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Head Start Family and Child Experiences Survey

Center 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 25 minutes of your time to complete.

Contents

A. STAFFING AND RECRUITMENT.....	1
B. STAFF EDUCATION AND TRAINING.....	5
E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT.....	12
H. OVERVIEW OF PROGRAM MANAGEMENT.....	16
N. USE OF PROGRAM DATA AND INFORMATION.....	18
I. EMPLOYMENT AND EDUCATIONAL BACKGROUND.....	19

A. STAFFING AND RECRUITMENT

First, we have some questions about staffing and recruitment.

A1. How many lead teachers are currently employed in this center?

LEAD TEACHERS

NO RESPONSE.....M

A2. How many of these lead teachers were new to the center this year? Would you say it is...

Select one only

None.....1

One.....2

Two, or.....3

Three or more?.....4

NO RESPONSE.....M

A3. NO A3 IN THIS VERSION

A4. During the past program year, how many lead teachers left and had to be replaced?

Select one only

None.....1

One.....2

Two, or.....3

Three or more?.....4

NO RESPONSE.....M

A5-A12G. NO A5-A12G IN THIS VERSION

A12h. Does your center 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

[IF A12h=1]

A12i. Other than English, what languages are spoken by the children and families who are part of your center?

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

[IF A12h=1]

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

- Yes..... 1
- No..... 0 GO TO A12_C3j
- NO RESPONSE..... M GO TO A12_C3j

[IF A12j=1]

A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any teachers or assistant teachers in your center?

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

[IF A12j=1]

A12l. How do you determine the language proficiency of bilingual teachers and assistant teachers in the language(s) other than English that they speak?

Do you . . .

Select one per row

	YES	NO	NO RESPONSE
a. Give language proficiency tests?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Have other staff interview them in their language?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Request documentation for language courses they may have taken?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Do anything else? (SPECIFY)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>			

A12m-A12n. NO A12m-A12n IN THIS VERSION

[IF A12h=1]

A_C3j. Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?

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

A13-A14. NO A13-A14 IN THIS VERSION

B. STAFF EDUCATION AND TRAINING

The next questions are about efforts to promote staff education and training.

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

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 (Specify).....99

Specify

NO RESPONSE.....M

B1-B1a. NO B1-B1a IN THIS VERSION

B2. NO B2 IN THIS VERSION

B3a-f. NO B3a-f IN THIS VERSION

B3g. Programs can support teachers' professional development in a lot of different ways. Does your program offer the following to teachers?

Select one per row

	YES	NO	NO RESPONSE
a. Regular meetings with teachers to talk with them about their work and progress	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Support/funding to attend regional, state, or national early childhood conferences	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Paid preparation/planning time	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Mentoring or coaching	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
e. Workshops/trainings sponsored by the program	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
f. Support/funding to attend workshops/trainings provided by other organizations	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
g. Visits to other classrooms or centers	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
h. A community of learners, also called a professional learning community, facilitated by an expert	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
i. Incentives such as gift cards to encourage teachers to participate in professional development activities.	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
j. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>			

B4. How often do the following staff typically participate in training and technical assistance activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?

Select one per row

	WEEKLY	2 OR 3 TIMES PER MONTH	MONTHLY	ONCE EVERY FEW MONTHS	ONCE A YEAR OR LESS	NO RESPONSE
a1. Lead teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
a2. Assistant teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
b. Family service workers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>

B4c. NO B4c IN THIS VERSION

B5. Who conducts the training?

Select all that apply

- Center or Grantee Staff..... 1
 - Other Community Resources..... 2
 - Local Consultants..... 3
 - State T/TA Provider..... 4
 - National Head Start Association..... 5
 - State, Regional, or National Conferences (for example NAEYC)..... 6
 - Private Companies or Organizations (for example, High Scope, Teaching Strategies, Teachstone)..... 7
 - Other (Specify)..... 99
- Specify
- Do Not Have Trainings..... 0
 - NO RESPONSE..... M

B5c. NO B5c IN THIS VERSION

B6. Has your center consulted with state T/TA specialists, either early childhood education (ECE) specialists or grantee specialists?

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

B7-B10. NO B7-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. How often have you or other staff in your center 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-B12. NO B11-B12 IN THIS VERSION

B12c. NO B12c IN THIS VERSION

We now want to learn about opportunities for mentoring and coaching in your center.

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

- Yes..... 1
- No..... 0 GO TO B20
- NO RESPONSE..... M GO TO B20

[IF B13=1]

B14. Are your mentors and coaches . . .

Select one per row

	YES	NO	NO RESPONSE
a. More experienced teachers in your program?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
b. Education coordinators?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
c. Consultants hired by your program?	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>
d. Someone else (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	M <input type="radio"/>

[IF B13=1]

B14e. How many classrooms does one mentor or coach or usually work with at any given time?

Number of classrooms

NO RESPONSE..... M

[IF B13=1]

B14f. How many mentors or coaches support teachers at your center?

Number of coaches

NO RESPONSE..... M

[IF B13=1]

B15. How often do they come to the classroom? Would you say . . .

Select one only

- Once a week or less,..... 1
- Once every two weeks,..... 2
- Once a month, or..... 3
- Less than once a month?..... 4
- NO RESPONSE..... M

[IF B13=1]

B16. How do mentors and coaches assess teachers' needs?

Select all that apply

- Observe the classroom using the CLASS..... 1
- Observe the classroom using other tools..... 2
- Directly ask the teachers 3
- Review classroom-level assessment data (such as the CLASS)..... 4
- Review child assessment data..... 5
- Ask teachers to complete surveys or questionnaires..... 6
- NO RESPONSE..... M

[IF B13=1]

B17. Mentors and coaches have different approaches or ways of supporting teachers in improving their practice. What methods do mentors and coaches use when working with teachers in your center?

Select all that apply

- Discuss with teachers what they observe.....1
- Provide written feedback to teachers on what they observe.....2
- Have teachers watch a videotape of themselves teaching.....3
- Have teachers observe another teacher's classroom or watch a video of another teacher.....4
- Model teaching practices.....5
- Suggest trainings for teachers to attend.....6
- Provide trainings for teachers.....7
- NO RESPONSE.....M

[IF B13=1]

B18. Do any of the mentors or coaches in your center also serve as teacher supervisors?

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

[IF B13=1]

B19. Do teachers in your center receive mentoring and coaching from the same person/people responsible for supervising them?

- Yes, all teachers are mentored/coached by their own supervisor.....1
- Yes, some of the teachers are mentored/coaches by their own supervisor.....2
- No, none of the teachers are mentored/coaches by their own supervisor.....0
- NO RESPONSE.....M

B20. How often are teachers given a formal performance evaluation?

Select one only

- Two or more times per year1
- Once a year2
- Once every two years3
- Once every 3 years4
- Once every 4 years or more5
- No formal evaluations are conducted0
- NO RESPONSE.....M

The next questions are about training specifically on your center’s curriculum and assessments.

B21. How many hours of training or support related to curriculum are offered to the following staff in a typical year? If none, please record 0.

	NUMBER OF HOURS
a. Lead teachers who are new to the center	<input type="text"/>
b. Assistant teachers who are new to the center	<input type="text"/>
c. Lead teachers who are NOT new	<input type="text"/>
d. Assistant teachers who are NOT new	<input type="text"/>
e. Mentors/coaches	<input type="text"/>

B22. How many hours of training or support related to your assessment tool(s) and ongoing child assessments are offered to the following staff in a typical year? If none, please record 0.

	NUMBER OF HOURS
a. Lead teachers who are new to the center	<input type="text"/>
b. Assistant teachers who are new to the center	<input type="text"/>
c. Lead teachers who are NOT new	<input type="text"/>
d. Assistant teachers who are NOT new	<input type="text"/>
e. Mentors/coaches	<input type="text"/>

B23. We are also interested in learning how teachers’ input about their own professional development needs and interests is gathered. Please select the statement that best describes how teacher input is gathered in your center.

Select only one

- Very structured (the center or program has a protocol in place for systematically gathering teacher input on their needs and interests).....1
- Somewhat structured (the center or program gathers teacher needs and interests, but supervisors, mentors, coaches, or others in charge of gathering the input follow their own procedures).....2
- Naturalistic (teachers know they are able to share their needs and interests when and how they prefer to do so).....3
- NO RESPONSE.....M

E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT

E1-E3. NO E1-E3 IN THIS VERSION

Please indicate whether you strongly disagree, disagree, neither agree nor disagree, agree, or strongly agree with the following items.

E3d. Teachers in my center generally follow the steps or activities suggested in the curriculum lesson plans.

Select one only

- Strongly disagree..... 1
- Disagree..... 2
- Neither agree nor disagree..... 3
- Agree..... 4
- Strongly agree..... 5
- NO RESPONSE..... M

E3e. Teachers in my center use the materials (for example, books, manipulatives) recommended in the curriculum.

Select one only

- Strongly disagree..... 1
- Disagree..... 2
- Neither agree nor disagree..... 3
- Agree..... 4
- Strongly agree..... 5
- NO RESPONSE..... M

E3f. Overall, teachers in my center use the recommended teaching strategies in the curriculum.

Select one only

- Strongly disagree..... 1
- Disagree..... 2
- Neither agree nor disagree..... 3
- Agree..... 4
- Strongly agree..... 5
- NO RESPONSE..... M

E3g. Teachers in my center would like more training on how to use the curriculum.

Select one only

- Strongly disagree.....1
- Disagree.....2
- Neither agree nor disagree.....3
- Agree.....4
- Strongly agree.....5
- NO RESPONSE.....M

E4-E8. NO E4-E8 IN THIS VERSION

E9-E9a. NO E9-E9a IN THIS VERSION

E10. NO E10 IN THIS VERSION

E11. How often are each child's assessment results reported to the following people? Is it once at the beginning of the program year, once at the end of the program year, both at the beginning and at the end of the program year, or more often?

Select one per row

	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN	NO RESPONSE
a. Reported to parents	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	M <input type="radio"/>
b. Reported to Program Administrators	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>
c. Recorded in child's record	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>

[IF A12h=1]

E11d. Now I would like to ask you about strategies your program or center might use to assess the English language abilities of children who are dual language learners. How often do you use any of the following strategies to assess their English language skills?

Select one per row

	NEVER	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN	NO RESPONSE
a. Teacher ratings based on observation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
b. Testing with standardized tests or assessments	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
c. Parent reports	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
d. Something else? (Specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	M <input type="radio"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>						

[IF A12h=1]

E11e. Does your center you assess children’s abilities in their home language?

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

E3a. Does your center use a particular parent education or parent support curriculum?

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

[IF E3a=1]

E3b. What (curriculum does/curricula do) you use?

Select all that apply

- Second Step..... 1
 - Parents as Teachers (PAT)..... 2
 - Systematic Training for Effective Parenting (STEP)..... 3
 - 21st Century Exploring Parenting (Exploring Parenting)..... 4
 - Home Instruction for Parents Of Preschool Youngsters (HIPPY)..... 5
 - Growing Great Kids, Inc..... 6
 - Positive Solutions for Families (Center on The Social Emotional Foundations for Early Learning)..... 7
 - Second Time Around: Grandparents Raising Grandchildren..... 8
 - Practical Parent Education..... 9
 - Improving Parent-Child Relationships..... 10
 - Parenting Now! Curriculum..... 11
 - Other (Specify)..... 99
- Specify
- NO RESPONSE..... M

H. OVERVIEW OF PROGRAM MANAGEMENT

H1-H4. NO H1-H4 IN THIS VERSION

H5. You have a lot of different responsibilities as a center 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 center	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Evaluating teachers 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 style="width: 250px; height: 15px;" type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Other (specify) <input style="width: 250px; height: 15px;" type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Other (specify) <input style="width: 250px; height: 15px;" 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. Formal mentoring or coaching that is provided by your program	1 <input type="radio"/>	0 <input type="radio"/>
d. 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"/>
e. A leadership institute offered by Head Start	1 <input type="radio"/>	0 <input type="radio"/>
f. 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 center more effectively?

Select up to 3

- Educational/curriculum leadership1
- Child assessment2
- Creating positive learning environments3
- Program improvement planning4
- Budgeting5
- Staffing (hiring)6
- Teacher evaluation7
- Evaluation of other program staff8
- Teacher professional development9
- Data-driven decision making10
- Working with parents and community11
- NO RESPONSE.....M

N. USE OF PROGRAM DATA AND INFORMATION

The next questions are about data and information that may be available to you.

N1. Do supervisors, mentors or coaches, or other specialists share and review individual children’s data in one-on-one meetings with teachers or in team meetings?

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

N2. Please indicate how much the following areas are barriers to teachers using child-level data to guide instruction and to individualize:

NOTE: By child-level data we mean formal assessments, informal assessments and data on child or family characteristics.

Select one per row

Barriers to using child-level data to guide instruction	NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A BARRIER
a. Lack of understanding what the child-level data mean (data literacy)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Not enough time to use the child-level data to guide instruction	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Inadequate technology resources to track and analyze child data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Lack of staff buy-in to value of data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

I. 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 did 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/center?

Years

NO RESPONSE.....M

I2c. 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

I2d. 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

I3. How many hours per week are you paid to work for Head Start?

Hours

NO RESPONSE..... M

I4-I5. NO I4-I5 IN THIS VERSION

I23. What is your total annual salary (before taxes) as a center 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"/>
<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div>				

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 I18
- 9th to 11th grade.....2 GO TO I18
- 12th grade, but no diploma.....3 GO TO I18
- High School Diploma/ Equivalent.....4 GO TO I18
- Voc/ Tech Program after High School.....5 GO TO I18
- 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 I18

[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 I15a
- No.....0
- NO RESPONSE.....M

[IF I14=0 AND 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

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

I15a. Have you completed an entire course on dual language learner children?

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

[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-I17. NO I16-I17 IN THIS VERSION

I18. Do you have a Child Development Associate (CDA) credential?

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

I19. Do you have a state-awarded preschool certificate?

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

I20. Do you have a teaching certificate or license?

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

I21-I22. NO I21-I22 IN THIS VERSION

I24. What is your gender?

- Male..... 1
- Female.....
- 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