

Head Start Family and Child Experiences Survey

Center Director Interview

Fall 2006



Label: Director ID: |_|_|_|_|_|_|_|_|_|_|

Interviewer ID: |_|_|_|_|_|_|_|_|

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

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

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We appreciate you and your center's participation in FACES 2006. 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?

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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?

|_|_| NEW LEAD TEACHERS

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?

|_|_| LEAD TEACHERS LEFT

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?

|_|_| NEW ASSISTANT/PAID TEACHER AIDES

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?

|_|_| ASSISTANT/TEACHER AIDES LEFT

DON'T KNOW d

REFUSED r

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 A13

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

| | 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 |
| _____ | | | | |

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) . . .

| | 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. TEACHER EDUCATION INITIATIVES AND STAFF TRAINING

My next questions are about efforts to promote teacher 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

- B2. Does your center have any efforts in place to help teachers and assistant teachers get their Associate's (AA) or Bachelor's (BA) degrees?

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

} → **GO TO B4**

- B3. What are you doing to help teachers and assistant teachers get their A.A. or B.A. degrees? Are you . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. providing tuition assistance? | 1 | 0 | d | r |
| b. giving teachers release time? | 1 | 0 | d | r |
| c. providing assistance for course books? | 1 | 0 | d | r |
| d. providing AA or BA courses onsite? | 1 | 0 | d | r |
| e. Anything else? (SPECIFY) | 1 | 0 | d | 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

| | 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
 REGIONAL T/TA CONTRACTOR 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

- B6. Has your center consulted with regional T/TA specialists, TA content specialists, or other TA contractor staff?

YES 1
 NO 0
 DON'T KNOW d
 REFUSED r

B7. Has your program developed a T/TA plan?

| | | |
|------------------|---|--------------|
| YES..... | 1 | |
| NO | 0 | } → GO TO B9 |
| DON'T KNOW | d | |
| REFUSED | r | |

B8. Did the T/TA contractor assist in developing the T/TA plan?

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

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

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

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

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

} → **GO TO C1**

B14. Are your mentor teachers . . .

| | 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 |
| 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 |
| DON'T KNOW GOAL | d | d | d |

CHECK THAT ONLY ONE GOAL IS CIRCLED IN EACH COLUMN!

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

| | 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 |

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

| | 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? | 1 | 0 | d | r |
| e. serve food such as snacks or supper? | 1 | 0 | d | r |
| f. Anything else? (SPECIFY) | 1 | 0 | d | 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 C8

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

| | 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?

| | 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. How successful has your center been in involving fathers or father-figures in Head Start? Would you say it has been . . .

very successful,..... 1
 somewhat successful, or 2
 not very successful?..... 3
 DON'T KNOW d
 REFUSED r

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

|_|_| PARENTS

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

NO 0

DON'T KNOWd

REFUSEDr

→ GO TO C12

C11. How are they involved? **RECORD VERBATIM**

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

YES..... 1

NO 0

DON'T KNOWd

REFUSEDr

→ GO TO C14

C13. How are they involved? **RECORD VERBATIM**

C14. Do the parents receive information regarding program-wide progress, such as NRS Reports and results of other assessments?

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

C15. Does the Policy Council receive information regarding program-wide progress, such as NRS Reports and results of other assessments?

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

D. WAITING LISTS AND PROGRAM EXPANSION

- D1. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in classes in this center, but for whom slots were not available?

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

} → **GO TO D5**

- D2. How many children were on this waiting list?

|_|_| CHILDREN

DON'T KNOW d
 REFUSED r

- D3. Based on last year's experience, how many of the children on the waiting list do you think you will eventually enroll during the course of the year?

|_|_| CHILDREN

DON'T KNOW d
 REFUSED r

- D4. Centers can use different procedures or mix of procedures to select children off the waiting list. For each procedure I read please tell me if your center uses this? Do you use . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. a first come, first served procedure? | 1 | 0 | d | r |
| b. a priority system based on assessment of child or family needs? | 1 | 0 | d | r |
| c. a priority system based on goals for (racial/ethnic/language) diversity? | 1 | 0 | d | r |
| d. something else? (SPECIFY)..... | 1 | 0 | d | r |

D5. Have you expanded the Head Start program at this center in the last two years to serve more children?

NOTE: This refers to number of children served.

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

} → **GO TO E1**

D6. How many children have you added?

|_|_| CHILDREN

DON'T KNOWd
 REFUSEDr

D7. How many classrooms have you added?

|_|_| CLASSROOMS

DON'T KNOWd
 REFUSEDr

D8. How many teachers have you added?

|_|_| TEACHERS

DON'T KNOWd
 REFUSEDr

D9. Have you added new program components, such as . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. extended-day child care or “wrap around” care for Head Start children?..... | 1 | 0 | d | r |
| b. home-based Head Start? | 1 | 0 | d | r |
| c. family day care based Head Start?..... | 1 | 0 | d | r |
| d. Early Head Start?..... | 1 | 0 | d | r |
| e. Other? (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 |
| _____ | | | | |

- 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. Do you have any efforts to improve children's early literacy skills, that is, to teach them more about letters, word sounds, words, writing, understanding and appreciating books and reading?

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

} → **GO TO E7**

- E6. Do your efforts include using any of the following . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. Parent Literacy Mentor Training? | 1 | 0 | d | r |
| b. Mentor – Coach Training? | 1 | 0 | d | r |
| c. Steps to Success? | 1 | 0 | d | r |
| d. Any other efforts? (SPECIFY) | 1 | 0 | d | r |

- E7. (As part of this effort,) 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.

How about [READ ITEM] . . .

SHOW
CARD

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

| | 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. count out loud? | 1 | 2 | 3 | 4 | d | r |
| l. work with geometric manipulatives (for example, parquetry blocks, or shape puzzles)? | 1 | 2 | 3 | 4 | d | r |
| m. work with counting manipulatives (things for children to count) to learn basic operations (for example, adding and subtracting)? | 1 | 2 | 3 | 4 | d | r |
| n. play math-related games? | 1 | 2 | 3 | 4 | d | r |
| o. use music to understand math concepts? | 1 | 2 | 3 | 4 | d | r |
| p. work with rulers, measuring cups, spoons, or other measuring instruments? | 1 | 2 | 3 | 4 | d | r |
| q. engage in calendar-related activities? | 1 | 2 | 3 | 4 | d | r |
| r. engage in activities related to telling time? | 1 | 2 | 3 | 4 | d | r |
| s. engage in activities that involve shapes and patterns? | 1 | 2 | 3 | 4 | d | r |

E8. Not including the NRS, over the course of the Head Start year, how often does your program assess each child's development? Is it . . .

never, 0 → **GO TO E12**
 once, 1
 twice or, 2
 three or more times? 3
 DON'T KNOW d
 REFUSED r

E9. What is the main child assessment tool that you use?

IF RESPONSE IS THE NATIONAL REPORTING SYSTEM/NRS, ASK: What is the main child assessment tool selected just for your program?

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.

CIRCLE ONE ONLY



THE CREATIVE CURRICULUM DEVELOPMENTAL
 CONTINUUM ASSESSMENT TOOLKIT FOR
 AGES 3-5 1
 HIGH/SCOPE CHILD OBSERVATION
 RECORD (COR) 2
 GALILEO 3
 AGES AND STAGES QUESTIONNAIRES: A PARENT-
 COMPLETED, CHILD-MONITORING SYSTEM 4
 DESIRED RESULTS DEVELOPMENTAL
 PROFILE (DRDP) 5
 WORK SAMPLING SYSTEM FOR HEAD START 6
 LEARNING ACCOMPLISHMENT PROFILE SCREENING
 (LAP INCLUDING E-LAP, LAP-R AND LAP-D) 7
 HAWAII EARLY LEARNING PROFILE (HELP) 8
 BRIGANCE PRESCHOOL SCREEN FOR THREE
 AND FOUR YEAR OLD CHILDREN 9
 ASSESSMENT DESIGNED FOR THIS PROGRAM 10
 THE HEAD START NATIONAL REPORTING
 SYSTEM (NRS) 11
 OTHER (SPECIFY) 12

DO NOT USE A CHILD ASSESSMENT TOOL 13 → **GO TO E12**
 DON'T KNOW d
 REFUSED 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 E12

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?

| | 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 |

E12. Has your center used National Reporting System program-level reports?

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

→ GO TO F1

E13. Have you or somebody else in your program . . .

| | YES | NO | DON'T KNOW | REFUSED |
|--|-----|----|------------|---------|
| a. reported NRS results at a management level? | 1 | 0 | d | r |
| b. reported NRS results to teachers? | 1 | 0 | d | r |
| c. reported NRS results to parents or your Policy Council? | 1 | 0 | d | r |
| d. reported NRS results to funding sources or advisory boards? | 1 | 0 | d | r |
| e. used the NRS Reports in another way? (SPECIFY) | 1 | 0 | d | r |
| _____ | | | | |

E14. Has your center made any changes in classroom practices as a result of the program level NRS Reports?

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

} → GO TO F1

E15. Because of program level NRS reports, have you increased focus on . . .

| | YES | NO | DON'T KNOW | REFUSED |
|---|-----|----|------------|---------|
| a. letter naming activities? | 1 | 0 | d | r |
| b. general literacy and reading skills?..... | 1 | 0 | d | r |
| c. counting and number recognition? | 1 | 0 | d | r |
| d. math skills (addition/subtraction, etc.)?..... | 1 | 0 | d | r |
| e. purchased classroom materials? | 1 | 0 | d | r |
| f. purchased books or literacy materials? | 1 | 0 | d | r |
| g. encouraged parents to supplement classroom learning at home? | 1 | 0 | d | r |
| h. something else? (SPECIFY)..... | 1 | 0 | d | r |
| _____ | | | | |

F. HOME VISITS

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

F1. Are home visits to families of center-based children required of your center staff?

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

} → **GO TO F3**

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

| 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 . . .

| 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

BOX F

CHECK RESPONSES TO F1 AND F3

BOTH ARE "NO" (NO HOME VISITS OR HOME BASED OPTION), GO TO G1

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

- F5. During your center staff's home visits, which three of these activities are of highest priority for teachers and assistant teachers? **RECORD IN COLUMN F5.**

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

- F6. Which of the three activities are of highest priority for family service workers? **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.

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

| | 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 students will attend? Does your center . . .

| | 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 students 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. helps schools identify Head Start students to enroll in their kindergarten program? | 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 . . .

| | 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 |

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 40 YEARS.**

|_|_| YEARS

DON'T KNOW d

REFUSED r

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

|_|_| HOURS AND |_|_| MINUTES PER WEEK

DON'T KNOW d

REFUSED r

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

|_|_| HOURS AND |_|_| MINUTES PER WEEK

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?

SHOW
CARD

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

| | 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?

| | 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

| | 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. How likely are you to continue working for Head Start through the rest of this Head Start year (through 2007-2008)? Would you say you are . . .

very likely, 1
 somewhat likely, 2
 somewhat unlikely, or 3
 very unlikely? 4
 DON'T KNOW d
 REFUSED r

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 | } → GO TO I13 |
| 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 | } → GO TO I18 |
| DON'T KNOW..... | d | |
| 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 CHECK BOX BEFORE I16**
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

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 school 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

I27. 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

129. 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 |
| <hr/> | |
| 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!