

APPENDIX 4

CENTER DIRECTOR SURVEY

OMB #
Expiration:



THE
CATHOLIC UNIVERSITY
of AMERICA



MSHS Center Director Survey Spring 2017

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SURVEY INSTRUCTIONS

The Administration for Children and Families is conducting the Migrant and Seasonal Head Start (MSHS) Study under contract with Abt Associates Inc., in partnership with Westat and The Catholic University of America. We ask that you complete this survey, which will take about 40 minutes of your time to complete (please feel free to consult with other MSHS staff, as necessary, particularly for questions on program operations). We suggest having information about your center available while completing this part, such as classroom rosters and staff lists.

When completing the survey, please keep in mind:

- There are no right or wrong answers.
- Your responses will not be used for monitoring purposes.
- To answer a question, check the box next to your response with an "X", or write in your response on the line.
- Some questions may not apply to you, so you may be instructed to skip some questions
- Unless otherwise specified, the questions in this survey are focused on the ACF-funded MSHS services (including the MSHS-Early Head Start expansion funding). They are not focused on slots or services funded from other sources such as state pre-K, regional Head Start or other sources.
- Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.

Your participation will make an important contribution to this nationally representative study of Migrant and Seasonal Head Start programs, although there is no direct benefit to you from participating in the study. There is minimal risk for participation in the study. There is a minimal risk of breach of privacy and we have many procedures in place to minimize this risk. For example, survey responses will be kept in secure and protected data files; encryption technology will be used whenever files are transferred electronically; data security scans will be conducted regularly; and only a very limited number of project staff will have access to these data.

Please be assured that all information you provide will be kept private to the extent permitted by law. To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. We can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. We will use the Certificate to resist any demands for information that would identify you.

We will not personally identify you or your center in any report or materials developed from this study. We will use the information that we collect in this study only for research purposes. We will make sure that study researchers respect the privacy of the data and adhere to safeguards for security and privacy.

If you decide to be in this study, the study researchers will have information that links your center to your survey responses, but this information will be kept secure and available only to selected members of the research team. The study researchers may also link MSHS survey responses to administrative data from the Head Start Enterprise System and Program Information Report datasets.

At the end of this study, we will give the information we collect to The Administration for Children and Families. We will also give this information to authorized researchers who will store the data, and who may use the data to answer other research questions. Any personal information that could identify you will be removed or changed before files are shared with The Administration for Children and Families and other researchers. However, The Administration for Children and Families and other researchers will receive MSHS center-level zip codes. These zip codes may be used to link MSHS survey responses and information about the MSHS center to other information about the community, such as resources in the community. This means that there is a possibility that centers could be identified in these datasets. To minimize this risk, other researchers will be required to sign a data use agreement before accessing the data. This means they must respect the privacy of the data, agree to use the data for research purposes only, and follow the rules for keeping your information secure and private.

If you have questions about the MSHS Study, please call us toll-free at [1-888-xxx-xxxx](tel:1-888-xxx-xxxx). A study staff member will be happy to talk with you. If you have questions or concerns about your rights as a study participant, please call the Abt Institutional Review Board toll-free at 1-877-520-6835.

When finished, please return survey to study team by mailing the survey in a prepaid envelope to the following address: [Address here](#)



Institutional Review Board
Study#: 0866
Study Year: 3/30/16 -3/29/17

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A. STAFF EXPERIENCE, EDUCATION, AND KNOWLEDGE

First, we would like to ask you, the center director, a few questions about your background and experience.

1. In total, how many years (including this year) have you worked in the early childhood field? *Please round to the nearest year.*

_____ years

2. In total, how many years (including this year) have you worked with any MSHS, Head Start, or Early Head Start center? *Please round to the nearest year.*

_____ years

3. In total, how many years (including this year) have you worked as a director for this MSHS center? *Please round to the nearest year.*

_____ years

4. What experience do you have with migrant and seasonal families? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Family members are/were migrant and seasonal farmworkers | <input type="checkbox"/> Kitchen Staff |
| <input type="checkbox"/> You are/were a migrant or seasonal farmworker | <input type="checkbox"/> Custodial Staff |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Bus Monitor |
| <input type="checkbox"/> Assistant Center Director | <input type="checkbox"/> Transportation Supervisor |
| <input type="checkbox"/> Assistant Program Director | <input type="checkbox"/> Family Service Worker |
| <input type="checkbox"/> Center Director | <input type="checkbox"/> Counselor/ Mental Health Profession |
| <input type="checkbox"/> Area Coordinator | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Regional Director | <input type="checkbox"/> Health Care Worker |
| <input type="checkbox"/> Program Director | <input type="checkbox"/> Community Organizer |
| <input type="checkbox"/> Educational Specialist | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Education Manager | <input type="checkbox"/> Financial Officer |
| <input type="checkbox"/> Component Coordinator | <input type="checkbox"/> Information Technology Director |
| <input type="checkbox"/> Outreach staff/Recruiter | <input type="checkbox"/> Other (specify): _____ |
| | <input type="checkbox"/> None of the above |

5. At times staff work in various positions at a center. Which of the following positions do you regularly work in MSHS in addition to being a Center Director? Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Family members are/were migrant and seasonal farmworkers | <input type="checkbox"/> Kitchen Staff |
| <input type="checkbox"/> You are/were a migrant or seasonal farmworker | <input type="checkbox"/> Custodial Staff |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Bus Driver |
| <input type="checkbox"/> Assistant Teacher | <input type="checkbox"/> Bus Monitor |
| <input type="checkbox"/> Assistant Center Director | <input type="checkbox"/> Transportation Supervisor |
| <input type="checkbox"/> Assistant Program Director | <input type="checkbox"/> Family Service Worker |
| <input type="checkbox"/> Center Director | <input type="checkbox"/> Counselor/ Mental Health Profession |
| | <input type="checkbox"/> Social Worker |
| | <input type="checkbox"/> Health Care Worker |
| | <input type="checkbox"/> Community Organizer |
| | <input type="checkbox"/> Secretary |
| | <input type="checkbox"/> Financial Officer |
| | <input type="checkbox"/> Information Technology Director |

- Area Coordinator
- Regional Director
- Program Director
- Educational Specialist
- Education Manager
- Component Coordinator
- Outreach staff/Recruiter
- Other (specify): _____
- None of the above

6. What do you do when the center is closed for the season? Check all that apply.

- Work at another Migrant and Seasonal Head Start center
- Work at a Head Start center
- Work at another early childhood program
- Work at another job part-time
- Work at another job full-time
- Look for another job
- Receive unemployment benefits
- Go to school
- Receive public assistance (such as Medicaid, food stamps, TANF)
- Self-employed
- None of the above
- Other (specify): _____

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

- No school → GO TO QUESTION 11
- Preschool → GO TO QUESTION 11
- Kindergarten → GO TO QUESTION 11
- 1st grade → GO TO QUESTION 11
- 2nd grade → GO TO QUESTION 11
- 3rd grade → GO TO QUESTION 11
- 4th grade → GO TO QUESTION 11
- 5th grade → GO TO QUESTION 11
- 6th grade → GO TO QUESTION 11
- 7th grade → GO TO QUESTION 11
- 8th grade → GO TO QUESTION 11
- 9th grade → GO TO QUESTION 11
- 10th grade → GO TO QUESTION 11
- 11th grade → GO TO QUESTION 11
- 12th grade without a diploma → GO TO QUESTION 11
- High school diploma/equivalent → GO TO QUESTION 11
- Vocational/technical program after high school without a diploma → GO TO QUESTION 11
- Vocational/technical diploma after high school → GO TO QUESTION 11
- Some college without a degree → GO TO QUESTION 9
- Associate's degree → GO TO QUESTION 8
- Bachelor's degree → GO TO QUESTION 8
- Some graduate or professional school without a degree → GO TO QUESTION 8
- Master's degree (MA, MS) → GO TO QUESTION 8
- Doctoral degree (Ph.D., Ed.D.) → GO TO QUESTION 8
- Professional degree after Bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD/LLB) → GO TO QUESTION 8
- Don't Know/Refused → GO TO QUESTION 11

8. In what field did you obtain your **highest** degree? Check **one only**.
- Child development, human development, or developmental psychology
 - Early childhood education
 - Elementary education
 - Special education
 - Education administration/management
 - Business administration/management
 - Public health
 - Other field (specify): _____

9. Have you completed any college/university courses on bilingual/Dual Language Learner (DLL) children? Check **one only**.
- Yes, a whole course was dedicated to bilingual/DLL children
 - Yes, a large part of a course was dedicated to bilingual/DLL children
 - Yes, one or two classes of a course was dedicated to bilingual/DLL children
 - No

10. Do you currently hold any of the following certifications? Check **one per row**.

	Already have	In the Process of Obtaining	Do not have/ Not in the process of obtaining
a. A Child Development Associate (CDA) credential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Another certification in early childhood development (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A license or certificate in social work or nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What is your sex? Check **one only**.

- Male
- Female
- Other

12. In what year were you born? 19 __ __

13. What is your race/ ethnicity? (Select one or more.)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander _
- White

IF YOU SELECTED "HISPANIC OR LATINO" → GO TO QUESTION 14.
 IF YOU DID **NOT** SELECT "HISPANIC OR LATINO" → GO TO QUESTION 15.

14. Which Hispanic or Latino origin best describes you? (Select one or more.)

- Mexican, Mexican-American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, and/or Latino origin (specify): _____

15. Please indicate how well you understand, speak, read, and write in the following languages. Please also indicate how you acquired that language.

	<i>How well do you _____ the language?</i>				<i>Did you speak this language at home with your family when you were a child?</i>
	Understand	Speak	Read	Write	
English	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spanish	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Haitian Creole	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mixtec	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kanjobal	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zapotec	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Not at all <input type="checkbox"/> Not well <input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specify:	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	<input type="checkbox"/> Well <input type="checkbox"/> Very Well	

B. STAFF TRAINING AND SUPPORT

Next, we have some questions about the training and support that is available to the staff in your center.

1. Programs can support teachers' professional development in a lot of different ways. Does your center offer the following to teachers? Check one per row.

	Yes	No
a. Regular meetings with teachers to talk with them about their work and progress	<input type="checkbox"/>	<input type="checkbox"/>
b. Time off/funding to attend regional, state, or national early childhood conferences	<input type="checkbox"/>	<input type="checkbox"/>
c. Paid preparation/planning time	<input type="checkbox"/>	<input type="checkbox"/>
d. Mentor(s) or coaches	<input type="checkbox"/>	<input type="checkbox"/>
e. Workshops or trainings sponsored by the program/ In-service trainings	<input type="checkbox"/>	<input type="checkbox"/>
f. Time off/funding to attend workshops/trainings provided by other organizations	<input type="checkbox"/>	<input type="checkbox"/>
g. Visits to other classrooms or centers	<input type="checkbox"/>	<input type="checkbox"/>
h. A community of learners, also called a professional learning community, facilitated by an expert	<input type="checkbox"/>	<input type="checkbox"/>
i. Incentives such as gift cards to encourage teachers to participate in professional development activities	<input type="checkbox"/>	<input type="checkbox"/>
j. Time release or subsidy to complete higher education courses at a college or university	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

2. In the past year, what topics were covered in staff trainings?

	Covered	Not covered	Don't know if covered
a. Parenting education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health and safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Domestic violence/family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Child abuse and neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family needs assessment and evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Providing case management services to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Linking families to community services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Helping families set goals and schedules for meeting goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Helping families with immigration and naturalization issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Understanding migrant and seasonal farmworker families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Understanding bilingual/DLL children's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Supporting parent engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Infant development (birth to 11 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Toddler development (12 to 35 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Preschool development (36 months and older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Children with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

u. Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often does the following staff typically participate in training and technical assistance activities?

	Every week	2 or 3 times a month	Monthly	Once every few months	Once a year or less
a. Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistant teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family service workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often does your center consult with regional training and technical assistance specialists, either early childhood education specialists or grantee specialists? Check one only.

- Every week
- 2 or 3 times a month
- Monthly
- Once every few months
- Once a year or less

5. In your current position(s), do the following make it harder for you to do your job well? For each item, please indicate if it makes it a great deal harder, somewhat harder, or not at all harder for you to do your job well.

	Great deal harder	Somewhat harder	Not at all harder
a. Time constraints (not enough hours in a day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Too many conflicting demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Not a high enough salary for the job demands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not enough support staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not enough training and technical assistance resources for professional development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not enough support and communication from your funding agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Not enough funds for supplies and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Too short of an operational period to support staff employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Not enough qualified teaching staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Serving families that speak different languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Serving families that are culturally diverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Serving families that are low-income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Limited availability of parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Unpredictability of when families will move into the area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Anything else? (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. You have a lot of different responsibilities as a center director, many of which you share with other staff. Please indicate how much of **your** time is needed for each of the following responsibilities in the course of the year. Please also indicate whether, if available, you would like additional training and technical assistance (T/TA) support in each of these areas.

	How much time is needed for each responsibility?				Would you like additional T/TA support?	
	A lot of my time	A moderate amount of my time	Only a little of my time	None of my time	Yes	No
a. Establishing and maintaining partnerships with other organizations in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Completing the program self-assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Working on human resources issues (including staffing and hiring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ensuring compliance with federal standards for Head Start programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ensuring compliance with state or other standards for early childhood programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Designing the training and technical assistance plan for this center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Supervising teachers and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Evaluating teachers and other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Providing educational leadership/establishing the curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Reviewing child assessment results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Data-driven decision making and/or evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Promoting parent and family engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Fiscal management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Addressing facilities, equipment, and transportation issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Monitoring children's progress toward school readiness goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Working directly with families or addressing family/child issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How many hours of training or support related to child assessment(s) are offered to the following staff in a typical year? (If none, please indicate none.)

Teachers who are new to the center	... _____	hours per year
Assistant teachers who are new to the center	... _____	hours per year
Teachers who are NOT new	... _____	hours per year
Assistant teachers who are NOT new	... _____	hours per year
Mentors/coaches	... _____	hours per year

c. CLASS COMPOSITION

Please count only ACF-funded MSHS slots to answer all the following questions.

1. During the last program year, how many children total were enrolled in your center from the day it opened to the day it closed?

_____ children

2. How many classrooms in your center are currently serving?

- a. Only infants (birth to 11 months)? _____ classrooms
- b. Only toddlers (12 to 35 months)? _____ classrooms
- c. A combination of infants & toddlers (birth to 35 months) _____ classrooms
- d. A combination of infants, toddlers, & preschoolers (all ages) _____ classrooms
- d. A combination of toddlers and preschoolers (12 months & older) _____ classrooms
- c. Only preschoolers (36 months and older)? _____ classrooms

3. How many children are you currently serving in each of the following age ranges?

- a. Infants (birth-11 months) _____ infants
- b. Toddlers (12-35 months) _____ toddlers
- c. Preschoolers (36 months and older) _____ preschoolers

4. How many migrant and seasonal children are currently enrolled in your center?

- a. _____ migrant children
- b. _____ seasonal children

5. Approximately what percentage of families speaks the following languages? Check one box per row.

	None	10%	20%	30%	40%	50%	60%	70%	80%	90%	All
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixtec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kanjobal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zapotec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About what percentage of children in the center are of the following racial/ethnic groups? Check one box per row.

	None	10%	20%	30%	40%	50%	60%	70%	80%	90%	All
American Indian or Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic or Latino	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What percentage of families is likely to come back from year to year, based on the experience from prior years?

_____ % of families

8. During the past program year, what percentage of children left your center before it closed?

_____ % of children

9. Are there children in this service area that you know about who are eligible for MSHS and are not enrolled?

- Yes
- No → GO TO SECTION D (STAFFING, RECRUITMENT, AND COMPENSATION)

10. Why are these children not served? Check all that apply.

- Lack of enrollment slots in the program
- Parents decline to participate
- Parents are not aware of program
- They live in a very remote area (e.g. too far from center)
- Transportation a problem
- Hours of operation
- Do not know
- Other (specify): _____

D. STAFFING, RECRUITMENT, AND COMPENSATION

1. How many teachers are currently employed in this center?

_____ Lead teachers
_____ Assistant teachers

2. How many of these teachers were new to the center this year? Check one only.

- None
- One
- Two
- Three
- Four
- Five
- Six or more

3. During the past program year, how many teachers left their position and had to be replaced? Check one only.

- None → **GO TO QUESTION 5**
- One
- Two
- Three
- Four
- Five
- Six or more

4. Please check the primary three reasons that teachers left.

- Transitioned to another position in your center or program
- Pursue their education
- Higher pay in an equivalent early childhood job
- Higher early childhood position at another center
- Year-round employment in other position
- More preferred work hours
- Transportation needs
- Left early childhood field
- Personal reasons
- Other (Specify: _____)

5. How many family support workers are currently employed in this center?

_____ family support workers

6. How many of these family support workers were new to the center this year? Check one only.

- None
- One
- Two
- Three
- Four
- Five
- Six or more

7. During the past program year, how many family support workers left their position and had to be replaced? Check one only.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> None → GO TO QUESTION 9 | <input type="checkbox"/> Four |
| <input type="checkbox"/> One | <input type="checkbox"/> Five |
| <input type="checkbox"/> Two | <input type="checkbox"/> Six or more |
| <input type="checkbox"/> Three | |

8. Please check the primary three reasons that family support workers left.

- Transitioned to another position in your center or program
- Pursue their education
- Higher pay in an equivalent early childhood job
- Higher early childhood position at another center
- Year-round employment in other position
- More preferred work hours
- Transportation needs
- Left early childhood field
- Other (Specify: _____)

9. How easy or difficult is the job of finding replacements for the following positions?

	Very easy	Fairly easy	Fairly difficult	Very difficult
a. Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Assistant teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family Service Workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bus Drivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Education Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other: (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How many hours per week are you paid to work for MSHS?

_____ hours per week

11. How many weeks per year are you paid to work for MSHS?

_____ weeks per year

12. What is your total annual salary (before taxes) as a Center Director for the current program year?

\$ _____

13. Which of the following benefits are available to you through MSHS? Check all that apply.

- Paid vacation time
- Paid sick leave
- Paid (maternity/paternity) leave
- Unpaid (maternity/paternity) leave
- Paid family leave
- Fully or partially paid health insurance
- Fully or partially paid dental insurance
- Tuition reimbursement
- Retirement plan

E. COMMUNITY PARTNERSHIPS

1. To what extent does your center have collaborative relationships with the following community service agencies?

	A great deal	Somewhat	Not at all
a. Health care providers (e.g., clinics, physicians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Migrant Health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nutritional service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Individuals and agencies that provide services to children with disabilities and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family preservation and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Local elementary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Migrant Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Educational and cultural institutions (e.g., libraries, museums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Providers of child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. To what extent is additional collaboration needed with each of the following community service agencies?

	Needed greatly	Needed Somewhat	Not needed
a. Health care providers (e.g., clinics, physicians)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Migrant Health centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dental care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Nutritional service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Individuals and agencies that provide services to children with disabilities and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Family preservation and support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Local elementary schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Migrant Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Educational and cultural institutions (e.g., libraries, museums)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Providers of child care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What prevents your center from collaborating with community service agencies when additional collaboration is needed? Check all that apply.

- Distance
- Insurance coverage
- Limited availability of services in area
- Need for formal communication network
- Need for more informal connections
- Lack of interest within community service agency to work with MSHS center
- Lack of interest within community service agency to work with migrant and seasonal children and families
- Limited time
- Other (Specify: _____)
- None of the above

F. USE OF DATA AND INFORMATION

1. Does your MSHS center have internet access? Check one only.

- Yes
 No

2. 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? Check one only.

- Yes
 No

3. To what extent do teachers experience the following barriers when 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)

	Not a barrier	Somewhat of a barrier	A definite barrier
a. Difficulty understanding what the child-level data mean (data literacy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Not enough time to use the child-level data to guide instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Inadequate technology resources to track and analyze child data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lack of staff interest in the data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. FAMILY ENGAGEMENT

1. What are the **top three** methods you use to communicate with parents about their child(ren)?

Check up to three.

- Bus monitor
- Parent workshops
- Parent meetings
- Notes/newsletters
- Parent/teacher conferences
- Group meetings
- Phone calls
- Home visits
- Poster/bulletin boards
- Other (specify): _____

2. What are the **top three** approaches your center uses to encourage parents to participate in MSHS activities? **Check up to three.**

- Offer incentives such as door prizes or samples of products
- Provide transportation
- Provide child care
- Provide interpreters
- Serve food such as snacks or supper
- Other (specify): _____

3. In the last month, what activities did your center offer for families? **Check all that apply.**

- Parent orientation
- Parent meetings
- Multi-family socializations
- Events for the entire family
- Workshops on parenting
- Training or workshops for families of dual language learners (DLLs)
- Parent training or workshops on subjects other than DLLs, such as English as a Second Language, employment, job training, or financial counseling
- Information on child development
- Some other services (specify): _____
- None of the above.

4. How successful would you say your center has been in involving **fathers** in MSHS? **Check one only.**

- Very successful
- Somewhat successful
- Mostly unsuccessful
- Very unsuccessful

5. Does your center use a particular parent education or parent support curriculum? **Check one only.**

- Yes (Which one?: _____)
- No

6. Which of the following strategies do you use to engage culturally and linguistically diverse families? Check all that apply.

- The center has a mission statement and/or policies that promote culturally and linguistically appropriate practices.
- Professional development opportunities are available to staff to learn about culturally and linguistically appropriate practices.
- Bilingual or trained interpreters are available to families who may require this assistance.
- Our center hires staff that share similar cultural and linguistic backgrounds as children and families in the center.
- Printed materials (e.g., notices to parents, bulletins) are written in families' native or primary language.
- Pictures, posters and other materials reflect the cultures and ethnic backgrounds of children and families.
- Books and other literacy materials represent the different cultures of children and families served.
- Toys and other play items represent the different cultures of children and families served.
- Music, videos, or other media represent the different cultures of children and families served.
- Meals include options that represent the different cultures of children and families served.
- None of the above.

7. Some parents have a hard time participating in their child's MSHS center activities. What do you see as the major barriers to engaging parents? In other words, for parents who aren't engaged, what keeps them from participating? Check all that apply.

- They have a need for child care
- Their work schedules interfere
- Their school or training schedules interfere
- They need transportation
- They don't know other parents or staff at MSHS
- They feel uncomfortable at MSHS
- They have health problems that interfere
- Some of the teachers are uncomfortable with parents in the classroom
- MSHS doesn't provide enough opportunities for them to participate
- They have had bad experiences with MSHS in the past
- They are uncomfortable because of language or cultural differences
- They are concerned for their safety while getting to MSHS
- They need more support from their spouse or partner
- The opportunities MSHS provides are not of interest to them
- They do not trust programs funded by the government
- Other (Specify: _____)

8. Some parents experience barriers to enrolling their child in MSHS. What do you see as the top three major barriers for families trying to enroll their children in MSHS? Check up to three.

- The paperwork burden is too high
- Other child care arrangements in the area better meet their needs
- Their work schedules interfere
- They need transportation
- They don't know about MSHS
- They feel uncomfortable at MSHS
- They are concerned for their safety while getting to MSHS
- The opportunities MSHS provides are not of interest to them
- They do not trust programs funded by the government

9. What days of the week is your center typically open to parents and children?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

10. What time of day does your center typically open?

- | | | | |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> 12 am
(midnight) | <input type="checkbox"/> 6 am | <input type="checkbox"/> 12 pm
(noon) | <input type="checkbox"/> 6 pm |
| <input type="checkbox"/> 12:30am | <input type="checkbox"/> 6:30am | <input type="checkbox"/> 12:30 pm | <input type="checkbox"/> 6:30 pm |
| <input type="checkbox"/> 1 am | <input type="checkbox"/> 7 am | <input type="checkbox"/> 1 pm | <input type="checkbox"/> 7 pm |
| <input type="checkbox"/> 1:30 am | <input type="checkbox"/> 7:30 am | <input type="checkbox"/> 1:30 pm | <input type="checkbox"/> 7:30 pm |
| <input type="checkbox"/> 2 am | <input type="checkbox"/> 8 am | <input type="checkbox"/> 2 pm | <input type="checkbox"/> 8 pm |
| <input type="checkbox"/> 2:30 am | <input type="checkbox"/> 8:30 am | <input type="checkbox"/> 2:30 pm | <input type="checkbox"/> 8:30 pm |
| <input type="checkbox"/> 3 am | <input type="checkbox"/> 9 am | <input type="checkbox"/> 3 pm | <input type="checkbox"/> 9 pm |
| <input type="checkbox"/> 3:30 am | <input type="checkbox"/> 9:30 am | <input type="checkbox"/> 3:30 pm | <input type="checkbox"/> 9:30 pm |
| <input type="checkbox"/> 4 am | <input type="checkbox"/> 10 am | <input type="checkbox"/> 4 pm | <input type="checkbox"/> 10 pm |
| <input type="checkbox"/> 4:30 am | <input type="checkbox"/> 10:30 am | <input type="checkbox"/> 4:30 pm | <input type="checkbox"/> 10:30 pm |
| <input type="checkbox"/> 5 am | <input type="checkbox"/> 11 am | <input type="checkbox"/> 5 pm | <input type="checkbox"/> 11 pm |
| <input type="checkbox"/> 5:30 am | <input type="checkbox"/> 11:30 am | <input type="checkbox"/> 5:30 pm | <input type="checkbox"/> 11:30 pm |

11. What time of day does your center typically close?

- | | | | |
|--|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> 12 am
(midnight) | <input type="checkbox"/> 6 am | <input type="checkbox"/> 12 pm
(noon) | <input type="checkbox"/> 6 pm |
| <input type="checkbox"/> 12:30am | <input type="checkbox"/> 6:30am | <input type="checkbox"/> 12:30 pm | <input type="checkbox"/> 6:30 pm |
| <input type="checkbox"/> 1 am | <input type="checkbox"/> 7 am | <input type="checkbox"/> 1 pm | <input type="checkbox"/> 7 pm |
| <input type="checkbox"/> 1:30 am | <input type="checkbox"/> 7:30 am | <input type="checkbox"/> 1:30 pm | <input type="checkbox"/> 7:30 pm |
| <input type="checkbox"/> 2 am | <input type="checkbox"/> 8 am | <input type="checkbox"/> 2 pm | <input type="checkbox"/> 8 pm |
| <input type="checkbox"/> 2:30 am | <input type="checkbox"/> 8:30 am | <input type="checkbox"/> 2:30 pm | <input type="checkbox"/> 8:30 pm |
| <input type="checkbox"/> 3 am | <input type="checkbox"/> 9 am | <input type="checkbox"/> 3 pm | <input type="checkbox"/> 9 pm |
| <input type="checkbox"/> 3:30 am | <input type="checkbox"/> 9:30 am | <input type="checkbox"/> 3:30 pm | <input type="checkbox"/> 9:30 pm |
| <input type="checkbox"/> 4 am | <input type="checkbox"/> 10 am | <input type="checkbox"/> 4 pm | <input type="checkbox"/> 10 pm |
| <input type="checkbox"/> 4:30 am | <input type="checkbox"/> 10:30 am | <input type="checkbox"/> 4:30 pm | <input type="checkbox"/> 10:30 pm |

5 am
 5:30 am

11 am
 11:30 am

3:30 pm
 4 pm
 4:30 pm
 5 pm
 5:30 pm

pm
 10 pm
 10:30 pm
 11 pm
 11:30 pm

12. What months of the year is your center typically open to parents and children?

- | | |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> July |
| <input type="checkbox"/> February | <input type="checkbox"/> August |
| <input type="checkbox"/> March | <input type="checkbox"/> September |
| <input type="checkbox"/> April | <input type="checkbox"/> October |
| <input type="checkbox"/> May | <input type="checkbox"/> November |
| <input type="checkbox"/> June | <input type="checkbox"/> December |

13. What months of the year is your center typically open to for administrative purposes only (i.e., staff are working, but services are not provided to parents and children)?

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> January | <input type="checkbox"/> July | <input type="checkbox"/> N/A. The center is never open solely for administrative purposes. |
| <input type="checkbox"/> February | <input type="checkbox"/> August | |
| <input type="checkbox"/> March | <input type="checkbox"/> September | |
| <input type="checkbox"/> April | <input type="checkbox"/> October | |
| <input type="checkbox"/> May | <input type="checkbox"/> November | |
| <input type="checkbox"/> June | <input type="checkbox"/> December | |

14. How many home visits and additional parent-teacher conferences do teachers or assistant teachers typically have for each child?

_____ home visits
_____ additional parent-teacher conferences

15. How many home visits do family service workers/ assistants/advocates typically make for each child?

_____ home visits

16. What percentage of children use a bus to arrive to the center?

- None
- About 25%
- About 50%
- About 75%
- Nearly all

H. INSTRUCTIONAL PRACTICE(S)

1. Please read the following statements about instructional practices, and indicate the extent to which you agree or disagree with each statement. Check one per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Teachers in my center generally follow the steps or activities suggested in the curriculum lesson plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teachers in my center use the materials (for example, books, manipulatives) recommended in the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, teachers in my center use the recommended teaching approaches in the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Teachers in my center would like more training on how to use the curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How many hours of training or support related to curriculum are offered to the following staff in a typical year? (If none, please indicate none.)

Teachers who are new to the center	... _____	hours per year
Assistant teachers who are new to the center	... _____	hours per year
Teachers who are NOT new	... _____	hours per year
Assistant teachers who are NOT new	... _____	hours per year
Mentors/coaches	... _____	hours per year

I. LANGUAGE(S) OF INSTRUCTION AND LANGUAGE POLICIES

1. For the following please indicate which languages are typically used for each activity. Check **all that apply**.

	Instruction	Print materials	Reading to children	Learning letters	Outdoor play
a. English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mixtec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Kanjobal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Zapotec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other language (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How does your center staff communicate with families who speak languages other than English? Check **all that apply**.

	Families who speak Spanish	Families who speak neither English nor Spanish
a. Through our staff members	<input type="checkbox"/>	<input type="checkbox"/>
b. Through hired interpreters	<input type="checkbox"/>	<input type="checkbox"/>
c. Through telephone interpretation service	<input type="checkbox"/>	<input type="checkbox"/>
d. Through family members or other informal translators	<input type="checkbox"/>	<input type="checkbox"/>
e. Through other parents	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the instructional language approach of your MSHS center for infants, toddlers, and preschoolers? Please select a response in the table below.

Please also indicate whether there is a formal language policy in place (i.e., a written policy or strict set of rules that program directors communicate to centers).

	<i>What is the instructional language approach of your MSHS program?</i>					<i>Is there a formal (written) language policy for this age group?</i>	
	English used exclusively	English for instruction with some use of home language(s)	Use of both English and home language(s) for instruction	Use home language(s) for instruction with some use of English	Home language used exclusively	Yes	No
Infants (birth-11 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers (12-35 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preschoolers (36+ months)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Has your center used ACF’s Dual Language Learner Toolkit?

- No, not yet
- Yes, we have used it

5. Please indicate the extent to which you agree or disagree with the following statements. Check one per row.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. Parents who do not speak English play a critical role in their children's learning and development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Teacher knowledge of a second language is beneficial in the classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When a child can begin to participate in school activities in English, there is no need to continue instruction in the home language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Young children learn a second language more quickly, thoroughly, and easily than adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Games and songs in Spanish are useful for language development in class rooms with bilingual Spanish-speaking children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Language drills are appropriate for young children learning a second language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is of primary importance that children learn English in order to support their school readiness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Book reading in the classroom should be done mostly in English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Parents who speak a language other than English should be encouraged to read to and/or talk about books with their children in the home language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Parents who speak a language other than English should be encouraged to speak only English to their children to facilitate the transition to English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Primarily English should be used for school topics in the classroom (e.g., letter learning, vocabulary, math, science).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. TRANSITIONS

1. In what ways does your center facilitate MSHS families' transitions if they migrate or move?

Check all that apply.

- Provide list of other MSHS centers to families
- Provide list of early childhood programs and/or schools to families
- Create a folder of important paperwork that families can give to next center/school
- Create a folder of important paperwork to keep for their own records
- Talk with staff at next center/school
- Electronically transfer records to next center/school
- Other (Specify: _____)
- None

2. To what degree do you communicate with other centers to discuss the migration of specific families? Check one only.

- A great deal
- Somewhat
- Not at all

3. Do you experience any of the following barriers to communicating with other centers?

Check all that apply.

- Time
- Personnel
- Limited relationship with other centers
- None of the above
- Other (specify): _____

4. Does your center do any of the following regarding transition to kindergarten? Check all that apply.

- Send letters home with children or mail letters to parents providing information on transition
- Invite parents to attend informational meetings or discussions with MSHS or school staff about kindergarten transition
- Provide parents with information on the school their child will attend
- Schedule parent and/or child visit(s) to the school the child will attend
- Accompany parents and/or children to visit the school
- Accompany children to school and co-teach lessons with kindergarten teacher
- Teach parents skills to advocate effectively for their school-age children
- Other (specify): _____
- None of the above.

5. Does your MSHS center work in any of the following ways with the elementary schools your students will attend? Check one per row.

	Yes	No
a. Conduct joint teacher training of MSHS and school staff	<input type="checkbox"/>	<input type="checkbox"/>
b. Share curriculum information	<input type="checkbox"/>	<input type="checkbox"/>
c. Share information about rules and program policies	<input type="checkbox"/>	<input type="checkbox"/>
d. Share information about on expectations of students and families	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide children's MSHS records to the school	<input type="checkbox"/>	<input type="checkbox"/>
f. Participate in state-funded kindergarten transition program	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>