



Head Start's Response to the COVID-19 Pandemic

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Overview

Since the COVID-19 pandemic began in early 2020, child care and early education (CCEE) providers have navigated various challenges and responded to families' changing needs. CCEE providers taught virtually, and many parents facilitated their children's virtual or at-home learning while also working from home. Head Start and Early Head Start programs strived to continue to provide much-needed services to enrolled families with as few disruptions as possible. In March 2020, Head Start and Early Head Start grantees had to quickly adjust to meet new public health requirements put in place by the Office of Head Start (OHS), as well as mandates from governors and state agencies in response to the COVID-19 pandemic. The Office of Planning, Research, and Evaluation (OPRE) and OHS collaborated to conduct this research to describe Head Start's response to the COVID-19 pandemic, including supports they received, challenges they faced, and changes they made.

Primary Research Questions

The study explored six research questions:

1. How are Head Start and Early Head Start grantees using funds to support their services, and how has the COVID-19 pandemic affected their use of funds?
2. To what extent have Head Start and Early Head Start grantees had to make staffing changes as a result of funding or administrative changes?
3. To what extent are Head Start and Early Head Start grantees using the funding and administrative flexibilities granted by OHS?
4. To what extent have other funding sources provided funding, administrative, or other regulatory flexibilities?
5. What challenges are Head Start and Early Head Start grantees facing as a result of the COVID-19 pandemic?
6. How are Head Start and Early Head Start grantees planning for the future?

Purpose

The purpose of this brief is to describe how Head Start responded to the COVID-19 pandemic by examining the challenges grantees faced, how they pivoted to address these challenges, and the supports they received from the OHS to serve the children and families in their care.

The study findings can inform the field, help federal and state leaders develop or refine future supports for Head Start and Early Head Start grantees, and guide research on the impact of the COVID-19 pandemic on the CCEE system.

Key Findings and Highlights

A few findings are highlighted below.

- Interviews with Regional Program Managers (RPMs) and Head Start Collaboration Office (HSCO) Directors highlighted several challenges grantees faced during the early months of the COVID-19 pandemic. These challenges included staffing, family engagement and support, remote learning or general service delivery, and meeting COVID-19 pandemic health and safety guidelines.

- In surveys, Head Start grantees reported these major challenges:
 - 73% reported challenges with providing remote support to families because families did not have reliable technologies or internet services.
 - 63% reported challenges with finding and hiring new staff who are qualified to teach and care for children.
 - 46% reported challenges associated with creating new policies to meet local, state, and federal health guidelines.
- Head Start directors, teachers, and family service workers all contributed to ensuring that the needs of families were met during the COVID-19 pandemic by organizing deliveries of food and other necessities to families—even on weekends or when their centers were closed—soliciting technology and Wi-Fi hotspot donations from community members to supply to families, and connecting families with additional resources outside of Head Start.

Methods

The team gathered data in three phases between 2020 and 2021:

- Phase 1. Qualitative interviews with a sample of RPMs and HSCO Directors (June – August 2020).
- Phase 2. National survey of center-based Head Start and Early Head Start grantees and delegate agencies that provide direct services (August – September 2020).
- Phase 3. Case study interviews with program directors, family service workers, and teachers at select center-based Head Start programs (April – August 2021).

The Phase 2 survey findings are described in detail in this brief; therefore, we provide more information below about the survey methodology. An overview of the Phase 1 and 3 interview methods and findings are also provided in the brief, however, additional details about the methods, analysis, and findings can be found in [Appendix A](#), [Appendix C](#), and [Appendix F](#).

Glossary

Early Head Start (EHS): program services for infants and toddlers under the age of three and pregnant people, providing child development and family support services to families with low incomes

Grantee: an agency granted financial assistance to operate a Head Start and/or Early Head Start program

Head Start (HS): program services for children ages three to five and their families, with the goal of increasing school readiness of young children in families with low incomes

Head Start Collaboration Office (HSCO): facilitates partnerships between Head Start grantees and state entities to foster collaboration and coordination of services to contribute to positive outcomes for children and families

Office of Head Start (OHS): administers Head Start and Early Head Start programs within the Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS)

Program Information Report (PIR): provides data on grantee-level data, such as services, staff, and children served

Regional Program Manager (RPM): oversees day-to-day management of Head Start grantees and the provision of technical assistance within their multi-state region

Introduction

Child care and early education (CCEE) providers have been navigating various challenges and responding to families' changing needs during the COVID-19 pandemic. Within this time, the CCEE system was upended, and young children's learning disrupted. As of September 2020, 63% of center-based programs and 27% of family child care providers had closed during the COVID-19 pandemic.¹ CCEE providers learned how to teach virtually, and many parents facilitated their children's virtual or at-home learning while also working from home. Throughout all of this, research has shown that the COVID-19 pandemic has negatively affected young children's educational experiences and outcomes as well as the financial stability and working conditions of CCEE programs.²

During the COVID-19 pandemic, Head Start and Early Head Start programs have strived to continue to provide much-needed early learning, health, and family well-being services to enrolled families with as few disruptions as possible, whether that be through shifting to virtual services, flexing their hours of operation, or providing personal protective equipment (PPE) and other supplies to families. Some of these shifts were in response to COVID-19 pandemic-related federal and state guidelines.

The Child Care and Early Education Policy Research and Analysis (CCEEPRA) project—funded by the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF), U.S. Department of Health and Human Services—examines multiple child care and early education policy and research issues. As part of CCEEPRA, OPRE collaborated with the Office of Head Start (OHS) to document the experiences of Head Start and Early Head Start grantees during the COVID-19 pandemic.

In March 2020, Head Start and Early Head Start grantees had to quickly adjust to meet new public health requirements put in place by OHS as well as mandates from Governors and state agencies in response to the COVID-19 pandemic. By mid-March 2020, OHS released its first COVID-19 update to share important information on key issues such as funding for grantees, COVID-related guidance on mitigating the spread of transmission from the Centers for Disease Control and Prevention (CDC), and Office of Management and Budget (OMB) flexibilities. Since the initial update, OHS has released numerous email updates and hosted webinars to discuss the needs of CCEE staff and families during the COVID-19 pandemic. Figure 1 shows a timeline of OHS' response to and significant events associated with the COVID-19 pandemic.

OPRE and OHS collaborated in conducting this research to better understand the experiences of Head Start grantees early in the COVID-19 pandemic. In particular, the study explored the experiences of grantees that provide center-based services and layer or braid funding³ with other state or local CCEE funds (e.g., pre-K, subsidy).⁴ While OHS has granted a number of funding and administrative flexibilities, it is unclear how grantees have taken advantage of these flexibilities and whether other funding sources that grantees use offered similar supports.⁵ In addition, little is known in the field about other changes grantees have made in response to the COVID-19 pandemic. The study findings can inform the field, help federal and state leaders

¹ Grimm, A. C. (2020). *National snapshot of state agency approaches to child care during the COVID-19 pandemic*. OIG Report #: A-07-20-06092. Washington, D.C.: Office of Inspector General, U.S. Department of Health and Human Services.

² Weiland, C. et al. (2021). *Historic crisis, historic opportunity: Using evidence to mitigate the effects of the COVID-19 crisis on young children and early care and education programs*. Ann Arbor, MI: University of Michigan and Urban Institute.

³ A process for using more than one funding source to pay for Head Start programming or services.

⁴ Head Start grantees are required to fund a portion of the total cost of their program with contributions from a non-federal entity. Grantees may also receive funds outside of the required nonfederal match to support providing additional enrollment slots or expand services.

⁵ Head Start Early Learning and Knowledge Center. (2020). Updated coronavirus disease 2019 (COVID-19) fiscal and administrative flexibilities: ACF-IM-HS-21-01. U.S. Department of Health and Human Services. <https://eclkc.ohs.acf.hhs.gov/policy/im/acf-im-hs-21-01>

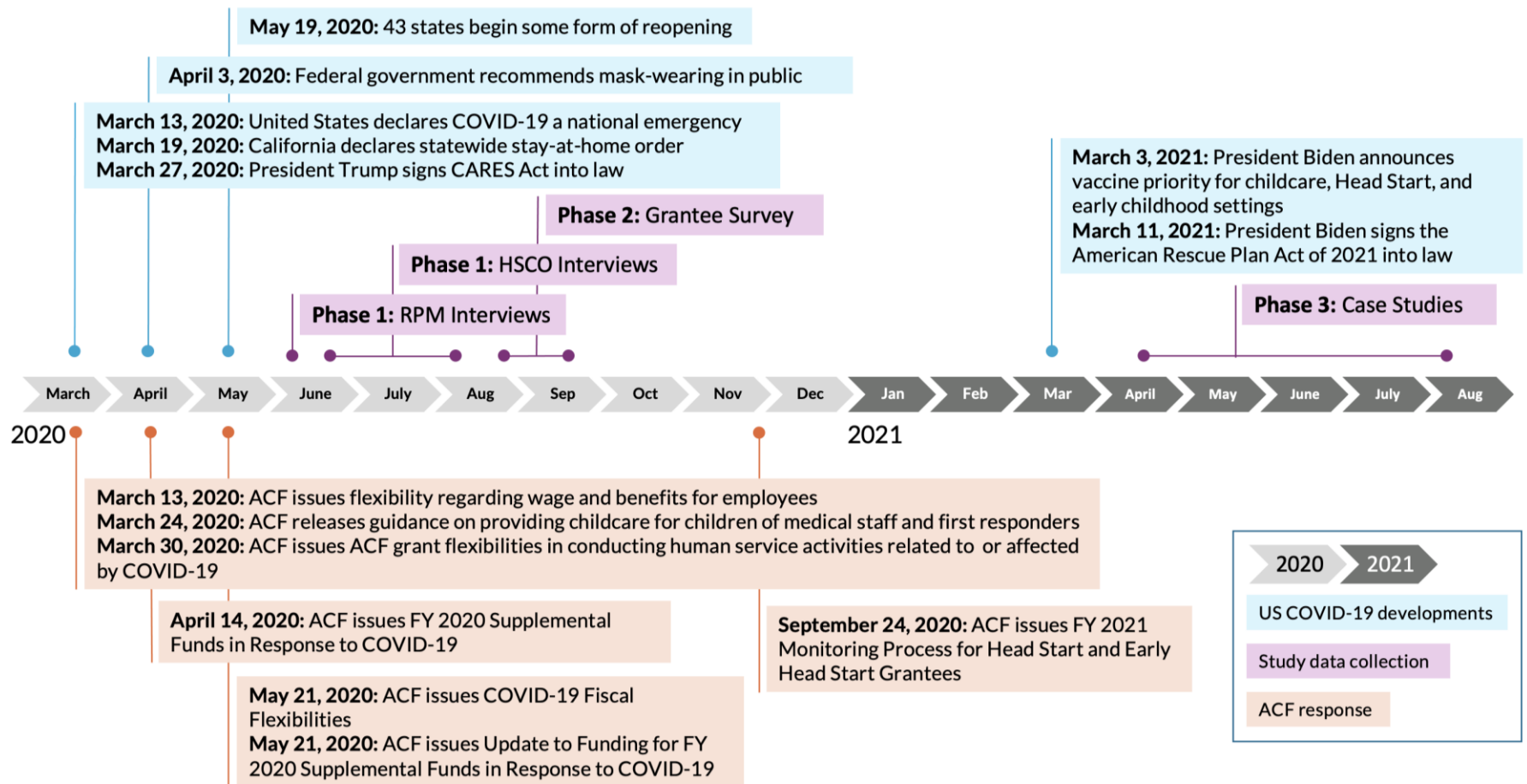
develop or refine future supports for Head Start grantees, and guide future research on the impact of the COVID-19 pandemic on the CCEE system.

The Child Trends research team identified the following research questions to guide the study activities.

1. How are Head Start and Early Head Start grantees using funds to support their services, and how has the COVID-19 pandemic affected their use of funds?
2. To what extent have Head Start and Early Head Start grantees had to make staffing changes as a result of funding or administrative changes?
3. To what extent are Head Start and Early Head Start grantees using the funding and administrative flexibilities granted by OHS?
4. To what extent have other funding sources provided funding, administrative, or other regulatory flexibilities?
5. What challenges are Head Start and Early Head Start grantees facing as a result of the COVID-19 pandemic?
6. How are Head Start and Early Head Start grantees planning for the future?

To address these questions, Child Trends conducted a large survey and interviews with select regional, state, and local Head Start staff. This brief describes survey findings and highlights interview findings. Throughout this brief, we use 'program/s' to refer to Head Start grantees at the grantee level (i.e., a program may oversee multiple centers), and we use the 'center/s' to refer to a Head Start site. More detailed information about the interview methods, analysis, and findings are included in [Appendices A – K](#).

Figure 1. Timeline of OHS and ACF COVID-19 Guidance and Study Data Collection



Methodology

Child Trends designed research activities in coordination with OPRE and OHS. We used a mixed methods approach that included both in-depth interviews and a national survey of Head Start and Early Head Start grantees. These activities were completed in three phases from March 2020 to August 2021 (see Figure 1):

- Phase 1. Qualitative interviews with a sample of Regional Program Managers (RPMs) and Head Start Collaboration Office (HSCO) Directors
- Phase 2. National survey of center-based Head Start and Early Head Start grantees and delegate agencies that provide direct services
- Phase 3. Case study interviews with program directors, family service workers, and teachers at select center-based Head Start programs

Because we describe the Phase 2 survey findings in detail in this report, we provide more information below about the survey methodology. We provide an overview of the Phase 1 and 3 interview methods here, with more details about the methods, analysis, and findings in [Appendix A](#), [Appendix C](#), and [Appendix F](#).

RPM and HSCO Director Interviews

The Child Trends research team interviewed four RPMs and eight HSCO Directors within four Head Start regions of the U.S. (see [Appendix D](#) for protocols). All RPM interviews were completed in June 2020, and HSCO Director interviews were completed from June through August 2020. We interviewed RPMs because of their interactions with Head Start grantees, as they were required to track any requests for flexibilities from grantees. We also interviewed HSCO Directors to better understand state-level differences and similarities in grantee experiences during the COVID-19 pandemic. We selected regions and states to participate that were particularly affected by the pandemic at the time of data collection. We asked about the following topics in the interviews:

- Challenges grantees faced during the COVID-19 pandemic
- The administrative flexibilities grantees requested
- Additional supports that would be useful to grantees
- Plans for reopening for in-person services
- The types of supports and resources provided to grantees by the Head Start Regional Office

Grantee Survey

Survey Topics

The purpose of the survey was to document the experiences of Head Start and Early Head Start grantees during the beginning of the COVID-19 pandemic (March-August 2020). The survey included questions about possible changes to program funding, staffing, and operations; challenges that grantees and centers faced as a result of the COVID-19 pandemic; and current operational status or plans for reopening centers. The following topics were included in the survey:

- Funding (e.g., federal or state Head Start funds, state or local preschool funds, child care subsidy)
- Impact of the COVID-19 pandemic on staffing, as well as staffing challenges

- Use of administrative flexibilities from OHS and other state and local entities (e.g., waivers for non-federal 20% funding match or 15% cost limit, exemption for home visits)
- Operational challenges (e.g., making rent or mortgage payments at the service site, finding and paying for PPE)
- Regulatory challenges (e.g., meeting child care licensing requirements, health and safety requirements)
- Challenges providing services to families
- Impact of the COVID-19 pandemic on licensing
- Program closure for in-person services
- Program reopening for in-person services
- Use of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding

Sampling and Recruitment

In August 2020, our team sent the [Survey of Head Start Grantees' and Delegates' Experiences during the COVID-19 Pandemic](#) to all center-based Head Start and Early Head Start grantees and delegate agencies that provide direct services.⁶ OHS provided current contact information for Head Start and Early Head Start grantees at the time of the survey.⁷ We sent a brief survey to 2,175 contacts associated with unique grant numbers within the sample (599 Head Start grantees, 673 Early Head Start grantees, and 903 grantees with both Early Head Start and Head Start programs). Both English and Spanish versions of the survey were available for grantees depending on their preferred language.⁸ The survey was administered using REDCap software, a secure, web-based data collection platform.

With the goal of learning about grantees' experiences, we asked grantees to complete the survey via a unique survey link associated with a specific grant number. In some cases, multiple grant numbers were associated with the same contact information, which meant that some respondents received from two to nine emails inviting them to complete a survey for each of their grants. When different contacts were listed for Head Start and Early Head Start programs under the same grant number, the research team randomly selected either the Head Start or Early Head Start contact to complete the survey. While we asked respondents to complete the survey on behalf of a specific grant number, some respondents indicated that they completed the survey on behalf of multiple grants, rather than completing the survey once for each of their grants (see Limitations below for further information).

Administration

The survey was administered in August 2020 and remained open to grantees over a six-week period. During this time, any grantees who had not yet completed the survey received a reminder email every two weeks. During the data collection period, COVID-19 infection rates varied among states; however, most states continued to have “stay at home” orders in place at this time.⁹

Response Rate. The response rate was calculated by dividing the total number of grantees that completed a survey by the total number of grantees eligible to complete the survey (i.e., met the study inclusion criteria

⁶ Individual grantees were defined as having a unique grant number.

⁷ Contact information from OHS was used in lieu of Program Information Report (PIR) data, which may not have reflected the most up-to-date contact information for grantees.

⁸ A native Spanish speaker ensured the accuracy of the Spanish survey version. The survey was first translated into Spanish and then translated back into English to verify the meaning remained the same. During translation, the research team relied on the OHS Spanish glossary of Head Start terms.

⁹ <https://hunt-institute.org/covid-19-resources/state-child-care-actions-covid-19/>

and were invited to complete the survey via email). When calculating the total number of grantees eligible to participate, we removed two types of respondents from the total sample: 1) those with emails that were marked as undeliverable (due to a firewall or invalid email; n=156), and 2) those who, replied via email noting that they were not eligible to participate (e.g., provided home-based services only or did not provide direct services because they pass the funds through to subrecipients that provide the direct services; n=10). Thus, the total number of grantees eligible to participate was 2,009. A total of 859 grantees completed at least 50% of the survey for a 43% response rate (see Table 1).

Table 1. Head Start Grantee Survey Response Rate

Response Rate	n	%
Did not respond	1,027	51%
Partial (less than 50% of survey)	123	6%
Complete	859	43%
Total	2,009	100%

Note: “Total” excludes undeliverable emails and ineligible recipients. “Complete” includes any respondents who completed 50% or more of the survey.

Respondent Characteristics. Survey respondents represented all 50 states, the District of Colombia, and three territories (Guam, Northern Mariana Islands, and Puerto Rico). Most respondents (88%) identified that they were grantees that directly operate program(s) and have no delegate agencies. The remaining respondents were delegate agencies, grantees that directly operate programs and have delegate agencies, and child care partnerships. While most of the survey questions asked about grant-level information, a few questions asked about center-specific information. For these questions, we calculated descriptive statistics using the total number of sites represented in the sample as the denominator. The grantees who responded to the survey represented a total of 8,049 Head Start and Early Head Start sites. The majority of sites (76%) were licensed both prior to and during the COVID-19 pandemic. Additional site-level information can be found in Tables 2 and 3.

Table 2. Demographics of Sites Represented in Sample

Site Demographics (n=8,049 sites)		
	n	%
Total licensed sites pre-COVID-19 (February)	6,122	76%
Total licensed sites during COVID-19 (June)	6,116	76%
Total sites in public school settings	2,718	34%
Total sites providing care for first responders	1,023	13%
Total sites open for in-person services (at time of survey)	4,344	54%

Table 3. Sites Closing Again after Reopening

Have any of your sites that have already reopened had to close again due to health and safety concerns? (n=859)	
	%
No	49%
Yes	19%
Don't know	1%
N/A (none have reopened)	25%
Missing	6%
Total	100%

Limitations

There are three notable limitations to the survey sampling. First, we had a relatively low response rate, with just under half of survey recipients completing at least half of the survey. Second, the research team was not able to conduct any meaningful non-response bias analyses. To do so, we would need to compare our survey respondents with the total population of Head Start grantees (using PIR data) to see if there are any patterns in who did not respond. Because we used contact information from OHS, which is more up to date than the PIR, we were not successful in matching that contact information with contact information from the PIR dataset. This means we do not know whether our survey respondents reflect the broader Head Start community. Third, some respondents completed the survey on behalf of multiple grantees, which means that the response rate is likely an underrepresentation of the true response rate of grantees. Some contacts received multiple survey requests because they were listed as the grantee contact for multiple grant numbers. Although we requested that the contact complete a survey for each of their grantees, some contacts only completed one survey for all of their grantees. Please see the [Study Limitations](#) section for additional details and explanation of the study's overall limitations.

Head Start Case Studies

In the spring and summer of 2021, we interviewed staff from six Head Start centers within a single state to learn more about the specific experiences of Head Start centers during the COVID-19 pandemic and to expand upon some of the survey findings (see [Appendix E](#) for protocols). Because state policies and COVID-19 pandemic guidance may have influenced Head Start programs' experiences during the COVID-19 pandemic, we chose to conduct interviews in only one state out of those from which we interviewed HSCO Directors. This particular state was especially hard hit by the pandemic at the time of data collection. Within each center, we invited the center director, a teacher, and a family service worker to participate in the study. We interviewed 17 Head Start staff, including six center directors, four teachers, and seven family service workers. The interviews covered the following topics:

- Family engagement in Head Start services
- Service delivery for children and families
- Recruitment and enrollment
- Challenges
- Lessons learned

Findings

RPMs and HSCO Directors

This section describes key findings by topic from the RPM and HSCO Director interviews, which occurred in the spring and summer of 2020. Please note that while findings from both the RPM and HSCO Director interviews are presented together, the specific interview protocols varied and were tailored to the specific activities of both RPMs and HSCO Directors. Detailed findings can be found in [Appendix F](#).

Administrative flexibilities

There were several common themes from the RPM and HSCO Director interviews, including themes related to the administrative flexibilities requested by grantees. RPMs and HSCO Directors discussed three primary categories of **administrative flexibilities**: *financial flexibilities*, *administrative or reporting flexibilities*, and *program implementation flexibilities*. *Financial flexibilities* were requested to support specific expenditures (e.g., paying for staff time during quarantine or trainings, PPE and cleaning supplies) and to respond to lack of in-kind supports needed for non-federal matching requirements. *Administrative or reporting flexibilities* included requests related to required processes, including data reporting (e.g., PIR, QRIS). For *program implementation flexibilities*, grantees' requests addressed issues in staffing (e.g., flexible work schedules, professional development) and service delivery (e.g., meal services, home visits, IDEA-compliant services, and summer programming). Flexibility requests uniquely reported by RPMs were related to overall budgeting (financial flexibilities); approvals, time extensions, and meeting procedures (administrative/reporting); and eligibility, recruitment, selection, enrollment, and attendance (ERSEA; program implementation). RPMs commented that flexibility requests were similar within their region. HSCO Directors did not mention any flexibility requests that were not also mentioned by RPMs.

Challenges

RPMs and HSCO Directors identified four primary **challenges** faced by grantees. *Staffing* challenges were related to wages, work expectations, anxieties about returning to on-site work, turnover, and hiring. Challenges about *engaging and supporting families* spanned communications, access and ability to navigate technology and the internet, meetings families' basic needs, anxieties about on-site programming, and ERSEA issues. *Remote learning or general service delivery* challenges were related to grantees' shifts in their service delivery model in response to the COVID-19 pandemic. Finally, challenges *meeting COVID-19 guidance and regulations for on-site programming* centered on responding to guidance from OHS and other entities, obtaining and paying for COVID-19 pandemic-related supplies, and reopening. RPMs uniquely reported some challenges including staff's technology skills and CCEE needs (staffing); they also uniquely noted challenges including service delivery expectations, resource management, and ERSEA (remote learning/service delivery). HSCO Directors uniquely reported other challenges, such as accessing supplies and delivering services for specific groups such as infants and toddlers or children receiving IDEA services (remote learning/service delivery).

Grantee supports

Responses across RPMs and HSCO Directors centered around three primary themes related to the **supports grantees received**. *Information or resources shared with grantees* centered on OHS guidance, such as information on what is allowable within the Head Start Program Performance Standards and answers to specific questions related to closing or reopening. *Financial supports* included identifying funds or donation mechanisms to facilitate purchasing COVID-19 pandemic-related supplies, equipment, and services. *Professional development supports* included identifying and using varied mechanisms for delivering

professional development and responding to topical requests (e.g., supports for mental health, social-emotional learning, and trauma-informed care in preparation to reopen for in-person services). RPMs reported that grantees requested and used financial supports (e.g. identifying new funding sources, provision of funds) related to staff, internet access and technology, and summer programming. HSCO Directors uniquely described a range of mechanisms (e.g., information sharing, virtual meetings, facilitating connections) they used to provide grantees with information or resources. Both RPMs and HSCO Directors indicated they would benefit from additional staffing support (e.g., more staff, specific skill development) and access to information and supports to effectively support grantees.

Recruitment and enrollment

RPMs and HSCO Directors also reported changes to grantees' **recruitment and enrollment practices**. Nearly all HSCO Directors reported that recruiting families to enroll in their centers during the COVID-19 pandemic was more challenging than prior to the pandemic. Some HSCO Directors explained that their usual in-person methods of recruiting (e.g., word-of-mouth, in-person advertising such as delivering flyers to businesses or clinics), which had been successful in the past, were limited during the COVID-19 pandemic because staff could not interact with the community as they normally would. Most centers also saw a decrease in enrollment during the COVID-19 pandemic.

RPM and HSCO Director differences

There were also some unique findings from the RPM and HSCO Director interviews, due in part to the unique set of questions asked of each set of respondents, and also due to the timing of data collection. RPMs and HSCO Directors were interviewed during a period of the pandemic when public health guidance and case numbers were rapidly changing. For example, when discussing service provision, almost all of the HSCO Directors spoke about how programs were navigating and planning to reopen for in-person services, particularly within changing state contexts and regulations, which was not yet something programs were prepared to consider at the time of the RPM interviews. HSCO Directors also uniquely discussed the needs of American Indian and Alaska Native (AIAN) grantees (e.g. difficulty meeting tribal rules and different poverty standards which effect eligibility) and Migrant and Seasonal Head Start (MSHS) grantees (e.g. challenges connecting with undocumented immigrant families not in MSHS, who reportedly may not have enrolled their children because of concerns about deportation), and the provision of supports for students with disabilities (e.g. restrictions on visitors, including therapists).

Head Start and Early Head Start Grantee Survey

The following section describes findings from the analyses of the Survey of Head Start Grantees' and Delegates' Experiences during the COVID-19 Pandemic. The survey was conducted in August and September 2020, and responses reflect grantee experiences from March through August 2020 of the COVID-19 pandemic. Findings are presented by survey topic and reflect all complete survey responses (see [Appendix G](#) for additional findings).

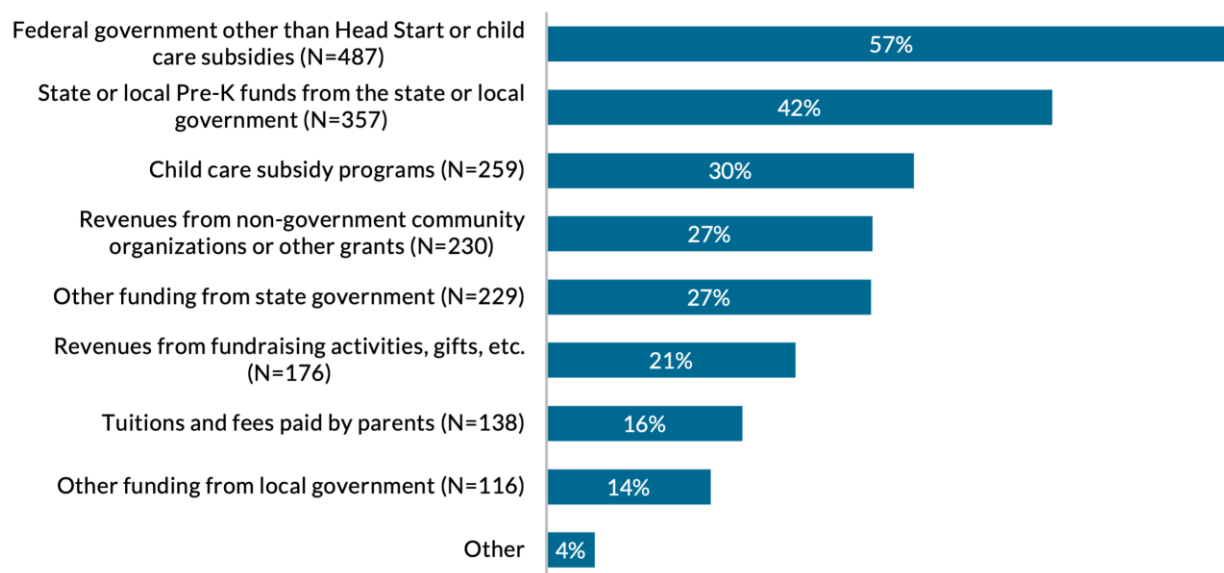
In addition to analyses of all complete responses, the research team separately analyzed survey responses from AIAN grantees and MSHS grantees. These findings are summarized at the end of this section, with more detailed findings presented in [Appendix H](#) and [Appendix I](#).

Grantee Revenue Sources

To gauge changes to grantee revenue sources, the survey included questions about grantee funding sources prior to and during the COVID-19 pandemic. Prior to the pandemic, grantees reported using a variety of revenue sources, described in Figure 2. The top three resources reported by grantees included: federal

government funding other than Head Start or CCEE subsidies (e.g., Title I, Child and Adult Care Food Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)), state or local Pre-K funds from the state or local government, and revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations).

Figure 2. Revenue Sources Reported by Grantees prior to the COVID-19 Pandemic (March 2020)



Note: This figure does not include missing data (<3%) or 'Don't know' responses (<3%).

Of the grantees that identified receiving the revenue sources listed in Figure 2, 33% reported a significant change (greater or less than 5%) in their revenue during the COVID-19 pandemic ([Appendix G](#), Table G3).

Of the grantees who experienced significant changes in funding, the majority reported a decrease in funding. Most notably, of the grantees who reported tuitions and fees paid by parents as a revenue source and noted a significant change in funding, 85% reported a reduction in this funding for their program(s).¹⁰ While most grantees reported decreases in funding, between 4% and 13% of grantees who reported significant changes in funding described an increase in funding ([Appendix G](#), Figure G1).

In the survey, grantees also indicated whether they used multiple funding sources to pay for staff wages and benefits. Just over half of grantees (55%) indicated that they used more than one funding stream to pay for staff wages and benefits ([Appendix G](#), Table G4). While OHS provided guidance to grantees around continuing to pay staff funded through Head Start dollars, other funding sources might have had different guidance. Of the grantees that used more than one funding source for staff wages and benefits, over three quarters indicated that they had not furloughed or laid off any staff at the time of survey ([Appendix G](#), Table G5).

Administrative Flexibilities

In response to the COVID-19 pandemic, some funding sources have offered grantees administrative flexibilities to accommodate COVID-19 related changes and aid in service provision. Grantees indicated

¹⁰ Families enrolled in Early Head Start may contribute to tuition and fees if they are using a child care subsidy to offset the cost of a portion of their care. These subsidies are used to fund wrap-around services or before and after care and may require a copay between 0-15% of the cost of the subsidy, depending on family's income. Additionally, because of blended funding structures, some children may be attending the program through other funding mechanisms that require parent to pay out of pocket for care.

using a variety of administrative flexibilities offered through OHS, with more than half (61%) requesting a waiver for their non-federal 20% funding match requirement.

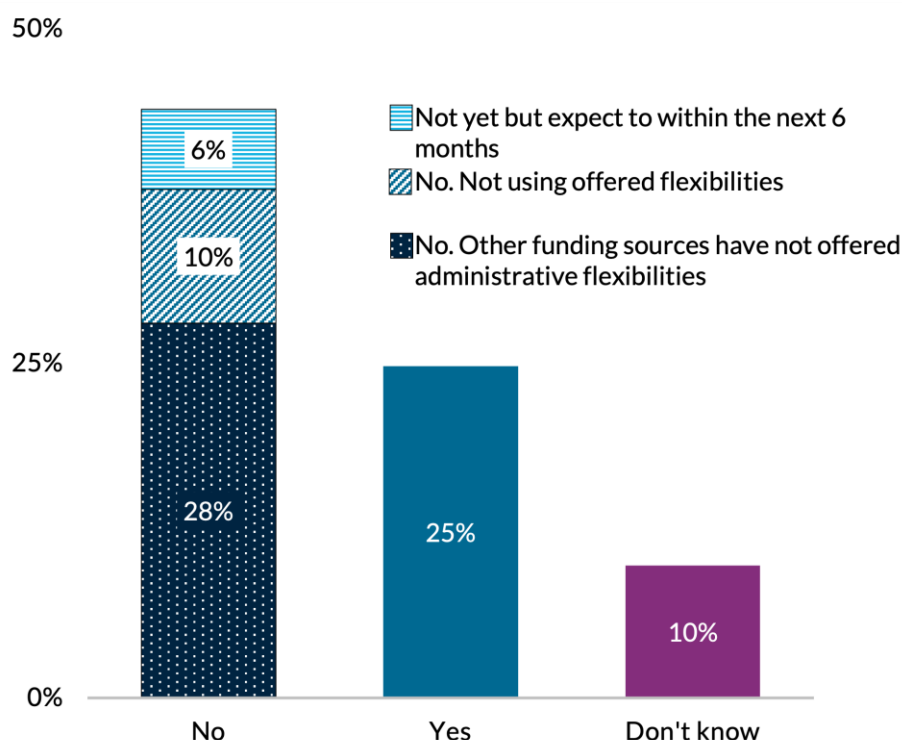
Table 4. Grantee Use of Administrative Flexibilities Offered by OHS in August-September 2020

Are you currently (August 2020-September 2020) using any of the following <u>administrative flexibilities</u> offered through OHS in response to the COVID-19 pandemic? (n=859)		
	n	%
Waiver for all or part of the non-federal 20% funding match	522	61%
Exemption for home visits missed due to the COVID-19 pandemic	375	44%
Shifting funds between budget categories	335	39%
Waiver for the 15% administrative cost limit	49	6%
Other	49	6%

Note: This table does not include missing data (<1%).

Additionally, 25% of grantees who indicated they received any of the funding sources listed in Figure 2 reported using additional administrative flexibilities offered by funders outside of OHS (e.g., Pre-K, CCEE subsidy). Of the 173 grantees who reported receiving other revenue sources outside of OHS, 28% reported that their other funding sources **did not** offer administrative flexibilities, whereas 25% reported using some type of administrative flexibility offered through funding sources outside of OHS in response to the COVID-19 pandemic. Of those who used administrative flexibilities outside of OHS, 54% reported using flexibilities through their local or state Pre-K programs (see [Appendix G](#), Table G6).

Figure 3. Grantee Use of Non-OHS Administrative Flexibilities in August-September 2020



Note: This figure does not include missing data (5%).

Challenges Experienced by Grantees

Our team also asked grantees about any challenges they faced related to program operation (i.e., lacking any resources or materials required to successfully run a program), meeting regulations or guidelines (i.e., regulations set forth by various governing agencies like the OHS, the CDC, or state agencies), staffing (i.e., all staff employed at center-based programs grantees operate, regardless of whether their salaries are paid by federal Head Start funds), and service provision (i.e., activities and supports provided to children and families as part of Head Start services).

Operational Challenges

When asked what operational challenges grantees are experiencing, 59% of grantees identified finding PPE and cleaning supplies as a challenge, and 42% reported needing additional space to accommodate physical distancing requirements. However, very few grantees reported difficulty with making or missing payments for utilities or the rent or mortgage at their center ([Appendix G](#), Table G8).

Regulatory Challenges

Grantees reported difficulties in several regulatory and guideline areas. Most notably, grantees reported challenges with creating new policies to meet local, state, and federal health guidelines (46%); determining how to resolve inconsistencies across COVID-19 pandemic regulations and guidelines (42%); determining when on-site services can resume (39%); and meeting regulatory requirements for Head Start, even taking into account flexibilities offered by OHS at the time of the survey (27%; see [Appendix G](#), Table G9).

Service Provision Challenges

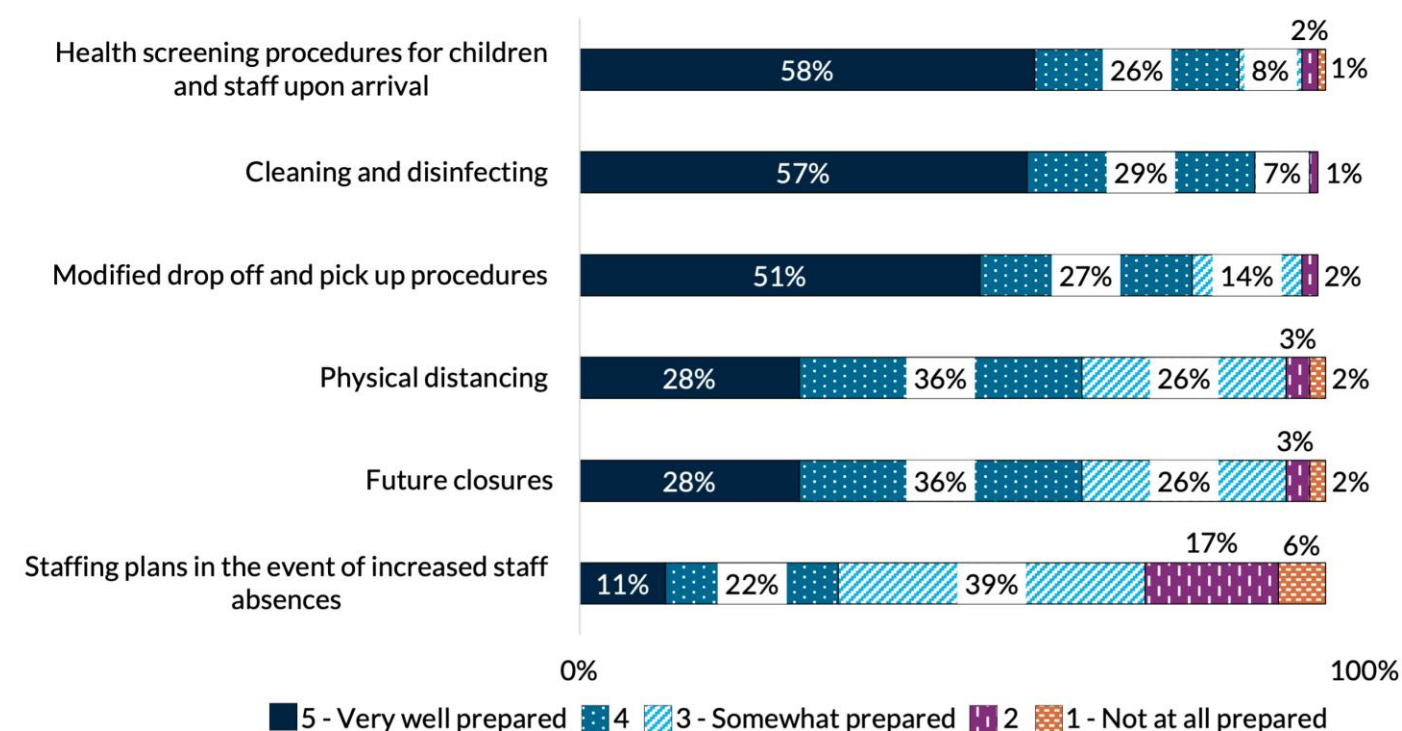
Of the challenges grantees reported experiencing at the time of the survey, service provision appears to be the greatest area of need for programs. Nearly all of grantees (85%) reported that families are concerned about sending their children back for in-person services. Virtual services were also a challenge, with 73% of grantees reporting challenges with providing remote services to families because families do not have reliable technology or internet service, and 36% of grantees reporting challenges because their staff did not have access to reliable technology or internet. Overall, 66% of grantees reported challenges engaging families remotely. Almost half of grantees (49%) also reported challenges with meeting individualized family service plans (IFSP) or individualized education programs (IEP) requirements, and 36% reported challenges with supporting children and families in the transition to kindergarten. Finally, when on-site services are able to resume, 64% of grantees reported that they will not be able to serve as many children due to COVID-19 pandemic group size restrictions (see [Appendix G](#), Table G10).

When asked about their preparedness to meet various health and safety guidelines, most grantees reported feeling prepared or very well prepared to carry out health screening procedures (84%) and to clean and disinfect their spaces (86%). Grantees reported being the least prepared to effectively implement staffing plans in the event of increased staff absences due to the COVID-19 pandemic. Grantees felt at least somewhat prepared to meet all of the health and safety requirements (Figure 4). Additionally, most grantees reported being at least somewhat prepared for future closures, with only 4% reporting that they feel less than somewhat prepared.

Major Challenges Reported by Head Start Grantees

- 73% of grantees reported challenges with providing remote support to families because families did not have reliable technology or internet services
- 63% of grantees reported challenges with finding and hiring new staff who are qualified to teach and care for children
- 46% of grantees reported challenges associated with creating new policies to meet local, state, and federal health guidelines (e.g., guidance for if there is a COVID-19 outbreak in a center)

Figure 4. Grantee Preparedness to Meet Health and Safety Guidelines in August-September 2020 (n=859)



Note: This figure does not include missing data (5%) or 'Don't know' responses (<1%).

Staffing Challenges

Staffing challenges were the second greatest area of need at the time of the survey (August - September). The challenges grantees reported most frequently related to staffing included finding and hiring new staff who are qualified to teach and care for children (63%) and loss of staff because they could not find CCEE for their own children (56%). Grantees also reported loss of staff who cannot work on site because they are at higher risk for severe illness due to the COVID-19 pandemic (46%) or because they are concerned about their own or family members' health and safety (45%). Grantees also reported challenges with accommodating staff who are unable or hesitant to resume in-person services for reasons related to the COVID-19 pandemic (38%). Additionally, they reported challenges with needing even more people to staff smaller classroom sizes in response to public health guidelines as classes reopened for on-site services (35%). Notably, very few grantees struggled to pay staff wages and benefits (6%), and relatively few grantees reported difficulties finding work for paid staff to complete (16%; see [Appendix G](#), Table G11 for other challenges).

CARES Act Funds

We also asked grantees to indicate how they are using or intend to use their CARES Act funding. While grantees indicated a variety of ways in which they were already or planned on using the funds, nearly all reported using at least some of the funding to purchase PPE (91%), cleaning or sanitation supplies (89%), and materials or supplies to support distance learning (87%; see [Appendix G](#), Table G12).

Additional Supports

Finally, we asked grantees if there were any other supports that would help their program(s) respond to the COVID-19 pandemic. Of the 342 grantees who responded to this question, around half (56%) mentioned

needing more funding, specifically to hire additional staff and increase wages to include hazard pay, upgrade their facilities, and purchase PPE, cleaning, and sanitation supplies. One third of grantees identified a need for staff and program supports (32%), such as training and guidance on adhering to COVID-19 pandemic regulations, distance and remote learning, and parent engagement, as well as advocacy for more mental health supports and facilitated peer connection. Finally, some grantees expressed appreciation for OHS's continued flexibility and support throughout the COVID-19 pandemic.

Survey Summary

During August and September 2020, Head Start grantees reported challenges in response to the COVID-19 pandemic. One third of survey respondents who receive multiple sources of funding reported changes in their revenue. Of those, the most commonly reported changes were reductions in tuition and fees paid by families and from CCEE subsidies. At the time of survey, less than one quarter of respondents who used multiple funding streams to pay staff wages reported laying off or furloughing staff, nor did they anticipate the need to do so in the next six months.

Similar to the challenges identified by RPMs and HSCO Directors, grantees reported other common challenges in areas such as service provision (family concerns about sending children for on-site services, challenges with remote learning), staffing (finding and hiring staff, loss of staff), operations (finding PPE and cleaning supplies, space to meet physical distancing requirements), and regulations (meeting local, state, and federal health guidelines; determining when on-site services can begin).

Despite these challenges, most grantees reported feeling well prepared to implement most health and safety requirements. However, grantees remained concerned with their ability to address staffing issues and implement contingency plans when staff need to miss work. Grantees also reported using CARES Act funds to address these challenges. For example, grantees reported using these funds to purchase PPE, cleaning supplies, and materials to support distance learning. However, grantees also reported a need for more funding to hire additional staff, increase staff wages to include hazard pay, upgrade facilities, and to purchase additional PPE and cleaning supplies.

Survey Sub-Sample Findings for American Indian and Alaska Native (AIAN) Head Start Grantees

In addition to analyses of the whole survey sample (findings discussed above), the research team separately analyzed survey responses of AIAN Head Start grantees. It is important to note that this sub-sample is small and that the findings are not generalizable to nor representative of the experiences of all AIAN grantees. Below are a few key findings (see [Appendix H](#) for more information):

Administrative flexibilities

- Over half (57%) requested a waiver for all or part of the non-federal 20% funding match.

Service provision challenges

- Almost all grantees (90%) reported challenges with providing remote supports to families because families do not have reliable technology.
- Most grantees (85%) also reported that families were also concerned about sending their children back to in-person care.

Staffing challenges

- Almost all grantees (83%) reported challenges with finding and hiring new staff qualified to teach and care for children.
- Over half (64%) of grantees also reported a loss of staff because they could not find care for their own children.

Regulatory challenges

- Fewer grantees reported experiencing regulatory challenges compared to service provision, staffing or operational challenges. The most commonly cited regulatory challenge was determining when to resume on-site services (62%).

Operational challenges

- Nearly three quarters (71%) of grantees had trouble finding PPE, and a little over half (55%) needed additional space to accommodate physical distancing requirements.

Survey Sub-Sample Findings for Migrant and Seasonal Head Start (MSHS) Grantees

In addition to analyses of the whole survey sample (findings discussed above), the research team separately analyzed survey responses of MSHS grantees. It is important to note that this sub-sample is small, and the findings are not generalizable to nor representative of the experiences of all MSHS grantees. Below are a few key findings (see [Appendix I](#) for more detailed findings):

Administrative flexibilities

- Almost all grantees (87%) requested a waiver for all or part of the non-federal 20% funding match.

Service provision challenges

- Almost all MSHS grantees reported families were concerned about sending their children back to in-person care (87%).
- Over three quarters (78%) of grantees reported not being able to serve as many children when on-site services resumed due to new COVID-19 pandemic guidelines.
- Nearly three quarters (74%) of grantees reported challenges providing remote supports to families because families do not have reliable technology.

Staffing challenges

- Over half (61%) of grantees reported losing staff who cannot work on site because they are at higher risk for severe illness
- About half of grantees also reported losing staff who are not at higher risk but do not want to resume in-person services (57%) and losing staff because they cannot find CCEE for their own children (52%).

Regulatory challenges

- Less than half (44%) of grantees reported meeting regulatory requirements for Head Start and creating new policies to meet local, state, and federal health guidelines.

Operational challenges

- Nearly half (48%) of grantees reported challenges finding PPE and cleaning supplies.
- Less than half of grantees reported needing additional space to accommodate physical distancing requirements (39%) and paying for PPE and cleaning supplies (30%).

Head Start Case Studies

From May through August 2021, the Child Trends research team interviewed directors, teachers, and family service workers at six Head Start centers.¹¹ At the time of the interviews, all centers were licensed; however, a few centers expressed concern about renewing their licenses due to COVID-19 pandemic-related delays. Very few of the Head Start centers included in the case studies served families receiving CCEE subsidies. We describe key findings below. Detailed findings from the interviews are in [Appendix J](#).

These interview findings helped clarify and expand on the information learned through the grantee survey. The COVID-19 pandemic impacted many, if not all, aspects of services provided by Head Start centers—including both programming and staff. While it is challenging to distill the emotional and complex experiences of Head Start staff during the COVID-19 pandemic into a few main findings, the following themes emerged across interviews with Head Start directors, teachers, and family service workers.

The COVID-19 pandemic augmented challenges Head Start families were already facing. These challenges centered around the basic needs of families, such as not having enough resources to feed and clothe their family members; difficulties finding and paying for secure, affordable housing; and challenges accessing reliable internet. Head Start directors, teachers, and family service workers all reported helping ensure that families' needs were met during the COVID-19 pandemic by organizing deliveries of food and other necessities to families—even when their centers were closed or on weekends—soliciting technology and Wi-Fi hotspot donations from community members to supply to families, and connecting families with additional resources outside of Head Start to continue meeting families' needs beyond typical Head Start services.

Head Start centers and the families they support did not have the necessary technological equipment and skills to support virtual service provision during the beginning of the COVID-19 pandemic. Head Start staff reported that centers had to advocate for themselves and their families to secure the necessary equipment to continue serving children and their families virtually; for example, some staff organized technology drives and solicited donations from community members and businesses to meet these needs. Once teachers were able to begin virtual instruction, they also had to redesign their curricula to fit a virtual setting. To do so, some teachers and directors took it upon themselves to identify age-appropriate virtual curriculum tools and share those within their centers.

While children, their families, and Head Start staff showed strength, perseverance, and resiliency throughout the COVID-19 pandemic, they also experienced many hardships. Head Start staff reported that mental health services were important as families and staff experienced stress, anxiety, trauma, and loss over the course of the COVID-19 pandemic. To address these challenges, centers provided additional mental health supports for families and their staff by, for example, hiring part- and full-time mental health consultants or therapists and providing mindfulness workshops.

¹¹ We considered the collection of interviews from each center a case study. Teachers were not interviewed at two of the six Head Start centers.

Study Limitations

This study has several limitations to consider when interpreting the findings.

During the time of this study, CCEE programs, including Head Start, were particularly hard hit by the COVID-19 pandemic. Centers were providing essential services while also facing staffing shortages (as described above). Given these challenges, the Child Trends research team worked closely with OPRE and OHS to identify the most appropriate approach to recruit participants for this study. We also considered the potential benefits of the study and participant burden when determining our methods, and ultimately designed all surveys and interviews to stay under 30 minutes.¹² Thus, not all topics of interest could be addressed in this study.

The changing nature of the COVID-19 pandemic and public health guidelines also impacted the study. Because the research team collected data across several months (see Figure 1), participants' experiences may have varied depending on the timing of specific data collection activities and their local experiences with the pandemic. We do not know whether responses would have been more similar or different if data had been collected from all respondents at the same time. Finally, because of the continuing evolution of the COVID-19 pandemic, these findings may not describe the current experiences and perspectives of Head Start program staff, RPMs, or HSCO Directors.

There were three main limitations to the survey sampling. First, the survey was launched during a time of unprecedented challenges for the CCEE field. While we did not have specific expectations concerning the response rate, just under half of grantees who were invited to complete the survey responded to at least half of the survey, which represents a relatively low response rate.

Second, the research team was not able to conduct any meaningful non-response bias analyses, as we were unable to match all contact information from the OHS dataset to PIR data, which is the main source of information available on Head Start grantees.¹³ Because the OHS dataset did not include the level of grantee detail available in PIR data (e.g., enrollment, staffing, and licensing information), we could not compare characteristics of grantees who did and did not complete the survey. (The discrepancies between the two datasets can be found in [Appendix K](#).) This is important because it means it is impossible to know whether our sample of respondents reflects the broader Head Start field. For example, it is possible that our respondents predominantly came from communities hardest hit by the COVID-19 pandemic or from areas that were less impacted by staffing shortages. Therefore, these findings should be considered illustrative and not as a comprehensive portrait of the experiences of all Head Start grantees during the COVID-19 pandemic. However, despite this limitation, many of the findings from the survey align with findings from the broader CCEE field during the COVID-19 pandemic.¹⁴

Third, as mentioned previously in the sampling section, some contacts received multiple survey requests because they were listed as the grantee contact for multiple grant numbers. Although we requested that the contact complete a survey for each of their grantees, some contacts only completed one survey for all of their grantees. Because some respondents completed the survey on behalf of multiple grantees, the response rate is likely an underrepresentation of the true response rate of grantees. Additionally, this may have led to certain grantees' experiences being over- or under-represented within the findings.

¹² Some interview participants opted to continue the interview beyond 30 minutes.

¹³ The research team was unable to link approximately one quarter of OHS data to PIR data and approximately one third of PIR data to OHS data.

¹⁴ Weiland, C. et al. (2021). *Historic crisis, historic opportunity: Using evidence to mitigate the effects of the COVID-19 crisis on young children and early care and education programs*. Ann Arbor, MI: University of Michigan and Urban Institute.

Given the changing nature and severity of the COVID-19 pandemic, our sampling decisions for RPM and HSCO Director interviews were driven by what was happening during a specific point in time (May 2020). However, each state's context and needs shifted over time throughout the COVID-19 pandemic. At the time of our interviews, these regions and states were some of the hardest hit by the COVID-19 pandemic. At the time of the writing of this report, it is clear that every region and every state in the country has subsequently experienced similarly high rates of infection. Despite this, the opinions expressed during these interviews represent a subset of the broader Head Start field and reflect their experiences early in the COVID-19 pandemic.

Finally, the sample for the Head Start case studies was limited to interviews with program staff in one state, from a subset of Head Start grantees. While we purposefully chose only one state to participate, this limits the generalizability of our findings. Each state and community in the United States had a different experience with and response to the COVID-19 pandemic. Given the variability in state- and community-level responses, the experiences of Head Start and Early Head Start staff are likely to vary across communities.

Conclusions

The COVID-19 pandemic shifted the ways in which Head Start centers operate, presenting several challenges to the way services are provided. Head Start staff worked to ensure that families' needs were being met, including going above and beyond to bring food, clothing, and remote learning supplies to families. These staff have shown resiliency in the face of the COVID-19 pandemic and are not always recognized or acknowledged for their challenging and emotional work.

Across each data collection effort, we heard from Head Start staff that the supports and flexibilities they received from OHS helped programs stay open and provided much-needed supports and services to the enrolled families. Overwhelmingly, we also learned about the strengths of Head Start staff and their commitment to the families they serve. While these services would not be possible without support from OHS, the tireless efforts of Head Start staff working directly with families may have helped families navigate challenges worsened by the COVID-19 pandemic while also supporting program enrollment and retention. These efforts, of course, do not come without a toll on the staff providing these resources. In addition to the flexibilities offered by OHS, many centers were working to address staff needs, though they continue to be challenged by staffing shortages and their own personal hardships.

Some of the findings from this study of Head Start are similar to findings from the broader CCEE field. Weiland et al. (2021) reviewed multiple studies of CCEE and found, for instance, that enrollment fell once the COVID-19 pandemic began; remote learning was challenging for staff, families, and children; and staff were especially concerned about children's social-emotional development.¹⁵ The September 2020 report from the Office of Inspector General (OIG) in the U.S. Department of Health and Human Services noted state challenges in CCEE, such as limited access to PPE, and also highlighted the use of administrative flexibilities within the Child Care and Development Fund to support CCEE providers.¹⁶ Yet, the findings from this study also highlight some key differences between Head Start and the broader CCEE field. Our survey findings show that only 33% of Head Start grantees receiving multiple sources of funding noted in March 2020 that they had experienced a substantial decrease in funding sources, and only 6% of grantees noted challenges in paying staff wages and benefits—which is a departure from the staffing challenges identified by Weiland et al. (2021), where the majority of providers surveyed reported decreases in funding.

¹⁵ Weiland, C. et al. (2021). *Historic crisis, historic opportunity: Using evidence to mitigate the effects of the COVID-19 crisis on young children and early care and education programs*. Ann Arbor, MI: University of Michigan and Urban Institute.

¹⁶ Grimm, A. C. (2020). *National snapshot of state agency approaches to child care during the COVID-19 pandemic*. OIG Report #: A-07-20-06092. Washington, D.C.: Office of Inspector General, U.S. Department of Health and Human Services.

These differences from the broader CCEE field are likely because of the additional supports that Head Start grantees they received from OHS.

OHS served as a source of support for Head Start grantees throughout the COVID-19 pandemic, providing administrative flexibilities, professional development, and financial supports (e.g., paying for staff even if centers were closed for in-person services). These supports may have buffered Head Start grantees and centers from some of the significant challenges facing the broader CCEE field. Most grantees in this study reported using some or all of the flexibilities that OHS offered. At the program level, Head Start center staff reported benefiting from some of these flexibilities while also acknowledging the remaining challenges, such as needing additional funds to meet staffing and family needs.

While data were collected at various points in time throughout the first 18 months of the COVID-19 pandemic, many of the challenges programs faced remained the same. As the COVID-19 pandemic continues, some challenges may lessen, and new challenges may arise. The data from this brief suggest that Head Start centers need a range of resources and supports to continue providing comprehensive services to young children and their families while ensuring the well-being of their staff.

Appendix A: RPM and HSCO Director Interview Methodology and Analysis

Interview Topics

The purpose of the RPM and HSCO Director interviews was to learn more about how grantees were using administrative flexibilities offered by OHS, as well as any additional challenges grantees faced in response to the COVID-19 pandemic. RPMs offered a unique viewpoint given that they interact directly with grantees and received all administrative flexibility requests from grantees in their region. Additionally, HSCO Directors, while further removed from grantees, play an important role in their state's broader CCEE systems and therefore may have a more concrete understanding of specific states' responses to the COVID-19 pandemic and the effects on the pandemic on states' CCEE systems. Interview protocols included the following topics (See [Appendix D](#) for the interview protocols):

- Challenges grantees were facing during the COVID-19 pandemic
- The administrative flexibilities grantees requested
- Additional supports that would be useful to grantees
- Plans for reopening for in-person services
- The types of supports and resources provided to grantees by the Regional Office

All RPM interviews were completed in June 2020. HSCO Director interviews were completed in June through August 2020.

Sampling

To identify potential participants for the RPM and HSCO Director interviews, we used three primary criteria to select Head Start regions:

- **Rates of COVID-19 cases and deaths in the region:** We selected two regions where at least 50% of states in the region had substantial spread of disease at the time of data collection. Given the rapidly changing nature of the COVID-19 pandemic, these numbers were not static. We used data on COVID-19 rates from the CDC. Due to the nature of the COVID-19 pandemic, areas with higher infection rates were typically associated with densely populated regions.
- **Proportion of medically underserved areas:** Using data from PolicyMap, we selected one region where the majority of states had more than 50% of their state deemed a medically underserved area.¹⁷
- **Proportion of families living in deep poverty (households with a total cash income below 50% of their state's poverty threshold):** Using data from PolicyMap, we selected one region where the majority of states/localities in the region had at least 3.7%¹⁸ of families living in deep poverty.

Within each region, we also considered data on the rurality of states, using data from PolicyMap to ensure that our final sample included a mix of states with geographic diversity. We collected data on each of these

¹⁷ Designated by the Health Resources and Services Administration, medically underserved areas have "too few" primary care providers for their population, high infant mortality rates, high poverty rates, and/or a high elderly population.

¹⁸ According to U.S. Census Data from 2015-2020, 3.7% of families live households with a total cash income below 50% of their state's poverty threshold. Therefore, we selected jurisdictions that were equal to or greater than the national average.

characteristics in May 2020 and used it to select four regions to include in the study (see Table A1 for additional details about each region). However, it should be noted that rates of COVID-19 cases have varied throughout the pandemic.

Recruitment and Administration

We invited the four RPMs from these regions to participate in interviews. Additionally, 10 HSCO Directors from these regions were identified for potential participation in the interviews. To select the 10 HSCO Directors, we first identified which states reported braiding funding between Head Start and other state CCEE systems using data from *The Connection between Head Start and State or Territory Early Care and Education Systems: A Scan of Existing Data*.¹⁹ Including states that reported braiding funds allowed for a better understanding of how various funding streams affected Head Start programming during the COVID-19 pandemic. From this initial list of states, we randomly selected two to three states from within each region and then invited the HSCO Directors from these states to participate.

We contacted each potential interviewee by inviting them via email to participate in an interview. We sent up to two additional email reminders if the potential participants did not respond after 10 days. Using these methods, 100% of invited RPMs (n=4) agreed to participate, and 80% of HSCO Directors (n=8) agreed to participate. Our team then scheduled the interviews and provided participants with a list of discussion questions prior to the interview. Two senior members of the research team (one as interview facilitator), along with one notetaker, conducted interviews by phone. Each interview lasted 30-45 minutes. To protect the confidentiality of respondents, regions and state names are not included in this report.

Table A1. Head Start Regions

Region	Justification for engagement
Region A	High rates of COVID-19 cases/deaths
Region B	High rates of families in deep poverty
Region C	High rates of COVID-19 cases
Region D	High proportion of medically underserved areas

Two senior researchers reviewed the notes from each individual interview prior to developing the coding scheme. Along with a third member of the team who had not been involved in conducting the interviews, they developed a coding scheme for each interview type (i.e., RPM, HSCO Director). To guide the development of the RPM and HSCO Director coding schemes, the research team identified a purpose or topic for each question in the interview protocol; this allowed for the triangulation of findings across the three interview types for questions that had similar topics but were worded differently in the interview protocols based on respondent type.

Using all completed RPM and HSCO Director interviews, a team of two coders independently identified a set of codes for each topic within the interview sections. We determined the final set of codes by comparing the initial codes generated by each team member to identify common themes and areas of inconsistency. The team then met as a group to discuss the comparisons and come to consensus on a final set of codes for each interview type. Once the coding schemes were completed, the project's senior advisor reviewed each

¹⁹ Maxwell, K., Warner-Richter, M., Partika, A., Franchett, A., & Kane, M. (2019). *The connection between Head Start and state or territory early care and education systems: A scan of existing data*. OPRE Report # 2019. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

coding scheme. The coding scheme and notes from each interview were then uploaded in Dedoose, a qualitative coding software.

Interview Coding. For each interview type, we randomly assigned interviews for each of the three team members to code in Dedoose using the parent codes. To calculate inter-rater reliability, two team members double-coded two RPM interviews, and three team members coded three HSCO interviews. Final inter-rater reliability for each interview type was as follows: RPMs, $\kappa = .80$; HSCO Directors, $\kappa = .98$. These Kappa values met or exceeded our threshold of $\kappa = .80$ as the criterion for having established inter-rater reliability. Coders met weekly to discuss discrepancies in coding and to refine codes for clarity throughout the coding process.

For each interview type, we examined the frequency of the codes to understand their prevalence, noting whether topics reflecting the codes were raised by all or some of the respondents. If an interview was double-coded for inter-rater reliability, we randomly selected one to be included in the frequency analysis.

Appendix B: Head Start Grantee Survey Analysis

A member of the research team analyzed survey data by conducting descriptive analyses (e.g., frequency calculations) using STATA, an analytic software. The research team conducted additional cross-tabulation analyses of specific sub-groups within the sample. These groups were selected by the research team using knowledge of OPRE and OHS areas of interest. Cross-tabulations analyzed responses for AIAN grantees and MSHS grantees respectively. After analyses were completed, another team member reviewed the analyses for quality control purposes.

To protect the confidentiality of respondents and prevent unintended disclosure, the research team suppressed any cell sizes representing less than 5 respondents. In tables and figures, this is presented as a percentage—in the AIAN sub-sample of 58 respondents, <5 is reported as <9%; whereas in the MSHS sub-sample of 23 respondents, <5 is reported as <22%. This data suppression standard was decided upon in consultation with Child Trends data science experts, taking into consideration the risk of disclosure and sensitivity of data.

Analysis of Qualitative Data. The survey included one open-ended question about any additional supports needed by grantees. For analysis, two team members reviewed a sample of responses and identified common themes. Then, one team member applied relevant theme codes to each response, and the other team member reviewed for accuracy and consistency. Additionally, some close-ended questions allowed respondents to write-in an 'Other' response if their experiences were not reflected in any available response options. Respondents did not frequently use 'Other' write-in options; these responses accounted for 1% and 8% of responses across all questions. To analyze these open-ended 'Other' responses, the research team used a threshold of 43 write-in responses or more (5%) to decide when to analyze the responses for common themes. When write-in 'Other' responses met the 5% threshold, team members coded the responses using the same procedure described above.

Appendix C: Case Study Interview Methodology and Analysis

Interview Topics

The purpose of the case studies was to build off of findings from the grantee survey to learn more about the specific experiences of Head Start centers during the COVID-19 pandemic. The project team conducted preliminary analyses of the grantee survey and consulted with OHS to identify specific topics for further investigation in the case studies. The interviews were completed in the spring and summer 2021. This allowed for the opportunity to learn more about how the experiences of Head Start centers have evolved since the beginning of the COVID-19 pandemic. We invited three separate staff members from each participating Head Start center to participate in an interview: one center director, one teacher, and one family service worker. While the specific content of each interview was tailored to the respondent type, the following themes were explored in each interview:

- Family engagement in Head Start services
- Service delivery for children and families
- Recruitment and enrollment
- Challenges
- Lessons learned

Sampling

Because of differences in how states responded to the COVID-19 pandemic, we chose to conduct all case study interviews within a single state, and selected one where we had already conducted RPM and HSCO Director interviews (Phase 1 of the project). We selected the specific state based on the following characteristics:

- Relatively high rates of COVID-19 cases from the beginning of the pandemic to the time of interviews
- Large urban and rural areas

Recruitment and Administration

To identify centers for participation in the case studies we first randomly selected 12 rural and 12 urban Head Start grantees from the PIR data for that state. We then shared this list of grantees with the RPMs and asked them to flag grantees that may not be able to participate given competing demands. Twenty-two grantees were identified as eligible for participation. We then randomly selected grantees to recruit until six total grantees agreed to participate.

The project team utilized a convenience sampling, nomination method to identify case study participants. To identify specific centers for participation, each grantee was contacted and asked to recommend one site. The project team then contacted the recommended center director for scheduling. During the interview with the center director, we asked the director to recommend both a teacher and a family service worker to participate in the interviews.

In total, 17 Head Start staff participated in the interviews, representing six center directors, four teachers, and seven family service workers. For two centers, one staff member (one teacher and one family service worker respectively) declined to participate due to scheduling challenges. For these sites, only two out of three possible interviews were completed. For one site, two family service workers participated in one interview.

Analysis

Analysis followed the same structure we used for the RPM and HSCO Director interviews. Two senior researchers reviewed the notes from each individual interview prior to developing the coding scheme and developed a coding scheme for each interview type (i.e., director, teacher, family service worker). For the case study interviews, the research team identified broad coding scheme constructs by reviewing the case study protocols. After the main constructs were identified, two team members reviewed all case study interview data to include additional, more detailed codes in the coding scheme.

A team of three coders independently identified a set of codes for predetermined excerpts in one director, teacher, and family service worker interview. We determined the final set of codes by comparing the initial codes generated by each team member to identify common themes and areas of inconsistency. The team then met as a group to discuss the comparisons and come to consensus on a final set of codes for each interview type. Once the coding schemes were completed, the project's senior advisor reviewed each coding scheme. The coding scheme and notes from each interview were then uploaded in Dedoose, a qualitative coding software.

Interview Coding. For each interview type, we randomly assigned interviews to each of the three team members for coding in Dedoose using the parent codes. To calculate inter-rater reliability, two team members double-coded one interview for each of the case study interview types (e.g., director, teacher, family service worker). Final inter-rater reliability of parent codes for each interview type was as follows: program directors, $\kappa = .87$; teachers, $\kappa = .80$; and family service workers, $\kappa = .82$. These Kappa values met or exceeded our threshold of $\kappa = .80$ as the criterion for having established inter-rater reliability. Coders met weekly to discuss discrepancies in coding and to refine codes for clarity throughout the coding process.

For each interview type, we examined the frequency of the codes to understand their prevalence, noting whether topics reflecting the codes were raised by all or some of the respondents. If an interview was double coded for inter-rater reliability, we randomly selected one to be included in the frequency analysis.

Appendix D: RPM and HSCO Director Interview Protocols

Head Start COVID-19 Interviews

Regional Manager Interview Protocol

I am [name of interviewer] and this is [name of note taker] from Child Trends. [Name of note taker] will be helping to take notes on today's call. We were contracted by the Office of Planning, Research and Evaluation within the Administration for Children and Families to explore how Head Start and Early Head Start grantees are responding to the COVID-19 pandemic. We would like to talk to you for about 30 minutes today to learn more about the challenges you're hearing from grantees in your region, the administrative flexibilities they are requesting, what support is still needed, and next steps for reopening, as well as the types of supports and resources your office is providing in Region [fill in region # here].

To keep track of everything we discuss today, we would like to take an audio recording of this interview. All recordings and written notes from our conversations will be kept on a secure computer folder, and no one outside of the research team will be able to access them. It is also important for you to know how we plan to use the information gathered on today's call. We will summarize the information we learn about Head Start's experiences during COVID-19 in a public report. Although we will include a list of the Head Start regions in the report, we will not attribute any comments to individuals or regions. We will not include your name in any reports we write. If you do not wish to participate, please let us know.

We understand that the topics of today's discussion may be challenging or stressful to discuss. If at any point in time you would like to skip a question, or take a break, please let us know.

Do you have any questions before we get started? Are you comfortable with us recording today's conversation?

Let's begin.

Administrative Flexibilities

[5 minutes]

First, we would like to learn more about the administrative flexibilities grantees in your region are using.

1. What administrative flexibilities, such as waivers for funding matches or administrative costs, shifting funds between budget categories, or exemptions for home visits are grantees requesting from OHS?
 - a. Are these requests similar across states or grantees in your region?
 - b. If so, how are they similar?
 - c. If not, what are the differences in requests from state to state or grantee to grantee?
 - d. Which flexibilities are requested most often and why?
 - e. Are there other flexibilities that you think would be helpful to offer? Why?

Transition: Next we'd like to learn more about challenges grantees in your region are facing.

Challenges

[10 minutes]

2. What challenges are Head Start grantees facing in light of COVID-19, such as recruitment and enrollment, funding for programming or staff, staff retention, meeting regulatory requirements or health and safety standards, providing remote services to families, and challenges with reopening?
 - a. Are these challenges similar across states or grantees in your region? If so, how?
 - b. Have you noticed differences across states or grantees in your region? If so, what?
 - c. Are the challenges similar within a state or do they vary from grantee to grantee in a state?
 - i. Is there something about the state context that makes these challenges vary more or less within a state?
 - d. How are grantees or states addressing these challenges? Are there examples or lessons learned about overcoming challenges that might help others?

Transition: *Next we would like to learn about the supports being offered to Head Start grantees.*

Supports

[12 minutes]

3. What supports provided by your office are most frequently requested by grantees during the pandemic?
4. Are there additional supports you think would be helpful to grantees? If so, what?
5. Have you provided any guidance or support to grantees about reopening for in-person services?
 - a. If so, what guidance or support are you providing?
 - b. For programs that have already reopened for in-person services or are planning to soon, are there any successes or lessons learned that you think would be useful to share with other grantees?
 - c. How do grantees in your region plan to use CARES Act funds?
6. What supports do you think would help regional managers during this time?

Transition: *We have just a few more questions for you in closing.*

Closing Questions

[3 minutes]

7. We plan to send a short survey to Head Start grantees to learn more about their experiences. Is there a topic you would really like to know more about?
8. Is there anything else you would like to tell us about Head Start's experience with COVID-19?
9. [if time allows] Finally, setting aside COVID-19 and thinking broadly about Head Start in your region, is there something special or unique about Head Start--or its connections to state ECE systems-- in this region that you'd like to highlight?

Closing Script: Thank you for taking the time to speak with us today. Please reach out if you have any questions or think of something else later. As we begin writing the final report, we will send you some themes from the interviews for you to check for accuracy. We appreciate everything you're doing to support Head Start grantees, families, and children.

HSCO Director Interview Protocol

I am [name of interviewer] and this is [name of note taker] from Child Trends. [Name of note taker] will be helping to take notes on today's call. We were contracted by the Office of Planning, Research and Evaluation within the Administration for Children and Families to explore how Head Start grantees are responding to the COVID-19 pandemic. We would like to talk to you for about 30 minutes today to learn more about the challenges you're hearing from grantees in your state, the role of Head Start in the state's broader ECE response to COVID-19, and next steps for reopening, as well as the types of supports and resources your office is providing in [name of state].

To keep track of everything we discuss today, we would like to take an audio recording of this interview. All recordings and written notes from our conversations will be kept on a secure computer folder, and no one outside of the research team will be able to access them. It is also important for you to know how we plan to use the information gathered on today's call. We will summarize the information we learn about how Head Start's experiences during COVID-19 in a public report. Although we will include a list of the states in the report, we will not attribute any comments to individuals or states.

We will not include your name in any reports we write. We will also not attribute findings to "the HSCO Director from [name of state]". If you do not wish to participate, please let us know.

We understand that the topics of today's discussion may be challenging or stressful to discuss. If at any point in time you would like to skip a question, or take a break, we would be happy to do so.

Do you have any questions before we get started? Are you comfortable with us recording today's conversation?

Let's begin.

Current Landscape

[2 minutes]

1. Before we talk specifically about COVID-19, could you please give me a 1-minute highlight of Head Start in your state, focusing on anything that is unique or special about how it operates or how it is connected with the larger ECE system?

Transition: *Next we'd like to learn more about funding for Head Start in your state and how it may have changed during COVID-19.*

Funding

[7 minutes]

2. To what extent is state funding, such as state pre-K, child care subsidies, or state Head Start funds, available in [name of state] to support the provision of Head Start?
 - a. Has this funding changed in light of COVID-19 (e.g., state budget cuts)? How has it changed?
 - b. Do you anticipate changes to this funding in the future? What changes do you anticipate?
 - c. Are state funding sources offering administrative or funding flexibilities to grantees?
 - i. If so, are these state flexibilities similar to Head Start's flexibilities or different? How?
 - d. How are the federal and non-federal funding/administrative flexibilities helping Head Start?

Transition: Now, I am going to ask you about the challenges grantees in your state are facing.

Challenges

[5 minutes]

3. What challenges are Head Start grantees facing in light of COVID-19?
 - a. Probe for the following topics if not raised in response:
 - i. Recruitment and enrollment
 - ii. Funding for programming or staffing
 - iii. Braiding or layering funds with other funding streams
 - iv. Meeting regulatory requirements for Head Start or others
 - v. Managing different requirements from various funders
 - vi. Retaining staff
 - vii. Retaining Head Start families
 - viii. Providing services to families and children remotely
 - ix. Health and safety recommendations
 - x. Meeting local guidelines for reopening, or providing care in person
 - xi. Changes to program operations (e.g. family-style meals, outdoor time)
 - xii. Anything else?
 - b. Are these challenges similar or different for grantees across the state? How so?

Transition: We're also interested in learning more about your state's response to COVID-19.

State ECE Response to COVID-19

[5 minutes]

4. How has Head Start (either you as HSCO Director or others) been involved in the state's ECE plans for responding to COVID-19?
5. How has Head Start coordinated with other aspects of the ECE system during this time (e.g., early intervention, pre-K, child care subsidies)?

Transition: Next we would like to learn about the supports being offered to Head Start grantees.

Supports

[5 minutes]

6. How has your office supported Head Start grantees during COVID-19?
7. What supports do you think would help HSCO Directors during this time?

Transition: Next, we would like to ask you a few questions about your state's plans for reopening closed programs.

Reopening and Next Steps

[5 minutes]

8. For states where some or all child care is closed: Has your state provided any guidance on next steps for reopening ECE?
 - c. If a grantee is layering or braiding funding or is licensed, have you heard of challenges in meeting both federal and state guidance on reopening?

- i. If so, how are grantees overcoming these challenges?
- 9. How are you and state ECE leaders thinking about preparing for the coming year?
- 10. *For states where some or all child care is operating:* Has your state provided any guidance or support for providing care during COVID-19?
 - a. If a grantee is layering or braiding funding or is licensed, have you heard of challenges in meeting both federal and state guidance on operating child care during COVID-19?
 - i. If so, how are grantees overcoming these challenges?
- 11. How are you and state ECE leaders thinking about preparing for the coming year?

Transition: *We have just a few more questions for you in closing.*

Closing Questions

[3 minutes]

- 12. *Ask only to the first 3 HSCO Directors interviewed:* We plan to send a short survey to Head Start grantees to learn more about their experiences. Is there a topic you would really like to know more about?
- 13. Finally, is there anything else you would like to tell us about Head Start's experience with COVID-19?

Closing Script: Thank you for taking the time to speak with us today. Please reach out if you have any questions or think of something else later. As we begin writing the final report, we will send you some themes from the interviews for you to check for accuracy. We appreciate everything you're doing to support Head Start grantees, families, and children.

Appendix E: Case Study Interview Protocols

Head Start Director Protocol

Introduction

[4 minutes]

I am [name of interviewer] and this is [name of note taker] from Child Trends. [Name of note taker] will take notes on today's call. We were contracted by the Office of Planning, Research and Evaluation within the Administration for Children and Families to explore how Head Start is responding to the COVID-19 pandemic. Our call today won't take more than 30 minutes and will focus on your program, including services you provide, recruitment and enrollment practices, and any lessons you have learned.

To keep track of everything we discuss today, we would like to audio record this interview. All recordings and written notes from our conversation will be kept on a secure computer folder, and no one outside of the research team will be able to access them. It is also important for you to know how we plan to use the information gathered on today's call. We will summarize the information we learn about Head Start's experiences during COVID-19 in a public report.

We will not include your name in any reports we write. We will also not attribute findings to a specific program or a specific person's job title. We will use terms like Director, Family Service Worker, or Teacher to describe respondents. Your responses will not be shared with other staff in your center. If you do not wish to participate, please let us know.

We understand that the topics of today's discussion may be challenging or stressful to discuss. If at any point in time you would like to skip a question or take a break, please let us know.

Do you have any questions before we get started?

Are you comfortable with us recording today's conversation?

Let's begin.

Current Landscape

[5 minutes]

First we'd like to ask you some information about your center and how you are currently providing services to children and families.

1. Is your center currently licensed?
2. Approximately what percentage of children in your center receive a child care subsidy?
3. How is your center currently providing services for children—all in person, all virtual, or a hybrid model of both?
 - a. [Ask if center is using hybrid model] What are some of the major challenges providing both in-person and virtual services for children?
 - b. [If center is providing all virtual services] What are some of the major challenges providing virtual services for children?
 - c. [If center is providing hybrid or all virtual services] What changes have you had to make to provide virtual services such as staff training or providing technology support?

4. Have program staff had to do anything new as part of their jobs because of the pandemic? This might mean, for example, teachers now providing home-based services.
 - a. If teachers are providing home-based services, approximately what percent of teachers are doing so?

Transition: *Next we would like to learn more about meal services you are providing during the pandemic.*

Meal Services

[3 minutes]

5. We heard from some Head Start grantees that there have been challenges getting meals to families during the pandemic. Have you been able to get meals to your families?
 - a. What challenges have you faced in trying to get meals to families?
 - i. How did you overcome these challenges?

Transition: *Next we would like to learn more about how you are recruiting families in your center during the pandemic for both in-person and virtual services.*

Recruitment

[3 minutes]

For these next few questions, please think about recruiting new children into the program—either now or for the next program year.

6. What challenges have you faced with recruiting new families because of the COVID-19 pandemic?
 - a. Have you been able to overcome any of the challenges?
7. What has worked well for recruiting families during the COVID-19 pandemic?

Transition: *Next we would like to learn more about how you are enrolling families in your center during the pandemic for both in-person and virtual services*

Enrollment

[10 minutes]

8. Thinking about the children who receive services either in person or virtually, are you serving the same number of children as you did before the pandemic began in March 2020? If not, could you please explain why you're serving fewer/more children?
9. [Ask if respondent indicates they are providing in-person services in question 3] For the in-person services, how many children are you allowed to serve? Are you serving all the children you're allowed to, given the pandemic restrictions?
 - a. If fewer, why do you think that is?
10. [Ask if respondent indicates they are providing virtual services in question 3] If some children are enrolled in virtual services only, are you serving as many children as you can virtually? If not, why do you think you're not serving as many children?
11. [Ask question 11 and 11a if respondent indicates that they are providing virtual services in any capacity under question 3] Has your center faced any challenges with enrollment for virtual services? If so, what are the challenges?
 - a. How have you addressed these challenges with enrolling families for virtual services in your center?

12. *[Ask question 12 and 12a if respondent indicates they are providing in-person services in question 3]* Has your center faced any challenges with enrollment for in-person services during the pandemic? If so, what are the challenges?
 - a. How have you addressed these challenges with recruiting and enrolling families for in-person services in your center?
13. Why do you think you are experiencing these challenges with in-person enrollment for example?
 - a. Do you think parents are hesitant to send kids back, is it challenging to meet social distancing requirements, challenging to meet cleaning and sanitation requirements?

Lessons Learned

[5 minutes]

14. If you had to share tips with other center directors on how to recruit and enroll families in services during the pandemic, what would you say?
15. What has been your center's greatest success during the pandemic?

Transition: *We just have one final question in closing.*

Closing

[3 minutes]

16. Is there anything else you would like to tell us about your center's experience with COVID-19?

Closing Script: Thank you for taking the time to speak with us today. Please reach out if you have any questions or think of something else later. We appreciate everything you're doing to support Head Start families and children.

Head Start Family Service Worker Protocol

Introduction

[4 minutes]

I am *[name of interviewer]* and this is *[name of note taker]* from Child Trends. *[Name of note taker]* will be helping to take notes on today's call. We were contracted by the Office of Planning, Research and Evaluation within the Administration for Children and Families to explore how Head Start is responding to the COVID-19 pandemic. Our call today won't take more than 30 minutes and will focus on your work with *[name of Head Start program]*, including how you are engaging with families, and any lessons you have learned during the pandemic.

To keep track of everything we discuss today, we would like to audio record this interview. All recordings and written notes from our conversations will be kept on a secure computer folder, and no one outside of the research team will be able to access them. It is also important for you to know how we plan to use the information gathered on today's call. We will summarize the information we learn about Head Start's experiences during COVID-19 in a public report.

We will not include your name in any reports we write. We will also not attribute findings to a specific program or a person's job title. We will use terms like Family Service Worker, Director, or Teacher to

describe respondents. Your responses will not be shared anyone, including center directors or other program staff. If you do not wish to participate, please let us know.

We understand that the topics of today's discussion may be challenging or stressful to discuss. If at any point in time you would like to skip a question, or take a break, please let us know.

Do you have any questions before we get started?

Are you comfortable with us recording today's conversation?

Let's begin.

Background

[3 minutes]

First we'd like to ask you some information about your role in the Head Start programs you support.

1. What is your job title and what would you say are your main responsibilities as a Family Service Staff member?
 - a. How many Head Start centers do you currently work with?
2. Has your job changed in response to the COVID-19 pandemic? If so, how?

Transition: *We'd like to learn more about your experiences working with families and providing services to families enrolled at [name of Head Start center] during the pandemic.*

Engaging Families and Remote Supports

[18 minutes]

3. How are you currently working with enrolled families during the pandemic?
 - a. Are you seeing families in person or working with them virtually or a combination of both?
 - b. How are you developing family partnership agreements and goal setting with parents during the pandemic?
 - c. Have you had to do anything different during the pandemic to help connect parents to services??
4. About what percent of enrolled families have you not been able to connect with during the pandemic?
 - a. Do you have a sense of why some families are harder to reach during this time?
 - i. Does this vary based on whether the family is enrolled in virtual or in-person services?
 - b. Are there any strategies that have helped you connect with hard-to-reach families during the pandemic?
5. What types of supports are families most commonly requesting during the pandemic?
 - a. How are these requests similar or different to the supports families needed before the pandemic?
 - b. Have you had any challenges connecting families with these supports or helping them overcome specific challenges?
6. How are you helping families get these services?
 - a. Does this vary based on whether the family is enrolled in virtual or in-person services?
 - b. Do the families you support face any challenges in accessing these types of services?
 - i. If yes, why do you think challenges exist such as long waiting list for community services, or parents are not following through?

- c. What types of supports or resources from your program might help you address these challenges?
 - i. Resources might include mental or physical health support for Head Start families or professional development for you to address these needs.
- 7. Are there other challenges your program has faced in terms of providing family support services?

Transition: *We'd also like to learn more about any final reflections or lessons you've learned during the pandemic.*

Lessons Learned

[4 minutes]

- 8. What would you say has been the greatest success you've had at work since the start of the pandemic?
- 9. Do you have any tips or suggestions you would like to share with other Family Service Staff about how best to work with families during the pandemic?

Transition: *We just have one final question in closing.*

Closing

[2 minutes]

- 10. Is there anything else you would like to tell us about your job during the pandemic or how you are supporting Head Start families during the pandemic?

Closing Script: Thank you for taking the time to speak with us today. Please reach out if you have any questions or think of something else later. We appreciate everything you're doing to support Head Start families and children.

Head Start Teacher Protocol

I am [name of interviewer] and this is [name of note taker] from Child Trends. [Name of note taker] will be helping to take notes on today's call. We were contracted by the Office of Planning, Research and Evaluation within the Administration for Children and Families to explore how Head Start programs are responding to the COVID-19 pandemic. Our call today won't take more than 30 minutes and will focus on how you are providing services to children and families, how you are engaging with families through remote or in-person supports, and any lessons you have learned during the pandemic.

To keep track of everything we discuss today, we would like to audio record this interview. All recordings and written notes from our conversations will be kept on a secure computer folder, and no one outside of the research team will be able to access them. It is also important for you to know how we plan to use the information gathered on today's call. We will summarize the information we learn about how Head Start's experiences during COVID-19 in a public report.

We will not include your name in any reports we write. We will also not attribute findings to a specific program or a person's job title. We will use terms like Teacher, Family Service Worker, or Director to describe respondents. Your responses will not be shared with anyone, including center directors or other program staff. If you do not wish to participate, please let us know.

We understand that the topics of today's discussion may be challenging or stressful to discuss. If at any point in time you would like to skip a question, or take a break, please let us know.

Do you have any questions before we get started?

Are you comfortable with us recording today's conversation?

Let's begin.

Current Landscape

[5 minutes]

First, we'd like to ask you about your role as a Head Start Teacher

1. How long have you worked at your center?
2. How has your role as teacher shifted because of the pandemic?
 - a. Have you shifted to providing any home-based services to children or families?
 - b. If yes, how many children and families are you providing home-based services to?

We're interested in how you deliver services to children. We realize that you may be providing in-person services only, virtual services only, or hybrid.

3. Are you providing any in-person services for children?
4. Are you providing any virtual services for children?
5. Are most of the children in your class receiving services in person, virtually, or through a hybrid approach?

Transition: Next we would like to learn more about how you are engaging in learning opportunities during the pandemic.

Engaging Children in Learning Opportunities

[10 mins]

6. *[Ask if respondent indicated they are providing in-person services in 3]* How has the pandemic affected the way you provide in-person instruction to children? For example, not being able to use centers in the same you did before the pandemic.
 - a. What challenges have you faced in instructing children?
 - b. Are there any supports or techniques you've found particularly helpful when instructing children through in-person learning?
7. *[Ask if respondent indicated they are providing virtual services in 4].*
 - a. What challenges have you faced in instructing children virtually?
 - b. Are there any supports or techniques you've found particularly helpful in engaging children in virtual learning?
 - c. What challenges are you experiencing completing child assessments with children who are participating in virtual instruction only?
8. Does the curriculum you use in your classroom (either in person or your virtual classroom) support children's current social-emotional needs, particularly during the pandemic? Have you been able to make curriculum adjustments when needed?
9. What challenges have you faced when engaging children in (in-person or virtual) learning activities during the pandemic? These might be, for example, challenges you faced personally, challenges with technology, challenges with parents' schedules (e.g., they need to work or have other commitments during scheduled virtual learning times), or challenges related to serving families who need help accessing food, housing, or medical care.
 - a. Have you been able to overcome or work around any of those challenges? If so, how?
10. Are there any additional supports or flexibilities that would make it easier for you to provide services to children during the pandemic?

- a. Resources might include mental and physical health support for Head Start staff or professional development.
- 11. *[Ask if respondent indicated they are providing home-based services in 5].* How are you currently providing home-based services to families during the pandemic?
 - a. Have you experienced any challenges in providing home-based services?
 - b. If yes, how have you addressed these challenges?
 - c. Are there any additional supports or flexibilities that would make it easier for you to provide home-based services to families during the pandemic?
- 12. About what percent of enrolled families are facing challenges with attendance during the pandemic?
 - a. Do you have a sense of why some families are having a hard time with attendance during the pandemic?

Transition: *We'd also like to ask a few questions about lessons you've learned during the pandemic:*

Lessons Learned

[7 minutes]

- 13. What has been the greatest success in your classroom [or virtual classroom] since the start of the pandemic?
- 14. Do you have any tips or suggestions you would like to share with other Head Start teachers about working with children and families during the pandemic?

Closing

[3 mins]

- 15. Finally, is there anything else you would like to tell us about how you are supporting Head Start children and families during the pandemic?

Closing Script: Thank you for taking the time to speak with us today. Please reach out if you have any questions or think of something else later. We appreciate everything you're doing to support Head Start families and children.

Appendix F: RPM and HSCO Director Interview Detailed Findings

The following section describes findings from the RPM and HSCO Director interviews by topic, which occurred in the spring and summer of 2020. Please note that while findings from both the RPM and HSCO Director interviews are presented together, the specific interview protocols varied and were tailored to the specific activities that both RPMs and HSCO Directors were engaged in during the COVID-19 pandemic. Additionally, interviews occurred across the course of several months early in the COVID-19 pandemic, when policy and health guidance were shifting regularly. Findings are presented by key topics of interest.

Flexibilities

When discussing administrative flexibilities, all four RPMs reported that Head Start grantees utilized financial, administrative/reporting, and program implementation flexibilities.²⁰ HSCO Directors, on the other hand, reported more variability in requests, noting that not all grantees requested flexibilities, and among those that did, the nature of the requests varied. However, in general, requests fell into one of the following categories:

- First, many grantees requested *financial flexibilities* that allowed them to shift funds or waive non-federal matching requirements. While all RPMs reported grantees requesting financial flexibilities, only half of HSCO Directors reported grantees requesting these flexibilities. Requests mentioned by RPMs and HSCO Directors included carryforward of grant funds, no-cost extensions, and flexibilities with staff pay (e.g., paying for staff time when working remotely or for different hours during lockdowns and quarantines). RPMs and HSCO Directors also mentioned how COVID-19 pandemic-related closures interfered with opportunities for grantees to get volunteers or other in-kind services that they may rely on for their non-federal matching requirement. Finally, HSCO Directors also mentioned grantees requesting flexibilities to use funds to purchase COVID-related supplies (e.g., PPE, cleaning supplies) and training supports.
- All RPMs and less than half of HSCO Directors also reported requests for *administrative or reporting flexibilities*. These focused on requests that would allow grantees to change processes related to requirements such as getting approvals from the Parent Policy Council, entering data in the PIR, and asking for time extensions for Head Start grant applications and close-outs. They also mentioned flexibilities related to signature approvals on documents, having official meeting minutes required for grant applications, and meeting in person. HSCO Directors provided examples of grantee requests, which included flexibilities about enrollment requirements from OHS. HSCO Directors also described grantees requesting flexibilities from their state such as waiving state-level reporting requirements related to the QRIS, which are required in some states for programs receiving public funding, including Head Start.
- All RPMs and less than half of HSCO Directors reported that grantees requested *program implementation flexibilities* such as those that focused on service provision and overall program implementation—including issues related to staffing and serving families. RPMs had more to say about program implementation flexibilities relative to the other flexibility types. These program implementation flexibilities generally referred to compliance with the Head Start Program Performance

²⁰ RPMs reported that requests for flexibilities were similar across their entire region and reported few differences among grantees in their states concerning flexibilities.

Standards. More specific examples included flexibilities related to staff (e.g., flexible schedules), eligibility, enrollment (e.g., accommodating differences in how enrollment typically occurs, which is door to door or word of mouth for many programs), meal services (e.g., delivering meals or offering meal pickups), home visits (e.g., conducting virtual visits), and providing services in compliance with the IDEA.

- Finally, while one HSCO Director noted that the offer of flexibilities was taken as a great sign of OHS's trust in grantees to do what is best for children and families, another HSCO Director expressed that grantees were skeptical about taking flexibilities given OHS's typical requirements structure.

Challenges

Among the **challenges** faced by grantees, we heard the following themes from RPMs and HSCO Directors:

- All RPMs and HSCO Directors described *staffing challenges*, both in terms of working with and supporting staff. Both RPMs and HSCO Directors reported challenges concerning options and decisions related to staff wages. RPMs also reported challenges with communicating or negotiating staff work expectations, managing staff anxieties, keeping staff engaged, and dealing with staff turnover. HSCO Directors described additional staffing challenges, such as staff having limited technology skills, staff needing CCEE for their own children, and limits on using floater teachers based on COVID-19 guidance. When grantees needed to hire staff, one HSCO Director described how applicants might have strong CCEE backgrounds but limited technology skills to provide remote learning, or vice versa. In addition, concerns from staff about returning to on-site work were compounded by certain staff characteristics, such as being at high-risk of severe COVID-19 illness due to age or health conditions. If staff found that they could do their jobs from home, there were questions about the extent to which grantees could require staff to work on-site.
- *Challenges related to families* were also among the most frequently mentioned challenges by RPMs and HSCO Directors alike, which focused on challenges supporting and engaging families. Examples of challenges included finding ways to communicate with families, families lacking access to technology or internet, and managing and addressing families' concerns and anxieties about returning to on-site programming. For example, one HSCO Director noted that Early Head Start parents would say they would bring their child to on-site care, but then would not bring the child due to safety concerns. In addition to concerns about how to keep children safe, HSCO Directors reported concerns about various aspects related to eligibility, recruitment, selection, enrollment, and attendance. Related questions and concerns included an inability to rely on in-person methods of outreach, families not seeking out program information online, reduced capacity of community partners to support outreach, and a need to rely on new community partners. Grantees reportedly expressed concerns to HSCO Directors about the implications of reduced enrollment. In addition to turnover of program slots, RPMs and HSCO Directors also noted challenges related to supporting families with basic needs (e.g., food, clothing, diapers).
- Most RPMs and nearly all HSCO Directors also identified challenges meeting *COVID-19 guidance and regulations* for on-site programming. These challenges included issues such as feeling they did not have specific enough guidance from OHS, perceiving that guidance across multiple sources (e.g., OHS, CDC, state and local agencies) was conflicting, or issues meeting requirements (e.g., class size restrictions, how many staff need to be in the classroom). Additional related challenges were obtaining and paying for COVID-19 pandemic-related supplies, as well as plans related to reopening (and in some cases, closing again).
- Half of RPMs and almost all HSCO Directors identified *remote learning or general service delivery challenges* focused on grantees' efforts to engage children and families remotely as well as to manage competing demands (e.g., staff needing CCEE for their own children). HSCO Directors reported challenges related to programming and operations, such as accessing COVID-19 pandemic-related and

other supplies (e.g., finding enough PPE, cleaning wipes, diapers), making decisions about service delivery models (i.e., on-site, remote, or a hybrid combination of both), delivering services for infants and toddlers, meeting IDEA service requirements, having restrictions on third party service delivery (e.g., speech therapists and mental health consultants coming into the classroom), and providing transportation. RPMs also described remote learning challenges occurring at both the family and staff levels. They also highlighted examples of other service delivery challenges, including expectations for service delivery, managing resources with reduced capacity, and family recruitment and enrollment. Notably, some RPMs indicated fewer challenges with recruitment and enrollment because programs had developed virtual solutions or because at the time of the interview this was not yet an issue.

- Half of RPMs also described *sharing resources* with grantees to address challenges. Examples included sharing these lessons learned and being a sounding board for grantees as they developed plans to reopen. One RPM mentioned examples of grantees using OHS *flexibilities* to overcome challenges.
- Finally, HSCO Directors described *other challenges* grantees faced. These included finding alternate spaces to operate programming for grantees with classrooms in school district settings, which were unavailable due to COVID-19 pandemic-related school closures. Another HSCO Director noted grantee concerns about legal liabilities in the event someone contracted COVID-19.
- Most RPMs reflected on *lessons learned* to address these challenges. For example, one RPM described how a grantee that provided services to parents who were first responders used that experience to inform their general reopening strategy. Another RPM described a grantee developing resources (e.g., videos) to inform families about the reopening process. HSCO Directors also reflected on lessons learned during the COVID-19 pandemic. These included suggesting that grantees document their justifications and rationale for the decisions they make about flexibilities and reopening decisions, helping parents understand how to support their young children with remote learning, focusing more on child development when communicating with parents, and providing virtual town hall meetings for parents to voice their concerns.

Both RPMs and HSCO Directors reported variability among the challenges grantees faced in their jurisdiction. Although RPMs noted variability in the challenges experienced within their region, they also noted some similar challenges (e.g., reopening while figuring out COVID-19 guidance that varies by state, county, municipality, or program funding streams; needing to communicate with families and staff). For example, one RPM shared that staff working in school districts who were asked to return to the classroom raised more concerns than those not in school districts. There was a mix of HSCO Directors who reported their state experienced similar challenges and some whose challenges varied with the state. Similarities in challenges included concerns about enrollment, reopening fears for families and staff, safety measures, and CCEE partners closing locations for financial reasons. While grantees may experience similar challenges, one HSCO Director noted that grantees may differ in how they address them. HSCO directors also described that grantees' experiences may differ based on variations in local guidance and whether they are located in a rural versus urban setting.

Grantee Supports

- RPMs and HSCO Directors reported that grantees received a variety of supports from OHS during the COVID-19 pandemic.
- RPMs and HSCO Directors overwhelmingly described receiving supports related to *information or resource sharing* with grantees or amongst themselves. Examples included OHS guidance and supports, information on what is allowable to do from a public health perspective, and answers to specific questions related to closing or reopening. Grantees often sought advice on how to remain in compliance with OHS while adhering to the COVID-19 guidance they were receiving from different entities. RPMs described grantees wanting help with interpreting guidance and also tailored information for their specific situations, which RPMs were not always able to provide. HSCO Directors noted that their

ability to meet virtually was helpful to keep everyone informed. One HSCO Director said that they felt their role was to provide state-level information and that they were not positioned to support grantees with individualized questions.

- All RPMs and HSCO Directors also mentioned *financial supports*, including grantees' efforts to identify new funding sources (e.g., CARES Act funds), strategies to flexibly use existing funding sources, and use of financial supports. Examples of financial supports spanned topics related to staff (e.g., staff pay, hiring), internet and technology needs, and summer programming. Other financial supports included funds to buy COVID-19 pandemic-related supplies, equipment, and services (e.g., cleaning supplies, thermometers, PPE, sanitizing machines, janitorial services), or mechanisms to acquire them as donations. Comments about financial supports also covered issues such as not receiving CARES Act funds at the time these interviews were conducted and concerns about legal liabilities (e.g., fears about being sued should someone contract COVID-19 while engaged in on-site programming).
- Only one RPM, and very few HSCO Directors mentioned *professional development* supports, which focused on professional development for grantee staff via virtual platforms and opportunities to connect with other grantees. The one RPM who reported on professional development described grantees receiving professional development on mental health, social-emotional learning, and trauma-informed care in preparation for reopening. HSCO Directors on the other hand described making connections to state-level agencies, OHS, and licensing offices; getting training and technical assistance support from the Head Start National Centers and CCEE health consultants; and identifying networking opportunities. Other examples included leveraging supports from community action agencies and utilizing professional development resources on the Early Childhood Learning and Knowledge Center. Professional development supports covered topics such as health and safety, updated guidance on toothbrushing, and mental health.

RPM & HSCO Director Supports

Regarding possible *supports for RPMs*, respondents offered ideas grouped into the following categories:

- All RPMs provided examples of how *additional staffing support* would be helpful. This included having more staff in their offices, flexibilities for RPM office staff (e.g., offering flexible working hours and changing criteria for evacuation pay), and smaller meetings for RPMs to share and collaborate with each other.
- Some RPMs also described examples of needing specific *information and resources* to help them in their roles, such as clear guidance (e.g., how guidance can be individualized to grantees' needs, how to manage conflicting guidance between OHS and other agencies such as the CDC or state/local entities) and more support from OHS, as well as resources to provide grantees with detailed and up-to-date information. RPMs specifically mentioned topics such as family engagement, meal services, and program staff management.

Regarding possible *supports for HSCO Directors*, respondents offered the following ideas:

- Regarding *staff issues and time*, a few HSCO Directors noted they would benefit from more staff and related support in their roles. For example, one HSCO Director mentioned that it would be helpful to have help with how to better advocate for Head Start and Head Start staff, children, and families as well as technical assistance to write policies. Another HSCO Director suggested that mental health supports would be beneficial given the additional stressors associated with managing their role and being responsive during the COVID-19 pandemic. Multiple HSCO Directors felt more supported since the onset of COVID-19 pandemic and that their efforts were recognized by OHS.
- Nearly all HSCO Directors mentioned that having access to *information and resources* was their greatest need for effectively supporting their grantees. They specifically wished for information on how other

states are supporting their grantees, including examples used by other states (e.g., specific guidance, professional development, resources), operational information (e.g., summer program offerings, who is open/closed), referral information for grantees (e.g., where to get supplies), ways of working with or getting information from the Regional Office (e.g., who is providing services, offering food, collaborating on surveying grantees), and demographic reports from grantees. Others requested information about individual Head Start programs' baseline infection rates and how these changed with reopening.

Statewide Response to the COVID-19 Pandemic

In the interviews with HSCO Directors, we asked about *involvement in the statewide response to the COVID-19 pandemic*.

- Five of the eight HSCO Directors described being *involved in the statewide response to COVID-19*. Examples of involvement included participating in a working group (e.g., reopening planning committees, statewide strategic planning, interagency workgroups, state advisory councils), engaging in communication efforts (e.g., communicating with state/Child Care and Development Fund administrators, calls with the CCEE office, facilitating communication among local partners, leveraging existing groups or platforms), and developing or disseminating information, guidance, and resources. Some HSCO Directors described this process as inserting themselves to make sure Head Start was being considered in planning and decision-making. In addition, one HSCO Director noted the presence of Head Start grantees as members of these reopening planning committees. HSCO Directors also recognized that the COVID-19 pandemic forced collaboration among agencies in some states, resulting in an unintended benefit that could last into the future.
- The remaining three HSCO Directors were *not involved in the statewide response*. They noted the ways that Head Start was not part of statewide decision-making and/or was not valued. Some mentioned Head Start being left out of decisions, having a siloed CCEE system in their state, not being included in communications about guidance or not being involved in decision-making (e.g., often learning about decisions at the last minute), and making an extra effort to insert themselves in these conversations as Head Start representatives (it is not clear how many were successful in doing so). However, some HSCO Directors reported that there was no state plan or guidance in which they could be involved. In these instances, planning was done by entities such as CCEE licensing or state advisory councils (as opposed to state agencies).

Irrespective of their involvement, half of HSCO Directors noted efforts to align the state's CCEE systems in their COVID-19 response, even if they were not directly involved. Examples of alignment efforts included advocating for the alignment of state guidance to avoid duplicating guidance from OHS; checking to see that guidance across the CDC, OHS, state, and local entities did not conflict; and creating crosswalks to examine requirements across different agencies.

Reopening Plans

HSCO Directors also described *reopening plans for on-site programming*, which fall into the following categories:

- HSCO Directors overwhelmingly pointed to their *state's guidance* on COVID-19 (e.g., state-specific contracts, state-level guidance for K-12, state government leadership) to inform grantees' decisions about the reopening process. At least half of HSCO Directors identified *OHS guidance* (e.g., guidance directly from OHS, the National Head Start Association reopening playbook, other OHS resources such as those focused on virtual transition to kindergarten) as well as guidance from *local governments*, to inform reopening decisions. They rarely mentioned guidance from the *CDC* or *other sources* (e.g., local practitioners, local programs creating resources, peer modeling, connecting folks to share experiences).

HSCO Directors especially valued having peer modeling and concrete examples from grantees on how to apply the guidance.

- One HSCO mentioned the consideration of *financial* issues and consequences faced by grantees in the reopening process (e.g., revamping budgets, some programs received very little CARES Act funding, general financial stress in the CCEE field due to the COVID-19 pandemic).
- Nearly all HSCO Directors elaborated on the *decision-making process for reopening and closing* among grantees in their state. This included making multiple contingency plans based on public school plans, urbanicity (e.g., programs in rural areas were more likely to have facilities that accommodated on-site programming held outside, allowing them to reopen while complying with COVID-19 guidance), needing to close again after reopening, and needing information on individual Head Start programs' baseline infection rates.
- A few HSCO Directors noted how grantees sought *input from stakeholders* (e.g., families, community partners, pediatricians, churches) in the process of developing reopening guidance and/or decision-making, such as the timing of the reopening process.
- Half of HSCO Directors described how grantees were *confused* about the COVID-19 reopening guidance. Specific examples included concerns about lack of information on how to implement the guidance and the developmental appropriateness of the guidance for children (e.g., at what age should children be required to wear masks, remote learning and service delivery for young children). Sometimes guidance from different sources conflicted, such as classroom size and handwashing requirements. Grantees also asked HSCO Directors questions for which they wanted specific guidance, such as what to do in the event of positive COVID test results.
- One HSCO noted how grantees created *other guidance and resources* to support the reopening process. For example, grantees have developed videos on talking with children about wearing masks or how they will keep children safe, and infographics about new drop-off procedures.

Other Head Start Programs and Special Populations

Nearly all the HSCO Directors interviewed reflected on *special programs and populations* (e.g., MSHS, AIAN Head Start, and children with disabilities):

- One HSCO Director noted that *AIAN Head Start* programs in their state experienced similar challenges connecting and engaging with parents. Another HSCO Director described difficulties in meeting Tribal rules and different poverty standards which affect eligibility.
- Multiple HSCO Directors noted challenges serving undocumented immigrant families and families enrolled in *MSHS*. The challenges varied from state to state based on factors such as the number of available services and resources for farm workers, as well as how farm workers are treated.
 - One HSCO Director described challenges connecting with undocumented immigrant families not in MSHS, who were reportedly *not enrolling their children* due to deportation concerns.
 - Multiple HSCO Directors reported that *all MSHS programs were initially closed even though all their families were still working*. One HSCO Director noted that MSHS programs in their state remained closed and attempted remote learning even when they could reopen, which was not a good fit for families with parents in essential worker roles (e.g., agricultural jobs). As a result, these families were seeking CCEE elsewhere, even if they had to pay for it. The HSCO Director was not clear whether or how programs used the available flexibilities to better support families, such as by having mixed age classrooms. Another HSCO Director indicated that initially, some MSHS programs would not open due to families' fears about

safety. However, at the time of the interview, this HSCO Director said that MSHS programs have been in full or partial operation during the COVID-19 pandemic.

- In addition, *staffing* for MSHS programs was a challenge to the extent that staff come from other states, which was affected by quarantining requirements and travel fears and restrictions.
- Opportunities to *partner with other agencies* focusing on migrant populations to provide families with services were also negatively affected by the COVID-19 pandemic in some states (e.g., losing opportunities to connect with these entities). In other states, these agencies provided supports such as making masks for all MSHS children and staff.
- One HSCO Director described *strategies to support MSHS families* and respond to their needs, such as providing town hall meetings, information about COVID-19, and information about educational rights in support of children's transition to kindergarten.
- One HSCO Director noted the importance of *improving OHS' responsiveness to MSHS programs* and including them in the statewide Head Start landscape, whereas another HSCO Director felt OHS was very supportive of MSHS.
- In addition, multiple HSCO Directors described challenges serving *children with individual education plans (IEPs) or with developmental disabilities* and complying with IDEA requirements. Specifically, it was difficult to make sure that children get the services as specified (e.g., specific services, number of services, regularity of services) in the IEP through virtual learning (e.g., how to engage in IEP goals virtually) and through on-site learning (e.g., restrictions on visitors including therapists). One HSCO Director noted that their state's active autism group shared a lot of resources that were helpful to support children on the autism spectrum.

Appreciation

All RPMs and HSCO Directors expressed **appreciation** for the work that Head Start staff at all levels are doing and for the support and responsiveness directly coming from OHS (e.g., flexibilities, guidance, regular opportunities to meet with OHS staff) and state lead.

Appendix G: Head Start Grantee Survey Detailed Findings

Table G1. Demographics of Sites Represented in Sample

Site Demographics (n=8049 sites)		
	n	%
Total licensed sites pre-COVID-19 (February)	6122	76%
Total licensed sites during COVID-19 (June)	6116	76%
Total sites in public school settings	2718	34%
Total sites providing care for first responders	1023	13%
Total sites open for in-person services (at time of survey)	4344	54%

Table G2. Sites Closing for In-person Services After Re-opening for In-person Services

Have any of your sites that have already reopened for in-person services had to close again due to health and safety concerns? (n=859)	
	%
No	49%
Yes	19%
Don't know	1%
N/A (none have reopened for in-person services)	25%

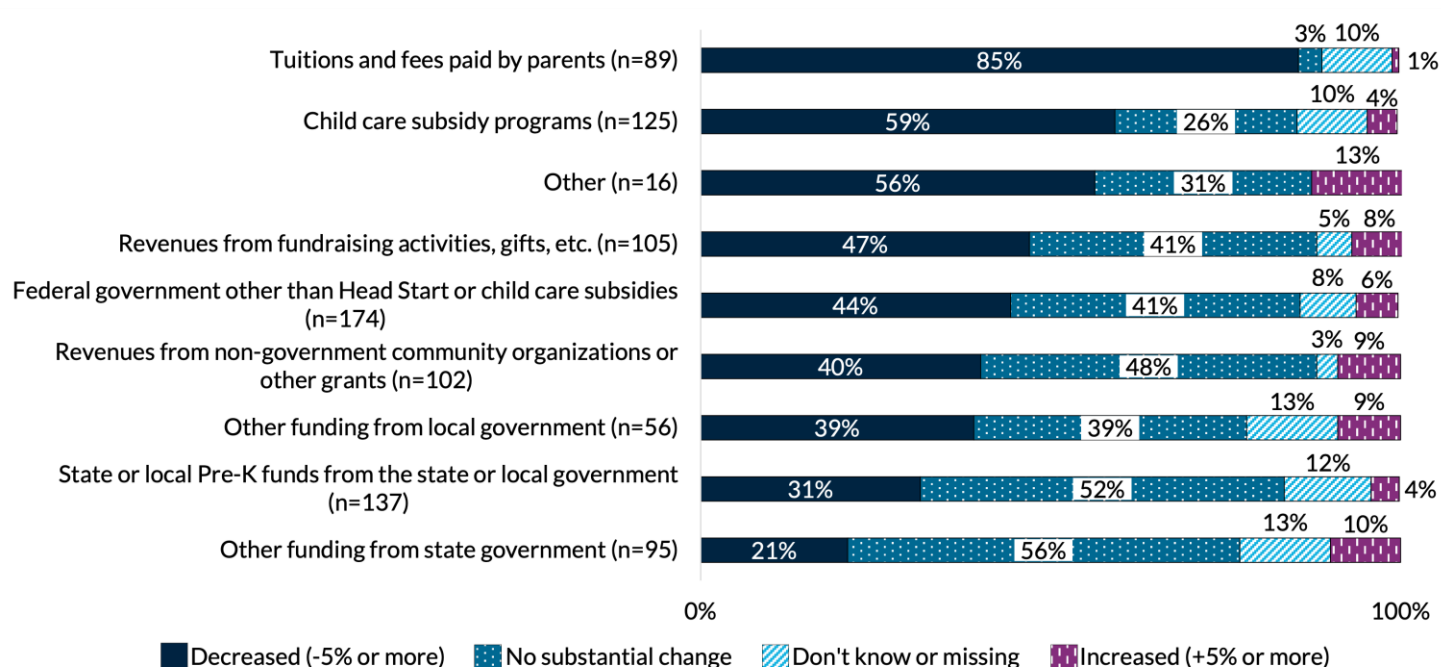
Note: This table does not include missing data (6%).

Table G3. Substantial Change in Revenue Sources since Start of the COVID-19 Pandemic (March 2020)

Have any of these funds increased or decreased substantially ($\pm 5\%$) since the COVID-19 pandemic began in March, 2020? (n=697)	
	%
Yes	33%
No	45%
Don't know	7%

Note: This question only appeared to respondents who selected 'Yes' to any of the items (in Figure 3). This table does not include missing data (15%).

Figure G1. Revenue sources reported by grantees that experienced substantial revenue change during the COVID-19 pandemic



***Note:** This question only appeared to respondents who selected 'Yes' in E3. This Figure combines missing data and 'don't know' categories.

Table G4. Multiple Revenue Sources to Fund Staff Wages

Does your Head Start program use more than one revenue source to pay for staff wages and benefits (e.g., staff member wages and benefits are paid by both Head Start and your local pre-K)? (n=859)	
	%
Yes	55%
No	44%
Don't know	1%

Note: This table does not include missing data (<1%).

Table G5. Staff Furloughed Due to the COVID-19 Pandemic

Has your program had to lay off or furlough any staff since March 2020 because of the COVID-19 pandemic? (n=470)	
	%
No	79%
Not yet, but expected to within the next 6 months	9%
Yes, furloughed (employee expected to return to work eventually)	6%
Yes, laid off (employment terminated)	4%
Other	3%

Note: This question only appeared to respondents who selected 'Yes' in Table 6. This table does not include missing data (<1%)

Table G6. Grantee Use of Administrative Flexibilities Offered by OHS in August-September 2020

Are you currently (August 2020-September 2020) using any of the following <u>administrative flexibilities</u> offered through OHS in response to the COVID-19 pandemic? (n=859)	
	%
Waiver for all or part of the non-federal 20% funding match	61%
Exemption for home visits missed due to the COVID-19 pandemic	44%
Shifting funds between budget categories	39%
Waiver for the 15% administrative cost limit	6%
Other	6%

Note: This table does not include missing data (<1%)

Table G7. Revenue Sources Allowing Grantees to Use Administrative Flexibilities in August-September 2020

Please indicate which revenue sources are allowing you to use administrative flexibilities to address COVID-19 challenges. (n=173)	
	%
State or local Pre-K funds from the state or local government	54%
Federal government other than Head Start or child care subsidies (e.g., Title I, Child and Adult Care Food Program, WIC)	43%
Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	42%
Other funding from state government (e.g., state Head Start funds, transportation, grants from state agencies)	21%
Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	19%
Other funding from local government (e.g., grants from county government, local child care scholarships from county government)	11%
Revenues from fundraising activities, cash contributions, gifts, bequests, special events	11%
Other	4%

Note: This question only appeared for respondents who indicated they were currently using any non-OHS administrative flexibilities listed in Figure 3. This was a select all that apply question, meaning that grantees may not be receiving revenue for each source. This table does not include missing data (<1%).

Table G8. Operational Challenges Experienced by Grantees in August-September 2020

Are you currently (August-September 2020) facing any of the following operational challenges? (n=857)	
	%
Finding protective equipment and cleaning supplies	59%
Need for additional space to accommodate physical distancing requirements	42%
Paying for protective equipment and cleaning supplies	19%
Need for additional transportation to accommodate physical distancing requirements	18%
Lost revenue streams from state or local government	17%
Finding basic supplies such as food and diapers	14%
Lost revenue from non-governmental sources (e.g., parent tuition, community grants)	14%
Lost revenue streams from federal funding sources other than Head Start	8%
Paying for basic supplies such as food and diapers	7%
Making/missing utility payments for any location where you provide on-site Head Start services	1%
Making/missing rent or mortgage payments for any location where you provide on-site Head Start services	1%
Other	9%

Note: This table does not include missing data (16%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Table G9. Regulatory or Guideline Challenges Experienced by Grantees in August-September 2020

Are you currently (August-September 2020) facing any of the following challenges with regulatory requirements or guidelines? (n=857)	
	%
Creating new policies to meet local, state, and federal health guidelines (e.g., what to do if there is a COVID-19 outbreak in a center and a staff member or child comes to the site and is sick)	46%
Determining how to resolve inconsistencies across regulations or guidelines in response to the COVID-19 pandemic	42%
Determining when on-site services can begin again	39%
Determining which regulations must be followed when reopening	30%
Meeting regulatory requirements for Head Start, even taking into account flexibilities currently offered by the Office of Head Start	27%
Physical building space remains closed due to the COVID-19 pandemic, despite desire to resume in-person services	23%
Meeting local/state government guidelines/suggestions about health and safety due to the COVID-19 pandemic (e.g., wearing masks in public spaces, restrictions in the size of gatherings)	22%

Are you currently (August-September 2020) facing any of the following challenges with regulatory requirements or guidelines? (n=857)	
	%
Meeting child care licensing guidelines/suggestions about health and safety due to the COVID-19 pandemic	20%
Meeting regulatory requirements for child care licensing	17%
Meeting regulatory requirements for Pre-K	13%
Other	4%

Note: This table does not include missing data (16%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Table G10. Staffing Challenges Experienced by Grantees in August-September 2020

Are you currently (August-September 2020) facing any of the following staffing challenges (staff include all staff employed at center-based programs you operate, regardless of whether their salaries are paid by federal Head Start funds)? (n=857)	
	%
Finding and hiring new staff who are qualified to teach and care for children	63%
Loss of staff because they cannot find child care for their own children (young children or school age children)	56%
Loss of staff who cannot work on site because they are at higher risk (e.g., because of age, pre-existing conditions) for severe illness due to the COVID-19 pandemic	46%
Loss of staff who are not at higher risk but do not want to resume in-person services because they are concerned about their own or family members' health and safety	45%
Accommodating staff (e.g., reducing hours, finding other types of work) who are unable or hesitant to resume in-person services for reasons related to the COVID-19 pandemic (e.g., pre-existing conditions, child care responsibilities)	38%
Need for more staff to accommodate smaller classroom sizes as programs reopen	35%
Loss of staff for other reasons (e.g., earn more through unemployment, choose to provide care in their own home)	26%
Finding work for paid staff to complete	16%
Paying staff wages, health insurance, or other benefits	6%
Loss of staff because a partner program has closed or lost funding (e.g., an Early Head Start Child Care Partnership program has closed)	4%
Other	5%

Note: This table does not include missing data (12%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Table G11. Service Provision Challenges Experienced by Grantees in August-September 2020

Are you currently (August-September 2020) facing any of the following challenges related to service provision? (n=857)	
	%
Families are concerned about sending their children back to center-based care when the program reopens	85%
Providing remote supports to families because families do not have reliable technology or internet service	73%
Engaging families through remote supports (e.g., how to use Zoom, ideas for home learning activities)	66%
Not able to serve as many children when on-site services reopen due to the COVID-19 pandemic group size restrictions	64%
Meeting IFSP or IEP requirements as a result of the COVID-19 pandemic	49%
Supporting staff to provide remote supports (e.g., how to use Zoom, ideas for home learning activities)	48%
Supporting children and families in the transition to kindergarten due to program or school closures as a result of the COVID-19 pandemic	36%
Providing remote supports to families because staff do not have reliable technology or internet service	36%
Providing food to children and families while facilities are closed	32%
Other	1%

Note: This table does not include missing data (4%).

Table G12. Grantee Use of CARES Act Funds

How have you used or how do you plan to use one-time CARES Act funding? (n=857)	
	%
To purchase personal protective equipment	91%
To purchase cleaning or sanitation supplies	89%
To purchase materials and supplies to support virtual/distance learning (e.g., laptops for staff and families; computer software)	87%
To expand or enhance the physical space of sites to accommodate physical distancing or other health and safety requirements (e.g. renting more space, adding physical barriers)	35%
To offer summer programming	28%
To provide incentives or compensation for staff (e.g., to recruit and/or retain qualified staff; to accommodate smaller group sizes)	22%
To provide transition to kindergarten services	16%
To expand transportation options to accommodate physical distancing requirements (e.g., purchase another van)	8%
Other	9%

Note: This table does not include missing data (5%).

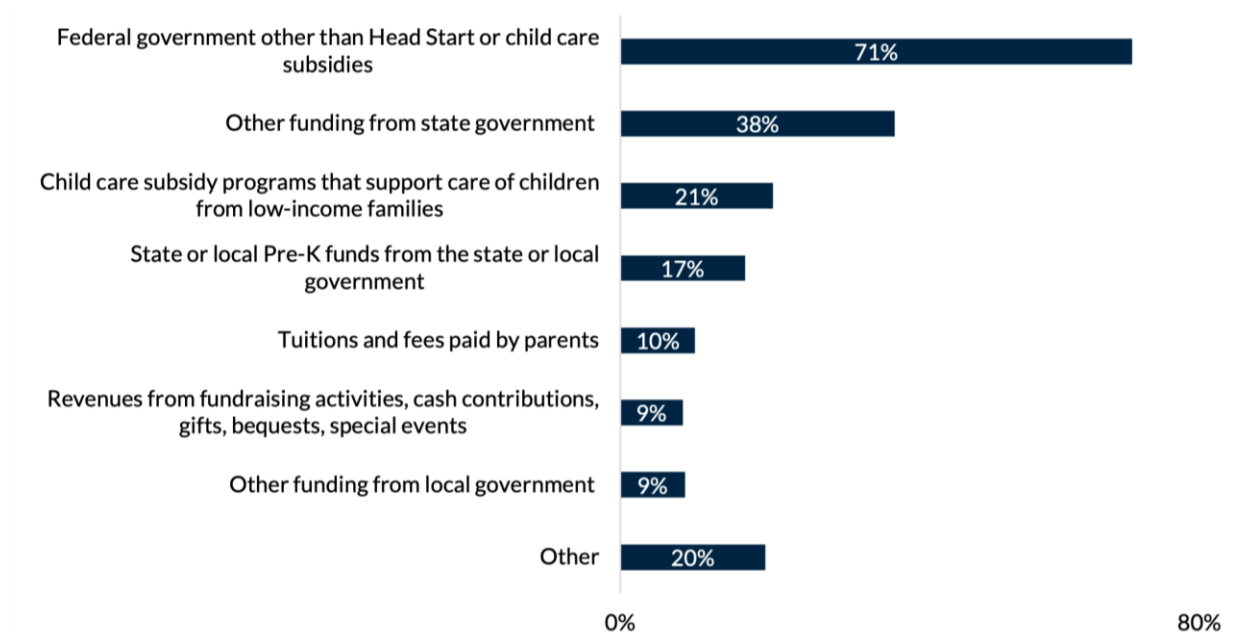
Appendix H: Survey Sub-Sample Findings for American Indian and Alaska Native Head Start Grantees

In addition to analyses of the whole survey sample (findings discussed above), the research team separately analyzed survey responses of AIAN Head Start grantees. The AIAN grantee findings are included to provide additional details on the experiences of this unique group of Head Start grantees. It is important to note that this sub-sample is small and that the findings described below are not generalizable to nor representative of the experiences of all AIAN grantees. These findings are not meant as a comparison between AIAN and other subgroups, nor with the whole survey sample. To protect the confidentiality of respondents, any responses fewer than 5 (<9%) are not reported.

Grantee Revenue Sources

Prior to the COVID-19 pandemic, AIAN grantees received funds from a variety of revenue sources other than Head Start funding. The most common revenue sources reported by AIAN grantees were from the federal government (other than Head Start or CCEE subsidies; 71%); funding from state government, other than state or local Pre-K (e.g., state Head Start funding, transportation, grants from state agencies; 38%); and CCEE subsidy programs (21%; Figure H1).

Figure H1. Revenue Sources Reported by AIAN Grantees Prior to the COVID-19 Pandemic (March 2020)



Note: 'Revenues from non-government community organizations or other grants' is excluded for confidentiality.

Half of AIAN grantees (50%) indicated that at least some of their revenue sources changed significantly (+/- 5%). Of those reported changes to funding sources, 75% noted decreases in funding.

More than half of AIAN grantees (54%) reported using multiple revenue sources to pay for staff wages. Of those, 19% of AIAN grantees reported that they had laid off or furloughed staff (but expected them to return to work eventually), and 77% had **not** laid off or furloughed any staff.

Administrative Flexibilities

Grantees were asked about any administrative flexibilities they have used in response to the COVID-19 pandemic. When asked about OHS-specific flexibilities, AIAN grantees identified three commonly used flexibilities (shown in Table H1), with over half of the AIAN grantees using waivers for all or part of the non-federal 20% funding match.

Table H1. AIAN Grantee Use of OHS Administrative Flexibilities

Are you currently (August 2020-September 2020) using any of the following administrative flexibilities offered through OHS in response to the COVID-19 pandemic? (n=58)	
	%
Waiver for all or part of the non-federal 20% funding match	57%
Shifting funds between budget categories	45%
Exemption for home visits missed due to the COVID-19 pandemic	41%
Waiver for the 15% administrative cost limit	<9%
Don't know	9%
Other	<9%

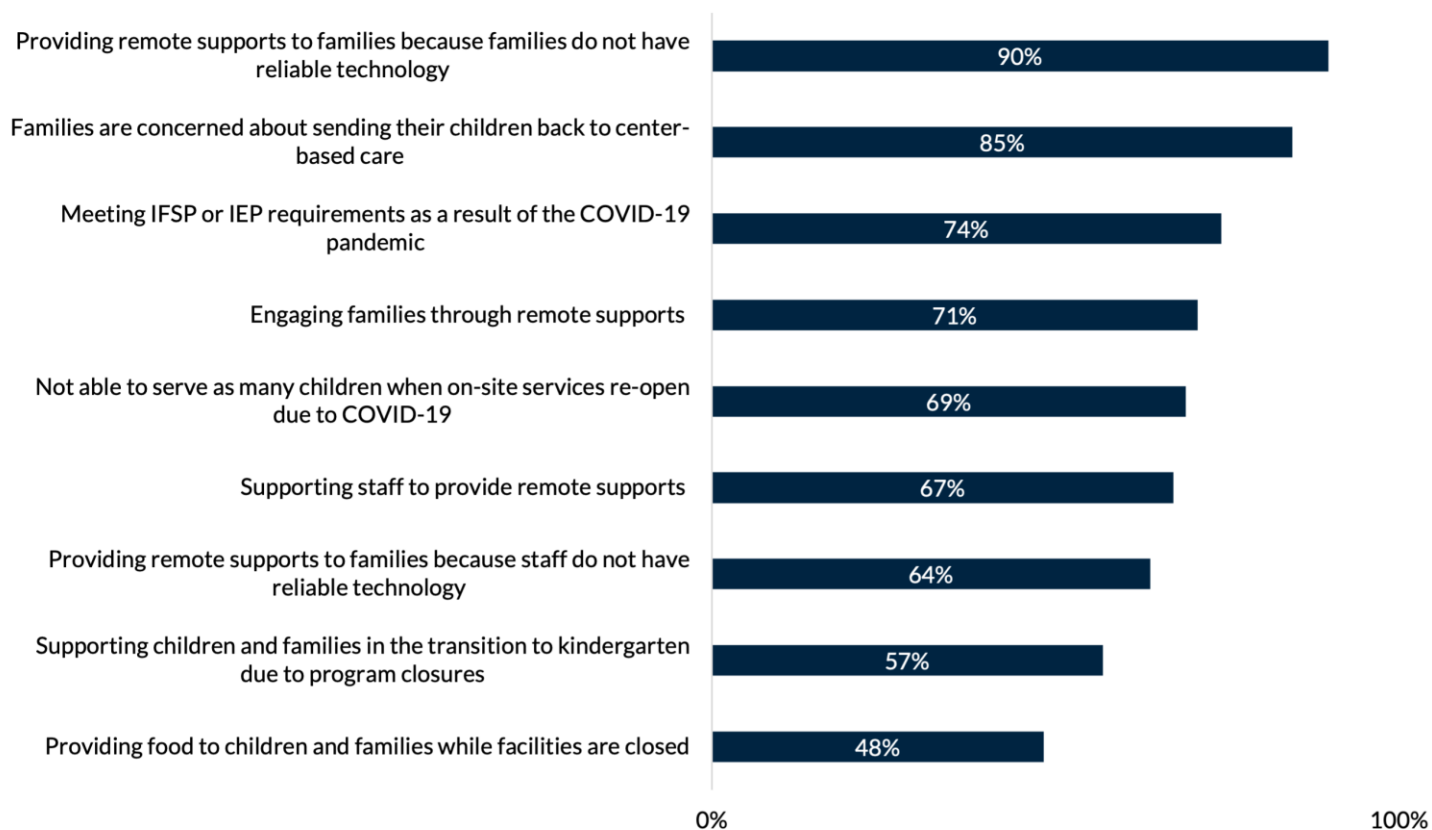
Note: This table does not include missing data (3.5%).

Challenges Experienced by Grantees

Grantees were also asked to indicate what challenges they faced during the COVID-19 pandemic. These challenges were outlined in four categories: service provision, staffing, regulatory, and operational challenges.

Service Provision Challenges. The top three most common service provision challenges identified by AIAN grantees at the time of the survey were providing remote supports to families because families did not have reliable technology (90%), families concerned about sending their children back to center-based care (85%), and meeting IFSP or IEP requirements (74%; Figure H2). Notably, about half or more AIAN grantees reported experiencing at least one of the challenges listed in Figure H2.

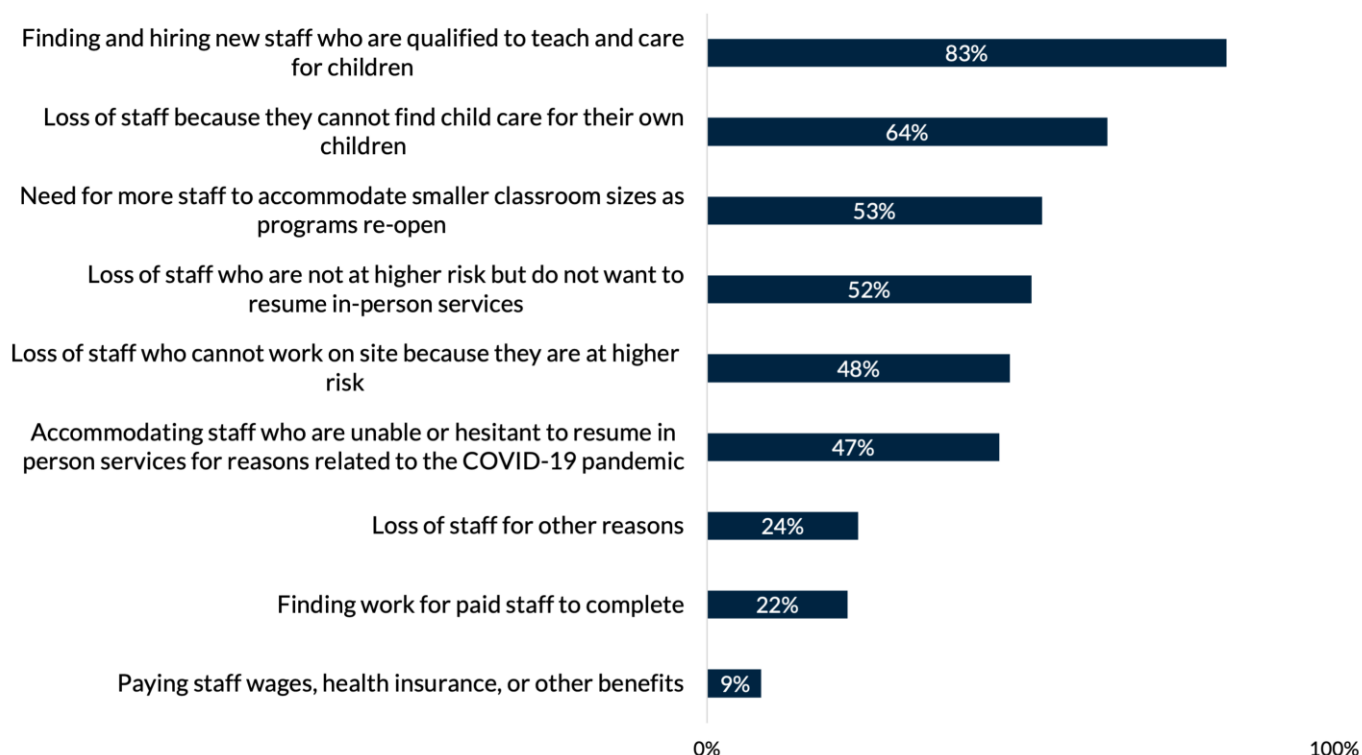
Figure H2. Service Provision Challenges Reported by AIAN Grantees in August-September 2020 (n=58)



Note: This figure does not include missing data (3.5%).

Staffing Challenges. Staffing challenges were the second most common category of challenges reported by AIAN grantees. Finding and hiring staff who are qualified to teach and care for children was the most common staffing challenge faced by AIAN grantees (83%). Further, less than one quarter of AIAN respondents reported challenges in finding work for paid staff to complete (22%; see Figure H3).

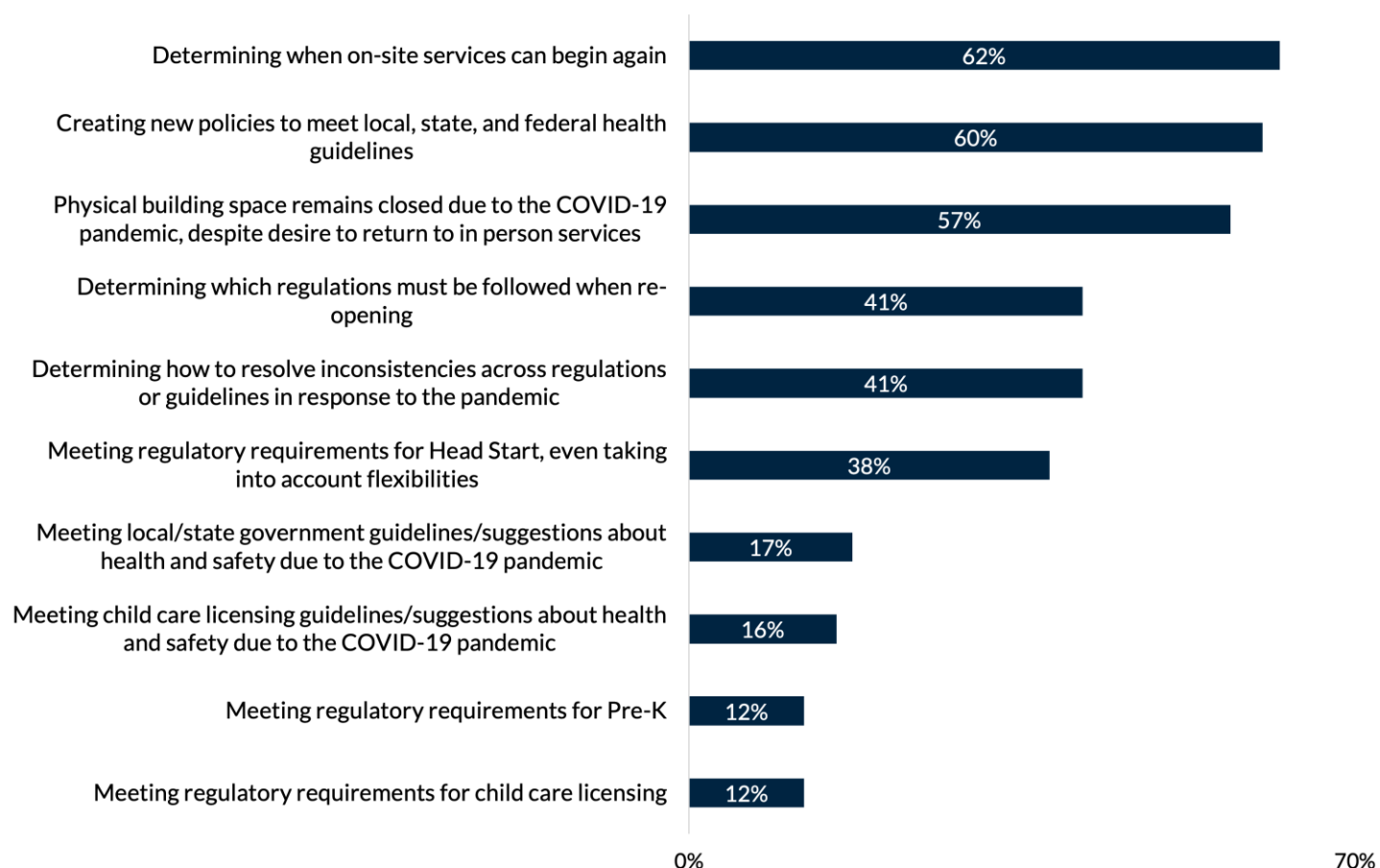
Figure H3. Staffing Challenges Reported by AIAN Grantees in August-September 2020 (n=58)



Note: 'Loss of staff because a partner program has closed or lost funding' (n = <5) is excluded from this figure to protect the confidentiality of respondents. This figure does not include missing data (3.5%).

Regulatory Challenges. Of the four categories of challenges presented in this section, somewhat fewer AIAN grantees experienced regulatory challenges. However, over half of AIAN grantees reported experiencing regulatory challenges of determining when on-site services could resume; creating new policies to meet local, state, and federal health guidelines; and not having a physical space to provide services due to program closure (Figure H4).

Figure H4. Regulatory Challenges Experienced by AIAN Grantees in August-September 2020 (n=58)



Note: This figure does not include missing data (12%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Operational Challenges. Of the four categories of challenges, fewer AIAN grantees experienced challenges related to program operation. Nearly three quarters of AIAN grantees had trouble finding protective equipment, and a little over half needed additional space to accommodate physical distancing requirements (Table H2).

Table H2. Operational Challenges Experienced by AIAN Grantees in August-September 2020

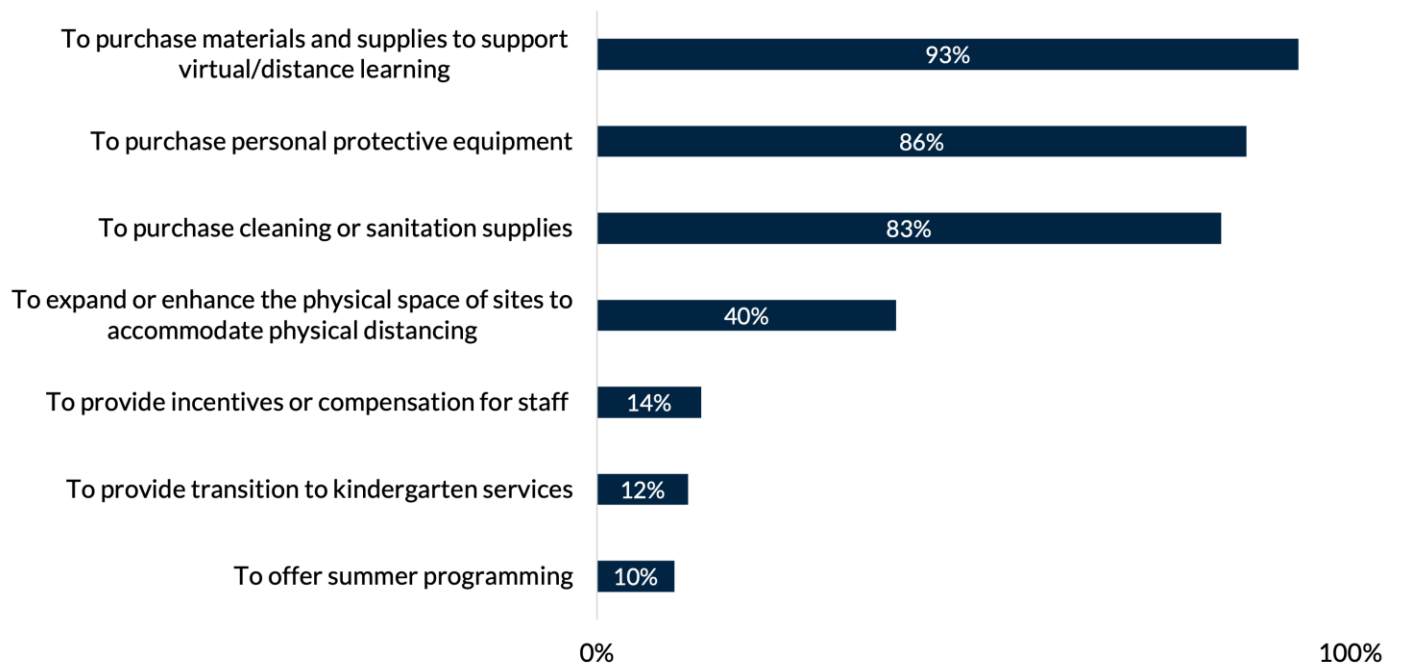
Are you currently (August 2020 – September 2020) facing any of the following operational challenges? (n=58)	
	%
Finding protective equipment and cleaning supplies	71%
Need for additional space to accommodate physical distancing requirements	55%
Need for additional transportation to accommodate physical distancing requirements	40%
Finding basic supplies such as food and diapers	35%
Paying for protective equipment and cleaning supplies	31%
Lost revenue from non-governmental sources	12%
Lost revenue streams from federal funding sources other than Head Start	<9%
Lost revenue streams from state or local government	<9%
Making/missing rent or mortgage payments for any location where you provide on-sites Head Start services	<9%
Making/missing utility payments for any location where you provide on-site Head Start services	<9%
Paying for basic supplies such as food and diapers	<9%
Other	<9%

Note: These data are presented in table form due to the large amount of suppressed cell sizes. This figure does not include missing data (12%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

CARES Act Funds

Grantees were asked about how they have used or planned to use the one-time payment provided through the CARES Act. The majority of AIAN grantees reported using CARES Act funds to purchase additional supplies for their classrooms. These supplies included materials to support distance learning (93%), protective equipment (86%), and sanitation supplies (83%). See Figure B5 for more details. Relatively few AIAN programs used CARES funds to provide additional incentives or compensation for their staff.

Figure H5. AIAN Grantee Use of CARES Act Funds in August-September 2020 (n=58)



Note: This figure does not include missing data (3.5%).

Table H3. Revenue Sources Received by AIAN Grantees Prior to the COVID-19 Pandemic Other than Federal Head Start Funds

As of February 2020 (before the COVID-19 pandemic), did your center-based program receive any revenues from the following sources other than federal Head Start funding to serve children and families (some of whom may not qualify for Head Start services)?								
	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Revenues from fundraising activities, cash contributions, gifts, bequests, special events)	5	9%	52	90%	<5	<9%	58	100%
Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents	6	10%	52	90%	0	0%	58	100%
State or local Pre-K funds from the state or local government	10	17%	48	83%	0	0%	58	100%
Child care subsidy programs that support care of children from low-income families	12	21%	45	79%	0	0%	57	100%
Other funding from state government (e.g., state Head Start funding, transportation, grants from state agencies)	22	38%	36	62%	0	0%	58	100%
Federal government other than Head Start or child care subsidies (e.g., Title I, Child and Adult Care Food Program, WIC)	41	71%	17	29%	0	0%	58	100%
Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	<5	<9%	54	93%	<5	<9%	58	100%
Other funding from local government (e.g., grants from county government)	5	9%	51	91%	0	0%	56	100%
Other	8	20%	26	65%	6	15%	40	100%

Table H4. Substantial Change in Revenue Sources

Have any of these funds increased or decreased substantially ($\pm 5\%$) since the COVID-19 pandemic began?		
	n	%
Yes	19	50%
No	14	37%
Don't know	5	13%
Total	38	100%

Table H5. Revenue Sources Used to Pay for Staff Wages

Does your Head Start program use more than one revenue source to pay for staff wages?		
	n	%
No	26	46%
Yes	31	54%
Don't know	0	0%
Total	57	100%

Table H6. OHS Administrative Flexibilities

Are you currently (August 2020-September 2020) using any of the following administrative flexibilities offered through OHS in response to the COVID-19 pandemic? (n=58)		
	n	%
Waiver for all or part of the non-federal 20% funding match	33	57%
Shifting funds between budget categories	26	45%
Exemption for home visits missed due to the COVID-19 pandemic	24	41%
Waiver for the 15% administrative cost limit	<5	<9%
Don't know	5	9%
Other	<5	<9%
Total	58	100%

Table H7. Non-OHS Administrative Flexibilities

Are you currently (August 2020-September 2020) using any of the following administrative flexibilities offered by funders outside of OHS in response to the COVID-19 pandemic?		
	n	%
Yes	14	38%
No. Other funding sources have not offered administrative flexibilities	7	19%
Not yet but expect to within the next 6 months	<5	<14%
No. Although other funding sources have offered flexibilities, our program is not using them	<5	<14%
No. For another reason	<5	<14%
Don't know	8	22%
Total	37	100%

Table H8. Laid off or Furloughed Staff

Has your program had to lay off or furlough any staff since March 2020 because of the COVID-19 pandemic?		
	n	%
Yes, laid off (employment terminated)	0	0%
Yes, furloughed (employee expected to return to work eventually)	6	19%
Not yet, but expected to within the next 6 months	<5	<16%
No	24	77%
Other	0	0%
Total	31	100%

Appendix I: Survey Sub-sample Findings for Migrant and Seasonal Head Start Grantees

In addition to analyses of the whole survey sample (findings discussed above), the research team separately analyzed survey responses of MSHS grantees. The MSHS grantee findings are included to provide additional details on the experiences of this unique group of Head Start grantees. It is important to note that this sub-sample is small and that the findings described below are not generalizable to nor representative of the experiences of all MSHS grantees. These findings are not meant as a comparison between subgroups, nor with the whole survey sample. To protect the confidentiality of respondents, any responses fewer than 5 (<22%) are not reported.

Grantee Revenue Sources

Prior to the COVID-19 pandemic, MSHS grantees received funds from a variety of revenue sources other than Head Start. The most common revenue sources reported by MSHS grantees included funding from the federal government (other than Head Start or child care subsidies; 52%), non-governmental community organizations or other grants (e.g., United Way, local charities, or other service organizations; 36%), and state or local Pre-K funds from the state or local government (35%).²¹

Administrative Flexibilities

MSHS grantees were asked about any administrative flexibilities they have used in response to the COVID-19 pandemic. When asked about OHS-specific flexibilities, the majority of MSHS grantees reported using waivers for all or part of the non-federal 20% funding match (87%), and far fewer MSHS grantees using other flexibilities (Table I1).

Table I1. MSHS Grantee Use of OHS Administrative Flexibilities

Are you currently (August 2020-September 2020) using any of the following administrative flexibilities offered through OHS in response to the COVID-19 pandemic? (n=23)	
	%
Waiver for all or part of the non-federal 20% funding match	87%
Exemption for home visits missed due to the COVID-19 pandemic	26%
Shifting funds between budget categories	22%
Waiver for the 15% administrative cost limit	0%
Don't know	<22%
Other	0%

Note: This table does not include missing data (0%).

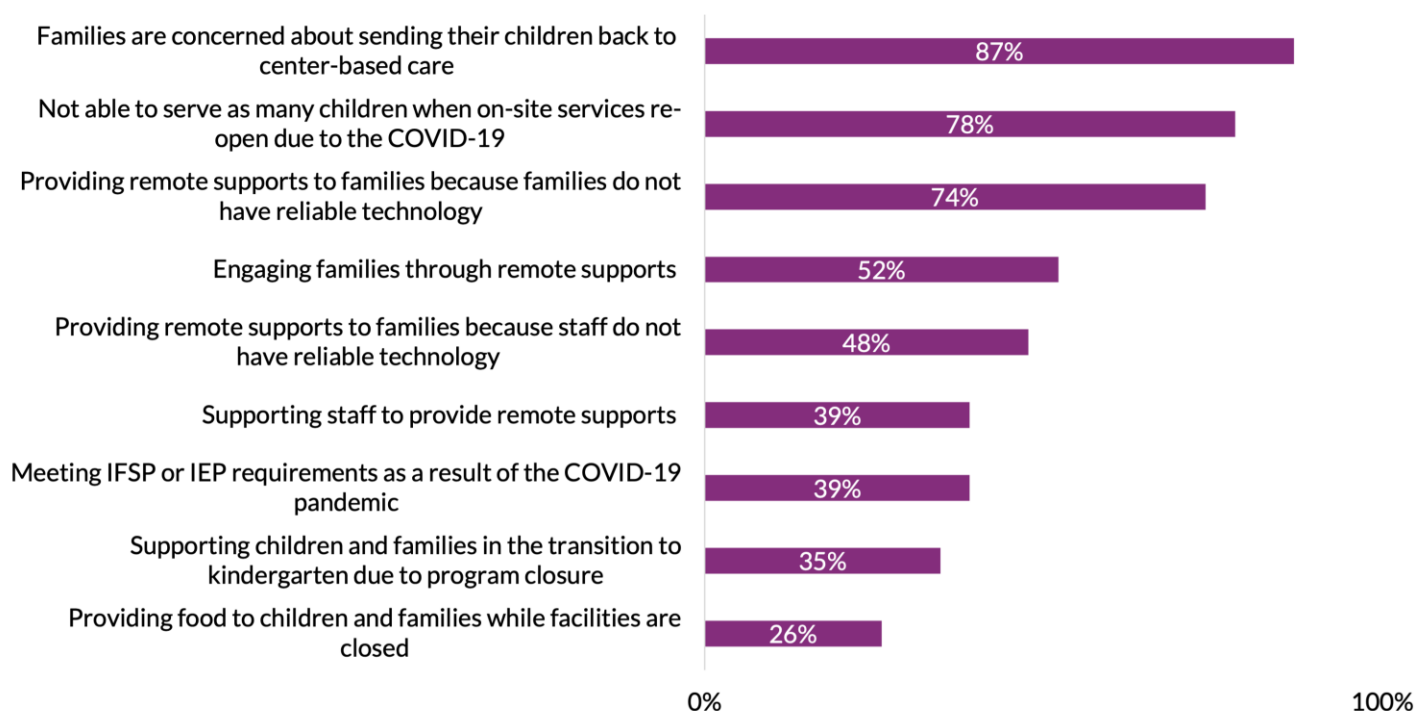
²¹ Although reported in the AIAN section, significant revenue change is not reported for MSHS grantees to protect the confidentiality of respondents.

Challenges Experienced by Grantees

MSHS grantees were also asked to indicate challenges they faced during the COVID-19 pandemic, organized in four categories: service provision, staffing, regulatory, and operational challenges.

Service Provision Challenges. The three most common challenges experienced by MSHS grantees at the time of the survey (August-Sept 2020) were families concerned about sending their children back to center-based care (87%), not being able to serve as many children when on-site services reopen due to the COVID-19 pandemic (78%), and providing remote supports to families because families did not have reliable technology (74%; Figure I1).

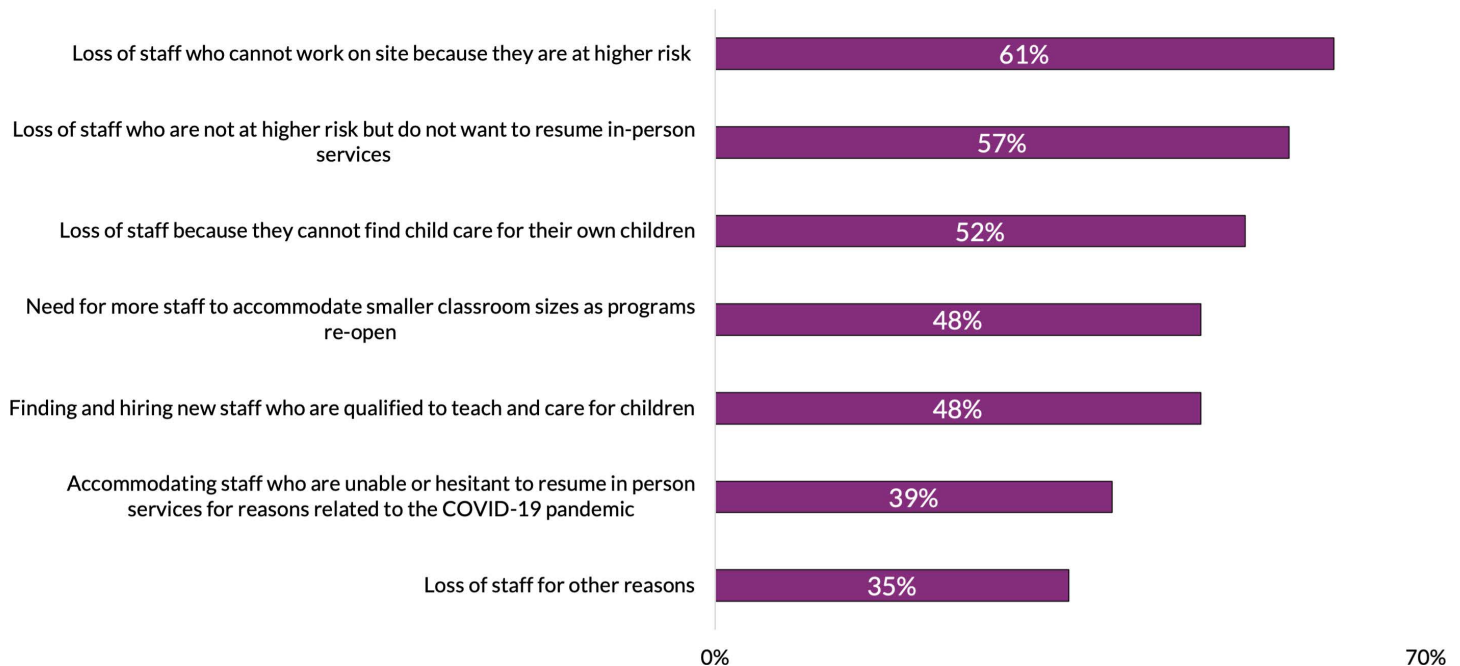
Figure I1. Service Provision Challenges Reported by MSHS Grantees in August-September 2020 (n=23)



Note: this figure does not include missing data (8.5%).

Staffing Challenges. Staffing challenges were the second most common category of challenges reported by MSHS grantees. The most common staffing challenges reported by MSHS respondents were all related to losing staff. These included losing staff who cannot work on site because they are at higher risk (61%), losing staff who are not at higher risk but do not want to resume in-person services (57%), and losing staff because they cannot find CCEE for their own children (52%; Figure I2).

Figure I2. Staffing Challenges Reported by MSHS Grantees in August-September 2020 (n=23)



Note: The following response options are excluded from this figure because they were either not selected or received less than 5 responses: Paying staff wages, health insurance, or other benefits; Loss of staff because a partner program has closed or lost funding; and Other. Additionally, missing data are not included in this figure (21%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Regulatory Challenges. Of the four categories of challenges presented in this section, somewhat fewer MSHS grantees experienced regulatory challenges. The most common regulatory challenges experienced by MSHS grantees included meeting regulatory requirements for Head Start (44%); creating new policies to meet local, state, and federal health guidelines (44%); and determining how to resolve inconsistencies across regulations or guidelines in response to the COVID-19 pandemic (39%; see Table I2).

Table I2. Regulatory Challenges Experienced by MSHS Grantees in August-September 2020

Are you currently (August 2020 – September 2020) facing any of the following regulatory challenges? (n=23)	
	%
Meeting regulatory requirements for Head Start, even taking into account flexibilities currently offered by OHS	44%
Creating new policies to meet local, state, and federal health guidelines	44%
Determining how to resolve inconsistencies across regulations or guidelines in response to the COVID-19 pandemic	39%

Are you currently (August 2020 – September 2020) facing any of the following regulatory challenges? (n=23)	
	%
Meeting local/state government guidelines/suggestions about health and safety due to the COVID-19 pandemic	22%
Determining which regulations must be followed when reopening	22%
Meeting regulatory requirements for child care licensing	<22%
Meeting regulatory requirements for Pre-K	<22%
Meeting child care licensing guidelines/suggestions about health and safety due to the COVID-19 pandemic	<22%
Determining when on-site services can begin again	<22%
Physical building space remains closed due to the COVID-19 pandemic, despite desire to resume in-person services	<22%

Note: These data are presented in table form due to the amount of suppressed cell sizes. This table does not include missing data (34.5%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

Operational Challenges. Of the four categories of challenges, fewer MSHS grantees experienced challenges related to program operation. Of the operational challenges MSHS grantees did experience, the most common were finding protective equipment and cleaning supplies (48%), needing additional space to accommodate physical distancing requirements (39%), and paying for protective equipment and cleaning supplies (30%). Very few MSHS grantees experienced other operational challenges (Table I3).

Table I3. Operational Challenges Experienced by MSHS Grantees in August-September 2020

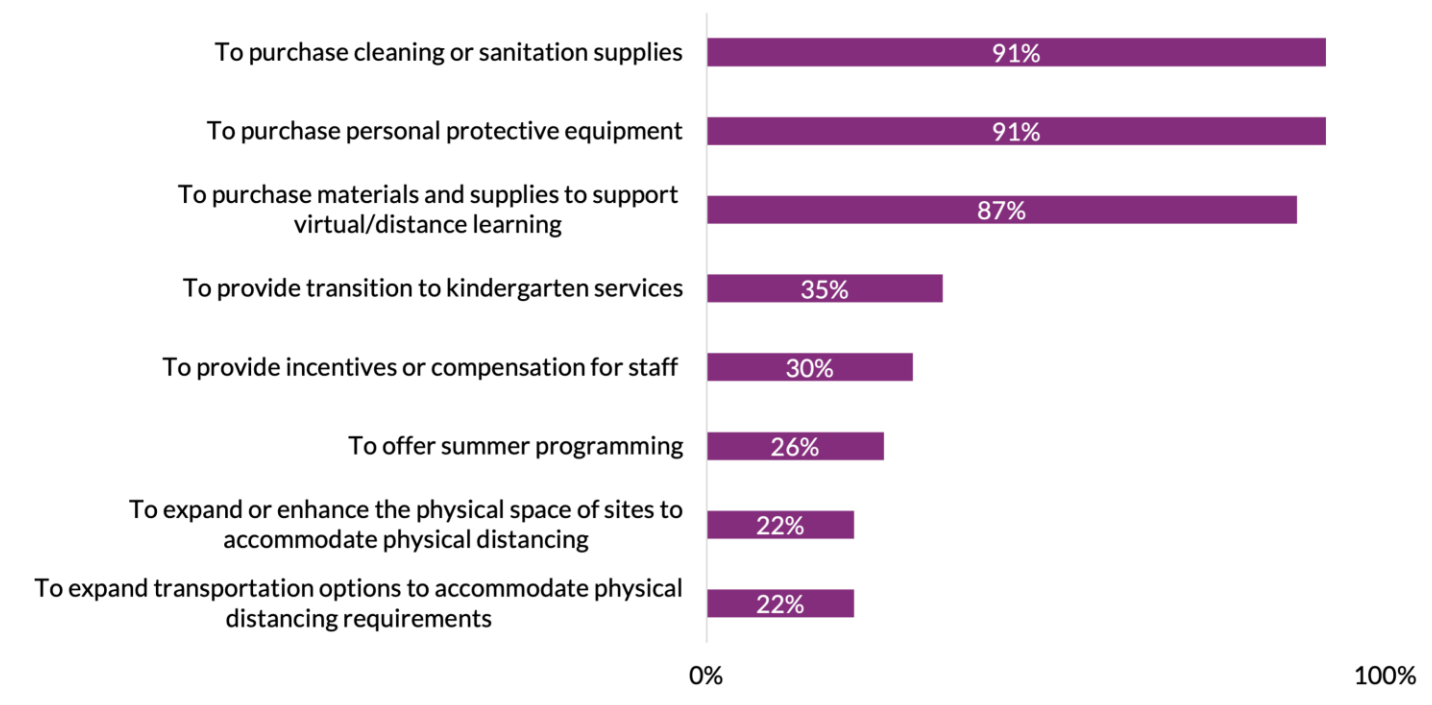
Are you currently (August 2020 – September 2020) facing any of the following operational challenges? (n=23)	
	%
Finding protective equipment and cleaning supplies	48%
Need for additional space to accommodate physical distancing requirements	39%
Paying for protective equipment and cleaning supplies	30%
Finding basic supplies such as food and diapers	<22%
Paying for basic supplies such as food and diapers	<22%
Need for additional transportation to accommodate physical distancing requirements	<22%
Lost revenue streams from state or local government	<22%
Lost revenue from non-governmental sources	<22%
Making/missing utility payments for any location where you provide on-site Head Start service	<22%
Making/missing rent or mortgage payments for any location where you provide on-site Head Start services	0%
Lost revenue streams from federal funding sources other than Head Start	0%
Other	<22%

Note: These data are presented in table form due to the large amount of suppressed cell sizes. This table does not include missing data (30%). Missing data may be higher due to the check all that apply format without a 'none of the above' option. Some respondents may not have experienced and did not select any of these challenges therefore they would be categorized as missing.

CARES Act Funds

Grantees were asked about how they have used or planned to use the one-time payment provided through the CARES Act. The majority of MSHS grantees reported using CARES Act funds to purchase additional supplies for their classrooms. These supplies included protective equipment (91%), sanitation supplies (91%), and materials to support distance learning (87%). See Figure I3 for more details. Relatively few MSHS grantees used CARES funds to provide additional incentives or compensation for their staff.

Figure I3. MSHS Grantee Use of CARES Act Funds in August-September 2020 (n=23)



Note: This figure does not include missing data (8.5%).

Table I4. Revenue Sources Prior to COVID-19 Pandemic, Other than Federal Head Start Funds

As of February 2020 (before the COVID-19 pandemic), did your center-based program receive any revenues from the following sources other than federal Head Start funding to serve children and families (some of whom may not qualify for Head Start services)?								
	Yes		No		Don't know		Total	
	n	%	n	%	n	%	n	%
Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents	<5	<22%	>18	>78%	0	0%	23	100%
State or local Pre-K funds from the state or local government	8	35%	15	65%	0	0%	23	100%
Child care subsidy programs that support care of children from low-income families	<5	<22%	>18	>78%	0	0%	23	100%
Other funding from state government (e.g., state Head Start funding, transportation, grants from state agencies)	6	26%	17	74%	0	0%	23	100%
Other funding from local government (e.g., grants from county government)	<5	<22%	>18	>78%	0	0%	23	100%
Federal government other than Head Start or child care subsidies (e.g., Title I, Child and Adult Care Food Program, WIC)	12	52%	11	48%	0	0%	23	100%
Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	8	36%	14	64%	0	0%	22	100%
Revenues from fundraising activities, cash contributions, gifts, bequests, special events)	5	22%	18	78%	0	0%	23	100%
Other	0	0%	7	88%	<5	<22%	8	100%

Table 15. Substantial Change in Revenue Sources

Have any of these funds increased or decreased substantially ($\pm 5\%$) since the COVID-19 Pandemic began? (n=12)		
	n	%
Yes	<5	<42%
No	8	67%
Don't know	<5	<42%

Table 16. Revenue Sources Used to Pay for Staff Wages

Does your Head Start program use more than one revenue source to pay for staff wages? (n=23)		
	n	%
Yes	9	39%
No	14	61%
Don't know	0	0%

Table 17. OHS Administrative Flexibilities

Are you currently (August 2020-September 2020) using any of the following administrative flexibilities offered through OHS in response to the COVID-19 pandemic? (n=23)		
	n	%
Waiver for all or part of the non-federal 20% funding match	20	87%
Exemption for home visits missed due to the COVID-19 pandemic	6	26%
Shifting funds between budget categories	5	22%
Waiver for the 15% administrative cost limit	0	0%
Don't know	<5	<22%
Other	0	0%

Table 18. Laid off or Furloughed Staff

Has your program had to lay off or furlough any staff since March 2020 because of the COVID-19 Pandemic? (n=9)		
	n	%
Yes, laid off (employment terminated)	0	0%
Yes, furloughed (employee expected to return to work eventually)	0	0%
Not yet, but expected to within the next 6 months	0	0%
No	9	100%
Other	0	0%

Appendix J: Case Study Interview Detailed Findings

Providing Services during the COVID-19 Pandemic

At the time of the interviews (April – August 2021), all centers provided services to families through hybrid²² models. All centers welcomed children back into the classroom in some capacity, allowing families to decide whether they wanted their child to participate in person or continue virtually. Most centers reported using primarily an in-person hybrid model of service provision where the majority of their enrolled children were back in the classroom; however, they were still providing virtual instruction to some children. Additionally, most centers that offered in-person instruction mentioned being prepared to transition back to virtual instruction as needed. While all centers offered in-person instruction, none had resumed in-person home visits and instead continued to provide them virtually.

In addition to shifting service delivery to include hybrid and virtual methods, all centers in the case studies offered new services during the COVID-19 pandemic to meet families' needs. These services included:

- Delivering educational and learning materials to families' homes
- Delivering supplies to meet families' basic needs (e.g., food, diapers, clothing, PPE, etc.)
- Increased cleaning and sanitation
- Virtual instruction
- Virtual home-visits

Due to the changing nature of the COVID-19 pandemic, centers had to be very flexible in how they provided services, and most centers provided all three types of service at some point: virtual, hybrid, and in-person. Interviewees discussed their center's experiences through the COVID-19 pandemic and how their service provision methods changed over the course of the pandemic. Interviewees' experiences with each type of service provision are described in the following sections.

Virtual Service Provision

Early in the COVID-19 pandemic, most centers interviewed provided all virtual services to children and families. However, one center remained open throughout the pandemic, apart from a brief closure in March 2020, to provide CCEE for essential workers. Overall, interviewees mentioned more challenges related to virtual services provision than in-person service provision. The centers who provided virtual services to families during the COVID-19 pandemic were asked about any challenges they faced and any successes or solutions they used to address challenges.

- **Technology.** All centers struggled with technology when they first transitioned to virtual service provision. This challenge included securing reliable internet for both center staff and families and getting enough devices for children to engage in virtual learning and for staff to lead instruction. Teachers and center directors reported that it took some time to get technological equipment for families; some programs even held "technology drives" within their communities to provide families

²² Hybrid models could mean that some children are served remotely simultaneously as others are in-person or that sometimes all children are served remotely and sometimes they are all in person.

with devices. Once the families' and centers' technology needs were addressed, centers reported that it was easier to provide virtual services to families.

- Nearly all teachers we interviewed mentioned that they used technology to support service provision in new ways, such as using Facebook Messenger and ClassDojo, an online school communication platform, to communicate with families. Some used YouTube read-aloud stories as virtual curriculum supports.
- Family service workers leveraged technology by using applications such as Facetime, Whatsapp, and SeeSaw (a digital learning platform) to connect with families for virtual home visits.
- **Attendance.** Many teachers and center directors reported that they saw a decrease in attendance, especially at the beginning of the COVID-19 pandemic when virtual instruction was still new. Teachers identified competing family schedules and technology issues as the biggest barriers to children's attendance. Teachers explained that it was challenging for families with multiple children to coordinate their participation in virtual learning due to a lack of devices or the level of facilitation required by parents for their child to participate successfully. Additionally, a few teachers mentioned that they felt older children's (i.e., children in K-12 settings) attendance in virtual learning activities was being prioritized over younger children's attendance in Head Start.
- **Engagement.** Teachers also noticed children experiencing challenges staying engaged in virtual learning. Many teachers acknowledged that it can be difficult to teach young children virtually, and that virtual instruction required increased coordination and communication with family members; one teacher described virtual learning as "family-based learning." Engaging young children in virtual learning was especially challenging for families. Young children cannot be expected to navigate virtual learning activities without adult support, and so their parents or guardians play a critical role in serving as a facilitator of their learning. To support families serving as learning facilitators, some center staff—including teachers, family service workers, or bus drivers—would regularly drop off learning materials with families.
- Center staff across all roles reported that facilitation of their children's virtual learning activities was an added burden on families. Some teachers found virtual learning supports like ClassDojo and other virtual-based curriculum supports helpful in engaging children.
- One center director described using a step-by-step approach to get children used to virtual learning. Teachers at this program would start with just a few minutes of virtual learning each day and then gradually increase that time. At the time of the interview, the director reported that teachers could keep children successfully engaged in learning for 30 minutes.
- One center organized small, in-person play groups for children that took place outdoors, which supported children's social-emotional development—even during virtual learning. The teacher expressed feeling grateful that these play groups could facilitate some connection between the children.
- A few teachers and family services workers felt that remote services were a barrier to children and families, especially for children with disabilities, and families' whose first language is not English. One teacher reported that a main challenge for their center was getting children evaluated for additional services, and they worried that this delay in services was not supporting the child's development. Another family service worker at a different center noted that lack of referrals at the beginning of the COVID-19 pandemic interfered with supporting children who may need developmental services.

In-person Service Provision

Centers began offering in-person services as their state and local guidance allowed. For most centers we interviewed, this shift took place in late summer and early fall 2020. While most of the challenges reported by interviewees related to virtual service provision as described above, center staff discussed the following main themes regarding in-person services:

- **Health and Safety.** About half of center directors mentioned that their centers adopted new cleaning and sanitation procedures. Most of these directors did not mention any challenges associated with these increased procedures; however, one director reported that teachers and custodial staff would often stay late or arrive early to carry out additional cleaning. Another director reported that their center had to shorten its hours of operation to accommodate sanitation procedures.
- A few teachers reported that it was challenging to enforce physical distancing requirements with children in their classroom. These teachers mentioned intentionally incorporating masking and physical distancing into their curriculum, using strategies such as reading books that incorporated these health and safety standards.
- Staff at some of the centers reported that they implemented new pick-up and drop-off procedures. These procedures included families dropping off and picking up their children at the door and not entering the building, staff taking children's temperatures at the door, and families completing daily health screeners for their children.
- One teacher mentioned that it was challenging to have confidential conversations with parents about their child's development while enforcing physical distancing requirements. This teacher's center eventually allowed parents to come into a separate room within the building for these confidential conversations.
- **Staffing.** One center director reported staffing shortages while providing in-person services. These shortages were due to staff being out sick or having to care for sick family members. When this happened, these centers would transition some classrooms to virtual learning to accommodate staff absences.

Hybrid Service Provision

Overall, most themes discussed above in the virtual and in-person service provision sections also applied to providing hybrid services. While most interviewees seemed to appreciate the flexibility that hybrid service provision allowed families, some teachers and directors felt that simultaneously teaching children using virtual and in-person methods in one classroom created extra burdens for teachers. These additional burdens on teachers included the extra time spent planning lessons to fit the needs of children participating in either virtual or in-person services, as well as having to split their attention between both groups of students.

Family Needs

We asked family services workers about challenges families faced and the types of services and supports families needed during the COVID-19 pandemic. Three common themes emerged.

- **Requested services.** All family service workers reported receiving a much higher volume of requests for services from families than they did prior to the COVID-19 pandemic. Families asked for help meeting their most basic needs. The most frequently requested service across all centers was food distribution. Other commonly requested services included clothing distribution, housing, unemployment benefits, and financial assistance.
- Center staff felt that they were going above and beyond their normal duties to support families as much as possible during the COVID-19 pandemic. Many family service workers conveyed that families were going through a lot of hardship during the COVID-19 pandemic, and that center staff wanted to do whatever they could to meet their needs. For example, one director described that once their center knew they were switching to virtual services at the beginning of the pandemic, staff distributed whatever supplies they had in the center to families—including diapers, soap, toilet paper, crayons, and more.

- **Meal services.** Many centers thought creatively, responded quickly, and worked outside of normal operating hours to meet the basic food needs of children and families. All of the Head Start centers interviewed provided meal delivery services to families during the COVID-19 pandemic. Specifically, centers provided both hot meals to families and non-perishables on a weekly basis. One director reported that some bus drivers at their center worked on Saturdays to deliver weekend food baskets. Another director reported that kitchen staff, teachers, and family service workers were willing to come into the center on Saturdays to distribute hot meals and canned food for families and other community members in need to pick up. Additionally, some directors described partnering with other community agencies to provide food and other necessities to families.
- **Mental health.** Some family service workers observed an increased need for mental health services as the COVID-19 pandemic added stressors for families. In response, some centers increased their mental health supports (e.g., hired a full-time mental health professional) and asked their mental health professionals to check-in on families more frequently. Additionally, a few family service workers mentioned that they took on roles helping support a parent or guardian's emotional well-being, especially with families who experienced loss and were grieving.

Program Needs and Experiences

Head Start center staff talked about their center's needs and challenges, including those regarding recruitment, enrollment, and staff support.

Recruitment and Enrollment

Center directors in the case studies reflected on their center's experiences with recruitment and enrollment during the COVID-19 pandemic.

- **Recruitment Challenges.** Nearly all directors reported that recruiting families to enroll in the center during the COVID-19 pandemic was more challenging than prior to the pandemic. Some directors explained that their usual in-person methods of recruiting (e.g., word-of-mouth, in-person advertising such as delivering fliers to businesses or clinics), which had been successful in the past, were limited during the COVID-19 pandemic because staff could not interact with the community as they normally would.
- One director reported that their center started using yard signs to recruit during the COVID-19 pandemic, which was helpful. Another director reported posting virtual fliers on platforms like ClassDojo.
- **Enrollment Changes.** Most centers saw a decrease in enrollment during the COVID-19 pandemic. A few centers maintained their usual enrollment rates and attributed this to their cleaning procedures or their previously enrolled families who returned the following year. None of the directors interviewed reported experiencing an increase in enrollment. Directors primarily attributed the decrease in enrollment to families' anxiety and fear about COVID-19 transmission in group or in-person settings.
- A few directors felt that nearby universal pre-K programs impacted their enrollment, explaining that some families eligible for Head Start services chose a universal pre-K program due to a perceived negative stigma associated with Head Start. These directors expressed concern that universal pre-K programs were not equipped to provide the same, comprehensive services as Head Start, and therefore would not meet the needs of Head Start eligible families. As a possible solution, one director mentioned that they work with universal pre-K programs in their community to coordinate enrollment to ensure that eligible families receive Head Start services.

- One director located in a rural area noted that since in-person learning resumed, transportation has been a major challenge for their center. Their enrollment has slowly started to increase since they hired a part-time bus driver to provide transportation.
- Because many families experienced anxiety related to COVID-19 transmission, one center created a drive-through enrollment station where a family service worker helped families complete enrollment forms and answered any questions they had.

Supporting Staff

Center staff across all roles spoke about the needs of staff and conveyed the importance of dedicated staff during the COVID-19 pandemic. Staff needs and supports spanned three general themes.

- **Dedication.** Nearly all directors commented on how dedicated their staff were during the COVID-19 pandemic. Although a few directors mentioned losing staff at the beginning of the COVID-19 pandemic, they focused more on staff's resiliency and dedication to supporting Head Start families. A few directors highlighted staffing as a success because of their staff's flexibility in responding to families' needs and the extent to which staff supported and checked in on each other.
- **Support for Virtual Learning.** A few teachers reported that transitioning to virtual instruction was challenging and that they would have benefitted from more training or technical assistance on both the virtual meeting platforms themselves and on planning lessons for virtual learning. One teacher also requested more support while teaching via hybrid models, and specifically on tools for teaching to both virtual and in-person learners in the same classroom.
- **Support for Staff Well-being.** Some teachers and family service workers remarked that while they were very happy they could support Head Start children and families during a very difficult and stressful time, they themselves also experienced stress, hardship, and loss. These teachers and family services workers identified that many center staff also had additional mental health needs throughout the COVID-19 pandemic. One family service worker described their experience as an "emotional rollercoaster." One teacher felt disheartened and exhausted by working so much harder to support children and families while feeling like families were only getting a portion of the supports and services they received prior to the COVID-19 pandemic.
 - Many Head Start centers offered a range of mental health supports such as mindfulness trainings, peer support groups, and access to part- and full-time mental health professionals. However, a few teachers and a family services worker wished that staff had access to more mental health supports.
 - One teacher wished that the general public would express more appreciation and recognition for teachers, explaining that while the world was in crisis, teachers stepped up to provide care for the children of essential workers and additional families later, as parents began returning to work.

Appendix K: Comparison of OHS and PIR Data

Table K1. OHS Grantee Dataset and PIR Dataset Comparison

Status	n	%
Matched*	2,486	53%
Only in PIR dataset**	962	21%
Only in grantee dataset***	1,227	26%
Total	4,675	100%

* These are in both the PIR dataset and the grantee dataset.

** These are in the PIR dataset, but do not have contact information from the grantee dataset.

*** These have contact information in the grantee dataset, but no PIR data.