

Appendix A-2:
Director Survey

Family and Early Care and Education Provider Relationship Study



Director Survey



ADMINISTRATION FOR
CHILDREN & FAMILIES



Director Survey

Thank you for agreeing to participate in the Family and Early Care and Education Provider Relationship Study. The results will help us develop surveys that teachers, child care providers, and policymakers can use to improve children's care and education.

This survey asks about your early education and child care program. We will ask general questions about the education or care environment, and the parents and families of children enrolled in your program.

All information obtained from this study will be kept private. The report summarizing the findings will not contain any names or identifying information.

Please follow these steps:

1. Complete the director survey. It takes approximately 10 minutes.

Please use a black or blue pen to complete this form.

Mark to indicate your answer.

If you change your answer, mark on the wrong answer, and mark to indicate the right answer.

2. Use the self-addressed, postage-paid envelope, to mail the survey back to:

XXXXXX XXXXXXX
Westat
1600 Research Boulevard
Rockville, Maryland
20850-3129

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.

The office of Management and Budget has approved the data collection under OMB #XXXX-XXXX. OPRE is authorized to conduct this study under Section 649 of the Head Start Act, as amended by the Improving Head Start for School Readiness Act of 2007, codified at 42 United States Code (U.S.C.) 9844.

1. How many children ages 0-5 are currently enrolled in your program?

[IF YOUR PROGRAM HAS MORE THAN ONE PROGRAM ONLY REPORT ABOUT THE PROGRAM YOU ARE DIRECTLY RESPONSIBLE FOR. DO NOT INCLUDE CHILDREN THAT ARE ENROLLED IN A KINDERGARTEN PROGRAM.]

_____ children

2. What are the ages of children you will accept into your program?

[MARK ALL THAT APPLY]

- Less than 6 months
- 6 months-less than 1 year
- 1 year-less than 2 years.....
- 2 years-less than 3 years
- 3 years-less than 4 years
- 4 years-less than 5 years
- 5 years or more

3. Approximately how many of the children in your program belong to each of the following racial/ethnic groups?

[THE COLUMNS SHOULD ADD TO THE TOTAL ENROLLMENT IN YOUR PROGRAM.]

- a. White, not Hispanic or Latino
 - b. Black or African American, not Hispanic or Latino.....
 - c. Hispanic/Latino of any race.....
 - d. Two or more races, not Hispanic or Latino
 - e. Asian, not Hispanic or Latino.....
 - f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino.....
 - g. American Indian or Alaska Native, not Hispanic or Latino
-
- Total enrollment (sum of a through g)

4. How many aides or teaching assistants are employed in the program?

_____ aides or teaching assistants

5. How many child care providers or teachers are employed in the program?

_____ providers or teachers

6. How many family service workers are employed in the program?

_____ family service workers

7. Which of the following methods are used to communicate with families?

[MARK ONE BOX IN EACH ROW.]

| | Yes | No |
|------------------------------------|--------------------------|--------------------------|
| a. Website..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Newsletter | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Calendar | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Bulletin Boards | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Email | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Text message..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Telephone..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Parent-teacher conferences..... | <input type="checkbox"/> | <input type="checkbox"/> |
| i. In-person discussions | <input type="checkbox"/> | <input type="checkbox"/> |

8. Since September has your program given any family information about the following:

[MARK ONE BOX IN EACH ROW.]

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Employment or job training? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food pantries? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child care subsidies or vouchers? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Temporary Assistance for Needy Families (TANF)? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Adult education, GED classes, ESL classes, or continuing education? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Housing assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Energy or fuel assistance?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Immigration or legal services? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Domestic violence programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Substance abuse programs?..... | <input type="checkbox"/> | <input type="checkbox"/> |

9. Since September has your program provided referrals for the following services:

[MARK ONE BOX IN EACH ROW.]

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Health screening (medical, dental, vision, hearing, or speech)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Developmental assessments? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Psychological counseling services for children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Psychological counseling services for parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Social services such as housing assistance, food stamps, financial aid, or medical care?..... | <input type="checkbox"/> | <input type="checkbox"/> |

10. Since September has your program offered the following to any family:

[MARK ONE BOX IN EACH ROW.]

| | Yes | No |
|---|--------------------------|--------------------------|
| a. Sick care? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Extended hours?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flexibility to drop off early or pick up late as needed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Flexibility to pay for child care services after the payment due date? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Help getting transportation to and/or from the care setting?..... | <input type="checkbox"/> | <input type="checkbox"/> |

11. Since September, has your program received funding from any of the following?

[MARK ALL THAT APPLY.]

- State pre-kindergarten
- Head Start
- Child Care and Development Fund (CCDF)
- Title 1
- Local or community organizations (e.g., United Way)
- Other

12. Do you ask parents to provide you feedback about your program?

[MARK ONLY ONE BOX.]

- Yes.....
- No **GO TO QUESTION 14**

13. How often do you use the feedback you receive from parents to make changes to your program?

[MARK ONLY ONE BOX.]

- Never
- Rarely
- Often
- Very often

Listed below are some questions about the environment of your child care program.

[MARK ONE BOX IN EACH ROW.]

| At your program: | | Yes | No |
|-------------------------|---|--------------------------|--------------------------|
| 14. | Parents can visit the care setting anytime during care hours | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. | There are a variety of opportunities for parent involvement, including: | | |
| | a. volunteering in program/care activities | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. bringing in materials such as arts and crafts | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. participating in a parent committee | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. observing their own children in the care setting | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. | Parents are invited to shape the planning of the program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. | The program has suggestion boxes or surveys for family members to give feedback about the program | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. | The program offers special activities <i>just</i> for fathers or other male members of the family..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. | Written information and materials provided to families are in all languages spoken by families | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. | Written information and materials provided to families are at the appropriate literacy level | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. | The program provides opportunities for family events | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. | There are opportunities for parents to get together..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. | The program provides parenting information through: | <input type="checkbox"/> | <input type="checkbox"/> |
| | a. parenting workshops/classes | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. bulletin boards | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. newsletters..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. resource library with books and/or videos..... | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. pamphlets | <input type="checkbox"/> | <input type="checkbox"/> |

END: THANK YOU FOR COMPLETING THIS SURVEY