

OMB No.:
Expiration Date:

Head Start Family and Child Experiences Survey

Center Director Interview

Fall 2009



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 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?

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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? 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

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 KNO W	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
 - NO.....0
 - DON'T KNOW.....d
- } → GO TO A13

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

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

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

- YES.....1
 - NO.....0
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO A12n

[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) . . .

	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	_ _	d	r

Coordinator)?.....

f. Other (SPECIFY)..... |__|__| d r

B. EDUCATION AND STAFF 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 CDA's? 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 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 B3f

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

B3f. Does your center have any efforts in place to help family service workers get their Associate's (AA) or Bachelor's (BA) degrees?

YES.....1
 NO.....0
 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

	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

B5a. 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...?

- 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 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
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO B9

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
 - DON'T KNOW.....d
 - REFUSED.....r
- } → GO TO B12

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 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 . . .

	YES	NO	DON'T KNO W	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 program 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 program has for DLL families.

CIRCLE ALL MENTIONED

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 . . .

	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 . . .

	YES	NO	DON'T KNO W	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
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

C3I. What do you see as the major barriers to engaging parents? In other words, for parents who aren't engaged, what keeps them from participating? Would you say...

	YES	NO	DON'T KNOW	REFUSED
1. they have a need for child care?	1	0	d	r
2. their work schedules interfere?	1	0	d	r
3. their school or training schedules interfere?	1	0	d	r
4. they need transportation?	1	0	d	r
5. they don't know others at Head Start?	1	0	d	r
6. they feel uncomfortable at Head Start?	1	0	d	r
7. they have health problems that interfere?	1	0	d	r
8. some of the teachers are uncomfortable with parents in the classroom?	1	0	d	r
9. Head Start doesn't provide enough opportunities for them to participate?	1	0	d	r
10. they have had bad experiences with Head Start in the past?	1	0	d	r
11. the opportunities that Head Start provides are not of interest to them	1	0	d	r
12. they are uncomfortable because of language or cultural differences?	1	0	d	r

13. they are concerned for their safety while getting to Head Start?	1	0	d	r
14. Other (Please 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 KNO W	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 KNO W	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

C8. Does the Policy Council have any parent members?

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



[ASK IF C8=1]

C8a. Are any Policy Council members parents of dual language learners?

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

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

|_|_| TIMES PER YEAR

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

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

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



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 C14

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

C13a. What procedures do you use to ensure that homeless children are enrolled in Head Start? **RECORD VERBATIM**

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

	YES	NO	DON'T KNO W	REFUSED
a. have formal mechanisms in place such as regularly schedule 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.	E3.		
	CIRCLE ALL THAT APPLY	CIRCLE ONLY ONE		
		CURRICULA	MAIN CURRICULUM	DON'T KNOW
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 program or center activities 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

E5a. Do you have any program or center activities to improve children's early mathematics skills, that is, to teach them more about things like counting, matching and sorting, identifying and building shapes, recognizing and building patterns, or measuring?

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

E5b. Do you have any program or center activities to improve children's social-emotional development, that is, to teach them more about how to express their feelings, healthy ways to interact with others, waiting patiently, and following rules?

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

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] . . .

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 ENCOURAGE D	SOMEWHAT ENCOURAGE D	NOT VERY MUCH ENCOURAGE D	NOT AT ALL ENCOURAGE D	DON'T KNOW	REFUSE D
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
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

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.



PROBE: Any others?

CODE ALL ASSESSMENTS NAMED IN COLUMN E2. IF MORE THAN ONE ASSESSMENT IS NAMED, ASK E9A, ELSE GO TO E10.

E9. What is your main child assessment tool?

	E9. CIRCLE ALL THAT APPLY	E9a. CIRCLE ONLY ONE		
	CHILD ASSESSMENT S	MAIN ASSESSMENT	DON' T KNO W	REFUSED
THE CREATIVE CURRICULUM DEVELOPMENTAL CONTINUUM ASSESSMENT TOOLKIT FOR AGES 3-5	11	11	d	r
HIGH/SCOPE CHILD OBSERVATION RECORD (COR)	12	12	d	r
GALILEO.....	13	13	d	r
AGES AND STAGES QUESTIONNAIRES: A PARENT-COMPLETED, CHILD-MONITORING SYSTEM	14	14	d	r
DESIRED RESULTS DEVELOPMENTAL PROFILE (DRDP)	15	15	d	r
WORK SAMPLING SYSTEM FOR HEAD START.....	16	16	d	r
LEARNING ACCOMPLISHMENT PROFILE SCREENING (LAP INCLUDING E-LAP, LAP-R AND LAP-D)	17	17	d	r
HAWAII EARLY LEARNING PROFILE (HELP).....	18	18	d	r
BRIGANCE PRESCHOOL SCREEN FOR THREE AND FOUR YEAR OLD CHILDREN	19	19	d	r
ASSESSMENT DESIGNED FOR THIS PROGRAM.....	20	20	d	r

OTHER (SPECIFY).....	21	21	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 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

[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?

	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
- NO.....0
- DON'T KNOW.....d
- REFUSED.....r

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 . . .

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

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

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
 DON'T KNOW.....d
 REFUSED.....r
- } → GO TO G1

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
 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 . . .

	YES	NO	DON'T KNO W	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 . . .

	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.



Your Head Start Program . . .

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGREE	AGREE	STRONGL Y AGREE	DON'T KNOW	REFUSE D
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

H3. 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.

Your Head Start Program . . .

	STRONGLY DISAGREE	DISAGRE E	NEITHER AGREE NOR DISAGRE E	AGRE E	STRONGLY AGREE	DON' T KNO W	REFUSE D
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

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

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?

	GREAT DEAL HARDE R	SOMEWHA T 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 KNO W	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

I8. 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.



	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

I10. 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

I11. 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 | | |
| SOME COLLEGE BUT NO DEGREE..... | 7 | → | GO TO I14 |
| 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 |
| _____ | |
| 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

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

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

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

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

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

120. Do you have a teaching certificate or license?

YES.....1

NO.....0

DON'T KNOW.....d

REFUSED.....r

121. NO I21 THIS VERSION.

122. 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

123. 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

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

130. 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!