MATHEMATICA
Policy Research



American Indian and
Alaska Native

family and child experiences survey

**American Indian and Alaska Native
Head Start Family and Child Experiences Survey
(AI/AN FACES)**

Program Director Survey, Spring 2016
FINAL DRAFT

October 5, 2015

**AFFIX LABEL HERE**

## 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).

We need for you to complete this brief survey which asks you about your program 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 in your program, 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. Children and Families Served

**This first set of questions asks about the children and families your program serves.**

**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. By Head Start we are referring to preschool Head Start, not Early Head Start.**

| | | , | | | | CHILDREN ENROLLED

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

○₁ Yes

○₀ No     **GO TO SECTION AB, PAGE 3**

**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*

# AB. NATIVE CULTURE/LANGUAGE IN PROGRAM

These next questions are about use of native culture and language in your program.

**Does your program 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 AB8**

**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*

**Does your program use a cultural curriculum?**

- ( )₁ Yes
- ( )₀ No

**Does your program use locally designed or tribal specific tool to assess children's native language development or cultural practices?**

- ( )₁ Yes
- ( )₀ No **GO TO SECTION E, PAGE 4**

**What areas do you assess with this tool?**

**MARK ONE OR MORE BOXES**

- ☐₁ Native language
- ☐₂ Cultural practices
- ☐₃ Both

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## E. Curriculum and Assessment

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

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

**MARK ONE OR MORE BOXES**

- ☐₁ Creative Curriculum
- ☐₂ High/Scope
- ☐₃ High Reach
- ☐₄ Let's Begin with the Letter People
- ☐₅ Montessori
- ☐₆ Bank Street
- ☐₇ Creating Child Centered Classrooms- Step by Step
- ☐₈ Scholastic Curriculum
- ☐₉ Locally Designed Curriculum
- ☐₁₀ Curiosity Corner
- ☐₉₉ Something else – *Specify*

_____

**If your program uses more than one curriculum, which one is your <u>main</u> curriculum?**

**MARK ONE ONLY**

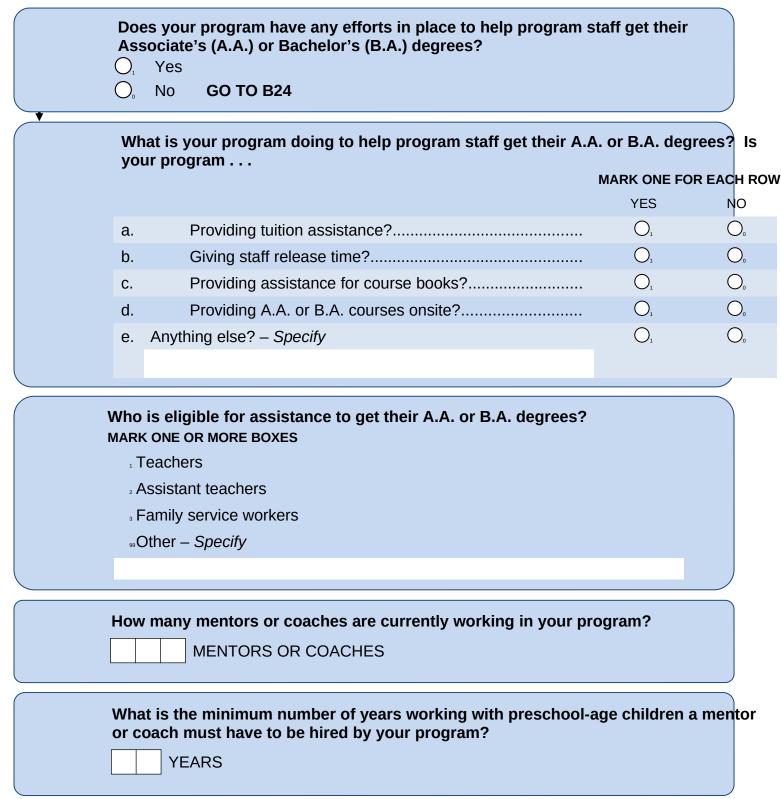- ○₁ Creative Curriculum
- ○₂ High/Scope
- ○₃ High Reach
- ○₄ Let's Begin with the Letter People
- ○₅ Montessori
- ○₆ Bank Street
- ○₇ Creating Child Centered Classrooms- Step by Step
- ○₈ Scholastic Curriculum
- ○₉ Locally Designed Curriculum
- ○₁₀ Curiosity Corner
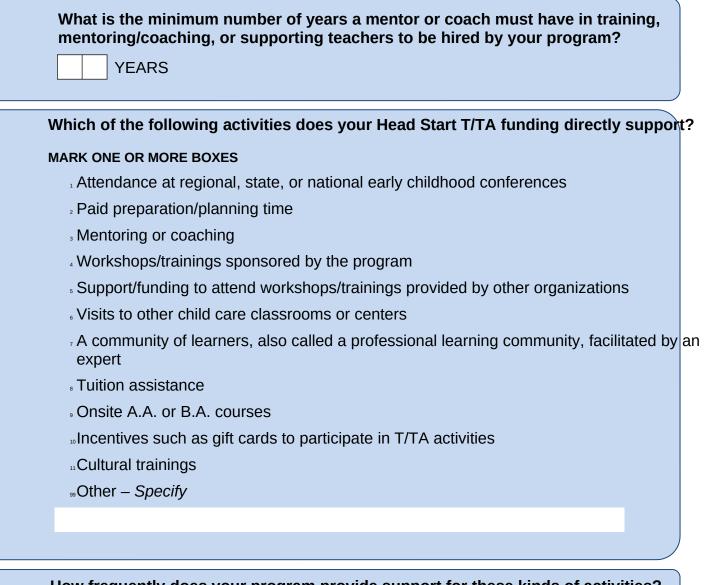- ○₁₁ Other – *Specify*

_____

- ○₁₁ Use each equally
- ○ₔ Don't know

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

MARK ONE ONLY

- ○₁ Teaching Strategies GOLD Assessment (previous version known as the Creative Curriculum Developmental Continuum Assessment Toolkit for Ages 3-5)
- ○₂ High/Scope Child Observation Record (COR)
- ○₃ Galileo
- ○₄ Ages and Stages Questionnaires: a Parent Completed, Child-Monitoring System
- ○₅ Desired Results Developmental Profile (DRDP)
- ○₆ Work Sampling System for Head Start
- ○₇ Learning Accomplishment Profile Screening (LAP INCLUDING E-LAP, LAP-R AND LAP-D)
- ○₈ Hawaii Early Learning Profile (HELP)
- ○₉ Brigance Preschool Screen for Three and Four Year Old Children
- ○₁₀ Assessment designed for this program
- ○₁₁ Another state developed assessment – *Specify*

    [                                              ]

- ○₉₉ Other – *Specify*

    [                                              ]

- ○₀ Do not use a child assessment tool    **GO TO SECTION B, PAGE 6**

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

MARK ONE ONLY

- ○₁ Ratings based on observation or work sampling
- ○₂ Testing with standardized tests or assessment or screening instruments
- ○₃ Both observation-based ratings and direct assessments
- ○₉₉ Something else? – *Specify*

    [                                              ]

- ○₀ Do not assess

# B. Staff Education and Training

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

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

- $\bigcirc_1$ Yes
- $\bigcirc_0$ No  **GO TO B24**

**What is your program doing to help program staff get their A.A. or B.A. degrees? Is your program . . .**

MARK ONE FOR EACH ROW

| | | YES | NO |
|---|---|:---:|:---:|
| a. | Providing tuition assistance?............................................ | $\bigcirc_1$ | $\bigcirc_0$ |
| b. | Giving staff release time?................................................. | $\bigcirc_1$ | $\bigcirc_0$ |
| c. | Providing assistance for course books?.......................... | $\bigcirc_1$ | $\bigcirc_0$ |
| d. | Providing A.A. or B.A. courses onsite?........................... | $\bigcirc_1$ | $\bigcirc_0$ |
| e. | Anything else? – *Specify* | $\bigcirc_1$ | $\bigcirc_0$ |

**Who is eligible for assistance to get their A.A. or B.A. degrees?**

MARK ONE OR MORE BOXES

- $_1$ Teachers
- $_2$ Assistant teachers
- $_3$ Family service workers
- $_{99}$ Other – *Specify*

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

☐☐☐ MENTORS OR COACHES

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

☐☐ YEARS

6

**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?**

[ ][ ] YEARS

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

**MARK ONE OR MORE BOXES**

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

2 Paid preparation/planning time

3 Mentoring or coaching

4 Workshops/trainings sponsored by the program

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

6 Visits to other child care classrooms or centers

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

8 Tuition assistance

9 Onsite A.A. or B.A. courses

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

11 Cultural trainings

99 Other – *Specify*

**How frequently does your program provide support for these kinds of activities?**

**MARK ONE ONLY**

○ 1 These activities are part of the regular operation of the program (e.g. provided weekly or monthly)

○ 2 These activities are supported at least a few times a year

○ 3 These activities are supported once or twice a year

○ 4 These activities are supported occasionally, but not every year

○ 5 These activities are not supported by my program

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

**In the past 12 months, have <u>you</u> 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...................................................... | $\bigcirc_1$ | $\bigcirc_0$ |
| b. | Visits to other Head Start or early childhood programs to improve your own work as a program director.................................................................................. | $\bigcirc_1$ | $\bigcirc_0$ |
| 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............................................ | $\bigcirc_1$ | $\bigcirc_0$ |
| d. | A leadership institute offered by Head Start.............. | $\bigcirc_1$ | $\bigcirc_0$ |
| e. | A leadership institute offered by an organization other than Head Start.................................................................. | $\bigcirc_1$ | $\bigcirc_0$ |
| f. | Training or conferences (for example: NIHSDA Management Training Conference, Native American Child and Family Conference, Head Start governance training, | | |

**What do you need additional help with to do your job as a program 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

**The next questions are about the use of program data and information.**

**Which of the following data and information is your program collecting?**

MARK ONE OR MORE BOXES

- $\square_1$ Child/family demographics
- $\square_2$ Vision, hearing, developmental, social, emotional, and/or behavioral screenings
- $\square_3$ Child attendance data
- $\square_4$ School readiness goals
- $\square_5$ Family needs
- $\square_6$ Service referrals for families
- $\square_7$ Services received by families
- $\square_8$ Parent/family attendance data
- $\square_9$ Parent/family goals
- $\square_{10}$ CLASS results or other quality measures
- $\square_{11}$ Staff/teacher performance evaluations
- $\square_{12}$ Personnel records
- $\square_{13}$ Child assessment data
- $\square_{99}$ Other – *Specify*

**In what ways do you use the data and information being collected?**

MARK ONE OR MORE BOXES

- $\square_1$ To help identify and address professional development needs of staff
- $\square_2$ To assess services being provided
- $\square_3$ To learn whether families are reaching their goals
- $\square_4$ To determine whether we are making progress towards program-wide goals
- $\square_5$ To help identify the needs of the child and family
- $\square_{99}$ Other – *Specify*

**Please indicate how much each of the following are barriers to using data and information:**

| | | NOT A BARRIER | A LITTLE BARRIER | SOMEWHAT OF A BARRIER | A BARRIER |
|---|---|---|---|---|---|
| a. | Not enough time to use the data to guide planning............................................ | $O_1$ | $O_2$ | $O_3$ | $O_4$ |
| b. | Inadequate technology resources to track and analyze data............................ | $O_1$ | $O_2$ | $O_3$ | $O_4$ |
| c. | Lack of staff buy-in to value of data……. | $O_1$ | $O_2$ | $O_3$ | $O_4$ |

**Do you use an electronic database to store program data? (Sometimes these databases might be called management information systems or data systems. They might be something set up or managed by an external vendor, or something set up by your own program.)**

$O_1$ Yes

$O_0$ No      **GO TO N6**

**Is your management information system(s) something that your program set up, or is it provided and managed by an external vendor?**

**MARK ONE ONLY**

$O_1$ Set up by our own program

$O_2$ External vendor

$O_3$ Combination

**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.**

$O_1$ Yes

$O_0$ No      **GO TO SECTION O, PAGE 11**

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

$O_1$ Yes, this person focuses only on these data tasks

$O_0$ No, this person has other responsibilities

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

$O_1$ Yes

$O_0$ No

# O. Program Resources

The next questions are about your program's resources for the current program year.

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.

**Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)?**

| | | MARK ONE FOR EACH ROW | |
| --- | --- | :---: | :---: |
| | | YES | NO |
| 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.… | $\bigcirc_1$ | $\bigcirc_0$ |
| b. | Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)................................................................................... | $\bigcirc_1$ | $\bigcirc_0$ |
| c. | Local government (for example, funding from tribal government, Pre-K paid by local school board or other local agency, grants from county government)................................................ | $\bigcirc_1$ | $\bigcirc_0$ |
| d. | Federal government <u>other than Head Start</u> (for example, Title I, Child and Adult Care Food Program, WIC)..................................... | $\bigcirc_1$ | $\bigcirc_0$ |
| e. | Revenues from community organizations or other grants (for example, United Way, local charities, or other service organizations)..................... | $\bigcirc_1$ | $\bigcirc_0$ |
| f. | Revenues from fund raising activities, cash contributions, gifts, bequests, special events............................................................ | $\bigcirc_1$ | $\bigcirc_0$ |
| g. | Other – *Specify* | $\bigcirc_1$ | $\bigcirc_0$ |

# 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.**

**In total, how many years have you been a director…**

*Please round your response to the nearest whole year.*

NUMBER OF YEARS

I0.  In <u>any</u> early childhood program............................................

I2a.  In <u>any</u> Head Start program.................................................

I2b.  Of <u>this</u> Head Start program.................................................

**In total, how many years have you worked…**

*Please round your response to the nearest whole year.*

NUMBER OF YEARS

I2.  With <u>any</u> Head Start program...............................................

I2c.  As part of <u>any</u> Head Start program's management team…

I2d.  As a teacher or home visitor in <u>any</u> Head Start program…

**In what month and year did you start working for <u>this</u> 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 program director for the current program year?**

$                     ,              .  0  0   DOLLARS PER YEAR

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

MARK ONE ONLY

- $\bigcirc_1$ Up to 8th Grade
- $\bigcirc_2$ 9th to 11th Grade
- $\bigcirc_3$ 12th Grade, but No Diploma
- $\bigcirc_4$ High School Diploma/Equivalent
- $\bigcirc_5$ Vocational/Technical Program after High School
- $\bigcirc_6$ Some College, but No Degree     **GO TO I14**
- $\bigcirc_7$ Associate's Degree
- $\bigcirc_8$ Bachelor's Degree
- $\bigcirc_9$ Graduate or Professional School, but No Degree
- $\bigcirc_{10}$ Master's Degree (MA, MS)
- $\bigcirc_{11}$ Doctorate Degree (Ph.D., Ed.D.)
- $\bigcirc_{12}$ Professional Degree after Bachelor's Degree (Medicine/MD, Dentistry/DDS, Law/JD, Etc.)

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

MARK ONE ONLY

- $\bigcirc_1$ Child Development or Developmental Psychology
- $\bigcirc_2$ Early Childhood Education
- $\bigcirc_3$ Elementary Education
- $\bigcirc_4$ Special Education
- $\bigcirc_5$ Education Administration/Management & Supervision
- $\bigcirc_6$ Business Administration/Management & Supervision
- $\bigcirc_{99}$ Other field – *Specify*

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

- $\bigcirc_1$ Yes     **GO TO I15b**
- $\bigcirc_0$ 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

**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*

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

○ 1 Yes

○ 0 No

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**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*

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**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

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

○ 1 Yes     **GO TO I30, PAGE 16**

○ 0 No     **GO TO SECTION IJ, PAGE 17**

**What languages other than English do you speak?**

**MARK ONE OR MORE BOXES**

☐ 35 Your tribal language – *Specify*

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

☐ 12 Spanish

☐ 99 Other – *Specify*

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

**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)..................................................... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| b. | Too many conflicting demands............. | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| c. | Not a high enough salary for the job demands................................................... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| d. | Lack of support staff.............................. | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| e. | Not enough training and technical assistance for  professional development............................................ | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| f. | Not enough support and communication from administration…… | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| g. | Not enough funds for supplies and activities................................................. | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| h. | Dealing with a challenging population... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| i. | Staff turnover......................................... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| j. | Lack of parent support........................... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| k. | Lack of qualified teaching staff.............. | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| m. | Tribal leadership changes..................... | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |
| l. | Anything else? *Specify* | $\bigcirc_3$ | $\bigcirc_2$ | $\bigcirc_1$ |

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

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

**End**

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