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**MATHEMATICA**  
Policy Research

## Head Start Family and Child Experiences Survey

*Program Director Survey*

*Spring 2015*



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**Thank you for agreeing to participate in FACES 2014. We appreciate your time and effort in completing this survey.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely private and will not be shared with parents or other staff in your center, or anybody else not working on this study. The survey will take about 30 minutes of your time to complete.**

## Contents

A. STAFFING AND RECRUITMENT.....	1
B. STAFF EDUCATION AND TRAINING.....	2
E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT.....	5
H. OVERVIEW OF PROGRAM MANAGEMENT.....	10
N. USE OF PROGRAM DATA AND INFORMATION.....	14
O. PROGRAM RESOURCES.....	17
I. DIRECTOR EMPLOYMENT AND EDUCATIONAL BACKGROUND.....	19

## A. STAFFING AND RECRUITMENT

A1- A12g. NO A1-A12g IN THIS VERSION

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

- Yes.....1  
 No.....0 GO TO SECTION B  
 NO RESPONSE.....M GO TO SECTION B

A12i- A12n. NO A12i-A12n IN THIS VERSION

**[IF A12h=1]**

**A\_M5. Does your Head Start program offer or make available any of the following services for children who are dual language learners (DLL) and their families? Do you offer . . .**

*Select one per row*

	YES	NO	NO RESPONS E
a. Assessment of English language skills for families of DLL children?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Assessment of basic reading and writing skills for families of DLL children?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Activities and workshops for parents of DLLs?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Assistance in applying for medical insurance?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
e. Information about adult ESL or education and community resources?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>

## B. STAFF EDUCATION AND TRAINING

Our first questions are about efforts to promote staff education and training.

**B0. Who generally participates in creating the training and technical assistance plan for your program?**

*Select all that apply*

- Head Start program director/program management team.....1
- Individual center directors.....2
- Education managers/coordinators.....3
- Specialists/other coordinators.....4
- Individual teachers.....5
- Someone else.....99

Specify

NO RESPONSE..... M

B1-1a. NO B1-B1a IN THIS VERSION

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

- Yes..... 1
- No.....0 GO TO B10a
- NO RESPONSE.....M GO TO B10a

[IF B2=1]

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

*Select one per row*

	YES	NO	NO RESPONSE
a. Providing tuition assistance?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Giving staff release time?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Providing assistance for course books?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Providing A.A. or B.A. courses onsite?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
e. Anything else? (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>			

[IF B2=1]

**B3f. Who is eligible for assistance to get their AA or BA degrees?**

Select all that apply

- Teachers..... 1
  - Assistant Teachers..... 2
  - Family Service Workers..... 3
  - Other (Specify)..... 99
- Specify
- NO RESPONSE..... M

B3g. NO B3g IN THIS VERSION

B4-B10. NO B4-B10 IN THIS VERSION

**B10a. Six National Centers provide Head Start grantees with information and resources from OHS across multiple service areas. Many of these resources are available through the online Early Childhood Learning and Knowledge Center. Have you or other staff in your program used resources provided by the...**

Select one per row

	Never	Rarely	Sometimes	Often	NO RESPONSE
a. The National Center on Program Management and Fiscal Operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
b. The Early Head Start National Resource Center	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
c. The National Center on Quality Teaching and Learning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
d. The National Center on Parent, Family, and Community Engagement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
e. The National Center on Cultural and Linguistic Responsiveness	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
f. The National Center on Health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>

B11-B23. NO B11-B23 IN THIS VERSION

**B24. How many mentors or coaches are currently working in your program?**

# OF MENTORS OR COACHES

NO RESPONSE..... M

**B25. What is the minimum number of years working with preschool-age children a mentor or coach must have to be hired by your program?**

# OF YEARS

NO RESPONSE..... M

**B26. What is the minimum number of years a mentor or coach must have in training, mentoring/coaching, or supporting teachers to be hired by your program?**

# OF YEARS

NO RESPONSE..... M

**B27. Which of the following activities does your Head Start T/TA funding directly support?**

*Select all that apply*

- Attendance at regional, state, or national early childhood conferences.....1
- Paid preparation/planning time.....2
- Mentoring or coaching.....3
- Workshops/trainings sponsored by the program.....4
- Support/funding to attend workshops/trainings provided by other organizations.....5
- Visits to other child care classrooms or centers.....6
- A community of learners, also called a professional learning community, facilitated by an expert.....7
- Tuition assistance.....8
- Onsite A.A. or B.A. courses.....9
- Incentives such as gift cards to participate in T/TA activities.....10
- Other (Specify).....99

Specify

NO RESPONSE..... M

## E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT

E1. NO E1 IN THIS VERSION

E2. What curriculum/curricula does your program use?

E3. [IF MORE THAN ONE SELECTED IN E2] What is your main curriculum?

	E2. <i>Select all that apply</i>	E3. <i>Select one only</i>	
	CURRICULA USED	MAIN CURRICULU M	NO RESPONSE
a. Creative Curriculum	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
b. High/Scope	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
c. High Reach	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
d. Let's Begin with the Letter People	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
e. Montessori	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
f. Bank Street	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
g. Creating Child Centered Classrooms- Step by Step	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
h. Scholastic Curriculum	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
i. Locally Designed Curriculum	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
j. Curiosity Corner	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
k. Other (Specify)	1 <input type="checkbox"/>	1 <input type="radio"/>	M <input type="radio"/>
<input style="width: 250px; height: 20px;" type="text"/>			



E3a-E3g. NO E3a-E3g IN THIS VERSION

**E3h. Who is involved in decisions about what curriculum to use in your program?**

*Select all that apply*

- Head Start program management team.....1
- Individual center directors.....2
- Education managers/coordinators.....3
- Specialists/other coordinators.....4
- Individual teachers.....5
- Parents.....6
- Policy Council.....7
- Governing Body.....8
- Someone else (Specify).....99

Specify

NO RESPONSE.....M

**E3i. When choosing a curriculum, how important is it to find a curriculum with the following characteristics?**

*Select one per row*

	VERY IMPORTAN T	SOMEWHA T IMPORTAN T	SLIGHTLY IMPORTAN T	NOT AT ALL IMPORTAN T
a. Comprehensive domains of learning (addresses all areas of children's learning)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Specific learning goals that clearly define what to teach	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Well-designed learning activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Resources to help teachers plan intentional teacher-child interactions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Guidance on cultural and linguistic responsiveness	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Guidance on individualizing instruction	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Ongoing assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Guidance on family involvement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Evidence of success in similar settings	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

E4-E8. NO E4-E8 IN THIS VERSION

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

*Select one only*

- Teaching Strategies GOLD (previous version known as the Creative Curriculum Developmental Continuum Assessment Toolkit for Ages 3-5).....1
- High/Scope Child Observation Record (COR).....2
- Galileo.....3
- Ages and Stages Questionnaires: a Parent Completed, Child-Monitoring System.....4
- Desired Results Developmental Profile (DRDP).....5
- Work Sampling System for Head Start.....6
- Learning Accomplishment Profile Screening (LAP INCLUDING E-LAP, LAP-R AND LAP-D).....7
- Hawaii Early Learning Profile (HELP).....8
- Brigance Preschool Screen for Three and Four Year Old Children.....9
- Assessment designed for this program.....10
- Another state developed assessment (Specify).....11  
Specify
- Other (Specify).....99  
Specify
- Do Not Use a Child Assessment Tool.....0 GO TO SECTION H
- NO RESPONSE.....M GO TO SECTION H

**[IF E9 NE 0 OR M]**

**E10. What methods does your program use for these assessments? Would you say. . .**

*Select one only*

- Ratings based on observation or work sampling,.....1
- Testing with standardized tests or assessment or screening instruments,.....2
- Both observation-based ratings and direct assessments, or.....3
- Something else? (Specify).....99  
Specify
- Do not assess.....0
- NO RESPONSE.....M

[IF E9 NE 0 OR M]

**E10a. Who is involved in decisions about what assessments to use in your program?**

*Select all that apply*

- Head Start program management team.....1
  - Individual center directors.....2
  - Education managers/coordinators.....3
  - Specialists/other coordinators.....4
  - Individual teachers.....5
  - Parents.....6
  - Policy Council.....7
  - Governing Body.....8
  - Someone else (Specify).....99
- Specify
- NO RESPONSE.....M

[IF E9 NE 0 OR M]

**E10b. When choosing an assessment, how important is it to find a tool with the following characteristics?**

*Select one per row*

	VERY IMPORTAN T	SOMEWHA T IMPORTAN T	SLIGHTLY IMPORTAN T	NOT AT ALL IMPORTAN T
a. Comprehensive domains of learning (addresses all areas of children's learning)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Useful to teachers for planning instruction	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Useful to administrators for improving programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Able to help identify children who may require special interventions	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Provide information for program accountability	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Collects data by observing children in a natural setting	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Collects data through direct assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Provides data on children that can be aggregated to the classroom, center, and program levels	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Available in paper format	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Available in computerized/web-based format	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Provides automatic reports for children, classrooms, and the center or program	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Aligned with the curriculum	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Evidence of validity and reliability	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Aligned with the Head Start Child Development and Early Learning Framework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

E11. NO E11 THIS VERSION

## H. OVERVIEW OF PROGRAM MANAGEMENT

H1-H4. NO H1-H4 IN THIS VERSION

**H4a. Which of the following functions does your program's /do your program's education coordinator[s] perform for your Head Start program?**

**Of those you selected, which do you consider the three major responsibilities?**

	Education Coordinator s Perform		Three Major Responsibilities of Ed. Coordinators		
	YES	NO	THREE MAJOR RESPONSIBILITIES		
a. Develop curriculum, schedules, and classroom plans	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Assist director in program management activities	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Provide or arrange for staff training/education	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Arrange for IEPs and special services for children with disabilities	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Conduct child assessments	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Arrange or support for administration of local child assessments	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Provide supervision for classroom staff	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Provide mentoring for classroom staff	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Manage transition to school activities	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Provide parent education	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. Provide outreach, recruitment, and enrollment services	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Supervise home visitors	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Arrange for services for children with other community services	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Arrange activities that involve parents	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
s. Encourage parents to supplement classroom learning at home	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Another responsibility (Specify) <input style="width: 300px; height: 20px;" type="text"/>	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. Another responsibility (Specify) <input style="width: 300px; height: 20px;" type="text"/>	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
r. Another responsibility (Specify) <input style="width: 300px; height: 20px;" type="text"/>	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**H5. You have a lot of different responsibilities as a program director, many of which you share with other program and center staff. Please indicate how much of your time is needed for each of the following responsibilities in the course of the year—a lot of your time, some of your time, only a little of your time, or none of your time. If you feel any critical responsibilities have been left out, please specify them in the space provided.**

	A lot of my time	A moderate amount of my time	Only a little of my time	None of my time at all
a. Monitoring progress toward school readiness goals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Establishing and maintaining partnerships with other organizations in the community	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Completing the program self-assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Dealing with human resources issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Ensuring compliance with federal standards for Head Start programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Designing the training and technical assistance plan for this program	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Evaluating managers and other staff	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Providing educational leadership/establishing the curriculum	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Strategic planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Promoting parent and family engagement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Fiscal management	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Addressing facilities, equipment, and transportation issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Other (specify) <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Other (specify) <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Other (specify) <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**H6. Were you, or are you going to be, given a formal performance evaluation this program year?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

**H7. In the past 12 months, have you participated in the following kinds of professional development?**

*Select one per row*

	YES	NO
a. College or university course(s) related to your role as a manager or leader	1 <input type="radio"/>	0 <input type="radio"/>
b. Visits to other Head Start or early childhood programs to improve your own work as a program/center director	1 <input type="radio"/>	0 <input type="radio"/>
c. A network or community of Head Start and other early childhood program leaders organized by someone outside of your program, for example a professional organization	1 <input type="radio"/>	0 <input type="radio"/>
d. A leadership institute offered by Head Start	1 <input type="radio"/>	0 <input type="radio"/>
e. A leadership institute offered by an organization other than Head Start	1 <input type="radio"/>	0 <input type="radio"/>

**H8. What are the top three areas from the following list in which you need additional support to lead your program more effectively?**

*Select up to 3*

- Educational/curriculum leadership.....1
- Child assessment.....2
- Creating positive learning environments.....3
- Program improvement planning.....4
- Budgeting.....5
- Staffing (hiring).....1
- Teacher evaluation.....2
- Evaluation of other program staff.....3
- Teacher professional development.....4
- Data-driven decision making.....5
- Working with parents and community.....5
- NO RESPONSE.....M



## N. USE OF PROGRAM DATA AND INFORMATION

N1-N2. NO N1-N2 IN THIS VERSION

**N3. We would also like to learn about how you store your program's data. Are any of your program's data stored in an electronic database? Sometimes these electronic databases are called management information systems (MIS) or data systems? They might be web-based, or something being used just in your own program.**

- Yes..... 1
- No..... 0 GO TO N5
- NO RESPONSE..... M GO TO N5

[IF N3=1]

**N4. Is your management information system/are your management systems something that your own program set up, or is it provided and managed by an external vendor?**

*Select one only*

- Set up by our own program..... 1
- External vendor..... 2
- Combination..... 3
- NO RESPONSE..... M

[IF E9 NE 0 or M]

**N5. Does your program's child assessment tool provide a web-based option for storing the information collected by teachers (for example, Teaching Strategies GOLD online or COR Advantage)?**

- Yes..... 1
- No..... 0 GO TO N5c
- NO RESPONSE..... M GO TO N5c

[IF N5 = 1]

**N5a. Does your program make use of the web-based option?**

- Yes..... 1
- No..... 0 Go to N5c
- NO RESPONSE..... M Go to N5c

[IF N5a = 1]

**N5b. Does the web-based option provide automated reports that include suggested classroom activities based on assessment results for any of the following groups?**

*Select all that apply*

- For individual children.....1
- Small groups.....2
- Whole classrooms.....3
- Our child assessment tool does not include this option.....0
- NO RESPONSE.....M

[IF E9 NE 0 or M]

**N5c. Which of the following data and information can be linked electronically to child assessment information?**

*Select all that apply*

- Child/family demographics.....1
- Vision, hearing, developmental, social, emotional, and/or behavioral screenings.....2
- Child attendance data.....3
- School readiness goals.....4
- Family needs.....5
- Service referrals for families.....6
- Services received by families.....7
- Parent/family attendance data.....8
- Parent/family goals.....9
- CLASS results or other quality measures.....10
- Staff/teacher performance evaluations.....11
- Personnel records.....12
- None of the above.....13
- NO RESPONSE.....M

**N6. Do you have someone on staff responsible for analyzing or summarizing program data so those data can be used to support decision-making or answer research questions? This person might also support other program staff in summarizing and analyzing data.**

- Yes..... 1
- No..... 0 GO TO SECTION O
- NO RESPONSE..... M GO TO SECTION O

**[IF N6 = 1]**

**N7. Does this person focus only on data analysis tasks?**

- Yes, this person focuses only on these data tasks..... 1
- No, this person has other responsibilities..... 0
- NO RESPONSE..... M

**[IF N6 = 1]**

**N8. Has this person ever received any training or taken a course related to data analysis?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

## O. PROGRAM RESOURCES

**O1. How many children are enrolled in your Head Start program? Here, we are referring to “cumulative enrollment” or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit.**

# of children enrolled

NO RESPONSE.....M

**Many grantees have revenue from sources other than Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.**

**O2. Does your program receive any revenues from the following sources other than Head Start?**

*Select one per row*

	Yes	No	NO RESPONS E
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Federal government <u>other than Head Start</u> (e.g., Title I, Child and Adult Care Food Program)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
g. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>			

IF O2a, O2b, O2c, O2d, O2e, O2f, AND O2g NE 1, GO TO SECTION I.

[IF O2a, O2b, O2c, O2d, O2e, O2f, OR O2g=1]

**O3. Which of the following are the two largest sources of revenue for your program other than Head Start?**

[PROGRAMMER NOTE: ONLY SHOW ANY OPTIONS SELECTED IN O2]

Select only two

- Tuitions and fees paid by parents.....1
- Tuitions paid by state government.....2
- Local government .....3
- Federal government other than Head Start.....4
- Revenues from community organizations or other grants.....5
- Revenues from fund raising activities, cash contributions, gifts, bequests, special events.....6
- Other (Specify).....99

Specify

NO RESPONSE.....M

[IF O2a, O2b, O2c, O2d, O2e, O2f, OR O2g=1]

**O4. Please indicate the purpose of all sources of revenue that are not from Head Start.**

Select one per row

	Yes	No
a. Enrollment of additional children	1 <input type="radio"/>	0 <input type="radio"/>
b. Other services/supports for enrolled children	1 <input type="radio"/>	0 <input type="radio"/>
c. Services/interventions for parents	1 <input type="radio"/>	0 <input type="radio"/>
d. Professional development for program staff	1 <input type="radio"/>	0 <input type="radio"/>
e. Materials for the program	1 <input type="radio"/>	0 <input type="radio"/>
f. Capital improvements	1 <input type="radio"/>	0 <input type="radio"/>

**I. DIRECTOR EMPLOYMENT AND EDUCATIONAL BACKGROUND**

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

**10. In total, how many years have you been a director in any early childhood program?**

Years

NO RESPONSE.....M

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

MONTH YEAR

NO RESPONSE.....M

**12. In total, how many years have you worked with any Head Start or Early Head Start Program?**

ROUND RESPONSE TO NEAREST NUMBER OF YEARS.

NOTE: HEAD START HAS BEEN IN EXISTENCE FOR ABOUT 50 YEARS.

Years

NO RESPONSE.....M

**12a. Prior to this program year, how many years did you serve as director in any Head Start program?**

Years

NO RESPONSE.....M

**12b. Prior to this program year, how many years did you serve as director of this Head Start program?**

Years

NO RESPONSE.....M

**12c. Before you became a director, how many years of experience did you have as part of any Head Start program's management team?**

Years

NO RESPONSE.....M

**12d. Before you became a director, how many years of experience did you have as a teacher or home visitor in any Head Start program?**

Years

NO RESPONSE.....M

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

Hours

NO RESPONSE.....M

14-15. NO 14-15 IN THIS VERSION

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

Per Year

NO RESPONSE.....M

16. In your current Head Start position(s), how much do the following make it harder for you to do your job well? Do they make it a great deal harder, somewhat harder, or not at all harder for you to do your job well?

Select one per row

	GREAT DEAL HARDE R	SOMEWHA T HARDER	NOT AT ALL	NO RESPONS E
a. Time constraints (not enough hours in the day)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
b. Too many conflicting demands	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
c. Not a high enough salary for the job demands	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
d. Lack of support staff	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
e. Not enough training and technical assistance for professional development	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
f. Not enough support and communication from administration	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
g. Not enough funds for supplies and activities	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
h. Dealing with a challenging population	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
i. Staff turnover	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
j. Lack of parent support	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
k. Lack of qualified teaching staff	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>
l. Anything else? (Specify)	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>	M <input type="radio"/>

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

Select one per row

	YES	NO	NO RESPONSE
a. Paid vacation time	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Paid sick leave	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Paid (maternity/paternity) leave	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Unpaid (maternity/paternity) leave	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
e. Paid family leave	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
f. Fully or partially paid health insurance	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
g. Fully or partially paid dental insurance	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
h. Tuition reimbursement	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
i. Retirement plan	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>



I8-I11. NO I8-I11 IN THIS VERSION

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

*Select one only*

- Up to 8th Grade.....1 GO TO I24
- 9th to 11th Grade.....2 GO TO I24
- 12th Grade, but No Diploma.....3 GO TO I24
- High School Diploma/ Equivalent.....4 GO TO I24
- Voc/ Tech Program after High School.....5 GO TO I24
- Some College, but No Degree.....6 GO TO I14
- Associate's Degree.....7 GO TO I14
- Bachelor's Degree.....8
- Graduate or Professional School, but No Degree.....9
- Master's Degree (MA, MS).....10
- Doctorate Degree (Ph. D., Ed. D.).....11
- Professional Degree after Bachelor's Degree (Medicine/ MD, Dentistry/  
DDS, Law/ JD, Etc.).....12
- NO RESPONSE.....M GO TO I24

**[IF I12 = 8, 9, 10, 11, OR 12]**

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

*Select one only*

- Child Development or Developmental Psychology.....1
- Early Childhood Education.....2
- Elementary Education.....3
- Special Education.....4
- Education Administration/ Management & Supervision.....5
- Business Administration/ Management & Supervision.....6
- Other Field (Specify).....99

Specify

NO RESPONSE.....M

**[IF I12 = 6, 7, 8, 9, 10, 11, OR 12]**

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

- Yes.....1 GO TO I15b
- No.....0
- NO RESPONSE.....M

[IF I14 = 0 AND IF I12 = 7, 8, 9, 10, 11, OR 12]

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

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

I15a. NO I15a IN THIS VERSION.

[IF I12=6, 7, 8, 9, 10, 11, OR 12]

**I15b. Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools?**

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

I16-I22. NO I16-I22 THIS VERSION.

**I24. What is your gender?**

- Male..... 1
- Female..... 2
- NO RESPONSE..... M

**I25. In what year were you born?**

Year

NO RESPONSE..... M

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

- Yes..... 1
- No..... 0 GO TO I28
- NO RESPONSE..... M GO TO I28

[IF I26 = 1]

**I27. Which one of these best describes you . . .**

*Select one or more*

- Mexican, Mexican American, Chicano.....1
  - Puerto Rican,.....2
  - Cuban, or.....3
  - Another Spanish/Hispanic/Latino group? (Specify).....99
- Specify
- NO RESPONSE.....M

**I28. What is your race? You may name more than one if you like.**

*Select one or more*

- White.....11
  - Black or African American.....12
  - American Indian or Alaska Native.....13
  - Asian Indian.....14
  - Chinese.....15
  - Filipino.....16
  - Japanese.....17
  - Korean.....18
  - Vietnamese.....19
  - Other Asian.....20
  - Native Hawaiian.....21
  - Guamanian or Chamorro.....22
  - Samoan.....23
  - Other Pacific Islander (Specify).....24
- Specify
- Another Race (Specify).....99
- Specify
- NO RESPONSE.....M

**I29. Do you speak a language other than English?**

- Yes.....1
  - No.....0 GO TO END
- NO RESPONSE.....M GO TO  
END

[IF I29 = 1]

**I30. What languages?**

*Select all that apply*

- French..... 11
  - Spanish..... 12
  - Cambodian (Khmer)..... 13
  - Chinese..... 14
  - Haitian Creole..... 15
  - Hmong..... 16
  - Japanese..... 17
  - Korean..... 18
  - Vietnamese..... 19
  - Arabic..... 20
  - Other (specify)..... 99
- Specify
- NO RESPONSE..... M