MATHEMATICA
Policy Research

Head Start Family and Child Experiences Survey

Program Director Survey

Spring 2015

Prepared by Mathematica Policy Research

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

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

Contents

A. STAFFING AND RECRUITMENT

A1- A12g.   NO A1-A12g IN THIS VERSION

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

   ❍ Yes..1

   ❍ No..0   GO TO SECTION B

        NO RESPONSE...M   GO TO SECTION B

A12i- A12n.   NO A12i-A12n IN THIS VERSION

[IF A12h=1]

A_M5. Does your Head Start program offer or make available any of the following services for children who are dual language learners (DLL) and their families? Do you offer . . .

		Select one per row		
		YES	NO	NO RESPONSE
a.	Assessment of English language skills for families of DLL children?	1 ❍	0 ❍	M ❍
b.	Assessment of basic reading and writing skills for families of DLL children?	1 ❍	0 ❍	M ❍
c.	Activities and workshops for parents of DLLs?	1 ❍	0 ❍	M ❍
d.	Assistance in applying for medical insurance?	1 ❍	0 ❍	M ❍
e.	Information about adult ESL or education and community resources?	1 ❍	0 ❍	M ❍

B. STAFF EDUCATION AND TRAINING

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

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

Select all that apply

☐ Head Start program director/program management team....................................1

☐ Individual center directors...2

☐ Education managers/coordinators...3

☐ Specialists/other coordinators..4

☐ Individual teachers...5

☐ Someone else...99

Specify [   ]

NO RESPONSE..M

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

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

○ Yes...1

○ No..0   GO TO B10a

NO RESPONSE..M   GO TO B10a

[IF B2=1]

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

Select one per row

	YES	NO	NO RESPONSE
a. Providing tuition assistance?	1 ○	0 ○	M ○
b. Giving staff release time?	1 ○	0 ○	M ○
c. Providing assistance for course books?	1 ○	0 ○	M ○
d. Providing A.A. or B.A. courses onsite?	1 ○	0 ○	M ○
e. Anything else? (Specify) [ ]	1 ○	0 ○	M ○

[IF B2=1]

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

Select all that apply

☐ Teachers...1

☐ Assistant Teachers...2

☐ Family Service Workers...3

☐ Other (Specify)...99

Specify [   ]

NO RESPONSE...M

B3g.   NO B3g IN THIS VERSION

B4-B10.   NO B4-B10 IN THIS VERSION

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

Select one per row

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

B11-B23.   NO B11-B23 IN THIS VERSION

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

[   ]   # OF MENTORS OR COACHES

NO RESPONSE...M

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

	# OF YEARS

NO RESPONSE...M

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

	# OF YEARS

NO RESPONSE...M

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

Select all that apply

☐ Attendance at regional, state, or national early childhood conferences...............1

☐ Paid preparation/planning time...2

☐ Mentoring or coaching...3

☐ Workshops/trainings sponsored by the program...4

☐ Support/funding to attend workshops/trainings provided by other organizations...5

☐ Visits to other child care classrooms or centers..6

☐ A community of learners, also called a professional learning community, facilitated by an expert..7

☐ Tuition assistance...8

☐ Onsite A.A. or B.A. courses...9

☐ Incentives such as gift cards to participate in T/TA activities..............................10

☐ Other (Specify)..99

Specify [   ]

NO RESPONSE...M

E. CURRICULUM, CLASSROOM ACTIVITIES, AND ASSESSMENT

E1. NO E1 IN THIS VERSION

E2. **What curriculum/curricula does your program use?**

E3. [IF MORE THAN ONE SELECTED IN E2] **What is your <u>main</u> curriculum?**

	E2. *Select all that apply*	**E3.** *Select one only*	
	CURRICULA USED	MAIN CURRICULUM	NO RESPONSE
a. Creative Curriculum	₁ ☐	₁ ◯	ᴍ ◯
b. High/Scope	₁ ☐	₁ ◯	ᴍ ◯
c. High Reach	₁ ☐	₁ ◯	ᴍ ◯
d. Let's Begin with the Letter People	₁ ☐	₁ ◯	ᴍ ◯
e. Montessori	₁ ☐	₁ ◯	ᴍ ◯
f. Bank Street	₁ ☐	₁ ◯	ᴍ ◯
g. Creating Child Centered Classrooms- Step by Step	₁ ☐	₁ ◯	ᴍ ◯
h. Scholastic Curriculum	₁ ☐	₁ ◯	ᴍ ◯
i. Locally Designed Curriculum	₁ ☐	₁ ◯	ᴍ ◯
j. Curiosity Corner	₁ ☐	₁ ◯	ᴍ ◯
k. Other (Specify)	₁ ☐	₁ ◯	ᴍ ◯

E3a-E3g.   NO E3a-E3g IN THIS VERSION

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

Select all that apply

☐   Head Start program management team..1

☐   Individual center directors..2

☐   Education managers/coordinators...3

☐   Specialists/other coordinators...4

☐   Individual teachers..5

☐   Parents...6

☐   Policy Council..7

☐   Governing Body...8

☐   Someone else (Specify)...99

Specify [_____]

NO RESPONSE...M

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

Select one per row

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

E4-E8.   NO E4-E8 IN THIS VERSION

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

Select one only

❍   Teaching Strategies GOLD (previous version known as the Creative
Curriculum Developmental Continuum Assessment Toolkit for Ages 3-5)...........1

❍   High/Scope Child Observation Record (COR)..2

❍   Galileo...3

❍   Ages and Stages Questionnaires: a Parent Completed, Child-Monitoring
System...4

❍   Desired Results Developmental Profile (DRDP)...5

❍   Work Sampling System for Head Start...6

❍   Learning Accomplishment Profile Screening (LAP INCLUDING E-LAP,
LAP-R AND LAP-D)...7

❍   Hawaii Early Learning Profile (HELP)...8

❍   Brigance Preschool Screen for Three and Four Year Old Children.....................9

❍   Assessment designed for this program...10

❍   Another state developed assessment (Specify)...11

Specify [   ]

❍   Other (Specify)..99

Specify [   ]

❍   Do Not Use a Child Assessment Tool..0   GO TO
SECTION H

NO RESPONSE...M   GO TO
SECTION H

[IF E9 NE 0 OR M]

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

Select one only

❍   Ratings based on observation or work sampling,...1

❍   Testing with standardized tests or assessment or screening instruments,...........2

❍   Both observation-based ratings and direct assessments, or................................3

❍   Something else? (Specify)...99

Specify [   ]

❍   Do not assess..0

NO RESPONSE...M

[IF E9 NE 0 OR M]

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

Select all that apply

☐ Head Start program management team..1

☐ Individual center directors...2

☐ Education managers/coordinators..3

☐ Specialists/other coordinators...4

☐ Individual teachers..5

☐ Parents..6

☐ Policy Council...7

☐ Governing Body..8

☐ Someone else (Specify)..99

Specify [   ]

NO RESPONSE..M

[IF E9 NE 0 OR M]

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

Select one per row

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

E11.   NO E11 THIS VERSION

H. OVERVIEW OF PROGRAM MANAGEMENT

H1-H4.   NO H1-H4 IN THIS VERSION

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

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

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

H5. **You have a lot of different responsibilities as a program director, many of which you share with other program and center staff. Please indicate how much of <u>your</u> time is needed for each of the following responsibilities <u>in the course of the year</u>—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 ○	2 ○	3 ○	4 ○
b.	Establishing and maintaining partnerships with other organizations in the community	1 ○	2 ○	3 ○	4 ○
c.	Completing the program self-assessment	1 ○	2 ○	3 ○	4 ○
d.	Dealing with human resources issues	1 ○	2 ○	3 ○	4 ○
e.	Ensuring compliance with federal standards for Head Start programs	1 ○	2 ○	3 ○	4 ○
f.	Designing the training and technical assistance plan for this program	1 ○	2 ○	3 ○	4 ○
g.	Evaluating managers and other staff	1 ○	2 ○	3 ○	4 ○
h.	Providing educational leadership/establishing the curriculum	1 ○	2 ○	3 ○	4 ○
i.	Strategic planning	1 ○	2 ○	3 ○	4 ○
j.	Promoting parent and family engagement	1 ○	2 ○	3 ○	4 ○
k.	Fiscal management	1 ○	2 ○	3 ○	4 ○
l.	Addressing facilities, equipment, and transportation issues	1 ○	2 ○	3 ○	4 ○
m.	Other (specify)	1 ○	2 ○	3 ○	4 ○
n.	Other (specify)	1 ○	2 ○	3 ○	4 ○
o.	Other (specify)	1 ○	2 ○	3 ○	4 ○

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 ❍	0 ❍
b. Visits to other Head Start or early childhood programs to improve your own work as a program/center director	1 ❍	0 ❍
c. A network or community of Head Start and other early childhood program leaders organized by someone outside of your program, for example a professional organization	1 ❍	0 ❍
d. A leadership institute offered by Head Start	1 ❍	0 ❍
e. A leadership institute offered by an organization other than Head Start	1 ❍	0 ❍

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

Select up to 3

☐ Educational/curriculum leadership..1

☐ Child assessment...2

☐ Creating positive learning environments...3

☐ Program improvement planning...4

☐ Budgeting...5

☐ Staffing (hiring)..1

☐ Teacher evaluation..2

☐ Evaluation of other program staff..3

☐ Teacher professional development..4

☐ Data-driven decision making...5

☐ Working with parents and community..5

   NO RESPONSE...M

N. USE OF PROGRAM DATA AND INFORMATION

N1-N2.   NO N1-N2 IN THIS VERSION

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

 ❍ Yes...1

 ❍ No...0 GO TO N5

    NO RESPONSE...M GO TO N5

[IF N3=1]

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

 Select one only

 ❍ Set up by our own program...1

 ❍ External vendor..2

 ❍ Combination...3

    NO RESPONSE...M

[IF E9 NE 0 or M]

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

 ❍ Yes...1

 ❍ No...0 GO TO N5c

    NO RESPONSE...M GO TO N5c

[IF N5 = 1]

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

 ❍ Yes...1

 ❍ No...0 Go to N5c

    NO RESPONSE...M Go to N5c

[IF N5a = 1]

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

Select all that apply

☐ For individual children..1

☐ Small groups..2

☐ Whole classrooms..3

☐ Our child assessment tool does not include this option......................................0

NO RESPONSE..M

[IF E9 NE 0 or M]

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

Select all that apply

☐ Child/family demographics...1

☐ Vision, hearing, developmental, social, emotional, and/or behavioral screenings..2

☐ Child attendance data...3

☐ School readiness goals...4

☐ Family needs..5

☐ Service referrals for families..6

☐ Services received by families...7

☐ Parent/family attendance data...8

☐ Parent/family goals...9

☐ CLASS results or other quality measures...10

☐ Staff/teacher performance evaluations...11

☐ Personnel records..12

☐ None of the above..13

NO RESPONSE..M

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

❍ Yes..1

❍ No...0   GO TO SECTION O

NO RESPONSE..M   GO TO SECTION O

[IF N6 = 1]

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

❍ Yes, this person focuses only on these data tasks..1

❍ No, this person has other responsibilities..0

NO RESPONSE...M

[IF N6 = 1]

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

❍ Yes..1

❍ No...0

NO RESPONSE...M

O. PROGRAM RESOURCES

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

# of children enrolled

NO RESPONSE .... M

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

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

Select one per row

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

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

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

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

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

Select only two

☐ Tuitions and fees paid by parents...1

☐ Tuitions paid by state government...2

☐ Local government 3

☐ Federal government <u>other than Head Start</u>...4

☐ Revenues from community organizations or other grants...................................5

☐ Revenues from fund raising activities, cash contributions, gifts, bequests, special events..6

☐ Other (Specify)...99

Specify [   ]

NO RESPONSE...M

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

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

Select one per row

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

I. DIRECTOR EMPLOYMENT AND EDUCATIONAL BACKGROUND

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

I0.   **In total, how many years have you been a director in <u>any</u> early childhood program?**

[_____]   Years

        NO RESPONSE.. M

I1.   **In what month and year you start working for <u>this</u> Head Start program?**

[____]   [_____]

MONTH   YEAR

        NO RESPONSE.. M

I2.   **In total, how many years have you worked with <u>any</u> 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

I2a.   **Prior to this program year, how many years did you serve as director in <u>any</u> Head Start program?**

[_____]   Years

        NO RESPONSE.. M

I2b.   **Prior to this program year, how many years did you serve as director of <u>this</u> Head Start program?**

[_____]   Years

        NO RESPONSE.. M

I2c. **Before you became a director, how many years of experience did you have as part of <u>any</u> 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 <u>any</u> 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 program director for the current program year?**

[   ]   Per Year

    NO RESPONSE..M

I6. **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 HARDER	SOMEWHAT HARDER	NOT AT ALL	NO RESPONSE
a.	Time constraints (not enough hours in the day)	3 ○	2 ○	1 ○	M ○
b.	Too many conflicting demands	3 ○	2 ○	1 ○	M ○
c.	Not a high enough salary for the job demands	3 ○	2 ○	1 ○	M ○
d.	Lack of support staff	3 ○	2 ○	1 ○	M ○
e.	Not enough training and technical assistance for professional development	3 ○	2 ○	1 ○	M ○
f.	Not enough support and communication from administration	3 ○	2 ○	1 ○	M ○
g.	Not enough funds for supplies and activities	3 ○	2 ○	1 ○	M ○
h.	Dealing with a challenging population	3 ○	2 ○	1 ○	M ○
i.	Staff turnover	3 ○	2 ○	1 ○	M ○
j.	Lack of parent support	3 ○	2 ○	1 ○	M ○
k.	Lack of qualified teaching staff	3 ○	2 ○	1 ○	M ○
l.	Anything else? (Specify)	3 ○	2 ○	1 ○	M ○

[ ]

I7. **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 ○	0 ○	M ○
b.	Paid sick leave	1 ○	0 ○	M ○
c.	Paid (maternity/paternity) leave	1 ○	0 ○	M ○
d.	Unpaid (maternity/paternity) leave	1 ○	0 ○	M ○
e.	Paid family leave	1 ○	0 ○	M ○
f.	Fully or partially paid health insurance	1 ○	0 ○	M ○
g.	Fully or partially paid dental insurance	1 ○	0 ○	M ○
h.	Tuition reimbursement	1 ○	0 ○	M ○
i.	Retirement plan	1 ○	0 ○	M ○

I8-I11. NO I8-I11 IN THIS VERSION

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

Select one only

❍ Up to 8th Grade...1   GO TO I24

❍ 9th to 11th Grade..2   GO TO I24

❍ 12th Grade, but No Diploma...3   GO TO I24

❍ High School Diploma/ Equivalent..4   GO TO I24

❍ Voc/ Tech Program after High School...5   GO TO I24

❍ Some College, but No Degree..6   GO TO I14

❍ Associate's Degree...7   GO TO I14

❍ Bachelor's Degree..8

❍ Graduate or Professional School, but No Degree..9

❍ Master's Degree (MA, MS)..10

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

❍ Professional Degree after Bachelor's Degree (Medicine/ MD, Dentistry/
    DDS, Law/ JD, Etc.)...12

    NO RESPONSE...M   GO TO I24

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

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

Select one only

❍ Child Development or Developmental Psychology...1

❍ Early Childhood Education...2

❍ Elementary Education..3

❍ Special Education..4

❍ Education Administration/ Management & Supervision.......................................5

❍ Business Administration/ Management & Supervision..6

❍ Other Field (Specify)..99

Specify [_____]

    NO RESPONSE..M

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

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

❍ Yes...1   GO TO I15b

❍ No..0

    NO RESPONSE..M

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

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

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

I15a. NO I15a IN THIS VERSION.

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

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

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

I16-I22. NO I16-I22 THIS VERSION.

I24. **What is your gender?**

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

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

Year

- NO RESPONSE...M

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

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

[IF I26 = 1]

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

Select one or more

☐ Mexican, Mexican American, Chicano,..1

☐ Puerto Rican,..2

☐ Cuban, or...3

☐ Another Spanish/Hispanic/Latino group? (Specify)...99

Specify [   ]

NO RESPONSE..M

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

Select one or more

☐ White...11

☐ Black or African American..12

☐ American Indian or Alaska Native..13

☐ Asian Indian..14

☐ Chinese...15

☐ Filipino...16

☐ Japanese...17

☐ Korean...18

☐ Vietnamese..19

☐ Other Asian..20

☐ Native Hawaiian...21

☐ Guamanian or Chamorro..22

☐ Samoan..23

☐ Other Pacific Islander (Specify)...24

Specify [   ]

☐ Another Race (Specify)..99

Specify [   ]

NO RESPONSE..M

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

○ Yes..1

○ No..0   GO TO END

NO RESPONSE..M   GO TO END

[IF I29 = 1]

I30. **What languages?**

Select all that apply

☐ French...11

☐ Spanish..12

☐ Cambodian (Khmer)...13

☐ Chinese..14

☐ Haitian Creole..15

☐ Hmong..16

☐ Japanese..17

☐ Korean..18

☐ Vietnamese..19

☐ Arabic...20

☐ Other (specify)..99

Specify [   ]

NO RESPONSE...M