

Exhibit V.16. What is the quality of the parent–teacher relationship in Early Head Start?

Measures	Sample size	Mean (SE)	Reported response range	Possible response range
Parent-reported				
What are the mean parent–teacher relationship scores reported by parents (as measured by the CRQ)?[a]				
Support	298	27.0 (0.29)	3-30	0–35
Endorsement	300	28.5 (0.23)	10-30	0–35
Undermining	300	0.8 (0.24)!	0-23	0–28
Agreement[b]	292	15.7 (0.29)	0-18	0–21
Teacher-reported				
What are the mean parent–teacher relationship scores reported by teachers (as measured by the CRQ)?[a]				
Support	555	24.1 (0.39)	0-30	0–35
Endorsement	555	26.3 (0.36)	2-30	0–35
Undermining[c]	557	1.6 (0.30)	0-24	0–28
Agreement	557	20.4 (0.31)	2-24	0–21

Source: Spring 2022 Baby FACES Parent Survey and Staff (Teacher) Child Report.

Note: Statistics are weighted to represent families and teachers who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or staff survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of responses to the parent survey and teacher child report with valid data on each measure, out of total samples of 336 responses to the parent survey from parents who were sampled from Early Head Start classrooms and 558 teacher child report responses.

See Exhibit A.5 in Appendix A for reliability estimates of the parent–teacher relationship measures.

[a]The rating scale for the CRQ was expanded from a 4-point scale in the 2018 survey to a 7-point scale in the 2022 survey. This change affects the reported and possible response ranges.

[b]Cronbach's alpha of the scores is 0.69 (lower than the threshold of 0.70).

[c]Cronbach's alpha of the scores is 0.58 (lower than the threshold of 0.70).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

CRQ = Cocaring Relationship Questionnaire; SE = standard error.

Exhibit V.17. How are Early Head Start children and families assigned to classrooms?

	Factor considered		Most important factor		2nd most important factor	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Which factors do centers consider when assigning children to classrooms?[a]	208		207		205	
Availability of space in a given classroom		81.2 (3.31)		26.6 (4.41)		24.5 (4.60)
Child age, health, or development		76.8 (4.53)		36.5 (5.29)		23.0 (3.56)
Family circumstances or specific needs		53.4 (4.62)		17.4 (3.77)		12.6 (2.97)
Parent choice or preference		44.9 (4.85)		3.3 (1.60)!		5.8 (2.38)!
Language or cultural background		36.8 (4.36)		[b]		4.2 (1.39)!
Family's existing relationship with teacher		34.1 (4.31)		3.2 (1.95)!		3.4 (1.04)!
Results of screening or assessment		32.5 (4.89)		[b]		5.6 (2.32)!
Neighborhood or geographic location		27.3 (4.53)		[b]		[b]
Other		[b]		[b]		[b]
Children not placed into classroom by the center[c]		3.1 (1.36)!		n.a.		n.a.
Do not consider any of the above factors		6.9 (2.22)!		n.a.		n.a.
Don't know		n.a.		[b]		[b]
On average, how many of the above factors do centers consider when assigning children to classrooms?[d]	208	3.9 (0.24)	n.a.	n.a.	n.a.	n.a.

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey.

[a]This survey question asked directors to select all answers that apply to their programs, so the percentages may sum to greater than 100. If the director indicated that only one factor was considered, this was assumed to be the most important factor and the second most important factor was marked as not applicable.

[b]We do not report estimates based on fewer than 5 responses.

[c]This category was created from directors' responses to the other category.

[d]The reported range is 0-9.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error

Exhibit V.18. What roles and responsibilities do primary teachers have in Early Head Start classrooms?

Use of primary teachers	Sample size	Percentage (SE)
What percentage of centers assign children to a "primary teacher"?[a]	205	99.1 (0.74)
Which tasks do primary teachers perform in the classroom?[b]	202	
Provides information on children's development (i.e., completes developmental checklist, makes recommendations to parents about their child, points out achievement of developmental milestones to parents)		93.0 (1.89)
Takes the lead on documenting daily activities for child		85.7 (3.44)
Available to talk with parents on a daily basis during pick-up or drop-off		84.1 (3.55)
Interacts with children in care group via book reading, play time, etc.		79.1 (4.15)
Assigned to a small group of children		78.7 (4.33)
Sits with children in primary care group during snacks/meals		76.5 (4.26)
Soothes children in care group to sleep		72.4 (4.63)
Changes diaper for care group at least 75% of the time		67.3 (4.81)
None of these apply		6.4 (1.87)
Don't know		[c]
When families change teachers, it is usually due to[d]:	63	
Families' preferences		39.6 (7.51)
Some other reason, such as scheduling, logistics, or funding		60.4 (7.51)

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey, unless otherwise indicated.

[a]A primary teacher is defined as one teacher who has primary responsibility for the care of a small group of children within a larger group setting. Beginning in Baby FACES 2022, centers with primary teachers also include centers with classrooms where children stay together with the same team or group of teachers so that all the teachers know the children equally well with no one teacher being more responsible for particular children.

[b]Among centers that assign each child to a primary teacher or children stay together with the same team of group of teachers (n = 203). Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

[c]We do not report estimates based on fewer than 5 responses.

[d]Among centers where children typically work with the same teacher for the entire time they are enrolled in the center (n = 63).

SE = standard error.

Exhibit V.19. How are centers supporting continuity of care in Early Head Start classrooms? (percentages, unless otherwise indicated)

Continuity of Care scale	Sample size	Percentage/mean (SE)
How frequently do centers typically transition children to new teachers?[a]	207	
Children move to a different teacher every 6 months or less (0 points)		[b]
Children and teachers are together between 6 and 9 months (1 point)		2.2 (1.31)!
Children and teachers are together for over 9 months (2 points)		97.8 (1.31)
When do centers typically transition children to new teachers?[c]	207	
Child moves to a different caregiver every program year (0 points)		25.5 (5.05)
Child stays with same teacher until a certain age or milestone (1 point)		45.8 (5.31)
Child stays with same teacher throughout enrollment (2 points)		28.7 (4.58)
What is the mean child-to-teacher ratio in EHS classrooms?[d]	175	
1 teacher to 6 children or more (0 points)		4.9 (2.27)!
1 teacher to 5 children (1 point)		3.1 (1.19)!
1 teacher to 4 children or fewer (2 points)		92.0 (2.55)
To what extent do centers use "primary teachers" in their classrooms?[e]	202	
No clear primary teacher caregiving system exists[f] (0 points)		19.1 (4.30)
Primary teachers are responsible for some of the care of the focal children (between 4 and 6 of the tasks listed in Exhibit V.18) (1 point)		4.2 (1.53)!
Primary teachers are responsible for a majority of the care of the focal children (more than 6 of the tasks listed in Exhibit V.18) (2 points)		76.7 (4.44)
How many teachers do children typically interact with throughout the day?	208	
Child typically interacts with more than 4 teachers each day (0 points)		10.6 (3.53)!
Child typically interacts with 3 or 4 teachers each day (1 point)		28.6 (4.16)
Child typically interacts with 1 or 2 teachers each day (2 points)		60.8 (4.82)
On average, what is a center's total continuity of care points?[g]	206	7.9 (0.18)
On average, how many of the above continuity practices do centers implement?[h]	206	4.4 (0.10)
What percentage of centers have continuity of care classrooms?[i]	206	93.2 (3.11)

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit V.19 *(continued)*

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey, unless otherwise indicated.

[a]For the 2022 survey, this includes all centers where children typically work with the same teachers for the entire time they are enrolled in the center and until the end of the program year; this differs from the 2018 survey.

[b]We do not report estimates based on fewer than 5 responses.

[c]Centers could select more than one point at which children are typically transitioned. For the purposes of constructing the Continuity of Care scale, centers were assigned to the highest continuity of care practice that they selected (that is, the practice associated with the highest number of points).

[d]Child-to-teacher ratio was constructed from the number of children and teachers (including assistant teachers) in each classroom, as reported on the teacher survey (n = 205) centers. Specifically, the ratio reflects the average classroom child-to-teacher ratio for each center. Ratios are rounded to the nearest whole number.

[e]A primary teacher is defined as one teacher who has primary responsibility for the care of a small group of children within a larger group setting. The primary teacher takes the lead in establishing relationships with the child and the family as well as seeing to the child's learning and care. Specifically, the Continuity of Care scale rates the extent to which a primary teacher caregiving system exists based on center director reports of whether the center assigns children to primary teachers and the number of tasks the primary teachers perform in the classroom. Tasks included in the count are presented in Exhibit V.18.

[f]Centers where no clear primary teacher caregiving system exists include both centers that do not use primary teachers and centers where primary teachers perform fewer than four of the tasks that are listed in Exhibit V.18.

[g]The continuity scale ranges from 0 to 10, with centers receiving up to 2 points for each of the scale's 5 subscales; higher scores indicate stronger use of continuity practices. The reported range is 3.8-10.0.

[h]The number of continuity practices implemented equals the number of subscales on which the center received at least 1 point. The reported range is 2-5.

[i]Centers have continuity of care classrooms if they receive 6 or more points out of 10 possible points.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit V.20. What are the background characteristics of Early Head Start children receiving center-based services? (percentages, unless otherwise indicated)

Child characteristics	Sample size	Percentage/ mean (SE)
What is the age distribution of EHS children receiving center-based services (at survey)?	336	
12 months or younger		6.2 (1.70)
13–24 months		25.0 (3.42)
25–36 months		38.7 (4.20)
Older than 36 months		30.1 (4.60)
What is the race/ethnicity of EHS children receiving center-based services?	324	
Hispanic/Latino		30.5 (5.29)
African American, non-Hispanic		40.9 (5.92)
White, non-Hispanic		16.0 (3.88)
Other, non-Hispanic[a]		12.6 (2.83)
What percentage of EHS children receiving center-based services are dual language learners?[b]	323	36.7 (5.63)
On average, how many hours of EHS care do EHS children receive each week?[c]	257	33.9 (0.99)
What percentage of center directors are concerned about attendance for …[d]	206	
None of their center-based families?		14.7 (3.08)
1–5 percent of their center-based families?		51.5 (4.28)
6–10 percent of their center-based families?		13.6 (2.67)
11–20 percent of their center-based families?		8.1 (2.25)
21–50 percent of their center-based families?		2.6 (1.38)!
More than 50 percent of their center-based families?		3.6 (1.69)!
Don't know		5.8 (1.76)!
How do center directors encourage attendance?[e]	157	
Call parents		97.5 (1.33)
Text or email parents		86.4 (3.38)
Set up a meeting with a family advocate, family service, worker, or other staff member		77.7 (4.89)
Do a home visit		66.5 (4.45)
Send a letter to the parents		64.0 (5.69)
Program-wide family education about the value of attendance		44.5 (5.40)
Messaging through social media such as Facebook		19.7 (4.44)
Other		3.9 (1.75)!
On average, how many strategies do center directors use?[f]	157	4.6 (0.17)

Source: Spring 2022 Baby FACES Parent and Center Director Surveys.

Note: Statistics are weighted to represent programs that offer center-based services and children who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center-

Exhibit V.20 *(continued)*

and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys and program director surveys with valid data on each item, out of a sample of 336 responses to the parent survey from parents who were sampled from Early Head Start classrooms and 208 responses to the center director survey.

[a]Includes non-Hispanic American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and multiracial.

[b]Dual language learners are defined as children who live in households where English is not the only language spoken or only non-English languages are spoken.

[c]The reported response range is 1-50.

[d]The 2022 survey asked center directors to report on defined ranges, while the 2018 survey asked program directors to report the exact percentage.

[e]Among center directors that reported attendance concerns for any families (n=157). Directors selected all strategies used by their centers, so the percentages may sum to greater than 100.

[f]The reported response range was 1-8.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit V.21. What are the family and household characteristics of Early Head Start children receiving center-based services? (percentages, unless otherwise indicated)

Primary caregiver and household characteristics	Sample size	Percentage/mean (SE) or median
On average, how old are primary caregivers receiving center-based services (at survey, in years)?[a]	332	32.1 (0.59)
What is the highest level of education for primary caregivers receiving center-based services?[b]	329	
Less than high school		12.8 (2.46)
High school diploma or equivalent		31.7 (4.20)
Vocational/technical school or some college, but no degree		17.4 (2.35)
Vocational/technical diploma		4.2 (1.36)!
Associate degree		12.2 (2.69)
Bachelor's degree		13.2 (2.69)
Graduate degree or higher		6.9 (1.87)
What is the employment status for primary caregivers receiving center-based services?	327	
Working full-time (35 hours a week or more)		42.7 (4.25)
Working part-time (less than 35 hours a week)		16.9 (3.00)
Unemployed		38.8 (4.18)
Other[c]		1.6 (0.69)!
What percentage of EHS children receiving center-based services live with…	328	
Two birth parents		39.9 (3.64)
One birth parent		50.8 (4.00)
No birth parents		9.2 (1.96)
What is the median total household income for families receiving center-based services, over the past 12 months?[d]	398	$26,866
What is household income as a percentage of the poverty level for families receiving center-based services?[e]	254	
0–50 percent of the poverty level		17.7 (3.13)
51–100 percent of the poverty level		37.5 (5.54)
101–130 percent of the poverty level		18.9 (3.62)
131 percent of the poverty level or higher		25.9 (4.58)

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 336 responses to the parent survey and 461 responses to

Exhibit V.21 *(continued)*

the parent child report from parents who were sampled from Early Head Start classrooms. Household income data are drawn from the parent child report; the other constructs are drawn from the parent survey.

[a]The reported response range is 17-73 years.

[b]The percentages do not add up to 100 because some respondents answered “don’t know.”

[c]Includes those who are retired, disabled, or unable to work, and those who reported working but did not report the hours per week worked.

[d]The mean is $37,110 (SE = $2,898), and the reported response range is $0-928,252. See Exhibit I.5 for information about the income data.

[e]Poverty level is adjusted for household size according to 2022 HHS poverty guidelines.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit V.22. What do Early Head Start primary caregivers receiving center-based services report about the quality of their relationship with their child, their own well-being, and their home environment? (percentages, unless otherwise indicated)

Measures	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Primary caregiver-child relationship for children receiving center-based services				
Mean Child Parent Relationship Scale (CPRS score)				
Closeness[a]	446	23.2 (0.18)	5-25	5–25
Conflict	444	15.1 (0.31)	8-40	5–40
Mean Parent–Child Interaction (HFPI score)	444	44.9 (0.37)	18-50	10–50
Percentage with area of concern[b]	444	19.4 (2.98)	n.a.	n.a.
Depressive symptoms for primary caregivers receiving center-based services				
Mean CESD-R total score	435	7.5 (0.84)	0-60	0–60
Percentage with no clinical significance[c]	435	85.3 (2.50)	n.a.	n.a.
Percentage with subthreshold depressive symptoms[c]		9.0 (1.95)	n.a.	n.a.
Percentage with potentially clinically significant[c]		5.7 (2.20)!	n.a.	n.a.
Parenting stress (PSI-4-SF scores) for primary caregivers receiving center-based services				
Mean Total Stress T-score[d]	426	43.4 (0.57)	32-89	32–92
Percentage with total stress scores of clinical significance[e]	426	3.4 (0.92)	n.a.	n.a.
Social Support (HFPI score) for primary caregivers receiving center-based services	438	20.3 (0.22)	5-25	5–25
Percentage with area of concern[b]	438	24.6 (2.11)	n.a.	n.a.
Family environment for families receiving center-based services (CHAOS total score) (parent survey)	313	10.2 (0.45)	0-28	0–45
Demographic risk factors (parent survey)[f]				
No high school credential	327	12.8 (2.46)	n.a.	n.a.
Not employed, in school, or in training	328	30.1 (3.11)	n.a.	n.a.
Receives public assistance[g]	298	64.7 (3.15)	n.a.	n.a.
Single parent	326	55.6 (3.74)	n.a.	n.a.

Exhibit V.22 *(continued)*

Measures	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Teenage mother at first birth	322	34.0 (4.02)	n.a.	n.a.
Demographic risk index (parent survey)	324			
Low risk (2 or less)		63.8 (4.32)	n.a.	n.a.
Medium risk (more than 2, less than 4)		28.3 (4.12)	n.a.	n.a.
High risk (4 or more)		8.0 (2.28)	n.a.	n.a.
Psychological risk index[h]	396			
No risk factors		67.7 (3.59)	n.a.	n.a.
One risk factor		26.1 (2.84)	n.a.	n.a.
Two or more risk factors		6.2 (1.99)!	n.a.	n.a.

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each measure, out of a total sample of 336 parent survey responses and 461 responses to the parent child report from parents who were sampled from Early Head Start classrooms. Items that depend on the parent survey only are indicated above.

[a]This measure differs from the 2018 Parent Child Report in that it excludes two items that were not asked for children under 16 months. Cronbach's alpha of the scores is 0.69 (lower than the threshold of 0.70).

[b]The developer defined cutoff scores indicating areas of concern.

[c]The developer defined cutoff scores indicating levels of depressive symptoms. Potentially clinically significant includes those whose responses were in the range of a possible, probable, or met the criteria for a major depressive episode, according to the CESD-R scoring guidelines.

[d]We presented the T-scores, which have a mean of 50 and a standard deviation of 10 for each of the subscales and the total stress score in the national norms.

[e]The developer defined cutoff scores suggesting clinically significant levels of stress.

[f]The person of reference for each of the five composite factors follows the specifications used in prior rounds of Baby FACES and depends on whether the birth mother lives with the study child. In all cases, teen mother status is a measure of whether the birth mother was a teenager when she gave birth to her first child, regardless of whether their first child was the child in the study. When the primary caregiver is not the birth mother (n = 51), information about the birth mother is based on the primary caregiver's best assessment of the birth mother's characteristics. Two factors—not having a high school credential and not being employed or in school or training—are based on the birth mother's characteristics only if she lives in the home; otherwise, they are based on the primary caregiver's characteristics (n = 40). Two other factors—being a single parent and receiving household public assistance—are based on the primary caregiver's characteristics, regardless of where the birth mother lives. Single parent is defined as the primary caregiver indicating that he or she does not live with a spouse or partner.

Exhibit V.22 *(continued)*

[g]Public assistance is defined as the primary caregiver reporting that he or she or someone in the household received Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP or "food stamps"), or Social Security Income/Social Security retirement, disability, or survivors benefits in the past 12 months.

[h]Family psychological risk index is a measure of cumulative family risk of poor parental mental health and unfavorable family functioning. The number of risks is based on the following measures: (1) depressive symptoms that are subthreshold or with clinical significance; (2) parenting stress, which indicates a total stress score above 90 percentile; and (3) substance use problems. The psychological risk index differs from the index used in the Spring 2018 Baby FACES Parent Survey in two key ways: (1) all three components of the risk index draw on parent child report data (previously depressive symptoms and substance use were drawn from the parent survey), and (2) the indicator of substance use problems is derived from a new set of items that reveal more information about substance use in the household more generally (previously it was based on a single item specific to the primary caregiver). Substance use problems are now defined as households where anyone in the household engaged in problematic drinking or illicit drug use (either by using illegal drugs — including marijuana — or by misusing prescriptions) in the past 30 days. Problematic drinking is based on two survey items and uses components of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) definition of heavy drinking, which varies for men and women. Problematic drinking is defined as a female caregiver (or a caregiver with an unknown gender) having 7 or more drinks in an average week, a male caregiver having 14 or more drinks in an average week, or anyone in the household having more than 4 drinks in one day at least once. When the gender of the parent is unknown—that is when the respondent identifies as a "other relative" or "other non-relative"—we assume that individual is female because most respondents in our sample are female. Questions about specific drugs included: Prescription pain killers; Marijuana (pot, bud) or Hashish (Hash); Amphetamines (uppers, ice, speed, crystal meth, crank); Cocaine (rock, coke, crack) or heroin (smack, horse); Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy); Sniffing gasoline, glue, hairspray, or other aerosols.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

CESD-R = Center for Epidemiologic Studies Depression Scale-Revised; CHAOS = Confusion, Hubbub, and Order Scale; HFPI = Healthy Families Parenting Inventory; n.a. = not applicable; PSI-4-SF = Parenting Stress Index, Fourth Edition Short Form; SE = standard error.

Exhibit V.23. What are the social-emotional and language skills of Early Head Start infants and toddlers who were receiving center-based services? What is their health status? (percentages, unless otherwise indicated)

Child skills and health	Sample size	Percentage/ mean (SE)	Reported range
Social-emotional skills			
As reported by parents, what percentage of toddlers receiving center-based services have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]			
Problem domain (possible problem)	314	42.7 (4.36)	n.a.
Competence domain (possible deficit/delay)	314	17.7 (3.11)	n.a.
Screening positive overall	319	47.8 (4.12)	n.a.
As reported by teachers, what percentage of toddlers receiving center-based services have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]			
Problem domain (possible problem)	380	18.5 (2.33)	n.a.
Competence domain (possible deficit/delay)	376	40.0 (2.91)	n.a.
Screening positive overall	380	44.4 (3.22)	n.a.
Language skills			
What is the mean English CDI IRT T-score for children receiving center-based services, as reported by teachers?[b]	546	51.6 (0.66)	22.1-82.6
What is the mean English CDI IRT T-score for children receiving center-based services, as reported by parents?[b]	379	51.1 (0.58)	19.9-73.1
What is the mean Spanish CDI IRT T-score for children receiving center-based services, as reported by parents?[b]	64	51.3 (1.77)	22.3-77.4
General health			
On average, what is the overall health for children receiving center-based services? (parent survey)[c]	302	1.7 (0.07)	1–5
Excellent or very good		81.1 (3.05)	n.a.
Good		15.6 (2.51)	n.a.
Fair or poor		3.4 (1.18)!	n.a.

Source: Spring 2022 Baby FACES Parent Child Report, Staff (Teacher) Child Report, and Parent Survey.

Note: Statistics are weighted to represent children who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey, parent child report, or staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of children who were sampled from Early Head Start classrooms with valid data on each of the scores. The sample sizes for the CDI scores are out of a total sample of 453 responses to the parent child report and 546 responses to the staff child report for children 8 months or older. The sample sizes for the BITSEA cutoff scores are out of a total sample of 330 responses to the parent child report and 386 responses to the staff child report for children 12–36 months. The sample size for children's general health is out of a total sample of 336 responses to the parent survey.

See Exhibit A.2 in Appendix A for reliability estimate of the BITSEA and CDI.

Exhibit V.23 *(continued)*

[a]The developer defined cutoff scores indicating a possible problem (scores at the 75th percentile or higher in the national standardization sample in the Problem domain) or possible deficit/delay (scores at the 15th percentile or lower in the national standardization sample in the Competence domain). Scoring in the cutoff range in at least one domain indicates "screening positive."

[b]We conducted IRT analyses for the CDI to create a single score across the multiple age forms (the infant, toddler, and age 3 forms). We converted the scores into T-scores based on the Baby FACES sample. T-scores have a mean of 50 and standard deviation of 10.

[c]Primary caregivers reported their general health status on a 5-point scale ranging from excellent (1) to poor (5).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

BITSEA = Brief Infant-Toddler Social and Emotional Assessment; CDI = MacArthur-Bates Communicative Development Inventories; IRT = Item Response Theory; n.a. = not applicable; SE = standard error.

Exhibit V.24. Do children participating in center-based Early Head Start receive developmental screenings and/or referrals?

Developmental Screenings and/or Referrals	Sample size	Percentage (SE)
What percentage of children participating in center-based Early Head Start have received a developmental screening since September?[a]	546	77.6 (3.61)
What is the percentage of children for whom EHS staff reported concerns about their development?	543	25.4 (3.05)
Have children been referred for a developmental concern since September?[a,b]	124	30.50 (6.12)
Have children been referred to any of the following?[b]		
Part C or Part B or other disabilities services provider[c]	124	42.7 (6.95)
Health care provider	124	17.4 (4.38)
Child care partner or other child care provider	124	15.8 (4.87)!
Mental health care provider	124	15.4 (4.36)
What was the reason for referral?[d]		
Speech problem	78	59.3 (6.96)
Developmental or cognitive delay	78	42.2 (7.15)
Emotional problem	78	37.7 (10.12)
Behavior problem	78	34.8 (8.78)
Attention problem	78	24.7 (7.66)!
Problem with the use of arms or legs	78	9.7 (4.30)!
Hearing problem	78	5.3 (2.37)!
Other developmental disability or medical problem[e]	79	4.6 (2.22)!
Vision problem	78	[f]
Something else	78	[f]
Child referred for multiple reasons	78	61.2 (7.89)

Source: Spring 2022 Baby FACES Staff (Teacher) Child Report.

Note: Statistics are weighted to represent children who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those children receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of teacher child reports with valid data on each item out of a total sample of 558 responses to the teacher child report, unless otherwise indicated. Teachers were asked whether children have received developmental screenings and/or referrals since September.

[a] Data collection took place between February and July of 2022, and teachers or home visitors reported on families' experiences over the past 6–11 months. These data do not account for any experiences families may have had in the program before September.

[b] Among children for whom EHS staff reported concerns about their development or did not respond to the question (*n* =160)

Exhibit V.24 *(continued)*

[c]Depending on age, children are eligible for services through Part C or Part B of the Individuals with Disabilities Education Act (IDEA). This question asked if the children had been referred to Part C or Part B of IDEA or other disabilities services provider for a developmental concern.

[d]Among children who were referred to health care provider, mental health care provider, or Part C or Part B or other disabilities services provider for a developmental concern (*n* = 79).

[e]Include autism (or concerns for autism), issues with nutrition, and health issues.

[f]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit V.25. How did Early Head Start centers provide services during the COVID-19 pandemic?

Services provided	Sample size	Percentage (SE)
How did centers provide services between March through June 2020?	204	
Closed for all EHS children		70.3 (5.02)
Open only for some EHS children		10.5 (3.29)!
Open for all EHS children		19.2 (3.73)
In response to the COVID-19 pandemic, what percentage of centers offered new resources or supports to parents to support their children's learning and development at home?	204	95.5 (2.90)
In spring 2022, what percentage of centers continued to offer resources or supports to parents to support their children's learning and development at home?[a]	199	70.5 (4.51)
How are centers are operating with respect to in-person learning and child care (as of spring 2022)?	204	
Providing in-person services to all EHS children, similar to pre-pandemic operations		90.0 (2.35)
Providing in-person services to all EHS children, but allowing fewer children in the classroom at a time		6.5 (1.96)!
Providing some remote services or closed and not providing any services[b]		3.5 (1.45)!

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a sample of 208 responses to the center director survey, unless otherwise indicated.

[a]Among centers that offered new resources or supports to parents due to the COVID-19 pandemic (*n* = 199).

[b]This includes centers that are: providing in-person services for some EHS children and only remote services to others; closed for in-person services and providing remote services to all EHS children; and closed and not providing in-person or remote services to any EHS children.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Section VI:

What services are provided by Early Head Start home visiting, and what is the quality of those services?

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Exhibit VI.1. How frequently do Early Head Start families receiving home-based services receive home visits?

Frequency of home visit, among families that receive home visits[a]	Sample size	Percentage (SE)
Once a week or more	670	94.9 (1.06)
Two or three times a month		3.8 (0.94)
Once a month or less		1.3 (0.38)!

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item, out of a total sample of 688 responses to the parent survey from parents who were sampled from home visitors' caseloads.

[a]Given the distributions of responses in the 2018 Baby FACES Parent Survey, the response options were reduced and slightly revised in the 2022 survey.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.2. How often are Early Head Start families participating in home visits and communicating with home visitors?

Home visitor contact with families	Sample size	Percentage (SE)
How many in-person visits did families receive from the home visitor in the past 4 weeks?	775	
None		11.5 (3.08)
One		7.3 (1.85)
Two		15.1 (1.98)
Three		25.9 (2.43)
Four		32.3 (3.31)
More than four		7.8 (1.31)
How many in-person visits did the home visitor schedule with families in the past 4 weeks?	789	
None		8.4 (2.87)!
One		4.1 (1.72)!
Two		5.4 (1.10)
Three		12.8 (1.98)
Four		58.3 (3.36)
More than four		11.0 (1.42)
What percentage of families missed the appointment for the following reasons for the last missed appointment?	740	
Family crisis		4.3 (1.10)
Sick parent or child		74.1 (2.75)
Family had a conflicting appointment for family health and wellbeing		5.3 (1.27)
Other[a]		16.2 (2.12)
Other than in-person home visits, what modes of communication did the families receive from the home visitor in the past 4 weeks?[b]		
Texting	766	98.9 (0.46)
Talking or leaving messages on phone	709	90.3 (1.40)
Sending emails	538	50.3 (4.45)
Having an in-person, informal conversation[c]	501	45.9 (4.12)
Connecting via social networking sites	448	25.7 (3.89)
Writing notes or letters	415	11.1 (2.63)
Connecting via virtual video conferencing platform	335	7.7 (3.14)!
Other modes	335	6.9 (1.79)
How frequently did families receive communication in these other modes from the home visitor during a typical week?	764	
None		[d]
One		13.5 (1.85)
Two		46.3 (2.78)
Three		26.6 (2.76)
Four		7.1 (1.21)
More than four		2.7 (0.94)!

Source: Spring 2022 Baby FACES Staff (Home Visitor) Child Report

Exhibit VI.2 *(continued)*

Note: Home visitors sampled for Baby FACES 2022 were asked to fill out reports for up to three of the children they were serving. These reports also included questions about the children's families. In this exhibit, each response corresponds to one family served by an Early Head Start home visitor.

Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those families receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of home visitor child reports with valid data on each item out of a total sample of 810 responses to the home visitor child report, unless otherwise indicated.

[a]Include reasons such as family declined further participation because of going back to work, school, getting services from other agencies, pressure from family members, etc., experienced a work schedule conflict, or was out of town or on vacation; unable to locate the family; Covid-19 related issue; or other reasons.

[b]Home visitors were asked about several modes of communication with families other than in-person visits, and whether any other modes were used. Some responses on other modes were classified into existing categories when appropriate; the rest were grouped into new categories that are captured under "Other modes."

[c]Not part of a planned visit.

[d]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.3. How do parents who do not speak English well communicate with Early Head Start home visitors?

Language and communication with families	Sample size	Percentage (SE)
Which languages does the family's home visitor use when speaking to the parent?	227	
All non-English		81.5 (3.49)
All English or a Mix of non-English and English[a]		18.5 (3.49)
For what percentage of parents does the family's home visitor use the parent's preferred language?	227	99.5 (0.32)
For what percentage of parents does someone translate so they can talk with the family's home visitor?[c]	19	38.8 (12.80)!

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item. The total sample is 688 responses from those receiving services from an Early Head Start home visitor participating in Baby FACES 2022, but in this exhibit all responses are among parents who reported that they do not speak English well (n = 230). The questions in this exhibit were only asked of this group of parents.

[a]Includes parents reporting that the family's home visitor uses more non-English than English, English and non-English equally, or more English than non-English.

[b]Among parents who do not speak English well and are spoken to in English at least as much as in a non-English language (n = 19).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.4. What curricula do Early Head Start programs use for home visiting?

Curriculum use	Curricula used		Main curricula	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Do EHS programs use any specific curriculum for home visiting services?	56			
Yes, specific curriculum		85.8 (6.12)		
Yes, combination		14.2 (6.12)!		
Which curricula do EHS programs use?[a]	56		56	
Partners for a Healthy Baby		48.2 (7.66)		27.2 (6.35)
Parents as Teachers (PAT)		43.1 (7.77)		42.4 (7.78)
Creative Curriculum/Teaching Strategies		25.9 (6.81)		7.1 (3.30)!
Growing Great Kids		16.9 (5.86)!		14.2 (5.42)!
Other[b]		15.7 (5.98)!		[c]
No main curriculum		n.a.		[c]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]Among programs (*n* = 56) that reported using a curriculum. Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

[b]The "Other" category includes any listed curriculum reported by less than 5 percent of responses (before weighting), as well as other curricula specified by respondents. Listed curricula include Conscious Discipline (Baby Doll Circle Time) and Baby Talk.

[c]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; n.a. = not applicable; SE = standard error.

Exhibit VI.5. How are Early Head Start programs using home visit curricula?

Curriculum use	Sample size	Percentage (SE)
What percentage of programs adapted their home visitor curriculum?[a]	55	
Yes		5.1 (2.56)!
No		94.9 (2.56)
Do programs and centers assess the extent to which curriculum is implemented as intended?[b,c]	55	
Supervisors or manager or others complete a checklist or standardized tool during observations of teachers		74.4 (6.73)
Home visitors complete a checklist or standardized tool about how they use the curriculum		25.3 (6.70)
Program does not use a checklist or other standardized tool to assess how teachers are using the curriculum		21.6 (6.33)

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]Programs that adapted their home visit curriculum were asked to articulate their reasons for making adaptions and the types of adaptions they made; responses to these questions were removed because we do not report estimates based on fewer than 10 responses for a construct.

[b]Among programs that adapted their home visit curriculum. Adaptations were defined as significant, global changes that would be program-wide, as opposed to accommodations made for individual children or situations.

[c]Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

SE = standard error.

Exhibit VI.6. How are Early Head Start home visitors using curricula?

Curriculum use	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of home visitors use a specific curriculum?	424			
Uses specific curriculum		67.7 (3.94)		
Uses combination of curricula		31.2 (4.02)		
Does not use curriculum		1.1 (0.50)!		
What curricula do home visitors use and what is the main curriculum used?[a]	424	**Curriculum is used**	419	**Is main curriculum[b,c]**
Parents as Teachers (PAT)		43.1 (7.14)		39.8 (7.23)
Creative Curriculum Learning Games/Teaching Strategies		36.1 (5.56)		14.3 (3.75)
Partners for a Healthy Baby		32.2 (5.71)		18.2 (4.29)
Conscious Discipline (Baby Doll Circle Time)		19.2 (4.22)		[d]
Growing Great Kids		15.5 (4.89)!		14.0 (4.76)!
Baby Talk		6.5 (2.99)!		2.1 (2.00)!
Other curricula[e]		19.0 (4.58)		6.5 (3.03)!
Does not use curriculum		1.1 (0.50)!		n.a.
None of curricula used are main curriculum		n.a.		4.4 (1.50)!
Have home visitors been assessed, with a tool or checklist, on how they use the curriculum?[b,f]	412			
Home visitor completed tool or checklist		46.3 (3.72)		
Someone else completed tool or checklist		16.6 (2.23)		
No one has used tool or checklist to assess how home visitor uses curriculum		17.9 (3.03)		
Do not know		23.9 (2.71)		
What supports do home visitors receive to help them use the main curriculum?[b,g]				
Help understanding the curriculum	408	89.7 (1.81)		
Help planning curriculum-based activities	413	77.5 (2.84)		
Help identifying and/or receiving additional resources to expand scope of curriculum	413	75.9 (2.79)		
Help implementing the curriculum	404	74.4 (2.55)		
Help individualizing or tailoring the curriculum for families	413	71.6 (2.42)		
Observing someone implementing curriculum	407	70.6 (2.81)		
Refresher training on the curriculum	410	66.3 (3.55)		
Feedback on implementing the curriculum	407	65.6 (2.76)		
Help implementing the curriculum for children with special needs	412	56.1 (3.16)		
Feedback from checklist about use of curriculum	412	51.0 (3.21)		
Do home visitors individualize the main curriculum for families they work with?[b]	411	99.0 (0.68)		

Exhibit VI.6 *(continued)*

Curriculum use	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What do home visitors use to individualize the curriculum?[h]				
Parent input	395	98.8 (0.70)		
Child assessment data	399	97.5 (0.78)		
Data related to family needs	397	94.2 (1.28)		
Curriculum developer guidance	392	74.9 (3.13)		
How do home visitors involve parents when planning home visits?				
Ask for parental input during home visit	425	99.5 (0.32)		
Discuss planned topics and activities for next visit	428	99.0 (0.57)		
Discuss parent tasks prior to next visit	428	96.1 (1.14)		
Review activities from last visit	425	95.1 (1.10)		
Leave copy of home visit plan with parents	422	52.0 (3.96)		

Source: Spring 2022 Baby FACES Staff (Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start home visitors. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of home visitor surveys with valid data on each item out of a total sample of 438 responses to the home visitor survey, unless otherwise indicated.

[a]Curricula listed are those reported being used by at least 5 percent of home visitors (before weighting). Home visitors were given a list of curricula and asked to select the curricula they used and to write in any other curricula they used that were not on the list. Responses outside the provided list were categorized into existing or additional options during analysis.

[b]Among home visitors using at least one curriculum (n = 419).

[c]Sample size includes a small number of home visitors (less than 5 percent) who gave a response of "don't know" which curricula used was the main curriculum. The exhibit does not include the percentage for this response option. Percentages for categories that are included might not add to 100 percent.

[d]We do not report estimates based on fewer than 5 responses.

[e]The "Other curricula" category lists home visitors who reported using any curriculum reported by less than 5 percent of home visitors (before weighting). Exhibit B.1 in Appendix B expands results for this question to include curricula reported by less than 5 percent of home visitors.

[f]Home visitors could respond that they had completed a tool or checklist and that someone else had completed a tool or checklist, so the three responses to this question add to more than 100 percent.

[g]Sample sizes include small numbers of home visitors who gave a response of "don't know." The exhibit does not include percentages for this response option. Home visitors responded about each support separately, so the percent of "don't know" responses varies, but in most cases is less than 5 percent.

[h]Among home visitors who report individualizing the curriculum (n = 407).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VI.7. How are Early Head Start programs using assessments to gather information on the development and progress of children receiving home-based services?

Screener and assessment use	Sample size	Percentage (SE)
What percentage of EHS programs ask home visitors to use any assessments to gather information on the development or progress of children receiving home-based services?	54	100.0 (0.00)
What child screeners do EHS programs ask home visitors to use?[a]	54	
Ages and Stages Questionnaire (ASQ)		77.7 (7.23)
ASQ: Social-Emotional		61.8 (8.18)
What child assessments do EHS programs ask home visitors to use?[a]	54	
Teaching Strategies Gold (formerly known as Creative Curriculum)		47.0 (7.59)
Devereux Early Childhood Assessment (DECA)		31.8 (8.12)
Desired Results Developmental Profiles-R (DRDP)		26.4 (7.23)
Other screener or assessment[b]		38.6 (7.00)
Don't know what assessments/screeners used		[c]

Source: Spring 2022 Baby FACES Program Director Surveys.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program directors with valid data on each item out of a total sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]Among program directors that reported using a screener or assessment to gather information on children's development or progress. Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

[b]The "Other" category includes any screener or assessment reported by less than 5 percent of responses (before weighting), as well as other screeners and assessments specified by respondents. Listed screeners and assessments include: agency-created screening assessment; Brigance Assessment; Brigance Screener; Learning Accomplishment Profile; High Scope Child Observation Record (COR); Infant-Toddler Developmental Assessment (IDA). The Learning Accomplishment Profile includes the Early Learning Accomplishment Profile and the Learning Accomplishment Profile: Birth to Kindergarten (LAP B-K).

[c]We do not report estimates based on fewer than 5 responses.

ASQ = Ages and Stages Questionnaire; EHS = Early Head Start; SE = standard error.

Exhibit VI.8. How are Early Head Start home visitors using assessments?

Screener and assessment use	Sample size	Percentage (SE)
What percentage of home visitors have used child assessments during the current program year?[a]	420	97.4 (0.93)
What child assessments and/or screeners have home visitors used?[b]	419	
SCREENERS		
Ages and Stages Questionnaire (ASQ)		75.6 (4.83)
ASQ: Social-Emotional		64.4 (4.54)
Brigance Screener		16.0 (4.97)!
Agency-created screening assessment		5.5 (1.32)
ASSESSMENTS		
Creative Curriculum Tools (Teaching Strategies Gold)		37.7 (5.56)
Desired Results Developmental Profiles-R (DRDP)		19.5 (4.91)
Devereux Early Childhood Assessment (DECA)		16.0 (4.95)!
Brigance Assessment		12.3 (4.27)!
Other child assessments and/or screeners[c]		17.7 (3.30)
Does not use any child assessments		2.0 (0.81)!
What challenges do home visitors experience in using child or family assessment data?[d]		
Do not have enough time to collect data	396	32.0 (2.91)
Do not have child assessment tools that are well adapted for home visits	398	24.6 (2.63)
Do not know how to accurately collect data	392	13.7 (2.21)
Do not have necessary technology	397	13.6 (2.23)
Do not understand what data mean	396	8.0 (1.60)
Do not know how to use data to individualize or improve strategies	398	7.8 (1.54)

Source: Spring 2022 Baby FACES Staff (Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start home visitors. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of home visitor surveys with valid data on each item out of a total sample of 438 responses to the home visitor survey responses, unless otherwise indicated.

[a]Sample size includes a small number of home visitors (less than 5 percent) who gave a response of "don't know." The exhibit does not include the percentage for this response option.

[b]Child assessments listed are those reported being used by at least 5 percent of home visitors (before weighting). Home visitors were given a list of assessments (including screeners) and asked to select the child assessments they used and to write in any other child assessments they used that were not on the list. Responses outside the provided list were categorized into existing options during analysis.

Sample size includes a small number of home visitors (less than 5 percent) who gave a response of "don't know" either to this question (about which assessments they use) or the previous question (whether they use any assessments). The exhibit does not include percentages for these response options.

Exhibit VI.8 *(continued)*

[c]The "Other child assessments" category includes any child assessments reported by less than 5 percent of home visitors (before weighting). Exhibit B.2 in Appendix B has more detailed results for this question, including results for child assessments reported by less than 5 percent of home visitors.

[d]Among home visitors using at least one child assessment (*n* = 408).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.9. What are the content and other characteristics of home visits with Early Head Start families based on home visitor reports? (percentages, unless otherwise indicated)

Home visit content	Sample size	Percentage/ mean (SE)
What topics/activities did the home visitor address during home visits with families in the past 4 weeks?	690	
Parent		
Education		68.7 (3.60)
Mental health or stress		40.5 (3.43)
Social support		25.7 (2.41)
Family planning		22.7 (2.52)
Job training and employment		21.9 (2.87)
Housing		18.7 (2.64)
Economic management/financial self-sufficiency		17.8 (2.49)
Finding alternate caregivers/child care		13.7 (1.88)
Maternal physical health (outside of pregnancy)		10.0 (1.77)
Prenatal health behaviors/prenatal care		7.0 (1.12)
Domestic violence or anger management		6.6 (1.14)
Tobacco, alcohol, or other drug use[a]		5.9 (1.17)
Parenting behavior/child outcomes		
Child's language and communication		78.2 (2.47)
Child's social-emotional development		68.0 (3.08)
Child's approaches to learning		64.6 (2.92)
Child's perceptual, motor, and physical development		63.8 (3.09)
Parent–child interaction		63.2 (2.43)
Child's cognition		62.7 (3.18)
Child health		56.7 (3.20)
Developmentally appropriate care/routines		45.3 (3.15)
Child/home safety		42.0 (3.47)
Discipline/behavior management		39.5 (3.52)
Breastfeeding/feeding nutrition		24.9 (2.55)
Co-parenting		16.8 (2.56)
Lead exposure in home		11.7 (2.92)
Family		
Public/governmental assistance		22.0 (2.57)
Health insurance/Medicaid/SCHIP		15.4 (2.29)
In what areas did families receive referrals or agency contact information from the home visitor in the past 4 weeks?	731	
Did not provide referrals or agency contact information		60.5 (3.12)
Child care		12.3 (1.52)
Public assistance		9.2 (1.49)
Adult education services		8.6 (2.00)

Exhibit VI.9 *(continued)*

Home visit content	Sample size	Percentage/ mean (SE)
Early intervention services		7.0 (1.30)
Job training and employment		7.0 (1.46)
Pediatric primary care		6.0 (1.96)!
Housing		5.9 (1.57)
Mental health treatment		4.9 (1.04)
Family planning and maternal reproductive and health care[b]		2.9 (0.81)
Resources for addressing tobacco, alcohol, or drug use[c]		0.9 (0.51)!
Help addressing domestic violence[d]		0.9 (0.35)!
Who participated in the most recent home visit with families in the past 4 weeks?	677	
Mother		95.0 (0.98)
Focal child		34.1 (3.70)
Father/parent's current partner		16.8 (1.61)
Other adult family member		10.0 (1.48)
Other children in home		27.1 (2.81)
Other professional (nurse, early interventionist, child welfare worker, supervisor, etc.)		4.7 (1.06)
On average, on a scale of 1 to 5, how well aligned was the planned home visit content with what actually happened during the most recent home visit with families in the past 4 weeks?[e]	655	4.3 (0.06)
What percentage of the home visits aligned very well with the plan (a rating of 5)?		53.1 (3.20)
Why were the home visit and plan not very well aligned?[f]	271	
Parent/child not engaged in activity[g]		49.8 (4.81)
Presence of other people limited parent's responses[h]		24.5 (2.79)
Sick parent or child[i]		20.2 (3.28)
Parent interested in other topic		17.5 (2.87)
Family crisis		7.4 (2.05)
Enrollment or other paperwork issues		5.4 (1.77)!
Space constraints		4.7 (1.68)!
Other reasons		13.1 (2.33)
In what language was the home visit conducted?	684	
All in English		54.4 (6.30)
All in Spanish or some other language		30.1 (4.49)
More English than Spanish (or some other language)		2.2 (0.70)!
Equally English and Spanish (or some other language)		4.9 (1.25)
More Spanish (or some other language) than English		8.4 (1.84)
Did families follow through from the previous visit at the most recent visit in the past 4 weeks?	667	
No follow-through assigned		9.1 (1.57)
Family could not remember previous activities/discussion/referrals		2.8 (0.94)!
Family remembered but did not follow through		8.4 (1.39)

Exhibit VI.9 *(continued)*

Home visit content	Sample size	Percentage/ mean (SE)
Family followed through incompletely		10.9 (1.54)
Family followed through completely		68.8 (2.59)

Source: Spring 2022 Baby FACES Staff (Home Visitor) Child Report.

Note: Home visitors sampled for Baby FACES 2022 were asked to fill out reports for up to three of the children they were serving. These reports also included questions about the children's families. In this exhibit, each response corresponds to one family served by an Early Head Start home visitor.

Statistics are weighted to represent families who were sampled from Early Head Start classrooms (identified by the center-based sampling flag [t_hv_flag = 1]), including those families receiving center-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of home visitor child reports with valid data on each item. The total sample is 810 responses to the home visitor child report, but in this exhibit all responses are among families that received at least one visit from the home visitors during the past four weeks (*n* = 697), unless otherwise indicated.

[a]Includes families for which home visitors reported addressing at least one of the following topics: tobacco use, alcohol misuse, opioid misuse, or other drug use.

[b]Includes families for which home visitors reported referrals in at least one of the following areas: family planning and reproductive health care, prenatal care, or maternal preventive care.

[c]Includes families for which home visitors reported referrals in at least one of the following areas: resources to help quit or reduce smoking or vaping, alcohol abuse treatment, treatment for opioid misuse, or other drug use treatment.

[d]Includes families for which home visitors reported referrals in at least one of the following areas: domestic violence counseling/anger management or domestic violence shelter.

[e]Home visitors were asked about alignment between planned and actual home visit content for families on a scale of 1–5, where 1 = not well aligned and 5 = very well aligned.

[f]Among families for which home visitors did not say the home visit content and home visit plan were very well aligned (those who did not select option 5 on the scale of 1–5) (*n* = 290). Home visitors were asked about several reasons why the home visit and plan were not very well aligned and whether there were any other reasons. Some responses about other reasons were classified into existing categories when appropriate; the rest were grouped into new categories that are captured under "Other reasons." For a large majority of the families whose home visitor did not respond to this question (22 of 26), the home visitor had answered 4 on the scale of 1–5. This implies that for many of these families, the non-responding home visitors felt there was no misalignment between the home visit content and home visit plan to explain.

[g]Includes families for which home visitors reported that the child was interested in another activity.

[h]Includes families for which home visitors reported that the presence of other children or adults distracted the child.

[i]Includes families for which home visitors reported that the child was asleep during the visit.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.10. What are the characteristics of the home visits based on home visit observation? (percentages, unless otherwise indicated)

Characteristics	Sample size	Percentage/ mean (SE)	Reported range
What is the mean length of home visits (in minutes)?	575	78.0 (2.57)	10-210
Percentage of home visits lasting 90 minutes or more	575	40.0 (3.89)	n.a.
What is the percentage of home visits where the focal child was present?	601	99.1 (0.39)	n.a.
What is the percentage of home visits where the focal child was awake the entire time?[a]	593	93.1 (1.30)	n.a.
Among visits in which focal child was asleep, what is the mean percentage of time sleeping?[b]	39	42.1 (7.25)	2-100
What is the mean number of children other than focal child participating in visit (among visits with other children)?	228	1.3 (0.06)	1-4
What is the mean number of adults other than home visitor participating in visit?	588	1.1 (0.02)	1-4
What are the languages used during home visits? (percentage)[c]	596		
English		68.0 (4.69)	n.a.
Spanish		47.1 (5.77)	n.a.
Other language		1.7 (0.82)!	n.a.
For home visits conducted in a language other than one spoken by the family, what percentage used an interpreter?[d]	94	6.7 (3.37)!	n.a.
To what extent did environmental distractions interfere with the home visit?[e]	591		
No distractions		41.4 (3.89)	n.a.
No interference		17.7 (2.76)	n.a.
Between not interfering and somewhat interfering		17.7 (2.41)	n.a.
Somewhat interfering		13.5 (2.02)	n.a.
Between somewhat interfering and very interfering		5.9 (2.02)!	n.a.
Very interfering		3.8 (0.94)	n.a.

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the items, out of a total sample of 602 families with home visit observations conducted.

[a]Among 595 home visits where focal child was present.

[b]Among 44 home visits where focal child was asleep.

[c]Language categories sum to greater than 100, because more than one language could have been used during the home visit.

Exhibit VI.10 *(continued)*

[d]Among 126 home visits where a language other than that spoken by the family was used during the home visit.

[e]Observers rated the extent to which environmental distractions (television, phone calls, visitors, pets, other children, noise, etc.) interfered with the home visit on a 6-point scale, with the ratings anchored at 1 (very interfering), 3 (somewhat interfering), 5 (not interfering), and 6 (no distractions).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VI.11. Who are the people present for the majority of the home visit observed?

Characteristics	Sample size	Percentage (SE)
Who are the people present for the majority of the home visit, in addition to the home visitor?[a]	592	
Child's mother or female guardian		62.9 (4.31)
Child's sibling(s)		39.5 (3.33)
Child's father/father figure		11.8 (1.84)
Other children		7.1 (1.63)
Child's grandparent		5.4 (1.22)
Other family members		4.0 (0.88)
Part C provider, health professional, or interpreter		0.9 (0.41)!
Other adults		1.2 (0.45)!
What is the percentage of home visits that had no other people present?	591	19.3 (3.33)

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the items, out of a total sample of 602 families with home visit observations conducted.

[a]Percentages sum to greater than 100 because the response options are not mutually exclusive.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.12. What are the activities conducted during the home visits? (percentages, unless otherwise indicated)

Activities	Sample size	Percentage/ mean (SE)	Reported range
What is the mean percentage of time spent per type of activity during the visit?			
Child-focused activities	588	54.2 (2.93)	0-100
Parent–child-focused activities	588	19.7 (1.32)	0-100
Parent/family-focused activities	588	12.7 (1.38)	0-100
Staff-family relationship-building activities	587	11.8 (1.20)	0-100
Crisis management activities	587	1.7 (0.37)	0-50
What is the percentage of home visits in which the following activities were conducted?[a]	596		
Play		79.6 (2.40)	n.a.
Provision of education and/or information		58.4 (3.41)	n.a.
Observation of caregiver-child interactions		57.6 (3.35)	n.a.
Child/parent observation/assessment		51.7 (3.79)	n.a.
Goal setting/planning		50.6 (4.07)	n.a.
Evaluation/feedback on parent–child interactions		44.7 (3.77)	n.a.
Model or demonstrate interaction with child/facilitate parent–child interaction		40.0 (3.43)	n.a.
Problem solving		23.6 (2.97)	n.a.
Provision of emotional support to parent		22.8 (2.61)	n.a.
Crisis intervention		2.8 (0.80)	n.a.
Other[b]		2.1 (0.80)!	n.a.
What is the mean number of activities conducted during home visits?[c]	596	4.3 (0.17)	0-10

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the items, out of a total sample of 602 families with home visit observations conducted.

[a]Percentages sum to greater than 100, because more than one activity could occur during the home visit.

[b]Examples of other activities include watching TV, taking picture of child because it was the last visit.

[c]This is the count of activities conducted during home visits out of 10 activities on the list. Possible range is 1 to 10.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VI.13. How much time is spent on topics covered during the home visit?

Topics	Sample size	Percentage (SE)			
		Not addressed	Touched on briefly	Discussed al least 10-15 minutes	A Primary Focus of the Visit
How much time is spent on child health and development?					
Cognitive development	589	19.7 (2.02)	43.4 (2.97)	21.1 (3.05)	15.8 (2.89)
Literacy and language development	594	17.7 (2.42)	47.9 (3.35)	24.4 (3.17)	10.0 (1.96)
Physical/motor development	596	17.8 (2.15)	40.5 (2.94)	20.1 (3.04)	21.6 (2.78)
Social-emotional needs and development	585	36.1 (2.41)	45.3 (2.15)	11.4 (2.99)	7.2 (1.60)
Infant temperament	586	62.8 (3.60)	24.6 (2.55)	10.1 (2.28)	2.5 (0.94)!
Prenatal and child health	585	63.5 (3.15)	23.2 (2.72)	11.2 (2.36)	2.1 (0.79)!
Infant cues, developmental stages/milestones and appropriate expectations	593	28.5 (2.64)	36.9 (3.05)	21.2 (2.78)	13.4 (2.21)
Infant/Toddler sleep issues	596	73.6 (2.75)	18.4 (2.13)	7.8 (2.00)	[c]
Other[a]	380	98.1 (1.06)	[c]	[c]	[c]
How much time is spent on parenting?					
Nutrition and breastfeeding	591	63.1 (3.31)	27.1 (2.40)	8.8 (2.06)	1.0 (0.55)!
Home safety	588	80.6 (2.58)	15.2 (2.36)	3.6 (1.04)	[c]
Parenting practices/Routines	588	36.7 (4.04)	45.7 (3.49)	13.5 (2.03)	4.1 (1.19)
Parent–child relationship	589	37.7 (3.25)	39.8 (2.42)	16.1 (2.47)	6.4 (1.73)
Father involvement (involving the father in the child's life	591	67.2 (2.91)	26.7 (2.62)	5.2 (1.43)	1.0 (0.49)!
Child care	589	69.6 (3.49)	20.7 (3.00)	7.2 (2.79!)	2.5 (1.01)!
Other[b]	372	99.3 (0.42)	[c]	[c]	[c]
How much time is spent on health and well-being (for either parent)?					
Social support	588	57.8 (3.32)	29.9 (2.92)	9.5 (2.00)	2.8 (0.81)
Goal setting	588	43.4 (4.42)	38.4 (3.59)	12.4 (2.00)	5.8 (1.49)
Parent mental health, coping, and well-being	591	61.0 (3.46)	28.6 (2.86)	8.9 (2.14)	1.6 (0.65)!

Exhibit VI.13 *(continued)*

Topics	Sample size	Percentage (SE)			
		Not addressed	Touched on briefly	Discussed al least 10-15 minutes	A Primary Focus of the Visit
Substance use (tobacco, alcohol, drugs)	593	97.7 (0.67)	2.1 (0.61)	[c]	[c]
Maternal health	592	88.3 (1.56)	8.9 (1.35)	2.7 (0.88)!	[c]
How much time is spent on employment or education?	590	70.1 (2.77)	23.1 (2.38)	6.5 (2.04)!	[c]
How much time is spent on community services?					
Emergency referral/crisis intervention	584	96.0 (0.93)	3.8 (0.92)	[c]	[c]
Referral to community services for parent	584	64.8 (3.78)	29.2 (3.28)	5.6 (1.44)	[c]
Referral to community services for child	589	61.4 (3.01)	33.9 (3.08)	4.3 (1.14)	[c]
Housing	586	92.0 (2.00)	6.3 (1.85)	1.7 (0.74)!	[c]
Transportation	587	92.2 (1.58)	6.7 (1.48)	[c]	[c]

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the items, out of a total sample of 602 families with home visit observations conducted.

[a]Examples of other topics on child health and development include lead poison, safety for children.

[b]Examples of other topics on parenting include custody with mother, making time for older sister.

[c]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.14. How is the observed home visit aligned with home visitor's plan? (percentages, unless otherwise indicated)

	Sample size	Percentage/ mean (SE)
On average, how well aligned was the home visit with what the visitor planned to accomplish ?[a]	581	4.4 (0.04)
What percentage of the home visits aligned very well with the plan (with a rating of 5)?		59.4 (2.73)
Why did the home visit not align very well with the plan?[b]	233	
Mother or child not engaged in activity		41.9 (3.58)
Presence of other people limited mother's responses		24.5 (3.82)
Time constraints		10.8 (3.13)
Change in format, location, or structure		8.4 (3.06)!
Sick child or parent		6.6 (1.97)!
Space constraints		5.3 (1.96)!
Mother interested in another topic		3.4 (1.70)!
Family crisis		[d]
Other[c]		9.4 (2.39)

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the items, out of a total sample of 602 families with home visit observations conducted.

[a]Home visitors were asked to rate how well aligned was the home visit with what they planned to accomplish during the visit on a scale of 1 to 5, with 1 as not well aligned and 5 as very well aligned. The reported range is 1-5.

[b]Home visitors who rated less than 5 on the alignment question (n = 233) were asked: Why don't you think today's home visit was very well aligned with what you planned to accomplish during the visit?

[c]Examples of other reasons include new family, presence of observer.

[d]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VI.15a. What is the observed quality of home visits for families receiving home-based services for all home visits?

	Sample size	Mean (SE)	Observed range	Possible range
What is the mean quality of home visits, as measured by the HOVRS-3?[a]				
Quality of Home Visiting Practices	594	4.1 (0.09)	1.85-7.00	1-7
Relationship Building with Family	598	5.1 (0.08)	1.96-7.00	1-7
Responsiveness to Family Strengths	598	3.7 (0.09)	1-7	1-7
Facilitation of Caregiver-Child Interaction	595	3.7 (0.11)	1-7	1-7
Collaboration with Caregiver	597	4.0 (0.12)	1-7	1-7
What is the mean overall quality of the home visits rated by the observers?[b]	591	3.6 (0.07)	1-5	1-5

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the HOVRS-3 scores, out of a total sample of 602 families with home visit observations conducted.

See Exhibit A.7 in Appendix A for reliability estimates of the HOVRS-3 scores.

[a]Quality ranges are based on developer suggested cut points on the HOVRS-3 scores: needs support (1–2.9), adequate (3–4.9), good (5–5.9), and excellent (6-7).

[b]Based on the content of the visit and the quality of the relationship/interactions between parent and home visitor, the observer rated the overall quality of the home visit on a scale of 1 to 5, with the ratings anchored as poor (1), good (3), and excellent (5).

HOVRS-3 = Home Visit Rating Scales-3; SE = standard error.

Exhibit VI.15b. What is the observed quality of home visits for families receiving home-based services, by mode of home visits?

	In-person home visits				Virtual home visits			
	Sample size	Mean (SE)	Observed range	Possible range	Sample size	Mean (SE)	Observed range	Possible range
What is the mean quality of home visits, as measured by the HOVRS-3?[a]								
Quality of Home Visiting Practices	507	4.1 (0.10)	1.85-7.00	1-7	87	4.4 (0.15)	2.10-6.92	1-7
Relationship Building with Family	510	5.1 (0.10)	1.96-7.00	1-7	88	5.1 (0.09)	2.14-7.00	1-7
Responsiveness to Family Strengths	509	3.7 (0.10)	1-7	1-7	89	4.0 (0.16)	1.67-7.00	1-7
Facilitation of Caregiver-Child Interaction	508	3.7 (0.12)	1-7	1-7	87	4.0 (0.19)	1-7	1-7
Collaboration with Caregiver	508	3.9 (0.13)	1-7	1-7	89	4.3 (0.23)	1-7	1-7
What is the mean overall quality of the home visits rated by the observers?[b]	505	3.6 (0.07)	1-5	1-5	86	3.7 (0.09)	1-5	1-5

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the HOVRS-3 scores, out of a total sample of 602 families with home visit observations conducted.

See Exhibit A.7 in Appendix A for reliability estimates of the HOVRS-3 scores.

[a]Quality ranges are based on developer suggested cut points on the HOVRS-3 scores: needs support (1–2.9), adequate (3–4.9), good (5–5.9), and excellent (6-7).

[b]Based on the content of the visit and the quality of the relationship/interactions between parent and home visitor, the observer rated the overall quality of the home visit on a scale of 1 to 5, with the ratings anchored as poor (1), good (3), and excellent (5).

HOVRS-3 = Home Visit Rating Scales-3; SE = standard error.

Exhibit VI.16a. What are the score ranges of the observed quality of Early Head Start home visits?

	Sample size	Percentage (SE)
What are the HOVRS-3 score ranges across all home visits?		
Quality of Home Visiting Practices	594	
Excellent		4.5 (1.02)
Good		15.5 (2.18)
Adequate		64.5 (2.70)
Needs support		15.5 (3.22)
Relationship Building with Family	598	
Excellent		23.6 (2.99)
Good		38.2 (3.31)
Adequate		36.7 (3.49)
Needs support		1.4 (0.74)!
Responsiveness to Family Strengths	598	
Excellent		4.8 (1.17)
Good		14.6 (1.69)
Adequate		58.2 (2.87)
Needs support		22.5 (3.44)
Facilitation of Caregiver-Child Interaction	595	
Excellent		5.7 (1.13)
Good		13.0 (1.87)
Adequate		52.6 (3.42)
Needs support		28.7 (3.73)
Collaboration with Caregiver	597	
Excellent		8.5 (1.60)
Good		20.6 (2.36)
Adequate		50.4 (2.39)
Needs support		20.5 (3.36)

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

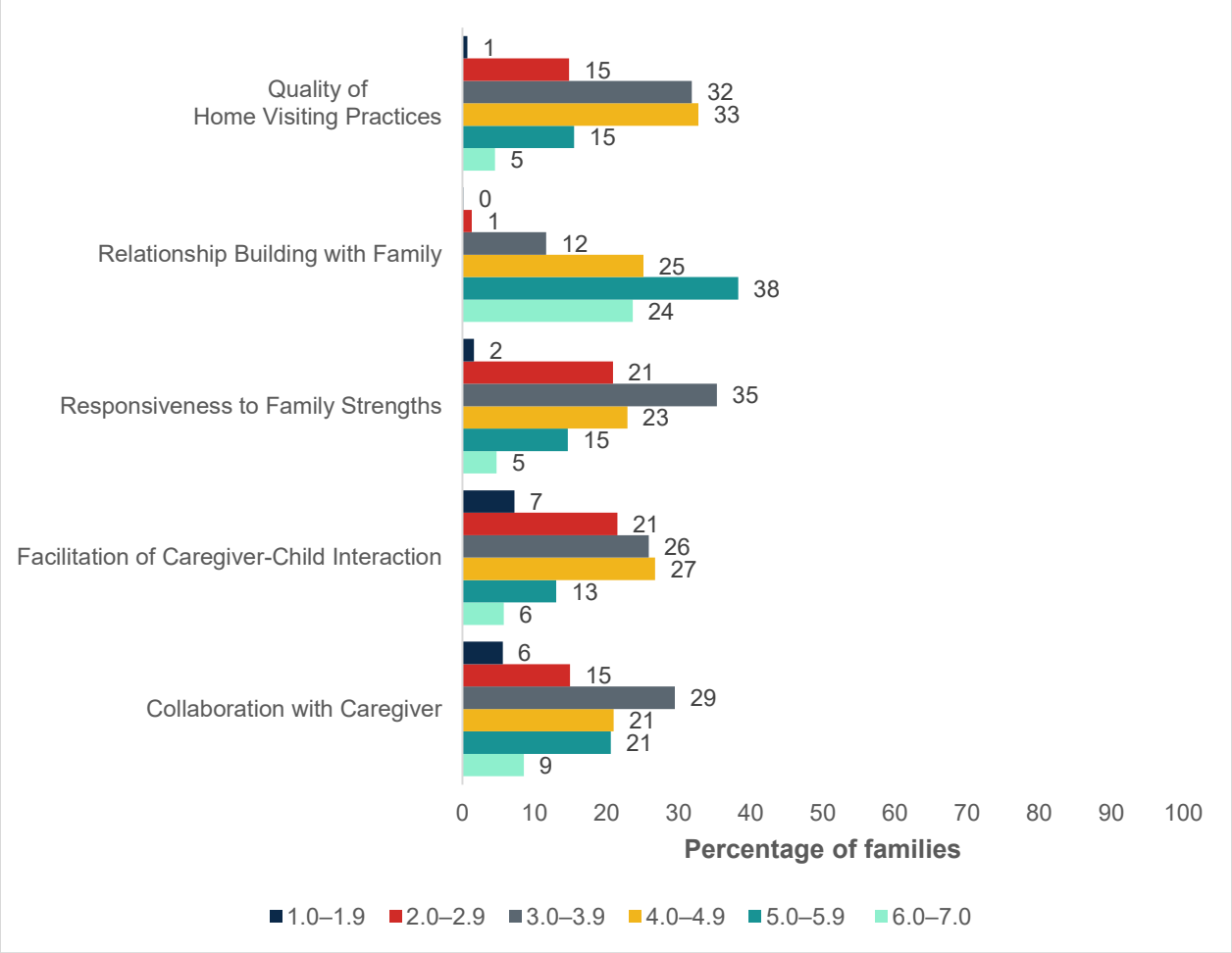
The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the HOVRS-3 scores, out of a total sample of 602 families with home visit observations conducted.

[a]Quality ranges are based on developer suggested cut points on the HOVRS-3 scores: needs support (1–2.9), adequate (3–4.9), good (5–5.9), and excellent (6-7).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

HOVRS-3 = Home Visit Rating Scales-3; SE = standard error.

Exhibit VI.16b. How are the HOVRS-3 scores distributed across Early Head Start home visits?



Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The unweighted sample sizes for the HOVRS-3 scales range from 594 to 598.

HOVRS-3 = Home Visit Rating Scales-3; SE = standard error.

Exhibit VI.17a. What is the extent to which home visitors use motivational interviewing techniques with families during Early Head Start home visits?

Characteristic	Sample size	Mean (SE)	Reported response range	Possible response range
What is the average frequency with which home visitors engage in specific types of interactions with families as measured by the MITI?				
Give information	546	3.6 (0.21)	0-20	n.a.
Questions (genuine)	546	7.1 (0.60)	0-43	n.a.
Simple reflection	546	2.4 (0.16)	0-25	n.a.
Complex reflection	546	1.6 (0.16)	0-15	n.a.
Affirm	546	0.5 (0.06)	0-5	n.a.
Emphasize autonomy	546	0.0 (0.02)!	0-2	n.a.
On average, how proficient are home visitors in the use of motivational interviewing techniques?[a]				
Partnership	546	2.3 (0.07)	1-4	1-5
Empathy	546	2.1 (0.07)	1-4	1-5
Cultivating change talk	546	1.8 (0.07)	1-4	1-5
On average, what is the relational global summary score?[a,b]	546	2.2 (0.07)	1-4	1-5
On average, what percentage of the reflections used by the home visitor are complex?[c]	461	36.1 (2.33)	0-100	0-100
On average, what is the ratio of reflections to questions used by the home visitor?[d]	490	0.8 (0.04)	0-6	n.a.

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families with valid data on each of the items/scales, out of a total sample of 602 families with home visit observations conducted.

The Baby FACES study used this measure to better understand the interactions that occur during home visiting. As home visitors are not trained to use motivational interviewing during home visits, the low scores are not surprising.

[a]For the global scores (partnership, empathy, and cultivating change talk) and the relational global summary score, a score of 3 is considered "adequate" use of techniques and a score of 4 or 5 indicates "proficient" use of techniques. None of the home visitors received the maximum possible score of 5.

[b]Obtained by calculating the mean of the partnership and empathy items.

Exhibit VI.17a *(continued)*

[c]Calculated by dividing the complex reflections by total reflections and presenting as a percentage (multiply decimal by 100).

[d]Obtained by calculating the ratio of total reflections to the number of questions posed by the home visitor during the home visit.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

MITI= Motivational Interviewing Treatment Integrity Coding System; SE = standard error; n.a. = not applicable.

Exhibit VI.17b. What are the global score ranges for the extent to which home visitors use motivational interviewing techniques with families during Early Head Start home visits?

Characteristic	Sample size	Percentage (SE)
What are the ranges for the global MITI scores?[a]		
Partnership		
Less than adequate use of techniques	546	64.0 (3.59)
Adequate use of techniques	546	29.5 (2.89)
Proficient use of techniques	546	6.6 (1.39)
Empathy		
Less than adequate use of techniques	546	68.6 (3.31)
Adequate use of techniques	546	23.8 (2.85)
Proficient use of techniques	546	7.6 (1.71)
Cultivating change talk		
Less than adequate use of techniques	546	82.7 (3.27)
Adequate use of techniques	546	13.6 (2.69)
Proficient use of techniques	546	3.8 (1.16)!
What are the ranges for the MITI relational global summary score?[a]		
Less than adequate use of techniques	546	72.5 (3.27)
Adequate use of techniques	546	23.3 (2.78)
Proficient use of techniques	546	4.2 (1.10)

Source: Spring 2022 Baby FACES Home Visit Observation.

Note: Statistics are weighted to represent Early Head Start children who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the home visit observation. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families with valid data on each of the items/scales, out of a total sample of 602 families with home visit observations conducted.

Home visitors are not trained to use motivational interviewing. Low scores are expected. The Baby FACES study used this measure to better understand the types of interactions that occur during home visiting.

[a]For the global scores (partnership, empathy, and cultivating change talk) and the relational global summary score, a score of 3 is considered adequate use of techniques and a score of 4 or 5 indicates proficient use of techniques. Although 4 percent are proficient, none of the home visitors received the maximum possible score of 5.

MITI= Motivational Interviewing Treatment Integrity Coding System; SE = standard error.

Exhibit VI.18a. What is the quality of the parent–home visitor relationship in Early Head Start?

Measures	Sample size	Mean (SE)	Reported response range	Possible response range
Parent-reported				
What are the mean WAI scores reported by parents?[a]				
Tasking	668	24.9 (0.17)	6-28	4–28
Bonding	669	26.6 (0.14)	5-28	4–28
Goal Setting[b]	669	24.9 (0.18)	9-28	4–28
Total score	667	76.4 (0.37)	22-84	12–84
What is the mean score of SBPI Parent Satisfaction with Home Visitor and Home Visits?				
Empowerment practices	668	32.7 (0.21)	5-35	5–35
Cultural competency practices[c]	653	18.4 (0.19)	3-21	3–21
Staff sensitivity practices	667	26.4 (0.24)	4-28	4–28
Relationship supportive practices	661	24.3 (0.30)	4-28	4–28
What is the mean CRQ score reported by parents?[d]				
Support	674	28.8 (0.14)	0-30	0–15
Home visitor-reported				
What are the mean WAI scores reported by home visitors?				
Tasking	793	24.9 (0.25)	12-28	4–28
Bonding	791	25.9 (0.16)	12-28	4–28
Goal Setting[b]	794	23.8 (0.26)	12-28	4–28
Total score	790	74.7 (0.62)	40-84	12–84

Source: Spring 2022 Baby FACES Parent Survey and Staff (Home Visitor) Child Report.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys or home visitor child reports with valid data on each measure, out of total samples of 688 responses to the parent survey from parents who were sampled from home visitors' caseloads and 810 responses to the home visitor child report.

See Exhibit A.6 in Appendix A for reliability estimates of the parent–home visitor relationship measures.

[a]The rating scale for the WAI was expanded from a 5-point scale in the 2018 survey to a 7-point scale in the 2022 survey. This change affects the reported and possible response ranges.

[b]Cronbach's alpha is 0.47 for parent-reported scores and 0.51 for home visitor-reported scores (lower than the threshold of 0.70).

[c]Cronbach's alpha of the scores is 0.64 (lower than the threshold of 0.70).

[d]The rating scale for the CRQ was expanded from a 4-point scale in the 2018 survey to a 7-point scale in the 2022 survey. This change affects the reported and possible response ranges.

CRQ = Cocaring Relationship Questionnaire; NCEDL = National Center for Early Development & Learning; SBPI = Strength-Based Practices Inventory; SE = standard error; WAI = Working Alliance Inventory.

Exhibit VI.18b. Do parents report their home visitors use strengths-based practices in Early Head Start?

Staff practices, based on the SBPI Parent Satisfaction with Home Visitor and Home Visits[a]	Sample size	Percentage (SE)
Empowerment practices		
Help me to see strengths in myself I didn't know I had	667	92.9 (1.31)
Help me to use my own skills and resources to solve problems	668	95.8 (0.94)
Work together with me to meet my needs	667	95.9 (1.36)
Help me to see that I am a good parent	668	97.7 (1.05)
Encourage me to think about my own personal goals or dreams	667	94.0 (1.01)
Cultural competency practices		
Encourage me to learn about my culture and history	662	74.4 (2.21)
Respect my family's cultural and/or religious beliefs	664	97.9 (0.74)
Have materials for my child that positively reflect our cultural background	658	92.0 (1.61)
Staff sensitivity practices		
Know about other programs I can use if I need them	666	95.4 (1.32)
Give me good information about where to go for other services I need	666	95.7 (1.25)
Understand when something is difficult for me	668	95.3 (1.25)
Support me in the decisions I make about myself and my family	665	95.0 (1.28)
Relationship supportive practices		
Encourage me to share my knowledge with other parents	659	87.4 (1.93)
Provide opportunities for me to get to know other parents in the community	663	89.5 (2.00)
Encourage me to go to friends and family when I need help or support	663	91.7 (1.43)
Encourage me to get involved to help improve my community	660	82.7 (2.02)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each measure, out of total samples of 688 responses to the parent survey from parents who were sampled from home visitors' caseloads.

See Exhibit A.6 in Appendix A for reliability estimates of the parent–home visitor relationship measures.

[a]Response options on these items range from 1 (strongly disagree) to 7 (strongly agree). Reported percentages focus on parents responding they agree, which corresponds to a response of 5, 6 or 7.

SBPI = Strength-Based Practices Inventory; SE = standard error.

Exhibit VI.19. How are Early Head Start children and families assigned to home visitors? (percentages, unless otherwise indicated)

Assignment factors	Factor considered		Most important factor		2nd most important factor	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Which factors do programs consider when assigning children to home visitors?[a]	57		57		54	
Availability on a given home visitor's caseload[b]		96.5 (1.65)		29.0 (6.04)		36.9 (7.88)
Family's existing relationship with home visitor		71.4 (7.30)		24.9 (6.94)		21.0 (6.26)
Parent choice or preference		66.7 (6.62)		12.0 (4.96)!		[c]
Language or cultural background		65.8 (7.35)		12.5 (5.74)!		11.8 (3.86)!
Family circumstances or specific needs		59.4 (7.83)		[c]		12.2 (3.92)!
Location/geography[d]		54.9 (7.17)		12.4 (5.48)!		6.7 (3.11)!
Child age, health, or development		23.0 (6.65)		[c]		[c]
Results of screening or assessment		12.2 (4.90)!		[c]		[c]
On average, how many of the above factors do programs consider when assigning families to home visitors?[e]	57	4.5 (0.21)	n.a.	n.a.	n.a.	n.a.

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]This survey question asked directors to select all answers that apply to their programs, so the percentages may sum to greater than 100. If the director indicated that only one factor was considered, this was assumed to be the most important factor and the second most important factor was marked as not applicable.

[b]This category was new on the 2022 survey.

[c]We do not report estimates based on fewer than 5 responses.

[d]This category was new on the 2022 survey. In 2018, this category was created from directors' responses to the other category; other programs could have considered this factor but not identified it on the survey.

[e]The reported range is 1-8.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VI.20. How are Early Head Start programs supporting continuity in home visiting?

Continuity practices	Sample size	Percentage (SE)
How long do programs typically keep families assigned to the same home visitor?[a]	57	
Program keeps the home visitor and family together throughout the child's enrollment in the home-based option		92.8 (1.67)
Program keeps the home visitor and family together until the child reaches a certain age or milestone		[b]
Not applicable, program only offers home-based services to pregnant women		[b]
When families change home visitors, it is usually due to[c]:	54	
Families' preferences		45.4 (8.22)
Some other reason, such as scheduling, logistics, or funding		54.6 (8.22)

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]In the 2018 survey, directors could select all applicable approaches and the question did not exclude pregnant woman in the question wording. In the 2022 survey, directors could only select one option and the question asked respondents not exclude services to pregnant women in their response.

[b]We do not report estimates based on fewer than 5 responses.

[c]Among programs whose families typically work with the same home visitor for the entire time they are enrolled in the home-based option (n = 54).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VI.21. What are the background characteristics of Early Head Start children receiving home-based services? (percentages, unless otherwise indicated)

Child characteristics	Sample size	Percentage (SE)
What is the age distribution of EHS children receiving home-based services (at survey)?	688	
12 months or younger		22.5 (2.79)
13–24 months		28.1 (2.07)
25–36 months		32.8 (2.53)
Older than 36 months		16.6 (1.91)
What is the race/ethnicity of EHS children receiving home-based services?	679	
Hispanic/Latino		56.6 (5.85)
African American, non-Hispanic		10.5 (2.52)
White, non-Hispanic		25.6 (4.51)
Other, non-Hispanic[a]		7.3 (1.52)
What percentage of EHS children receiving home-based services are dual language learners?[b]	686	60.9 (5.43)
What percentage of program directors are concerned about attendance for…[c]	55	
No families?		[d]
1–5 percent of their home-based families?		23.2 (7.35)!
6–10 percent of their home-based families?		19.2 (5.42)
11–20 percent of their home-based families?		32.2 (7.34)
21–50 percent of their home-based families?		15.9 (6.23)!
More than 50 percent of their home-based families?		[d]
Don't know		[d]
How do program directors encourage attendance?[e]	51	
Text or email parents		100.0 (0.00)
Call parents		97.7 (2.32)
Send a letter to the parents		69.7 (7.27)
Program-wide family education about the value of attendance		69.2 (7.82)
Set up a meeting with a family advocate, family service, worker, or other staff member		39.3 (7.32)
Messaging through social media such as Facebook		36.4 (7.41)
Other		29.9 (8.14)
On average, how many strategies do program directors use?[f]	51	4.4 (0.16)

Source: Spring 2022 Baby FACES Parent and Program Director Surveys.

Note: Statistics are weighted to represent programs offering home-based services and Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit VI.21 *(continued)*

The sample size column presents unweighted sample sizes to identify the number of parent surveys and program director surveys with valid data on each item out of a total sample of 688 responses to the parent survey from parents who were sampled from Early Head Start home visitors' caseloads and 58 programs that offered a home-based service option

[a]Includes non-Hispanic American Indian/Alaska Native, Asian, Native Hawaiian/Pacific Islander, and multiracial.

[b]Dual language learners are defined as children who live in households where English is not the only language spoken or only non-English languages are spoken.

[c]The 2022 survey asked program directors to report on defined ranges, while the 2018 survey asked program directors to report the exact percentage.

[d]We do not report estimates based on fewer than 5 responses.

[e]Among program directors that reported attendance concerns for any families (n=51). Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

[f]The reported response range was 2-7.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VI.22. What are the family and household characteristics of Early Head Start children receiving home-based services? (percentages, unless otherwise indicated)

Primary caregiver and household characteristics	Sample size	Percentage/ mean (SE) or median
On average, how old are primary caregivers receiving home-based services (at survey, in years)?[a]	687	32.1 (0.33)
What is the highest level of education for primary caregivers receiving home-based services?[b]	684	
Less than high school		23.5 (2.61)
High school diploma or equivalent		32.8 (2.60)
Vocational/technical school or some college, but no degree		17.7 (2.41)
Vocational/technical diploma		3.5 (0.80)
Associate degree		9.8 (1.72)
Bachelor's degree		7.3 (1.74)
Graduate degree or higher		2.2 (0.79)!
What is the employment status for primary caregivers receiving home-based services?	683	
Working full-time (35 hours a week or more)		20.3 (2.42)
Working part-time (less than 35 hours a week)		13.8 (1.63)
Unemployed		63.0 (2.68)
Other[c]		2.9 (0.74)
What combination of languages are spoken in EHS households receiving home-based services?	684	
English only		39.2 (5.45)
Spanish only		11.7 (2.20)
Multiple languages		49.1 (4.48)
What percentage of EHS children receiving home-based services live with…	681	
Two birth parents		69.0 (2.68)
One birth parent		27.7 (2.36)
No birth parents		3.3 (0.78)
What is the median total household income for families receiving home-based services, over the last 12 months?[d]	710	$25,997
What is household income as a percentage of the poverty level for families receiving home-based services?[e]	568	
0–50 percent of the poverty level		21.5 (2.60)
51–100 percent of the poverty level		41.6 (2.81)
101–130 percent of the poverty level		16.1 (2.15)
131 percent of the poverty level or higher		20.8 (2.01)

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given

Exhibit VI.22 *(continued)*

lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each item out of a total sample of 688 responses to the parent survey and 767 responses to the parent child report from parents who were sampled from Early Head Start home visitors' caseloads. Household income data are drawn from the parent child report; the other constructs are drawn from the parent survey.

[a]The reported response range is 17-79 years.

[b]The percentages do not add up to 100 because some respondents answered "don't know."

[c]Includes those who are retired, disabled, or unable to work, and those who reported working but did not report the hours per week worked.

[d]The mean is $35,992 (SE = $2,772), and the reported response range is $0-967,200. See Exhibit I.5 for information about income data.

[e]Poverty level is adjusted for household size according to 2022 HHS poverty guidelines.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VI.23. What do Early Head Start primary caregivers receiving home-based services report about the quality of their relationship with their child, their own well-being, and their home environment? (percentages, unless otherwise indicated)

Measures	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Primary caregiver-child relationship for children receiving home-based services				
Mean Child Parent Relationship Scale (CPRS score)				
Closeness[a]	724	23.3 (0.09)	5-25	5–25
Conflict	724	15.4 (0.23)	8-40	5–40
Mean Parent–Child Interaction (HFPI score)	723	44.2 (0.26)	18-50	10–50
Percentage with area of concern[b]	723	21.1 (1.81)	n.a.	n.a.
Depressive symptoms for primary caregivers receiving home-based services				
Mean CESD-R total score	711	7.6 (0.79)	0-60	0–60
Percentage with no clinical significance[c]	712	81.9 (2.48)	n.a.	n.a.
Percentage with subthreshold depressive symptoms[c]		12.2 (1.73)	n.a.	n.a.
Percentage with potentially clinically significant[c]		5.8 (1.29)	n.a.	n.a.
Parenting stress (PSI-4-SF scores) for primary caregivers receiving home-based services				
Mean Total Stress T-score[d]	696	43.5 (0.50)	32-89	32–92
Percentage with total stress scores of clinical significance[e]	696	5.4 (1.08)	n.a.	n.a.
Social Support (HFPI score) for primary caregivers receiving home-based services	720	20.5 (0.22)	5-25	5–25
Percentage with area of concern[b]	720	24.6 (1.97)	n.a.	n.a.
Family environment for families receiving home-based services (CHAOS total score) (parent survey)	676	11.4 (0.35)	0-33	0–45
Demographic risk factors (parent survey)[f]				
No high school credential	662	24.2 (2.68)	n.a.	n.a.
Not employed, in school, or in training	681	55.4 (2.38)	n.a.	n.a.
Receives public assistance[g]	661	66.3 (2.94)	n.a.	n.a.
Single parent	683	26.5 (2.64)	n.a.	n.a.
Teenage mother at first birth	675	31.8 (2.41)	n.a.	n.a.

Exhibit VI.23 *(continued)*

Measures	Sample size	Percentage/ mean (SE)	Reported response range	Possible response range
Demographic risk index (parent survey)	681			
Low risk (2 or fewer)		64.9 (2.64)	n.a.	n.a.
Medium risk (more than 2, fewer than 4)		24.1 (2.10)	n.a.	n.a.
High risk (4 or more)		11.0 (1.49)	n.a.	n.a.
Psychological risk index[h]	628			
No risk factors		64.1 (3.34)	n.a.	n.a.
One risk factor		27.8 (3.17)	n.a.	n.a.
Two or more risk factors		8.1 (1.66)	n.a.	n.a.

Source: Spring 2022 Baby FACES Parent Survey and Parent Child Report.

Note: Statistics are weighted to represent Early Head Start families who were sampled from home visitors' caseloads (identified by the home-based sampling flag [t_hv_flag = 2]), including those families receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey or parent child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data on each of the measures out of a total sample of 688 responses to the parent survey and 767 responses to the parent child report from parents who were sampled from home visitors' caseloads. Items that depend on the parent survey only are indicated above.

[a]This measure differs from the 2018 Parent Child Report in that it excludes two items that were not asked for children under 16 months. Cronbach's alpha of the scores is 0.69 (lower than the threshold of 0.70).

[b]The developer defined cutoff scores indicating areas of concern.

[c]The developer defined cutoff scores indicating levels of depressive symptoms. Potentially clinically significant includes those whose responses were in the range of a possible, probable, or met the criteria for a major depressive episode, according to the CESD-R scoring guidelines. In specific situations, it is possible to determine whether symptoms meet the threshold for potentially clinically significant even when a total score cannot be calculated due to partial missing data.

[d]We presented the T-scores, which have a mean of 50 and a standard deviation of 10 for each of the subscales and the total stress score in the national norms.

[e]The developer define cutoff scores suggesting clinically significant levels of stress.

[f]The person of reference for each of the five composite factors follows the specifications used in prior rounds of Baby FACES and depends on whether the birth mother lives with the study child. In all cases, teen mother status is a measure of whether the birth mother was a teenager when she gave birth to her first child, regardless of whether her first child was the child in the study. When the primary caregiver is not the birth mother (*n* = 48), information about the birth mother is based on the primary caregiver's best assessment of the birth mother's characteristics. Two factors—not having a high school credential and not being employed or in school or training—are based on the birth mother's characteristics only if she lives in the home; otherwise, they are based on the primary caregiver's characteristics (*n* = 30). Two other factors—being a single parent and receiving household public assistance—are based on the primary caregiver's characteristics, regardless of where the birth mother lives. Single parent is defined as the primary caregiver indicating that he or she does not live with a spouse or partner.

Exhibit VI.23 *(continued)*

[g]Public assistance is defined as the primary caregiver reporting that he or she or someone in the household received Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP or "food stamps"), or Social Security Income/Social Security retirement, disability, or survivors benefits in the past 12 months.

[h]Family psychological risk index is a measure of cumulative family risk of poor parental mental health and unfavorable family functioning. The number of risks is based on the following measures: (1) depressive symptoms that are subthreshold or with clinical significance; (2) parenting stress, which indicates a total stress score above 90 percentile; and (3) substance use problems. The psychological risk index differs from the index used in the Spring 2018 Baby FACES Parent Survey in two key ways: (1) all three components of the risk index draw on parent child report data (previously depressive symptoms and substance use were drawn from the parent survey), and (2) the indicator of substance use problems is derived from a new set of items that reveal more information about substance use in the household more generally (previously it was based on a single item specific to the primary caregiver). Substance use problems are now defined as households where anyone in the household engaged in problematic drinking or illicit drug use (either by using illegal drugs — including marijuana — or by misusing prescriptions) in the past 30 days. Problematic drinking is based on two survey items and uses components of the National Institute on Alcohol Abuse and Alcoholism (NIAAA) definition of heavy drinking, which varies for men and women. Problematic drinking is defined as a female caregiver (or a caregiver with an unknown gender) having 7 or more drinks in an average week, a male caregiver having 14 or more drinks in an average week, or anyone in the household having more than 4 drinks in one day at least once. When the gender of the parent is unknown—that is when the respondent identifies as a "other relative" or "other non-relative"—we assume that individual is female because most respondents in our sample are female. Questions about specific drugs included: Prescription pain killers; Marijuana (pot, bud) or Hashish (Hash); Amphetamines (uppers, ice, speed, crystal meth, crank); Cocaine (rock, coke, crack) or heroin (smack, horse); Tranquilizers (downers, ludes) or hallucinogens (LSD/acid, PCP/angel dust, ecstasy); Sniffing gasoline, glue, hairspray, or other aerosols.

CESD-R = Center for Epidemiologic Studies Depression Scale-Revised; CHAOS = Confusion, Hubbub, and Order Scale; HFPI = Healthy Families Parenting Inventory; n.a. = not applicable; PSI-4-SF = Parenting Stress Index, Fourth Edition Short Form; SE = standard error.

Exhibit VI.24. What are the social-emotional and language skills of Early Head Start infants and toddlers who were receiving home-based services? What is their health status? (percentages, unless otherwise indicated)

Child skills and health	Sample size	Percentage/ mean (SE)	Reported range
Social-emotional skills			
As reported by parents, what percentage of toddlers receiving home-based services have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]			
Problem domain (possible problem)	456	39.6 (3.00)	n.a.
Competence domain (possible deficit/delay)	456	19.5 (2.41)	n.a.
Screening positive overall	465	48.2 (3.08)	n.a.
As reported by home visitors, what percentage of toddlers receiving home-based have BITSEA scores that indicate a possible problem or deficit/delay, by domain and overall?[a]			
Problem domain (possible problem)	506	13.7 (2.07)	n.a.
Competence domain (possible deficit/delay)	505	31.7 (3.27)	n.a.
Screening positive overall	510	37.3 (3.50)	n.a.
Language skills			
What is the mean English CDI IRT T-score for children receiving home-based services, as reported by home visitors?[b]	723	48.5 (0.60)	22.1-82.6
What is the mean English CDI IRT T-score for children receiving home-based services, as reported by parents?[b]	369	48.6 (0.60)	19.9-73.1
What is the mean Spanish CDI IRT T-score for children receiving home-based services, as reported by parents?[b]	289	49.2 (0.79)	22.3-77.4
General health			
On average, what is the overall health for children receiving home-based services? (parent survey)[c]	667	1.5 (0.04)	1–5
Excellent or very good		87.3 (1.53)	n.a.
Good		10.3 (1.29)	n.a.
Fair or poor		2.4 (0.78)!	n.a.

Source: Spring 2022 Baby FACES Parent Child Report, Staff (Home Visitor) Child Report, and Parent Survey.

Note: Statistics are weighted to represent children who were sampled from home visitors' caseloads (identified by the center-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey, parent child report, or staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of children who were sampled from home visitors' caseloads with valid data on each of the scores. The sample sizes for the CDI scores are out of a total sample of 687 responses to the parent child report and 732 responses to the staff child report for children 8 months or older. The sample sizes for the BITSEA cutoff scores are out of a total sample of 499 responses to the parent child report and 528 responses to the staff child report for children 12–36 months. The sample size for children's general health is out of a total sample of 688 responses to the parent survey.

Exhibit VI.24 *(continued)*

See Exhibit A.2 in Appendix A for reliability estimate of the BITSEA and CDI.

[a]The developer defined cutoff scores indicating a possible problem (scores at the 75th percentile or higher in the national standardization sample in the Problem domain) or possible deficit/delay (scores at the 15th percentile or lower in the national standardization sample in the Competence domain). Scoring in the cutoff range in at least one domain indicates "screening positive."

[b]We conducted IRT analyses for the CDI to create a single score across the multiple age forms (the infant, toddler, and age 3 forms). We converted the scores into T-scores based on the Baby FACES sample. T-scores have a mean of 50 and a standard deviation of 10.

[c]Primary caregivers reported their general health status on a 5-point scale ranging from excellent (1) to poor (5).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

BITSEA = Brief Infant-Toddler Social and Emotional Assessment; CDI = MacArthur-Bates Communicative Development Inventories; IRT = Item Response Theory; n.a. = not applicable; SE = standard error.

Exhibit VI.25. Do children participating in home-based Early Head Start receive developmental screenings and/or referrals?

Developmental screening and referrals	Sample size	Percentage (SE)
What percentage of children have received a developmental screening since September?[a]	791	87.7 (2.34)
What is the percentage of children for whom EHS staff reported concerns about their development?	793	30.8 (2.16)
Have children been referred for a developmental concern since September?[a,b]	211	42.50 (5.78)
Have children been referred to any of the following?[b]		
Part C or Part B or other disabilities services provider[c]	211	46.8 (5.36)
Health care provider	211	11.5 (3.34)
Child care partner or other child care provider	211	5.4 (1.65)!
Mental health care provider	211	3.1 (1.13)!
What was the reason for the referral?[d]		
Speech problem	116	84.8 (3.07)
Developmental or cognitive delay	116	31.7 (6.82)
Behavior problem	116	15.4 (4.16)
Emotional problem	116	12.1 (4.21)!
Other developmental disabilities or medical problem[e]	117	7.1 (2.59)!
Attention problem	116	6.5 (2.09)!
Problems with the use of arms or legs	116	6.1 (1.70)
Vision problem	116	3.9 (1.95)!
Hearing problem	116	[f]
Something else	116	[f]
Child referred for multiple reasons	116	46.3 (6.07)

Source: Spring 2022 Baby FACES Staff (Home Visitor) Child Report.

Note: Statistics are weighted to represent children who were sampled from home visitors' caseloads (identified by the center-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of home visitor child reports with valid data on each item out of a total sample of 810 responses to the home visitor child report, unless otherwise indicated. Home visitors were asked whether children have received developmental screenings and/or referrals since September.

[a]Data collection took place between February and July of 2022, and home visitors reported on families' experiences over the past 6–11 months. These data do not account for any experiences families may have had in the program before September.

[b]Among children for whom EHS staff reported concerns about their development or did not respond to the question (*n* = 248).

Exhibit VI.25 *(continued)*

[c]Depending on age, children are eligible for services through Part C or Part B of the Individuals with Disabilities Education Act (IDEA). This question asked if the children had been referred to Part C or Part B of IDEA or other disabilities services provider for a developmental concern.

[d]Among children who were referred to health care provider, mental health care provider, or Part C or Part B or other disabilities services provider for a developmental concern (*n* = 117).

[e]Include autism (or concerns for autism), issues with nutrition, and health issues.

[f]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

Exhibit VI.26. How did Early Head Start programs conduct home visits during the COVID-19 pandemic? (percentages, unless otherwise indicated)

Mode of home visits	Sample size	Percentage/mean (SE)
How did programs offer in-person home visits between March through June 2020?		
Offered in-person home visits to families[a]	55	10.1 (4.03)!
Offered virtual home visits	55	94.7 (3.08)
How did programs offer home visits in spring 2022?	54	
Offered in-person home visits to families	54	98.0 (1.99)
Offered virtual home visits to families[b]	51	56.3 (7.91)
On average, what proportion of home visits were conducted in-person versus virtually in spring 2022?[c]	25	
Conducted in-person[d]		70.1 (5.50)
Conducted virtually[e]		29.9 (5.50)

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on that item out of a sample of 58 programs that offer a home-based service option, unless otherwise indicated.

[a]Includes programs that offered in-person home visits to some or all families.

[b]Among programs that offered virtual home visits between March through June 2020 (*n* = 51).

[c]Among programs that offered both in-person and virtual home visits in spring 2022 (*n* = 25).

[d]The reported response range is 0-95.

[e]The reported response range is 5-100.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Section VII:

How are parents engaged and families supported in Early Head Start?

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Exhibit VII.1. Are Early Head Start families engaged in the program?

Engagement over the last program year	Center-based families		Home-based families	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
How frequently did children attend class?	552		n.a.	n.a.
Nearly all of the time		65.3 (3.37)		
Most of the time		28.5 (3.43)		
Some of the time		4.8 (1.04)		
Only a little of the time		1.4 (0.56!)!		
How many scheduled appointments did parents keep since September?	548		789	
Most		80.3 (2.40)		72.1 (2.00)
Some		10.3 (1.82)		23.9 (1.80)
Few (missed or cancelled most)		2.4 (0.85!)!		3.3 (0.68)
Not applicable (parent had no scheduled appointments)		7.1 (1.75)		0.7 (0.27!)
Which program activities were parents engaged in?				
Served on parent council or other governing bodies	558		809	
Yes		3.0 (0.79)		8.4 (1.20)
No		60.5 (3.52)		79.4 (1.97)
Not sure		36.5 (3.69)		12.2 (1.88)
Volunteered in classroom	558		n.a.	n.a.
Yes		19.5 (3.63)		
No		67.1 (3.83)		
Not sure		13.5 (2.36)		
Volunteered at the program, but not in a classroom	558		n.a.	n.a.
Yes		6.8 (1.66)		
No		69.6 (3.70)		
Not sure		23.6 (3.42)		
Helped at special events or activities	558		809	
Yes		25.7 (3.71)		16.4 (2.15)
No		55.3 (3.92)		74.5 (2.40)
Not sure		19.0 (2.73)		9.1 (1.43)
Attended special events or activities	558		809	
Yes		35.1 (3.88)		41.2 (2.98)
No		46.9 (3.67)		50.9 (2.66)
Not sure		18.0 (3.00)		7.9 (1.20)
Attended parent education or group activities	558		809	
Yes		25.8 (3.43)		32.4 (3.99)
No		36.6 (4.15)		54.4 (3.66)
Not sure		37.6 (3.59)		13.2 (2.01)
How many program activities did parents attend?	531		789	

Exhibit VII.1 *(continued)*

Engagement over the last program year	Center-based families		Home-based families	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Many		33.5 (4.39)		33.9 (2.05)
Some		21.8 (3.27)		26.9 (2.04)
A few		23.8 (2.98)		20.0 (2.57)
None		20.8 (3.68)		19.2 (2.52)
What were parent's attitudes and receptivity to the program?	547		793	
Very engaged, asked questions, was willing to try new things		65.4 (2.98)		76.3 (1.95)
Somewhat engaged, asked a few questions, was hesitant to try new things		28.1 (2.54)		21.7 (1.74)
Not engaged, didn't ask many questions, little interest in new things		6.4 (1.26)		2.0 (0.80)!
How many group socialization activities did parents attend?	n.a.	n.a.	786	
All or nearly all				18.3 (2.26)
Some				25.9 (2.34)
At least one				19.2 (2.03)
None				36.6 (3.00)

Source: Spring 2022 Baby FACES Staff (Teacher and Home Visitor) Child Report.

Note: Statistics are weighted to represent all Early Head Start children. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor child reports with valid data on each item, out of a total sample of 558 responses to the teacher child report and 810 responses to the home visitor child report.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable; SE = standard error.

Exhibit VII.2a. Which activities do Early Head Start families engage in?

Family engagement characteristics	Sample size	Percentage (SE)		
		Not at all	Once or twice	Three or more times
What percentage of EHS families engaged in the following activities during the program year[a]				
Attend prenatal education workshops	978	93.6 (1.16)	3.6 (0.80)	2.7 (0.96)!
Attend nutrition or exercise workshops	980	82.2 (2.77)	12.8 (1.77)	4.9 (1.74)!
Attended group activities for parents and their children	982	70.4 (3.08)	19.4 (2.18)	10.2 (1.67)
Attended Early Head Start special events or activities (such as a holiday party)	983	68.5 (3.42)	21.2 (2.25)	10.3 (2.65)
Volunteered in an Early Head Start classroom	980	86.0 (2.19)	8.8 (1.71)	5.2 (1.64)!
Attended parent workshops on raising children	983	82.6 (2.92)	11.4 (1.86)	6.0 (1.35)
Volunteered at the program, but not in a classroom	980	90.1 (2.55)	6.7 (1.90)	3.2 (1.12)!
Attended workshops on job skills	986	88.7 (2.16)	8.4 (1.78)	2.9 (0.84)
Participated on the policy council or some other committee	978	87.5 (1.82)	5.1 (1.50)	7.4 (1.42)
Attended events just for men/fathers	983	90.3 (2.25)	7.6 (1.85)	2.1 (0.91)!

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data out of a total sample of 1,024 responses to the parent survey.

[a]Some response options were dropped or added compared to the 2018 Baby FACES Parent Survey.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VII.2b. Do Early Head Start families face barriers to participating in Early Head Start activities?

Family engagement characteristics	Sample size	Percentage (SE)
What percentage of EHS families could not participate in EHS activities due to the following barriers?		
Work conflict	980	36.4 (3.66)
Lacked information about time or location of activity	976	16.5 (2.01)
No child care	975	15.2 (1.75)
Insufficient notice	973	14.8 (1.78)
No transportation	977	11.6 (1.74)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of parent surveys with valid data out of a total sample of 1,024 responses to the parent survey.

SE = standard error.

Exhibit VII.3a. Do Early Head Start programs and centers have standard procedures to establish parent partnerships?

Practices to support parent partnerships	Center-based families (center director report)		Home-based families (program director report)	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Do centers/programs have a standard process for establishing family partnership agreements with families?	206		56	
Yes, for all families		88.7 (3.41)		100.0 (0.00)
Yes, for some families		[a]		0.0 (0.00)
No, program does not have a standard process		[a]		0.0 (0.00)
Do not know		8.5 (3.32)!		0.0 (0.00)

Source: Spring 2022 Baby FACES Center Director and Program Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center or program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item out of a total sample of 208 responses to the center director survey and 58 programs that offered a home-based service option, unless otherwise indicated.

[a]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VII.3b. How do Early Head Start programs and centers support parent partnerships? (percentages, unless otherwise indicated)

Practices to support parent partnerships	Center-based families (center director report)				Home-based families (program director report)			
	Sample size	All families	At least some	Don't know	Sample size	All families	At least some	Don't know
		Percentage/ mean (SE)	Percentage/ mean (SE)	Percentage		Percentage/ mean (SE)	Percentage/ mean (SE)	Percentage
What percentage of centers/programs use standard tools or assessments to screen families in the following areas, while establishing partnership agreements?[a]								
Economic hardship	188	79.9 (4.30)	86.4 (4.20)	7.0 (2.24)!	55	83.4 (5.28)	89.9 (5.24)	[b]
Homelessness or housing insecurity	187	79.5 (4.30)	85.6 (4.18)	6.9 (2.21)!	54	92.4 (4.52)	93.0 (4.49)	[b]
Food insecurity	187	77.5 (4.49)	84.4 (4.12)	7.9 (2.29)	54	89.8 (5.29)	89.8 (5.29)	[b]
Child abuse/neglect	187	74.2 (4.50)	77.2 (4.39)	7.1 (2.33)!	54	70.0 (6.75)	78.7 (6.38)	[b]
Child welfare involvement	186	74.2 (4.46)	79.1 (4.30)	8.5 (2.42)	54	73.2 (6.64)	89.0 (4.87)	[b]
Depression or mental health concerns	188	74.3 (5.19)	83.0 (4.63)	8.5 (2.62)!	55	83.0 (5.96)	91.3 (5.00)	[b]
Incarcerated parent	183	61.9 (5.75)	67.6 (5.65)	15.3 (3.61)	54	65.8 (7.07)	81.3 (5.26)	[b]
Intimate partner violence	188	61.4 (5.58)	67.2 (5.19)	16.7 (3.63)	54	63.0 (7.34)	72.2 (6.62)	12.9 (4.07)!
Alcohol misuse	185	58.3 (5.37)	62.3 (5.40)	21.1 (3.92)	54	75.2 (6.57)	81.0 (6.15)	[b]
Other drug use	185	54.3 (5.61)	57.6 (5.58)	25.4 (4.56)	55	68.7 (6.72)	78.9 (6.30)	9.2 (4.14)!
Opioid misuse	184	50.4 (5.54)	54.4 (5.50)	27.2 (4.64)	55	69.1 (7.07)	77.6 (6.39)	9.2 (4.14)!
Other screening tools or assessments	158	9.3 (2.44)	10.5 (2.55)	46.6 (5.74)	44	15.1 (5.34)!	16.7 (5.62)!	15.9 (6.09)!
What percentage of centers/programs use at least one standard screening tool or assessment tool while establishing partnership agreements?[c]	177	92.3 (2.98)	96.7 (2.43)	n.a.	54	95.0 (4.02)	95.1 (3.93)	n.a.
On average, how many standard screening tools or assessments do centers/programs use while establishing partnership agreements?[d]	177	8.0 (0.43)	8.5 (0.41)	n.a.	54	8.6 (0.54)	9.5 (0.53)	n.a.

Source: Spring 2022 Baby FACES Program Director Survey and Center Director Survey.

Exhibit VII.3b *(continued)*

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director and center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey and 58 programs that offered a home-based service option, unless otherwise indicated. Items about practices to support parent partnerships are among centers (*n* = 189) and programs (*n* = 56) that reported having a standardized process for establishing partnership agreements with families.

[a]Directors selected all answers that apply to their centers and programs, so the percentages may sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]The sample size for "some" families differs slightly from "all" families and is 180 and 177, respectively for center-based families and 55 and 54, respectively for home-based families.

[d]The reported response ranges are 0-12, 0-12, 0-12, and 0-12, respectively.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = Not applicable; SE = standard error.

Exhibit VII.4. Do programs and centers report certain issues as a challenge among EHS families? (percentages, unless otherwise indicated)

Issue	Center-based families (center director report)				Home-based families (program director report)			
	Big challenge		Somewhat of a challenge		Big challenge		Somewhat of a challenge	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
Do centers/programs report certain issues as a challenge among EHS families?[a]								
Economic hardship	203	40.3 (4.00)	203	51.8 (4.06)	55	69.4 (7.96)	55	30.6 (7.96)
Food insecurity	203	19.2 (3.13)	203	55.2 (4.15)	54	47.7 (7.92)	54	47.0 (7.88)
Depression or mental health concerns	204	12.9 (2.65)	204	65.0 (4.58)	55	35.7 (7.42)	55	64.3 (7.42)
Homelessness or housing insecurity	203	13.5 (3.21)	203	62.1 (4.30)	55	16.4 (4.88)	55	82.0 (5.05)
Child welfare involvement	203	7.4 (2.18)	203	47.5 (4.37)	53	[b]	53	77.0 (7.03)
Other drug use	202	5.7 (1.96)!	202	43.5 (4.16)	54	[b]	54	64.8 (6.97)
Incarcerated parent	203	5.0 (1.93)!	203	39.1 (4.56)	54	[b]	54	68.4 (6.48)
Child abuse/neglect	201	4.4 (1.67)!	201	36.3 (4.02)	55	[b]	55	69.5 (7.17)
Intimate partner violence	201	3.6 (1.56)!	201	44.5 (4.58)	53	[b]	53	74.3 (7.14)
Alcohol misuse	202	[b]	202	34.3 (4.42)	54	[b]	54	76.0 (5.93)
Opioid misuse	202	2.2 (1.18)	202	33.0 (4.31)	54	[b]	54	63.5 (7.10)
Other	178	[b]	178	6.1 (2.16)!	46	[b]	46	[b]
On average, how many of the above issues do centers/programs report are a challenge?[c]	174	1.2 (0.19)	174	4.9 (0.27)	44	2.0 (0.27)	44	6.9 (0.30)

Source: Spring 2022 Baby FACES Center Director and Program Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item out of a total sample of 208 responses to the center director survey and 58 programs that offered a home-based service option, unless otherwise indicated.

Exhibit VII.4 *(continued)*

[a]Directors selected all answers that apply to their centers and programs, so the percentages may sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]The reported response ranges are 0-11, 0-11, 0-5, and 2-11, respectively.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VII.5. Are families referred to other services by Early Head Start?

Outside referrals	Sample size	Percentage (SE)
What percentage of families have been referred to the following services by Early Head Start since September?[a,b]		
Mental health care provider	769	8.0 (1.31)
Health care provider	769	6.0 (1.46)
Disabilities services provider	769	5.9 (1.02)
Child care partner or other child care provider	769	4.9 (1.04)
Prenatal care provider	769	0.7 (0.26)!
Other community service provider (such as job training, housing assistance provider)	769	16.1 (2.59)
No referrals made	769	68.0 (3.05)

Source: Spring 2022 Baby FACES Staff (Home Visitor) Child Report.

Note: Statistics are weighted to represent children who were sampled from home visitors' caseloads (identified by the center-based sampling flag [t_hv_flag = 2]), including those children receiving home-based services only and those receiving a combination of center- and home-based services. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff child report. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families with valid home visitor-reported data on each item, out of a total sample of 810 responses to the home visitor child report.

[a]Data collection took place between February and July of 2022, and home visitors reported on families' experiences over the past 6–11 months. These data do not account for any experiences families may have had in the program before September.

[b]The 2018 Staff Child Report included this question for families receiving either center-based services, home-based services, and those receiving a combination of center- and home-based services. The 2022 Staff Child Report only asked this question of families receiving home-based services or a combination of center- and home-based services, it did not ask this question of families receiving center-based services.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

Exhibit VII.6. What support services do families receive from Early Head Start?

Support from EHS	Sample size	Percentage (SE)
What percentage of primary caregivers received help from EHS to attend school or enroll in a class or workshop?	1,008	19.4 (2.26)
Among these primary caregivers, what percentage received the following kinds of help from EHS?[a]		
Assistance finding child care to attend school or class	210	59.2 (6.01)
Help finding classes or workshops	210	58.7 (7.67)
Assistance with applications	208	40.3 (5.03)
Help finding financial aid	208	31.6 (6.00)
Assistance with transportation to school or class	209	13.5 (4.86)!
What percentage of primary caregivers received help from EHS to find a job?	1,009	6.6 (1.22)
Among these primary caregivers, what percentage received the following kinds of help from EHS?[b]		
Assistance with child care during an interview or work	68	58.1 (9.75)
Career counseling	68	51.4 (9.69)
Assistance with job applications	69	51.4 (10.38)
Help finding or applying to a job training program	69	34.9 (8.89)
Help preparing for an interview	69	35.7 (9.71)
Referrals to another community organization that provides job search support	69	31.5 (8.67)
Assistance with transportation to an interview or job	69	11.3 (4.74)!
What percentage of primary caregivers/families received help from EHS to find:		
Other formal child care for their child (outside of this EHS program)?[c]	389	58.8 (5.63)
Health insurance for children?[d]	958	10.3 (1.81)
A regular health care provider for children?[e]	925	5.4 (0.98)
A place to live?	963	2.0 (0.55)

Source: Spring 2022 Baby FACES Parent Survey.

Note: Statistics are weighted to represent all Early Head Start families. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the parent survey. However, given lower than expected study participation and response rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of families with valid data on each item, out of a total sample of 1,024 responses to the parent survey, unless otherwise indicated.

[a]Among primary caregivers who received help from EHS to attend school or enroll in a class or workshop (*n* = 210).

[b]Among primary caregivers who received help from EHS to find a job (*n* = 69).

[c]Among families with EHS children who regularly attend or receive services from another EHS program, Head Start program, another formal child care program, or a family child care program (*n* = 399), as reported in Exhibit I.8.

[d]Among children who have health insurance (*n* = 963).

Exhibit VII.6 *(continued)*

[e]Among those who have a regular health care provider (*n* =926). Item was asked on the Parent Child Report in 2018 but on the Parent Survey in 2022.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Section VIII:

What are the characteristics, qualities, and functions of Early Head Start programs?

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Exhibit VIII.1. What service options are offered by Early Head Start programs?

Program characteristics	Sample size	Percentage (SE)
What service options are offered by EHS programs?	83	
Center-based only		30.0 (4.97)
Home-based only		16.4 (2.63)
Locally-designed program option:		53.6 (5.00)
Center-based, home-based		43.6 (5.63)
FCC with center-based and/or home-based[a]		10.0 (2.90)
How many families are enrolled in multiple service options at the program?[b]	46	
None		35.1 (8.17)
1 family		[c]
2 to 5 families		29.2 (7.19)
6 to 10 families		18.0 (7.24)!
More than 10 families		14.5 (5.28)!
Don't know		[c]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]Includes the following combinations: (1) center-based, home-based, and FCC; (2) center-based and FCC; and (3) home-based and FCC.

[b]Among Early Head Start programs that offer multiple service options (*n* = 48). The 2022 survey asked program directors to report on defined ranges, the 2018 survey question asked program directors to report the exact number.

[c]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; FCC = Family Child Care; SE = standard error.

Exhibit VIII.1a. How do programs determine service option placements for Early Head Start families? (percentages, unless otherwise indicated)

Placement factors	Factor considered		Most important factor		2nd most important factor	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Which factors do programs consider when placing families into EHS service options?[a]	44		44		38	
Parent/family choice or preference		99.3 (0.66)		68.0 (7.47)		21.6 (6.53)!
Availability of slots		91.0 (4.29)		29.5 (7.25)		59.4 (8.79)
Where families live (distance from services)		43.0 (8.20)		[b]		[b]
Location/geography		36.7 (8.54)		[b]		[b]
Availability of transportation		31.3 (7.88)		[b]		[b]
Employment status		28.8 (7.42)		[b]		[b]
Language or cultural background		23.8 (7.53)!		[b]		[b]
Do not know		n.a.		[b]		[b]
On average, how many of the above factors do programs consider when assigning families to service options?[c]	44	3.5 (0.29)	n.a.	n.a.	n.a.	n.a.

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item, out of a total sample of 45 programs that offer a home-based and center-based service option, including programs that offer an FCC service option, unless otherwise indicated.

[a]If the director indicated that none of the factors were considered, then the most important factor and the second most important factor questions were not asked. If the director indicated that only one factor was considered, they were not asked about the second most important factor. Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]The reported range is 1-7.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; FCC = Family Child Care n.a. = not applicable; SE = standard error.

Exhibit VIII.2. How do Early Head Start programs partner with child care providers and obtain revenue?

Partnership characteristics	Sample size	Percentage (SE)
What percentage of programs have a formal written partnership with a center-based or FCC-based provider?[a]	70	47.5 (7.45)
How many child care partners do programs have?[b]	**35**	
1 child care partner		16.5 (8.78)!
2 to 5 child care partners		68.9 (9.86)
More than 6 child care partners		14.6 (5.96)!
How many FCC partners do programs have?[c]	12	
More than 6 FCC partners		64.3 (17.74)
What percentage of EHS programs receive the following revenue sources, in addition to EHS funding?[d]	81	
Tuition and fees paid by EHS parents[e]		11.9 (4.19)!
Tuitions paid by state government[f]		24.5 (5.68)
Local government[g]		8.0 (3.18)!
Federal government other than Head Start or EHS[h]		42.3 (6.45)
Revenues from non-government community organizations or other grants[i]		16.4 (4.70)
Revenues from fund raising activities, cash contributions, gifts, bequests, or special events		10.5 (3.57)!
In kind contribution, such as facilities that a public school or other partner provides at no or low cost		40.9 (6.44)
Another source		22.4 (6.48)
Do not receive revenues from any of the above sources		25.7 (6.30)
Do not know the sources of program revenues		3.2 (2.30)!
What percentage of EHS programs receive funding from the following types of revenue sources?[j]	78	
Other public sources		54.7 (6.50)
Private sources		60.2 (6.98)
Neither other public or other private funds		25.7 (6.30)

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item, out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]Among Early Head Start programs that offer a center-based or FCC service option (*n* = 71).

[b]Among Early Head Start programs that offer a center-based service option and reported center-based partners (*n* = 35). The 2022 survey had asked program directors to report on defined ranges, while the 2018 survey asked program directors to report the exact number.

Exhibit VIII.2 *(continued)*

[c]Among Early Head Start programs that offer an FCC service option and reported FCC partners (*n* = 13). The 2022 survey asked program directors to report on defined ranges, while the 2018 survey asked program directors to report the exact number.

[d]Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

[e]For example, registration fees, transportation fees, and late pickup/late payment fees.

[f]For example, vouchers/certificates, state contracts, transportation, or grants from state agencies.

[g]For example, funding from the local school board or other local agency, grants from county government.

[h]For example, Title I, Child and Adult Care Food Program, Special Supplemental Nutrition Program for Women, Infants, and Children, or Medicaid reimbursement.

[i]For example, United Way, local charities, or other service organizations.

[j]Other public sources include tuitions paid by state government, local government funding, and federal government funding other than Head Start or EHS. Other private sources include tuition and fees paid by EHS parents, revenues from non-government community organizations or grants, revenues from fundraising, in-kind contributions, and other sources.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; FCC = family child care; SE = standard error.

Exhibit VIII.3. Are Early Head Start centers licensed and do they participate in their state or local quality rating and improvement system (QRIS)?

Center characteristics	Sample size	Percentage (SE)
Are EHS centers licensed to operate as a child care center?	208	
Yes, center is required to have a state license to operate		94.7 (1.58)
Yes, center is exempt from the requirement, but have one anyway		[a]
No, center is exempt from the requirement for a state license or do not have license for another reason		[a]
Don't know		3.6 (1.35)!
Why are centers exempt from state license requirements?[b]	[a]	
My center is part of a school system		[a]
My center is affiliated with a religious organization		[a]
My center is open only a few hours per day or days per week		[a]
Another reason		[a]
Don't know		[a]
Do centers receive technical assistance from the licensing agency to help improve facilities or meet licensing requirements?[c]	202	
Yes		28.5 (4.19)
No		51.0 (4.74)
Don't know		20.6 (3.71)
Do centers participate in a state or local QRIS?	206	
Yes		67.3 (5.06)
No		10.3 (2.91)
Don't know		22.3 (3.96)
Why don't centers participate in a state or local QRIS?[d]	20	
We plan to join, but we haven't joined it yet.		[a]
QRIS does not allow or encourage Early Head Start programs to participate		[a]
Other		12.9 (6.44)!
Don't know		72.8 (12.60)

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey, unless otherwise indicated.

[a]We do not report estimates based on fewer than 5 responses.

[b]Among centers that do not have a license and are exempt from having a state license.

[c]Among centers that have a state license (*n* = 203).

[d]Among centers that do not participate in a state or local QRIS (*n* = 20). Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

Exhibit VIII.3 *(continued)*

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error; QRIS = quality rating and improvement system.

Exhibit VIII.4. Do Early Head Start centers serve infants and toddlers receiving child care subsidies?

Center characteristics	Sample size	Percentage (SE)
Approximately what percentage of centers' infants and toddlers are funded by EHS or EHS-CCP?[a]	204	
Less than 25 percent		6.3 (2.72)!
25 to 49 percent		11.9 (2.60)
50 to 74 percent		5.9 (1.95)!
75 to 99 percent		13.0 (3.77)
100 percent		49.0 (5.53)
Don't know or can't estimate		13.9 (3.09)
What percentage of centers have more than half of their infants and toddlers funded by EHS or EHS-CCP?[b]	204	76.4 (4.08)
Don't know or can't estimate		4.7 (1.66)!
Do centers serve infants and toddlers who receive child care subsidies?	205	
Yes		54.8 (5.11)
No		26.8 (5.07)
Don't know		18.3 (3.34)
Approximately what percentage of centers' infants and toddlers receive child care subsidies?[a,c]	109	
Less than 25 percent		21.5 (4.57)
25 to 49 percent		19.5 (4.91)
50 to 74 percent		18.5 (6.33)!
75 to 99 percent		14.8 (4.16)
100 percent		7.3 (2.46)!
Don't know or can't estimate		18.5 (4.54)
What percentage of centers have more than half of their infants and toddlers receiving subsidies?[d]	205	24.7 (5.05)
Don't know or can't estimate		23.9 (3.93)

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of center director surveys with valid data on each item out of a total sample of 208 responses to the center director survey, unless otherwise indicated.

[a]The 2022 survey asked center directors to report on defined ranges, while the 2018 survey asked center directors to report the exact number.

[b]This percentage includes answers to a follow up question asked to center directors who replied "Don't know or can't estimate" on the previous question: "Would you estimate that more than 50 percent of the infants and toddlers at your center are funded by an Early Head Start grant or EHS-CCP? Your best guess is fine."

[c]Among centers that serve infants and toddlers with child care subsidies (*n* =109).

Exhibit VIII.4 *(continued)*

[d]This percentage includes answers to a follow up question asked to center directors that replied "Don't know or can't estimate" on the previous question: "Would you estimate that more than 50 percent of the infants and toddlers at your center receive subsidies to pay for their care? Your best guess is fine."

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; EHS-CCP = Early Head Start-Child Care Partnerships; SE = standard error.

Exhibit VIII.5. How do Early Head Start programs evaluate their progress toward goals?

Evaluation of goals	For parent–child responsive relationships		For teacher–child responsive relationships		For home visitor–family responsive relationships	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of programs have written plans to achieve goals?	80		66		55	
Yes, has written plan		69.5 (6.41)		81.4 (5.64)		60.1 (7.73)
No, does not have written plan		24.7 (6.28)		11.6 (4.55)!		21.7 (6.36)
Do not have such goals		5.8 (2.45)!		[a]		18.1 (5.80)!
What is included in a written plan to achieve program goals related to their goals?[b]	56[c]		54[d]		35[e]	
Programming in support of these relationships, for example, socializations, workshops, or trainings for parents		81.7 (7.23)		n.a.		n.a.
Professional development or training experiences for staff related to these relationships		75.9 (7.38)		90.8 (5.67)		89.8 (6.44)
Policies to support these relationships		60.8 (7.89)		90.3 (4.99)		90.9 (5.56)
Community partnerships specifically to support these relationships		57.0 (8.27)		48.8 (8.44)		67.0 (10.07)
Technical Assistance needs or requests related to these relationships		35.5 (7.18)		62.6 (8.67)		47.9 (10.12)
Meetings or events that bring families and staff together		n.a.		78.1 (7.47)		94.7 (3.68)
None of the above		[a]		[a]		[a]
What percentage of programs have measures to evaluate progress toward their goals?	80	81.6 (5.39)	66	98.1 (1.86)	55	79.6 (5.89)
What measures do programs use to evaluate their progress toward goals?[b]	80		66		55	
Observation tool		51.4 (6.58)		94.8 (2.60)		64.8 (7.05)
Parent survey or interview		53.9 (6.78)		41.2 (7.39)		28.6 (6.84)
Other measure		[a]		[a]		[a]
Where did the observation tool come from?	39[f]		61[g]		34[h]	
Your program/agency created the observation tool		18.7 (6.75)!		7.7 (3.45)!		[a]

Exhibit VIII.5 *(continued)*

Evaluation of goals	For parent–child responsive relationships		For teacher–child responsive relationships		For home visitor–family responsive relationships	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
Got the observation tool from somewhere else		65.2 (9.10)		92.3 (3.45)		87.5 (6.09)
Don't know where the observation tool came from		[a]		[a]		[a]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item, out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]We do not report estimates based on fewer than 5 responses.

[b]Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

[c]Among programs that have goals for parent–child responsive relationships (*n* = 56).

[d]Among programs that have goals for teacher–child responsive relationships (*n* = 54).

[e]Among programs that have goals for home visitor-family responsive relationships (*n* = 35).

[f]Among programs that used observation tools to evaluate parent–child responsive relationships (*n* = 42).

[g]Among programs that used observation tools to evaluate teacher–child responsive relationships (*n* = 61).

[h]Among programs that used observation tools to evaluate home visitor-family responsive relationships (*n* = 36).

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable. SE = standard error.

Exhibit VIII.6. What challenges do Early Head Start centers face in hiring and retaining teachers? (percentages, unless otherwise indicated)

Teacher hiring and retention	Sample size	Percentage/ mean (SE)
On average, how many EHS teachers do centers employ?[a]	204	8.3 (0.77)
Don't know		8.8 (3.38)!
How difficult is it for centers to hire highly qualified infant and toddler teachers?	204	
Very difficult		45.6 (5.15)
Somewhat difficult		37.9 (4.58)
Not too difficult		10.7 (3.66)!
Not at all difficult		5.9 (2.38)!
What percentage of EHS teachers did centers replace at the start of the program year because teachers did not return after last year?		
None, no EHS teachers left between last program year and this program year	203	33.1 (4.44)
1 to 5 percent		29.3 (3.96)
6 to 10 percent		5.2 (2.19)!
11 to 20 percent		4.9 (1.47)
21 to 50 percent		10.5 (2.80)
More than 50 percent		4.4 (1.65)!
Don't know		12.6 (2.75)
What percentage of EHS teachers did centers replace after the start of the program year because teacher left during the program year?	203	
None, no teachers left during the current program year		22.0 (4.26)
1 to 5 percent		42.3 (4.80)
6 to 10 percent		5.7 (2.14)!
11 to 20 percent		5.7 (1.92)!
21 to 50 percent		12.3 (3.21)
More than 50 percent		3.5 (1.32)!
Don't know		8.6 (2.28)
What are the primary reasons EHS left centers?[b]	180	
Personal reasons		52.9 (4.87)
Left early childhood field		30.6 (4.14)
Transitioned to another position in your center or program		27.9 (3.47)
Higher pay in an equivalent early childhood job at another center		21.5 (3.28)
Better work hours in another job		13.1 (3.11)
Higher level early childhood position at another center		7.2 (2.46)!
Pursue their education		7.7 (3.12)!
Transportation needs		4.0 (1.65)!
Vaccine mandate[c]		4.2 (2.30)!
Other		4.0 (1.62)!
Don't know why teacher left		7.9 (2.66)!

Exhibit VIII.6 *(continued)*

Teacher hiring and retention	Sample size	Percentage/ mean (SE)
What are centers doing to reduce EHS teacher turnover?[d]	203	
Increasing teacher salaries and benefits		58.3 (4.74)
Increasing positive relationships at the centers		52.6 (4.99)
Providing more or better training or education		50.1 (4.85)
Hiring or recruiting more assistants or aides for EHS teachers		37.2 (4.82)
Providing more opportunities for career advancement		37.1 (4.61)
Providing EHS teachers with better materials or physical facilities		27.3 (3.77)
Providing better fringe benefits		25.2 (4.23)
Giving teachers more say in choice of curriculum and planning activities		13.2 (3.10)
Decreasing the number of child slots or hours of operations in order to have more fiscal resources to provide teachers with higher salaries and/or benefits		7.9 (2.80)!
Other		[e]
None of the above, no need to reduce teacher turnover		[e]
Don't know what is being done to reduce teacher turnover		10.4 (2.37)

Source: Spring 2022 Baby FACES Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of center director and program director surveys with valid data on each item, out of a total sample of 208 responses to the center director survey, unless otherwise indicated.

[a]The reported range is 1-50.

[b]Directors could choose up to three reasons, so the percentages may sum to greater than 100.

[c]This category was created from directors' responses to the other category. Other programs may also consider this a reason but did not identify it on the survey.

[d]Directors selected all answers that apply to their centers, so the percentages may sum to greater than 100.

[e]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VIII.7. What challenges do Early Head Start programs face in hiring and retaining home visitors? (percentages, unless otherwise indicated)

Home visitor hiring and retention	Sample size	Percentage/ mean (SE)
On average, how many EHS home visitors do programs employ?[a]	55	7.7 (0.96)
How difficult is it for programs to hire highly qualified home visitors?	55	
Very difficult		26.4 (6.87)
Somewhat difficult		58.2 (7.53)
Not too difficult or not at all difficult		15.3 (4.23)
What percentage of EHS home visitors did programs replace at the start of the program year because home visitors did not return after last year?	55	
None, no EHS home visitors left between last program year and this program year		29.4 (6.71)
1 to 5 percent		37.9 (7.05)
6 to 10 percent		5.8 (2.86)!
11 to 20 percent		12.0 (4.90)!
More than 21 percent		14.9 (6.17)!
What percentage of EHS home visitors did programs replace after the start of the program year because home visitors left during the program year?	55	
None, no home visitors left during the current program year		27.9 (6.64)
1 to 5 percent		23.3 (6.24)
6 to 10 percent		10.8 (4.14)!
11 to 20 percent		16.4 (5.64)!
More than 21 percent		21.6 (7.13)!
What are the primary reasons EHS home visitors left programs?[b]	48	
Personal reasons		47.3 (8.83)
Left early childhood field		45.9 (8.83)
Higher pay in an equivalent early childhood job at another program		41.3 (8.50)
Transitioned to another position in your program		23.8 (7.82)!
Pursue their education		17.9 (5.50)!
Other		14.1 (6.10)!
Higher level early childhood position at another program		11.2 (4.53)!
Better work hours in another job		[c]
Don't know why home visitor left		[c]
What are centers doing to reduce EHS home visitor turnover?[d]	55	
Increasing positive relationships within the program		56.9 (7.89)
Increasing home visitor salaries and benefits		54.3 (7.76)
Providing more or better training or education		49.3 (7.90)
Providing more opportunities for career advancement		35.2 (7.53)
Providing home visitors with better materials or physical facilities		33.1 (7.13)
Providing better fringe benefits		22.1 (6.18)

Exhibit VIII.7 *(continued)*

Home visitor hiring and retention	Sample size	Percentage/ mean (SE)
None of the above, no need to reduce home visitor turnover		16.5 (5.17)!
Giving home visitors more say in choice of curriculum and planning activities		15.7 (5.21)!
Hiring or recruiting more assistants or aides for home visitors		[c]
Decreasing the number of family/child slots or hours of operations in order to have more fiscal resources to provide home visitors with higher salaries and/or benefits		[c]
Other		[c]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item, out of a total sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]The reported range is 1-30.

[b]Directors could choose up to three reasons, so the percentages may sum to greater than 100.

[c]We do not report estimates based on fewer than 5 responses.

[d]Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VIII.8a. How are Early Head Start programs using data to support program management or continuous quality improvement?

Use of data	Child assessment data		Family needs data		Classroom observation data[a]		Home visitor observation data[b]	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of programs use data to guide program management or continuous quality improvement?	80	100.0 (0.00)	80	100.0 (0.00)	67	100.0 (0.00)	55	92.3 (5.13)
How useful do programs find data for program management or continuous quality improvement?	80[c]		80[d]		67[e]		52[f]	
Very useful		85.9 (4.57)		66.8 (6.49)		94.5 (2.86)		77.6 (6.14)
Useful		12.1 (4.49)!		32.0 (6.52)		5.5 (2.86)!		20.0 (5.90)
A little useful or not useful		[g]		[g]		[g]		8.9 (4.52)!
Don't know		[g]		[g]		[g]		[g]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]Among programs that offered a center-based service option (*n* = 70).

[b]Among programs that offered a home-based service option (*n* = 58).

[c]Among programs that use child assessment data to guide program management or continuous quality improvement or did not know (*n* = 80).

[d]Among programs that use family needs data to guide program management and program improvement or did not know (*n* =80).

[e]Among programs that use classroom observation data to guide program management and program improvement or did not know (*n* = 67).

[f]Among programs that use home visitor observation data to guide program management and program improvement or did not know (*n* = 52).

[g]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VIII.8b. How are Early Head Start programs using data to develop community partnerships?

Use of data	Child assessment data		Family needs data		Classroom observation data[a]		Home visitor observation data[b]	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of programs use data to develop community partnerships?	80	90.3 (3.78)	80	95.4 (3.07)	66	84.3 (5.72)	54	81.1 (6.99)
How useful do programs find data to development community partnerships?	72[c]		77[d]		58[e]		47[f]	
Very useful		57.7 (7.06)		70.6 (5.94)		46.9 (8.18)		31.2 (7.41)
Useful		17.9 (5.21)		22.0 (5.48)		23.1 (6.19)		42.5 (8.37)
A little useful or not useful		23.1 (6.14)		7.4 (2.58)!		28.5 (8.10)		23.8 (7.70)!
Don't know		[g]		[g]		[g]		[g]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]Among programs that offered a center-based service option (*n* = 70).

[b]Among programs that offered a home-based service option (*n* = 58).

[c]Among programs that use child assessment data to develop community partnerships or did not know (*n* = 72).

[d]Among programs that use family needs data to develop community partnerships or did not know (*n* =77).

[e]Among programs that use classroom observation data to develop community partnerships or did not know (*n* = 58).

[f]Among programs that use home visitor observation data to develop community partnerships or did not know (*n* = 47).

[g]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VIII.8c. How are Early Head Start programs using data to plan technical assistance and professional development?

Use of data	Child assessment data		Family needs data		Classroom observation data[a]		Home visitor observation data[b]	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of programs use data to plan technical assistance and professional development?	80	100.0 (0.00)	80	100.0 (0.00)	67	100.0 (0.00)	55	99.0 (1.01)
How useful do programs find data to plan technical assistance and professional development?	80[c]		80[d]		67[e]		54[f]	
Very useful		84.5 (3.93)		74.8 (5.76)		89.3 (3.83)		67.6 (7.59)
Useful		14.6 (3.84)		18.3 (4.95)		8.5 (3.57)!		22.4 (6.63)
A little useful or not useful		[g]		6.9 (3.65)!		[g]		13.1 (5.99)!

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]Among programs that offered a center-based service option (*n* = 70).

[b]Among programs that offered a home-based service option (*n* = 58).

[c]Among programs that use child assessment data to plan technical assistance and professional development or did not know (*n* = 80).

[d]Among programs that use family assessment data to plan technical assistance and professional development or did not know (*n* =80).

[e]Among programs that use classroom observation data to plan technical assistance and professional development or did not know (*n* = 67).

[f]Among programs that use home visitor observation data to plan technical assistance and professional development or did not know (*n* = 54).

[g]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VIII.8d. How are Early Head Start programs using data to place children with specific home visitors or reassign home visitors?

Use of data	Child assessment data		Family needs data		Home visitor observation data	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of programs use data to place children with specific home visitors or reassign home visitors?	54	67.5 (7.49)	55	74.9 (7.14)	53	73.4 (7.26)
How useful do programs find data to place children with specific home visitors or reassign home visitors?	36[a]		43[b]		39[c]	
Very useful		27.8 (8.46)!		39.4 (9.25)		55.0 (9.49)
Useful		30.1 (9.87)!		43.6 (9.28)		27.1 (9.01)!
A little useful or not useful		41.1 (9.81)!		15.6 (6.74)!		16.5 (5.91)!
Don't know		[d]		[d]		[d]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of program director surveys with valid data on each item, out of a sample of 58 programs that offered a home-based service option, unless otherwise indicated.

[a]Among programs that use child assessment data to place children with specific home visitors or reassign home visitors or did not know (*n* = 36).

[b]Among programs that use family assessment data to place children with specific home visitors or reassign home visitors or did not know (*n* =43).

[c]Among programs that use home visitor observation data to place children with specific home visitors or reassign home visitors or did not know (*n* = 39).

[d]We do not report estimates based on fewer than 5 responses.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.

Exhibit VIII.9. What does the workplace environment look like in Early Head Start programs?

Characteristics	Sample size	Mean (SE)	Reported response range
Organizational functioning (teacher TCU SOF scores)[a]			
Cohesion	394	38.9 (0.60)	10-50
Communication	396	35.5 (0.65)	10-50
Stress	393	27.7 (0.65)	10-50
Satisfaction	394	41.1 (0.45)	18.3-50.0
Organizational functioning (home visitor TCU SOF scores)[a]			
Cohesion	426	40.7 (0.56)	10-50
Communication	427	34.6 (0.62)	10-50
Stress	427	30.5 (0.79)	10-50
Satisfaction	428	41.4 (0.45)	16.7-50.0
Leadership (program director OCDQ-RE scores)[b]			
Leaders' Supportive Behavior	82	27.6 (0.54)	14.6-36.0
Leadership (center director OCDQ-RE scores)[c]			
Leaders' Supportive Behavior	203	26.6 (0.57)	9-36
How often do home visitors feel unsafe during home visits?	428		
Never		12.8 (2.00)	n.a.
Hardly ever		39.8 (3.03)	n.a.
Some of the time		33.6 (3.40)	n.a.
Most of the time		8.7 (1.43)	n.a.
All or almost all of the time		5.0 (1.36)	n.a.

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey and Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start staff, centers, and programs. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey and center director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, as well as the number of programs and centers with valid data on each item out of a total sample of 83 programs with responses to the program director survey and 208 centers with responses to the center director survey.

See Exhibit A.8 in Appendix A for reliability estimates of the organizational climate and leadership measures.

[a]Higher scores for the Cohesion, Communication, and Satisfaction subscales indicate a more positive organizational climate. Higher scores for the Stress subscale indicate a more negative organizational climate.

[b]Each program director score is the average score of all responding home visitors and center directors in the program.

[c]Each center director score is the average score of all responding teachers in the center.

OCDQ-RE = Organizational Climate Description Questionnaire-Rutgers Elementary; SE = standard error; TCU SOF = Survey of Organizational Functioning, published by Texas Christian University's Institute of Behavioral Research.

Exhibit VIII.10. How do Early Head Start programs track and facilitate transitions from Early Head Start to other formal child care programs? (percentages, unless otherwise indicated)

Program characteristics	Sample size	Percentage/ mean (SE)
What percentage of EHS children transition into a formal child care or preschool program after EHS?[a]	83	
Less than 25 percent		9.2 (3.28)!
25 to 50 percent		18.4 (4.82)
51 to 75 percent		9.0 (4.09)!
More than 75 percent		63.5 (6.36)
Do EHS programs collect information about where children go when they transition out of their program?	81	
Yes		90.9 (3.76)
No		5.7 (3.22)!
Do not know		[b]
Among the formal settings that children transition into, how many settings do EHS programs communicate with, to plan or share information, before children transition?[c,d]	81	
None of the settings		[b]
Some of the settings		34.4 (6.60)
Most of the settings		42.6 (6.90)
All of the settings		18.7 (5.29)
Do not know		[b]
Among programs that communicate with these settings, what are the topics most often discussed with these settings?[e]	77	
Helping families with transitioning (for example, registering, enrolling, routines, drop off and pick up)		70.5 (6.36)
Children with disabilities		40.7 (6.79)
Child outcome assessments		40.2 (7.08)
Issues related to individual children or family situations		33.7 (6.59)
What children are expected to know at preschool entry		10.8 (4.83)!
Alignment of curricula		[b]

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item out of a total sample of 83 responses to the program director survey, unless otherwise indicated.

[a]This includes center-based Head Start, public prekindergarten, and other center-based child care.

[b]We do not report estimates based on fewer than 5 responses.

[c]Among programs that know what percentage of children transition into a formal child care or preschool program (*n* = 81).

[d]Excludes activities such as sending records or files for individual children.

Exhibit VIII.10 *(continued)*

[e]Among programs that communicate with at least some settings before EHS children transition (*n* = 77). Directors selected all answers that apply to their programs, so the percentages may sum to greater than 100.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; SE = standard error.

Exhibit VIII.11a. What challenges are Early Head Start programs and centers experiencing during the COVID-19 pandemic? (percentages, unless otherwise indicated)

Possible challenge[a]	Home-based services (Program director report)		Center-based services (Center director report)	
	Sample size	Percentage/ mean (SE)	Sample size	Percentage/ mean (SE)
What percentage of EHS programs/centers are facing the following challenges since the pandemic?	55		204	
Enrollment or retention of families		84.4 (4.57)		32.0 (4.26)
Staffing challenges		71.2 (7.43)		68.3 (5.26)
Staff mental health/well-being		69.6 (7.61)		48.5 (4.53)
Family mental health/trauma from COVID-19		66.9 (7.23)		30.1 (3.35)
Family physical health		49.0 (7.75)		32.1 (4.42)
Staff physical health		38.2 (7.07)		46.1 (4.82)
Meeting OHS requirements to operate, even with flexibilities offered		32.0 (7.20)		2.0 (0.72)!
Lost community partnerships		30.4 (7.17)		7.3 (2.34)!
Lack of guidance from OHS on how to operate[c]		15.1 (4.39)		2.6 (1.32)!
Lack of necessary technology or reliable internet[d]		14.1 (4.91)!		4.4 (1.52)!
Meeting state/local requirements to operate		6.2 (3.22)!		2.6 (1.28)!
Lack of guidance from state/local government on how to operate		4.7 (2.29)!		8.7 (3.80)!
Funding		[b]		7.8 (2.05)
Lack of necessary/appropriate cleaning supplies or PPE		[b]		2.7 (1.02)!
Other		[b]		[b]
Not experiencing any of these challenges		[b]		15.4 (3.83)
Cannot choose one biggest challenge		n.a.		n.a.
On average, how many of the above challenges are programs experiencing?[e]	54	5.0 (0.38)	176	3.5 (0.19)

Source: Spring 2022 Baby FACES Program Director and Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit VIII.11a *(continued)*

The sample size columns present unweighted sample sizes to identify the number of program director surveys and center director surveys with valid data on each item out of a total sample of 58 responses from directors of the programs that provide home-based services and 208 responses to the center director survey.

[a]Directors reported all challenges that apply to their programs or centers, so the percentages sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]Including a lack of guidance from EHS grantees for center-based services.

[d]To support virtual home visit services for home-based services or to support connections between staff and families for center-based services.

[e]Among programs and centers reporting at least one challenge (*n* = 54 programs and *n* = 176 centers). The reported response range for programs is 1-11 and the reported response range for centers is 1-14.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; OHS = Office of Head Start; n.a. = not applicable; PPE = personal protective equipment; SE = standard error.

Exhibit VIII.11b. What challenges are Early Head Start programs and centers experiencing during the COVID-19 pandemic? (percentages, unless otherwise indicated)

Possible challenge	Home-based services (Program director report)[a]		Center-based services (Center director report)[a]	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What percentage of EHS programs/centers are facing the following challenges since the pandemic?	54		176	
Enrollment or retention of families		51.0 (7.82)		9.6 (2.97)!
Staffing challenges		31.8 (6.72)		63.6 (4.96)
Staff mental health/well-being		[b]		6.3 (2.15)!
Family mental health/trauma from COVID-19		[b]		[b]
Family physical health		[b]		[b]
Staff physical health		[b]		6.1 (2.20)!
Meeting OHS requirements to operate, even with flexibilities offered		[b]		[b]
Lost community partnerships		[b]		[b]
Lack of guidance from OHS on how to operate[c]		[b]		[b]
Lack of necessary technology or reliable internet[d]		[b]		[b]
Meeting state/local requirements to operate		[b]		[b]
Lack of guidance from state/local government on how to operate		[b]		[b]
Funding		[b]		[b]
Lack of necessary/appropriate cleaning supplies or PPE		[b]		[b]
Other		[b]		[b]
Not experiencing any of these challenges		n.a.		n.a.
Cannot choose one biggest challenge		8.5 (3.89)!		8.4 (2.64)!

Source: Spring 2022 Baby FACES Program Director and Center Director Survey.

Note: Statistics are weighted to represent all Early Head Start centers and statistics for programs are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. Statistics also account for nonresponse to the center and program director survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit VIII.11b *(continued)*

The sample size columns present unweighted sample sizes to identify the number of program director surveys and center director surveys with valid data on each item out of a total sample of 58 responses from directors of the programs that provide home-based services and 208 responses to the center director survey.

[a]Among programs and centers reporting at least one challenge (*n* = 54 programs and *n* = 176 centers). Directors reported which challenge that applied was the biggest. If a director only reported one challenge, that challenge has been coded as the biggest challenge.

[b]We do not report estimates based on fewer than 5 responses.

[c]Including a lack of guidance from EHS grantees for center-based services.

[d]To support virtual home visit services for home-based services or to support connections between staff and families for center-based services.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

EHS = Early Head Start; OHS = Office of Head Start; n.a. = not applicable; PPE = personal protective equipment; SE = standard error.

Exhibit VIII.12. How do Early Head Start programs intend to prepare for future emergencies? (percentages, unless otherwise indicated)

Supports	Sample size	Percentage/mean (SE)
Which supports do EHS programs hope to have in place to prepare for future emergencies?[a]	80	
Ability to use Head Start funds for flexibility in times of emergency		79.7 (5.62)
Trainings for family services staff to deliver content and services remotely		69.0 (6.24)
Trainings for teachers/classroom staff to deliver content and services remotely		68.6 (6.10)
Supports to help families more easily access the Internet		68.2 (6.76)
Guidance for managing human resource issues and supporting staff resources		62.3 (6.78)
Supports to help staff more easily access the Internet		55.4 (6.88)
Trainings for home visitor staff to deliver content and services remotely		50.6 (5.68)
Guidance to create a plan for continuing operations		45.5 (6.81)
Aid in developing relationships with local entities		27.6 (6.05)
Other		[b]
We do not need additional supports for future emergencies		[b]
On average, how many of the above supports do programs hope to have in place to prepare for future emergencies?[c]	79	5.5 (0.31)

Source: Spring 2022 Baby FACES Program Director Survey.

Note: Statistics are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for programs that chose not to participate. However, given lower than expected program participation rates and potential risk of nonresponse bias, we recommend interpreting the national representativeness of the estimates with caution.

The sample size column presents unweighted sample sizes to identify the number of program director surveys with valid data on each item (*n* = 83).

[a]Directors reported all supports they hoped to have for future emergencies, so the percentages sum to greater than 100.

[b]We do not report estimates based on fewer than 5 responses.

[c]Among programs reporting a preference for at least one support (*n* = 79). The reported response range is 1-9.

SE = standard error.

Appendix A:

Internal consistency reliability estimates of the measures

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Exhibit A.1. Reliability of parent well-being, home environment, and parent–child relationship measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Parent–child relationship (parent child report)				
Child–Parent Relationship Scale (CPRS score)				
Closeness	5	1,131	7–35	0.69
Conflict	8	1,106	8–40	0.79
HFPI Parent–Child Interaction (HFPI score)	10	1,106	10–50	0.86
Depressive symptoms (parent child report)				
CESD-R total score	20	1,046	0–60	0.95
Parenting stress (PSI-4-SF scores; parent child report)				
Parental Distress	12	1,114	34–85	0.93
Parent–Child Dysfunctional Interaction	12	1,084	36–92	0.90
Difficult Child	12	1,093	32–87	0.90
Total Stress	36	999	32–92	0.96
Social Support (HFPI score; parent child report)	5	1,143	5–25	0.92
Family environment				
CHAOS total score (parent survey)	15	919	0–45	0.75
Parental warmth (infant and toddler version; home visit observation)[a]	7	506	0-7	0.77
Parental warmth (preschool version; home visit observation)[b]	3	74	0-3	0.65
Family economic pressure				
ESQ score (parent survey)	6	939	0–24	0.84

Source: Spring 2022 Baby FACES Parent Survey, Parent Child Report, and Home Visit Observation.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of parents with valid data on each of the measures out of a total sample of 1,024 parent survey responses, and 1,228 responses to the parent child report, and 602 home visit observations. Items from the parent survey are indicated above.

Reliability estimates are based on responses with complete data on that measure.

[a]For parents of children younger than 3 years (n = 512) with home visit observations.

[b]For parents of children age 3 or older (n = 74) with home visit observations. The limited variance in responses attenuates the reliability estimate.

CESD-R = Center for Epidemiologic Studies Depression Scale-Revised; CHAOS = Confusion, Hubbub, and Order Scale; CPRS = Child-Parent Relationship Scale; ESQ = Economic Strain Questionnaire; HFPI = Healthy Families Parenting Inventory; PSI-4-SF = Parenting Stress Index, Fourth Edition Short Form.

Exhibit A.2. Reliability of child social-emotional and language measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Parent-reported BITSEA raw score				
Problem domain	31	811	0–62	0.84
Competence domain	11	950	0–22	0.78
Staff-reported BITSEA raw score				
Problem domain	31	1,048	0–62	0.85
Competence domain	11	1,122	0–22	0.81
Parent-reported English CDI				
Infant form (8–16 months)				
Vocabulary Comprehension	89	68	0–89	0.99
Vocabulary Production	89	68	0–89	0.96
First Communicative Gestures	12	110	0–12	0.85
Toddler form (17–30 months)				
Vocabulary Comprehension	100	188	0–100	0.98
Vocabulary Production	100	188	0–100	0.99
CDI-III (31 months or older)				
Vocabulary Comprehension	100	187	0–100	0.99
Vocabulary Production	100	187	0–100	0.99
Parent-reported English CDI IRT score	256	760	n.a.	0.99[a]
Parent-reported Spanish CDI				
Infant form (8–16 months)				
Vocabulary Comprehension	104	34	0–104	0.99
Vocabulary Production	104	34	0–104	0.99
First Communicative Gestures	13	70	0–13	0.86
Toddler form (17–30 months)				
Vocabulary Comprehension	100	72	0–100	0.98
Vocabulary Production	100	72	0–100	0.99
Extended toddler form (31 months or older)				
Vocabulary Comprehension	100	49	0–100	0.99
Vocabulary Production	100	49	0–100	0.99
Parent-reported Spanish CDI IRT score	209	355	n.a.	0.99[a]
Staff-reported English CDI				
Infant form (8–16 months)				
Vocabulary Comprehension	89	165	0–89	0.99
Vocabulary Production	89	165	0–89	0.98
First Communicative Gestures	12	201	0–12	0.87
Toddler form (17–30 months)				
Vocabulary Comprehension	100	349	0–100	0.99
Vocabulary Production	100	349	0–100	0.99

Exhibit A.2 (*continued*)

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
CDI-III (31 months or older)				
Vocabulary Comprehension	100	368	0–100	0.99
Vocabulary Production	100	368	0–100	0.99
Sentence complexity	12	288	0–12	0.92
Using language	12	339	0–12	0.81
Staff-reported English CDI IRT score	258	1,299	n.a.	0.99[a]

Source: Spring 2022 Baby FACES Parent Child Report and Staff (Teacher or Home Visitor) Child Report.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of children with valid data on each of the scores. For the BITSEA, the sample sizes for raw scores are out of a total sample of 1,140 responses to the parent child report and 1,278 responses to the staff child report for children 8 months or older. For the English CDI, the sample sizes for the IRT scores are out of a total sample of 778 responses to the English parent child report and 1,278 responses to the staff child report; the sample sizes for the English CDI raw scores are out of a total sample of 122 responses to the English parent child report and 217 responses to the staff child report for the infant form, 318 responses to the English parent child report and 526 responses to the staff child report for the toddler form, and 333 responses to the English parent child report and 520 responses to the staff child report for the CDI-III (368 for sentence complexity and using language). For the Spanish CDI, the sample sizes for the IRT scores are out of a total sample of 362 responses to the Spanish parent child report; the sample sizes for the Spanish CDI raw scores are out of a total sample of 76 responses to the Spanish parent child report for the infant form, 158 responses to the Spanish parent child report for the toddler form, and 122 responses to the Spanish parent child report for the extended toddler form.

Reliability estimates for the publisher defined measures are based on responses with complete data on that measure.

Parents completed the English or Spanish CDI based on their home language. Staff completed the English CDI for all children.

[a]Rasch person reliability estimate.

BITSEA = Brief Infant-Toddler Social and Emotional Assessment; CDI = MacArthur-Bates Communicative Development Inventories; n.a. = not applicable.

Exhibit A.3. Reliability of staff well-being measure

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
CESD-R total score	20	755	0–60	0.92

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item, out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey.

Reliability estimates are based on responses with complete data on that measure.

CESD-R = The Center for Epidemiologic Studies Depression Scale Revised.

Exhibit A.4. Reliability of classroom observation and teacher-reported teacher–child relationship measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Classroom observation				
QCIT				
Support for Social-Emotional Development[a]	8	123	1–7	0.90
Support for Cognitive Development[a]	8	203	1–7	0.86
Support for Language and Literacy Development	10	288	1–7	0.92
Teacher-reported				
STRS Teacher–Child Relationship				
Closeness	7	552	1–5	0.75
Conflict	8	553	1–5	0.87

Source: Spring 2022 Baby FACES Classroom Observation and Staff (Teacher) Child Report.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of classrooms with valid data on each of the constructs or scores, out of a total sample of 306 infant/toddler classrooms and 558 responses to the teacher child report.

Reliability estimates are based on responses with complete data on that measure.

[a]There are some items for "Support for Social-Emotional Development" and "Support for Cognitive Development" that have some "not applicable" responses, which are treated as missing. Those responses were not included when calculating reliability estimates.

n.a. = not applicable; STRS = Student-Teacher Relationship Scale; QCIT = Quality of Care for Infants and Toddlers.

Exhibit A.5. Reliability of parent–teacher relationship measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Parent-reported				
CRQ				
Support	5	287	0–30	0.78
Endorsement	5	294	0–30	0.77
Undermining	4	294	0–24	0.72
Agreement	3	292	0–18	0.69
Teacher-reported				
CRQ				
Support	5	539	0–30	0.88
Endorsement	5	538	0–30	0.86
Undermining	4	549	0–24	0.58
Agreement	4	550	0–24	0.73

Source: Spring 2022 Baby FACES Parent Survey and Staff (Teacher) Child Report.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of parent surveys or teacher child reports with valid data on each measure, out of total samples of 336 responses to the parent survey from parents of children who were sampled from classrooms and 558 responses to the teacher child report.

Reliability estimates are based on responses with complete data on that measure.

CRQ = Cocaring Relationship Questionnaire

Exhibit A.6. Reliability of parent–home visitor relationship measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Parent-reported				
WAI				
Tasking	4	663	4–28	0.70
Bonding	4	662	4–28	0.84
Goal Setting[a]	4	653	4–28	0.47
Total score	12	645	12–84	0.86
Parent satisfaction with the home visits (SBPI)		639		0.92
Empowerment	5	667	5–35	0.87
Cultural Competency	3	665	3–21	0.64
Staff Sensitivity	4	664	4–28	0.78
Relationship Supportive	4	653	4-28	0.83
CRQ				
Support	5	662	0–30	0.77
Home visitor-reported				
WAI				
Tasking	4	779	4–28	0.86
Bonding	4	769	4–28	0.79
Goal Setting[a]	4	776	4–28	0.51
Total score	12	742	12–84	0.89

Source: Spring 2022 Baby FACES Parent Survey and Staff (Home Visitor) Child Report.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of parent surveys or home visitor child reports with valid data on each of the measures, out of total samples of 615 responses to the parent survey from parents who were sampled from home visitors' caseloads and 810 responses to the home visitor child report.

Reliability estimates are based on responses with complete data on that measure.

[a]In both Baby FACES 2018 and Baby FACES 2022 staff and parent forms, the WAI Goal Setting internal consistency reliability was low indicating that there are other factors that influenced the responses to these items. Item to total correlations were low for all four items in the scale. With lower reliability, scales have less precision making it more difficult to identify associations

CRQ = Cocaring Relationship Questionnaire; SBPI = Strength-Based Practices Inventory; WAI = Working Alliance Inventory.

Exhibit A.7. Reliability of home visit quality measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Quality of Home Visiting Practices	4[a]	594	1–7	0.88
Relationship Building with Family	7	583	1–7	0.81
Responsiveness to Family Strengths	6	598	1–7	0.82
Facilitation of Caregiver-Child Interaction	6	594	1–7	0.84
Collaboration with Caregiver	5	595	1–7	0.79

Source: Spring 2022 Baby FACES Parent Survey and Staff (Home Visitor) Child Report.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of families who have valid data on each of the HOVRS-3 scores, out of a total sample of 602 families with home visit observations conducted.

[a]These are the four scale under Quality of Home Visiting Practices.

HOVRS-3 = Home Visit Rating Scales-3.

Exhibit A.8. Reliability of organizational climate and leadership measures

Measures	Number of items	Sample size	Possible response range	Cronbach's alpha
Organizational functioning (teacher TCU SOF scores)				
Cohesion	6	389	10–50	0.88
Communication	5	386	10–50	0.84
Stress	4	386	10–50	0.87
Satisfaction	6	383	10–50	0.81
Organizational functioning (home visitor TCU SOF scores)				
Cohesion	6	417	10–50	0.90
Communication	5	417	10–50	0.79
Stress	4	416	10–50	0.86
Satisfaction	6	422	10–50	0.84
Leadership (program OCDQ–RE scores)				
Leaders' Supportive Behavior	9	81	9–36	0.97
Leadership (center OCDQ–RE scores)				
Leaders' Supportive Behavior	9	199	9–36	0.94

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are unweighted.

The sample size column presents unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey, as well as the number of programs and centers with valid data on each item out of a total sample of 83 programs and 208 centers.

Reliability estimates are based on responses with complete data on that measure.

OCDQ-RE = Organizational Climate Description Questionnaire-Rutgers Elementary; TCU SOF = Survey of Organizational Functioning, published by Texas Christian University's Institute of Behavioral Research.

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Appendix B:

Complete lists of curricula and assessments used by teachers and home visitors

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Exhibit B.1. Curricula used by Early Head Start teachers and home visitors

Characteristics	Teachers		Home visitors	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What curricula do teachers and home visitors use?[a]	387	**Curriculum is used**	424	**Curriculum is used**
Parents as Teachers (PAT)		2.1 (1.02)!		43.1 (7.14)
Creative Curriculum/Teaching Strategies[b]		67.1 (5.69)		36.1 (5.56)
Partners for a Healthy Baby		n.a.		32.2 (5.71)
Conscious Discipline (Baby Doll Circle Time)		22.6 (4.64)		19.2 (4.22)
Growing Great Kids		n.a.		15.5 (4.89)!
Baby Talk		2.5 (0.90)!		6.5 (2.99)!
Frog Street		11.2 (5.12)!		4.8 (3.47)!
Beautiful Beginnings		1.3 (0.64)!		2.8 (2.04)!
Agency-created curriculum		7.5 (1.64)		2.5 (1.13)!
Partners in Parenting Education (PIPE)		n.a.		2.0 (1.06)!
Learning Activities for Infants (Magda Gerber, RIE)		1.4 (0.65)!		1.3 (0.59)!
Ones and Twos (Parenting: The First Three Years)		1.5 (0.71)!		[c]
Hawaii Early Learning Profile (HELP)		[c]		[c]
HighScope		14.2 (5.07)!		n.a.
Assessment, Evaluation, and Programming System (AEPS)		3.3 (1.13)!		n.a.
Playtime Learning Games for Young Children		2.1 (0.90)!		n.a.
Reggio Emilia		2.0 (1.04)!		n.a.
Program for Infant/Toddler Care (PITC)		1.9 (0.82)!		n.a.
Montessori		1.7 (1.13)!		n.a.
Other curricula[d]		5.1 (1.38)		6.3 (1.66)
Does not use curriculum		2.1 (0.92)!		1.1 (0.50)!

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

Exhibit B.1 *(continued)*

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey.

[a]Teachers and home visitors were given a list of curricula and asked to select the curricula they used and to write in any other curricula they used that were not on the list. Responses outside the provided list were categorized into existing or additional options during analysis. This exhibit includes curricula from the list and any additional curricula reported by more than five teachers or more than five home visitors.

Sample size includes a small number of teachers (less than 5 percent) who gave a response of "don't know" either to this question (about which curricula they use) or the previous question (whether they use any specific curriculum; not shown in this exhibit). The exhibit does not include percentages for these response options. No home visitors gave either of these responses.

[b]For home visitors, the full response option was Creative Curriculum Learning Games/Teaching Strategies.

[c]We do not report estimates based on fewer than 5 responses.

[d]Includes any curriculum not on the given list and reported by five or fewer teachers and by five or fewer home visitors.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

n.a. = not applicable SE = standard error.

Exhibit B.2. Child assessments used by Early Head Start teachers and home visitors

Characteristics	Teachers		Home visitors	
	Sample size	Percentage (SE)	Sample size	Percentage (SE)
What child assessments and/or screeners do teachers and home visitors use?[a]	391		419	
SCREENERS				
Ages and Stages Questionnaire (ASQ)		70.4 (3.70)		75.6 (4.83)
ASQ: Social-Emotional		50.3 (4.67)		64.4 (4.54)
Brigance Screener		10.3 (3.43)!		16.0 (4.97)!
Agency-created screening assessment		7.3 (1.75)		5.5 (1.32)
Denver Developmental Screening Test		2.7 (2.70)!		1.9 (0.89)!
Brief Infant-Toddler Social and Emotional Assessment (BITSEA)		2.9 (1.21)!		[b]
ASSESSMENTS				
Creative Curriculum Tools (Teaching Strategies Gold)		53.0 (5.63)		37.7 (5.56)
Desired Results Developmental Profiles-R (DRDP)		8.6 (2.72)!		19.5 (4.91)
Devereux Early Childhood Assessment (DECA)		15.5 (4.26)		16.0 (4.95)!
Brigance Assessment		11.2 (3.62)!		12.3 (4.27)!
Early Learning Accomplishment Profile (E-LAP) / Learning Accomplishment Profile: Birth to Kindergarten (LAP-BK)[c]		6.9 (3.79)!		3.4 (1.96)!
Infant-Toddler Developmental Assessment (IDA)		5.6 (1.52)		3.0 (1.66)!
HighScope Child Observation Record (COR)		9.7 (3.43)!		2.5 (1.72)!
Infant-Toddler Social and Emotional Assessment (ITSEA)		4.4 (1.46)!		[b]
Other child assessments and/or screeners[d]		7.3 (2.56)!		8.0 (2.33)
Does not use any child assessments		3.3 (1.30)!		2.0 (0.81)!

Source: Spring 2022 Baby FACES Staff (Teacher or Home Visitor) Survey.

Note: Statistics are weighted to represent all Early Head Start staff. The data are weighted to adjust for the probability of selection in sampling, and to the extent possible, account for (1) programs that chose not to participate and (2) nonresponse to the staff survey. However, given lower than expected program participation rates, we recommend interpreting the national representativeness of the estimates with caution.

The sample size columns present unweighted sample sizes to identify the number of teacher and home visitor surveys with valid data on each item out of a total sample of 405 responses to the teacher survey and 438 responses to the home visitor survey.

Exhibit B.2 *(continued)*

[a]Teachers and home visitors were given a list of assessments (including screeners) and asked to select the child assessments they used and to write in any other child assessments they used that were not on the list. Responses outside the provided list were categorized into existing options during analysis. This exhibit includes assessments from the list and any additional assessments reported by more than five teachers or more than five home visitors.

Sample sizes include small numbers of teachers and home visitors (less than 5 percent) who gave a response of "don't know" either to this question (about which assessments they use) or the previous question (whether they use any assessments; not shown in this exhibit). The exhibit does not include percentages for these response options.

[b]We do not report estimates based on fewer than 5 responses.

[c]The survey instrument included the E-LAP as a response option. Several teachers and home visitors mentioned the LAP-BK under the other specify response option. The LAP-BK is published by the same developer and it is part of the same set of assessments as the E-LAP, so responses have been combined into one option.

[d]Includes any child assessments not on the given list and reported by five or fewer teachers and by five or fewer home visitors.

! Interpret data with caution. Estimate is unstable because the standard error represents more than 30 percent of the estimate.

SE = standard error.