

ICPSR 34558

**Head Start Family and Child
Experiences Survey (FACES): 2009
Cohort [United States]**

*United States Department of Health and
Human Services. Administration for
Children and Families. Office of Planning,
Research and Evaluation*

Center Director Interview: Fall 2009

ICPSR

P.O. Box 1248
Ann Arbor, Michigan 48106
www.icpsr.umich.edu

About *Research Connections*

These data are made available by the Child Care and Early Education *Research Connections* project. *Research Connections* promotes high quality research in child care and early education and the use of that research in policymaking.

Research Connections is operated by the National Center for Children in Poverty at the Mailman School of Public Health, Columbia University and the Inter-university Consortium for Political and Social Research at the Institute for Social Research, University of Michigan, through a cooperative agreement with the Office of Child Care, Office of Family Assistance and the Office of Planning, Research, and Evaluation, Administration for Children and Families in the U.S. Department of Health and Human Services.



Terms of Use

The terms of use for this study can be found at:
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/34558/terms>

Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

NOTICE WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

OMB No.: 0970-0151
Expiration Date: 6/30/2012

MATHEMATICA
Policy Research, Inc.

Head Start Family and Child Experiences Survey

Center Director Interview

Fall 2009



AFFIX LABEL HERE

Interviewer ID: | | | | |

Interview Date: | | | / | | | / | | | | |
Month Day Year

Interview Start Time: | | : | | | AM 1 Interview End Time: | | : | | | AM 1
PM 2 PM 2

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0151. The time required to complete this information collection is estimated to average 30 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected.

We appreciate you and your center's participation in FACES 2009. As we discussed with you when you agreed to let your center participate in this study, the purpose of FACES is to learn how the Head Start program helps families around the country get services for their children.

We want to learn from you and other center directors, more about how Head Start centers interact with children and families from the point of view of the center directors. Information from this study will be used to help Head Start to improve services provided to children and families.

Of course, your participation in the interview is voluntary, and you may refuse to answer any questions. You may stop me at any time, and you may go back to earlier questions to change your answers. No one else from the Head Start program will see or hear your answers. Your responses are confidential and will only be reported as aggregate numbers. The things you tell me are very important, so please be as complete as possible. This interview will take about 30 minutes.

Do you have any questions before we start?

CONTENTS

| Section | Page |
|---|------|
| A. STAFFING AND RECRUITMENT | 1 |
| B. STAFF EDUCATION AND TRAINING | 7 |
| C. PARENT INVOLVEMENT | 13 |
| E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT | 22 |
| F. HOME VISITS..... | 30 |
| G. KINDERGARTEN TRANSITION | 33 |
| H. OVERVIEW OF PROGRAM MANAGEMENT | 35 |
| I. EMPLOYMENT AND EDUCATIONAL BACKGROUND | 37 |
| J. CONCLUDING THOUGHTS..... | 46 |

A. STAFFING AND RECRUITMENT

First, I have some questions about staffing and recruitment.

A1. How many lead teachers are currently employed in this center?

|_|_| LEAD TEACHERS

DON'T KNOW d

REFUSED r

A2. How many of these lead teachers are new to the center this fall? Would you say it is...

None, 1

One, 2

Two, or 3

Three or more? 4

DON'T KNOW d

REFUSED r

A3. Are there currently any unfilled vacancies for lead teachers?

YES 1

NO 0

DON'T KNOW d

REFUSED r

A4. During the last program year, how many lead teachers left and had to be replaced?

None, 1

One, 2

Two, or 3

Three or more? 4

DON'T KNOW d

REFUSED r

A5. How many assistant teachers or paid teacher aides are currently employed in this center?

____ ASSISTANT/PAID TEACHER AIDES EMPLOYED
DON'T KNOW d
REFUSED r

A6. How many of these assistant teachers (or teacher aides) are new to the center this year?

None, 1
One, 2
Two, or 3
Three or more? 4
DON'T KNOW d
REFUSED r

A7. Are there currently any unfilled vacancies for assistant teachers (or teacher aides)?

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

A8. During the last program year, how many assistant teachers (or teacher aides) left and had to be replaced?

None, 1
One, 2
Two, or 3
Three or more? 4
DON'T KNOW d
REFUSED r

A9. NO A9 IN THIS VERSION.

A10. Is the job of finding replacement teachers relatively easy, fairly easy, fairly difficult, or very difficult?

RELATIVELY EASY 1
 FAIRLY EASY 2
 FAIRLY DIFFICULT 3
 VERY DIFFICULT 4
 DON'T KNOW d
 REFUSED r

A11. Have you made any efforts to reduce teacher turnover?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

} → **GO TO A12h**

A12. What are you doing to reduce turnover? Are you . . .

| CIRCLE ONE PER ROW | | | | |
|---|-----|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Increasing teacher salaries?..... | 1 | 0 | d | r |
| b. Hiring or recruiting more assistants, aides?..... | 1 | 0 | d | r |
| c. Providing more or better training or education subsidies? | 1 | 0 | d | r |
| d. Providing better fringe benefits? | 1 | 0 | d | r |
| e. Giving teachers more say in choice of curriculum and planning of activities? | 1 | 0 | d | r |
| f. Providing teachers with better physical facilities (furniture, classroom or lounge areas, etc.)? | 1 | 0 | d | r |
| g. Anything else? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

A12h. Does your center serve any children or families who speak a language other than English at home?

| | | |
|------------------|---|----------------------|
| YES..... | 1 | } → GO TO A13 |
| NO | 0 | |
| DON'T KNOW | d | |
| REFUSED | r | |

[ASK IF A12h=1]

A12i. Other than English, what languages are spoken by the children and families who are part of your center?

CIRCLE ALL THAT APPLY

| | |
|-------------------------|----|
| FRENCH | 11 |
| SPANISH | 12 |
| CAMBODIAN (KHMER). | 13 |
| CHINESE | 14 |
| HAITIAN CREOLE | 15 |
| HMONG | 16 |
| JAPANESE | 17 |
| KOREAN..... | 18 |
| VIETNAMESE | 19 |
| ARABIC..... | 20 |
| OTHER (SPECIFY)..... | 21 |
| <hr/> | |
| DON'T KNOW | d |
| REFUSED | r |

A12j. Do you have any teachers or assistant teachers who are bilingual?

| | | |
|-----------------|---|----------------------|
| YES | 1 | } → GO TO A13 |
| NO | 0 | |
| DON'T KNOW..... | d | |
| REFUSED..... | r | |

[ASK IF A12j=1]

A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any teachers or assistant teachers in your center?

CIRCLE ALL THAT APPLY

- FRENCH 11
- SPANISH 12
- CAMBODIAN (KHMER). 13
- CHINESE 14
- HAITIAN CREOLE 15
- HMONG 16
- JAPANESE 17
- KOREAN 18
- VIETNAMESE 19
- ARABIC 20
- OTHER (SPECIFY) 21
-
- DON'T KNOW d
- REFUSED r

A13. Do you have any parents of current or former Head Start children employed in your center?

- YES 1
- NO 0
- DON'T KNOW d
- REFUSED r
- **GO TO B1**

A14. How many current or former Head Start parents are employed at your center as (a/an) . . .

| | CIRCLE ONE PER ROW | | |
|--|--------------------|---------------|---------|
| | NUMBER EMPLOYED | DON'T KNOW | REFUSED |
| a. Lead, or assistant teacher, or teacher's aide? | _ _ | d | r |
| b. Family service worker or home visitor?..... | _ _ | d | r |
| c. Food service worker? | _ _ | d | r |
| d. Maintenance or service staff?..... | _ _ | d | r |
| e. Administrator (e.g., Center Director, Component Coordinator)? | _ _ | d | r |
| f. Other (SPECIFY) | _ _ | d | r |
| _____ | | | |

B. STAFF EDUCATION AND TRAINING

My next questions are about efforts to promote staff education and training.

- B1. Does your center have any efforts in place to help teachers and assistant teachers get their CDA's?

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

- B1a. Does your center have any efforts in place to help family service workers get their family services credentials (e.g., Family Development credential, Basic Family Services credential, Social Services Competency-Based Training credential, etc.)? For this question, "family service workers" refers to those staff who provide parent education, family assessment, resource and referral, community partnership coordination, policy council coordination, outreach and enrollment, or family support services.

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

- B2. Does your center have any efforts in place to help center staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

→ GO TO B4

B3. What are you doing to help center staff get their A.A. or B.A. degrees? Are you . . .

| | CIRCLE ONE PER ROW | | | |
|---|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Providing tuition assistance? | 1 | 0 | d | r |
| b. Giving staff release time? | 1 | 0 | d | r |
| c. Providing assistance for course books? | 1 | 0 | d | r |
| d. Providing A.A. or B.A. courses onsite? | 1 | 0 | d | r |
| e. Anything else? (SPECIFY) | 1 | 0 | d | r |

B3f. Who is eligible for assistance to get their A.A. or B.A. degrees?

CIRCLE ALL MENTIONED

TEACHERS..... 1
 ASSISTANT TEACHERS 2
 FAMILY SERVICE WORKERS 3
 HEALTH STAFF..... 4
 OTHER (SPECIFY) 5

 DON'T KNOW d
 REFUSED r

B4. How often do your (READ TYPE OF STAFF) participate in training and technical assistance activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?

SHOW
CARD

| | CIRCLE ONE PER ROW | | | | | | |
|--|--------------------|------------------------|---------|-----------------------|---------------------|------------|---------|
| | WEEKLY | 2 OR 3 TIMES PER MONTH | MONTHLY | ONCE EVERY FEW MONTHS | ONCE A YEAR OR LESS | DON'T KNOW | REFUSED |
| a. Teachers and assistant teachers ... | 1 | 2 | 3 | 4 | 5 | d | r |
| b. Family service workers | 1 | 2 | 3 | 4 | 5 | d | r |
| c. Health staff..... | 1 | 2 | 3 | 4 | 5 | d | r |

B5. Who conducts the training?

CIRCLE ALL MENTIONED

CENTER OR GRANTEE STAFF 1
OTHER COMMUNITY RESOURCES 2
LOCAL CONSULTANTS 3
STATE T/TA PROVIDER 4
NATIONAL HEAD START ASSOCIATION 5
STATE OR NATIONAL CONFERENCES
(FOR EXAMPLE NAEYC) 6
PRIVATE COMPANIES OR ORGANIZATIONS
(FOR EXAMPLE, HIGH SCOPE, TEACHING
STRATEGIES) 7
OTHER (SPECIFY) 8

DO NOT HAVE TRAININGS 0
DON'T KNOW d
REFUSED r

B5c. How often do family service workers have the opportunity to reflect with their supervisors or peers on their direct work and relationships with families? Would you say it is . . . ?

SHOW
CARD

Weekly, 1
2 or 3 times per month, 2
Monthly, 3
Once every few months, or 4
Once a year or less? 5
DON'T KNOW d
REFUSED r

B6. Has your center consulted with state T/TA specialists, TA content specialists, or other TA providers?

YES 1
NO 0
DON'T KNOW d
REFUSED r

B7.-

B8. NO B7 AND B8 IN THIS VERSION.

B9. Has your program participated in training or TA sessions provided by the TA provider?

| | | |
|------------------|---|---------------|
| YES..... | 1 | |
| NO | 0 | } → GO TO B12 |
| DON'T KNOW | d | |
| REFUSED | r | |

B10. Did other programs besides your own program participate in any of these trainings or TA sessions?

| | |
|------------------|---|
| YES..... | 1 |
| NO | 0 |
| DON'T KNOW | d |
| REFUSED | r |

B11. Overall, how helpful is the training and technical assistance your staff receive? Would you say . . .

| | |
|-----------------------------------|---|
| Very helpful, | 1 |
| Fairly helpful, | 2 |
| Could be more helpful, or | 3 |
| Could be much more helpful? | 4 |
| DON'T KNOW | d |
| REFUSED | r |

B12. Would you like to have more training and technical assistance?

| | | |
|------------------|---|---------------|
| YES..... | 1 | |
| NO | 0 | } → GO TO B13 |
| DON'T KNOW | d | |
| REFUSED | r | |

B12c. For what topics would you like additional training and technical assistance?

CIRCLE ALL MENTIONED

| | |
|--|----|
| GENERAL CHILD DEVELOPMENT AND ECE | 1 |
| CURRICULUM MATERIALS AND TEACHING STRATEGIES FOR ALL CHILDREN..... | 2 |
| CURRICULUM MATERIALS AND TEACHING STRATEGIES FOCUSED ON CHILDREN WHO ARE DUAL LANGUAGE LEARNERS (DLLS) | 3 |
| INVOLVING PARENTS IN THE CLASSROOM..... | 4 |
| WORKING WITH PARENTS OF DLLS | 5 |
| CLASSROOM MANAGEMENT STRATEGIES..... | 6 |
| CLASSROOM SAFETY, HYGIENE, AND HEALTH | 7 |
| ASSESSMENT OF CHILD PROGRESS | 8 |
| OBSERVATION OF CHILD BEHAVIOR..... | 9 |
| EFFECTIVE COMMUNICATION WITH PARENTS ABOUT THEIR CHILD'S PROGRESS OR PROBLEMS | 10 |
| IDENTIFYING AND REPORTING CHILD ABUSE OR NEGLECT | 11 |
| SUPERVISION OF CLASSROOM WORKERS (E.G., VOLUNTEERS) | 12 |
| TEAM TEACHING..... | 13 |
| ENCOURAGING PARENTS TO SUPPLEMENT CLASSROOM LEARNING AT HOME | 14 |
| SOMETHING ELSE (SPECIFY) | 15 |
| <hr/> | |
| DON'T KNOW | d |
| REFUSED | r |

B13. Do you have mentor teachers or coaches to work with teachers in classrooms?

| | |
|------------------|---|
| YES..... | 1 |
| NO | 0 |
| DON'T KNOW | d |
| REFUSED | r |

}

→ **GO TO C1**

B14. Are your mentor teachers and coaches . . .

| CIRCLE ONE PER ROW | | | | |
|---|-----|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. More experienced teachers in your program? | 1 | 0 | d | r |
| b. Education coordinators?..... | 1 | 0 | d | r |
| c. Consultants hired by your program?..... | 1 | 0 | d | r |

B15. How often do they come to the classroom? Would you say . . .

Once a week or less,..... 1
 Once every two weeks, 2
 Once a month, or..... 3
 Less than once a month? 4
 DON'T KNOW d
 REFUSED r

C. PARENT INVOLVEMENT

- C1. Now I'd like to talk with you about your work with the Head Start families in your center and the ways in which parents are involved.

SHOW
CARD

Please look at the list on this card. Which of these is your most important goal for working with parents? **RECORD IN COLUMN A.** Which is your second most important goal? **RECORD IN COLUMN B.** And which is your third most important goal? **RECORD IN COLUMN C.** From this list, tell me your three most important goals in working with parents at your center, in order of importance, with 1 being the most important.

CIRCLE ONLY ONE GOAL IN EACH COLUMN

| | A MOST IMPORTANT | B 2nd MOST IMPORTANT | C 3rd MOST IMPORTANT |
|--|---------------------------------|-------------------------------------|-------------------------------------|
| A. TEACH PARENTS CHILD DEVELOPMENT AND PARENTING SKILLS | 1 | 2 | 3 |
| B. INFORM PARENTS ABOUT THEIR OWN CHILD'S DEVELOPMENT | 1 | 2 | 3 |
| N. INFORM PARENTS ABOUT THEIR OWN CHILD'S PROGRESS IN THE PROGRAM..... | 1 | 2 | 3 |
| C. ENCOURAGE PARENTS TO READ MORE AND DO MORE EDUCATIONAL ACTIVITIES WITH THEIR CHILDREN | 1 | 2 | 3 |
| D. TEACH PARENTS ABOUT HEALTH AND NUTRITION | 1 | 2 | 3 |
| E. INFORM PARENTS ABOUT THE SUPPORT SERVICES IN THEIR COMMUNITY AND HELP THEM TO USE THEM | 1 | 2 | 3 |
| F. HELP PARENTS DEVELOP A SOCIAL SUPPORT NETWORK OF OTHER PARENTS AND FAMILIES IN THE PROGRAM AND COMMUNITY..... | 1 | 2 | 3 |
| G. HAVE PARENTS PARTICIPATE IN POLICY AND PROGRAM DECISIONS..... | 1 | 2 | 3 |
| H. HELP PARENTS BECOME ECONOMICALLY SELF-SUFFICIENT (I.E., GET FURTHER EDUCATION AND EMPLOYMENT) | 1 | 2 | 3 |
| I. HELP PARENTS IMPROVE THEIR LITERACY SKILLS | 1 | 2 | 3 |
| J. HELP PARENTS IDENTIFY THEIR PERSONAL GOALS AND WAYS IN WHICH TO ACHIEVE THEM..... | 1 | 2 | 3 |

CIRCLE ONLY ONE GOAL IN EACH COLUMN

| | A MOST IMPORTANT | B 2nd MOST IMPORTANT | C 3rd MOST IMPORTANT |
|---|---------------------------------|-------------------------------------|-------------------------------------|
| K. HELP PARENTS IDENTIFY THEIR GOALS FOR THEIR CHILD AND WAYS IN WHICH TO ACHIEVE THEM..... | 1 | 2 | 3 |
| L. PROVIDE SUPPORT TO PARENTS IN CRISIS..... | 1 | 2 | 3 |
| M. SUPPORT PARENTS IN MEETING THE BASIC NEEDS OF THEIR FAMILIES (FOR EXAMPLE, PROVIDE FOOD AND HOUSING ASSISTANCE)..... | 1 | 2 | 3 |
| DON'T KNOW GOAL | d | d | d |

IF A12h≠1, GO TO C2

C1o. Does your Head Start center have any additional goals specifically for families with children who are Dual Language Learners (DLL)?

HELP/PROBE: Dual language learners are children learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as Limited English Proficient (LEP), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).

YES..... 1
 NO 0
 DON'T KNOW d
 REFUSED r

→ **GO TO C2**

C1p. Please tell me what specific goals your center has for DLL families.

| | <u>CIRCLE ALL MENTIONED</u> |
|--|------------------------------------|
| HELPING THEM LEARN ENGLISH | 1 |
| HELPING THEM CONNECT TO DLL RESOURCES SUCH AS ESL CLASSES OR ORGANIZATIONS FOCUSED ON PROVIDING SUPPORTS TO FAMILIES OF THE SAME CULTURE OR ETHNIC ORIGIN..... | 2 |
| SERVING AS A BRIDGE FOR ACCULTURATION (E.G., HELPING THEM BETTER UNDERSTAND ELEMENTS OF AMERICAN CULTURE THAT MIGHT DIFFER FROM THEIR CULTURE OF ORIGIN) | 3 |
| HELPING THEM FIND SERVICES WITHIN THE COMMUNITY ... | 4 |
| SUPPORTING AND HONORING THE FAMILY'S FIRST LANGUAGE..... | 5 |
| MAKING SURE THEY ARE INVOLVED IN THE PROGRAM | 6 |
| OTHER (SPECIFY) | 7 |

C2. During this year and the past Head Start year, have parent volunteers in your center helped . . .

| | CIRCLE ONE PER ROW | | | |
|--|---------------------------|-----------|-------------------|----------------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. As classroom aides, or bus monitors or drivers? | 1 | 0 | d | r |
| b. With screening or child assessment? | 1 | 0 | d | r |
| c. As consultants or workshop leaders? | 1 | 0 | d | r |
| d. Home visitors? | 1 | 0 | d | r |
| e. As interpreters for non-English speaking or limited English-speaking families? | 1 | 0 | d | r |
| f. In recruiting families? | 1 | 0 | d | r |
| g. Mentor or encourage other families to participate? | 1 | 0 | d | r |
| h. By sharing aspects of their culture with the program staff or other families within the program setting?..... | 1 | 0 | d | r |

C3. Does your center or program do any of the following to encourage parents to participate in Head Start activities and classes? Do you . . .

| | CIRCLE ONE PER ROW | | | |
|---|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Offer incentives such as door prizes or samples of products? | 1 | 0 | d | r |
| b. Provide transportation? | 1 | 0 | d | r |
| c. Provide child care? | 1 | 0 | d | r |
| d. Provide interpreters for events like workshops or parent-teacher conferences? | 1 | 0 | d | r |
| g. Translate written materials? | 1 | 0 | d | r |
| e. Serve food such as snacks or supper? | 1 | 0 | d | r |
| h. Design activities and classes around topics identified by parents as being of interest and/or use to them? ... | 1 | 0 | d | r |
| i. Offer classes and activities at a variety of different times to accommodate different schedules? | 1 | 0 | d | r |
| f. Anything else? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

[ASK IF A12h=1]

C3j. Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?

YES..... 1
 NO 0
 DON'T KNOW d
 REFUSED r

C3k. What does your center do to encourage parents to supplement classroom learning at home?

CIRCLE ALL THAT APPLY

- PROVIDE WORKSHOPS 1
- SEND HOME LETTERS/FLIERS WITH SUGGESTIONS... 2
- TEACHERS, ASSISTANT TEACHERS, OR
OTHER STAFF MAKE SUGGESTIONS
DURING PICK-UP/DROP-OFF 3
- SET UP MEETINGS BETWEEN
TEACHERS AND PARENTS 4
- SET UP MEETINGS BETWEEN
OTHER STAFF AND PARENTS..... 5
- DISCUSS DURING HOME VISITS 6
- OTHER (SPECIFY)..... 7
-
- DON'T KNOW d
- REFUSED..... r

C4. Does your center offer workshops, meetings, or activities specifically for fathers and father-figures?

- YES..... 1
- NO 0
- DON'T KNOW d
- REFUSED r
- **GO TO C6**

C5. Does your center offer any of the following targeted specifically toward fathers and father-figures? How about . . .

| | CIRCLE ONE PER ROW | | | |
|--|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Employment assistance and skills workshops? | 1 | 0 | d | r |
| b. Basic finance and budgeting skills workshops? | 1 | 0 | d | r |
| c. Social activities? | 1 | 0 | d | r |
| d. Partner or family relationship workshops? | 1 | 0 | d | r |
| e. Parenting education workshops? | 1 | 0 | d | r |
| f. Adult-child outings? | 1 | 0 | d | r |
| g. Support groups for men? | 1 | 0 | d | r |
| h. Anything else? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

C6. Do fathers and father-figures regularly help in any of the following ways in your center?

| | CIRCLE ONE PER ROW | | | |
|---|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. As classroom volunteers | 1 | 0 | d | r |
| b. As chaperones for field trips | 1 | 0 | d | r |
| c. As members of the Policy Council or other governing bodies | 1 | 0 | d | r |
| d. Doing maintenance or chores | 1 | 0 | d | r |
| e. Helping at special events or activities | 1 | 0 | d | r |

C7. NO C7 IN THIS VERSION.

C8. How many parents are members of the Policy Council?

|_|_| PARENTS

DON'T KNOWd

REFUSEDr

C8a. (If C8>0) Do any of the parent Policy Council members have limited English speaking skills?

YES..... 1

NO0

DON'T KNOWd

REFUSEDr

C9. How many times does the Policy Council meet during the program year?

|_|_| TIMES PER YEAR

DON'T KNOWd

REFUSEDr

C10. Are parents or the Policy Council involved in the staff hiring process?

YES..... 1

NO0

DON'T KNOWd

REFUSEDr

→ GO TO C12

C11. How are they involved?

CIRCLE ALL THAT APPLY

APPROVE JOB DESCRIPTIONS 1
REVIEW APPLICATIONS/SCREEN APPLICANTS 2
SIT IN ON OR CONDUCT INTERVIEWS 3
APPROVE OR DECLINE RECOMMENDED HIRES..... 4
OTHER (SPECIFY)..... 5

DON'T KNOW d
REFUSED..... r

C12. Are parents or the Policy Council involved in the program self-assessment process?

YES 1
NO 0
DON'T KNOW d
REFUSED r

→ GO TO C16

C13. How are they involved?

CIRCLE ALL THAT APPLY

SELECT OR DESIGN SELF-ASSESSMENT TOOLS 1
CONDUCT THE ENTIRE SELF-ASSESSMENT 2
PART OF THE SELF-ASSESSMENT TEAM 3
REVIEW THE RESULTS OF SELF-ASSESSMENT 4
OTHER (SPECIFY)..... 5

DON'T KNOW d
REFUSED..... r

C14.-

C15. NO C14 AND C15 IN THIS VERSION.

C16. How does your Head Start center obtain information from parents about their experiences with Head Start, including suggestions for improvement? Do you . . .

| | CIRCLE ONE PER ROW | | | |
|--|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Have formal mechanisms in place such as regularly scheduled meetings or discussion sessions or a place for parents to leave comments? | 1 | 0 | d | r |
| b. Use informal means such as listening to parent comments during pick-up and drop-off times? | 1 | 0 | d | r |
| c. Have another approach? (SPECIFY) _____ | 1 | 0 | d | r |

E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT

Now I'd like to ask a few questions about the curriculum used in your center.

E1. Is a specific curriculum or combination of curricula used in your center?

YES, SPECIFIC CURRICULUM 1

YES, COMBINATION 2

NO 0

DON'T KNOW d

REFUSED r

→ GO TO E4

E2. What (curriculum does/curricula do) you use?

PROBE: Any others?

CODE ALL CURRICULA NAMED IN COLUMN E2. IF MORE THAN ONE CURRICULA IS NAMED, ASK E3, ELSE GO TO E4.

E3. What is your main curriculum?

| | E2. CIRCLE ALL THAT APPLY | E3. CIRCLE ONLY ONE | | |
|---|---------------------------------|------------------------|---------------|---------|
| | CURRICULA | MAIN CURRICULUM | DON'T KNOW | REFUSED |
| CREATIVE CURRICULUM | 11 | 11 | d | r |
| HIGH/SCOPE | 12 | 12 | d | r |
| HIGH REACH | 13 | 13 | d | r |
| LET'S BEGIN WITH THE LETTER PEOPLE | 14 | 14 | d | r |
| MONTESSORI..... | 15 | 15 | d | r |
| BANK STREET | 16 | 16 | d | r |
| CREATING CHILD CENTERED CLASSROOMS – STEP BY STEP..... | 17 | 17 | d | r |
| SCHOLASTIC CURRICULUM | 18 | 18 | d | r |
| LOCALLY DESIGNED CURRICULUM | 19 | 19 | d | r |
| CURIOSITY CORNER | 20 | 20 | d | r |
| OTHER (SPECIFY)..... | 21 | 21 | d | r |
| _____ | | | | |

E3a. Does your center use a particular parent education or parent support curriculum?

| | | |
|------------------|---|---------------------|
| YES..... | 1 | } → GO TO E4 |
| NO | 0 | |
| DON'T KNOW | d | |
| REFUSED | r | |

E3b. What (curriculum does/curricula do) you use?

CIRCLE ALL MENTIONED

| | |
|--|----|
| SECOND STEP | 1 |
| PARENTS AS TEACHERS (PAT)..... | 2 |
| SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING (STEP) | 3 |
| 21st CENTURY EXPLORING PARENTING (EXPLORING PARENTING) | 4 |
| HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI)..... | 5 |
| GROWING GREAT KIDS, INC | 6 |
| POSITIVE SOLUTIONS FOR FAMILIES (CENTER ON THE SOCIAL EMOTIONAL FOUNDATIONS FOR EARLY LEARNING)..... | 7 |
| SECOND TIME AROUND: GRANDPARENTS RAISING GRANDCHILDREN | 8 |
| PRACTICAL PARENT EDUCATION..... | 9 |
| IMPROVING PARENT-CHILD RELATIONSHIPS... | 10 |
| PARENTING NOW! CURRICULUM..... | 11 |
| OTHER (SPECIFY)..... | 12 |
| <hr/> | |
| DON'T KNOW | d |
| REFUSED..... | r |

E3c. What is the main goal of the curriculum?

RECORD VERBATIM

- E4. Who makes *most* of the decisions about the day-to-day plans for children, such as the calendar or sequence of activities? Is it . . .

CIRCLE ONE ONLY

Head Start program administrators,..... 1

Individual center directors and staff, 2

Managers, specialists/coordinators 3

Individual teachers, 4

Parents, or..... 5

Someone else? (SPECIFY)..... 6

DON'T KNOW d

REFUSED r

E5.-

E6. NO E5 AND E6 IN THIS VERSION.

- E7. Do you encourage teachers in your center to do more of any of the following kinds of activities? I will ask you first about language and literacy activities and then about math activities and activities related to children's social-emotional development.

How about [READ ITEM] . . .

Would you say teachers are very much encouraged, somewhat encouraged, not very much encouraged, or not at all encouraged to do this?



| | CIRCLE ONE PER ROW | | | | | |
|--|----------------------|---------------------|--------------------------|-----------------------|------------|---------|
| | VERY MUCH ENCOURAGED | SOMEWHAT ENCOURAGED | NOT VERY MUCH ENCOURAGED | NOT AT ALL ENCOURAGED | DON'T KNOW | REFUSED |
| a. Reading stories to the children? | 1 | 2 | 3 | 4 | d | r |
| b. Retelling stories?..... | 1 | 2 | 3 | 4 | d | r |
| c. Discussing new words? | 1 | 2 | 3 | 4 | d | r |
| d. Learning about rhyming words and word families? | 1 | 2 | 3 | 4 | d | r |
| e. Learning about common prepositions, such as over and under, up and down?.... | 1 | 2 | 3 | 4 | d | r |
| f. Learning about conventions of print (left to right orientation, book holding)? .. | 1 | 2 | 3 | 4 | d | r |
| g. Learning the names of letters? | 1 | 2 | 3 | 4 | d | r |
| h. Writing letters of the alphabet? | 1 | 2 | 3 | 4 | d | r |
| i. Writing own name? | 1 | 2 | 3 | 4 | d | r |
| j. Working on phonics?..... | 1 | 2 | 3 | 4 | d | r |
| k. Counting out loud? | 1 | 2 | 3 | 4 | d | r |
| l. Working with geometric manipulatives (for example, parquetry blocks, or shape puzzles)?..... | 1 | 2 | 3 | 4 | d | r |
| m. Working with counting manipulatives (things for children to count) to learn basic operations (for example, adding and subtracting)? | 1 | 2 | 3 | 4 | d | r |
| n. Playing math-related games? | 1 | 2 | 3 | 4 | d | r |



| | CIRCLE ONE PER ROW | | | | | |
|---|-------------------------|------------------------|--------------------------------|--------------------------|---------------|---------|
| | VERY MUCH ENCOURAGED | SOMEWHAT ENCOURAGED | NOT VERY MUCH ENCOURAGED | NOT AT ALL ENCOURAGED | DON'T KNOW | REFUSED |
| o. Using music to understand math concepts?..... | 1 | 2 | 3 | 4 | d | r |
| p. Working with rulers, measuring cups, spoons, or other measuring instruments? | 1 | 2 | 3 | 4 | d | r |
| q. Engaging in calendar-related activities? | 1 | 2 | 3 | 4 | d | r |
| r. Engaging in activities related to telling time? | 1 | 2 | 3 | 4 | d | r |
| s. Engaging in activities that involve shapes and patterns? | 1 | 2 | 3 | 4 | d | r |
| t. Engaging in activities that involve taking turns?..... | 1 | 2 | 3 | 4 | d | r |
| u. Talking about their own and other children's feelings?..... | 1 | 2 | 3 | 4 | d | r |
| v. Engaging in activities that involve sharing? | 1 | 2 | 3 | 4 | d | r |

E8. NO E8 IN THIS VERSION.

E9a. What child assessment tools do you use?

IF DIFFICULTY NAMING: Would you like to see a list of some commonly used assessment tools? You may be using one of those or something else.

SHOW
CARD

PROBE: Any others?

CODE ALL ASSESSMENTS NAMED IN COLUMN E9a. IF MORE THAN ONE ASSESSMENT IS NAMED, ASK E9, ELSE GO TO E10.

E9. What is your main child assessment tool?

| | E9a. CIRCLE ALL THAT APPLY | E9. CIRCLE ONLY ONE | | |
|--|----------------------------------|------------------------|---------------|---------|
| | CHILD ASSESSMENTS | MAIN ASSESSMENT | DON'T KNOW | REFUSED |
| THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM ASSESSMENT TOOLKIT FOR AGES 3-5..... | 1 | 1 | d | r |
| HIGH/SCOPE CHILD OBSERVATION RECORD (COR) | 2 | 2 | d | r |
| GALILEO | 3 | 3 | d | r |
| AGES AND STAGES QUESTIONNAIRES: A PARENT-COMPLETED, CHILD-MONITORING SYSTEM | 4 | 4 | d | r |
| DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP) | 5 | 5 | d | r |
| WORK SAMPLING SYSTEM FOR HEAD START | 6 | 6 | d | r |
| LEARNING ACCOMPLISHMENT PROFILE SCREENING (LAP INCLUDING E-LAP, LAP-R AND LAP-D) | 7 | 7 | d | r |
| HAWAII EARLY LEARNING PROFILE (HELP) | 8 | 8 | d | r |
| BRIGANCE PRESCHOOL SCREEN FOR THREE AND FOUR YEAR OLD CHILDREN | 9 | 9 | d | r |
| ASSESSMENT DESIGNED FOR THIS PROGRAM | 10 | 10 | d | r |
| OTHER (SPECIFY)..... | 12 | 12 | d | r |
| DO NOT USE A CHILD ASSESSMENT TOOL [GO TO E11d] | 13 | 13 | d | r |

E10. What methods do you use for these assessments? Would you say . . .

Ratings based on observation or work sampling, 1

Testing with standardized tests or assessment
or screening instruments, 2

Both observation-based ratings and
direct assessments, or 3

Something else? (SPECIFY) 4

DO NOT ASSESS 0

DON'T KNOW d

REFUSED r

→ GO TO E11d

E11. How often is each child's assessment results [READ TEXT] . . . Is it once at the beginning of the program year, once at the end of the program year, both at the beginning and at the end of the program year, or more often?

| CIRCLE ONE PER ROW | | | | | | |
|---|---------------------------------|---------------------------|---------------------------------|---------------|---------------|---------|
| | ONCE AT BEGINNING OF YEAR | ONCE AT END OF YEAR | BEGINNING AND END OF YEAR | MORE OFTEN | DON'T KNOW | REFUSED |
| a. Reported to parents?.. | 1 | 2 | 3 | 4 | d | r |
| b. Reported to Program Administrators? | 1 | 2 | 3 | 4 | d | r |
| c. Recorded in child's record? | 1 | 2 | 3 | 4 | d | r |

[ASK IF A12H=1]

E11d. Now I would like to ask you about strategies you might use to assess the English language abilities of children who are dual language learners. How often do you use any of the following strategies to assess their English language skills?



| | CIRCLE ONE PER ROW | | | | | | |
|--|--------------------|---------------------------------|---------------------------|---------------------------------|---------------|---------------|---------|
| | NEVER | ONCE AT BEGINNING OF YEAR | ONCE AT END OF YEAR | BEGINNING AND END OF YEAR | MORE OFTEN | DON'T KNOW | REFUSED |
| 1. Teacher ratings based on observation | 1 | 2 | 3 | 4 | 5 | d | r |
| 2. Testing with standardized tests or assessments..... | 1 | 2 | 3 | 4 | 5 | d | r |
| 3. Parent reports | 1 | 2 | 3 | 4 | 5 | d | r |
| 4. Something else? (SPECIFY) _____ | 1 | 2 | 3 | 4 | 5 | d | r |

[ASK IF A12h=1]

E11e. Do you assess children's abilities in their home language?

YES..... 1
 NO0
 DON'T KNOWd
 REFUSEDr

F. HOME VISITS

I'd like to ask about visits made to the homes of center-based Head Start children by center staff.

F1a. In your center, do any of the teachers also serve as a family service worker?

YES..... 1
 NO 0
 DON'T KNOW d
 REFUSED r

F2. What are the minimum number of home visits to the family of each center-based child during the Head Start year by . . .

| | CIRCLE ONE PER ROW | | |
|---|--------------------|---------|---|
| MINIMUM NUMBER OF HOME VISITS | DON'T KNOW | REFUSED | |
| a. Teachers or assistant teachers?..... | _ _ | d | r |
| b. FSAs or FSWs (Family Service Assistants or Workers) or FAs (Family Advocates)? | _ _ | d | r |

F3. Does your center include a home-based option?

YES..... 1
 NO 0
 DON'T KNOW d
 REFUSED r

→

GO TO BOX F

F4. How many times a year is each family visited by . . .

| | CIRCLE ONE PER ROW | | |
|--|--------------------|------------|---------|
| | TIMES | DON'T KNOW | REFUSED |
| a. Home visitors (teachers)?..... | _ _ | d | r |
| b. FSAs or FSWs (Family Service Assistants or Workers) or FAs (Family Advocates)?..... | _ _ | d | r |

F4c. What is the average caseload for a family service worker in your center? Would you say it is . . .

10-35, 1

36-45, 2

46-55, 3

56-65, 4

66-76, 5

76-100, 6

101-125, or 7

higher than 125? 8

DON'T KNOW d

REFUSED r

BOX F

CHECK RESPONSES TO F1 AND F3

BOTH ARE “NO” (NO HOME VISITS OR HOME BASED OPTION), GO TO G0

EITHER ARE “YES” (EITHER HOME VISITS, HOME BASED OR BOTH), CONTINUE

- F5. During your center staff’s home visits, which three of these activities do teachers spend the most time doing? **RECORD IN COLUMN F5.**

SHOW
CARD

CIRCLE NUMBERS FOR THREE ACTIVITIES MENTIONED. DO NOT RECORD MORE THAN 3 IN EACH COLUMN.

- F6. Which of the three activities do family service workers spend the most time doing on a day-to-day basis? **RECORD IN COLUMN F6.**

| | CIRCLE THREE FOR EACH | |
|--|---|------------------------------|
| | F5. TEACHERS/ ASSISTANT TEACHERS | F6. FSWs, FSAs, OR FAs |
| A. PROVIDING EDUCATIONAL EXPERIENCES TO THE HEAD START CHILD | 1 | 1 |
| B. INFORMING PARENTS ABOUT THE PROGRESS OF THEIR CHILD . | 2 | 2 |
| C. TEACHING PARENTS ABOUT (PARENTING/EDUCATION/CHILD DEVELOPMENT) ISSUES INCLUDING ACTIVITIES TO DO WITH THEIR CHILDREN..... | 3 | 3 |
| D. CONDUCTING FAMILY ASSESSMENTS | 4 | 4 |
| E. PROVIDING GUIDANCE TO FAMILIES TO HELP THEM MEET THEIR GOALS..... | 5 | 5 |
| F. PROVIDING REFERRAL TO COMMUNITY SERVICES..... | 6 | 6 |
| G. PROVIDING INFORMAL COUNSELING OR ADDRESSING PERSONAL ISSUES (E.G., MARITAL STRESS/FAMILY RELATIONS) | 7 | 7 |
| H. PROVIDING INFORMATION OR REFERRAL TO PARENTS ABOUT EDUCATIONAL SERVICES | 8 | 8 |
| I. PROVIDING ASSISTANCE WITH BASIC NEEDS (E.G., FOOD/HOUSING/CLOTHING/MEDICAL CARE) | 9 | 9 |
| J. OBTAINING INFORMATION FROM PARENTS ABOUT THEIR EXPERIENCES WITH HEAD START INCLUDING SUGGESTIONS FOR IMPROVEMENT | 10 | 10 |
| K. OTHER (SPECIFY) | 11 | 11 |

G. KINDERGARTEN TRANSITION

My next questions are about transition to kindergarten.

- G0. At your Head Start center, do you have a formal process in place for planning for children's transition to kindergarten?

| | | |
|------------------|---|---------------------|
| YES..... | 1 | |
| NO | 0 | } → GO TO G1 |
| DON'T KNOW | d | |
| REFUSED | r | |

- G0a. In a child's final year in your center, when do you begin planning for the transition?
Would you say it is...

| | |
|---|---|
| At the start of the year,..... | 1 |
| Halfway through the year, | 2 |
| A couple of months before the year ends, or | 3 |
| A few weeks before the year ends? | 4 |
| OTHER (SPECIFY)?..... | 5 |
| <hr/> | |
| DOESN'T DO TRANSITION PLANNING | 6 |
| DON'T KNOW | d |
| REFUSED..... | r |

G1. Does your Head Start center do any of the following? Do you . . .

| | CIRCLE ONE PER ROW | | | |
|--|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Send letters home with children or mail letters to parents providing information on transition to kindergarten? | 1 | 0 | d | r |
| b. Invite parents to attend informational meetings or discussions with Head Start or school staff about kindergarten transition? | 1 | 0 | d | r |
| c. Provide parents with information on the schools their child may attend? | 1 | 0 | d | r |
| d. Schedule parent and/or child visit(s) to the school the child will attend? | 1 | 0 | d | r |
| e. Accompany parents and/or children to visit the school? | 1 | 0 | d | r |
| f. Teach parents skills to effectively advocate for their school-age children? | 1 | 0 | d | r |
| g. Do anything else? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

G2. Does your Head Start center work in any of the following ways with the schools your children will attend? Does your center . . .

| | CIRCLE ONE PER ROW | | | |
|---|--------------------|----|------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Conduct joint training of Head Start and school staffs? | 1 | 0 | d | r |
| b. Share curriculum information? | 1 | 0 | d | r |
| c. Share information about rules and program policies? | 1 | 0 | d | r |
| d. Share information on expectations of children and families? | 1 | 0 | d | r |
| e. Provide children's Head Start records to the school? | 1 | 0 | d | r |
| f. Meet with kindergarten teachers at the schools Head Start children will attend? | 1 | 0 | d | r |
| g. Help schools identify Head Start children who will enroll in their kindergarten program? | 1 | 0 | d | r |
| i. Participate in the development of IEPs for children with disabilities? | 1 | 0 | d | r |
| [ASK IF A12h=1] | | | | |
| j. Connect children who are dual language learners with ESL services? | 1 | 0 | d | r |
| h. Do anything else? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

H. OVERVIEW OF PROGRAM MANAGEMENT

- H1. Now, please tell me the extent to which you agree with each of the following statements about your experiences with the policies and procedures in your program. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree. For this question, “teachers” refers to both teachers and teacher assistants.

SHOW
CARD

Your Head Start Program . . .

| | CIRCLE ONE PER ROW | | | | | | |
|--|----------------------|----------|----------------------------------|-------|-------------------|---------------|---------|
| | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | DON'T KNOW | REFUSED |
| a. Helps teachers feel good about their jobs? | 1 | 2 | 3 | 4 | 5 | d | r |
| b. Promotes teamwork among teachers? | 1 | 2 | 3 | 4 | 5 | d | r |
| c. Helps teachers feel that they are part of a team?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| d. Ensures that teachers do not feel isolated?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| e. Provides enough assistance to teachers in the classroom? | 1 | 2 | 3 | 4 | 5 | d | r |
| f. Provides orientation to new teachers? | 1 | 2 | 3 | 4 | 5 | d | r |
| g. Helps new teachers adjust to the classroom?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| h. Knows what teachers deal with in the classroom? | 1 | 2 | 3 | 4 | 5 | d | r |
| i. Has timely delivery of materials for use in classrooms?..... | 1 | 2 | 3 | 4 | 5 | d | r |
| j. Provides opportunities for teachers to identify their strengths and weaknesses?.. | 1 | 2 | 3 | 4 | 5 | d | r |
| k. Provides an atmosphere that is free from destructive gossip? | 1 | 2 | 3 | 4 | 5 | d | r |
| l. Provides freedom for teachers to create their own unique classrooms? | 1 | 2 | 3 | 4 | 5 | d | r |

H2. NO H2 IN THIS VERSION.

H3. I have a few more questions about your experiences with the policies and procedures in your program. Please tell me the extent to which you agree with each of the following statements. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

SHOW
CARD

Your Head Start Program . . .

| | CIRCLE ONE PER ROW | | | | | | |
|---|----------------------|----------|-------------------------------------|-------|-------------------|---------------|---------|
| | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | DON'T KNOW | REFUSED |
| a. Promotes cooperation between Head Start staff and parents? | 1 | 2 | 3 | 4 | 5 | d | r |
| b. Encourages parents to supplement classroom learning at home? | 1 | 2 | 3 | 4 | 5 | d | r |
| c. Supports staff in their efforts to engage parents? | 1 | 2 | 3 | 4 | 5 | d | r |

H4. Now, please tell me the extent to which you agree with each of the following statements about the experiences of family service workers in your center. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

SHOW
CARD

In your Head Start Program . . .

| | CIRCLE ONE PER ROW | | | | | | |
|--|----------------------|----------|-------------------------------------|-------|-------------------|---------------|---------|
| | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | DON'T KNOW | REFUSED |
| a. FSWs work closely with teachers and other specialists | 1 | 2 | 3 | 4 | 5 | d | r |
| b. FSWs understand the Head Start goals of family literacy | 1 | 2 | 3 | 4 | 5 | d | r |
| c. FSWs feel good about their jobs. | 1 | 2 | 3 | 4 | 5 | d | r |

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

Now, I'd like to ask you some questions about your professional background and your job with Head Start.

11. In what month and year did you start working for this Head Start program?

|_|_| MONTH |_|_|_|_| YEAR

DON'T KNOW d

REFUSED r

12. In total, how many years have you worked with any Head Start or Early Head Start Program? **ROUND RESPONSE TO NEAREST NUMBER OF YEARS. NOTE: HEAD START HAS BEEN IN EXISTENCE FOR ABOUT 45 YEARS.**

|_|_| YEARS

DON'T KNOW d

REFUSED r

13. How many hours per week are you paid to work for Head Start?

|_|_| HOURS

DON'T KNOW d

REFUSED r

14. How many hours per week do you actually work for Head Start?

|_|_| HOURS

DON'T KNOW d

REFUSED r

15. How many months per year are you paid to work for Head Start?

|_|_| MONTHS PER YEAR

DON'T KNOW d

REFUSED r

16. In your current Head Start position(s), how much do the following make it harder for you to do your job well?

(ITEM). Does this make it a great deal harder, somewhat harder, or not at all harder for you to do your job well?

| | CIRCLE ONE PER ROW | | | |
|---|-------------------------|--------------------|---------------|---------------|
| | GREAT DEAL HARDER | SOMEWHAT HARDER | NOT AT ALL | DON'T KNOW |
| a. Time constraints (not enough hours in the day).... | 3 | 2 | 1 | d |
| b. Too many conflicting demands..... | 3 | 2 | 1 | d |
| c. Not a high enough salary for the job demands | 3 | 2 | 1 | d |
| d. Lack of support staff..... | 3 | 2 | 1 | d |
| e. Not enough training and technical assistance for professional development..... | 3 | 2 | 1 | d |
| f. Not enough support and communication from administration..... | 3 | 2 | 1 | d |
| g. Not enough funds for supplies and activities | 3 | 2 | 1 | d |
| h. Dealing with a challenging population | 3 | 2 | 1 | d |
| i. Staff turnover..... | 3 | 2 | 1 | d |
| j. Lack of parent support..... | 3 | 2 | 1 | d |
| k. Lack of qualified teaching staff | 3 | 2 | 1 | d |
| l. Anything else? (SPECIFY) | 3 | 2 | 1 | d |

17. Which of the following benefits are available to you through Head Start?

| | CIRCLE ONE PER ROW | | | |
|---|--------------------|----|---------------|---------|
| | YES | NO | DON'T KNOW | REFUSED |
| a. Paid vacation time | 1 | 0 | d | r |
| b. Paid sick leave | 1 | 0 | d | r |
| c. Paid (maternity/paternity) leave..... | 1 | 0 | d | r |
| d. Unpaid (maternity/paternity) leave..... | 1 | 0 | d | r |
| e. Paid family leave | 1 | 0 | d | r |
| f. Fully or partially paid health insurance | 1 | 0 | d | r |
| g. Fully or partially paid dental insurance | 1 | 0 | d | r |
| h. Tuition reimbursement..... | 1 | 0 | d | r |
| i. Retirement plan..... | 1 | 0 | d | r |

18. Please tell me the extent to which you agree with each of the following statements. Tell me whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree.

SHOW
CARD

| | CIRCLE ONE PER ROW | | | | | | |
|--|----------------------|----------|-------------------------------------|-------|-------------------|---------------|---------|
| | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | DON'T KNOW | REFUSED |
| a. I really enjoy my present job | 1 | 2 | 3 | 4 | 5 | d | r |
| b. I am certain I am making a difference in the lives of children | 1 | 2 | 3 | 4 | 5 | d | r |
| c. If I could start over, I would choose education again as my career..... | 1 | 2 | 3 | 4 | 5 | d | r |

19. NO 19 IN THIS VERSION.

110. Do you have any children living in your household who attend Head Start now?

YES..... 1 → **GO TO I12**

NO 0

DON'T KNOW d

REFUSED r

111. Did you ever have a child in your household who attended Head Start?

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

I12. What is the highest grade or year of school that you completed?

CIRCLE ONE RESPONSE

- | | | |
|--|----|----------------------|
| UP TO 8TH GRADE | 1 | } → GO TO I18 |
| 9TH TO 11TH GRADE..... | 2 | |
| 12TH GRADE BUT NO DIPLOMA | 3 | |
| HIGH SCHOOL DIPLOMA/EQUIVALENT..... | 4 | |
| VOC/TECH PROGRAM AFTER HIGH SCHOOL BUT NO VOC/TECH DIPLOMA | 5 | |
| VOC/TECH DIPLOMA AFTER HIGH SCHOOL | 6 | } → GO TO I14 |
| SOME COLLEGE BUT NO DEGREE | 7 | |
| ASSOCIATE'S DEGREE | 8 | |
| BACHELOR'S DEGREE | 9 | |
| GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE | 10 | |
| MASTER'S DEGREE (MA, MS)..... | 11 | |
| DOCTORATE DEGREE (PH.D., ED.D.) | 12 | |
| PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) | 13 | |
| DON'T KNOW..... | d | } → GO TO I18 |
| REFUSED..... | r | |

I13. In what field did you obtain your highest degree?

- | | |
|--|---|
| CHILD DEVELOPMENT OR DEVELOPMENTAL PSYCHOLOGY | 1 |
| EARLY CHILDHOOD EDUCATION | 2 |
| ELEMENTARY EDUCATION | 3 |
| SPECIAL EDUCATION | 4 |
| OTHER FIELD (SPECIFY) | 5 |
| <hr/> | |
| EDUCATION, BUSINESS ADMINISTRATION / MANAGEMENT & SUPERVISION | 6 |
| DON'T KNOW | d |
| REFUSED | r |

I14. Did your schooling include 6 or more college courses in early childhood education or child development?

YES..... 1 → **GO TO I15a**

NO 0

DON'T KNOW d

REFUSED r

I15. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

I15a. Have you completed an entire course on dual language learner children?

YES 1

NO 0

DON'T KNOW..... d

REFUSED..... r

CHECK BOX: DID RESPONDENT ATTEND COLLEGE (I12 EQUALS 7, 8, 9, 10, 11, 12, 13)?

YES..... 1 → **ASK I16**

NO 0 → **GO TO I18**

I16. What is the name of the college or university (you attended/where you completed your highest degree)?

NAME OF COLLEGE/UNIVERSITY

DON'T KNOW..... d

REFUSED..... r

I17. In what city and state is the (college/university) located?

CITY: _____

STATE: _____

DON'T KNOW d

REFUSED r

I18. Do you have a Child Development Associate (CDA) credential?

YES 1

NO 0

DON'T KNOW d

REFUSED r

I19. Do you have a state-awarded preschool certificate?

YES 1

NO 0

DON'T KNOW d

REFUSED r

I20. Do you have a teaching certificate or license?

YES 1

NO 0

DON'T KNOW d

REFUSED r

I21. NO I21 THIS VERSION.

I22. Are you currently a member of a professional association for early childhood education (e.g., NAEYC, NHSA, NEA)?

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

I23. What is your total annual salary (before taxes) as a center director for the current program year?

\$ | | | | , | | | | PER YEAR
DON'T KNOW d
REFUSED r

I24. **CODE WITHOUT ASKING:** What is your gender?

MALE 1
FEMALE 2

I25. In what year were you born?

| | | | YEAR
DON'T KNOW d
REFUSED r

I26. Are you of Spanish, Hispanic, or Latino origin?

YES..... 1
NO 0
DON'T KNOW d
REFUSED r

→ **GO TO I28**

127. Which one of these best describes you . . .

Mexican, Mexican American, Chicano, 1
Puerto Rican, 2
Cuban, or 3
another Spanish/Hispanic/Latino group? (SPECIFY)..... 4

DON'T KNOW d
REFUSED r

128. What is your race? You may name more than one if you like.

CIRCLE ALL THAT ARE MENTIONED

WHITE 11
BLACK OR AFRICAN AMERICAN..... 12
AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) .. 13

ASIAN INDIAN 14
CHINESE 15
FILIPINO 16
JAPANESE 17
KOREAN..... 18
VIETNAMESE 19
ASIAN (NOT FURTHER SPECIFIED) 20
NATIVE HAWAIIAN..... 21
GUAMANIAN OR CHAMORRO 22
SAMOAN 23
OTHER PACIFIC ISLANDER (SPECIFY)..... 24

ANOTHER RACE (SPECIFY) 25

DON'T KNOW d
REFUSED r

I29. Do you speak a language other than English?

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

→ GO TO SECTION J

I30. What languages?

CIRCLE ALL THAT APPLY

FRENCH 11

SPANISH 12

CAMBODIAN (KHMER). 13

CHINESE 14

HAITIAN CREOLE 15

HMONG 16

JAPANESE 17

KOREAN 18

VIETNAMESE 19

ARABIC..... 20

OTHER (SPECIFY) 21

DON'T KNOW d

REFUSED r

J. CONCLUDING THOUGHTS

Finally, I would like you to think about your Head Start center overall, and all of the experiences and services the center is providing to children and their families.

- J1. If you could change one thing that you think would significantly improve the services your center is providing, what would it be?

ASK RESPONDENT TO CHOOSE ONLY ONE.

- J2. Finally, what two things do you think your center does really well for children and their families?

ASK RESPONDENT TO CHOOSE ONLY TWO.

1.

2.

Thank you very much for your cooperation. You've been very helpful!

THANK YOU FOR YOUR PARTICIPATION IN FACES!