

A STUDY ON FAMILY ENGAGEMENT AND COVID-19 EXPERIENCES AT
THE HUMBOLDT STATE UNIVERSITY CHILDREN'S CENTER

By

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ABSTRACT

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This study surveyed the diverse families at the HSU Children's Center who have children ranging in age from infancy to preschool. Since the COVID-19 pandemic, the way the Children's Center operates has changed in profound ways. The families are no longer able to enter the classrooms to drop off or pick up their children, thereby limiting the daily communication and interactions with staff on how their children are doing. Families opportunities to engage and interact with other families has also been altered, resulting in a sense of loss of community and support among parents.

The purpose of this study was to get parent input on their feelings of sense of belonging and connectedness to their child's classroom and teachers despite the changes brought on by the COVID-19 protocols. Additionally, the survey asked families multiple choice and short answer questions about their interests in parent education topics offered in person and online, their experiences during shelter-in-place and the Center's efforts to provide distance learning and engagement, as well as ways the Center could provide them more support during these unprecedented times.

The parents reported a wide-range of responses in feeling connected to their child's care and classroom teachers. Some reported feeling moderately or not at all

connected, while others felt more connected. The families placed high value on having daily communication with teachers, with many parents wanting more information about their child's day through e-mails, zoom calls and the daily information sheet. Parents also stated their concerns and satisfactions with the COVID-19 procedures, and had some suggestions for areas of improvement. Families were asked about their interest levels in parent education topics and rated topics in terms of importance and provided their own topics of parent education interests. From the numerous short answer responses, it is clear that families value having a voice in their child's care and education, and expressed their need to be involved, included and supported during these unusual times. Lastly, families expressed extreme gratitude for the Center staying open, and believed the teachers need more acts of appreciation.

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INTRODUCTION

Through daily interactions and the relationships that form between parent and caregiver, there exists a valuable partnership in the education of young children. Through high quality early childhood education such as Early Head Start, Head Start, and campus-based state preschools, families' lives become enriched, and children receive social-emotional, cognitive, language, and physical advantages which prepare them for kindergarten and beyond. By engaging the family, and providing opportunities for parent education in the child care setting, the education reaches beyond just the child, but benefits the parent as well. This study aims to bridge the gap between the child care program and family, giving the family a voice in their experiences, past and present, particularly during this unprecedented time, as well as making the partnership between family and child care a truly supportive and cohesive relationship.

As a teacher who has worked at the Children's Center for nine years, I have become increasingly invested in the lives of young children and their families. I have witnessed the advantageous ways high quality child care enriches the whole child, and brings systems of resources and support to working and student parents. Since the COVID-19 pandemic, families are confronted with extra hardships, stressors and burdens. Through the Family Engagement Survey, families were given an opportunity to relay any additional support they may need, verify their interests in parent education topics, and provide feedback on the COVID-19 procedures. Families were also given an

opportunity to rate their sense of belonging at the Children's Center as well as their likelihood to participate in further efforts for virtual family engagement events.

Follow-up from this study can lead to further empowering, supporting and connecting families during this unique time. Parent education events at the Children's Center may be influenced by parent's interests and expressed topics. As we continue to provide care through the pandemic, parent involvement and input from the study will be taken into consideration.

LITERATURE REVIEW

Introduction

Raising young children consists of a variety of challenges that parents experience in day to day life. Having children is a pivotal time in a person's life, for the mother, father, as well as extended family members. For a woman, in particular when she gives birth, her whole life is transformed, as her identity of self is now changed from woman to mother. Family dynamics are altered, life is approached from new perspectives, and increasing levels of change and struggle come with diverse family backgrounds and income disparities (Miller & Votruba-Drzal, 2017).

Unfortunately, not all children are given an equal start when they enter this world, and not all families are equipped with the same resources and abilities to be a parent (Tran, Luchters, & Fisher, 2017). While resources exist to support parents, when parent education and parental involvement is included in an early childhood care center, particularly for low income families, parents are given a voice in their child's program and are provided with an element of empowerment in the understanding of child development (Hinitz, 2014). This study aims to analyze the factors which contribute to why parents need to be included in the early years (ages zero to five) of a child's education through parent education and involvement.

This review will begin with the historical background of parent education programs through the lens of the Early Head Start/Head Start program. The review will

then follow with a description of a high-quality child care environments, as well as nontraditional parents. The review will continue with the following sections and headings: parent resources, family home language and cultural considerations, parent mental health, brain development and the impact of stress. Lastly, findings of current parent education programs will be discussed. The review will close with an overview of effectiveness from research findings as well as areas where further research is needed.

Historical Background of Parent Education

Head Start has a long-standing history in the United States of serving the needs of low income and at-risk children and families. In 1964, the Head Start movement was created by President Lyndon Johnson, as part of a larger effort to meet the needs of under-represented groups (Hinitz, 2014). Head Start provided early intervention services which proved to have greater outcomes for disadvantaged children, meaning not only low-income families, but also for children who are at risk for abuse and neglect, children in families with a low level of maternal education, as well as children from English language learner families (Currie, 2001). Head Start, through focusing primarily on income eligible three and four-year-old children and their families, aimed to educate parents which an approach that helped families reach their way out of poverty by improving the ways parents care for their young children and become involved in their child's early education (Currie, 2001; Hinitz, 2014). The initial goal of Head Start and its program performance standards was parent involvement, and it remains a key aspect in

representing classroom quality and children's positive approach to learning (Son, Kwon, Jeon, & Hong, 2013).

Within the Head Start program, parent involvement encourages parents to be full partners in their child's education, at school and in the home (Improving Head Start for School Readiness Act, 2007). Furthermore, parent involvement is discussed as parents participating in school-based activities such as parent teacher conferences, volunteering, and attending events. Home-based involvement might include activities that add enrichment to children's lives, such as reading books daily, going to the library, or participating in events (Pratt et al., 2015). Active parent-teacher communication about children's development in child care settings and in the home support the notion that Head Start promotes the idea of parents and teachers as partners in the responsibilities of healthy child upbringing (Jeon, Choi, Horm, & Castle, 2018). It has been noted that "higher levels of school-based parent involvement during preschool have been linked to improved parenting practices, as well as children's subsequent social, behavioral, and cognitive development" (Pratt et al., 2015, para. 9).

Through parent involvement in Head Start programs, parents are able to participate in all aspects of the program from curriculum development, and classroom environmental choices, to volunteering in the classroom, and assisting in the hiring process for teachers. Parents, as active partners in their child's learning gain the confidence to be more involved in their child's education, which also gives low income minority groups a chance to be heard and recognized in an era of discrimination (Hinitz, 2014).

The services offered through Head Start give families living in poverty, who may not otherwise have access, the opportunity to attend federally funded high-quality child care programs and receive various intervention opportunities (Currie, 2001; Tran et al., 2017). As presented in Currie's (2001) study, Head Start funding increased from \$96 million in 1965 to \$4.7 billion in 1999. According to Currie (2001), the amount of money spent on Head Start services from a cost-benefit analysis, would outweigh the costs and, in the long term, pay for itself as the program improved educational gains and led to greater family earnings, while simultaneously reducing the crime rate and individual reliance on welfare. Similarly, in economic reports studying early childhood programs the findings have been clear, the return on investment in high-quality programs consistently generated more than \$3 return for every \$1 invested (Sticht, 2011).

Family poverty and the adverse effects associated with child growth and development can be overcome by early childhood education programs and parent engagement (Tran et al., 2017). When a child is born into a family living in poverty, the biological impact on the child is immense, including factors related to undernutrition, harmful environmental exposure, violence, and poor parenting practices (Tran et al., 2017). However, when low income parents are provided with tools from early childhood programs to engage children at home with activities such as reading and talking to them, and learning parenting skills that are warm and responsive, these factors influence school success, as well as healthy biological development (Sticht, 2011; Tran et al., 2017).

Early Head Start was established in 1998 by the Department of Health and Human Services Secretary Donna Shalala and incorporated into the Head Start program

(Hinitz, 2014). Early Head Start serves the needs of families with infants and toddlers, starting from pregnancy services and birth to age three (Hinitz, 2014; Jeon et al., 2018). The program goals are similar to those of Head Start, and provide the added benefit of reaching children and families with intervention support and parent education at an earlier age. Research also indicates that children who enter the Early Head Start program and spend a longer time receiving services have better receptive language skills, in particular children from dual language low income families (Jeon et al., 2018). Today, Head Start and Early Head Start continue to provide comprehensive services to families, meeting children's educational as well as health needs. Head Start programs provide health, dental, and nutrition services for qualifying disadvantaged children, along with family support and intervention such as connection with mental health professionals and learning disability specialists (Currie, 2001; Hinitz, 2014; Jeon et al., 2018).

The reoccurring themes presented in the literature contain the message that providing early intervention services and parent education to disadvantaged families, as well as effective early childhood programs, ultimately enhances children's development and future family and individual success (Hinitz, 2014; Jeon et al., 2018; Sticht, 2011). Sticht's (2011) study takes a strong stance on the element of parent education, taking its place alongside early childhood education to build children's literacy development and bridge the language gap, which directly effects the achievement gap. Research has indicated that a child who grows up in a privileged home hears one hundred and fifty-three thousand more words per week on average than a child living in a home that is on welfare (Sticht, 2011).

The research implications are clear, investing in the needs for the youngest members of society provides an opportunity to reduce the systematic trend of poverty and governmental assistance, along with bridging the developmental gap due to income inequalities (Currie, 2001; Jeon et al., 2018). When children and their families have access to resources that they may not have the ability to gain on their own, their lives may be able to take a different trajectory which in turn benefits society at large. Helping take care of disadvantaged pregnant women, families, infants', toddlers', and preschoolers' health and educational necessities, helps improve the economy, schools, and the future of the United States, thus making programs like Head Start invaluable (Son et al., 2013; Tran et al., 2017). What makes Head Start an effective preschool program is directly related to its high-quality child care components.

High-Quality child care

Elements of a high-quality program consists of a variety of factors. Opinions in society tend to place child care outside the purview of a professional career and in the same category as low-quality babysitting, as some early childhood teachers have minimal qualifications, and some programs operate under low-quality standards (Bornfreund & Goffin, 2016). However, the amount of professionalism that goes into high-quality child care allows young children to develop and grow and learn in ways that are not the same as being home with an adult (Sticht, 2011). The California Department of Education defines the characteristics of high-quality child care as a safe and stimulating environment in which children are cognitively, emotionally, and physically supported to

thrive (California Department of Education, 2000). Within the elements of high-quality care, specific standards must be met in order to achieve the highest standard of child care. The National Association and Education of Young Children (NAEYC) developed 10 standards that reflect the “highest quality in child care: relationships, curriculum, teaching, assessment of child progress, health, staff competencies preparation and support, families, community relationships, physical environment, and leadership management” (National Association for the Education of Young Children [NAEYC], n.d). Programs must meet these standards through a rigorous process of evaluation to receive accreditation and be among the top early childhood institutions (Garrity, Longstreth, & Linder, 2017).

As the nation’s largest professional early childhood organization, NAEYC has worked with researchers, educators and experts in the field to connect policy, practice, and research with the standards that all high-quality programs should strive to meet (Garrity et al., 2017; NAEYC, n.d.). NAEYC advocates for children between birth and eight years old, and evaluates programs that are comprised of a variety of settings including Head Start, state pre-K, faith based, full cost pro-profit sites, and campus-based child care (Garrity et al., 2017). NAEYC programs and their standards of excellence “help practitioners and policy makers create a clear focus on what is truly important in early education-building strong, evidence-based systems of curriculum, assessment, family support, and professional development to benefit *all* young children” (Hyson, 2003, p. 66).

High-quality child care has been linked to many positive developmental outcomes for young children, especially for low income families (Marshall, Robeson, Tracy, Frye, & Roberts, 2013). Marshall, et al. (2013) confirm how high-quality child care has long lasting effects on children's language skills, development of social skills, and math comprehension, while reducing the need for special education services and lowering the rate of retention in later grades.

Meeting the needs of parents and involving them in child care program dynamics is an element of high-quality child care. When families have an open invitation to visit or participate in a classroom, or when a program shares child development resources with families and uses multiple ways to communicate with families, and provides families information about the program policies and procedures while assuring that family home language is considered, high-quality care for parent education and involvement has been met (Garrity et al., 2017; NAEYC, n.d.).

High-quality child care supports children's prosocial behavior, providing many opportunities for children to practice appropriate behavior with the guidance of knowledgeable, high-educated, and experienced early childhood teachers (Garrity et al., 2017). With teachers who actively participate in and supervise children's play and intervene appropriately, children learn social competence at a young age (Garrity et al., 2017). By providing parents with clear information about policies and practices of how teachers positively intervene with children, parents are encouraged to address their child's challenging behaviors at home with the same techniques that their child's high-quality environment provides. Along these same lines, parents are also informed on other

aspects of their child's development such as language, nutrition, physical development, and ways of working with children with special needs, which are relayed to the family to be emulated at home (Garrity et al., 2017). Families differing backgrounds, affect the way parents might interact with their children, how they might use appropriate intervention methods, or their access to high-quality child care (Marshall et al., 2013). More than ever, today's families are diverse and often no longer fit the traditional biological, married mother and father family which once was the norm.

Nontraditional Parents

The reality for many children living in the United States is the fact that they are not raised in a family consisting of their biological, adoptive, or step-parent, but instead live in non-parental care (Pratt et al., 2015). The study of non-parental families and the support services and parent education offered to them is an area that has been under-researched, and often these families have been under-supported in Head Start programs (Pratt et al., 2015). This is a disservice to children living in homes under non-parental care, as they have already undergone a variety of traumatic experiences due to being removed from their biological parents (Pratt et al., 2015). A child removed from a home often experiences physical, emotional, and behavioral problems, as well as poor performance in school, which is strikingly similar to the challenges of children living in poverty (Pratt et al., 2015; Schmitt, Pratt, & Lipscomb, 2017; Tran et al., 2017).

Since the placement of children is often temporary in non-parental homes and children move frequently, the amount of parent engagement that Head Start attempts to

make can be challenging, as home visits may not occur as often as they do for other families (Pratt et al., 2015; Schmitt et al., 2017). It's not surprising that moving from three or more different homes has been linked to severe behavior problems in children transitioning to kindergarten, along with academic struggles throughout elementary school (Schmitt et al., 2017). Parent education and child intervention services are at an all-time high for children in nonparental care due to the extra challenges these children come with, as well as an elevated stress level of the parents (Pratt et al., 2015). Since children in these temporary homes experience uncertainty, fear, and insecure attachments, they often need more love and nurturance yet, conversely, because they act out emotionally and behaviorally, they are often victims of harsh discipline practices such as spanking, yelling and authoritarian parenting practices (Fuentes, Salas, Bernedo, & García- Martín, 2015; Pratt et al., 2015). Parent intervention services through Head Start that promote positive discipline and guidance can help support parents learn effective and appropriate strategies in approaching challenging behaviors (Garrity et al., 2017; Pratt et al., 2015). Yet, even when a continued amount of services through Head Start and social services are offered to a family, if the child has changed homes three or more times, the child still experiences more externalizing behavior problems than his or her peers (Schmitt et al., 2017).

It is important to consider the hardships children and families face when a non-parental home situation is in charge of a child's growth and development. Understanding how to best support the behavioral outcomes of children, while giving parent education to

overly strained caregivers, can prepare children to experience success in school and in their lives (Schmitt et al., 2017).

Foster Families

Beyond the role of the non-parental family, comes the more common child placement, foster care homes. Children who are placed in foster care most commonly are removed from their parents due to abuse, neglect, and/or parental substance abuse (Scannapieco & Hegar, 1996). When placed in foster care, the system tries first to place the child with a blood relative or a home with close family ties, known as the term kinship care (Scannapieco & Hegar, 1996). Research has claimed that when children are placed in kinship care, the situation is usually stable and the child stays for an extended period of time (Scannapieco & Hegar, 1996). However, bringing a non-biological child into a home, whether they are of blood relation or not, can change the dynamic of the family for the biological children in the home and cause tension in family relationships (Strauss & Wasburn-Moses, 2017). Foster children often possess behavioral disorders and mental health conditions, and the parenting style used by a foster parent has a significant impact on a foster child's ability to regulate his or her behavioral problems (Fuentes et al., 2015).

The parenting techniques and communication styles used by foster families to guide young children's behaviors supports positive experiences in the foster home (Fuentes et al., 2015). When foster parents are educated on effective parenting styles and have resources and guidance to approach children who have experienced a myriad of

traumatic episodes in their lives, foster children's behavioral problems decrease (Fuentes et al., 2015). It is no easy task to foster a child who has already gone through abuse and neglect, making it difficult for them to trust and form attachments. When studying the attachment patterns of foster children, research reflects the same knowledge found in attachment theory and secure bases in infancy. Infants and foster children need a caring adult to foster their feeling of security, who enables them to survive and to form an attachment, which helps them feel safe and protected amidst stressful events or unpredictability (Schofield & Beek, 2005). Parent engagement and education can provide tools for families to appropriately guide children and not contribute to their trauma, which could also reduce the need for outside mental health and social services (Fuentes et al., 2015).

A model used for parenting children in foster care includes the same dimensions of attachment theory: encouraging trust and availability, promoting the development of identity of self in relation to others, self-esteem, autonomy, and family membership (Schofield & Beek, 2005). Providing training to caregivers and teachers on secure base parenting can help the caregiver understand the child and recognize their own emotions in guiding a foster child, while avoiding authoritarian and permissive methods (Fuentes et al., 2015; Schofield & Beek, 2005).

Authoritarian parenting is often rigid, negative, aggressive, demanding and lacks warmth, which can lead to more externalizing behavior problems in foster children (Fuentes et al., 2015). Children who have been abused and mistreated lack trust in others, and have a strong need to control others (Schofield & Beek, 2005). Schofield and Beck

(2005) verify how children in foster homes turn away caregiver's attempts of providing security due to their lack of trust, and react to foster parents with fear, suspicion, and contempt, being resistant and distant. Such alienation could lead caregivers to instill more rigid discipline methods, be distant themselves, and engage in lack of affection, which can present itself as rejection to children, thus contributing to more behavioral issues for the child (Fuentes et al., 2015; Schofield & Beek, 2005).

Permissive parenting causes fewer negative effects than authoritarian parenting, but used excessively makes it hard for foster children to understand limits or have respect for rules and boundaries (Fuentes et al., 2015). Foster caregivers have a difficult role to fill. Not only do they need to provide a secure base for children who have experienced abuse and neglect, but they need to understand how to use approaches to reach children that show anxiety, fear and defiance. Parent education to these nontraditional parents can help caregivers develop appropriate, positive strategies to use without turning to authoritarian or permissive parenting (Fuentes et al., 2015). Being a foster parent is rewarding but hard, and support is needed to ensure quality experiences for children.

Single Parent Homes

Another non-traditional family structure that benefits from parent education is single parenthood. Mothers who are the sole provider of their young children, have increased chronic stress and mental health issues due to factors such as lack of community support, unemployment problems, health care instability, and low socioeconomic status (West, Miller, & Moate, 2017). In a study involving 205 single

mothers living in poverty, survey results indicated that more than half of the mothers experienced moderate to severe symptoms of depression that interfered with employment (Peden, Rayens, Hall, & Grant, 2004). Being the only parent responsible for day-to-day tasks of parenting, as well as the bigger picture of providing a secure foundation for the social-emotional, health, and financial security of children, is an enormous undertaking. Single mothers often feel socially isolated, misunderstood and judged for having more than one child, or for their child's behavior (West et al., 2017). When a mother is under intense stress and has mental health conditions, their children also tend to suffer, and they may act out behaviorally at school showing more physical aggression, as well as health problems (Peden et al., 2004; West et al., 2017).

When early childhood centers help fulfill the needs a single mother faces, they are serving the whole family by ensuring single mothers feel heard and supported, while helping their children receive comprehensive care (West et al., 2017). In a qualitative study that attempted to understand the types of support single mothers need, interviews and focus groups involving six mothers of differing economic backgrounds found various themes of support that were important to them from the university-based child care center their children attended (West et al., 2017). Tangible and intangible support and mothers' views on their ability to access these supports shows what schools can improve upon to best assist single mothers (West et al., 2017). Tangible support comes in forms of "school resources, structural flexibility, teacher's formal communication, and school-wide events, whereas non-tangible support includes mothers' perceptions of genuine and authentic

listening from school faculty and staff, teachers as collaborators/partners, and lastly unconditional acceptance and tolerance” (West et al., 2017, p. 384).

The mothers also expressed a deep need to develop relationships with other parents, an important aspect for schools to consider when working on parent education and involvement programs. According to West et al. (2017):

School administrators should look for opportunities to create events that promote social interactions between parents. To promote diversity, inclusion, and connectedness among different types of families in the learning community, it may be helpful to establish a committee of faculty members that focus on these issues (p. 390).

It is also noted that single parents can benefit from support groups or social gatherings provided by the school, so parents can help each other in matters of parenting techniques, sharing stories and challenges they face (West et al., 2017). Single mother households are far more common than single father households, however in today’s society, single fatherhood is on the rise (Pew Research Center on Demographics Trends, 2013).

Single father households are growing exponentially as 8% of households in the United States are run by a single father, which is up from 1% in 1960 (Pew Research Center on Demographic Trends, 2013). In other words, in 1960 the number of single father households was less than 300,000 and that number is now up to 2.6 million (Pew Research Center on Demographic Trends, 2013). Since the number of single fathers is growing, early childhood center’s efforts to improve father involvement needs to be recognized and increased (Ancell, Bruns, & Chitiyo, 2018). When fathers are actively

involved in their children's learning and school, they tend to feel supported by the levels of engagement that schools offer to them (Ansell et al., 2018).

There are early childhood programs that have successfully implemented ways to specifically promote and increase the involvement of fathers (Ansell et al., 2018). Father involvement and quality interactions between fathers and children is linked to greater positive social-emotional development, and better academic achievement as children are more likely to stay in school, demonstrate less behavioral issues, and possess more self-control (Amato & Gilbreth, 1999). The ways fathers are engaged in schools supports how they interact and develop healthy relationships with their children. Early Head Start and Head Start developed a handbook, *Building Blocks for Father Involvement*, based on current research and best practices to train teachers in the importance of father involvement, explore barriers, and suggest ways to develop father involvement plans and activities (U.S. Department of Health and Human Services, Administration for Children and Families, Head Start Bureau, 2004).

Just as a father's experience differs from a mother's, single father parenting differs without the direct contribution of a mother in the home. Research has shown that a father's communication style with their children includes being more direct, engaging in physical play that uses directions, making requests and using open-ended questions (Cabrera & Tamis-LeMonda, 2013). Thus, it is recommended that programs offer ways to engage the father to meet his interests and skill sets (Ansell et al., 2018). Some programs have a father involvement coordinator that works with schools to implement father involvement in ways such as sending out a questionnaire to families asking about

the skills and interests of fathers, and then planning activities based on the responses (Ansell et al., 2018).

Choosing to intentionally improve the participation and parent education of fathers in early childhood is beneficial not only to single fathers, but to all families. It is recommended that programs offer trainings related to strategies on father involvement, while increasing teacher's knowledge on being sensitive to the needs of fathers and the challenges they face (Ansell et al., 2018). Resources to best support non-traditional families like single parents and foster families, along with two parent low income homes exist in a variety of programs currently offered through governmental assistance opportunities and resources, which focus on health and nutrition.

Family Resources

Keeping young children and families healthy and well-functioning is a role that nutrition resources include to ensure families have enough food. Children who experience food insecurity can have a difficult time concentrating in school, as their memory and thinking abilities are affected and often these at-risk children have undergone chronic stress (Rossin-Slater, 2015). Numerous health problems are associated with malnutrition for a low-income growing child, including the risk for obesity (Gundersen, 2015; Rossin-Slater, 2015). An analysis examining obesity rates in children and poverty levels has shown that children who receive food assistance tend to be less overweight, noting a possible link between access to more healthy food options, and less stress in households that can provide enough food (Gundersen, 2015). The Special Supplemental Nutrition

Program (SNAP), has become a large food assistance program in the United States (Gundersen, 2015). Developed in 1964 as the Food Stamp Act, it started with counties deciding on the program implementation and eventually changed to a national program in 1974 (Gundersen, 2015). SNAP, with over 47 million people enrolled in the program in 2013, had a budget of \$80 billion (Gundersen, 2015).

Although many families benefit from SNAP, a large number of people who qualify actually do not participate (Jolliffe, Gundersen, Tiehen, & Winicki, 2005). Completing forms required of SNAP, recertifying eligibility, transportation challenges to the SNAP office, as well as possible societal judgments for receiving food assistance, are all factors affecting why families may not participate (Gundersen, 2015). Research indicates people who are most in need of SNAP assistance because of income and education levels, also experience the most difficulty in understanding the process of applying and maintaining the benefits (Currie & Gahvari, 2008). Parent education at schools can help support families as they navigate through the application process, ensuring children receive enough healthy food to function well academically, socially, and maintain a healthy weight as they grow. The act of helping families apply for SNAP while their children attend an early childhood program, could further support their continuation in the program as their children age. Another food resource for children, the National School Lunch Program (NSLP), a federal government provided program, provided 31 million students free or reduced priced lunches at school in 2012 (Gundersen, 2015). The meals served must meet specific nutritional standards and dietary guidelines; in 2004, these meals were implemented through wellness policies that schools

were required to create (Gundersen, 2015). Making sure children eat throughout the day at school makes a significant impact for children who may have food insecurity at home. The School Breakfast Program (SBP), which is provided less often at school than lunches, was still utilized by over 12.9 million children (Gundersen, 2015).

Although these programs reach many children and support their health, there are limitations that occur similar to SNAP. Not all eligible families participate due to the fact that “receiving free or reduced-priced meals can carry a stigma” (Gundersen, 2015, p. 95). Children may get bullied or teased at some schools for potentially seeming poor and unable to bring a home lunch. Also, many schools don’t even participate in the SBP, so eligible children do not have the free or reduced priced breakfast option (Gundersen, 2015). Lastly, children may not want to eat the school meals, or leave out foods they dislike, and a parent may not enroll because the meal does not seem healthy, unlike receiving SNAP benefits with the ability to decide what to purchase (Gundersen, 2015).

There are restrictions on food assistance programs, but including their benefits in parent education discussions can ultimately improve a child’s life and help the whole family with nutrition goals and healthy habits. The Supplemental Nutrition Program for Women, Infants and Children (WIC) is another far reaching food assistance program (Barillas & Horner, 2000). Not only does WIC provide monthly healthy food vouchers, the program also provides prenatal care, breast-feeding support, nutrition and feeding education, as well as access and referrals to social services and Medi-Cal and Healthy Families (Barillas & Horner, 2000; Kowaleski-Jones & Duncan, 2000; Rossin-Slater, 2015). WIC, implemented in 1974, serves low income families, pregnant and postpartum

mothers, infants and children under five while focusing primarily on one aspect in early-life healthcare: nutrition (Rossin-Slater, 2015).

Barillas and Horner (2000) believe one solution to enrolling more eligible families in Medi-Cal is through WIC, since most families receiving WIC fall within the income guidelines for the healthcare, yet not all have taken the steps to apply. Enrolling families in a healthcare plan would be complementary to WIC's goals and missions to "improve the nutritional health of pregnant women and children including promoting ongoing healthcare" (Barillas & Horner, 2000, p. 7). There are recommendations as to how get more families educated and enrolled in healthcare through the vessel of WIC. Such suggestions include streamlining the enrollment paperwork for families already enrolled in WIC, providing more money to the WIC budget to employ a health care specialist who is trained to work with families at each WIC site, or rotate the specialist around different locations (Barillas & Horner, 2000).

Getting more of the country's neediest children on food assistance programs and enrolled in healthcare can be a national priority to ensure children's basic health and nutrition needs are met. Children that undergo stress while still in the womb and right are particularly at-risk for preterm birth, low birth weight and malnourishment, and early healthcare investments such as WIC can assist in changing neurobiological damage (Rossin-Slater, 2015). WIC interventions have been known to significantly reduce low birth weights in infants because of the additional nutrition education and food assistance given to pregnant women (Rossin-Slater, 2015). Early childhood health and nutrition

interventions and investments affect the long-term productivity of the population in terms of educational acquisition, positive health, and adults' wages (Rossin-Slater, 2015).

Parent education and other modes of reaching parents of varying backgrounds about nutrition, infant care, food assistance programs, and healthcare can counteract rising levels of poverty in minority groups and food insecurity levels (Gundersen, 2015; Rossin-Slater, 2015). Along with providing wrap around services to families through child care at all times, this proves to be especially important during the COVID-19 pandemic in which families are faced with increased stressors and hardships. A 2021 California Parent Poll from The Education Trust-West Foundation reported on the financial and food insecurities that parents of infants, toddlers and preschoolers are facing. Loss of long term and temporary employment has affected 19% of parents with young children in California (California Parent Poll: COVID-19 and Early Childhood, 2021). Even if not completely unemployed, 71% of families are concerned about losing their jobs and are not sure they will be able to pay for living expenses such as healthcare, food and housing if the crisis is not resolved in a couple of months (California Parent Poll: COVID-19 and Early Childhood, 2021). The report also highlighted the effects the pandemic has had on Latinx parents, single parents, and non-English speaking parents in particular in regards to skipping or reducing their own meals or their child's meals (California Parent Poll: COVID-19 and Early Childhood, 2021).

In addition to food and financial insecurities, the pandemic has changed the availability of childcare and support systems that friends and family could once provide due to social distancing restrictions (California Parent Poll: COVID-19 and Early

Childhood, 2021). These disruptions in normal routines and outside supports contribute to the lack of resources families can receive. When child care programs close, parents can also lose the opportunities they once participated in such as home visits and daily meals provided for their children (California Parent Poll: COVID-19 and Early Childhood, 2021). When the government can adequately support child care programs during the pandemic, more families and children can remain healthy without the risks of nutrition deficits, lack of healthcare and employment. The Parent poll also asked parents what would be helpful to them in navigating the COVID-19 crisis compared to what they currently have access to, and the results showed that there is significant gap between the support they are receiving and what they actually need (California Parent Poll: COVID-19 and Early Childhood, 2021). Especially during the pandemic there is a clear connection between greater access to and expansion of quality child care and the sustained healthy development and safety of infants, toddlers and preschoolers.

Family Home Language and Cultural Considerations

When offering parent education and interventions in healthcare, nutrition and parenting, diverse cultural backgrounds and language barriers can affect the process of implementation. When children and their families don't speak English as their primary language and come from different cultural backgrounds than their teachers, barriers exist within relationships and interactions (Chavkin & Gonzalez, 1995). Parent education and outreach programs can be modified, with respectful considerations to cultures, parenting styles, and home languages. Added stresses and uncertainties about communicating with

schools are factors that English as a second language families experience when attempting to meet the needs of their children (Nemeth & Erdosi, 2012; Tesfamicael, 1999). Additionally, parents who have a difficult time communicating with teachers may have had previous negative experiences interacting with school officials, and feelings from their past about being discriminated against and embarrassed for speaking their native language (Spanish) in school might arise when communicating with teachers (Chavkin & Gonzalez, 1995). Studies that included Mexican-American families state that “many times the lack of bilingual staff can make parents feel powerless when they are attempting to resolve problems or advocate for their children” (Chavkin & Gonzalez, 1995).

Although Mexican-American families may appear to teachers and administrators as disconnected and uninvolved in their children’s education, in reality they do care but their cultural beliefs present a different delineation of teacher and parent roles. Hispanic parent roles include providing basic needs and imparting good behavior and respect; many first-generation Hispanic families think it is the school’s role to provide the education, as they are the professionals (Nicolau & Ramos, 1990). Another element that affects Hispanic children’s experiences in school is the cultural differences of what it means to be respectful when interacting with teachers. An appropriate way of acting around a teacher is “not looking in the eye, not speaking to adults unless spoken to first, and not asking questions” (Nicolau & Ramos, 1990). In understanding what schools can do differently and more effectively to communicate and involve diverse families, interactions should be conducted in a culturally sensitive manner (Chavkin & Gonzalez,

1995). Taking a strengths-based approach to working with families, supporting cultures and home language, and involving community resources can improve two-way communication between teachers and parents (Chavkin & Gonzalez, 1995; Nemeth & Erdosi, 2012). Validating families and reinforcing the notion that they are indeed their child's first teacher and that their ideas about their children in the school environment make a positive difference in their educational process, helps parents feel connected and included in their child's education (Chavkin & Gonzalez, 1995).

As an NAEYC accredited early childhood center, King's Daughters Day School, is a strong example of a center that meets the needs of diverse families and their home languages and cultures (Nemeth & Erdosi, 2012). The school has 55 children with five classrooms, and 60% of the children speak a language other than English (Nemeth & Erdosi, 2012). The classrooms are designed in a way that embraces and recognizes different cultures, intentionally working with families to make them feel comfortable and welcome despite language barriers. The program recruits families by making fliers about the school in English and Spanish and placing them at festivals, libraries and other public places (Nemeth & Erdosi, 2012). Once the families are enrolled, the classrooms include welcoming aspects such as posters and displays which reflect their home languages and communities, and center information is given in multiple languages based on the population served (Nemeth & Erdosi, 2012). In order to be culturally inclusive in parent education programs teachers have extra responsibilities to learn and incorporate family home languages. Recommendations include asking the parents to write down or record frequently used words in their home language so before the child starts care, teachers can

learn and practice these words to use with the children during routines, as well as recognize when the child uses them (Nemeth & Erdosi, 2012). The environment also reflects the efforts put into cultural representation. When ethnic diversity is represented in the classroom materials, this is not only an NAEYC classroom requirement, it also fosters understanding and acceptance of different cultures for all children (Nemeth & Erdosi, 2012; NAEYC, n.d.). Nemeth and Erdosi (2012) describe classroom cultural representation as:

Diverse faces and skin colors in the doll area, the puzzle rack, represent familiar ethnic foods and cooking tools, labels in key areas of the room should have the words in the languages the children use. Even better, post phonetic spellings of key words in different locations to remind teachers how to talk about play using the children's home languages (p. 52).

Along with classroom materials, teachers can build partnerships by incorporating cultural and linguistic training into staff meetings, to ensure all teachers have background knowledge of family differences, beliefs, and languages to implement developmentally appropriate practice (Nemeth & Erdosi, 2012). Furthermore, integrating diverse music in the classroom, taking children's leads in terms of their interests when developing and implementing curriculum, asking parents what activities they enjoy doing at home with their children, as well as books they read and music they listen to with their child strengthens the home school connection (Nemeth & Erdosi, 2012).

If language barriers prevent teachers and parents from communicating, or minimally communicating, community resources can be offered for interpreting when

important or difficult conversations need to occur (Nemeth & Erdosi, 2012; Tesfamicael, 1999). For example, in a study analyzing the interactions of a teacher and a family from East Africa (Tefamicael, 1999), the family was advocating for their son with a language and speech delay. From the family's perspective, the communication with the teacher to address the delay was not sufficient in considering language and cultural differences (Tefamicael, 1999). In this case the teacher did not consider knowing the whole child and family, and wrongly labeled the child as having behavioral problems, when in reality the situation was a language barrier and cultural misunderstanding (Tefamicael, 1999). Parent involvement, communication and education takes increased training and practice when working with diverse families to understand their home environment. Tesfamicael (1999) describes this process as:

Teachers should instead try to enhance communication by explaining how any potential disability or language barrier might affect the learning process, and identifying what the family and school personnel should do together to improve the child's academic and social performance in school (p. 13).

As teachers and parents work together to understand children and their unique needs, efforts to also recognize parental mental health is significant in providing parent education and support.

Parent Mental Health

The extent of parent mental health, particularly depressive symptoms, can be either increased or decreased based on the level of quality child care (Gordon, Usdansky,

Wang, & Gluzman, 2011). Although some findings show an association between mental health and high-quality child care, there is a significant gap in the literature that studies more in-depth the effect of child care on parents' emotional states and the association between "child care and a broader range of parental outcomes, particularly mother's mental health" (Gordon, et al., 2011, p. 446). In examining the outcome of maternal depression and the mother's choice or access to a high-quality child care environment, the factors which led mothers to report depressive symptoms inhibited their ability to place their child in a quality environment (Gordon et al., 2011). Financial insecurities, transportation issues, location of the child care, and parents' level of education are some factors that can cause more stress and depression on parents and limit their abilities to seek assistance in placing their children in high-quality child care available to them (Gordon et al., 2011; Marshall et al., 2013). Parent outreach programs, such as Head Start, which provide opportunities for intervention for parental mental health could be implemented into health care discussions and parent communication in child care settings as a means of ensuring access to low cost, high-quality child care, which in turn can lower depression rates in families.

When parents are overcome by depression and mood disorders, their children are affected in various ways as well. Adverse effects on child development, such as attachment complications and social-emotional and behavioral problems, are present when depression and mental illness exist in a household (Hanington, Ramchandani, & Stein, 2010). Studies include the difficulties children face when their mothers undergo postpartum depression as well as when the fathers have postnatal depression, with a

higher risk for aggressive behaviors in boys, and increased emotional distress in children at age 3.5 (Hanington et al., 2010). Parental mental health is also linked to child temperament. Although child temperament is largely biologically determined at birth, there is literature suggesting the impact of childhood experiences and genetics on temperament (Hanington et al., 2010). Therefore, family stability and mental health of the mother, father, other caregivers, and the child's environment are all factors in altering a child's temperament (Hanington et al., 2010). Findings indicate that children whose fathers are depressed have "significantly higher mood and intensity scores than children of fathers who are not depressed" (Hanington et al., 2010, p. 91). Similarly, maternal depression significantly resulted in a child having a difficult temperament.

Consequently, when a child is born with a temperament that is high intensity, meaning the child cries frequently, has temper tantrums and frustrates easily, this leads to more depressive symptoms in mothers (Hanington et al., 2010).

Parenting classes and support can intervene to provide education on ways to successfully interact and guide these types of children and improve parent-child relationships (Hanington et al., 2010). Nurse home visits, family worker involvement and early childhood education specialists can be valuable resources in reaching out to parents suffering from depression, or who are at-risk for developing mental health problems. Furthermore, as a parent's mental health status can interfere with young children's healthy development, this can potentially lead to abuse and neglect, which can alter the function and structure of the growing brain (Navalta, McGee, & Underwood, 2018).

Brain Development and the Impact of Stress

Children's levels of Adverse Childhood Experiences (ACE's), such as physical, emotional and sexual abuse, neglect, and other factors such as growing up in a single parent home, having low SES status, and not being enrolled in school, contribute to children's healthy functioning for the rest of their lives (Navalta et al., 2018). When four or more ACE's manifest in childhood, the ACE research study found that individuals "had increased risks for several mental health problems such as substance use disorder, depression, suicide attempts, and risky sexual behavior" (Navalta et al., 2018, p. 267). Preventative interventions that start in early childhood, as well as ensure social justice to the marginalized non-white children that ACE's affect at a higher risk, can support the cycle of adversity from repeating itself (Navalta et al., 2018).

Another stressor that has highly impacted the lives and development of young children is the COVID-19 pandemic. Due the pandemic many parents in California have reported that their stress levels are higher and they are concerned about their children's social, emotional, physical and cognitive development (California Parent Poll: COVID-19 and Early Childhood, 2021). The pandemic has contributed to children's ACE's and many families report their child is now exposed to more substance abuse in the household, domestic violence, in addition to financial and food insecurity stressors (California Parent Poll: COVID-19 and Early Childhood, 2021).

The developing brain and its structure, the way it regulates stress and anxiety, and its exposure to ACE's can ultimately change the neural pathways of the brain (Navalta et

al., 2018). “Disparate brain systems are affected by different types of ACE’s, particularly the primary and secondary sensory systems that may be especially involved in perceiving or recalling adversities” (Navalta et al., 2018 p. 268). Research on the brain and depression illustrates that stress in neonatal development and early childhood strongly influence children’s mood, sensory regulation abilities, and feelings of sorrow (Gilkerson, 2001; Navalta et al., 2018).

Early childhood educators can be trained on the behavioral differences in children who come to school having experienced trauma. A child who has difficulty sitting and participating appropriately during circle time, and who may push and hurt other children, may have sensory disorganization and elevated levels of the stress hormone cortisol (Gilkerson, 2001). When educators understand brain development and the effects of trauma, they can modify the curriculum and their expectations of these children to promote their healthy functioning in group care, while working with families to help foster positive interactions and repair abuse (Gilkerson, 2001). Additionally, the brain that undergoes early verbal abuse, has an altered left auditory cortex, which changes the wiring of healthy language development (Navalta et al., 2018). This can be monitored with intervention services in an early childhood care setting. ACE’s impact children’s understanding of the world and their relationships. Attachment, regulation skills, sensory responses and peer relationships are all impacted (Gilkerson, 2001; Navalta et al., 2018). When child development faculty are trained to teach the subject of early brain development to parents and students, this opens up a new framework for educators to understand the children and families they work with, as child development and

neuroscience overlap and directly relate to child behavior (Gilkerson, 2001). Working with families and early childhood educators about the neuroscience of brain development in relation to child development can have lifelong positive outcomes for children, while decreasing mental illness in adulthood (Gilkerson, 2001; Navalta et al., 2018).

A variety of intervention services are presently used with children and adolescents who have experienced ACEs, such as cognitive-behavioral therapy (CBT) done individually, in groups, and with parents (often called trauma-focused CBT), as well as cognitive behavioral intervention for trauma in schools (CBITS) (Navalta et al., 2018). Key components to CBT and CBITS are embodied by the elements in the acronym “PRACTICE: Psychoeducation, Relaxation skills, Affective modulation skills, Cognitive processing skills, Trauma narrative and cognitive processing, In vivo mastery of trauma reminders, Conjoint parent-child sessions, and Enhancing safety” (Navalta et al., 2018 p. 270). CBT and mindfulness interventions have consistently shown changes in brain activity when viewed in neuroimaging, and have proven to decrease trauma-related symptoms in adults (Navalta et al., 2018). By starting intervention services in early child care, and by including the study of brain development and the impact of trauma into higher education programs, individuals with a history of ACEs have a better chance of living healthy-functioning lives (Gilkerson, 2001; Navalta et al., 2018). To reach parents of all backgrounds and parenting skills, including parents who may have been exposed to ACEs, mental illness, single parenting as well as those who need additional support to parent a child with special needs, parent education programs used in the United States

can support these needs and attempt to build parents and children together with love, knowledge and compassion.

Parent Education Programs

Parenting during the early years is stressful and challenging. Young children want to expand their independence, yet struggle with transitions and self-regulation, which often is presented in the form of challenging behaviors. Parent programs offered directly through a high-quality child care program promote nurturing parenting practices and serve as a safe space for parents to socialize and share experiences (Knowles, Harris, & Norman, 2017).

Family Fun Night, a six-week session program, offered through Pearl Buck Preschool in Eugene Oregon and funded by the Children's Trust Fund of Oregon, gave parent training to parents identified with a learning disability or intellectual disability (ID) (Knowles et al., 2017). The parent education component was included within the preschools wraparound resource services. The preschool employed a Family Support Coordinator, and a Parent Navigator to support parent needs, offer community resources, engage in home visits, and conduct developmental screenings (Knowles et al., 2017). The parental involvement and engagement element educated families in "program-wide positive behavioral interventions and supports (PWPBIS) to help promote positive child behaviors" (Knowles et al., 2017, p. 395). Family Fun Night was developed as part of the PWPBIS. The program aimed to provide preventive education on topics which the families chose through easy to read survey options. The parents selected from topics such

as “*Positive Ways to Deal with Stress and Anger, Family Morals, Values and Rules; Communicating with Respect; and Alternatives to Spanking*” (Knowles et al., 2017, p. 395). The program goals included ways to help parents feel more confident and empowered as parents, and to learn new strategies to support the challenges of parenting in a non-judgmental environment, promoting social relationships and positive collaboration and sharing with other parents (Knowles et al., 2017).

The method of providing the training was given in a clear and visual manner, with opportunities for small group discussions. Colorful and attractive PowerPoint presentations were used with minimal text at an easy reading level, and, in the large group sessions, simple questions were posed to the parents such as, “does anyone’s child like to say No!?, or Has anyone ever felt frustrated with their preschool?” (Knowles et al., 2017, p. 396). The format of the training was laid-back, yet the key concepts were reinforced and parents were encouraged to use the information to apply it to real life situations they face with their children, while relating to other parents' experiences. The training attempted to increase family attendance by offering child care and welcoming siblings and extended family members, as well as a special activity for the children such as a kid’s yoga instructor, a magician, storyteller, and singer (Knowles et al., 2017). Other ways families were encouraged to attend was by offering a gift card to a grocery store, and a free raffle that was held at each event for a chance for families to win prizes throughout the training classes (Knowles et al., 2017). Parents were given the option of signing up for a bus ride to the sessions and a meal was included before the training,

which was intentionally scheduled at the end of the month when families' food stamps were diminishing (Knowles et al., 2017).

Fundamentally, this parent education offered promising parent engagement and taught valuable skills to the families, while offering an enriching experience for the whole family. With enough resources, this model is one that could be used to reach families of all backgrounds, not just families with ID. However, limitations within the parenting sessions were identified such as “family attendance, parent engagement during the entire session, and return rate of the surveys and assessments” (Knowles et al., 2017). Of the 27 families enrolled in the preschool only five families attended all of the sessions, due mainly to illness or transportation problems with getting to the bus stop for the bus service to the program (Knowles et al., 2017). Recommendations for the program or similar parent education programs include planning to ensure transportation needs are met, providing more time during the sessions for parent engagement by increasing small group times and breaks, and by possibly re-writing the surveys and assessments at a lower reading level, or even in multiple languages (Knowles et al., 2017). Convincing parents to attend an event that may imply they have a weakness in their parenting ability is no easy task. Presenting the education program as an opportunity to connect with other families about parenting challenges, eat dinner while their children see a performance, or take a class they may not otherwise get to do, are effective techniques in getting parents to learn and release stress in a safe and healthy environment.

Parenting a child with a disability, may call for higher need for parent education. Parents may be under increased stress and depression when raising a child with a

disability. Children with an intellectual or developmental disability have a greater chance of developing behavioral disorders than their typically developing peers, and their behaviors are often intensified by their parents' negative authoritarian parenting styles (McIntyre & Phaneuf, 2007).

A three-tier model of early intervention which has been used in early childhood education programs can support parent-child relationships and help negate challenging behaviors (McIntyre & Phaneuf, 2007). The first format tier, a self-administered training program designed by therapists may work for some groups of parents participating in intervention services. This method allows the parent to receive digital or audio information to read or listen to at their own convenience (McIntyre & Phaneuf, 2007). Individualized training could be effective for a higher-income family with the time, educational background and resources to access and understand the information. A self-administered program that has been used for parents with children who have behavioral problems is “*The Incredible Years: A Trouble-Shooting Guide for Parents of Children Aged 2-8 Years*” (McIntyre & Phaneuf, 2007, p. 218). This type of program is delivered by an early childhood educator, psychologist or social worker, so the family has a person of contact to refer to about the content of the course (McIntyre & Phaneuf, 2007). The second tier is group-based parent education, aimed to serve families “who need additional support and strategies for promoting positive child behavior, reducing negative or inappropriate behaviors, and increasing positive parent-child interactions” (McIntyre & Phaneuf, 2007, p. 219). This type of program has been offered at special education child care centers, co-facilitated by a teacher and psychologist or behavioral specialist

(McIntyre & Phaneuf, 2007). By being part of group discussions and having teachers present to answer questions, this approach may work for more families in need who actively seek parent education and support. The third tier of parent education is provided as individualized support and video feedback (McIntyre & Phaneuf, 2007). This type of session seeks to meet the specific challenging areas of each child and family and use methods of recording parent child interactions and providing feedback on ways parents can meet the needs of their child with a disability and include behavioral therapy techniques (McIntyre & Phaneuf, 2007).

Children and families who participated in these intervention and parenting education programs were all part of a preschool program in which the children received special education services and had individual education plans (IEP's) (McIntyre & Phaneuf, 2007). While the interventions were successful in the reduction of negative parent-child interactions, the families included in this study volunteered to receive services. The family demographics were 83% white with 78% high school educated parents, and 40% of the children were diagnosed with autism spectrum disorder (McIntyre & Phaneuf, 2007). A gap in the literature exists in including a broader range of participants in three-tier parent education programs for children with varying disabilities in order to represent families of diverse backgrounds who need additional support. The study recommends that this model of intervention be explored more thoroughly to grasp the cost effectiveness and overall family benefits if implemented in an early childhood facility. The authors also conclude, "training, supervision, and ongoing staff development in early childhood education programs are important considerations for this work"

(McIntyre & Phaneuf, 2007, p. 222). Therefore, early childhood teacher preparation, professionalism and ongoing education in the study of disorders, family backgrounds, and the effects of trauma are significant factors to further the invaluable work educators perform with children and families.

Conclusion

This review covered the importance of including parents in the early years of their children's development through parent education and involvement in quality care environments and home interventions. The literature bestowed the importance of parent education programs through the background history of the Early Head Start/Head Start programs. The research on high-quality child care environments was presented, along with an overview of nontraditional parents and home environments. Nutrition resources, family home language and cultural considerations, parent mental health, and brain development were discussed. The review presented examples of parent education programs and their effectiveness in reaching family needs.

A dilemma of how to increase family attendance and interest in participation in parent education exists in the implementation of programs. The literature strongly suggests that starting within early childhood centers, particularly in a high-quality Head Start environment to further the institutions goals of meeting individualized children and family's needs is the key to family engagement and involvement (Currie, 2001; Garrity et al., 2017; Hinitz, 2014; Jeon et al., 2018; Sticht, 2011; Tran et al., 2017). Early intervention has a proven success rate positively impacting healthy child development

when children are born and raised into poverty. Tran et al., (2017) and Sticht (2011) suggest that the negative effects of children living in poverty can be overcome by parenting practices that are warm and responsive, which include the active participation of the parents reading, talking and playing with their children, and all of this can be reinforced and encouraged through an early childhood care program.

Research on diverse family backgrounds in regards to meeting family needs in the early years is given great importance by Nemeth and Erdosi (2012) in their focus on cultural and language considerations in an NAEYC program. Nontraditional parent roles and differing family make-up contribute to the adversities that exist within foster families, and single parent homes. Pratt et al. (2015) as well as Schofield and Beek, (2005) imply that more family outreach and greater responsibility from educators to receive training on at-risk children is needed. Furthermore, the incorporation of brain development and ACEs into early childhood preparation courses can guide educators to provide parent education services to support mental health and functional parent child relationships. Gordon, et al. (2011) relay a gap in the literature studies that links the effect of child care on family emotional and mental health. This serves as groundwork for further research into the correlation between depression and parental mental health and association to high-quality child care. There is also a lack of literature on how to include more children with differing economic and ethnic statuses, and who have disabilities into parent education programs, which was presented by McIntyre and Phaneuf (2007). The literature implies that society must not neglect the ever-changing and growing needs of young children and families. The cost benefits of investing in early interventions and

high-quality care is a worthy cause which will save money as children grow into healthy functioning adults. Adults who rely less on governmental assistance and contribute to economic growth are less likely to become violent and/or depressed and perpetuate the cycle of poverty inequalities and mental health conditions. Qualitative research on the experiences of parents at the HSU Children's Center, in relation to parent education and support received in early childhood care settings during the COVID-19 pandemic, will be summarized in the following chapter.

METHODS

The goal of this study was to survey current parents of children enrolled at the HSU Children's Center about their satisfaction or dissatisfaction with current COVID procedures, parent education, other support services, and ways to build community among parents. A survey consisting of Likert scale and short answer responses and a consent form were sent through e-mail to 39 families by the Center director in October 2020. The director explained in the e-mail that the survey was from a student researcher who is also a teacher at the Center. After a couple of weeks, the survey was e-mailed again to increase participation. After another week, the survey was e-mailed one more time to gain a final attempt for participation. Some of the classroom teachers also shared with their families by e-mail and through their parent zoom meetings that a survey was sent to them about their parenting experiences. IRB approval number is 19-171 and was approved with modifications on 9/30/2020.

Participants

A total of 25 parents out of 39 total families enrolled at the Center participated in this study with a return rate of 64%. Twenty-eight percent [seven] of the study participants were student parents, 28% [seven] were staff, 24% [six] were faculty, and 20% [five] indicated 'other.' Among the 25 participants six parents have children enrolled in the Infant Room in which 100% [6] parents completed the survey 12% [1] parent completed the survey out of the Younger Toddler Room, 60% [six] in the Older

Toddler Room, 90% [11] in the Discovery Room (2 and half to 3 and half year olds), and 41% [five] in the Exploration House (3 to 5-year olds). Sixty percent [15] of the parents identified as married/live with a partner parent, 20% [five] as co-parenting, and 16% [four] as single parents. The survey revealed that 40% [10] parents indicated using early intervention services, 44% [11] were enrolled in the Early Head Start program, 36% [9] were referred to services from a specialist, 44% [11] received information about the Women, Infants, and Children (WIC) program, 48% [12] received support with medical or dental services, and 60% [15] engaged in the Ready Rosie parenting application. The parents were not asked to indicate if they were the mother or father, so there is no data on gender differences. It should be noted that I am the teacher in the Infant Room in which all six families responded to the survey. The relationships I have formed with these families to meet the needs of their children, as well as their interest in supporting my educational goals clearly contributed to their response rate and buy-in of the survey.

The survey indicated that the response rate was higher from staff and faculty families, particularly with children enrolled in the Discovery Room. This is not surprising as student parents may have less time to complete a survey, whereas staff and faculty parents are often working from home and are typically experienced with taking surveys related to the University. Another factor for the high response rate from the Discovery Room could be related to the fact that a couple of years ago I was the teacher to many of the children in this classroom and already had a comfortable relationship with the families, thereby encouraging them to participate in the survey. The low response rate

from the Younger Toddler Room could be linked to the high number of student parents in the classroom, as well as the fact that I do not have a relationship with many of the families.

The Infant Room parents also play a unique role at the Center as four of them are brand new to attending the Children's Center. They may have a higher desire to weigh in on COVID procedures, parent education interests and ideas of building community, due to the fact that they do not have other experiences to compare to at the Center. Lastly, since the Infants are the youngest members of the Center they potentially have a few more years of child care at the Center and more time for parents to gain support and resources and have their voices heard as members of the community. The following section is a description of the survey questions used to gain the parent perspective and voice.

Family Engagement Survey

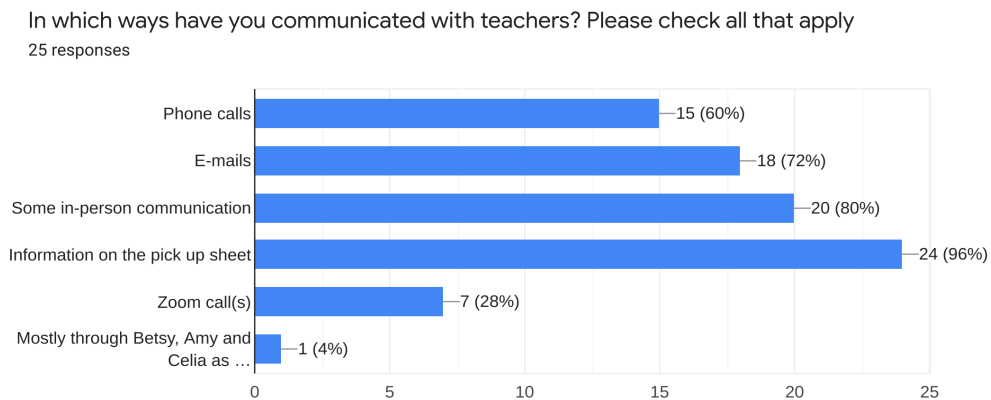
The survey questions were organized into six sections, the first being, Sense of Belonging at the Children's Center and Family Teacher Engagement. Likert scale, checkbox, and short answer questions were asked (Table 1) to gain an understanding of how connected and involved the parents feel since COVID-19 procedures are not allowing them to enter the classroom and the communication with teachers has been affected. The Likert scale questions explore how satisfied parents are with communicating with their child's teacher(s) and whether they are interested in more opportunities for family and teacher connections through zoom. The short answer

responses allowed for parents to suggest how the Center can better support them so they may feel more connected and supported with the Center staff. These questions are crucial during a time when many families can feel socially isolated and disconnected from their child's experiences at school during the pandemic.

Table 1: Sense of Belonging at the Children's Center and Family Teacher Engagement

1. Please rate your level of agreement with the following statement: I feel connected to my child's care and classroom through engagement with my child's teacher(s): 1 being Strongly agree, 5 being strongly disagree.
2. How important is it to you to have daily communication with your child's teacher(s)? 1 being Very important, 5 being Not important at all
3. In which ways have you communicated with teachers? Please check all that apply (See Figure 1)
4. How interested are you in attending classroom zoom sessions with other parents from your child's classroom? This could include discussing a parenting topic or books/ songs and sharing experiences. Very interested to Not at all
5. How interested are you in attending virtual circle time with your child's classroom teachers and other children? Very interested to Not at all
6. If interested in classroom family zoom sessions how likely would you be to attend if offered twice monthly? 1 being Very likely, 5 being Not likely at all
7. How interested are you in leading and organizing a parent zoom session? (you would pick the topic and facilitate the discussion) 1 being Very interested to 5 being Not at all
8. Please share any feedback you have on how your child's teacher could help you feel more connected and supported as a parent
9. Do you have any suggestions on ways the Children's Center could engage families and build classroom and Center community and relationships?

Figure 1: Communication with Teachers



The next section in the survey asked questions related to COVID Summer/Fall Experiences (Table 2). Asking parents to share their thoughts on ways they experience the new drop off and pick up procedures, and ways it could be improved gives insight into how safe they feel child care is during a pandemic, and areas which could be enhanced. There were three questions which asked parents to explain further in short answer responses, and two Likert scale questions.

Table 2: COVID-19 Summer/Fall Experiences

1. Please rate how satisfied you are with the current drop off and pick up system? 1 being Very satisfied, 5 being Very dissatisfied
2. Please describe how the communication between the office staff and you has been at drop of and pick up.
3. How safe has the daily COVID screening made you feel about sending your child to school? Very safe to Not safe at all
4. Do you feel well informed about the Center COVID policies and procedures?
5. Do you have suggestions on ways the COVID protocols could be enhanced?
6. Do you have any suggestions on ways the drop off and pick up system could be improved?

The following section of the survey asked parents about their interests and levels of importance in each parent education topic I listed topics which I felt would be relevant to them, asking how important each topic is to them using Likert scale questions (1 being Very important to 5 Not important at all), then I asked them to write in topics of interest and rate how likely they would be to attend a parent education event offered in the community (Table 3). One the main foci of this study was to investigate the current interests in parent education the families may have. The Children’s Center engages in parent education events each semester for each classroom as a requirement from the California Department of Education (CDE) and in compliance with the National Association of the Education of Young Children (NAEYC) accreditation standards. The Center has provided some of the same types of parent education over the years, and has

never asked the families what topics may be of interest or importance to them. By surveying the families, it is my hope to better meet the current needs of families and find out how likely they would be to attend parent education events offered by specialists outside of the Center teachers. As the teachers already have a lot of demands on them, with sometimes limited planning time, this could lead to changes in parent education programming based on parent interests.

Table 3: Parent Education Topics of Interest

1. Managing stress to improve parenting practices
2. Ways to connect safely with other families
3. Working with your child's challenging behaviors
4. Nutrition and meal planning
5. Accessing resources (food assistance, medical care, housing or mental health services)
6. Online yoga or exercise classes
7. Bilingualism Support
8. Ways to support your home culture at the Center
9. Ways the University can support you as a parent
10. Literacy and language development
11. Toilet training
12. Please write in any other topics you find important or relevant to your family
13. How likely would you be to attend an online parent education event offered through the community?

To address how the Children's Center already meets the needs of families, I continued the survey with questions on how satisfied the parents have been with support

services that were applicable to them using a Likert scale from 1 being Very satisfied and to 5 being Not at all satisfied (Table 4). By finding out what has been working for families' unique needs, and prove that these programs and services are impactful, the Center can continue to offer resources as well as possibly reach out to more families based on their fill in answer of what support they need.

Table 4: Support Services (if applicable)

1. Early intervention services
2. Early Head Start home visits
3. Referral services to a specialist
4. Information on Women, Infants & Children (WIC) services
5. Support with medical or dental services
6. Ready Rosie Application
7. Please write in, indicating which of these support services you may be interested in if you are not currently receiving them (optional).

The next section was for parents who had children enrolled in the Center during the Spring semester 2020. During this time, the Center closed due to Shelter in Place in Humboldt County. This was an abrupt closure which provided little time for families, or teachers to prepare or process how to move forward. Families were left without child care despite the fact that they continued to attend classes and work. During this time, the

Center made efforts to stay connected to the families through emails, weekly at home curriculum ideas, zoom sessions, and outreach from the Family Services Coordinator.

Table 5 presents the questions: COVID-19 Shelter in Place Experiences as a parent.

Despite our efforts we never heard from some families nor saw them at zoom sessions.

Many families did not return to the Center at all once it re-opened in July. Surveying the parents who attended, helps us understand how the Center supported or did not support them during Shelter in Place, and possible reasons why they did not attend zoom sessions. If the Center has to close again, this data can help shape the way we interact with and support families virtually.

Table 5: COVID-19 Shelter in Place Experiences

1. If you attended online connections or zoom meetings during the Center closure in Spring 2020 offered through the Center how did they impact your sense of belonging/community at the Center? Very much to Not at all
2. Please describe how online connections impacted or did not impact you as a parent and a community member of the Center.
3. Please rate how much receiving support from the Center during the closure helped you in the following ways: Very much to Not at all (see below)
4. Reduce feelings of isolation during shelter in place/Center closure
5. Decrease stress levels
6. With activities to do at home
7. With receiving food or other items
8. With understanding child development topics
9. What factors may have prevented you from attending online zoom meetings?
10. Please write in any other way you were supported during the Center closure

The survey concluded with parent demographics and a final opportunity to write in any additional ideas on parent education and ways to build community at the Center (Table 6). Reviewing which families completed the survey is important to understanding the results. Analyzing how student parents and staff and faculty parents' needs may differ, and what their parent education interests are will determine how to best meet individual family needs as the Center continues to provide high quality child care during

the pandemic. There is also an opportunity to view how single parent household needs and interests differ from non-single parents.

Table 6: Family Demographics

1. Which classroom is your child(ren) enrolled in?
2. Are you a student, staff, or faculty at HSU?
3. Mark your parental status
4. Please provide any additional comments or suggestions you have about parent education topics and or opportunities for building community among Children's Center families whether online or in-person.

RESULTS

The study data were organized into themes to explore trends by classroom and parent types (student, staff, faculty, and community parents who are not affiliated with HSU, identified as ‘other’). In most cases the parent identified as ‘other’ works in the community, and the other parent in the household or family is affiliated with HSU. The responses were organized by parent type and classroom to see whether parent status and age/classroom of their child were related to the Parent Engagement Survey. Parent education topics are highlighted by percentages of interests in topics listed in the survey and also by themes that emerged from the write in responses. The parent responses to the Center’s COVID Protocols were organized into themes based on satisfaction of current drop off and pick up procedures, communication, and feelings of safety.

The results from the survey conveyed various themes that emerged from each section of the survey. Families from all classrooms shared ways in which they could be further supported as well as commented on how the Center is currently meeting their needs. The results will begin with how the families rated feeling a sense of belonging to their child’s care and classroom and the feedback provided from each classroom. Next, the results show parental satisfaction and feedback on COVID procedures, followed by parental rating of parent education topics of importance. Then, parental open-response describing their Shelter in Place experiences, reasons for attending and not attending online events, and feedback on ways the Center’s efforts increased their sense of belonging while supporting parent needs. The results will continue with final feedback

from parents regarding their experiences at the Center and what they appreciate about their teachers during the COVID pandemic. Lastly, parent recommendations will be presented in the discussion section along with an overview of next steps.

The results highlight the significance of the experiences, struggles, and successes families face while sending their children to child care during the life altering time of the COVID pandemic. Their voices provide meaningful suggestions to building a sense of community in a time when many may feel isolated and stressed. Parenting young children and facing the additional stressors of not being able to communicate with teachers and parents, socialize or gather in the same way has changed the nature of the Children's Center and the experience of having a young child. This study aimed to empower parents to have their needs validated and heard while providing opportunities to further support parents as true partners in their child's care and education.

The results showed that 28% [7] parents responded that they strongly agree to feeling connected to their child's care and classroom through their child's teacher, while 12% [3] responded that they strongly disagree (Figure 2). The number scale: 1 being Strongly agree and 5 Strongly disagree.

Please rate your level of agreement with the following statement: I feel connected to my child's care and classroom through engagement with my child's teacher(s)

25 responses

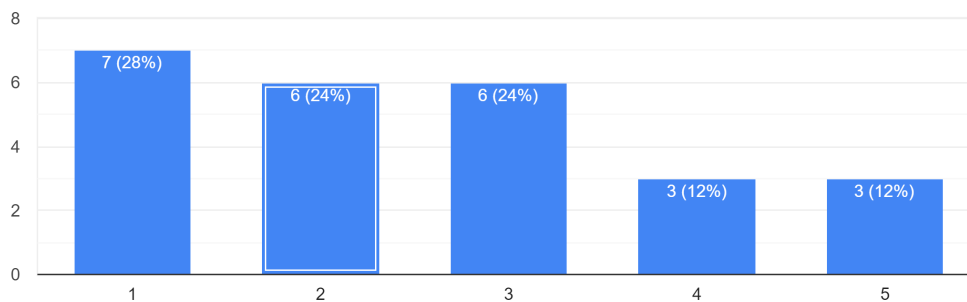


Figure 2: Feeling Connected to Care and the Classroom

While 64% [16] of the parents indicated that it is very important to have daily communication with their child's teacher, they had extensive comments about ways in which their child's teacher could help them feel more connected and supported as parents during this time that involves a lack of face to face interactions. The feedback parents gave provided insight into how each classroom could be communicating more effectively through daily and ongoing communication. The themes of receiving more detailed notes on the daily information sheet, more zoom meeting connections as well as more pictures emerged.

Individual Classroom Feedback-Discovery Room

A parent who is a staff member and has a child in the Younger Toddler classroom and a child in the Discovery Room wrote, "Sending out a little more information on the half sheets as well as maybe some pictures randomly since we can't come and hang out at

drop off or pick up.” Another single parent of a child in the Infant Room and another in the Discovery Room wrote, “More pictures. I love the notes and reading what my child is doing but pictures show their excitement and expression on things.” Other parents wrote about wanting communication about the daily schedule, and activities and possibly zoom meetings stating that these are times in which more support would be helpful. A community member parent wrote, “Challenging times for sure. I guess an occasional zoom meeting is probably the best we can do right now.” A single parent wrote “Weekly e-mails summarizing how the week went in general, what activities the children did, etc. And feedback for each child (what they did well and what they can work on)” and “Having an occasional zoom meeting with breakout sessions with parents to check in and get personalized feedback.” And a faculty parent wrote, “Meetings; more extensive written notes daily. Create and share short videos of classroom activities; give parents a general daily schedule.” Finally, from another faculty member, “It's so hard right now - I think having the Zoom check-ins are a good idea.”

This comment from a staff parent gives acknowledgement to the efforts the Center is taking and realizes this is a different time for the Center, but believes everything is going as well as possible. “I believe the teachers are doing their best to keep us feeling connected to the classroom. Having several years of experience with the Children's Center prior to the COVID-19 pandemic model, we do feel disconnected from our child's experiences and caregivers but we believe that the current model is best for everyone's

safety. We appreciate the hard work and dedication that the caregivers have exhibited throughout this time.”

Older Toddler Feedback

A parent from the Older Toddler classroom touched on wanting more pictures, as well as additional communication about illnesses going around with this comment,

“Photographs of my child in care are always incredibly wonderful and very appreciated. Perhaps, more communication about when there may be a small cold or sickness going around. In previous times, I would enter the classroom and personally observe other babies/children with a mild runny nose, or slight cough and I would actually be less concerned as my child would either come down with the same symptoms or would already have had the same mild cold. This time, I have not been sure when/if there has been any type of colds or illnesses, making me more paranoid about what it could be if my household shows symptoms so some way to increase communication w/o causing panic? Maybe an email update with more transparency about any illness reported at the Children's Center perhaps? I'm not sure if that is even possible or what is confidential info or not, or what may or not cause panic or not, but some sort of way to share information regarding current infectious disease symptoms circulating in the classrooms may help. I honestly just used to chat with parents or teachers about all of this casually. And I supposed everyone is a bit more on edge towards sicknesses in general since COVID can manifest itself in so many ways.”

The following comment from a community member parent, someone who is not HSU affiliated, captures many key takeaways of this study. More communication in general about the transparency of communication in the classrooms, and potentially more information about health screenings and COVID procedures is needed for this family. Other parents echoed wanting more communication and support. A staff parent wrote, “More communication, a monthly check in meeting to discuss current challenges and successes.” A community member parent stated “An in person or zoom call to discuss my child's behavior and interactions with other kids. Also, to go over daily activities that are scheduled daily.”

Families from the Discovery Room and Older Toddler Room gave detailed feedback about how they feel they could be better supported and experience more connection from their child's teachers. These requests from them are not unrealistic. I think providing more detailed information on the pick-up sheets, and sending more pictures are reasonable ways teachers can bridge the gap in communication about a child's day. The Center did offer one “meet and greet” zoom opportunity with the parents and the teachers in the Fall semester and one in the Spring semester. While this is a fun way to chat with the families and have them get to know the student teachers a little more, many families cannot make this time of the day (at night after 6pm) and from their responses it sounds as though a little more effort into individualized communication beyond the one parent conference meeting would be appreciated. The Infant Room and the Exploration House parents provided feedback that was more positive without many requests for further communication and sense of belonging.

Infant Room Feedback

Comments from parents in the Infant Room also highlight parents' desire to know how their children are doing. One parent commented, "I would love to see how she interacts with the teachers and other kids in the infant room." Most Infant Room parents, however, felt satisfied with the level of communication and updates. One parent wrote, "My son's teacher is amazing. She is communicative and uses a strengths-based perspective when discussing my child's progress in meeting developmental milestones." Another parent said, "I really like the daily sheets with info on them! I'm unsure if I'd participate in any additional activities/zoom stuff because it's tough for a 3 YO to understand and I'm already super busy." These comments highlight the different ways parents experience communication and updates and the importance of checking in with parents to gauge their and their children's needs.

Exploration House Feedback

Many parents from the Exploration House, the classroom with the oldest children were not so concerned about what the Center could do to support them, but rather what the parents could do to support teachers and make them feel appreciated. One parent, “I love the idea of parent zoom sessions, but parent or parent and child zoom sessions after work (5-7pm) is not a good fit for our family. That time of day is too hectic for in-person or digital activities.” A student parent commented on not needing any more support with this comment, “I highly value the quality service the children's center offers. I am completely confident in the abilities and sensibility of its teachers and don't personally require any further input, connection or support. I would be interested in knowing what teachers need to feel appreciated and supported.” It is reassuring to know that this family feels supported and is more concerned about the teacher's well-being. This is a valid point. If the teachers do not feel safe, supported and connected as a team, or in their personal lives it is difficult to translate care to others. Teacher self-care is an important part of child care especially now during a time of heightened stressors. Another encouraging comment from an Exploration House parent said, “Everyone is doing a fantastic job and we are very grateful to have the HSU Children's Center open during the pandemic.” This staff parent also does not seem to need additional support, and is merely grateful for the child care provided during the pandemic.

It is clear that every family's needs are different. While some families are looking for more ways to feel connected to their child's day and want more zoom opportunities,

others are satisfied with the way things are going and feel that anything extra could be a burden. Figure 3 shows that families are spread out in their interests in attending family zoom sessions. The number scale being: 1 Very likely, and 5 being Not likely at all.

If interested in classroom family zoom sessions how likely would you be to attend if offered twice monthly?

25 responses

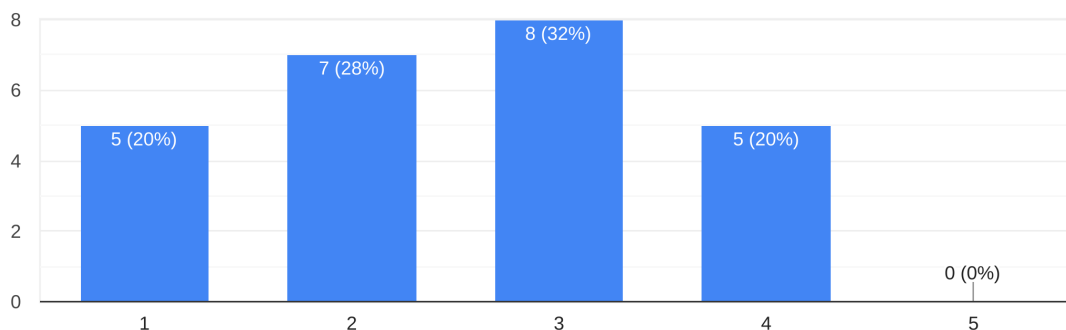


Figure 3: Interest in Attending Zoom Sessions Twice a Month

Satisfaction and Feedback on COVID Procedures

When asked about the COVID procedures at the Center, the results indicated that a general satisfaction with the ways things are going. One parent from the Older Toddler classroom expressed: “Very good! I've been really impressed with how well the new system is working and commend everyone on their efforts. Of course, I dearly miss the old ways and miss visiting and seeing my child in his classroom (and saying hi to the teachers), but given the circumstances, I feel very happy and impressed about how smooth and communicative pick-up and drop-off has been. The information on his pick-

up sheet is absolutely wonderful and my son loves to talk about it with me right when I pick him up, especially who he played with and what he ate.” Ninety-six percent [24] of the parents said they were well informed about the COVID policies. Parents also feel overall that it is safe to send their child to school during the pandemic (figure 4).

How safe has the daily COVID screening made you feel about sending your child to school?
25 responses

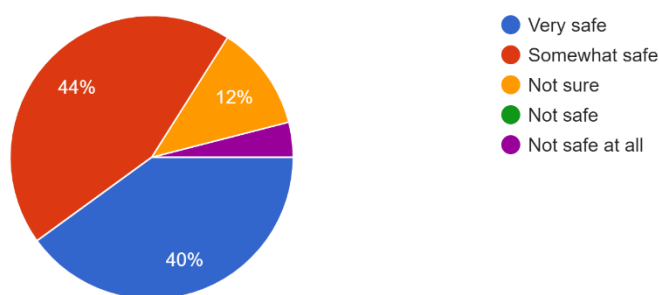


Figure 4: Feeling Safe about Sending Child to School

Most responding parents 40% [10] indicate that they feel safe and comfortable sending their young children to child care during the pandemic, and 44% [11] feel somewhat safe. This is reassuring and speaks to the efforts of the Center teachers and administrators have put into following all the health and safety guidelines for a well-managed facility. This is new territory for any business to have to embark on and I am pleased to be part of a team that reopened and stayed open to serve families.

Parents were given the opportunity to provide feedback on how the COVID protocols could be enhanced as well as how the drop off and pick up system could be improved. The following results show suggestions from parents. It is interesting to see

how strongly some parents felt about ways to enhance the safety protocols. While parents trust the Center to keep their child safe and are pleased with the drop off and pick up procedures, some parents had opinions about improvement and the behaviors of other families. Giving the parents a voice in this aspect of the Center provides valuable information. A faculty member who has a child in the Infant Room and in the Discovery Room stated:

“I don't think the protocol is going to change any outcomes. The thermometer is not accurate. In other countries with great COVID outcomes, they don't require 2 or 3 YO to wear masks. In Spain, for example, only children over 6 wear masks. In Sweden I believe it's over 4. 2-year olds simply can't wear masks. Also, there have been studies that show bandana/buff rag type masks actually promote the spread of viruses (specifically COVID 19). At Eureka Open Door, for example, they won't let someone go inside for an apt if they are wearing a bandana or buff rag as a mask. I've seen both parents and kids with this type of mask at drop off/pick up.” It should be noted that this parent expressed they were “not sure” how safe they felt sending their children to school but they were well informed about the COVID policies. Another parent felt there should be more outreach about testing in the community and even encouragement from the Center for families to get tested regularly. This Older Toddler parent stated: “Perhaps more encouragement for all families to consider going to Redwood Acres for regular free testing (monthly? weekly? or as much as possible?) even if no one in their household is showing symptoms. We have been trying to do that, at least one adult in our household, if

possible, go to get tested regularly since our level of exposure increased as the semester began.” Another parent expressed concern about other families' honesty levels about traveling out of Humboldt County with this comment, “I'm not sure how they can be enhanced but I have noticed that some children are at school even though they have either left the county or have been around large groups of people. It just shows that some parents are not being honest and that puts the center at risk.” It is unknown how this parent knows that another family left the area, perhaps social media posts.

Sending a young child to someone else's care is always hard during a global pandemic knowing that the exposure risk of contracting COVID could be higher by attending care, and may produce even more anxiety. By supporting parents and children through the work of a high-quality child-care setting, families can continue to successfully work and attend college. The next section of the results will provide data on what parent education topics are important to parents, giving insight into the various interests and areas of support and access to resources families need. Understanding what parents care about and how parent education may impact their parenting and understanding of their children, gives the Center more ideas and knowledge about our parent population and how to reach them through parent education and resources.

Parent Education Topics of Importance and Write-in Responses

From the survey results, 44% [11] parents find the topic managing stress to improve parenting practices very important and 32% [8] find it important to them. Other topics with many parents in the high range (very important to important) were (a)

working with their child's challenging behaviors, (b) nutrition and meal planning, (c) bilingualism support, (d) ways the university can support parents, and (e) toilet training. These topics were based on a list of the Center's parent education topics which I thought would be important or relevant to families. From my experiences as a teacher and talking to parents, as well as being a mom myself, these are topics which continue to surface as conversation builders and are common talking points during parent conferences which I can relate to as a parent. To capture what parents want to know more about and discuss are not what they are interested in, parents were provided a write-in response section.

Additional comments the parents added about their own personal topics of interest revealed a wide range of topics. A faulty member parent from the Exploration House said, "Talking about racism and whiteness. As a parent, I want to continue to grow in my son's awareness and knowledge." This is a very relevant topic and I don't think that preschoolers are too young to think and learn about racism. There are many books that are appropriate to this topic for young children, as well learning about different cultures, families, and religious practices. Perhaps the Exploration House teachers can explore this topic in meaningful ways with the preschoolers.

Two comments spoke to support around children with special needs. One parent from the Older Toddler classroom said, "Building community between parents between 18-29 years old (young parents) + building community with parents of special needs kids." and another parent with a child in the Younger Toddler room and the Discovery Room said, "Dealing with special needs and Covid, Covid safety for kids, the routines of

the classroom so I can mimic them at home.” Embracing the families who have children with special needs by providing additional support on making connections with other families, and helping their children practice COVID safety routines are important to incorporate into the Center culture and for teachers to consider when planning curriculum and parent events. Providing an outlet for parents to connect and a support network for young parents also seems to be an important feeling expressed towards the Center and perhaps HSU in general.

A faculty parent of a child in the Discovery Room stated, “Helping children play nicely with other children (share, be inclusive, not hit, etc.)” are important to gain information on. A faculty parent of a child in the Infant Room shared, “our daughter toilet trained well at home during COVID, but it will be useful in the future for the 2nd born.” These topics are standard points of discussions that occur between the families and teachers during normal times when daily interactions and communication was common. This feedback gives insight into what parents want to continue to talk about with their child’s teachers even when daily communication has been altered. These conversations are key to the meaning of parent education means and looks like on a daily basis. Parents have various interests and levels of wanting to be involved in parent education events. To a certain extent, the parent education that comes with talking to teachers every day in the classroom and building relationships to promote individualized care are the most important forms of connecting with families and finding out more about their struggles

and interests. While this is difficult now without the parents coming into the classrooms, it was even more challenging when the Center was closed.

Shelter in Place Experiences

In response to the question, “How did participating in online zoom meetings during the Center closure in Spring 2020 effect your sense of belong/community? 27.8% [5] of the parents indicated that they were very much impacted, while 27.8% [5] said a moderate amount, and 33.3% [6] said a little. One parent felt they were impacted a lot, and one not at all.

If you attended online connections or zoom meetings during the Center closure in Spring 2020 offered through the Center how did they impact your sense of belonging/community at the Center?
18 responses

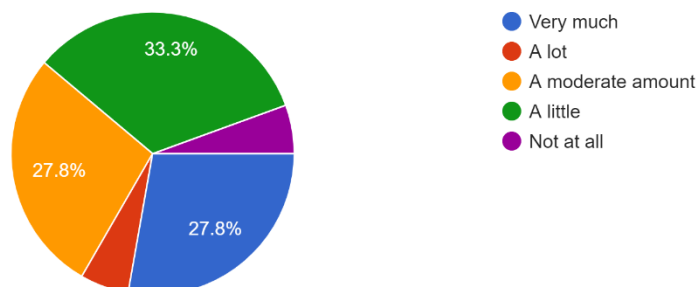


Figure 5: Feeling a Sense of Belonging/Community Through Online Connections During Shelter in Place

The variety of feelings over the online connections the Center offered was likely due to the children’s ages and ability to participate in online activities, as well the willingness and interests of the parents to commit to joining online gatherings. Parents

had various feedback to provide in terms of how the online connections did or did not impact them as a parent and keep them connected to the Center. The parents seemed to either benefit from the Center's efforts, or it clearly did not work for them and their child. Some of the comments regarding the online connections and feelings of dissatisfaction include, "I think our 2 YO was just too young. We didn't attend frequently because we are so busy." This parent, a faculty member also indicated in a checkbox response (Figure 6) that the main factors for not attending were 'The time did not work for me or my child's schedule, and my stress level was high.' Another faculty member parent said, "My son is not interested in sitting still for a zoom session. I appreciated the weekly learning topics and materials. The zoom sessions were not a good fit for us."

How parents were experiencing this time and transitioning to online connections while creating a home routine that worked for them is captured in the following comment from an Older Toddler parent, "They did help me feel more connected when an online session was relatively successful, but we would miss them sometimes and I might feel guilty or absent-minded for forgetting or if we did attend, as the kids are young they might not have been in the mood, or kind of on & off interested, so it was very hit or miss through no fault of any teacher involved. I think these things are all pretty normal for parenting young children and online meetings are just a tough platform for children 5 & under to handle and adjust to. Many days if the kids were happily playing outside or napping or eating, it was better to stick to their home routine w/o a zoom session (unless it aligned with the right timing of their schedule, but that's so hard to plan around with

multiple families involved).” This parent checked multiple boxes for reasons their family did not attend online sessions, including ‘The time did not work for me or my child's schedule, lack of interest, my child was not interested in attending, my stress level was high, wanting to reduce my children's screen-time.’

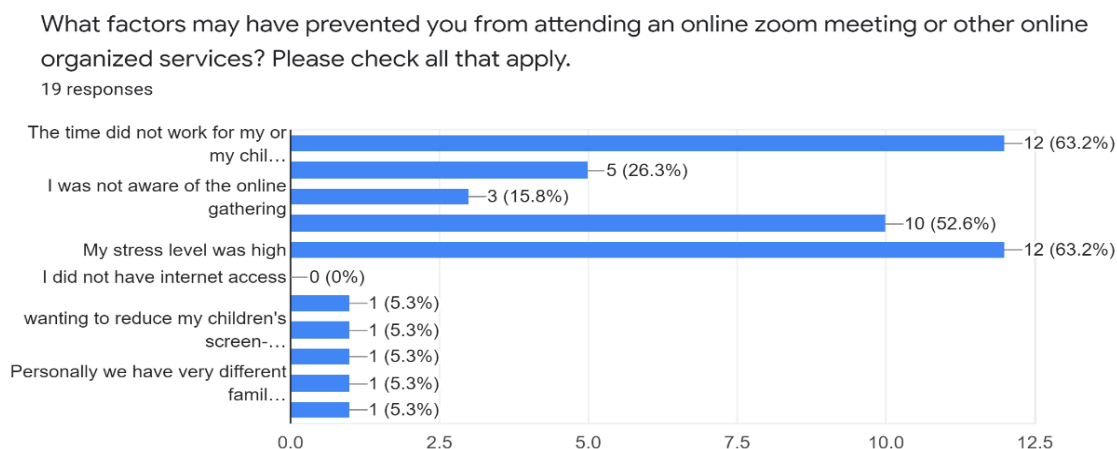


Figure 6: Factors for Families Who Did Not Attend Online Events During Shelter in Place

A faculty member parent from the Discovery Room noted the content of the zoom activities as a reason for not attending, stating, “We were not impacted because we stopped participating. The sessions were irregular and unorganized. It was nice to connect but there was no reason to be there than to say hi. I felt like I had to do everything on my own anyway.” This parent indicated multiple reasons for not attending such as ‘The time did not work for my or my child's schedule, lack of interest, I was not aware of the online gathering, my child was not interested in attending.’ This shows there really wasn’t a strong reason to attend for this family, and it most likely was a burden to

try to go out of the way to fit in a zoom session into their schedule which wasn't going to provide them with any meaningful connections or interesting activities.

On the other hand, some parents felt that the online meetings were helpful, and they worked for their children. A staff member and Younger Toddler and Discovery Room parent, said, "It kept a connection with my kids' teachers and gave me a place to talk about my kids and get help if needed while we were home." Another parent found connecting with teachers and other families helpful while being at home saying, "I think online connections helped me and my kids. Still having a way to teach our kids and learn something from each other. Even if it's not in a classroom setting to see their friends and the teachers that our kids love so much." Whether just seeing familiar faces or possibly getting help while suddenly having children at home every day were themes that emerged. A faculty member said, "It was nice to see other kids, and we got some good ideas about appropriate screen time from the teachers and other parents." A student parent said "I felt isolated at home while trying to be a full-time student and provide full time care for my child." Another student parent said "my child really enjoys circle time and this was a great opportunity for her to get that in. A staff parent wrote, "It helped keep all of us connected during these challenging times." In sum the results showed that receiving support from the Center moderately helped 40% [8] parents reduce their feelings of isolation, and 45% [9] of the parents did feel they were highly supported with activities to do at home.

Final Parent Feedback

The Parent Feedback section provided parents a final opportunity to give feedback on ways they felt supported during the Center closure. One parent wrote “I think that the center has wonderful communication. Knowing that they still cared and reaching out to make sure we knew what was going on. I think having the zoom meetings with other parents helped me understand that I wasn’t alone and that families were going through the same things we were. Learning how to deal with it with the support of the center.”

Another comment which spoke to the communication and consistent encouragement was, “I really appreciated receiving so many photos of my child from the infant room after the center closed. That was one of the BEST things. Also, emails to encourage me with caring for my child at home, activities & such. A lot of times I was too overwhelmed to regularly check my email or do specific activities, but even the little I could take in here & there helped. Also, knowing that there was no pressure to do anything "extra" with my child as I was learning how to balance home/telecommuting work life was appreciated.”

From the families who took the survey, they were able to communicate about elements of what it was like to experience the Center closing and having a young child all during the beginning of a pandemic. It was an uncertain time, but clearly having the Center as part of their support network to check in on them even in small ways did have

an impact on their daily mental health and feelings of being connected to something that used to be a constant in their lives and their child's lives.

After the parents indicated their status at HSU, they had one last opportunity to express any additional comments or suggestions they had about parent education topics and or opportunities for building community among Children's Center families whether online or in-person. The comments from faculty members gave a little information about what they may need while their children attend a University child care program. One parent said, "Age-appropriate education and parent support for child emotional development and attachment-based practices to work through common challenges: power struggles, tantrums, etc." Another faculty member wanted more opportunities for connecting with other families, saying, "Contact info for other families in class!! Costume party; meet at park day-socially distanced; gather in parking lot with parent group on Friday afternoons; more shared class photos and videos." These are interesting ideas that I'm sure other parents share. Being able to meet at the park with other families, or connect a little more on a Friday afternoon are some of the missed experiences we are having during COVID. I think it is possible to provide a safe place for families to connect, perhaps when the weather improves, each classroom could host an outdoor, masked play date. Through these opportunities when families talk to each other, the common parenting struggles such as discussed by the first faculty parent (tantrums, power struggles, support children's emotional development) can be shared among parents to offer a venue and share support. This parent suggested, "We would welcome an

occasional zoom mtg. Could even have a breakout session with individual parents just to check-in and get some personalized feedback.”

To conclude, these quotes highlight all of the appreciation, love and care the parents have for the Children's Center and their genuine gratitude for the Center remaining open to safety care for their children during these unprecedented times. “We appreciate all the hard work the staff is doing to keep the center open during COVID time.” “I don't have any ideas about this at the moment but I do want to say that I'm very appreciative of the fact that I can send my child to the children's center this Fall 2020 semester. I greatly value this. Once my child successfully transitioned into the child care routine (back in Aug-Sep) he is so happy to go to daycare again! So many parents I know outside the Children's center still lack child care so I am very grateful for the great lengths everyone has gone to ensure the center stays open! Thank you! Thank you!” “I love this center and everything they stand for. They give wonderful information and really help support each family in whatever that may be.” “Perhaps we should have more teacher and staff appreciation days. We are unlikely to engage in online activities.” There is immense value in the Center continuing to stay open and provide a safe educational environment for children, while parents work and attend classes.

DISCUSSION

This study provided insights into the lives, hearts and minds of current parents with young children attending the HSU Children's Center. As the literature highlights, when parents are included in the early years of their children's education and development, and given chances to express their needs and interests, parents can feel a sense of belonging and community. It is clear that parents appreciated the opportunity to have a voice in the Center program procedures and in expressing their experiences.

The families were asked not only to rate which types of ways they would like to be involved in the Center through parent education, but also discuss the ways in which their involvement has changed through the COVID protocols and how this is going for them. Parents varied in their interest in participating in any online zoom events or parent education nights. Many parents with young children find an additional zoom meeting for them or their child an extra and possibly inappropriate burden. There was however interest in receiving more communication from teachers and occasionally individual zoom check ins.

In keeping with the literature on parent education programs and reasons for not attending, many Center parents had difficulty finding the time or energy to take part in zoom check-ins. Experiencing stress was a significant factor was not attending during shelter in place. Other factors that may affect interest in parent education may be related to parents thinking they are being judged for not having adequate parenting styles. While it may sound like a parent education event is set up to "educate" the parent, the

underlying reasons for parents to attend is to build relationships with other parents and with their child's teacher in order to gain supportive and encouraging ideas, feedback on parenting and to share their struggles with other parents. Parental interest in wanting more support and information on such topics as parenting children with trauma backgrounds, disabilities, and severe behavioral intervention needs highlights new parent education topics for the Center and serve as a catalyst for the Center staff to develop new expertise to better meet the evolving interests and needs of the Center children and parents.

The data showed some differences in the lengths and details of short answer questions based on parent type, as well as expressed satisfaction or dissatisfaction, and in feedback which involved suggestions for improvement in communication, parent education, and services. Families who have more than one child at the Center gave feedback on each opportunity to provide a write-in comment. Staff and faculty parents with children in the Discovery and Infant Room were eager to give suggestions on COVID procedures and ways to build community. From the survey responses there are recommendations that arose for the Center to build communication and parent involvement. Table 7 gives an overview of recommendations.

Table 7: Recommendations

More detailed notes on the pick-up sheets for parents about their child's day
More pictures of children for families to see their child engaged at school
Individual check-ins from teachers on zoom or phone call
Classroom open house with a few families at a time
Short videos from the classroom or shared google drive classroom pages
Contact info of other families, outdoor playdates
Suggest that families engage in regular COVID testing
Re-frame the daily question "have you traveled outside of Humboldt Co.?"
Require families and children to wear masks not bandanas
Communication about illness going around in the classrooms
More support for families with children with special needs and young parents

Next Steps

The Children's Center is a huge asset to HSU, as many families would find it extremely difficult to take classes, work, (or both) without reliable, safe high-quality child care. I commend my colleagues for their hard work and dedication to the families. We have worked on campus since July 2020 while most HSU employees are still working from home, and most classes are online. There are valuable recommendations and feedback that arose from the parents at the Center due to this survey. The next steps include sharing the results with the teachers and administrators, giving them an

opportunity to engage in reflective practices to continue to meet the needs of their families, or make any changes. In the long term, I think re-evaluating how the Center engages families in parent education and offers opportunities for building community can be re-examined by thinking about how COVID has impacted family's lives, and keeping in the mind the extra hardships families have faced, especially those who did not return when the Center re-opened.

When the Center transitions to in person events and families can enter the classrooms again, there are factors to consider as we re- build relationships. It will be a delicate balance of easing into care, and allowing parents to express their fears, joys and needs will be key. It is my hope that this study can support and strengthen the Children's Center now and in the future. As the Spring semester has unfolded, I notice more parents talking to each other in the pick-up line at the end of the day, a little more laughter and I think a lot more hope. The vaccine rates are increasing and social distancing measures decreasing. There is uncertainty about how the pandemic will evolve, but the future certainly looks brighter. Through the literature review this study gave insight into the ways parent education in high-quality child-care centers is impactful to varying family demographics, and analyzed some of the various parent education programs successes and downfalls. The Children's Center study gave a glimpse into how parents feel sending their children to child care during a pandemic, how they are impacted during COVID times, and what they want from the Children's Center to continue to help them thrive.

With positivity for the future, and confidence in the bright spirits of young children, families, and early childcare educators and advocates, I conclude this thesis.

REFERENCES

Administration for Children, Youth, and Families (DHHS), Head Start Bureau. (2004).

Building blocks for father involvement: Building block 1--appreciating how fathers give children a head start. US Department of Health and Human Services, Head Start Bureau.

Amato, P. R., & Gilbreth, J. G. (1999). Nonresident fathers and children's well-being: A meta-analysis. *Journal of Marriage and Family*, 61(3), 557–573.

<https://doi.org/10.2307/353560>

Ancell, K. S., Bruns, D. A., & Chitiyo, J. (2018). The importance of father involvement in early childhood programs. *Young Exceptional Children*, 21(1), 22–33.

<http://doi.org/10.1177/1096250615621355>

Bornfreund, S., & Goffin, S. (2016, September 19). Early childhood education is not a profession. *Pacific Standard*. Retrieved from <https://psmag.com/news/early-childhood-is-not-a-profession>

Barillas, R., & Horner, D. (2000). *WIC: A door to health care for California's children.*

California WIC Association, Retrieved from

https://archive.org/details/ERIC_ED455001/page/n1

Cabrera, N. J., & Tamis-LeMonda, C. S. (2013). *Handbook of father involvement: multidisciplinary perspectives, Second Edition.* Routledge.

California Department of Education (2000). *Defining quality child care*. Retrieved from <http://www.cde.ca.gov/sp/cd/re/caqdefinecare.asp>

California Parent Poll: COVID-19 and Early Childhood. (2021). Westedtrust.Org. Retrieved from <https://west.edtrust.org/california-parent-poll-covid-19-and-early-childhood/>

Chavkin, N. F., & Gonzalez, D. L. (1995). *Forging partnerships between mexican american parents and the schools*. Retrieved from ED388489 1995-10-00

Currie, J. (2001). Early childhood education programs. *Journal of Economic Perspectives*, 15(2), 213–238. <https://doi.org/10.1257/jep.15.2.213>

Currie, J., & Gahvari, F. (2008). Transfers in cash and in-kind: Theory meets the data. *Journal of Economic Literature*, 46(2), 333–383. <https://doi.org/10.1257/jel.46.2.333>

Fuentes, M. J., Salas, M. D., Bernedo, I. M., & García- Martín, M. A. (2015). Impact of the parenting style of foster parents on the behavior problems of foster children. *Child: Care, Health & Development*, 41(5), 704–711. <https://doi.org/10.1111/cch.12215>

Garrity, S. M., Longstreth, S. L., & Linder, L. K. (2017). An examination of the quality of discipline policies in NAEYC-accredited early care and education programs. *Topics in Early Childhood Special Education*, 37(2), 94–106. <http://doi.org/10.1177/0271121416672185>

Gilkerson, L. (2001). Integrating an understanding of brain development into early childhood education. *Infant Mental Health Journal*, 22(1/2), 174–187.

Gordon, R. A., Usdansky, M. L., Wang, X., & Gluzman, A. (2011). child care and mothers' mental health: Is high-quality care associated with fewer depressive symptoms? *Family Relations*, *60*(4), 446–460.

Gundersen, C. (2015). Food assistance programs and child health. *Future of Children*, *25*(1), 91–109.

Hanington, L., Ramchandani, P., & Stein, A. (2010). Parental depression and child temperament: Assessing child to parent effects in a longitudinal population study. *Infant Behavior and Development*, *33*(1), 88–95. <https://doi.org/10.1016/j.infbeh.2009.11.004>

Hinitz, B. S. F. . (2014). Head Start. *YC: Young Children*, *69*(2), 94–97.

Hyson, M. (2003). Introducing NAEYC's "early learning standards: Creating the conditions for success." *YC Young Children*, *58*(1), 66–68.

Jeon, S., Choi, J. Y., Horm, D. M., & Castle, S. (2018). Early Head Start dosage: The role of parent-caregiver relationships and family involvement. *Children and Youth Services Review*, *93*, 291–300. <https://doi.org/10.1016/j.childyouth.2018.07.032>

Jolliffe, D., Gundersen, C., Tiehen, L., & Winicki, J. (2005). Food stamp benefits and child poverty. *American Journal of Agricultural Economics*, *87*(3), 569–581.

<http://doi.org/10.1111/j.1467-8276.2005.00748x>

Knowles, C., Harris, A., & Norman, R. (2017). Family fun nights: Collaborative parent education accessible for diverse learning abilities. *Early Childhood Education Journal*, 45(3), 393–401. <https://doi.org/10.1007/s10643-016-0801-2>

Kowaleski-Jones, L., & Duncan, G. J. (2000). *Effects of participation in the WIC food assistance program on children's health and development: Evidence from NLSY children. Discussion Paper* (Discussion paper no. 1207-00). Retrieved from Institute for Research on Poverty

Marshall, N. L., Robeson, W. W., Tracy, A. J., Frye, A., & Roberts, J. (2013). Subsidized child care, maternal employment and access to quality, affordable child care. *Early Childhood Research Quarterly*, 28(4), 808–819. <https://doi.org/10.1016/j.ecresq.2013.07.008>

McIntyre, L. L., & Phaneuf, L. K. (2007). A three-tier model of parent education in early childhood. *Topics in Early Childhood Special Education*, 27(4), 214–222.

Miller, P., & Votruba-Drzal, E. (2017). The role of family income dynamics in predicting trajectories of internalizing and externalizing problems. *Journal of Abnormal Child Psychology*, 45(3), 543–556. <https://doi.org/10.1007/s10802-016-0181-5>

Navalta, C. P., McGee, L., & Underwood, J. (2018). Adverse childhood experiences, brain development, and mental health: A call for Neurocounseling. *Journal of Mental Health Counseling*, 40(3), 266–278.

Nemeth, K. N., & Erdosi, V. (2012). Enhancing practice with infants and toddlers from diverse language and cultural backgrounds. *YC Young Children*, 67(4), 49–57.

Nicolau, S., & Ramos, C. L. (1990). *Together is better: Building strong relationships between schools and Hispanic parents*. Retrieved from <https://eric.ed.gov/?id=ed325543>

Peden, A. R., Rayens, M. K., Hall, L. A., & Grant, E. (2004). Negative thinking and the mental health of low-income single mothers. *Journal of Nursing Scholarship*, 36(4), 337–344. <https://doi.org/10.1111/j.1547-5069.2004.04061.x>

Pratt, M., Lipscomb, S., & Schmitt, S. (2015). The effect of Head Start on parenting outcomes for children living in non-parental care. *Journal of Child & Family Studies*, 24(10), 2944–2956. <https://doi.org/10.1007/s10826-014-0098-y>

Rossin-Slater, M. (2015). Promoting health in early childhood. *Future of Children*, 25(1), 35–64.

Scannapieco, M., & Hegar, R. L. (1996). *A nontraditional assessment framework for formal kinship homes* (No. 0009–4021) (pp. 567–582). Child Welfare. Retrieved from <https://www.cwla.org/child-welfare-journal/>

Schmitt, S. A., Pratt, M. E., & Lipscomb, S. T. (2017). Residential mobility predicts behavioral problems for children living in non-parental care during the transition to kindergarten. *Children and Youth Services Review*, 77, 101–109. <https://doi.org/10.1016/j.chilyouth.2017.04.010>

Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. *Attachment & Human Development*, 7(1), 3–25.

<https://doi.org/10.1080/14616730500049019>

Son, S.-H. C., Kwon, K.-A., Jeon, H.-J., & Hong, S.-Y. (2013). Head start classrooms and children's school readiness benefit from teachers' qualifications and ongoing training. *Child & Youth Care Forum*, 42(6), 525–553. <http://doi.org/10.1007/s10566-013-9213-2>

Sticht, T. G. (2011). Getting it right from the start: The case for early parenthood education. *American Educator*, 35(3), 35–39.

Strauss, B., & Wasburn-Moses, L. (2017). Improving preparation for foster care: Developing a child-friendly training curriculum for families who foster. *Child Welfare*, 95(5), 25–38.

Tesfamicael, G. (1999). *Parent observation of a teacher-parent relationship in early childhood education*.

National Association for the Education of Young Children (n.d.). *The 10 NAEYC standards*. Retrieved from <https://www.naeyc.org/our-work/families/10-naeyc-program-standards>

Tran, T. D., Luchters, S., & Fisher, J. (2017). Early childhood development: impact of national human development, family poverty, parenting practices and access to early

childhood education. *Child: Care, Health & Development*, 43(3), 415–426.

<https://doi.org/10.1111/cch.12395>

West, E. M., Miller, L. G., & Moate, R. M. (2017). Single mothers' experiences of support at their young children's school: An interpretative phenomenological approach.

Early Childhood Education Journal, 45(3), 379–391. [https://doi.org/10.1007/s10643-](https://doi.org/10.1007/s10643-016-0802-1)

016-0802-1

APPENDIX

Link to Family the Family Engagement Survey:

https://docs.google.com/forms/d/1r4IS_ZBkI1XQv9607RCi3rXR-N1m4XsDONGUqQBTHIw/edit