



**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)**

Center Director Survey, Spring 2016

FINAL DRAFT

October 5, 2015

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0151 which expires XX/XX/20XX. The time required to complete this collection of information is estimated to average 20 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica Policy Research, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

AFFIX LABEL HERE

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Introduction

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

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

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

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

A. Staffing and Recruitment

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

What are the start and end dates of the program year for children?

	MONTH	YEAR
A0-1a. Start date.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A0-1b. End date.....	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

How many days a week is this program available to children?

NUMBER OF DAYS

How many hours a day is this program available to children?

Please consider the working hours for this center, rather than the individual child or classroom.

NUMBER OF HOURS

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

MARK ONE ONLY

- ₁ Full-day
₂ Half-day
₃ A combination of both

How many lead teachers are currently employed in this center?

LEAD TEACHERS

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

MARK ONE ONLY

- ₁ None,
₂ One,
₃ Two, or
₄ Three or more?

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

MARK ONE ONLY

- ₁ None,
- ₂ One,
- ₃ Two, or
- ₄ Three or more?

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

- ₁ Yes
- ₀ No **GO TO SECTION AB, PAGE 7**

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

MARK ONE OR MORE BOXES

₃₅ Tribal language(s) – *Specify*

₁₂ Spanish

₉₉ Other – *Specify*

Do you have any lead teachers or assistant teachers who are bilingual?

- ₁ Yes
- ₀ No **GO TO A_C3j**

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

MARK ONE OR MORE BOXES

₃₅ Tribal language(s) – *Specify*

₁₂ Spanish

₉₉ Other – *Specify*

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

₁ Yes

₀ No

AB. NATIVE CULTURE/LANGUAGE AT CENTER

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

Does your center have a cultural/language elder or specialist?

By cultural/language elder or specialist we mean someone that you may rely on or consult with in regards to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.

- ₁ Yes
₀ No **GO TO AB3**

Who is your cultural/language elder or specialist?

MARK ONE OR MORE BOXES

- ₁ A spiritual leader
₂ An influential member of the tribe
₃ A member of the tribal community
₉₉ Other – *Specify*

Do children at your center receive heritage language lessons?

- ₁ Yes
₀ No **GO TO AB11**

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

1

2

3

4

5

Who teaches the heritage language lessons?

MARK ONE OR MORE BOXES

- ₁ Lead classroom teacher
- ₂ Assistant classroom teacher
- ₃ Paid aides
- ₄ Cultural/language elder or specialist
- ₉₉ Other – *Specify*

What percentage of center administrative staff and teachers are tribal members?

Include both staff who come from the same or different tribes as the children and families served.

PERCENT OF TEACHERS OR ASSISTANT TEACHERS

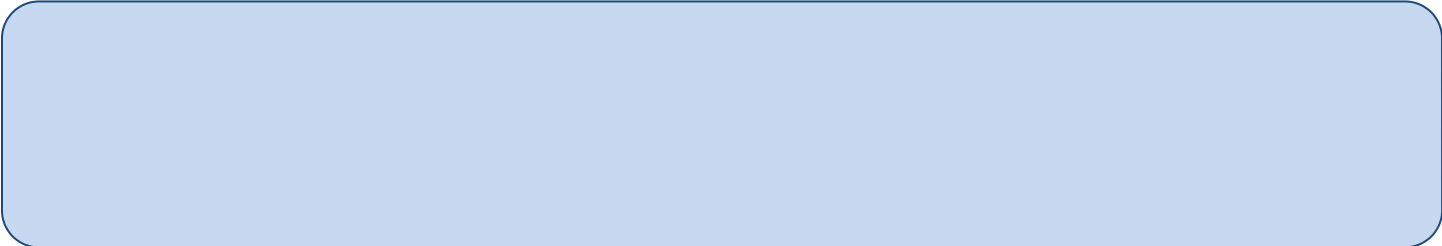
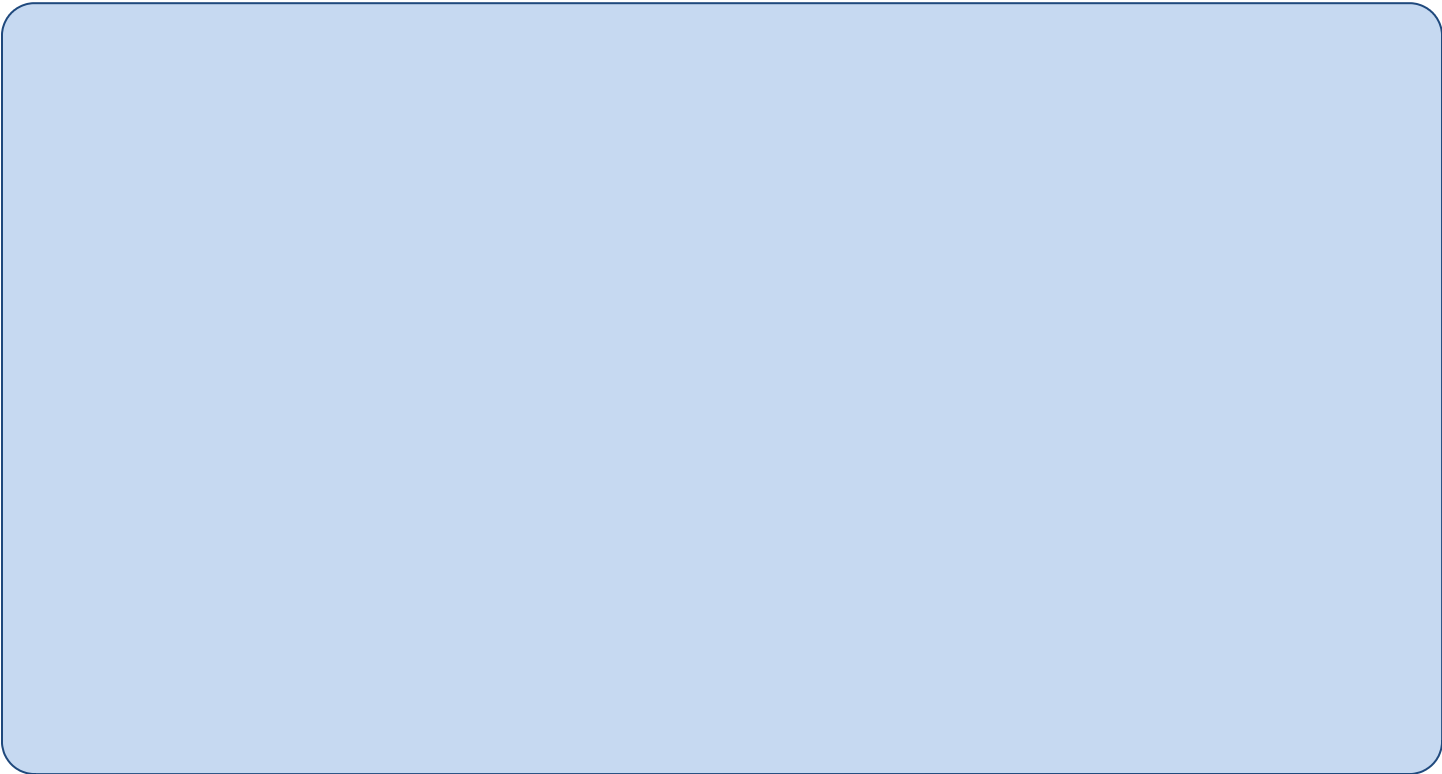
PERCENT OF ADMINISTRATIVE STAFF

B. Staff Education and Training

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

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

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

NUMBER OF CLASSROOMS

How many mentors or coaches support teachers at your center?

NUMBER OF MENTORS OR COACHES

Empty text box for notes.

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E. Curriculum and Assessment

The next questions are about curriculum and assessment.

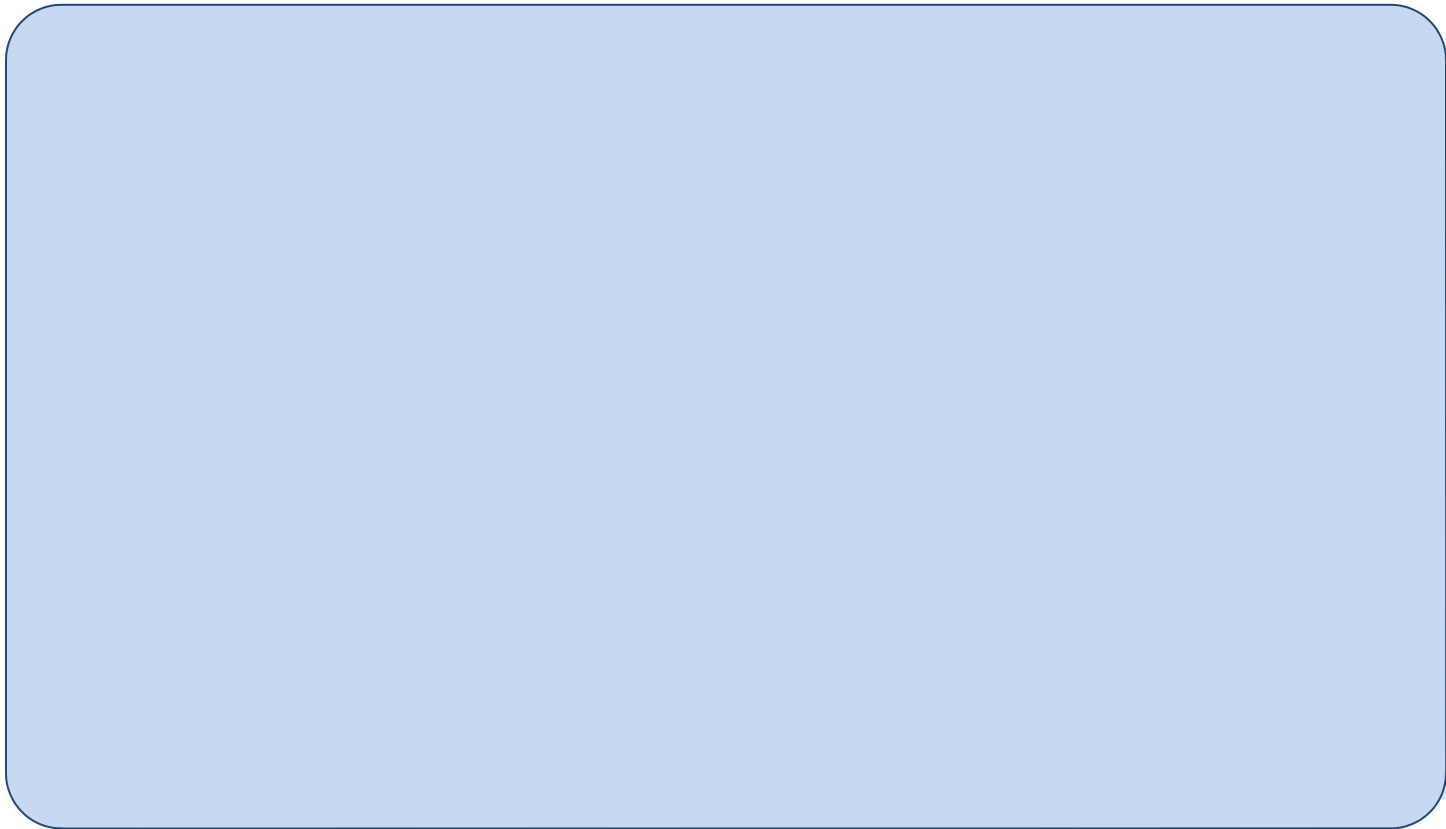
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H. Overview of Program Management

The next questions are about program management.



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I. Employment and Educational Background

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

In total, how many years have you been a director...

Please round your response to the nearest whole year.

NUMBER OF YEARS

I0. In any early childhood program

I2a. In any Head Start program

I2b. Of this Head Start center

In total, how many years have you worked...

Please round your response to the nearest whole year.

NUMBER OF YEARS

I2. With any Head Start program

I2c. As part of any Head Start program's management team..

I2d. As a teacher or home visitor in any Head Start program..

In what month and year did you start working for this Head Start program?

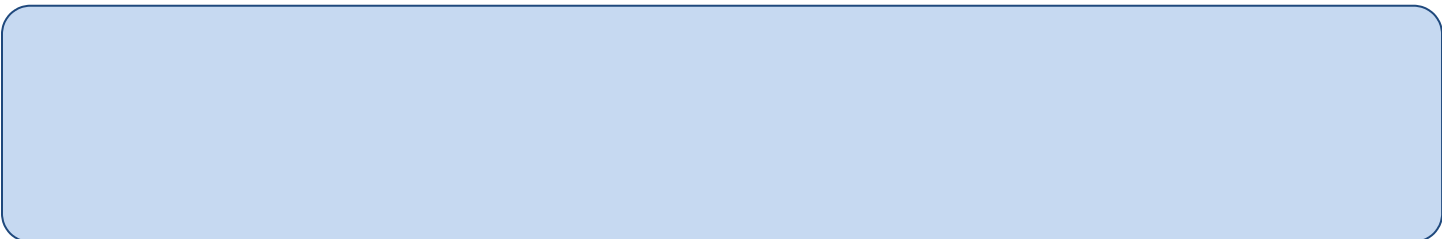
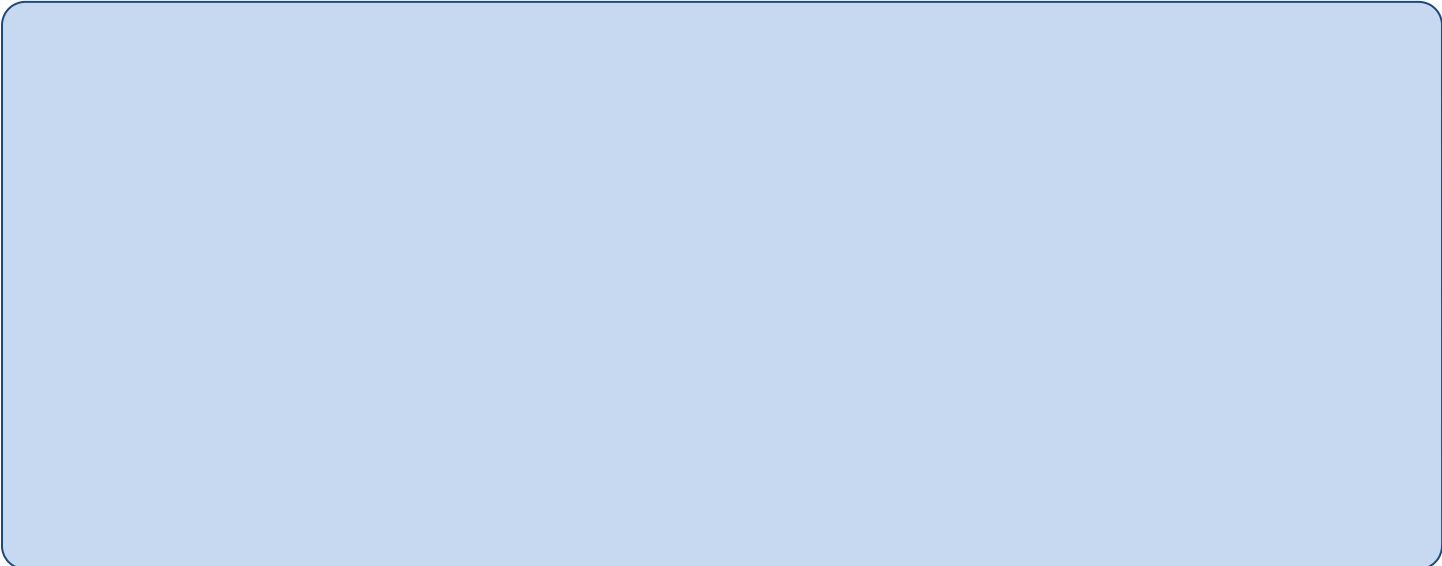
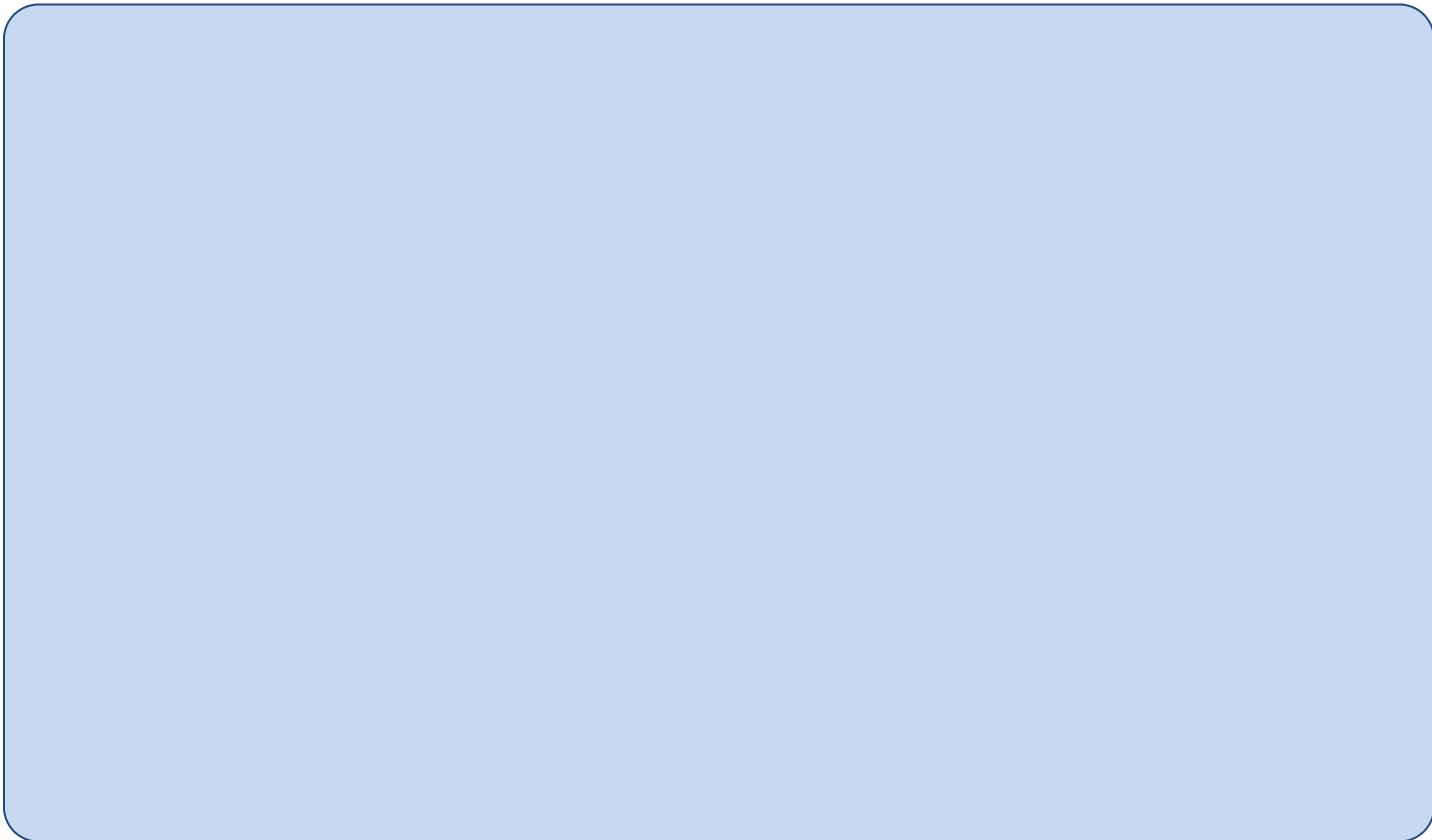
MONTH YEAR

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

HOURS

What is your total annual salary (before taxes) as a center director for the current program year?

\$, . 0 0 DOLLARS PER YEAR



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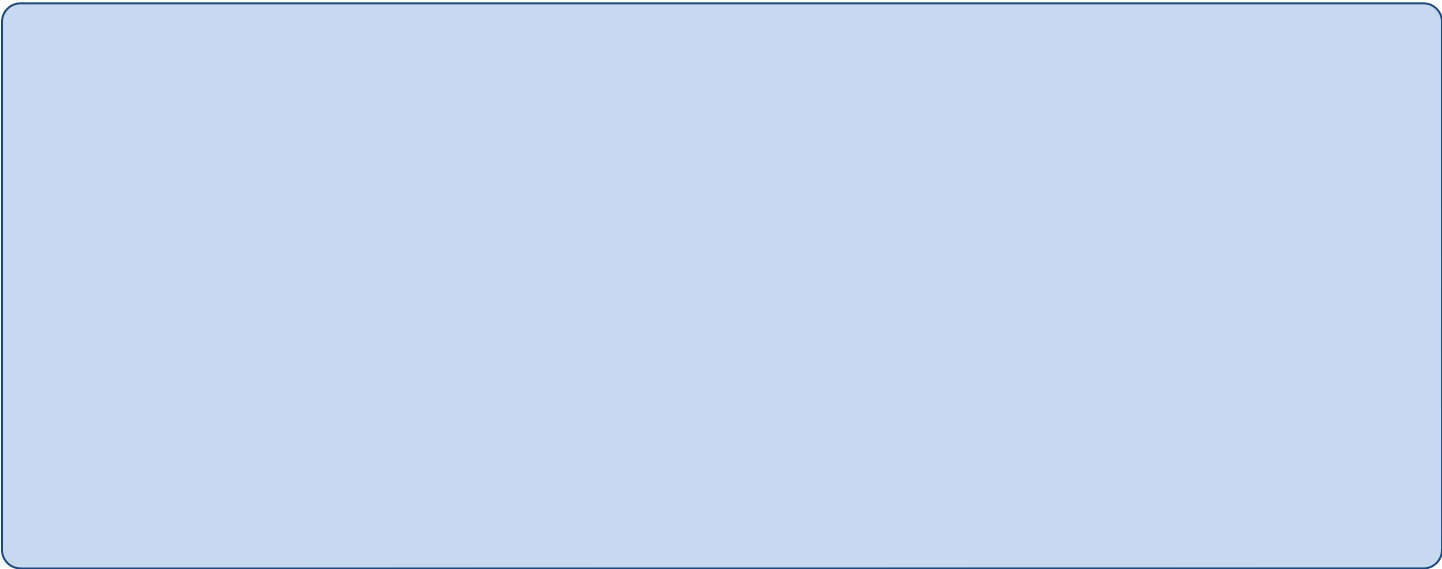
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In what year were you born?

YEAR

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IJ. YOUR FEELINGS ABOUT YOUR JOB AND CENT

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

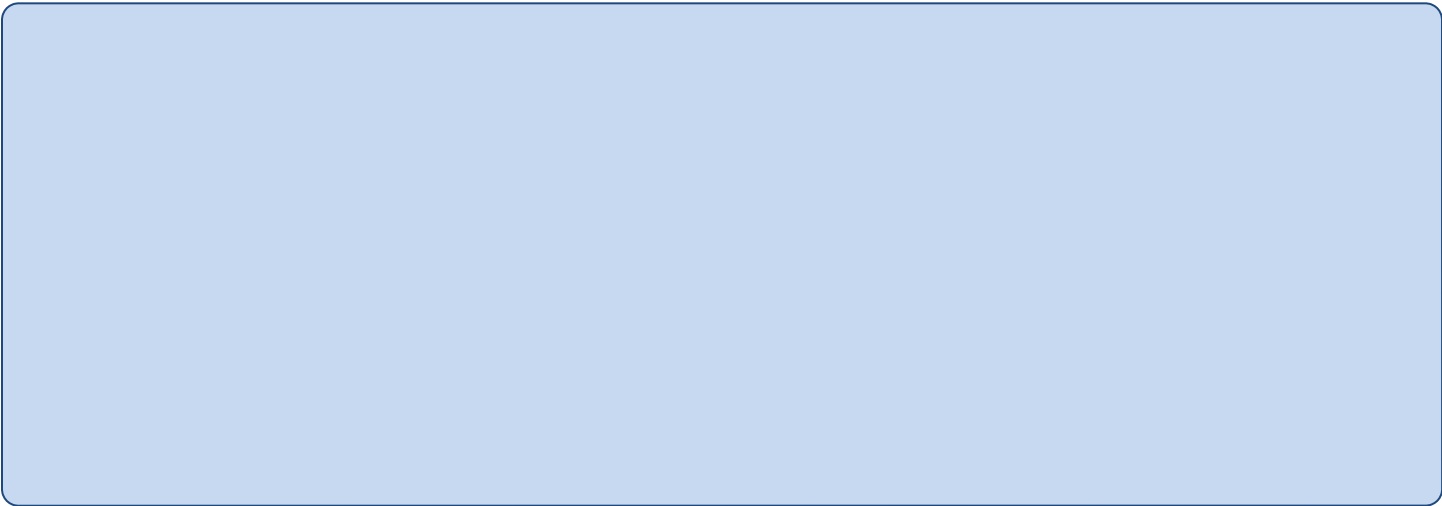


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End

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