Head Start Health Managers Descriptive Study

Appendix C-2

Head Start Health Manager Survey Questionnaire

October 9, 2012

NOTE: This questionnaire is annotated to show (1) headers for each module and the objective for that section; and (2) question numbers and instructions to the online survey programmer (in red). This text will not appear in the online survey instruments. Please see Appendix G for illustrative screen shots from the MMIC^{TM} (Multimode Interviewing Capability) system.

HOME PAGE FOR HEAD START HEALTH MANAGERS DESCRIPTIVE STUDY:

OMB No.: XXXX-XXXX
Expiration Date: MM/DD/YYYY

Welcome to the Head Start Health Managers Descriptive Study

Head Start Health Manager Survey

The Office of Head Start, Administration for Children and Families (ACF) within the Department of Health and Human Services (DHHS), is funding a Head Start Health Managers Descriptive Study. This study is being conducted by the RAND Corporation. The purpose of the Head Start Health Manager Descriptive Survey is to provide a current snapshot of health-related activities and programming within Early Head Start (EHS), Head Start (HS), Migrant and Seasonal (MSHS), and American Indian and Alaska Native (AIAN) programs.

Your responses to this survey will provide important information about:

- The characteristics and responsibilities of health managers and other stakeholders;
- The current landscape of health programs and services being offered to children and families;
- Procedures for how health initiatives are prioritized, implemented, and sustained;
- Facilitators and barriers to providing health-related services, support, and education to children, families and staff.

The survey will take about 75 minutes to complete, which includes the time it may take you to look up information or to ask other staff for input on certain questions. It does not have to be completed all at once, you can save your responses and return to the survey later. At the end of the survey, you may print a hard copy for your records and use it for your own health service planning. Thank you for your participation!

Click here to continue

Explanation and Consent for Health Manager Survey (on-line)

The Office of Head Start, Administration for Children and Families (ACF) within the Department of Health and Human Services (DHHS), is funding a Head Start Health Managers Descriptive Study. This study is being conducted by the RAND Corporation. The purpose of the study is to provide a current snapshot of health-related activities and programming within Early Head Start (EHS) and Head Start (HS) programs, to better understand the context in which the health service area operates, and to identify the current needs of health managers and health staff as they work towards improving the health of HS children, parents and staff. The objectives of the survey are to:

1. Describe the characteristics of health managers and related staff in HS and EHS programs;
2. Identify the current landscape of health services being offered to children and families;
3. Determine how health initiatives are prioritized, implemented, and sustained; and
4. Identify the programmatic features and policy levers that exist to support health services including staffing, environment, and community collaboration.

This study is descriptive; it is not designed to capture individual child or family data or performance standards compliance. Data from this study will not be used for monitoring purposes. Instead this study will provide the Office of Head Start with a picture of what Head Start programs are working on and the areas in which further assistance may be needed.

As part of this study, we are asking all health managers within EHS/HS programs to complete an on-line survey. This survey should take you about 75 minutes to complete, which includes time to look up information or to ask other staff for input on certain questions. The survey allows you to stop and save your responses at any time and return to them later for completion.

The risk to participation in this study is minimal. In any written reports of the data obtained from this survey, your responses will be combined with others and reported together. If quotations are used in any reports, they will not be connected to an individual or grantee. Identifiable information that you provide (e.g., name, program) will not be shared with anyone outside of the RAND project staff without your permission, except as required by law. At the end of the study, we will destroy any information that identifies you as a participant. There may be questions for which you do not have answers, but as stated earlier, we will not identify your name in any report.

Although there are no immediate benefits to you for answering the following questions, results from this study are likely to yield benefits to you in the future in your role as health manager. Your participation in this study will provide important information that will help Head Start improve the health service area and the support that you receive to enhance your health programming. As a benefit to you, you will be able to print or save a copy of your responses to the survey for your own records. However, given that this material may contain your opinions and thoughts of the health services area of your EHS/HS program that you may not want others to see, please be cautious when printing your responses, or when saving them to a business or public/shared computer to ensure your privacy.

Taking part in this survey is voluntary and you may choose to skip any questions that you do not want to answer. While your participation is voluntary, we do hope you will decide to contribute to this important study. Your participation is extremely important to ensure that we capture what is occurring in all Head Start programs.

If you have any questions or comments about the study please contact Lynn Karoly (Lynn_Karoly@rand.org, 703-413-1100 x 5359) or Laurie Martin (Laurie_Martin@rand.org, 703-413-1100 x 5083). If you have any questions about your rights as a research participant, you may contact Tora Bikson, Administrator, RAND Human Subjects Protection Committee by phone at (310)393-0411 or by email: tora_bikson@rand.org

Do you agree to participate in this study?
Yes → proceed to survey
No → Thank you for your consideration

MODULE 1. KEY STAKEHOLDERS

Instructions on screen. This first set of questions asks about key stakeholders involved in the health service area of Head Start including the health manager, staff, volunteers, consultants, and the Health Services Advisory Committee (HSAC). In particular, we are interested in learning more about the staffing model and management of the health program, health training and education opportunities provided to staff, and composition of and interactions with the HSAC.

Throughout the survey, we use the term health service area to mean things that relate to physical health and safety, behavioral health, and oral health. All questions in this survey refer to Head Start (HS), Early Head Start (EHS), Migrant Seasonal (MS), and American Indian and Alaska Native programs (AIAN), but we refer to EHS/HS for brevity. We also use the term "health manager" to mean your position, even though you may have a different title such as health coordinator.

Module 1, Section 1. Health Manager Role, Staffing Model and Management Structure

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STF01. As the Health Manager, how many EHS/HS sites (or centers) are you responsible for?

_____ Number of centers

STF02. How many hours per week do you usually work for EHS/HS?

_____ Hours/Week

STF03. How many weeks per year do you work for EHS/HS?

_____ Weeks/Year

STF04. Aside from your responsibilities as Health Manager, do you have other responsibilities with this EHS/HS program? *Select one*.

1. Yes
0. No → SKIP TO STF07

STF05. Other than your responsibilities as a health manager, what other responsibilities do you have with EHS/HS?

a. _____ Responsibilities/job title

b. _____ Responsibilities/job title

c. _____ Responsibilities/job title

1. Teacher
2. Teacher's aide/instructional aide
3. Education coordinator
4. Family service worker/home visitor
5. Outreach staff/recruiter/enrollment coordinator
6. Counselor
7. Disability coordinator
8. Parent involvement coordinator
9. Behavioral health (or mental health) coordinator
10. Nutrition coordinator
11. Culinary or food services staff
12. Receptionist/office staff
13. Bus driver or related transportation
14. Center director, associate center director, or other program manager
15. Other (Specify) _____

STF06. What percentage of the hours that you work for EHS/HS is spent managing the health service area (this can include time planning health activities, supervising other health staff, maintaining budgets, etc.)?

_____ percent

STF07. Below is a list of tasks that a health manager, other EHS/HS staff, or an outside consultant might do. Please select whether you, or someone else is primarily responsible for each task. *Select one response per row.*

TASKS	WHO IS RESPONSIBLE 1: I am 2: Someone else 9: Not done		
a. Daily health checks of children	1	2	9
b. Coordinating health screening activities	1	2	9
c. Conducting health screening/assessments	1	2	9
d. Coordinating immunizations	1	2	9
e. Providing immunizations	1	2	9
f. Medication management of EHS/HS children	1	2	9
g. Providing acute care/treatment for children, staff, and parents/guardians	1	2	9
h. Providing counseling/therapeutic services for children and families	1	2	9
i. Developing Individual Health Plans (IHP)	1	2	9
j. Making or arranging referrals for health services	1	2	9
k. Follow-up on health services provided by others (e.g., case management)	1	2	9
l. Working with direct service providers to establish MOUs, formal partnerships or agreements	1	2	9
m. Negotiating payments for services paid for by EHS/HS funds	1	2	9
n. Health curriculum planning	1	2	9
o. Collect/create health-related resource materials	1	2	9
p. Ordering health-related supplies (e.g., toothbrushes, first aid kits)	1	2	9
q. Parent/guardian health education	1	2	9
r. Teacher/staff training on health issues	1	2	9
s. Classroom safety / injury prevention	1	2	9
t. Determining the amount of physical activity and movement in the daily schedule	1	2	9
u. Monitoring amount of time children spend being physically active	1	2	9

v. Menu planning	1	2	9
w. Food purchasing	1	2	9
x. Food preparation	1	2	9
y. Helping families access publicly funded insurance (e.g., Medicaid/SCHIP, SCHIP)	1	2	9
z. Helping families access publicly funded nutrition services (e.g., WIC, SNAP).	1	2	9
aa. Administrative responsibilities (e.g., reviewing reports for compliance, health record maintenance)	1	2	9
bb. Completing the PIR	1	2	9
cc. Monitoring of the health service area budget	1	2	9
dd. Monitoring of the health service area to meet its stated goals and objectives	1	2	9
ee. Other (specify)_____	1	2	9

STF07 a. For those tasks that are done by someone else, please tell us who is primarily responsible for that task.

[PROGRAMMER: include only those items from STF07, where respondent selected #2].

WHO IS RESPONSIBLE CODES:
1.   Nutrition coordinator
2.   Mental health coordinator
3.   Oral health coordinator
4.   Disability coordinator
5.   Home visitors/family service workers/family advocates
6.   Family service coordinator
7.   Parent involvement coordinator
8.   Education coordinator
9.   Teaching staff (including teachers/teacher aide)
10.   EHS/HS director
11.   Other EHS/HS staff (specify) _____
12.   Members of the Health Services Advisory Committee
13.   Outside health provider (e.g., oral health, behavioral health, physical health)
14.   Other consultant (specify) _____
15.   Don't know

STF08: How often does your program have a regular meeting where the health service area or health-related program activities (e.g., screening days, health education of families) are discussed as either the only focus of or a dedicated part of the meeting agenda? Note: do not include meetings where only the health of an individual child or family is discussed (e.g., IHP meeting). *Select one*.

1. Never
2. Once a year
3. Twice a year
4. Every two to five months
5. Every month
6. Several times a month
7. Weekly

8. Other (specify)_____

STF09.   In your position now, what conditions or situations make it especially hard for you to do your job well? *Check all that apply.*

CONDITIONS OR SITUATIONS	Check all that apply
a. Time constraints (e.g., not enough time to do all that is required of the health manager position)	
b. Poorly defined job responsibilities (e.g., role of health manager is not clear)	
c. Not enough support from program leadership for health service area/ organizational culture does not prioritize health	
d. Too few opportunities to communicate with EHS/HS program director	
e. Lack of support staff	
f. Not enough training for me (the health manager)	
g. Not enough health training for EHS/HS staff	
h. Not enough funds for supplies & activities to support health service area	
i. Not directly responsible for supervising staff that support the health team	
j. Not enough support from the HSAC	
k. Too little time with families or inability to maintain sustained contact	
l. Difficulty communicating with families due to language or cultural barriers	
m. Parent/guardian resistance or reluctance to speak with staff about health issues	

n. Parents/guardians not understanding importance of screening/treatment/follow-up	
o. Lack of materials at the appropriate literacy/ health literacy/reading level	
p. Difficulty enrolling families in appropriate health insurance program (e.g., Medicaid/SCHIP)	
q. Difficulty accessing health and social service providers on behalf of families	
r. Difficulties related to undocumented children and families	
s. Having enough resources to serve health needs of children who do not qualify for Part B and C assistance	
t. State or local policies (specify)_____	
u. Administrative requirements from Office of Head Start (OHS) (federal level)	
v. Other (specify) _____	

STF10. Do you or your health staff work with any of the following specialists (a specialist may be working as staff, a volunteer, or a consultant)? **Check all responses that apply per row.**

STAFF	STAFF CATEGORY 1. Paid staff 2. Volunteer staff 3. Paid consultant 4. Do not work with this specialist 9. Don't know
a. Social workers	1 2 3 4 9
c. Nurses (RN, LVN, NP)	1 2 3 4 9
d. Physicians/consulting physicians	1 2 3 4 9
e. Physician assistants	1 2 3 4 9
f. Psychiatrists	1 2 3 4 9
g. Psychologists	1 2 3 4 9
h. Parent education specialists	1 2 3 4 9
i. Parent engagement specialists	1 2 3 4 9
j. Counselors	1 2 3 4 9
k. Nutritionists and dieticians	1 2 3 4 9
l. Dentists	1 2 3 4 9

m.	Dental hygienists	1	2	3	4	9
n.	Early intervention staff	1	2	3	4	9
o.	LEA special education staff	1	2	3	4	9
p.	Health educators	1	2	3	4	9
q.	Public health practitioners	1	2	3	4	9
r.	Other staff role (specify)_____	1	2	3	4	9

STF11. Pick the sentence that best describes the languages spoken and understood by EHS/HS health staff. **Select one.**
1. All of the children and families' primary languages are spoken and understood by EHS/HS staff members.
2. Some of the children and families' primary languages are spoken and understood by EHS/HS staff members.
3. None of the children and families' primary languages are spoken and understood by EHS/HS staff members.

STF12. Do you have teachers, staff members, or consultants who provide guidance on ethnic customs, culture, traditions and values that may relate to the health, behavioral health, and oral health of the children and families in your program? **Select one**.
1. Yes
2. No
9. Don't know

Module 1, Section 2. Training and Other Professional Development

Instructions on screen. The next questions are about training and other professional development activities you take part in, as well as the training and professional development opportunities available to other EHS/HS staff.

PDV01. First think about training and other professional development activities you have had in the past **three years**. For each topic, please note whether the training was available and if you took it.

ISSUES	1= training not available 2= training available, but I didn't take it 3= I completed training
Physical Health /Oral Health	
a. Diabetes	1 2 3
b. Overweight and obesity	1 2 3

c. Underweight or stunting or failure to thrive	1	2	3
d. Asthma or other lung disease	1	2	3
e. Vision conditions	1	2	3
f. Hearing conditions	1	2	3
g. Ear infections	1	2	3
h. Lead poisoning	1	2	3
i. Tuberculosis	1	2	3
j. Anemia (e.g., sickle cell, low iron)	1	2	3
k. Infectious diseases	1	2	3
l. Proper use or administration of medication, medical equipment, or medical supports	1	2	3
m. Other physical health problem (specify)	1	2	3
n. Tooth decay or cavities	1	2	3
o. Other dental health problem (specify)_	1	2	3
Behavioral Health and Developmental Delay	1	2	3
p. Child neglect or abuse	1	2	3
q. Family violence	1	2	3
r. Substance abuse (e.g., alcohol, illicit drugs)	1	2	3
s. ADHD or ADD	1	2	3
t. PTSD (post traumatic stress disorder)	1	2	3
u. Depression	1	2	3
v. Anxiety (including obsessive-compulsive disorder)	1	2	3
w. Autism spectrum disorders	1	2	3
x. Developmental delays (including language delays)	1	2	3
y. Other behavioral health problem (specify)_	1	2	3
Prevention and Wellness	1	2	3
z. General health promotion or wellness	1	2	3
aa. General child development	1	2	3
bb. Oral Hygiene (e.g., brushing teeth)	1	2	3
cc. Immunizations	1	2	3
dd. Nutrition or healthy eating practices	1	2	3
ee. Physical activity or fitness	1	2	3
ff. Food safety	1	2	3
gg. Injury prevention and safety (e.g., dog bites, motor vehicle safety)	1	2	3
hh. CPR and other first aid	1	2	3
ii. Preventing spread of infectious disease (e.g., hand washing, covering mouth when coughing)	1	2	3
jj. Head lice	1	2	3
kk. Bed bugs	1	2	3

ll. Environmental concerns (e.g., pesticide, lead poisoning, second hand smoke)	1	2	3
mm. Prenatal or postpartum issues	1	2	3
nn. Emergency preparedness	1	2	3
oo. Universal precautions	1	2	3
pp. Health literacy or health communication	1	2	3
qq. Other prevention or wellness topic (specify)_	1	2	3

PDV01a. For training you did take, please note whether the training was conducted locally (in the community), on-line, or off-site (e.g., a conference or regional meeting)

[Programmer note: include only those issues where PDV01=3]

Response options:
1: Locally
2. On-line
3. Off-site (e.g., conference or regional meeting)

PDV01b. For training you did take, please note who provided the training.
[Programmer note: include only those issues where PDV01=3]

Response options:
1: EHS/HS program staff
2. Local community or community provider (e.g., Red Cross, community college)
3. Associations (e.g., early childhood associations)
4. Office of Head Start (e.g., State T/TA system, National Centers, Collaboration Directors)

Instructions on screen: Now we would like you to think about the training and professional development opportunities provided by your program to other staff in your program

PDV02. In the past three years, has your EHS/HS program provided training, either offsite or onsite, for other EHS/HS staff members (not including you) in… ***Check all that apply***.

	Check all that apply
Physical Health /Oral Health	
a. Diabetes	
b. Overweight and obesity (BMI above the 85th percentile)	
c. Underweight or stunting or failure to thrive	
d. Asthma or other lung disease	
e. Vision conditions	
f. Hearing conditions	
g. Ear infections	

h. Lead poisoning	
i. Tuberculosis	
j. Anemia (e.g., sickle cell, low iron)	
k. Infectious diseases	
l. Proper use or administration of medication, medical equipment, or medical supports	
m. Other physical health problem (specify) _____	
n. Tooth decay or cavities	
o. Other dental health problem (specify)_____	
Behavioral Health and Developmental Delay	
p. Child neglect or abuse	
q. Family violence	
r. Substance abuse (e.g., alcohol, illicit drugs)	
s. ADHD or ADD	
t. PTSD (post traumatic stress disorder)	
u. Depression	
v. Anxiety (including obsessive-compulsive disorder)	
w. Autism spectrum disorders	
x. Developmental delays (including language delays)	
y. Other behavioral health problem (specify)_____	
Prevention and Wellness	
z. General health promotion or wellness	
aa. General child development	
bb. Oral Hygiene (e.g., brushing teeth)	
cc. Immunizations	
dd. Nutrition or healthy eating practices	
ee. Physical activity or fitness	
ff. Food safety	
gg. Injury prevention and safety (e.g., dog bites, motor vehicle)	
hh. CPR and other first aid	
ii. Preventing spread of infectious disease (e.g., hand washing, covering mouth when coughing)	
jj. Head lice	
kk. Bed bugs	
ll. Environmental concerns (e.g., pesticide, lead poisoning ,second hand smoke)	
mm. Prenatal or postpartum issues	
nn. Emergency preparedness	
oo. Universal precautions	
pp. Health literacy or health communication	
qq. Other (specify)_____	

PDV03. What kinds of things does your EHS/HS program do to make it easier for you or your staff to attend health-related trainings outside of the program? Does it . . . *Select one response per row.*

ACCOMODATIONS	RESPONSES: 1. Yes, for me (health manager) only 2. Yes, for staff only 3. Yes, for me and staff 4. No 9. Don't know				
a. Pay staff's registration fees	1	2	3	4	9
b. Pay for travel and lodging	1	2	3	4	9
c. Provide staff coverage	1	2	3	4	9
d. Provide tuition reimbursement for relevant college courses	1	2	3	4	9
e. Any other accommodations (specify) _____	1	2	3	4	9

PDV04. In the past year, how many times did you connect with health managers in other EHS/HS programs to discuss challenges, share strategies and lessons learned, or to seek advice about your program? Note: this can be via phone, email, on-line or in person (e.g., at conferences).

1. I did not connect with other health managers
2. 1-2 times
3. 3-6 times
4. 7-or more times

MODULE 1, SECTION 3. HEALTH SERVICES ADVISORY COMMITTEE

Instructions on screen. Now we would like to learn more about the Health Services Advisory Committee (HSAC) for your program, including who is on it and how it operates.

HSC01. Do you run more than one HSAC?
1. Yes → **Instructions on screen.** For the following questions, please think about the HSAC that best represents your program (e.g., largest, most well established, has been in existence longer)
2. No

HSC02. How many individuals currently serve on the HSAC for your program?
_____ Number of HSAC members

HSC03. Of these, how many would you consider to be "active" members? These are individuals who regularly engage in their role as a member of the HSAC.

_____ Number of active HSAC members

HSC04. Which of the following groups are represented as members on your HSAC? ***Check all that apply***.

EHS/HS Program Staff

  a. Program administrators (e.g., director, associate director, disability coordinator)
  b. Family service workers
  c. Teachers, teacher's aides, or other classroom staff
  d. Nutritionists, nutrition experts
  e. Mental health
  f. Health educators
  g. Other EHS/HS staff (specify)_____

Community Members (including staff from another EHS/HS program)

  h. EHS/HS staff from another program
  i. Parents/guardians
  j. Medical care providers (e.g., physicians, nurses, medical assistants)
  k. Oral health care providers (e.g., dentists, hygienists)
  l. Behavioral health providers
  m. Disability specialists
  n. Migrant health services (or related expertise)
  o. Indian Health Service
  p. Cultural/community healer (e.g., curandero/a, medicine man/woman)
  q. Public health departments / boards of health
  r. WIC or other community food or nutrition service
  s. Part B and C partners
  t. School district LEA or other educational institutions
  u. Cultural liaisons (e.g., tribal representatives)
  v. Advocacy groups
  w. Other social services providers
  x. Other local government agencies or officials
  y. Other, (specify)_____

HSC05. Do you share a HSAC with another EHS/HS/MSHS/AIAN program? ***Select one.***

  1. Yes
  2. No → **SKIP to HSC07**

        HSC06. With which type of Head Start program do you share the HSAC? ***Check all that apply.***

  a. EHS program
  b. HS program
  c. MSHS program
  d. AIAN program

HSC07. Do members of your HSAC have similar racial, ethnic, cultural, and language backgrounds to the children and families you serve? *Select one.*
1. Yes, members of my HSAC represent <u>all/most</u> of the racial, ethnic, cultural and linguistic backgrounds of the children and families we serve.
2. Yes, members of my HSAC represent <u>some</u> of the racial, ethnic, cultural and linguistic backgrounds of the children and families we serve.
3. No, members of my HSAC <u>do not</u> represent the racial, ethnic, cultural and linguistic backgrounds of the children and families we serve.

HSC08. How often does your HSAC meet? *Select one*.
1. Never (we do not formally meet as a group)
2. Once a year
3. Twice a year
4. Every two to five months
5. Every month
6. Several times a month
7. Weekly
8. Other (specify)_____

HSC09. How often do you consult with one or more members of your HSAC apart from regular committee meetings? *Select one.*
1. Several times a week
2. About once a week
3. About 2-3 times a month
4. About once a month
5. About once every 2-3 months
6. I rarely consult with members of my HSAC apart from our regular meetings.

HSC10. How strongly do you agree or disagree with the following statements about your HSAC? The HSAC... *Select one response for each row*.

HSAC STATEMENTS	RESPONSES: 1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree
Supporting your Program	1 2 3 4 5

a. Informs us about current and emergent health issues, trends, and best practices	1	2	3	4	5
b. Develops long- and short-term goals and objectives and strategies for implementing EHS/HS services and activities that meet the needs of the community	1	2	3	4	5
c. Helps to develop health policies and procedures (e.g., policies on how health screenings are conducted, how health activities are implemented that support the health goals for EHS/HS children, families, and staff)	1	2	3	4	5
d. Develops comprehensive health promotion programs for EHS/HS children, families, and staff	1	2	3	4	5
e. Advocates for community systems changes that support the health of the children and families in your program	1	2	3	4	5
f. Helps with or participates in your program's community assessment and ongoing monitoring activities	1	2	3	4	5
Supporting Parents/Guardians	1	2	3	4	5
g. Helps to find continuous, accessible care and treatment services for children and families	1	2	3	4	5
h. Supports parents/guardians in becoming advocates for their children's health	1	2	3	4	5
i. Supports parents/guardians as leaders in efforts to improve the health of their community	1	2	3	4	5
Supporting Community Linkages	1	2	3	4	5
j. Helps to establish ongoing, collaborative partnerships with community organizations	1	2	3	4	5
j. Educates health care providers, other professionals, and community leaders or policy makers on the needs and issues of EHS/HS/MSHS/AIAN children and families	1	2	3	4	5
Other (specify)_____	1	2	3	4	5

HSC11. Does your HSAC participate in annual self-assessment of your EHS/HS program's effectiveness?
  Select one.
  1.   Yes
  2.   No

MODULE 1, SECTION 4. PROGRAM POLICIES

Instructions on screen: These next questions are about some of your program's health-related policies.

POL01. According to your program's policy, about how many minutes per day should children take part in physical activity? (e.g., on the playground, in the gym, in the classroom, in general)?
  1.   Less than 15 minutes
  2.   15-29 minutes
  3.   30 to 59 minutes
  4.   60 or more minutes per day

5. Our program does not have a policy about how many minutes per day children should participate in physical activity

POL02. Think about how your program prepares children for school. Do you have health-specific goals or objectives that are part of your school readiness plan?
   1. Yes
   2. No

POL03. How do you keep track of the Consumer Product Safety Commission (CPSC) recalls or regulations (e.g., cribs, toys)? *Check all that apply*.

   a. Emails directly from the CPSC
   b. Checking the CPSC website
   c. The ECLKC
   d. Office of Head Start IMS
   e. Office of Head Start emails
   f. Office of Head Start newsletters
   g. Other (specify) _____
   h. Don't currently track CPSC recalls or regulations

POL04. How do you or your program ensure children are not left alone in the classroom, in another part of the facility? *Check all that apply*.
   a. Phones are in all classrooms for staff to call if they need to step out.
   b. A count of children entering the classroom is kept and this number is used to count each child as they exit the classroom.
   c. Staff conduct a walking and visual sweep of classroom.
   d. Staff wait for all children to be ready to leave the bathroom before leaving.
   e. Staff count the number of children in the classroom after children have come back from the bathroom.
   f. Staff conduct a walking and visual sweep of the bathroom.
   g. Staff conduct a walking and visual sweep of the playground.
   h. Staff count the number of children before leaving the playground.
   i. Staff receive training AT LEAST ONCE A YEAR in how to ensure children are not left alone.
   j. There is no policy or standard guidance provided to staff for making sure children are not left alone.
   k. Other (specify) _____
   l. My program does not operate in a classroom setting.

POL05. How do you or your program ensure children are not left alone on the bus or van? *Check all that apply*.
   a. Lines of communication are available (e.g., radio, cell phone) are in all buses/vans for drivers to call if they need to leave the bus/van.

b. A count of children entering the bus/van is kept and this number is used to count each child as they exit the bus.

c. The bus/van driver or bus/van assistant or aide does a walking and visual sweep of the bus, including the floor.

d. A teacher/teacher assistant does a walking and visual sweep of the bus, including the floor.

e. Teachers/teachers assistants receive training AT LEAST ONCE A YEAR in how to ensure children are not left alone.

f. Bus/van drivers and/or bus/van assistants or aides receive training AT LEAST ONCE A YEAR in how to ensure children are not left alone.

g. There is no policy or standard guidance provided to teachers or bus/van drivers for making sure children are not left alone.

h. Other_____

i. We do not transport Head Start children.

MODULE 2. HEALTH MANAGEMENT OF INDIVIDUAL CHILD

Instructions on screen. This next section asks about the health conditions facing children in your program, as well as the amount of time you and your staff spend managing these conditions. We are also interested in learning about your experiences communicating with parents or guardians about specific health concerns. Questions about services you provide to pregnant women will be asked later in the survey.

Module 2, Section 1. Health Conditions and Health Management of Children

HLT01. What do you see as the major health concerns facing the children and families served by your [HS] program? *Check all that apply.*

	Check all
CHILDREN'S Physical Health /Oral Health	
Diabetes	
Overweight and obesity (BMI above the 85th percentile)	
Underweight or stunting or failure to thrive	
Asthma or other lung disease	
Vision conditions	
Hearing conditions	
Ear infections	
Lead poisoning	
Anemia (e.g., sickle cell, low iron)	
Infectious diseases (e.g., HIV, tuberculosis)	
Tooth decay or cavities	
Other health problem (specify)_____	
CHILDREN'S Behavioral Health and Developmental Delay	
Child neglect or abuse	
Family violence	
ADHD or ADD	
PTSD (post traumatic stress disorder)	
Depression	
Anxiety (including obsessive compulsive disorder)	
Autism spectrum disorders	

Developmental delays (including language delays)	
Other behavioral health problem (specify)_____	
FAMILY/ADULT physical and behavioral health	
Diabetes	
Overweight and obesity	
Asthma or other lung disease	
Infectious diseases (e.g., HIV, tuberculosis)	
Family violence	
PTSD (post traumatic stress disorder)	
Depression	
Anxiety (including obsessive compulsive disorder)	
Smoking	
Alcohol	
Prescription drug dependence	
Illegal substance/drug dependence	
Low health literacy	
Other health problem (specify)_____	

HLT02. About how much time per week do you and your staff spend managing these health issues and related complications? This includes time spent providing medication at school, developing individual health care plans including meeting with family, staff training on the issue, communication with health care providers, paper work, monitoring, etc. *Select one response for each row*.

	AVERAGE HOURS PER WEEK 1. Less than half a day per week 2. Between a half day and a full day 3. More than a day a week 4. None. This is not an issue in my program **5.** Don't know
Physical Health /Oral Health	
Diabetes	1 2 3 4 5
Overweight and obesity (BMI above the 85th percentile)	1 2 3 4 5

Underweight or stunting or failure to thrive	1	2	3	4	5
Asthma or other lung disease	1	2	3	4	5
Vision conditions	1	2	3	4	5
Hearing conditions	1	2	3	4	5
Ear infections	1	2	3	4	5
Lead poisoning	1	2	3	4	5
Tuberculosis	1	2	3	4	5
Anemia (e.g., sickle cell, low iron)	1	2	3	4	5
Infectious diseases	1	2	3	4	5
Proper use or administration of medication, medical equipment, or medical supports	1	2	3	4	5
Other physical health problem (specify) _____	1	2	3	4	5
Tooth decay or cavities	1	2	3	4	5
Other dental health problem (specify)_____	1	2	3	4	5
Behavioral Health and Developmental Delay					
Child neglect or abuse	1	2	3	4	5
Family violence	1	2	3	4	5
ADHD or ADD	1	2	3	4	5
PTSD (post traumatic stress disorder)	1	2	3	4	5
Depression	1	2	3	4	5
Anxiety (including obsessive compulsive disorder)	1	2	3	4	5
Autism spectrum disorders	1	2	3	4	5
Developmental delays (including language delays)	1	2	3	4	5
Other behavioral health problem (specify)_____	1	2	3	4	5

HLT03. How many children in your program are not eligible for services under Part B or Part C of the Individuals with Disabilities Education Act, but have chronic health conditions that you feel need additional supports?

_____ children

HLT04. What health condition(s) require enough additional supports in the EHS/HS program to make you think that condition could make a child eligible for Part B or Part C services? **Check all that apply.**

a. Diabetes
b. Asthma or other lung disease
c. ADD/ADHD
d. Chronic/recurrent ear infections (otitis media)
e. Premature birth
f. Oral motor/feeding problems
g. Undiagnosed autism (or early indication autism)
h. Neurodevelopmental disorder – not otherwise specified
i. Other health problem (specify) _____

HLT05. What is the most common method you use to share information about the health of specific children among program staff?

1. Formal meetings
2. Phone calls
3. Email / electronic communication
4. Written communication to staff (e.g., memos)
5. Entered in staff-accessible child health record or file
6. Other (specify)_____

Module 2, Section 2. Communication with Parents or Guardians

Instructions on screen. For these next questions, please think about how you and your staff communicate with parents or guardians about the health of their child.

PEN01. How often do you or your health team communicate with parents or guardians about their child's health and developmental status, on average? *Select one.*

1. Never
2. Once a year
3. Twice a year
4. Every two to five months
5. Every month
6. Several times a month
7. Weekly
8. Other (specify)_____

PEN02. What is the most common method you use to share information with parents or guardians about the health of their child? *Select one.*

1. Formal meetings
2. Phone calls
3. Email / electronic communication
4. Written communication to staff (e.g., notes home)
5. In person communication at drop-off or pick-up

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6. Other (specify)_____

PEN03.   About how often do you meet with parents or guardians (either by phone or in person) to discuss the health management of a child <u>with special health care needs </u>(e.g., medication management, special supports) apart from daily interactions? Please record an average across children who may have varying special health care needs. ***Select one***.
1. Never
2. Once a year
3. Twice a year
4. Every two to five months
5. Every month
6. Several times a month
8. Other (specify)_____
9. My program does not serve children with special needs

PEN04. When discussing the health of a child with their parent/guardian, what language is used?***Select one response per row.***

LANGUAGE	FREQUENCY (columns) 0. Never 1. Sometimes 2. Frequently 3. Always 4. Not applicable 9. Don't know
a. In English and English is the parent or guardian's primary or preferred language	0 1 2 3 4 9
b. In another language that is the parent or guardian's primary or preferred language (e.g., in Spanish if parent/guardian is Spanish-speaking)	0 1 2 3 4 9
c. Through an interpreter, to the extent feasible	0 1 2 3 4 9
d. In English, but English is not the primary or preferred language	0 1 2 3 4 9
Other (specify)_____	0 1 2 3 4 9

PEN05. Does your program create Individual Family Partnership Agreements (IFPAs) with families <u>specific to reaching health goals</u>? ***Select one.***
0. No
1. Yes
9. Don't know

PEN06. Which of the following make it most difficult for you to communicate with parents or guardians about the health of their child? ***Check all that apply.***

	Check all that apply
a. Cultural or religious beliefs or barriers (e.g., male staff should not speak to female caregivers)	
b. Language barriers between HS staff and families	
c. Not having health-related materials in the appropriate language	
d. Literacy barriers (reading ability or health literacy level of parent or guardian is low)	
e. Not having health-related materials at an appropriate literacy or reading level	
f. Families move a lot/mailing addresses are not current	
g. Families change their cell or telephone numbers a lot/phone numbers are not current	
h. Parent/guardian does not have a telephone	
i. Parent/guardian resistance or reluctance to speak with staff about health issues	
j. Parent/guardian does not drop off / pick up (e.g., rides bus), which limits how much I see or talk to families	
k. Parent/guardian does not have time	
l. Parent/guardian resists or does not understand importance of screening/treatment	
m. Lack of staff time to follow-up	
n. Other (specify)_____	

MODULE 3. SCREENING, REFERRAL AND HEALTH SERVICES PROVIDED

Instructions on screen. This next set of questions asks about how you get information on the health of children in your program as well as the screening and referral services provided to children in your program. This section also includes information about medical care or treatment provided within the HS/EHS program and program linkages with health providers in the community.

Module 3, Section 1. Health Histories, Screening and Referral

SRF01. Does your program have a process for keeping track of health information about each child in your program? ***Select one.***

    0.   No
    1.   Yes, we use an electronic tracking system → SRF01a.
    2.   Yes, we use a paper/file system
    9.   Don't know

SRF01a. What is the name of the system that you use for electronic data tracking?

_____

SRF02. Where do you get the information about the health of a child that you put in their health record?
Check all that apply.
a. Written records from health providers
b. Interviews/oral history from parent/guardian
c. Written history from parent/guardian
d. Immunization records
e. Written records from teachers
f. Written notes form home visits
g. Child health file from previous child care program
i. Other (specify) _____

SRF03. How often do you update a child's health record? ***Select one.***
1. Once a year
2. Twice a year
3. More than twice a year
4. If/when changes to the child's health occur
5. We don't update the health record

SRF04. Does your [HS] program regularly provide any of the following health screenings to children at no cost to them, in the program? ***Select one response per row.***

SCREENING	RESPONSES: 1. Yes, on site 2. Yes, off site 3. Yes, both on and off site 4. No 9. Don't know				
a. Blood pressure	1	2	3	4	9
b. Hearing testing	1	2	3	4	9
c. Vision testing	1	2	3	4	9
d. Height and weight measurement (including head circumference, if applicable)	1	2	3	4	9
e. Oral health screening	1	2	3	4	9
f. Lead testing	1	2	3	4	9
g. Tuberculosis testing	1	2	3	4	9
h. Sickle cell anemia testing	1	2	3	4	9
i. Hemoglobin/hematocrit testing	1	2	3	4	9
j. Urinalysis	1	2	3	4	9

k.	Behavioral or mental health screening	1	2	3	4	9
l.	Cognitive development screening	1	2	3	4	9
m.	Social-emotional development screening	1	2	3	4	9
n.	Lead screening	1	2	3	4	9
o.	Other (specify) _____	1	2	3	4	9

SRF05. What process(es) do you use to ensure that children receive necessary screenings? ***Check all that apply.***

    a. Conducting a periodic review of child health files to ensure that screenings were received
    b. Following up with health care providers to obtain copy of health service record
    c. Following up with parents/guardians to ensure that screenings were completed
    d. Discussing with health staff at regular program meetings
    e. Following up with classroom teachers
    f. Using an external evaluator to review health records
    g. Other (specify_____)

SRF06. What funds are used to pay for screening? ***Check all that apply***.

    a. Medicaid/SCHIP, SCHIP, other publicly funded insurance for children
    b. County indigent funds
    c. Private insurance
    d. Family self-pay, out of pocket expense
    e. Grant funding from an external source
    f. In-kind contributions from providers
    g. EHS/HS program budget
    h. Other source (specify) _____
    i. Other source (specify)_____

Instructions on Screen: We are now interested in learning about follow-up evaluations including what kinds of things your program does to facilitate those evaluations and how you follow-up to make sure that they have taken place.

SRF07. How often are the following efforts made to encourage parents or guardians to attend follow-up evaluations? ***Select one response per row.***

SUPPORTS	RESPONSES: 1. Never 2. Rarely 3. Sometimes 4. Often 5. Always 9. Don't know					
a. Provide on-site evaluation	1	2	3	4	5	9
b. Provide information to parents/guardians on what evaluation will entail	1	2	3	4	5	9
c. Provide transport to appointments.	1	2	3	4	5	9
d. Staff (e.g., family advocates) go with families to appointments	1	2	3	4	5	9
e. Schedule evaluation time to accommodate parent/guardian schedule	1	2	3	4	5	9
f. Provide childcare	1	2	3	4	5	9
g. Provide interpreters	1	2	3	4	5	9
h. Home visits	1	2	3	4	5	9
j. Provide help accessing insurance	1	2	3	4	5	9
k. Other (specify) _____	1	2	3	4	5	9

SRF08. What process(es) do you use to ensure that children receive follow-up evaluations? **Check all that apply.**

   a. Conducting a periodic review of child health files to ensure that follow-up evaluations were received
   b. Following up with health care providers to obtain copy of health service record
   c. Following up with parents/guardians to ensure that health services were received
   d. Discussing with health staff at regular program meetings
   e. Following up with classroom teachers
   f. Using an external evaluator to review health records
   g. Other (specify_____)

Module 3, Section 2. Medical and Oral Health Care and Partnerships to Deliver Health Services

Instructions on screen. This next set of questions asks about the medical, dental, and behavioral health care provided to children and families as well as the community partnerships you have for securing services.

MCR01. What types of <u>medical care</u> do health providers who come to the EHS/HS program provide on-site? Note: response items e, f, and g are about actual care or treatment provided by outside providers and are not meant to include services already provided by EHS/HS staff. ***Check all that apply.***

    a. Physical exams
    b. Immunizations
    c. Oral health prevention (e.g., fluoride)
    d. Oral health treatment (e.g., through a mobile or portable dental program)
    e. Behavioral or mental health care (e.g., counseling, treatment)
    f. Care or therapy for individuals with disabilities (e.g., occupational therapy)
    g. Nutritional care (e.g., assistance with feeding tubes)
    h. Physical therapy
    i. Speech therapy
    j. Laboratory services
    k. General health education
    l. No medical, oral, or behavioral care is provided at our program

MCR02. How are physical health services usually coordinated with other agencies or community partners? ***Select one.***

    1. Formal agreements or memorandum of understanding
    2. Informal interactions only → **SKIP TO MCR04**
    3. Both formal agreements and informal interactions
    9. Don't know→ **SKIP TO MCR04**

        MCR03. Do your partnership agreements with physical health care providers include the following? ***Check all that apply.***

        a. Resources or payments to providers
        b. Training for EHS/HS staff
        c. Physical health services are given to children and families at EHS/HS sites
        d. Physical health services to EHS/HS children and families are given at other health sites/locations
        e. Physical health services are provided for pregnant women
        f. Joint planning
        g. Consultation
        h. Outreach
        i. Membership on the HSAC
        j. Other (specify)_____

MCR04. Thinking about the <u>physical health</u> of the children and families you serve, please describe your relationship with each of the following types of service providers during the past 12 months. Please rate your relationship on a scale of 0 (no working relationship) to 3 (MOU/formalized collaboration or partnership) ***Select one response per row.***

ORGANIZATIONS	RESPONSES: 0. No working relationship 1. 2. 3. Formal MOU (memorandum of understanding)/formalized collaboration or partnership 4 Not applicable
a. General health care providers in private practice (e.g., MD, RN)	0 1 2 3 4
b. General health care providers from local/state health departments	0 1 2 3 4
c. General health care providers in Federally Qualified Health Centers	0 1 2 3 4
d. General health care providers in the Indian Health Service	0 1 2 3 4
e. General health care providers in a Tribally operated health facility	0 1 2 3 4
f. Specialist providers in private practice (e.g., asthma, diabetes)	0 1 2 3 4
g. Specialist providers from local/state health departments	0 1 2 3 4
h. Specialist providers in Federally Qualified Health Centers	0 1 2 3 4
i. Specialist health care providers in the Indian Health Service	0 1 2 3 4
j. Specialist health care providers in a Tribally operated health facility	0 1 2 3 4
k. Home-visiting providers	0 1 2 3 4
l. Nutritionists (e.g., registered dieticians)	0 1 2 3 4
m. Other (specify)_____	0 1 2 3 4

MCR05.What are the major barriers you face when working with parents or guardians to obtain screening and treatment services for physical health? ***Check all that apply.***

	Check all that apply
a. Not getting parental/guardian consent (permission) for screening or treatment services	
b. Cultural or religious beliefs or barriers (e.g., male staff should not speak to female caregivers)	
c. Language barriers between HS staff and families	
d. Literacy barriers (reading ability or health literacy level of parent or guardian is low)	
e. Families move a lot/mailing addresses are not current	

f.	Families change their cell or telephone numbers a lot /phone numbers are not current	
g.	Parent/guardian does not have a telephone	
h.	Lack of transportation/distance to provider office	
i.	Lack of child care	
j.	Appointment times not available to fit parent/guardian schedule	
k.	Long wait times to get services once at provider's office	
l.	Parent/guardian lack of time	
m.	Parent/guardian does not understand importance of, does not want to talk about, or resists screening/treatment	
n.	Lack of available generalist providers (e.g., pediatricians, dentists)	
o.	Lack of specialist providers	
p.	Lack of culturally competent providers	
q.	Language barriers between families and providers	
r.	Insurance and out of pocket costs (e.g., no health insurance, Medicaid not accepted, out of pocket expenses too high)	
s.	Limited Medicaid transferability across state lines	
t.	Lack of staff time to follow-up	
u.	HS staff lack knowledge of resources	
v.	Other (specify) _____	

MCR06. Overall, how would you describe the ability of your partnerships to handle the physical health needs of children in your program? **Select one.**

    0. Not Adequate

    1. Somewhat Adequate

    2. Adequate

    3. Very Adequate

    4. Not Applicable

    9. Don't know

MCR07. How would you describe the ability of your partnerships to handle the needs of children living with disabilities in your program? **Select one.**

    0. Not Adequate

    1. Somewhat Adequate

    2. Adequate

    3. Very Adequate

    4. Not Applicable

    9. Don't know

MCR08. Thinking about the <u>behavioral/mental health</u> of the children and families you serve, please describe your relationship with each of the following types of service providers during the past 12 months. Please rate your relationship on a scale of 0 (no working relationship) to 3 (MOU/formalized collaboration or partnership). **Select one for each row.**

ORGANIZATIONS	RESPONSES: 0. No working relationship 1. 2. 3. Formal MOU (memorandum of understanding)/formalized collaboration or partnership
a. State or local agency(ies) providing behavioral/mental health prevention and treatment services	0 1 2 3
b. Private, for profit behavioral/mental health providers	0 1 2 3
c. Behavioral/mental providers in hospitals	0 1 2 3
d. Behavioral/mental health providers in nonprofit agencies	0 1 2 3
e. Home-visiting providers	0 1 2 3
f. Behavioral/mental health providers in the Indian Health Service	0 1 2 3
g. Behavioral/mental health providers in a Tribally operated health facility	0 1 2 3
h. Other behavioral/mental health consultants	0 1 2 3

If MCR08= response option h-other behavioral or mental health consultants, then ask MCR09. Otherwise SKIP TO MCR10.

MCR09. You mentioned that you use behavioral or mental health consultants. How do you use behavioral health consultants in your program? **Check all that apply.**

a.   Behavioral health screenings on site
b.   Participating in IEP meetings about individual child
c.   Providing a behavioral health treatment or intervention for an individual child
d.   Providing a behavioral health treatment or intervention in a group form
e.   Working with families to conduct behavioral health education Helping families with referrals to other behavioral health providers
f.   Educating EHS/HS staff about behavioral health issues

MCR10. How are behavioral health services typically coordinated with other agencies or community partners? **Select one.**

1.   Formal agreements or memorandum of understanding
2.   Informal interactions only → **SKIP TO MCR12**
3.   Both formal agreements and informal interactions

9. Don't know→ **SKIP TO MCR12**

> MCR11. Do your partnership agreements with behavioral or mental health care providers include the following? ***Check all that apply.***
> a. Resources or payments to providers
> b. Training for EHS/HS staff
> c. Behavioral or mental health services given to children and families at EHS/HS sites
> d. Behavioral or mental health services given to children and families at other health sites/locations
> e. Behavioral or mental health services provided to pregnant women
> f. Joint planning
> g. Consultation
> h. Outreach
> i. Other (specify)_____

MCR12. What are the major barriers you face when working with parents/guardians to obtain necessary screening and treatment services for behavioral health? ***Check all that a***pply.

		Check all that apply
a.	Not getting parental/guardian consent (permission) for screening or services	
b.	Cultural or religious beliefs or barriers (e.g., male staff should not speak to female caregivers)	
c.	Language barriers between HS staff and families	
d.	Literacy barriers (reading ability or health literacy level of parent or guardian is low)	
e.	Families move a lot/mailing addresses are not current	
f.	Families change their cell or telephone numbers a lot /phone numbers are not current	
g.	Parent/guardian does not have a telephone	
h.	Lack of transportation/distance to provider office	
i.	Lack of child care	
j.	Appointment times not available to fit parent/guardian schedule	
k.	Long wait times to get services once at provider's office	
l.	Parent/guardian lack of time	
m.	Parent/guardian does not understand importance of, does not want to talk about, or resists screening/treatment	
n.	Lack of available generalist providers (e.g., pediatricians, dentists)	
o.	Lack of specialist providers	
p.	Lack of culturally competent providers	
q.	Language barriers between families and providers	
r.	Insurance and out of pocket costs (e.g., no health insurance, Medicaid not	

	accepted, out of pocket expenses too high)	
s.	Limited Medicaid transferability across state lines	
t.	Lack of staff time to follow-up	
u.	HS staff lack knowledge of resources	
v.	Other (specify) _____	

MCR13. Overall, how would you describe the ability of your partnerships to handle the behavioral health needs of children in your program? *Select one.*

0. Not Adequate
1. Somewhat Adequate
2. Adequate
3. Very Adequate
4. Not Applicable

MCR14. Thinking about the <u>oral health</u> of the children and families you serve, please describe your relationship with each of the following types of service providers during the past 12 months. Please rate your relationship on a scale of 0 (no working relationship) to 3 (MOU/formalized collaboration or partnership)*Select one for each row.*

ORGANIZATIONS	RESPONSES: 0. No working relationship 1. 2. 3. Formal MOU (memorandum of understanding)/formalized collaboration or partnership
a. Dentists in private practice	0 1 2 3
b. Dentists from local/state health departments	0 1 2 3
c. Dentists in Federally Qualified Health Centers (FQHC)	0 1 2 3
d. Dentists with the Indian Health Service	0 1 2 3
e. Dentists in a Tribally operated dental facility	0 1 2 3
f. Dental hygienists in private practice	0 1 2 3
g. Dental hygienists from local/state health departments	0 1 2 3
h. Dental hygienists in Federally Qualified Health Centers	0 1 2 3
i. Dental hygienists with the Indian Health Service	0 1 2 3
j. Dental hygienists in a tribally operated dental facility	0 1 2 3
k. Portable/mobile dental practices	0 1 2 3
l. Dental schools	0 1 2 3
m. Dental hygiene schools or programs	0 1 2 3

n. Physicians in private practice	0 1 2 3
o. Physicians in public health clinics (e.g., from local/state health departments, FQHCs)	0 1 2 3
p. Other (specify)_____	0 1 2 3

MCR15. How are oral health services usually coordinated with other agencies or community partners?
Select one.

1. Formal agreements or memorandum of understanding
2. Informal interactions only → **SKIP TO MCR17**
3. Both formal agreements and informal interactions
9. Don't know→ **SKIP TO MCR17**

MCR16. Do your partnership agreements with oral health care providers include the following?
Check all that apply.

a. Resources or payments to providers
b. Training for EHS/HS staff
c. Oral health services provided to children (ages 4 and older) and families at EHS/HS sites
d. Oral health services provided to children (ages 4 and older) and families at other health sites/locations
e. Oral health services provided to young children ages 0-3 at EHS/HS sites
f. Oral health services provided to young children ages 0-3 at other health sites/locations
g. Oral health services provided to pregnant women
h. Joint planning
i. Consultation
j. Outreach
k. Other (specify)_____

MCR17. What are the major barriers you face when working with parents/guardians to obtain necessary screening and treatment services for oral health? **Check all that apply**.

		Check all that apply
a.	Not getting parental/guardian consent (permission) for screening or services	
b.	Cultural or religious beliefs or barriers (e.g., male staff should not speak to female caregivers)	
c.	Language barriers between HS staff and families	
d.	Literacy barriers (reading ability or health literacy level of parent or guardian is low)	
e.	Families move a lot/mailing addresses are not current	
f.	Families change their cell or telephone numbers a lot /phone numbers	

	are not current	
g.	Parent/guardian does not have a telephone	
h.	Lack of transportation/distance to provider office	
i.	Lack of child care	
j.	Appointment times not available to fit parent/guardian schedule	
k.	Long wait times to get services once at provider's office	
l.	Parent/guardian lack of time	
m.	Parent/guardian does not understand importance of, does not want to talk about, or resists screening/treatment	
n.	Lack of available generalist providers (e.g., pediatricians, dentists)	
o.	Lack of specialist providers	
p.	Lack of culturally competent providers	
q.	Language barriers between families and providers	
r.	Insurance and out of pocket costs (e.g., no health insurance, Medicaid not accepted, out of pocket expenses too high)	
s.	Limited Medicaid transferability across state lines	
t.	Lack of staff time to follow-up	
u.	HS staff lack knowledge of resources	
v.	Other (specify) _____	

MCR18. Overall, how would you describe the ability of your partnerships to handle the oral health needs of children in your program? *Select one.*

    0.   Not Adequate

    1.   Somewhat Adequate

    2.   Adequate

    3.   Very Adequate

    4.   Not Applicable

MCR19. What process(es) do you use to ensure that children receive follow-up services [for physical health, oral health, behavioral health]? *Check all that apply.*

    a.   Conducting a periodic review of child health files to ensure that follow-up service were received

    b.   Following up with health care providers to obtain copy of health service record

    c.   Following up with parents/guardians to ensure that health services were received

    d.   Discussing with health staff at regular program meetings

    e.   Following up with classroom teachers

    f.   Using an external evaluator to review health records

    g.   Other (specify_____)

MCR20. Is a set portion of your EHS/HS budget designated for treatment services for physical health, behavioral health and/or oral health? *Select one*.

    1.   Yes

    2.   No → **SKIP to MCR22**

9. I don't know

MCR21. What funds are used to pay for physical health, behavioral health and oral health treatment services? ***Check all that apply***.
 a. Medicaid/SCHIP, SCHIP, other publicly funded insurance for children
 b. County indigent funds
 c. Private insurance
 d. Family self-pay, out of pocket expense
 e. Grant funding from an external source
 f. In-kind contributions from providers
 g. EHS/HS program budget
 h. Other source (specify) _____
 i. Other source (specify)_____

MCR22. Do you (or your staff) provide health services or health programs in the home? ***Select one.***
 1. Yes
 2. No → **SKIP to PRG01**
 9. I don't know

  MCR23. What health service or health programs do you conduct in the home? ***Check all that apply***.
   a. Conduct health screenings
   b. Provide immunizations
   c. Attend to the physical health needs of children with chronic health issues
   d. Teach child about healthy behaviors (e.g., proper teeth brushing)
   e. Teach parents/families about supporting healthy behaviors
   f. Provide counseling or other mental health services
   g. Provide nutritional services
   h. Help families enroll in health insurance
   i. Other (specify:_____)

  MCR24. What barriers, if any, do you face when providing health services or programs in the home? ***Check all that apply***.
 a. Cultural or religious beliefs or barriers (e.g., male staff should not speak to   female caregivers)
 b. Language barriers between HS staff and families
 c. Literacy barriers (reading ability or health literacy level of parent or guardian is low)
 d. Parent/guardian lack of time
 e. Parent/guardian does not understand importance of screening/treatment
 f. Parent/guardian resistance to treatment
 g. No physical space to conduct activities in the home
 h. Difficulty finding a quiet space to conduct activities without interruption
 i. Privacy concerns to discuss health-related matters in the home
 j. Discomfort of staff in being in the home
 k. Safety issues for staff to be in the home

l.   Other (specify:_____)

MODULE 4. PREVENTION AND PROMOTION ACTIVITIES

Module 4, Section 1. Current Health Promotion Topic Selection and Prioritization

Instructions on screen. The next sections include questions about the health promotion activities that your EHS/HS program conducts. <u>Health promotion</u> means any activity focusing on healthy behaviors and the prevention of disease (e.g., good oral hygiene, healthy eating).

PRG01. For the following list of health topics and health promotion activities, please say whether you are addressing the topic with families in your EHS/HS program. ***Check all that apply***.

HEALTH TOPICS	Check all that apply
a. Injury prevention and safety (e.g., dog bites, motor vehicle safety/car accidents, food safety)	
b. CPR or first aid	
c. Alcohol or other drug use prevention or treatment	
d. Tobacco use prevention or cessation	
e. Environmental health (pesticide, lead, second hand smoke)	
f. Nutrition and/or healthy eating practices	
g. Physical activity and/or fitness	
h. Behavioral or mental health	
i. Violence prevention (e.g. bullying, fighting, partner violence)	
j. Education on asthma triggers or prevention	
k. Oral hygiene	
l. Hand washing or hand hygiene	
m. Importance of sleep or rest for children	
n. Importance of immunizations	
o. Sun safety and skin cancer prevention	
p. Head lice	
q. Bed bugs	
r. Family planning	
s. Prenatal health	
t. Breastfeeding/lactation	
u. Postpartum health and care (e.g., depression)	
v. Caring for an infant (e.g., diapering, bathing)	
w. Other (specify)_____	

PRG02. What factors/information contributed to you choosing these health topics as targets of health promotion? ***Check all that apply***.

    a.   Community or self-assessment data

    b.   Informal parent input

    c.   EHS/HS program priority areas (e.g., identified through health screens)

    d.   Observation of children

    e.   Observation of parents

    f.   Surveys with parents

    g.   Health Services Advisory Committee recommendations

    h.   EHS/HS Director recommendation

    i.   Community partner organization recommendation

    j.   Local/state policy (e.g., health insurance, health impact assessment, zoning, economic)

    k.   Office of Head Start (national) priorities

    l.   Other (specify)_____

PRG03. When there is a health topic that you feel needs to be addressed, how do you find possible resources or curriculum? ***Check all that apply***.

    a.   Prior use/familiarity with the curriculum

    b.   Recommendation of other EHS/HS programs

    c.   Recommendation from HSAC

    d.   Recommendation from consulting provider or other community partners

    e.   Head Start web site (ECLKC)

    f.   Technical assistance network for EHS/HS (e.g., Head Start National Center on Health)

    g.   Child care health and safety resources (e.g., Caring for our children, child care health consultant)

    h.   Professional association websites or listservs (e.g., AAP, APA, AAPD)

    i.   Recommendation from state or local government (e.g., state dental director)

    j.   General internet search

    k.   Other (specify)_____

PRG04. We are interested in getting a better understanding of the type of programs or curricula you use to address health topics and health promotion activities. For example, you may use I am Moving, I am Learning to address overweight and obesity or Bright Smiles to address oral health needs. Please fill out the table below, listing the health topic or health promotion area being addressed, the name of the curricula, whether the curricula is "off the shelf", adapted, or created by your program staff, and how long you have been using it. Please also note who is receiving the program or curricula (e.g., children, parents, staff).

Health Promotion Topic	Target population (children, parents, staff)	Name of curriculum (list DK or "no name" if applicable)	"off the shelf" (as is), adapted from an existing program, or newly	Length of time using the program in your EHS/HS

	List all that apply.		created for your purposes?	

[Programmer note: if PRG04 does not list I am Moving, I am Learning (including all variants of how it might be written (e.g., IMIL, IM/IL, I'm Moving, I'm Learning)) as the name of curriculum for health promotion topics related to overweight, obesity, or physical activity, then show PRG04a. **Otherwise, skip to PRG05.**]

PRG04a. You did not list I am Moving, I am Learning (IMIL) as a program that you are using. What are the reasons you are not currently using IMIL? ***Check all that apply.***

a.   I have never heard of the program
b.   The training that was provided was not sufficient for implementation, more training is needed
c.   Guides for how to train staff are needed
d.   Staff have not been trained in the curriculum
e.   Not enough time to implement it
f.   Not enough resources to implement it
g.   Children or parents do not like it
h.   Staff do not like it
i.   Program administrators are currently not interested in using it
j.   We are unable to adapt it to meet the language and cultural needs of our children and families
k.   We found another obesity prevention curriculum that we like better
l.   We used IMIL in the past, but are not using it now
m. We are not using IMIL now, but plan to do so in the next year
n.   We have no plans for using IMIL right now
o.   Other (specify) _____

PRG05. To what extent are health materials selected or adapted to match the cultures and languages of families you serve? ***Select one.***

1.   Never
2.   Rarely
3.   Sometimes
4.   Often
5.   Always

PRG06. What method(s) do you use most often to share health promotion information with the families that you serve? ***Check all that apply.***

a. Written materials (e.g., newsletters)
b. A one-time, in-person session
c. Multiple in-person training sessions
d. Parent to parent
e. Phone based sessions
f. Electronically (e.g., email, web based information)
g. Other (specify)

PRG07. What funds are used for prevention and health promotion activities? *Check all that apply*.
a. Medicaid/SCHIP, SCHIP, other publicly funded insurance for children
b. County indigent funds
c. Private insurance
d. Family self-pay, out of pocket expense
e. Grant funding from an external source
f. In-kind contributions from providers
g. EHS/HS program budget
h. Other source (specify) _____
i. Other source (specify)_____

Module 4, Section 2. Implementation Issues

 Instructions on screen. For this next set of questions, please think about what makes it easy or hard to get health promotion activities started in your center.

IMP01. What are the biggest challenges to starting health promotion activities in your EHS/HS program? *Check all that apply*.

	Check all that apply
a. Lack of support from HSAC	
b. Lack of support from the director	
c. Lack of staff buy-in	
d. Not enough time to provide training of staff	
e. Lack of parent or family interest/support in the topic	
f. Limited time to implement	
g. Lack of parent or family time to engage in the activity or the timing of the activity	
h. Poor quality of the health promotion curriculum or program to address the health topic	

i. Poor quality of the health promotion trainers	
j. Not having enough staff who speak the language(s) of the families we serve	
k. Not having enough staff who come from the cultural background(s) of the families we serve	
l. Not having enough health materials (e.g., written materials, curricula)in the language(s) of the families we serve	
m. Not having enough health materials (e.g., written materials, curricula) that are culturally appropriate for all families	
n. Limited parent literacy	
o. Competing program priorities / not enough resources or funds	
p. Other (specify)_____	

IMP02. Does your program do any of the following to encourage parents/guardians to take part in health-related activities or events? Do you: **Check all that apply.**
   a.   Offer incentives such as door prizes or samples of products?
   b.   Provide transportation
   c.   Provide child care
   d.   Provide interpreters
   e.   Serve food such as snacks or dinner/supper
   f.   Other (specify)_____

IMP03. Does your program regularly monitor the health promotion activities (e.g., education, curricula) offered to children? **Select one.**
   1.   Yes
   2.   No

IMP04. Does your program regularly monitor the health promotion activities (e.g., education, curricula) offered to families? **Select one.**
   1.   Yes
   2.   No → IF IMP04=no and IMP05=no, then **SKIP TO PRO01**

   IMP05.   What types of information do you use to keep track of how your health promotion activities are going? **Check all that apply.**
      a.   Tracking data on number and type of health promotion activities
      b.   Surveys with children about their response to the activity, change in health knowledge
      c.   Surveys with parents/families about their response to the activity, change in health knowledge or behavior
      d.   Surveys with staff about activity roll out, impact on children

e. Home visitor information about how families are using the health promotion activity/information

f. Classroom/home visit monitoring of activities

g. Physical measurements (e.g. height, weight, BMI)

h. Other (specify)._____

Module 4, Section 3. Other family health promotion activities

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PRO01. Do you offer any of the following **services** to families? *Select one response for each row.*

SERVICES (rows)	RESPONSES:
a. Health related events for the entire family including health services for other family members	1. Yes 2. No 9. Don't Know
b. Weight management program or education	1. Yes 2. No 9. Don't Know
c. Smoking cessation	1. Yes 2. No 9. Don't Know
d. Information about health insurance and assistance enrolling	1. Yes 2. No 9. Don't Know
e. Workshops or education on parenting (e.g., classes on child development, education in being a parent, understanding children with special needs)	1. Yes 2. No 9. Don't Know
f. Adult literacy or health program (including Adult Basic Education)	1. Yes 2. No 9. Don't Know
g. Health literacy	1. Yes 2. No 9. Don't Know
h. Health or social services offered collaboratively by service agencies such as hospitals	1. Yes 2. No 9. Don't Know
i. Other (specify)_____	1. Yes 2. No 9. Don't Know

PRO02. Even if your program does not include EHS, does your program offer any services to pregnant women?

1. Yes
2. No → **SKIP to PRO04**
9. Don't know → **SKIP to PRO04**

> PRO03**.** Which of the following services to pregnant women? *Select one response for each row.*

SERVICES	RESPONSES: 1. Yes 2. No 9. Don't know
a. A referral to a OB, nurse/midwife, or other provider for pregnant women	1 2 9
b. A referral to a dentist for the mother	1 2 9
c. A referral to a pregnancy or child birth class	1 2 9
d. A referral for a doula (or someone to help with the birthing process)	1 2 9
e. Information on how to take care of themselves during pregnancy	1 2 9
f. The chance to get together with other pregnant women or mothers	1 2 9
g. Nutrition information	1 2 9
h. Classes for new or expectant fathers	1 2 9
i. Information on how to prepare their home for a new baby	1 2 9
j. Help finding clothes, a stroller, or other baby care items	1 2 9
k. Information on how to take care of babies	1 2 9
l. Information on breastfeeding	1 2 9
m. A referral to someone to help with breastfeeding (lactation consultant)	1 2 9
n. A referral for smoking cessation	1 2 9
o. Referrals for drug and alcohol cessation	1 2 9
p. Postpartum services, including information on postpartum depression	1 2 9
q. A referral to a pediatrician for the baby	1 2 9
r. Information on how children grow and develop	1 2 9
s. Parenting classes	1 2 9
t. Sibling classes	1 2 9
Other (specify)_____	1 2 9

PRO04. What funds are used to pay for family health promotion activities? ***Check all that apply***.
   a.   Medicaid/SCHIP, SCHIP, other publicly funded insurance for children
   b.   County indigent funds
   c.   Private insurance
   d.   Family self-pay, out of pocket expense
   e.   Grant funding from an external source
   f.   In-kind contributions from providers
   g.   EHS/HS program budget
   h.   Other source (specify) _____

i. Other source (specify)_____

MODULE 5. STAFF WELLNESS

Instructions on screen. The next few questions ask about activities related to staff health and well-being.

SWL01. Within the past year, has your program offered staff members the following…..? *Select one response per row.*

WELLNESS ACTIVITIES	RESPONSES: 1. Yes 2. Offers this, staff participation is low 3. Does not offer this at least once a year		
a. Physical health screenings	1	2	3
b. Oral health screenings	1	2	3
c. Asthma management	1	2	3
d. Weight management, nutrition information	1	2	3
e. Physical activity/fitness	1	2	3
f. Tobacco cessation	1	2	3
g. Stress management	1	2	3
h. Injury prevention / safety	1	2	3
i. Cancer screening	1	2	3

SWL02. How often do staff members participate in emergency preparedness education sessions or trainings? *Select one*.
1. Never, staff members do not regularly participate in such trainings
2. Once a year
3. Twice a year
4. Every two to five months
5. Every month
6. Other (specify)_____

SWL03. What funds are used to pay for staff well-being activities? *Check all that apply*.

a.   Medicaid/SCHIP, SCHIP, other publicly funded insurance for children
b.   County indigent funds
c.   Private insurance
d.   Family self-pay, out of pocket expense
e.   Grant funding from an external source
f.   In-kind contributions from providers

g. EHS/HS program budget

h. Other source (specify) _____

i. Other source (specify)_____

Module 6. Broader Community Linkages
Module 6. Community Service Network

Instructions on screen. This section asks about the broader community service network that supports your EHS/HS health programming.

PRT01. With which agencies and organizations do you normally work to address or support the <u>health</u> needs of the children and families in your [HS] program? ***Check all that apply.***

a. Social service agency (e.g., TANF)

b. Food/nutrition agency (e.g., WIC)

c. Home visiting programs external to your EHS/HS program

d. Local health departments, department of public health

e. Migrant community health centers

f. Indian Health Services (IHS)

g. Tribal organizations

h. Safety net dental clinics (e.g., FQHCs, community dental clinics, county health department clinics)

i. Community health centers and/or local hospitals

j. Community behavioral or mental health center

k. Migrant education

l. College or university

m. Religious organizations

n. Public schools / LEA

o. Part C and Part B Individuals with Disabilities Education Act (IDEA) partners

p. Programs to provide family financial planning

q. Job service agency

r. Legal aid

s. Other community based organization (Specify._____)

PRT02. In your [HS] program, which of the following health needs are **NOT** being met (or being met well) by the agencies and organizations you work with? ***Check all that apply.***

a. Health care

b. Oral health care

c. Behavioral health care

d. Services for children with disabilities/medically fragile children

e. Asthma management and/or education programs

f. Services for weight control

g. Hearing or vision services

h. Treatment for alcohol or substance use

i. Programs for smoking cessation

j. Services for pregnant women (e.g., prenatal care, postpartum care)

k. Environmental health concerns

l. Injury prevention or safety concerns, emergency management

m. Some other health service (specify) _____

PRT03. What types of health-related services or knowledge do your community partners provide (e.g., help with referrals, treatment services, health education)? Please include those that are paid and unpaid (in-kind) donations. ***Check all responses that apply for each row.***

[Programmer note: Use PRT01 to populate grid, including only those selected by participant.

ORGANIZATIONS (rows)

a.-r. from PRT01 as applicable

TYPES OF SUPPORT (column)

1. Health services, paid

2. Health services, unpaid/in-kind

3. Health education, paid

4. Health education, unpaid/in-kind

5. Providing referral support/linking families, paid

6. Providing referral support/linking families, unpaid/in-kind

7. Other support, paid

8. Other support, unpaid/in-kind

PRT04. What types of health-related community partners do you NOT have a relationship with now, but you would **LIKE TO** have a relationship with? ***Check all that apply.***

a. Social service agency (e.g., TANF)
b. Food/nutrition agency (e.g., WIC)
c. Home visiting programs
d. Local health departments, department of public health
e. Migrant community health centers
f. Indian health services
g. Tribal organizations
h. Safety net dental clinics (e.g., FQHCs, community dental clinics, county health department clinics)
i. Community health centers and/or local hospitals
j. Community behavioral or mental health center
k. Migrant education
l. College or university
m. Religious organization
n. Public schools / LEA
o. Part C and Part B Individuals with Disabilities Education Act (IDEA) partners
p. Programs to provide family financial planning
q. Job service agency
r. Legal aid
s. Other community based organization (Specify._____)

PRT05. In the past 12 months, please say how much the following things got in the way of providing health services or programs to your EHS/HS children and families. *Select one response per row.*

BARRIERS	RESPONSES: 1. Not at all difficult 2. Somewhat difficult 3. Extremely difficult		
Establishing linkages/partnerships with health providers for offering health services (e.g., clinical services)	1	2	3
Establishing linkages/partnerships with health organizations for providing prevention or health promotion programs	1	2	3
Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention or health promotion programs	1	2	3
Sharing health data/information on children/families served jointly by EHS/HS and other agencies	1	2	3
Obtaining timely evaluations of children with disabilities	1	2	3
Having enough resources to serve health needs of children who do not qualify for Part B and C assistance	1	2	3
Having staff attend IEF or IFSP meetings	1	2	3

PRT06. What percentage of your community partners are culturally responsive to the needs of your ethnic and linguistic minority families? *Select one.*
1. 0-25%
2. 26-50%
3. 51-75%
4. 76-100%
9. Don't know

MODULE 7. HEALTH MANAGER BACKGROUND

Instructions on screen. These next questions ask about your background including educational background and work experience.

EDU01**.** What is the highest grade or year of school that you completed*Select one*.

1. Less than a high school diploma/equivalent (GED)
2. High school diploma/equivalent (GED)
3. Vocational/technical program after high school but no vocational/technical diploma
4. Vocational/technical diploma after high school
5. Some college but no degree
6. Associate's degree
7. Bachelor's degree
8. Graduate or professional school but no degree
9. Master's degree (MA, MS, MPH, MSN, MBA)
10. Doctorate degree (Ph.D., Ed.D.)
11. Other Postgraduate Degree (Medicine/MD; Dentistry/DDS; Law/JD/LLb; Etc.)

EDU02**.** Please describe how much coursework you had in the following areas? *Select one response per row*.

	NUMBER 1. I have not completed any course work in this area 2. I completed a few courses 3. I received an AA or completed a certificate program in this area 4. I received a BA in this area (e.g., major, minor, concentration) 5. I received my master's, doctorate or other postgraduate degree in this area
a. Child health and development	1 2 3 4 5
b. Children with special health care needs/disability	1 2 3 4 5
c. Medicine	1 2 3 4 5
d. Nursing	1 2 3 4 5
e. Behavioral or mental health (e.g., counseling, family therapy)	1 2 3 4 5
f. Social work	1 2 3 4 5
g. Health education	1 2 3 4 5
h. Nutrition	1 2 3 4 5
i. Physical fitness/physical education	1 2 3 4 5
j. Public health/community health	1 2 3 4 5
k. Other health topic (specify_____)	1 2 3 4 5

EDU03. Have you ever had any licenses, certificates or credentials relating to health such as medicine, nursing, or oral health (include those earned outside of the United States)? *Select one*.
1. Yes
2. No →**SKIP TO EDU05**

EDU04. For each one that you have had, say whether it is active at this time. *Check all that apply*.

LICENSE/CERTIFICATION	CURRENT 1. Yes, it is active at this time 2. No, I had one but it is not active now 3. Not applicable
a. A license as a physician (MD)	
b. A license as an osteopath (DO)	
c. A license as a registered nurse (RN)	
d. A license as a licensed practical nurse (LPN)	
e. A licensed vocational nurse	
f. A certification as a nurse practitioner (NP)	
g. A certification as a school nurse	
h. A certification or license as a social worker	
i. A certification or license as a counselor	
j. A certification or license as a psychologist	
k. A license as a psychiatrist	
l. A license as a dentist	
m. A certification or license as a dental hygienist	
n. A certification or license as a nutritionist	
o. Other license, certificate or credential (Please specify) _____	

EDU05. Have you completed training to become a Child Care Health Consultant (CCHC)? *Select one.*
1. Yes
2. I have started training, but have not yet completed it
3. No

EDU06.   Counting this program year, how many years have you ever worked … Note: you may have the same answer for more than one row. ***Select one response per row.***

WORK HISTORY (rows)		TIME 1. No experience of this type 2. Less than 1 year 3. 1-2 years 4. 3-5 years 5. 6-10 years 6. 11-24 years 7. 25 years or more
a.	With children under 6 years of age in any child care or education setting? (Include years as child care provider, teacher, director, etc., for EHS/HS and non-Head Start settings, but do not include years spent raising your own children.)	1 2 3 4 5 6 7
b.	In any EHS/HS programs? (Include MSHS and AIAN)	1 2 3 4 5 6 7
c.	In any Migrant and Seasonal (MSHS) EHS/HS programs, specifically?	1 2 3 4 5 6 7
d.	In any American Indian or Alaska Native (AIAN) EHS/HS programs, specifically?	1 2 3 4 5 6 7
e.	As a health manager in an EHS/HS program?	1 2 3 4 5 6 7
f.	In a health care setting, such as a community health clinic or school-based health center?	1 2 3 4 5 6 7

EDU07. Before the position you have now, what other positions have you held at your current program or another EHS/HS program? ***Check all that apply***.
   a.   Health manager at another EHS/HS program
   b.   Health coordinator
   c.   Teacher
   d.   Teacher's aide/instructional aide
   e.   Family service worker/home visitor
   f.   Parent involvement coordinator/family service coordinator
   g.   Outreach staff/recruiter/enrollment coordinator
   h.   Health aide
   i.   Counselor
   j.   Disability coordinator

k. Behavioral health (or mental health) coordinator

l. Nutrition coordinator

m. Culinary or food services staff

n. Receptionist/office staff

o. Bus driver or related transportation

p. Center director, associate center director, or other program manager

q. Other (Specify) _____

r. None – no previous positions

DEM01. What is your sex? *Select one*.
1. Male
2. Female

DEM02. Are you Hispanic, Latino/a, or Spanish origin? *One or more categories may be selected.*
a. No, not of Hispanic, Latino/a, or Spanish origin
b. Yes, Mexican, Mexican American, Chicano/a
c. Yes, Puerto Rican
d. Yes, Cuban
e. Yes, another Hispanic, Latino, or Spanish origin

DEM03**.** What is your race? *One or more categories may be selected.*
a. White
b. Black or African American
c. American Indian or Alaska Native
d. Asian Indian
e. Chinese
f. Filipino
g. Japanese
h. Korean
i. Vietnamese
j. Other Asian
k. Native Hawaiian
l. Guamanian or Chamorro
m. Samoan
n. Other Pacific Islander

DEM04. How well do you speak English? *Select one.*
1. Very well
2. Well
3. Not well
4. Not at all

DEM05. Do you speak a language other than English at home? *Select one.*

    1.   Yes

    2.   No **-> SKIP TO DEM07**

         DEM06. What is this language?

        a.   Spanish

        b. Other Language (Specify)

DEM07. Is your age...? *Select one.*

    1.   Under age 25

    2.   25 to 34

    3.   35 to 44

    4.   45 to 54

    5.   55 to 64

    6.   65 or older

DEM08. About how much do you make each year at EHS/HS? *Select one*.

    1.   Less than $10,000

    2.   10,000 – 20,000

    3.   20,001 – 30,000

    4.   30,001 – 40,000

    5.   40,001 – 50,000

    6.   50,001 – 60,000

    7.   60,001 – 70,000

    8.   70,001 – 80,000

    9.   80,001 – 90,000

    10. More than 90,001

DEM09. Do you or did you ever have a child in your household who attends/attended EHS/HS? *Select one*.

    1.   Yes

    2.   No

DEM10. How satisfied are you with your current position as a health manager? *Select one*.

    1.   Not at all satisfied (very dissatisfied)

    2.   Dissatisfied

    3.   Neutral (neither satisfied nor dissatisfied)

    4.   Satisfied

    5.   Very satisfied

DEM11. Is there anything that you would like to share, either positive or negative, about your experience with the health service area of your program and/or the health needs of children and families in your program? *Open ended*.

Instructions on screen: In addition to the on-line survey that you have just completed for the Head Start Health Managers Descriptive Study, we will also be conducting Interviews with a small number of health managers, teachers, family service workers, and home visitors. Thus, we may want to contact you in the future to invite you to participate in the interview portion of the study or to nominate other members of your program's staff to participate in the study. If your program is selected for this phase of the study, you or your colleagues would have the opportunity at that time to decide if you would like to participate.

FUP01. We reached you at [email address]. Is this the best email address to reach you? If no, please enter your preferred email address. . *Select one.*
   1. Yes
   2. No → [*enter best email address*   ]

FUP02. Is there a phone number we can use to get in touch with you? If yes, please enter the phone number starting with the area code. *Select one*.
   1. Yes → [*enter best phone number*   ]
   2. No

FUP03. What is the best time of day for our study staff member to call you? *Check all that apply.*
   a. 8 to 10 am
   b. 10 to 12 pm
   c. 12 to 2 pm
   d. 2 to 4 pm
   e. 4 to 6 pm

FUP04. Is there anything else we should know about the best time or method to reach you? **Open ended.**

Display on screen: Thank you for completing this survey. We know you are very busy and we appreciate the time and thought you put into your responses. As a reminder, you may want to print a copy of your responses for your records as you will not be able to access your survey once it has been submitted. Thank you again for your help with this study.