



Snapshots of Head Start Family Experiences During the COVID-19 Pandemic: Data Tables Appendix

OPRE Report #2024-201 – 2024-208

October 2024

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Data Tables Appendix

This document includes information about the measures, methods, and descriptive analyses that were done for the Snapshots of Head Start Family Experiences During the COVID-19 Pandemic. It also includes the data tables that are the basis for information reported in the infographics.

The 2021—2022 Study

The 2021–2022 Study of Family and Staff Well-Being in Head Start Family and Child Experiences Survey (FACES) Programs (the 2021-2022 Study) is a national study of children, families, and staff participating in Head Start programs.¹ The 2021-2022 Study explores how children, families, and Head Start staff were doing in the year following the start of the COVID-19 pandemic. We surveyed parents and teachers in fall 2021 and spring 2022. Center and program directors were surveyed in spring 2022.

Given the wide-reaching consequences of COVID-19 for children, families, and Head Start staff, data collection was impacted by the pandemic (Doran et al., 2024). The data in these infographics provide a window into the experiences of a sample of Head Start parents who were able to respond to the survey during this time. Readers should not assume the data are nationally representative of children and families enrolled in Head Start programs. More information about the sample and how the data were weighted can be found in Doran et al. 2024.

Teachers participated at expected rates and estimates based on their survey data represent teachers in Head Start FACES programs in the 2021-2022 program year (for more information, see Doran et al., 2024).

The study was designed to sample 60 programs, two centers per program, two teachers per center, and all children within sampled teachers' classrooms.

Ultimately, in fall 2021 data were collected from:

- 785 parents (parent surveys),
- 191 teachers who reported on their experiences (teacher surveys), and
- 155 of those teachers who reported on the behavior of 887 children (teacher-child reports).

In spring 2022 data were collected from:

- 132 program directors (program director surveys),
- 237 center directors (center director surveys),

¹ FACES is conducted in Regions I through X, which are geographically defined. There are separate studies of Region XI (programs funded by grants to federally recognized tribes) and Region XII (programs serving children and families of migrant and seasonal farmworkers).

- 358 teachers who reported on their experiences (teacher surveys),
- 179 of those teachers who reported on the behavior of 1,250 children (teacher-child reports)², and
- 928 parents (parent surveys)

Measures

The descriptive analyses in these infographics use several variables based on fall 2021 data.

- Child's primary caregiver(s) is constructed from parents' reports of the people who live in the household and each adult household member's relationship to the child. The six categories are the child living with two biological or adoptive parents; living with one biological or adoptive parent; living with one biological or adoptive parent and one nonbiological or nonadoptive parent; living with two nonbiological or nonadoptive parents; living with biological or adoptive grandparent(s) without parents; and living with another primary caregiver. These categories focus on biological or adoptive parents and do not include other adults, such as parents' romantic partners or foster parents. Thus, for example, the "one biological or adoptive parent" category indicates the biological or adoptive parent is the only biological or adoptive parent in the household; it does not necessarily mean the parent is the only adult in the household.
- Parent employment status was constructed using parents' report of employment changes as a result of the pandemic. This data includes children with one or two biological or adoptive parents in the household. If there is only one parent, this category reflects that parent. Subgroups were created based on parents' responses to questions. Those groups reflect when at least one parent (1) experienced a change in employment status (such as working from home instead of in person, changing jobs, or having a less predictable work schedule); (2) worked more hours or more jobs; or (3) worked fewer hours, lost their job, or were furloughed.
- Financial strain is constructed from four items that measured parents' sense that they had enough money to afford the kind of home, clothing, food, and medical care they needed (Conger et al. 1993; Raver et al. 2013). We categorized a family as "reported a financial strain" if the parent disagreed or strongly disagreed with the statement that they had enough money to afford any of the four items (home, clothing, food, or medical care). Possible answers are strongly disagree, disagree, neutral, agree, or strongly agree. We also created an index reflecting the total number (count) and mean number of financial strains experienced by a Head Start family. The index is similar to how other studies have created scores using the same items (Raver et al. 2013).
- To measure COVID-19 in the household, we asked parents whether someone in the household or a close friend or family member had COVID-19, were hospitalized due to COVID-19, or passed away from COVID-19.

² Only teachers in the 60 programs in the Program, Staff, and Family Study were invited to complete Teacher-Child Reports.

- *Someone in the household or a close friend or family had COVID-19* if the parent said yes to any of the three items measuring whether they, the child, someone else in the household, or another close contact had COVID-19.
- *Someone in the household or a close friend or family was hospitalized from COVID-19* if the parent said yes to any of the three items measuring whether they, the child, someone else in the household, or another close contact was hospitalized from COVID-19.
- *Someone in the household or a close friend or family passed away from COVID-19* if the parent said yes to the item measuring whether someone in the household or another close contact passed away from COVID-19.
- Parents' anxiety symptoms are from the Generalized Anxiety Disorder 7-item scale (GAD-7) scale (Spitzer et al. 2006). Parents reported how often each item in a list of seven statements applied to them over the past two weeks using a 4-point scale: (1) not at all, (2) several days, (3) more than half the days, and (4) nearly every day. Responses of not at all are recoded as 0; several days are recoded as 1; more than half the days recoded as 2; and nearly every day are recoded as 3. Scores of the recoded items were summed for a possible range of 0 to 21. Total anxiety symptoms scores are categorized as no to minimal anxiety symptoms (0 to 4), mild anxiety symptoms (5 to 9), moderate anxiety symptoms (10 to 14), and severe anxiety symptoms (15 and above). The GAD-7 is a screening tool, not a diagnostic tool, but scores have been correlated with clinical diagnosis (Plummer et al. 2016).
- Parents' depressive symptoms are from the short form of the Center for Epidemiological Studies Depression (CES-D) Scale (Ross et al. 1983). Parents reported how often each item in a list of 12 statements applied to them in the past week using a 4-point scale: (1) rarely or never, (2) some or a little of the time, (3) occasionally or a moderate amount of time, and (4) most or all of the time. Responses of rarely or never are recoded as 0; some or a little are recoded as 1; occasionally or moderately are recoded as 2; and most or all of the time are recoded as 3. Scores of the recoded items were summed for a possible range of 0 to 36. Total depressive symptoms scores are categorized as no to few (0 to 4), mild depressive symptoms (5 to 9), moderate depressive symptoms (10 to 14), and severe depressive symptoms (15 and above). The CES-D is a screening tool, not a diagnostic tool, but scores have been correlated with clinical ratings of depression (Radloff 1977).
- We report challenges of and supports for the COVID-19 pandemic and events related to racial injustice based on two open-ended questions asked in the parent survey. We examined responses to these questions for common themes, coding responses into categories based on the themes we identified. Some responses were coded into more than one category, if appropriate. As is common with open-ended survey questions, these questions have higher rates of nonresponse than other questions in the parent survey (Millar and Dillman 2012), which may reflect answers from those with the strongest opinions (Poncheri et al. 2007) or with the most amount of available time or mental capacity (Dillman 2007).
- Number of strategies for meeting child care needs is constructed using five items from the parent survey: family or friends sometimes provide child care, older siblings sometimes provide child care, they or another guardian reduces work hours, they or another guardian works different hours than

usual, or they or another guardian takes child to work. This variable has a possible range of 0 to 5, where lower scores represent fewer strategies used to meet child care needs.

- Parenting relationship warmth score is constructed using six items from the parent survey: parent and child have warm, close times together; most of the time the parent feels that the child likes and wants to be near them; even when the parent is in a bad mood, they show the child a lot of love; parent expresses affection by hugging, kissing, and holding the child; the child does things that really bother the parent; and the parent often feels angry with the child. Ratings are on a 4-point scale ranging from not true at all to completely true. Some items are reverse coded to make the scale direction consistent, meaning negatively-worded items (where lower values indicate greater relationship warmth) are coded in a positive direction (so that higher values indicate greater relationship warmth). The parenting relationship warmth score is a mean score and has a possible range of 1 to 4; higher scores indicate greater relationship warmth in the parent–child relationship. These questions come from the Early Childhood Longitudinal Survey (ECLS) 2020 Field Test Preschool Parent Survey for the ECLS-Kindergarten 2023 Study.
- Parenting stress or anxiety at the time of the survey compared to before March 2020 is constructed using parents’ report of whether their parenting stress or anxiety increased since March 2020 due to the COVID-19 pandemic or increasing media attention related to racial injustice in the country. Responses of (1) much lower, (2) somewhat lower, and (3) about the same are categorized as no. Responses of (4) somewhat higher and (5) much higher are categorized as yes. These questions were adapted from the Build it Back Better Survey (South Carolina Early Childhood Advisory Council 2020).
 - For some analyses, we split parents into two groups based on their parenting stress or anxiety at the time of the survey, compared to before March 2020. Those groups were: higher stress or anxiety, which includes parents who responded that stress was (4) somewhat higher or (5) much higher, and same or lower stress or anxiety, which includes parents who responded that stress was (1) much lower, (2) somewhat lower, or (3) about the same.

Analytic approach

The tables in this document include unweighted sample sizes for estimates in the 2021–2022 Study.³ Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

References

Doran, Elizabeth, Davis Straske, Natalie Reid, Charlotte Cabili, Tutrang Nguyen, Xinwei Li, Myah Scott, Aden Bhagwat, Will Ratner, Judy Cannon, Jeffrey Harrington, Addison Larson, Ashley Kopack Klein, Katie Gonzalez, Nikki Aikens, and Sara Bernstein (2024). *Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021-2022 Study*, OPRE Report #2024-037, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

³ For more information, see [technical report] or Reid et al. 2024.

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Supplemental data tables

Infographic #1: Head Start Parents' Employment and Financial Situations During the COVID-19 Pandemic

Table 1. Changes in parent employment status as a result of the pandemic^a

	Unweighted total sample size (n)	Weighted percentage
At least one parent experienced a change in employment status^{b,c}	745	
Yes		72.1
No		27.9
At least one parent worked more hours or more jobs^b	745	
Yes		22.5
No		77.5
At least one parent worked fewer hours, lost their job, or were furloughed^b	745	
Yes		36.2
No		63.8

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aData include households with at least one biological or adoptive parent. We exclude the 3.7 percent of children whose households do not include a biological or adoptive parent.

^bThis category includes children with one or two biological or adoptive parents in the household and whether either parent experienced a change in employment due to the COVID-19 pandemic. If there is only one parent, this category reflects that parent.

^cParents that experienced a change in employment status indicated that they experienced at least one change as a direct result of the COVID-19 pandemic (such as working from home instead of in person, changing jobs, or having a less predictable work schedule).

Table 2. Changes in household income as a result of the pandemic and household receipt of a pandemic stimulus payment

	Unweighted total sample size (n)	Weighted percentage
Changes to household income^{a,b}	772	
Decreased very much		19.8
Decreased somewhat		22.8
Stayed the same		40.3
Increased somewhat		14.2
Increased very much		2.9 [^]
Someone in household received a stimulus payment^c	777	
Yes		89.7
No		10.3

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis item is adapted from the Rapid Assessment of Pandemic Impact on Development-Early Childhood survey.

^bHousehold income reported in this table includes all contributions from members of the household, safety net programs, and other sources of income such as rental income, interest, and dividends. This does not include stimulus payments from the government.

^cRespondents were asked whether they or anyone in their household received a stimulus payment from the government since the start of the COVID-19 pandemic.

Table 3. Financial strain

	Unweighted total sample size (n)	Weighted percentage
Family experienced being unable to afford the home they need	778	
Yes		24.5
No		75.5
Family experienced being unable to afford the clothing they need	778	
Yes		12.0
No		88.0
Family experienced being unable to afford the food they need	780	
Yes		7.6
No		92.4
Family experienced being unable to afford the medical care they need	780	
Yes		21.4
No		78.6

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a“Financial strain” is constructed from four items that measure the extent to which a family feels they have enough money to afford the kind of home, clothing, food, and medical care they need. We categorized a family as “experienced a financial strain” if the parent disagreed or strongly disagreed that they had enough money to afford a home, clothing, food, or medical care.

Infographic #2: Head Start Parents' Experiences with COVID-19 by January 2022

Table 4. Whether anyone in the household, or close friends or family, had COVID-19

	Unweighted total sample size (n)	Weighted percentage
Parent, someone in household, or close friends or family had COVID-19	779	
Yes		65.4
No		34.6

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study) math. However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 5. Whether anyone in the household, or close friends or family was hospitalized for COVID-19

	Unweighted total sample size (n)	Weighted percentage
Parent, someone in household, or close friends or family hospitalized for COVID-19	775	
Yes		21.3
No		78.7

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 6. Whether anyone in the household, or close friends or family passed away from COVID-19

	Unweighted total sample size (n)	Weighted percentage
Parent, someone in household, or close friends or family passed away from COVID-19	776	
Yes		18.0
No		82.0

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 7. Whether anyone in the household, or close friends or family, had COVID-19 by financial strain and parent change in employment

	Parent, someone in household, or close friends or family had COVID-19	
	Unweighted total sample size (n)	Weighted percentage
Family experienced one or more financial strains^a		
Yes	506	41.8
No	506	58.2
At least one parent experienced a change in employment status^b		
Yes	467	73.8
No	467	26.2

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 508 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a“Financial strain” is constructed from four items that measure the extent to which a family feels they have enough money to afford the kind of home, clothing, food, and medical care they need. We categorized a family as “experienced a financial strain” if the parent disagreed or strongly disagreed that they had enough money to afford a home, clothing, food, or medical care.

^bParents that experienced a change in employment status indicated that they experienced at least one change as a direct result of the COVID-19 pandemic (such as working from home instead of in person, changing jobs, or having a less predictable work schedule).

Infographic #3: Head Start Parents' Mental Health During the COVID-19 Pandemic

Table 8. Parent-reported stress or anxiety level compared to their stress or anxiety before March 2020

	Unweighted total sample size (n)	Weighted percentage
Stress or anxiety as a parent is somewhat higher or much higher compared to before March 2020^a	766	
Yes		33.1
No		66.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aMarch 2020 coincided with the declaration of the COVID-19 pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control and increasing media attention related to racial injustice in the country.

Table 9. Parent-reported stress or anxiety level compared to their stress or anxiety before March 2020, by change in parent employment

	Parent(s) worked more hours or more jobs ^a		Parent(s) worked fewer hours, lost their job, or were furloughed ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Stress or anxiety as a parent is somewhat higher or much higher compared to before March 2020^b				
Yes	117	39.0	252	34.5
No	117	61.0	252	65.5

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 416 parents, which includes a maximum of 158 for parent(s) who worked more hours or more jobs and a maximum of 258 for parent(s) who worked fewer hours, lost their job, or were furloughed.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aThis category includes children with one or two biological or adoptive parents in the household and whether either parent experienced a change in employment due to the COVID-19 pandemic. If there is only one parent, this category reflects that parent.

^bMarch 2020 coincided with the declaration of the COVID-19 pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control and increasing media attention related to racial injustice in the country.

Table 10. Parent-reported stress or anxiety compared to before March 2020, by strategies to meet child care needs outside of regular arrangements

	Parent used at least one strategy to meet child care needs ^a		Parent did not use any strategy to meet child care needs ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Stress or anxiety as a parent is somewhat higher or much higher compared to before March 2020^b				
Yes	580	35.0	182	27.1
No	580	65.0	182	72.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 780 parents, which includes a maximum of 600 for parents who used at least one strategy to meet childcare needs and a maximum of 180 for parents who did not use any strategies to meet child care needs.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

^bMarch 2020 coincided with the declaration of the COVID-19 pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control and increasing media attention related to racial injustice in the country.

Table 11. Parent’s total depressive symptoms scores

	Unweighted total sample size (n)	Weighted percentage
Total depressive symptoms categories (score)^a	770	
No to few (0 to 4)		53.0
Mild (5 to 9)		25.1
Moderate (10 to 14)		14.0
Severe (15 to 36)		7.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aThe “total depressive symptoms score” is the total score on the Center for Epidemiological Studies Depression Scale (CES-D) short form (12 items on a 4-point scale for frequency in the past week). The publisher reports that depressive symptoms scores have been correlated with clinical diagnosis, but the CES-D is a screening tool and not used to formally diagnose depression (Radloff 1977).

Table 12. Parent’s total depressive symptoms scores, by change in parent employment

	Parent(s) worked more hours or more jobs ^a		Parent(s) worked fewer hours, lost their job, or were furloughed ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Total depressive symptoms categories (score)^b				
No to few (0 to 4)	117	46.1	253	48.5
Mild (5 to 9)	117	22.5	253	29.0
Moderate (10 to 14)	117	22.5	253	14.1
Severe (15 to 36)	117	9.0 [^]	253	8.4

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 416 parents, which includes a maximum of 158 for parent(s) who worked more hours or more jobs and a maximum of 258 for parent(s) who worked fewer hours, lost their job, or were furloughed.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis category includes children with one or two biological or adoptive parents in the household and whether either parent experienced a change in employment due to the COVID-19 pandemic. If there is only one parent, this category reflects that parent.

^bThe “total depressive symptoms score” is the total score on the Center for Epidemiological Studies Depression Scale (CES-D) short form (12 items on a 4-point scale for frequency in the past week). The publisher reports that depressive symptoms scores have been correlated with clinical diagnosis, but the CES-D is a screening tool and not used to formally diagnose depression (Radloff 1977).

Table 13. Parent’s total depressive symptoms scores, by strategies to meet child care needs outside of regular arrangements

	Parent used at least one strategy to meet child care needs ^a		Parent did not use any strategy to meet child care needs ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Total depressive symptoms categories (score)^b				
No to few (0 to 4)	581	49.0	187	64.8
Mild (5 to 9)	581	26.4	187	21.3
Moderate (10 to 14)	581	16.4	187	7.1 [^]
Severe (15 to 36)	581	8.2	187	6.8 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 780 parents, which includes a maximum of 600 for parents who used at least one strategy to meet childcare needs and a maximum of 180 for parents who did not use any strategies to meet child care needs.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

^bThe “total depressive symptoms score” is the total score on the Center for Epidemiological Studies Depression Scale (CES-D) short form (12 items on a 4-point scale for frequency in the past week). The publisher reports that depressive symptoms scores have been correlated with clinical diagnosis, but the CES-D is a screening tool and not used to formally diagnose depression (Radloff 1977).

Table 14. Parent’s total anxiety scores

	Unweighted total sample size (n)	Weighted percentage
Total anxiety categories (score)^a	770	
Minimal (0 to 4)		70.3
Mild (5 to 9)		22.4
Moderate (10 to 14)		5.0
Severe (15 to 21)		2.4

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aThe “total anxiety symptoms score” is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (7 items on a 4-point scale for frequency in the past two weeks). The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety symptoms scores have been correlated with clinical diagnosis (Spitzer et al. 2006).

Table 15. Parent’s anxiety scores, by change in parent employment

	Parent(s) worked more hours or more jobs ^a		Parent(s) worked fewer hours, lost their job, or were furloughed ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Total anxiety categories^b (score)				
Minimal (0 to 4)	118	58.1	253	70.2
Mild (5 to 9)	118	29.7	253	21.7
Moderate (10 to 14)	118	11.1 [^]	253	4.9 [^]
Severe (15 to 21)	118	1.1 [^]	253	3.1 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 416 parents, which includes a maximum of 158 for parent(s) who worked more hours or more jobs and a maximum of 258 for parent(s) who worked fewer hours, lost their job, or were furloughed.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis category includes children with one or two biological or adoptive parents in the household and whether either parent experienced a change in employment due to the COVID-19 pandemic. If there is only one parent, this category reflects that parent.

^bThe “total anxiety symptoms score” is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (7 items on a 4-point scale for frequency in the past two weeks). The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety symptoms scores have been correlated with clinical diagnosis (Spitzer et al. 2006).

Table 16. Parent’s anxiety scores, by strategies to meet child care needs outside of regular arrangements

	Parent used at least one strategy to meet child care needs ^a		Parent did not use at least one strategy to meet child care needs ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Total anxiety categories (score)^b				
Minimal (0 to 4)	580	66.7	187	80.4
Mild (5 to 9)	580	24.6	187	16.1
Moderate (10 to 14)	580	5.9 [^]	187	2.2 [^]
Severe (15 to 21)	580	2.8	187	1.2 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 780 parents, which includes a maximum of 600 for parents who used at least one strategy to meet childcare needs and a maximum of 180 for parents who did not use any strategies to meet child care needs.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

^bThe “total anxiety symptoms score” is the total score on the Generalized Anxiety Disorder–7 (GAD–7) scale (7 items on a 4-point scale for frequency in the past two weeks). The GAD–7 is a screening tool and not used to formally diagnose anxiety, but the publisher reports that anxiety symptoms scores have been correlated with clinical diagnosis (Spitzer et al. 2006).

Infographic #4: Challenges and Coping Strategies for Head Start Parents During the COVID-19 Pandemic

Table 17. Biggest challenges family faced during pandemic and events related to racial injustice

	Unweighted total sample size (n)	Weighted percentage
Biggest challenges during the COVID-19 pandemic and events related to racial injustice^a	648	
Trying to keep self and family safe		11.9
Struggling to pay for bills and necessities		9.9
Employment challenges and concerns		9.3
Staying at home during the COVID-19 shutdown		8.3
Following public health guidelines		6.3
Child care availability and school closures		6.0
Feeling socially isolated		5.3
Explaining current events to children ^b		3.7
Racism		3.3 [^]
Dealing with health issues		2.7
Finding or keeping housing		1.8 [^]
Challenges of virtual education		1.8 [^]
Loss of family members and friends from COVID-19		1.2 [^]
Another challenge ^c		10.8
No challenges		27.2

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aResponses come from open-ended survey questions. Responses were coded into categories and may have been coded into more than one category.

^b“Explaining current events to children” includes examples such as explaining racism and explaining COVID-19.

^c“Another challenge” includes examples such as vaccine hesitancy and lack of resources.

Table 18. Coping strategies for the COVID-19 pandemic and events related to racial injustice

	Unweighted total sample size (n)	Weighted percentage
Most helpful strategies to cope with challenges during the COVID-19 pandemic and events related to racial injustice^a	629	
Spending time with friends and family		14.1
Staying at home		11.0
Faith and spirituality		10.2
Following public health guidelines		10.0
Doing activities		9.0
Staying calm, relaxed, and positive		6.9
Support from family, friends, or community		4.7
School support		3.8 [^]
Taking it one day at a time		3.3 [^]
Taking care of health and mental health		3.3
Minimizing news and social media consumption		3.1
Government support		2.7
Staying busy		2.3
Getting used to challenges and adapting		1.7 [^]
Learning and talking about race, equality, and fairness		1.6 [^]
Working		1.5 [^]
Ignoring challenges or focusing on other things		1.0 [^]
Another support ^b		25.3
No coping strategies		12.0

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aResponses come from open-ended survey questions. Responses were coded into categories and may have been coded into more than one category.

^b“Another support” includes examples such as having a plan for emergencies and staying informed.

Table 19. Community supports that would have been useful to parents at the time of survey completion or would have been useful in the year prior

	Support would have been useful at time of survey completion		If support would not have been useful at time of survey completion, support would have been useful in the year prior	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Help with housing	777		485	
Yes		38.8		15.2
No		61.2		84.8
Finding or training for a job	778		531	
Yes		32.3		13.3
No		67.7		86.7
Help to go to school or college	776		432	
Yes		44.0		7.3
No		56.0		92.7
Referrals to counseling or mental health services	777		622	
Yes		18.3		10.4
No		81.7		89.6
Referrals to medical, dental, or orthodontic care	778		542	
Yes		26.0		8.7
No		74.0		91.3
Help for accessing the Internet (such as Smartphones or Chromebooks/laptops, Mifi/hotspots)	777		535	
Yes		28.0		11.5
No		72.0		88.5
Remote learning and virtual services (such as social gatherings) for children	777		547	
Yes		25.3		12.6
No		74.7		87.4
At-home family activity ideas	775		326	
Yes		56.7		16.4
No		43.3		83.6
Assistance applying for unemployment, or for financial support from state or local agencies	777		614	
Yes		20.3		11.3
No		79.7		88.7
Providing food or applying for nutrition assistance (such as the Supplemental Nutrition Assistance Program)	778		552	
Yes		26.9		11.6
No		73.1		88.4

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs

Table 19 (*continued*)

in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

“Year prior” refers to the twelve-month period leading up to the date they completed the survey; this 12-month period was during the COVID-19 pandemic.

Table 20. Parent social support

	Unweighted total sample size (n)	Weighted percentage
If I need to do an errand, I can easily find someone to watch my child	775	
Never true		20.9
Sometimes true		42.2
Always true		36.9
If I need a ride to get my child to the doctor, friends or family will help me	773	
Never true		17.0
Sometimes true		29.0
Always true		54.1
If my child is sick, friends or family will call or come by	778	
Never true		13.6
Sometimes true		31.4
Always true		55.0
If I need a place to stay, I can find someone to provide me and my child with a place to live	769	
Never true		13.8
Sometimes true		20.7
Always true		65.5
If I have an emergency and need cash, family or friends will loan it to me	775	
Never true		15.8
Sometimes true		31.7
Always true		52.5
If I have problems buying food, I have someone to go to for a meal	779	
Never true		9.7
Sometimes true		25.9
Always true		64.5

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Infographic #5: Head Start Family Routines During the COVID-19 Pandemic

Table 21. Bedtime routines

	Unweighted total sample size (n)	Weighted percentage
Child has regular bedtime	768	
Yes		92.3
No		7.7

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 22. Bedtime routines by child mode of school attendance

	In-person instruction only		Virtual or remote instruction only		Homeschooled	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Child has regular bedtime	709		41		51	
Yes		92.4		88.4		95.0
No		7.6	41	11.6 [^]		5.0 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 814 children, which includes a maximum of 721 for children who attended school only in-person, a maximum of 42 children who attended school virtually or remotely only, and a maximum of 51 children who were homeschooled.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 23. Bedtime routines by parent work from home status

	At least one parent works from home		No parents work from home	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Child has regular bedtime	82		548	
Yes		92.4		91.5
No		7.6 [^]		8.5

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children's parents who responded to each of the items, out of a maximum total 640 children, which includes a maximum of 83 for families with at least one parent who works from home and a maximum of 557 for families where no parents work from home.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 24. Dinner routines

	Unweighted total sample size (n)	Weighted percentage
Number of days per week family eats dinner together	781	
0-2		4.6
3-4		12.6
5-6		23.5
7		59.3

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 25. Dinner routines by child mode of school attendance

	In-person instruction only		Virtual or remote instruction only		Homeschooled	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Number of days per week family eats dinner together	721		42		51	
0-2		4.9		2.2^		3.5^
3-4		12.8		7.5^		8.9^
5-6		23.3		10.9^		46.0
7		59.0		79.4		41.6

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 814 children, which includes a maximum of 721 for children who attended school only in-person, a maximum of 42 children who attended school virtually or remotely only, and a maximum of 51 children who were homeschooled.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 26. Dinner routines by parent work from home status

	At least one parent works from home		No parents work from home	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Number of days per week family eats dinner together	83		557	
0-2		5.0 [^]		4.6 [^]
3-4		18.7 [^]		10.8
5-6		20.0		25.7
7		56.3		58.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 640 children, which includes a maximum of 83 for families with at least one parent who works from home and a maximum of 557 for families where no parents work from home.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 27. Number of times a family member read to the child in the past week

	Weighted percentage (unweighted n = 781)
Not at all	3.2
Once or twice	23.9
Three or more times, but not every day	40.4
Every day	32.5

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Table 28. Number of times a family member read to the child in the past week by child mode of school attendance

	In-person instruction only		Virtual or remote instruction only		Homeschooled	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Not at all	720	3.0 [^]	42	6.3 [^]	51	0.0
Once or twice	720	24.7	42	10.8 [^]	51	15.4
Three or more times, but not every day	720	40.2	42	30.4	51	49.7
Every day	720	32.0	42	52.6	51	34.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 814 children, which includes a maximum of 721 for children who attended school only in-person, a maximum of 42 children who attended school virtually or remotely only, and a maximum of 51 children who were homeschooled.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 29. Number of times a family member read to the child in the past week by parent work from home status

	At least one parent works from home		No parents work from home	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Not at all	83	6.0 [^]	556	2.7 [^]
Once or twice	83	22.3	556	24.5
Three or more times, but not every day	83	28.7	556	42.6
Every day	83	43.1	556	30.2

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children's parents who responded to each of the items, out of a maximum total 640 children, which includes a maximum of 83 for families with at least one parent who works from home and a maximum of 557 for families where no parents work from home.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

Table 30. How the child attended school

	Unweighted total sample size (n)	Weighted percentage
Child's mode of instruction^a	785	
In-person instruction only		94.7
Hybrid of in-person instruction and virtual or remote instruction		5.3 [^]
Virtual or remote instruction only		3.1 [^]
Homeschooled		0.7 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis item is adapted from the Rapid Assessment of Pandemic Impact on Development-Early Childhood survey. Percentages may not sum to 100 due to rounding.

Table 31. Parent work from home status

	Unweighted total sample size (n)	Weighted percentage
Parent work from home status	640	
At least one parent works from home		13.1
No parents work from home		86.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

Infographic #6: Head Start Parents' Use of Strategies to Meet Child Care Needs in Addition to Their Regular Child Care Arrangements

Table 32. Strategies to meet child care needs outside of regular child care arrangements

	Unweighted total sample size (n)	Weighted percentage
Family or friends sometimes provide child care for parent to meet child care needs outside of their regular child care arrangements	778	
Yes		55.8
No		44.2
Parent or another guardian reduces work hours for parent to meet child care needs outside of their regular child care arrangements	778	
Yes		32.8
No		67.2
Parent or another guardian works different hours than usual for parent to meet child care needs outside of their regular child care arrangements	779	
Yes		24.5
No		75.5
Older siblings sometimes provide child care for parent to meet child care needs outside of their regular child care arrangements	779	
Yes		19.4
No		80.6
Parent or another guardian takes child to work for parent to meet child care needs outside of their regular child care arrangements	778	
Yes		9.9
No		90.1
Parent uses another strategy to meet child care needs outside of their regular child care arrangements^a	782	
Yes		5.4
No		94.6
Parent used at least one strategy to meet child care needs outside of their regular child care arrangements	780	
Yes		75.3
No		24.7

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^a“Another strategy” includes examples such as using a babysitter, paying for care before and after school, or not having child care. These strategies were categorized as “Another strategy” due to the small number of respondents.

Table 33. Strategies to meet child care needs outside of regular child care arrangements by parent employment status

	Parent(s) experienced a change in employment status ^{a,b}		Parent(s) worked more hours or more jobs ^a		Parent(s) worked fewer hours, lost their job, or were furloughed ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Parent used at least one strategy to meet child care needs outside of their regular child care arrangements^c	493		116		256	
Yes		78.7		85.4		81.6
No		21.3		14.6		18.4 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 913 parents, which includes a maximum of 497 families with at least one parent who experienced a change in employment status, a maximum of 158 of families with at least one parent who worked more hours or more jobs, and a maximum of 258 for families with at least one parent who worked fewer hours, lost their job, or were furloughed.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis category includes children with one or two biological or adoptive parents in the household and whether either parent experienced a change in employment due to the COVID-19 pandemic. If there is only one parent, this category reflects that parent. We exclude the 3.7 percent of children whose households do not include a biological or adoptive parent.

^bParents that experienced a change in employment status indicated that they experienced at least one change as a direct result of the COVID-19 pandemic (such as working from home instead of in person, changing jobs, or having a less predictable work schedule).

^cStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

Table 34. Strategies to meet child care needs outside of regular child care arrangements by parent work from home status

	At least one parent works from home		No parents work from home	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Parent used at least one strategy to meet child care needs outside of their regular child care arrangements^a	83		553	
Yes		81.8		74.6
No		18.2 [^]		25.4

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 640 children, which includes a maximum of 83 for families with at least one parent who works from home and a maximum of 557 for families where no parents work from home.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

Table 35. Strategies to meet child care needs outside of regular child care arrangements by parent-reported stress or anxiety level compared to their stress or anxiety before March 2020

	Higher stress or anxiety ^a		Same or lower stress or anxiety ^a	
	Unweighted total sample size (n)	Weighted percentage	Unweighted total sample size (n)	Weighted percentage
Parent used at least one strategy to meet child care needs outside of their regular child care arrangements^b	251		511	
Yes		79.1		72.3
No		20.9		27.7

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n columns in this table include sample sizes to identify the number of children with valid data on each of the constructs. This includes the number of children’s parents who responded to each of the items, out of a maximum total 766 parents, which includes a maximum of 252 for parents with higher stress or anxiety and a maximum of 514 for parents with same or lower stress or anxiety compared to their stress or anxiety before March 2020.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aTables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^bMarch 2020 coincided with the declaration of the COVID-19 pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control and increasing media attention related to racial injustice in the country.

^cStrategies that parents may have used include family or friends sometimes provide child care for parent, parent or another guardian reduces work hours, parent or another guardian works different hours than usual, older siblings sometimes provide child care, parent or another guardian takes child to work, parent uses another strategy.

Infographic #7: Relationships between Head Start Parents and Children During the COVID-19 Pandemic

Table 36. Parenting warmth scale^a

	Unweighted total sample size (n)	Weighted percentage
Parent and child have warm, close times together	779	
Not true at all		0.4 [^]
Somewhat true		1.8 [^]
Mostly true		12.3
Completely true		85.5
Most of the time parent feels that child likes and wants to be near them	781	
Not true at all		0.6 [^]
Somewhat true		2.5
Mostly true		16.3
Completely true		80.6
Even when the parent is in a bad mood, they show child a lot of love	781	
Not true at all		0.8 [^]
Somewhat true		1.4 [^]
Mostly true		18.4
Completely true		79.5
Parent expresses affection by hugging, kissing, and holding child	781	
Not true at all		0.0
Somewhat true		0.8 [^]
Mostly true		10.5
Completely true		88.7
Child does things that really bother the parent	779	
Not true at all		52.6
Somewhat true		40.0
Mostly true		4.6 [^]
Completely true		2.9 [^]
Parent often feels angry with child	779	
Not true at all		81.9
Somewhat true		17.3
Mostly true		0.8 [^]
Completely true		0.1 [^]

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

[^]Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThis measure is from the Early Childhood Longitudinal Survey (ECLS) 2020 Field Test Preschool Parent Survey for the ECLS-Kindergarten 2023 Study.

Table 37. Parenting behaviors and stress^a

	Unweighted total sample size (n)	Weighted percentage
Parent has a plan for their child or children’s behavior management	767	
Rarely or never		11.3
A little of the time		5.7
Some of the time		21.9
A good part of the time		20.7
Always or most of the time		40.4
Parent’s child or children frustrate them	767	
Rarely or never		67.8
A little of the time		19.3
Some of the time		11.9
A good part of the time		0.4 [^]
Always or most of the time		0.5 [^]
Parent feels confident in their parenting	767	
Rarely or never		3.0 [^]
A little of the time		2.7 [^]
Some of the time		9.3
A good part of the time		23.2
Always or most of the time		61.7
Parenting involves more work than parent is able to manage	768	
Rarely or never		72.1
A little of the time		9.9
Some of the time		9.8
A good part of the time		3.6
Always or most of the time		4.7
Parent feels that they are meeting their child or children’s needs	767	
Rarely or never		1.6
A little of the time		1.9 [^]
Some of the time		5.4
A good part of the time		15.0
Always or most of the time		76.1
Parent has time to themselves to relax, think, plan	768	
Rarely or never		16.9
A little of the time		13.0
Some of the time		31.7
A good part of the time		13.2
Always or most of the time		25.2

Source: Fall 2021 Teacher Survey.

Note: Statistics represent teachers in Head Start FACES programs in the 2021-2022 program year. The data are weighted to adjust for the probability of selection, program nonparticipation, and nonresponse to the teacher survey. The weights help to better represent all Head Start teachers. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from November 2021 to January 2022, during the COVID-19 pandemic.

Table 37 (*continued*)

^Tables include a notation indicating estimates with low precision, which is defined as an estimate in which the standard error represents more than 30 percent of the estimate (National Center for Health Statistics, 2015). When an estimate has low precision, we have less confidence that the true value for the full population is very close to that estimate. The true value in the population could be higher or lower than the estimate. For this reason, estimates with low precision should be interpreted with caution.

^aThese items are from the Health Families Parenting Inventory.

Infographic #8: Changes in Children’s Behaviors During the COVID-19 Pandemic

Table 38. Parent report of changes in the child’s behavior since March 2020^a

	Unweighted total sample size (n)	Weighted percentage
Child developed new fears that previously did not bother them	778	
Yes		14.2
No		85.8
Child experienced an increase in acting out or tantrums	777	
Yes		25.6
No		74.4
Child complained of physical ailments (for example, stomachaches, headaches)	780	
Yes		12.6
No		87.4
Child experienced disrupted sleep (for example, more difficulty going to sleep, waking frequently, nightmares)	779	
Yes		21.1
No		78.9

Source: Fall 2021 Parent Survey.

Note: The data are weighted to adjust for the probability of selection. They are also weighted, to the extent possible, to account for (1) programs that chose not to participate, (2) parents who did not consent to have their child participate in the study, and (3) nonresponse to the parent survey and/or TCR (among children whose parents consented for their child to participate in the study). However, given lower than expected response rates, readers should not assume the data are nationally representative of children enrolled in Head Start programs in the 2021-2022 program year. See Overview of Estimates and Precision for the 2021-2022 Study section in Family and Staff Well-Being in Head Start FACES Programs in Fall 2021: The 2021—2022 Study (Doran et al. 2024) for more information.

The n column in this table includes unweighted sample sizes to identify the number of children with valid data on each of the constructs in fall 2021 out of a maximum of 785 children.

Fall 2021 data were collected from October 2021 to January 2022, during the COVID-19 pandemic.

^aMarch 2020 coincided with the declaration of the COVID-19 pandemic by the World Health Organization and a public health emergency by the U.S. Centers for Disease Control and increasing media attention to racial injustice in the country.