MATHEMATICA
Policy Research

He   **vey**

Head Start

FACES 2014-2018

Experiences in Head Start

family and child experiences survey

Introduction

Thank you for taking the time to complete this survey. There are no right or wrong answers to the questions. 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.

A. Staffing and Recruitment

The first questions are about staffing and recruitment.

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

○₁ Yes

○₀ No **GO TO SECTION B, PAGE X**

A_M5

Does your Head Start program offer or make available any of the following services for families of children who speak a language other than English? Do you offer…

MARK ONE FOR EACH ROW

		YES	NO
a.	Assessment of English language skills for families of children who speak a language other than English?...	○₁	○₀
b1.	Assessment of basic English reading and writing skills for families of children who speak a language other than English?..	○₁	○₀
b2.	Assessment of basic reading and writing skills for families of children who speak a language other than English in the family's home language?	○₁	○₀
c.	Activities and workshops for parents of children who speak a language other than English?.................	○₁	○₀
d.	Assistance in applying for medical insurance?............	○₁	○₀
e.	Information about adult ESL or education and community resources?...	○₁	○₀

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?

- ○₁ Yes
- ○₀ No **GO TO B3h, PAGE 3**

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

MARK ONE FOR EACH ROW

		YES	NO
a.	Providing tuition assistance?..	○₁	○₀
b.	Giving staff release time?..	○₁	○₀
c.	Providing assistance for course books?..........................	○₁	○₀
d.	Providing A.A. or B.A. courses onsite?..........................	○₁	○₀
e. Anything else? – *Specify*		○₁	○₀

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

MARK ONE OR MORE BOXES

- ₁ Center-based teachers
- ₄ Home visitors
- ₇ Family child care providers
- ₆ Content managers
- ☐₂ Assistant teachers
- ₃ Family service workers
- ☐₅ Other *Specify*

R27b

Programs can support staff's professional development in a lot of different ways. Does your program offer the following to teachers, family child care providers, or home visitors?

Of the activities your program offers, which does your Head Start professional development funding directly support?

MARK ONE OR MORE BOXES

MARK ONE FOR EACH ROW

☐ 1 Hire consultants to work directly with staff

☐ 2 Attendance at regional conferences

☐ 3 Attendance at state conferences

☐ 4 Attendance at national conferences

☐ 5 Paid substitutes to allow teachers time to prepare, train, and/or plan

☐ 6 Workshops/trainings sponsored by the program

☐ 7 Workshops/trainings provided by other organizations

☐ 8 Mentoring or coaching

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

☐ 10 Time to participate in Office of Head Start training and technical assistance webinars

☐ 11 Tuition Assistance

☐ 12 Onsite A.A. or B.A. courses

☐ 99 Other *Specify*

	YES	NO
1. Consultants hired to work directly with staff................	○ 1	○ 0
2. Attendance at regional conferences...........................	○ 1	○ 0
3. Attendance at state conferences...............................	○ 1	○ 0
11. Attendance at national conferences...........................	○ 1	○ 0
12. Paid substitutes to allow teachers time to prepare, train, and/or plan...	○ 1	○ 0
Workshops/trainings sponsored by the program..........	○ 1	○ 0
Mentoring or coaching..	○ 1	○ 0
6. Workshops/trainings provided by other organizations	○ 1	○ 0
A community of learners, also called a professional learning community, facilitated by an expert...............	○ 1	○ 0
9. Time to participate in Office of Head Start training and technical assistance webinars.............................	○ 1	○ 0
0. Other – *Specify*	○ 1	○ 0

4

5

7

E10 **How often have you and/or other staff in your program used or accessed information or resources provided by or through each of the following? Would you say never, rarely, sometimes, or often?**

MARK ONE FOR EACH ROW

		NEVER	RARELY	SOMETIMES	OFTEN
a.	Early Childhood Learning and Knowledge Center (ECLKC) website	O_1	O_2	O_3	O_4
b.	Office of Head Start National Centers	O_1	O_2	O_3	O_4
c.	Professional organizations	O_1	O_2	O_3	O_4
d.	Private consultants, private organizations, or commercial vendors	O_1	O_2	O_3	O_4
e.	Regional Training and Technical Assistance Specialists	O_1	O_2	O_3	O_4
f.	Office of Head Start Webinars	O_1	O_2	O_3	O_4
g.	Regional Conferences	O_1	O_2	O_3	O_4
h.	State Conferences	O_1	O_2	O_3	O_4

Does your program have any staff who serve as mentors or coaches?

O_1 Yes

O_0 No **GO TO E2, PAGE 9**

$\longrightarrow$

How many mentors or coaches are currently working with teaching staff, family child care providers, or home visitors in your program? Please tell us the number in each of the following categories.

NUMBER OF STAFF

B24b. Employees/staff hired by your program to serve as mentors or coaches and who serve most or all of their time in that role (in other words, they spend more than half of their time being a mentor or coach)..

B24c. Consultants or contractors hired by your program to serve as mentors or coaches..

B24d. Other program employees/staff who serve as mentors or coaches, but who spend less than half of their time being a mentor or coach (do not include staff who were counted in B24b)..

If B24d = 0, GO TO B26a.

Thinking of the "other program staff who serve as mentors or coaches, but who spend less than half of their time being a mentor or coach" (those from the previous question), on average what percent of their time is spent on activities related to mentoring or coaching teaching staff, family child care providers, or home visitors?

☐☐ PERCENT

Do coaches or mentors working in your program use a specific model or approach?

MARK ONE OR MORE BOXES

☐₁ Practice-based coaching

☐₄ Coaching tied to a specific curriculum (for example, Building Blocks)

☐₆ MyTeachingPartner

☐₇ Relationship-based coaching

☐₉₉ Other – *Specify*

Does the coaching or mentoring have a remote or web-based component?

○₁ Yes, coaching/mentoring is primarily remote/web-based

○₂ Yes, there is a remote/web-based supplement to the coaching/mentoring

○₀ No

Are all of your staff receiving coaching or mentoring?

○₁ Yes

○₀ No

How do you determine who will receive coaching?

MARK ONE OR MORE BOXES

☐₁ Conduct classroom observations

☐₂ Review classroom-level assessment data

☐ Based on regular performance reviews or evaluations

☐ Based on number of years of experience

☐₃ Directly ask the staff if they need or want coaching

☐₅ Review child assessment data for classrooms

☐₉₉ Other – *Specify*

[   ]

How do mentors and coaches assess the needs of teachers, family child care providers, or home visitors?

MARK ONE OR MORE BOXES

☐₁ Conduct classroom observations

☐₂ Review classroom-level assessment data

☐₃ Based on regular performance reviews or evaluations

☐₄ Based on number of years of experience

☐₅ Directly ask the staff

☐₆ Review child assessment data

☐₇ Have them complete surveys or questionnaires

☐₉₉ Other – *Specify*

[   ]

Mentors and coaches have different methods of supporting teachers in improving their practice. What methods do mentors and coaches use when working with teachers, family child care providers, or home visitors in your program?

MARK ONE OR MORE BOXES

- ☐ 1 Discuss with staff what they observe
- ☐ 2 Provide written feedback to staff on what they observe
- ☐ 3 Have teachers or FCC providers watch a videotape of themselves teaching
- ☐ 4 Have teachers or FCC providers observe another teacher's classroom or watch a video of another teacher
- ☐ 5 Model teaching practices
- ☐ 6 Suggest trainings for staff to attend
- ☐ 7 Provide trainings for staff
- ☐ 8 Review child assessment data with staff
- ☐ 99 Other – *Specify*

Do staff in your program receive mentoring and coaching from the same person/people responsible for supervising them?

- ○ 1 Yes, all teachers are mentored/coached by their own supervisor
- ○ 2 Yes, some of the teachers are mentored/coached by their own supervisor
- ○ 0 No, none of the teachers are mentored/coached by their own supervisor

E. Curriculum and Assessment

The next questions are about curriculum and assessment.

E3 **What is your main curriculum?**

MARK ONE ONLY

○ 11 Creative Curriculum

○ 12 High/Scope

○ 13 High Reach

○ 14 Let's Begin with the Letter People

○ 15 Montessori

○ 16 Bank Street

○ 17 Creating Child Centered Classrooms- Step by Step

○ 18 Scholastic Curriculum

○ 19 Locally Designed Curriculum

○ 20 Curiosity Corner

○ 21 Other – *Specify*

_____

How many times has your program switched its main <u>curriculum</u> in the past 5 years?

[ ][ ] TIMES

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 H, PAGE 11**

How many times has your program switched its main <u>assessment tool</u> in the past 5 years?

[ ][ ] TIMES

H. Overview of Program Managemen

The next questions are about program management.

In the past 12 months, have you participated in the following kinds of professional development?

MARK ONE FOR EACH ROW

		YES	NO
a.	College or university course(s) related to your role as a manager or leader..	$\bigcirc_1$	$\bigcirc_0$
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 related to your role as a manager or leader (for example, Head Start governance training, CLASS		

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

MARK UP TO THREE (3) BOXES

☐₄ Program improvement planning

☐₅ Budgeting

☐₆ Staffing (hiring)

☐₁₀ Data-driven decision making

☐₇ Teacher evaluation

☐₈ Evaluation of other program staff

☐₉ Teacher professional development

☐₁ Educational/curriculum leadership

☐₃ Creating positive learning environments

☐₂ Child assessment

☐₁₁ Working with parents and families

☐₁₆ Working with and partnering in the community

N. Use of Program Data and Informat

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

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.)

- ○₁ Yes
- ○₀ No　　**GO TO N5**

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

- ○₁ Set up by our own program
- ○₂ External vendor
- ○₃ Combination

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)?

- ○₁ Yes
- ○₀ No　　**GO TO N5c, PAGE 15**

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

- ○₁ Yes
- ○₀ No　　**GO TO N5c, PAGE 15**

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

MARK ONE OR MORE BOXES

- ☐₁ Individual children
- ☐₂ Small groups
- ☐₃ Whole classrooms
- ☐₀ Our child assessment tool does not include this option

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

MARK ONE OR MORE BOXES

☐₁ Child/family demographics

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

☐₃ Child attendance data

☐₄ School readiness goals

☐₅ Family needs

☐₆ Service referrals for families

☐₇ Services received by families

☐₈ Parent/family attendance data

☐₉ Parent/family goals

☐₁₀ CLASS results or other quality measures

☐₁₁ Staff/teacher performance evaluations

☐₁₂ Personnel records

☐₁₃ None of the above

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.

○₁ Yes

○₀ No   **GO TO SECTION O, PAGE 16**

Does this person focus only on data analysis tasks?

○₁ Yes, this person focuses only on these data tasks

○₀ No, this person has other responsibilities

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

○₁ Yes

○₀ No

14

O. Program Resources

The next questions are about your program's resources.

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?

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, state Pre-K funds, grants from state agencies)..	$\bigcirc_1$	$\bigcirc_0$
c.	Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)......................	$\bigcirc_1$	$\bigcirc_0$
d.	Federal government other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)..	$\bigcirc_1$	$\bigcirc_0$
e.	Revenues from non-government community organizations or other grants (e.g., 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*	$\bigcirc_1$	$\bigcirc_0$

If your program receives revenue from more than two sources, which of the following are the two largest sources of revenue for your program other than Head Start?

MARK UP TO 2 (TWO) BOXES

- ☐₁ Tuitions and fees paid by parents
- ☐₂ Tuitions paid by state government
- ☐₃ Local government
- ☐₄ Federal government <u>other than Head Start</u>
- ☐₅ Revenues from community organizations or other grants
- ☐₆ Revenues from fund raising activities, cash contributions, gifts, bequests, special events
- ☐₇ Other – *Specify*

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

MARK ONE FOR EACH 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

S. Head Start Program Performance Standards

[Include Plus Study status and challenge items here, as items S1 through S12b.]

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 what month and year did you start working for <u>this</u> Head Start program?

[ ][ ] MONTH   [ ][ ][ ][ ] YEAR

In total, how many years have you worked with <u>any</u> Head Start <u>or</u> Early Head Start Program?

Please round your response to the nearest whole year. Note, Head Start has been in existence for about 52 years.

[ ][ ] YEARS

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

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.............	$\bigcirc_3$	$\bigcirc_2$	$\bigcirc_1$
l.	Anything else? *Specify*	$\bigcirc_3$	$\bigcirc_2$	$\bigcirc_1$

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

MARK ONE ONLY

- ○ 1 Up to 8th Grade
- ○ 2 9th to 11th Grade
- ○ 3 12th Grade, but No Diploma
- ○ 4 High School Diploma/Equivalent
- ○ 5 Vocational/Technical Program after High School
- ○ 6 Some College, but No Degree ➡ **GO TO I14, PAGE XX**
- ○ 7 Associate's Degree
- ○ 8 Bachelor's Degree
- ○ 9 Graduate or Professional School, but No Degree
- ○ 10 Master's Degree (MA, MS)
- ○ 11 Doctorate Degree (Ph.D., Ed.D.)
- ○ 12 Professional Degree after Bachelor's Degree (Medicine/MD, Dentistry/DDS, Law/JD, Etc.)

In what field did you obtain your highest degree?

MARK ONE ONLY

- ○ 1 Child Development or Developmental Psychology
- ○ 2 Early Childhood Education
- ○ 3 Elementary Education
- ○ 4 Special Education
- ○ 5 Education Administration/Management & Supervision
- ○ 6 Business Administration/Management & Supervision
- ○ 99 Other field – *Specify*

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

- ○ 1 Yes **GO TO I15b**
- ○ 0 No **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO 15b; 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

What is your gender?

○₁ Male

○₂ Female

In what year were you born?

| | | | | YEAR

Are you of Spanish, Hispanic, or Latino origin?

○₁ Yes

○₀ No   **GO TO I28, PAGE XX**

Which one of these best describes you? You may mark more than one.

MARK ONE OR MORE BOXES

☐₁ Mexican, Mexican American, Chicano,

☐₂ Puerto Rican,

☐₃ Cuban, or

☐₉₉ Another Spanish/Hispanic/Latino group? – *Specify*

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

MARK ONE OR MORE BOXES

☐ 11 White

☐ 12 Black or African American

☐ 13 American Indian or Native American

☐ 14 Asian Indian

☐ 15 Chinese

☐ 16 Filipino

☐ 17 Japanese

☐ 18 Korean

☐ 19 Vietnamese

☐ 20 Other Asian

☐ 21 Native Hawaiian

☐ 22 Guamanian or Chamorro

☐ 23 Samoan

☐ 24 Other Pacific Islander – *Specify*

_____

☐ 99 Another race – *Specify*

_____

Do you speak a language other than English?

○ 1   Yes

○ 0   No   **GO TO Z1, PAGE XX**

What languages other than English do you speak?

MARK ONE OR MORE BOXES

☐ 12 Spanish

☐ 20 Arabic

☐ 13 Cambodian (Khmer)

☐ 14 Chinese

☐ 11 French

☐ 15 Haitian Creole

☐ 16 Hmong

☐ 17 Japanese

☐ 18 Korean

☐ 19 Vietnamese

☐ 99 Other– *Specify*

Z. Paper Versus Web

Why did you choose to complete the paper survey rather than complete the survey on the Web?

MARK ONE OR MORE BOXES

☐₁ Did not have access to a computer

☐₂ Computers were in use by others at the times I wanted to do the survey

☐₃ Started the survey but experienced technical problems such as:

   ☐₃ₐ Screen frozen

   ☐₃ᵦ Took too long to load the first page

   ☐₃c Took too long to load subsequent pages

☐₄ Tried to log into Web address, but an **error message** appeared…

   ☐₄ₐ "Invalid password"

   ☐₄ᵦ "This page has expired"

   ☐₄c "This website is busy, please try again later"

☐₅ Computer screen too small to read questions, such as required too much scrolling—up or down, side to side

☐₆ Unable to read the questions on the screen because of the color scheme on the computer

☐₇ Chose to complete the paper survey because it was readily available

What kind of help could we have given you to make it easier to complete this survey on the web?

End

Thank you very much for participating in FACES!