**American Indian and Alaska Native  
Head Start Family and Child Experiences Survey**

**(AI/AN FACES)**

Center Director Survey, Spring 2016  
FINAL DRAFT

October 5, 2015

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| --- |
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**AFFIX LABEL HERE**

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**Introduction**

**Mathematica Policy Research is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AI/AN FACES) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS).**

**SURVEY INFORMATION**

**We need for you to complete this brief survey which asks you about your center and staff as well as your thoughts about program management and your background.**

**Thank you for taking the time to complete this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with other staff at your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The survey will take about 20 minutes of your time to complete.**

**A. Staffing and Recruitment**

**First, we have some questions about your center, staffing and recruitment.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What are the start and end dates of the program year for children? | | | | | | | | | | | | |
|  | MONTH | | | | YEAR | | | | | |
| A0-1a. Start date |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| A0-1b. End date |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| How many days a week is this program available to children? |
| |  |  | | --- | --- | |  | NUMBER OF DAYS | |

|  |
| --- |
| How many hours a day is this program available to children?  *Please consider the working hours for this center, rather than the individual child or classroom.* |
| |  |  |  | | --- | --- | --- | |  |  | NUMBER OF HOURS | |

Is this program considered a full-day program or half-day program?

MARK ONE ONLY

 1 Full-day

 2 Half-day

 3 A combination of both

|  |
| --- |
| How many lead teachers are currently employed in this center? |
| |  |  |  | | --- | --- | --- | |  |  | LEAD TEACHERS | |

How many of these lead teachers were new to the center this year? Would you say it was…

MARK ONE ONLY

 1 None,

 2 One,

 3 Two, or

 4 Three or more?

In the past 12 months, how many lead teachers left and had to be replaced?

MARK ONE ONLY

 1 None,

 2 One,

 3 Two, or

 4 Three or more?

|  |  |
| --- | --- |
| Does your center serve any children or families who speak a language other than English at home? | |
| 1 | Yes |
| 0 | No **GO TO SECTION AB, PAGE 7** |

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

MARK ONE OR MORE BOXES

 35 Tribal language(s) – *Specify*



 12 Spanish

 99 Other – *Specify*



|  |  |
| --- | --- |
| Do you have any lead teachers or assistant teachers who are bilingual? | |
| 1 | Yes |
| 0 | No **GO TO A\_C3j** |

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

MARK ONE OR MORE BOXES

 35 Tribal language(s) – *Specify*



 12 Spanish

 99 Other – *Specify*



|  |  |
| --- | --- |
| 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? | |
| 1 | Yes |
| 0 | No |

**AB. NATIVE CULTURE/LANGUAGE AT CENTER**

**These next questions are about use of native culture and language at your center.**

|  |  |
| --- | --- |
| Does your center have a cultural/language elder or specialist?  *By cultural/language elder or specialist we mean someone that you may rely on or consult with in regards to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.* | |
| 1 | Yes |
| 0 | No **GO TO AB3** |

Who is your cultural/language elder or specialist?

MARK ONE OR MORE BOXES

 1 A spiritual leader

 2 An influential member of the tribe

 3 A member of the tribal community

 99 Other – *Specify*



|  |  |
| --- | --- |
| Do children at your center receive heritage language lessons? | |
| 1 | Yes |
| 0 | No **GO TO AB11** |

**What languages are they taught through heritage language lessons? Please list all tribal languages taught:**

1 

2 

3 

4 

5 

Who teaches the heritage language lessons?

MARK ONE OR MORE BOXES

 1 Lead classroom teacher

 2 Assistant classroom teacher

 3 Paid aides

 4 Cultural/language elder or specialist

 99 Other – *Specify*



|  |
| --- |
| What percentage of center administrative staff and teachers are tribal members?  *Include both staff who come from the same or different tribes as the children and families served.* |
| |  |  |  | | --- | --- | --- | |  |  | PERCENT OF TEACHERS OR ASSISTANT TEACHERS | |

|  |  |  |
| --- | --- | --- |
|  |  | PERCENT OF ADMINISTRATIVE STAFF |

**B. Staff Education and Training**

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

|  |  |
| --- | --- |
|  | Programs can support teachers’ professional development in a lot of different ways. Does your center offer the following to teachers? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | |  |  | YES | NO | | 1. | Regular meetings with teachers to talk with them about their work and progress | 1 | 0 | | 2. | Support/funding to attend tribal, regional, state, or national early childhood conferences | 1 | 0 | | 3. | Paid preparation/planning time | 1 | 0 | | 4. | Mentoring or coaching | 1 | 0 | | 5. | Workshops/trainings sponsored by the program | 1 | 0 | | 6. | Support/funding to attend workshops/trainings provided by other organizations | 1 | 0 | | 7. | Visits to other classrooms or centers | 1 | 0 | | 8. | A community of learners, also called a professional learning community, facilitated by an expert | 1 | 0 | | 9. | Incentives such as gift cards to encourage teachers to participate in professional development activities | 1 | 0 | | 11. | Collaboration/joint trainings with other tribal services/offices (such as home visiting, the Department of Education and Early Education, or other early childhood services) | 1 | 0 | | 10. | Other – *Specify* | 1 | 0 | |  |  |  |  | | |

|  |  |
| --- | --- |
|  | 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? |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | | | | |  |  | WEEKLY | 2 OR 3 TIMES PER MONTH | MONTHLY | ONCE EVERY FEW MONTHS | ONCE A YEAR OR LESS | | a1. | Lead teachers | 1 | 2 | 3 | 4 | 5 | | a2. | Assistant teachers | 1 | 2 | 3 | 4 | 5 | | b. | Family service workers | 1 | 2 | 3 | 4 | 5 | | |

Who conducts the training?

MARK ONE OR MORE BOXES

 1 Center or grantee staff

 2 Other community resources

 3 Local consultants

 4 State T/TA provider

 8 Tribal T/TA provider

 5 National Head Start Association

 6 State, regional, or national conferences (for example NAEYC)

 7 Private companies or organizations (for example, High Scope, Teaching Strategies, Teachstone)

 9 Cultural/language elder or specialist

 99 Other – *Specify*



 0 Do not have trainings

|  |  |
| --- | --- |
| Has your center consulted with state T/TA specialists, either early childhood education (ECE) specialists or grantee specialists? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Has your center consulted with tribal T/TA specialists, either early childhood education (ECE) specialists or grantee specialists? | |
| 1 | Yes |
| 0 | No |

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

|  |  |
| --- | --- |
| Do you have mentor teachers or coaches to work with teachers in classrooms? | |
| 1 | Yes |
| 0 | No **GO TO B20, PAGE 11** |

|  |  |
| --- | --- |
|  | Are your mentors or coaches… |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | |  |  | YES | NO | | a. | More experienced teachers in your program? | 1 | 0 | | b. | Education coordinators? | 1 | 0 | | c. | Consultants hired by your program? | 1 | 0 | | e. | Cultural/language elders or specialists? | 1 | 0 | | d. | Someone else? *Specify* | 1 | 0 | |  |  |  |  | | |

|  |
| --- |
| How many classrooms does one mentor or coach usually work with at any given time? |
| |  |  |  |  | | --- | --- | --- | --- | |  |  |  | NUMBER OF CLASSROOMS | |

|  |
| --- |
| How many mentors or coaches support teachers at your center? |
| |  |  |  | | --- | --- | --- | |  |  | NUMBER OF MENTORS OR COACHES | |

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

MARK ONE ONLY

 1 Once a week or less,

 2 Once every two weeks,

 3 Once a month, or

4 Less than once a month?

How do mentors or coaches assess teachers’ needs?

MARK ONE OR MORE BOXES

 1 Observe the classroom using the CLASS

 2 Observe the classroom using other tools

 3 Directly ask the teachers

 4 Review classroom-level assessment data (such as the CLASS)

 5 Review child assessment data

 6 Ask teachers to complete surveys or questionnaires

How often are teachers given a formal performance evaluation?

MARK ONE ONLY

 1 Two or more times per year

 2 Once a year

 3 Once every two years

 4 Once every three years

 5 Once every four years or more

 0 No formal evaluations are conducted

**E. Curriculum and Assessment**

**The next questions are about curriculum and assessment.**

|  |  |
| --- | --- |
|  | 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? |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | | | |  |  | ONCE AT BEGINNING OF YEAR | ONCE AT END OF YEAR | BEGINNING AND END OF YEAR | MORE OFTEN | | a. | Reported to parents | 1 | 2 | 3 | 4 | | b. | Reported to Program Administrators | 1 | 2 | 3 | 4 | | c. | Recorded in child’s record | 1 | 2 | 3 | 4 | | |

|  |  |
| --- | --- |
| Does your center use a particular parent education or parent support curriculum? | |
| 1 | Yes **GO TO E3b, PAGE 13** |
| 0 | No **GO TO SECTION H, PAGE 15** |

What curriculum/curricula do you use?

MARK ONE OR MORE BOXES

 1 Second Step

 2 Parents as Teachers (PAT)

 3 Systematic Training for Effective Parenting (STEP)

 4 21st Century Exploring Parenting (Exploring Parenting)

 5 Home Instruction for Parents of Preschool Youngsters (HIPPY)

 6 Growing Great Kids, Inc.

 7 Positive Solutions for Families (Center on The Social Emotional Foundations for Early Learning)

 8 Second Time Around: Grandparents Raising Grandchildren

 9 Practical Parent Education

 10 Improving Parent-Child Relationships

 11 Parenting Now! Curriculum

 12 Touchpoints

 13 Positive Indian Parenting

 14 Parents Reaching Out

 99 Other – *Specify*



**H. Overview of Program Management**

**The next questions are about program management.**

|  |  |
| --- | --- |
|  | In the past 12 months, have you participated in the following kinds of professional development? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | |  |  | YES | NO | | a. | College or university course(s) related to your role as a manager or leader | 1 | 0 | | b. | Visits to other Head Start or early childhood programs to improve your own work as a center director | 1 | 0 | | c. | Formal mentoring or coaching that is provided by your program | 1 | 0 | | 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 | 0 | | e. | A leadership institute offered by Head Start | 1 | 0 | | f. | A leadership institute offered by an organization other than Head Start | 1 | 0 | | g. | Training or conferences (for example: NIHSDA Management Training Conference, Native American Child and Family Conference, Head Start governance training, CLASS training) | 1 | 0 | | |

What do you need additional help with to do your job as a center director more effectively? Select the top three.

MARK UP TO THREE (3) BOXES

 4 Program improvement planning

 5 Budgeting

 6 Staffing (hiring)

 10 Data-driven decision making

 15 Establishing good relationship with OHS, program and/or grant specialist

 13 Leadership skills (for example, diplomacy skills, coaching skills)

 7 Teacher evaluation

 8 Evaluation of other program staff

 9 Teacher professional development (for example, conducting classroom observations)

 1 Educational/curriculum leadership

 12 Integrating tribal culture and language into the curriculum

 3 Creating positive learning environments

 2 Child assessment

 11 Working with parents, extended family and community caregivers

 14 Building relationships with tribal leadership

**I. Employment and Educational Background**

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

|  |
| --- |
| In total, how many years have you been a director…  *Please round your response to the nearest whole year.* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | NUMBER OF YEARS | | | | | I0. In any early childhood program |  |  |  |  | |  |  |  |  |  | | I2a. In any Head Start program |  |  |  |  | |  |  |  |  |  | | I2b. Of this Head Start center |  |  |  |  | |

|  |
| --- |
| In total, how many years have you worked…  *Please round your response to the nearest whole year.* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | NUMBER OF YEARS | | | | | I2. With any Head Start program |  |  |  |  | |  |  |  |  |  | | I2c. As part of any Head Start program’s management team |  |  |  |  | |  |  |  |  |  | | I2d. As a teacher or home visitor in any Head Start program |  |  |  |  | |

|  |
| --- |
| In what month and year did you start working for this Head Start program? |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | MONTH |  |  |  |  |  | YEAR |  | |

|  |
| --- |
| How many hours per week are you paid to work for Head Start? |
| |  |  |  | | --- | --- | --- | |  |  | HOURS | |

|  |
| --- |
| What is your total annual salary (before taxes) as a center director for the current program year? |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | $ |  |  |  | **,** |  |  |  | **.** | 0 | 0 | DOLLARS PER YEAR | |

**GO TO I18, PAGE 19**

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

MARK ONE ONLY

 1 Up to 8th Grade

 2 9th to 11th Grade

 3 12th Grade, but No Diploma

 4 High School Diploma/Equivalent

 5 Vocational/Technical Program after High School

 6 Some College, but No Degree **GO TO I14**

 7 Associate’s Degree

 8 Bachelor’s Degree

 9 Graduate or Professional School, but No Degree

10 Master’s Degree (MA, MS)

11 Doctorate Degree (Ph.D., Ed.D.)

12 Professional Degree after Bachelor’s Degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

In what field did you obtain your highest degree?

MARK ONE ONLY

 1 Child Development or Developmental Psychology

 2 Early Childhood Education

 3 Elementary Education

 4 Special Education

 5 Education Administration/Management and Supervision

 6 Business Administration/Management & Supervision

 99 Other field – *Specify*



|  |  |
| --- | --- |
| Did your schooling include 6 or more college courses in early childhood education or child development? | |
| 1 | Yes **GO TO I15b** |
| 0 | No **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO I15b, OTHERWISE GO TO I15** |

|  |  |
| --- | --- |
| Have you completed 6 or more college courses in early childhood education or child development since you finished your degree? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Do you have a Child Development Associate (CDA) credential? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Do you have a state-awarded preschool certificate? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Do you have a teaching certificate or license? | |
| 1 | Yes |
| 0 | No |

|  |  |
| --- | --- |
| Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education? | |
| 1 | Yes |
| 0 | No |

What kind of training or education program are you enrolled in?

MARK one or more boxes

 1 Child Development Associate (CDA) Degree Program

 2 Teaching Certificate Program

 3 Special Education Teaching Degree Program

 4 Associate’s Degree Program

 5 Bachelor’s Degree Program

 6 Graduate Degree Program (MA, MS, PH.D. or Ed.D.)

 7 License, certificate and/or credential in administration of early childhood/child development programs or schools

 8 Continuing Education Units (CEUs)

 9 Other *– Specify*



|  |  |
| --- | --- |
| What is your gender? | |
| 1 | Male |
| 2 | Female |

|  |
| --- |
| In what year were you born? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  | YEAR | |
|  |

Are you connected to the community as a tribal member or community member?

MARK ONE OR MORE BOXES

 1 Yes, a member of the same tribe as the children and families you serve

 2 Yes, a member of a tribe different from the children and families you serve

 3 Yes, a community member with tribal relatives

 4 Not a tribal or community member

 99 Other – *Specify*



|  |  |
| --- | --- |
| Are you of Spanish, Hispanic, or Latino origin? | |
| 1 | Yes |
| 0 | No |

What is your race? You may mark more than one if you like.

MARK ONE OR MORE BOXES

 11 White **GO TO I29**

 12 Black or African American **GO TO I29**

 25 American Indian or Alaska Native – *Specify which tribe or tribes*



 27 Asian **GO TO I29**

 26 Native Hawaiian, or other Pacific Islander **GO TO I29**

 99 Another race – *Specify*



Are you currently enrolled in an American Indian or Alaska Native tribe?

 2 Yes, enrolled

 1 No, but have applied and awaiting approval

 0 No, not enrolled

|  |  |
| --- | --- |
| Do you speak a language other than English | |
| 1 | Yes |
| 0 | No **GO TO SECTION IJ, PAGE 22** |

What languages other than English do you speak?

MARK ONE OR MORE BOXES

 33 Your tribal language – *Specify*



 34 Language(s) of other tribe(s) – *Specify*



 12 Spanish

 99 Other – *Specify*



**IJ. YOUR FEELINGS ABOUT YOUR JOB AND CENTER**

**The next questions are about how you feel about your job and the services provided by your center.**

|  |  |
| --- | --- |
|  | 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? |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  | **MARK ONE FOR EACH ROW** | | | |  |  | GREAT DEAL HARDER | SOMEWHAT HARDER | NOT AT ALL HARDER | | a. | Time constraints (not enough hours in the day) | 3 | 2 | 1 | | b. | Too many conflicting demands | 3 | 2 | 1 | | c. | Not a high enough salary for the job demands | 3 | 2 | 1 | | d. | Lack of support staff | 3 | 2 | 1 | | e. | Not enough training and technical assistance for professional development | 3 | 2 | 1 | | f. | Not enough support and communication from administration | 3 | 2 | 1 | | g. | Not enough funds for supplies and activities | 3 | 2 | 1 | | h. | Dealing with a challenging population | 3 | 2 | 1 | | i. | Staff turnover | 3 | 2 | 1 | | j. | Lack of parent support | 3 | 2 | 1 | | k. | Lack of qualified teaching staff | 3 | 2 | 1 | | m. | Tribal leadership changes | 3 | 2 | 1 | | l. | Anything else? *Specify* | 3 | 2 | 1 | |  |  |  |  |  | | |

If you could change one thing that you think would significantly improve the services your center is providing, what would it be? Please only provide one response.



Finally, what two things do you think your center does really well for children and their families? Please only provide two responses.





**End**

**Thank you very much for participating in AI/AN FACES!**