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MSHS Program Director Survey

Spring 2017

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| Paperwork Reduction Act Statement: This 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 0970-0493 which expires 07/31/2018. The time required to complete this collection of information is estimated to average 40 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: Abt Associates Inc. 55 Wheeler Street, Cambridge MA 02138 Attention: Linda Caswell. |

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 program available while completing this part, such as center and staff rosters, enrollment history from past three years, and community assessments.

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 circle or 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 either you or your program 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 program 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. 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:

Westat

c/o Therese Koraganie

1600 Research Blvd.

RB 3103

Rockville, MD 20850



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1. BACKGROUND AND EXPERIENCE

**First, we would like to ask you, the MSHS program 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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

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

|  |  |
| --- | --- |
| * My family is/were migrant and seasonal farmworkers
* You are/were a migrant or seasonal farmworker
* Teacher
* Assistant Teacher
* Assistant Center Director
* Assistant Program Director
* Center Director
* Area Coordinator
* Regional Director
* Program Director
* Educational Specialist
* Education Manager
* Component Coordinator
* Outreach staff/recruiter
 | * Kitchen staff
* Custodial staff
* Bus Driver
* Bus Monitor
* Transportation Supervisor
* Family Service Worker
* Counselor/ Mental Health Profession
* Social Worker
* Health Care Worker
* Community Organizer
* Secretary
* Financial Officer
* Information Technology Director
* Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* None of the above
 |

1. What is the highest grade or year of school that you completed?
	* No school 🡪 GO TO QUESTION 9
	* Preschool 🡪 GO TO QUESTION 9
	* Kindergarten 🡪 GO TO QUESTION 9
	* 1st grade 🡪 GO TO QUESTION 9
	* 2nd grade 🡪 GO TO QUESTION 9
	* 3rd grade 🡪 GO TO QUESTION 9
	* 4th grade 🡪 GO TO QUESTION 9
	* 5th grade 🡪 GO TO QUESTION 9
	* 6th grade 🡪 GO TO QUESTION 9
	* 7th grade 🡪 GO TO QUESTION 9
	* 8th grade 🡪 GO TO QUESTION 9
	* 9th grade 🡪 GO TO QUESTION 9
	* 10th grade 🡪 GO TO QUESTION 9
	* 11th grade 🡪 GO TO QUESTION 9
	* 12th grade without a diploma 🡪 GO TO QUESTION 9
	* High school diploma/equivalent 🡪 GO TO QUESTION 9
	* Vocational/technical program after high school without a diploma 🡪 GO TO QUESTION 9
	* Vocational/technical diploma after high school 🡪 GO TO QUESTION 9
	* Some college without a degree 🡪 GO TO QUESTION 7
	* Associate’s degree 🡪 GO TO QUESTION 6
	* Bachelor’s degree 🡪 GO TO QUESTION 6
	* Some graduate or professional school without a degree 🡪 GO TO QUESTION 6
	* Master’s degree (MA, MS) 🡪 GO TO QUESTION 6
	* Doctoral degree (Ph.D., Ed.D.) 🡪 GO TO QUESTION 6
	* Professional degree after Bachelor’s degree (Medicine/MD, Dentistry/DDS, Law/JD/LLB) 🡪 GO TO QUESTION 6
	* Don’t Know/Refused 🡪 GO TO QUESTION 9
2. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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
4. 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 |
| 1. A Child Development Associate (CDA) credential
 | 🞏 | 🞏 | 🞏 |
| 1. Another certification in early childhood development (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |
| 1. A license or certificate in social work or nursing
 | 🞏 | 🞏 | 🞏 |
| 1. Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |

1. What is your sex? Check one only.
	* + Male
		+ Female
		+ Other
2. In what year were you born?

1 9 \_\_\_ \_\_\_

1. 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 12
		IF YOU DID NOT SELECT “HISPANIC OR LATINO” 🡪 GO TO QUESTION 13**
2. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Please indicate how well you understand, speak, read, and write in the following languages. Please also indicate how you acquired that language.

|  |  |  |
| --- | --- | --- |
|  | *How well do you \_\_\_\_\_\_\_\_\_\_ the language?* | *Did you speak this language at home with your family when you were a child?* |
| **Understand** | **Speak** | **Read** | **Write** |
| English | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Spanish | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Haitian Creole | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Mixtec | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Kanjobal | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Zapotec | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |
| Other Specify: \_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Not at all🞏 Not well🞏 Well🞏 Very Well | 🞏 Yes 🞏 No |

1. TRAINING AND SUPPORT

**Next, we have some questions about the training and support that is provided to staff in your program.**

1. Which of the following activities does your MSHS training and technical assistance (T/TA) funding directly support? Check all that apply*.*
	* + Attendance at regional, state, or national early childhood conferences
		+ Paid preparation, planning time for teachers/assistant teachers
		+ Mentoring or coaching for teachers
		+ Workshops and trainings sponsored by your program
		+ Support or funding to attend workshops/trainings provided by other organizations
		+ Teacher visits to other early childhood classrooms or centers
		+ A community of learners, also called a professional learning community, facilitated by an expert
		+ Tuition assistance for teachers for CDA, college, or university courses
		+ Onsite CDA, A.A., or B.A. courses for teachers
		+ Incentives such as gift cards for teachers to participate in training and technical assistance (T/TA) activities
		+ New staff
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How often have you or other staff in your program used resources provided by the following organizations? Check one per row.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often |
| 1. The National Center on Head Start Program Management and Fiscal Operations
 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. National Center on Early Childhood Development, Teaching, and Learning
 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. National Center on Health and Wellness
 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. National Center on Quality Assurance
 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. The National Center on Parent, Family, and Community Engagement
 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Region XII Training and Technical Assistance & Collaboration Center
 | 🞏 | 🞏 | 🞏 | 🞏 |

1. To what extent do the following things make it harder for you to do your job well? Check one for each row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Great deal harder | Somewhat harder | Not at all harder |
| 1. Time constraints (not enough hours in a day)
 | 🞏 | 🞏 | 🞏 |
| 1. Too many conflicting demands
 | 🞏 | 🞏 | 🞏 |
| 1. Too many reviews a year
 | 🞏 | 🞏 | 🞏 |
| 1. Not a high enough salary for the job demands
 | 🞏 | 🞏 | 🞏 |
| 1. Not enough support staff
 | 🞏 | 🞏 | 🞏 |
| 1. Not enough training and technical assistance resources for professional development
 | 🞏 | 🞏 | 🞏 |
| 1. Not enough support and communication from the funding agency
 | 🞏 | 🞏 | 🞏 |
| 1. Not enough funds for supplies and activities
 | 🞏 | 🞏 | 🞏 |
| 1. Limited communication across systems
 | 🞏 | 🞏 | 🞏 |
| 1. Serving families that speak different languages
 | 🞏 | 🞏 | 🞏 |
| 1. Serving families that are culturally diverse
 | 🞏 | 🞏 | 🞏 |
| 1. Serving families that are low-income
 | 🞏 | 🞏 | 🞏 |
| 1. Staff turnover
 | 🞏 | 🞏 | 🞏 |
| 1. Limited availability of/or access to parents
 | 🞏 | 🞏 | 🞏 |
| 1. Not enough qualified teaching staff
 | 🞏 | 🞏 | 🞏 |
| 1. Anything else? (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 | 🞏 |

1. PROGRAM ENROLLMENT

**The questions in this section ask about the children in your program.**

1. How many children are currently enrolled? How many have enrolled since the season began? How many funded slots are there? Please count only ACF-funded MSHS slots that you directly oversee.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Currently enrolled** | **Have enrolled since season began****(Cumulative Enrollment)** | **Funded Slots** |
| Infants (birth to 11 months) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Toddlers (12-35 months) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Preschoolers (36+ months) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

urrently Ece Sur programn Beganlanguage parately a bus?{{{{\_\_\_\_\_)th K teacher

1. How do you predict and plan for how many families/children will be seeking enrollment in your program and/or across your centers? Check all that apply.
	* + Communication with families in the area
		+ Communication with families out of the area
		+ Communication with farmers/growers
		+ Communication with other MSHS programs
		+ Communication across your MSHS centers
		+ Communication with community programs in the area
		+ Communication with community programs out of the area
		+ Communication with Migrant Education
		+ Prior experience from previous seasons of operation
		+ Community assessment
		+ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. To what degree are you able to communicate and coordinate with other MSHS programs to anticipate how many children (from each age group) are likely to enroll? Check all that apply.
	* + Always
		+ Often
		+ Occasionally
		+ Rarely
		+ Never

1. STAFFING

**Here we ask you some questions about the staff that work in your program.**

1. What percentage of your teaching staff did your program have to replace this year because the teachers did not return after last year/season? Check one only.
	* + 0-10%
		+ 11-20%
		+ 21-30%
		+ 31-40%
		+ 41-50%
		+ 51-60%
		+ 61-70%
		+ 71-80%
		+ 81-90%
		+ 91-100%
2. What are you doing or trying to do to reduce teacher turnover? Check all that apply.
	* + Increasing teacher salaries and benefits
		+ Hiring or recruiting more assistants or aides
		+ Providing more or better training or education
		+ Providing more opportunities for career advancement
		+ Subsidies
		+ Providing better fringe benefits (e.g. tuition, health coverage)
		+ Giving teachers more say in choice of curriculum and planning of activities
		+ Providing teachers with better physical facilities (e.g., furniture, classroom or lounge areas)
		+ Decreasing the number of child slots in order to have more fiscal resources to provide teachers with higher salaries and/or benefits
		+ Extending how long centers are in operation during the year.
		+ Increase positive relationships at the centers
		+ Other (Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. USE OF DATA AND INFORMATION
2. Which of the following data and information are stored electronically, and can be linked electronically to individual-level child assessment information? Check all that apply.
	* + Child/family demographics
		+ Vision, hearing, developmental, social, emotional, and/or behavioral screenings
		+ Child enrollment and attendance data
		+ School readiness goals
		+ Family needs
		+ Service referrals for families
		+ Services received by families
		+ Parent/family attendance data
		+ Parent/family goals
		+ CLASS results or other quality measures
		+ Staff/teacher performance evaluations
		+ Personnel records
		+ None of the above
		+ Other (specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. PROGRAM MANAGEMENT, COMMUNICATION, PARTNERSHIPS AND EXPANSION

**The next set of questions asks about how you manage your program, how you communicate and coordinate with other programs and partner with other agencies, and how your program may be changing in size.**

1. 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 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 |
| 1. Establishing and maintaining partnerships with other organizations in the community
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Completing the program self-assessment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Working on human resources issues (including staffing and hiring)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Ensuring compliance with federal standards for Head Start programs
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Ensuring compliance with state or other standards for early childhood programs
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Designing the training and technical assistance plan for this program
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Supervising center directors and other staff
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Evaluating center directors and other staff
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Providing educational leadership/establishing the curriculum
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Reviewing child assessment results
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Data-driven decision making and/or evaluation
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Strategic planning
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Promoting parent and family engagement
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Fiscal management
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Addressing facilities, equipment, and transportation issues
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Monitoring children’s progress toward school readiness goals
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Working directly with families or addressing family/child issues.
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Does your program receive any funds from the following sources other than ACF MSHS funding? Check one per row.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees , late pick up/late payment fees
 | 🞏 | 🞏 |
| 1. Tuitions paid by state government programs (vouchers/certificates, state contracts, transportation, state Pre-K funds, child care subsidies, grants from state agencies)
 | 🞏 | 🞏 |
| 1. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)
 | 🞏 | 🞏 |
| 1. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations)
 | 🞏 | 🞏 |
| 1. Revenues from fund raising activities, cash contributions, gifts, bequests, special events
 | 🞏 | 🞏 |
| 1. Regional Head Start or Early Head Start
 | 🞏 | 🞏 |
| 1. Consulting Fees
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |

1. In the past three years, have you encountered challenging problems in any of the following areas? Check all that apply.
	* + Recruiting enough infants and toddlers to fill slots
		+ Recruiting enough preschoolers to fill slots
		+ Recruiting enough qualified infant and toddler teachers
		+ Recruiting enough qualified preschool teachers
		+ Recruiting enough other qualified program staff
		+ Recruiting enough qualified bus drivers
		+ Training teachers or staff
		+ Finding or constructing additional space/facilities
		+ Maintaining the appropriate number of centers
		+ Managing the number of parents/families
		+ Managing the number of staff
		+ Staff turnover
		+ Transportation (e.g., buses)
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Compared to three years ago, does this MSHS program now serve a greater number of children, fewer children, or about the same number of children? Check one only.
	* + A greater number of children
		+ Fewer children
		+ About the same number of children
3. Compared to three years ago, does this MSHS program now serve a greater number of migrant/seasonal children, fewer migrant/seasonal children, or about the same number of migrant/seasonal children? Check one only for each row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | A greater number of children | Fewer Children | About the same number of children |
| 1. Migrant children
 | 🞏 | 🞏 | 🞏 |
| 1. Seasonal children
 | 🞏 | 🞏 | 🞏 |

1. Compared to three years ago, how many centers, classrooms, and child slots did your program open/add or reduce/close for reasons other than the beginning or end of the season (e.g., due to changes in funding levels, migrancy patterns, weather-related impacts on crops)?

Please only consider ACF-funded MSHS centers or classrooms – not those funded by other sources. Please write in the number of centers, classrooms, and slots on the lines provided below.
	1. New centers opened? \_\_\_\_\_\_ ACF-funded MSHS centers
	2. Centers closed? \_\_\_\_\_\_ ACF-funded MSHS centers
	3. New classrooms added? \_\_\_\_\_\_ ACF-funded MSHS classrooms
	4. Classrooms closed? \_\_\_\_\_\_ ACF-funded MSHS classrooms
	5. New child slots added? \_\_\_\_\_\_ ACF-funded MSHS slots
	6. Child slots reduced? \_\_\_\_\_\_ ACF-funded MSHS slots
2. Why did your program change in these ways over the past three years? Check all that apply.
	* + Change in migrancy patterns
		+ Change in MSHS eligibility definition in the Head Start Performance Standards
		+ More families applying now
		+ Fewer families applying now
		+ Longer waiting list now
		+ Shorter waiting list now
		+ Increased funding now
		+ Decreased funding now
		+ Increased operational cost now
		+ Decreased operational cost now
		+ More availability of other local child care options (e.g., pre-k, other Head Start centers) now
		+ Less availability of other local child care options (e.g., pre-k, other Head Start centers) now
		+ More physical space now
		+ Less physical space now
		+ More qualified staff now
		+ Fewer qualified staff now
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. To what degree have the following affected program operations in the past year? Check one per row.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Positively** | **Somewhat Positively** | **Not at all** | **Somewhat Negatively** | **Very Negatively** |
| 1. Climate change
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Shifts in migration patterns
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Availability of work for families in local farms
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Changes in number of migrant versus seasonal families
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Immigration and deportation concerns among families
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Interest in MSHS among families
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. How have the families in your program changed as a result of the recent broadening of the federal eligibility requirement for MSHS (for example, inclusion of families beyond those involved in the production and harvesting of tree and field crops, such as livestock, poultry, fishery, etc.)?
	* + We are now serving a wider variety of agricultural workers.
		+ In the coming year, we plan to serve a wider variety of agricultural workers.
		+ Within 2-5 years, we plan to serve a wider variety of agricultural workers.
		+ We plan to continue serving the same type of agricultural workers as in the past.
2. To what degree are you concerned about the following? Check one per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A great deal** | **Somewhat** | **Not at all** |
| **Concerns about Centers and Programs**  |  |  |  |
| 1. The age and condition of physical structure of your centers (including playgrounds)
 | 🞏 | 🞏 | 🞏 |
| 1. The age and condition of classroom furniture
 | 🞏 | 🞏 | 🞏 |
| 1. The amount, age and condition of classroom materials (books, toys)
 | 🞏 | 🞏 | 🞏 |
| 1. Insufficient indoor space
 | 🞏 | 🞏 | 🞏 |
| 1. Insufficient outdoor space
 | 🞏 | 🞏 | 🞏 |
| 1. The age and condition of the bus fleet
 | 🞏 | 🞏 | 🞏 |
| 1. Number of available buses to pick up children
 | 🞏 | 🞏 | 🞏 |
| **Concerns about MSHS Children** |  |  |  |
| 1. English language development
 | 🞏 | 🞏 | 🞏 |
| 1. Home language development
 | 🞏 | 🞏 | 🞏 |
| 1. School readiness
 | 🞏 | 🞏 | 🞏 |
| 1. Physical health
 | 🞏 | 🞏 | 🞏 |
| 1. Behavioral health
 | 🞏 | 🞏 | 🞏 |
| 1. Dental
 | 🞏 | 🞏 | 🞏 |
| 1. Safety
 | 🞏 | 🞏 | 🞏 |
| 1. Other concern (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |
| 1. Other concern (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |
| **Concerns about MSHS Parents** |  |  |  |
| 1. English language skills
 | 🞏 | 🞏 | 🞏 |
| 1. Home language skills
 | 🞏 | 🞏 | 🞏 |
| 1. Literacy skills
 | 🞏 | 🞏 | 🞏 |
| 1. Physical health
 | 🞏 | 🞏 | 🞏 |
| 1. Behavioral/Mental health
 | 🞏 | 🞏 | 🞏 |
| 1. Dental
 | 🞏 | 🞏 | 🞏 |
| 1. Safety
 | 🞏 | 🞏 | 🞏 |
| 1. Other concern (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |
| 1. Other concern (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | 🞏 | 🞏 | 🞏 |

1. INSTRUCTIONAL AND ASSESSMENT PRACTICES
2. Please select ALL the curricula your MSHS program uses. Check ALL that apply for each age group.

|  |  |  |
| --- | --- | --- |
|  | **Infants & Toddlers** | **Preschoolers** |
| 1. Active Learning
 | 🞏 | 🞏 |
| 1. Bank Street
 | 🞏 | 🞏 |
| 1. Beautiful Beginnings
 | 🞏 | 🞏 |
| 1. Building Blocks
 | 🞏 | 🞏 |
| 1. Creating Child Centered Classrooms – Step By Step
 | 🞏 | 🞏 |
| 1. Creative Curriculum
 | 🞏 | 🞏 |
| 1. Curiosity Corner-John Hopkins
 | 🞏 | 🞏 |
| 1. Emotional Beginnings
 | 🞏 | 🞏 |
| 1. Games to Play with Babies/Toddlers
 | 🞏 | 🞏 |
| 1. High/Scope
 | 🞏 | 🞏 |
| 1. High Reach
 | 🞏 | 🞏 |
| 1. Learning Activities for Infants
 | 🞏 | 🞏 |
| 1. Let’s Begin with the Letter People
 | 🞏 | 🞏 |
| 1. Montessori
 | 🞏 | 🞏 |
| 1. MSHS PATHS (Promoting Alternative Thinking Strategies)
 | 🞏 | 🞏 |
| 1. Ones and Twos
 | 🞏 | 🞏 |
| 1. Opening the World of Learning (OWL)
 | 🞏 | 🞏 |
| 1. Partners as Primary Caregivers
 | 🞏 | 🞏 |
| 1. Partners for a Healthy Baby
 | 🞏 | 🞏 |
| 1. Partners in Learning
 | 🞏 | 🞏 |
| 1. Playtime Learning Games for Young Children
 | 🞏 | 🞏 |
| 1. Resources for Infant Educators
 | 🞏 | 🞏 |
| 1. Scholastic Curriculum
 | 🞏 | 🞏 |
| 1. Talking to Your Baby
 | 🞏 | 🞏 |
| 1. The Anti-Bias Curriculum
 | 🞏 | 🞏 |
| 1. Locally Designed Curriculum (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |

1. What is the MAIN curriculum that your MSHS program uses with each age group? Check only one per column.

|  |  |  |
| --- | --- | --- |
|  | **Infants & Toddlers** | **Preschoolers** |
| 1. Bank Street
 | 🞏 | 🞏 |
| 1. Beautiful Beginnings
 | 🞏 | 🞏 |
| 1. Building Blocks
 | 🞏 | 🞏 |
| 1. Creating Child Centered Classrooms – Step By Step
 | 🞏 | 🞏 |
| 1. Creative Curriculum
 | 🞏 | 🞏 |
| 1. Curiosity Corner-John Hopkins
 | 🞏 | 🞏 |
| 1. Emotional Beginnings
 | 🞏 | 🞏 |
| 1. Games to Play with Babies/Toddlers
 | 🞏 | 🞏 |
| 1. High/Scope
 | 🞏 | 🞏 |
| 1. High Reach
 | 🞏 | 🞏 |
| 1. Learning Activities for Infants
 | 🞏 | 🞏 |
| 1. Let’s Begin with the Letter People
 | 🞏 | 🞏 |
| 1. Montessori
 | 🞏 | 🞏 |
| 1. MSHS PATHS (Promoting Alternative Thinking Strategies)
 | 🞏 | 🞏 |
| 1. Ones and Twos
 | 🞏 | 🞏 |
| 1. Partners as Primary Caregivers
 | 🞏 | 🞏 |
| 1. Partners in Learning
 | 🞏 | 🞏 |
| 1. Playtime Learning Games for Young Children
 | 🞏 | 🞏 |
| 1. Resources for Infant Educators
 | 🞏 | 🞏 |
| 1. Scholastic Curriculum
 | 🞏 | 🞏 |
| 1. Talking to Your Baby
 | 🞏 | 🞏 |
| 1. The Anti-Bias Curriculum
 | 🞏 | 🞏 |
| 1. Locally Designed Curriculum (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |

1. What are the strengths and weaknesses of the main curriculum used for infants and toddlers? Check one per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strength | Weakness | Neither Strength nor Weakness |
| 1. Guidance on how to plan lessons/units
 | 🞏 | 🞏 | 🞏 |
| 1. Learning materials, resources, ad/or examples of activities
 | 🞏 | 🞏 | 🞏 |
| 1. Adaptability for the length of the MSHS season
 | 🞏 | 🞏 | 🞏 |
| 1. Addresses multiple domains of learning (cognitive, socio-emotional, physical, etc.)
 | 🞏 | 🞏 | 🞏 |
| 1. Alignment with Head Start Early Learning Outcomes Framework
 | 🞏 | 🞏 | 🞏 |
| 1. Room for teacher creativity
 | 🞏 | 🞏 | 🞏 |
| 1. Cultural sensitivity to MSHS families
 | 🞏 | 🞏 | 🞏 |
| 1. Availability in the home languages of the families in my program
 | 🞏 | 🞏 | 🞏 |
| 1. Guidance for supporting language development of dual language learners
 | 🞏 | 🞏 | 🞏 |
| 1. Developmental appropriateness
 | 🞏 | 🞏 | 🞏 |
| 1. Child-directed or has child-initiated activities
 | 🞏 | 🞏 | 🞏 |
| 1. Guidance on individualizing instruction
 | 🞏 | 🞏 | 🞏 |

1. What are the strengths and weaknesses of the main curriculum used for preschoolers? Check one per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Strength | Weakness | Neither Strength nor Weakness |
| 1. Guidance on how to plan lessons/units
 | 🞏 | 🞏 | 🞏 |
| 1. Learning materials, resources, ad/or examples of activities
 | 🞏 | 🞏 | 🞏 |
| 1. Adaptability for the length of the MSHS season
 | 🞏 | 🞏 | 🞏 |
| 1. Addresses multiple domains of learning (cognitive, socio-emotional, physical, etc.)
 | 🞏 | 🞏 | 🞏 |
| 1. Addresses early literacy and/or numeracy
 | 🞏 | 🞏 | 🞏 |
| 1. Alignment with Head Start Early Learning Outcomes Framework
 | 🞏 | 🞏 | 🞏 |
| 1. Room for teacher creativity
 | 🞏 | 🞏 | 🞏 |
| 1. Cultural sensitivity to MSHS families
 | 🞏 | 🞏 | 🞏 |
| 1. Availability in the home languages of the families in my program
 | 🞏 | 🞏 | 🞏 |
| 1. Guidance for supporting language development of dual language learners
 | 🞏 | 🞏 | 🞏 |
| 1. Developmental appropriateness
 | 🞏 | 🞏 | 🞏 |
| 1. Child-directed or child-initiated activities
 | 🞏 | 🞏 | 🞏 |
| 1. Guidance on individualizing instruction
 | 🞏 | 🞏 | 🞏 |

1. What methods does your program use to assess children? Check all that apply.
	* + Observations or work sampling
		+ Parent report
		+ One-on-one assessments
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How are the language skills of Dual Language Learners assessed? Check all that apply.
	* + English language assessment (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
		+ Home language assessment (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
		+ Language assessments are administered across the two languages (for example, children can respond in English or in their home language).
		(Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
3. Which child assessments does your program use with most or all of the children? Check ALL that apply for each age group.

|  |  |  |
| --- | --- | --- |
|  | **Infants & Toddlers** | **Preschoolers** |
| 1. Ages and Stages Questionnaires (including ASQ: Socioemotional)
 | 🞏 | 🞏 |
| 1. Assessment, Evaluation, and Programming System (AEPS)
 | 🞏 | 🞏 |
| 1. Battelle Developmental Inventory-Screening Test
 | 🞏 | 🞏 |
| 1. Brigance Early Childhood Screens
 | 🞏 | 🞏 |
| 1. Denver Developmental Screening
 | 🞏 | 🞏 |
| 1. Desired Results Developmental Profile (DRDP)
 | 🞏 | 🞏 |
| 1. Developmental Assessment of Young Children (DAYC)
 | 🞏 | 🞏 |
| 1. DIAL-4 (Developmental Indicators for the Assessment of Learning)
 | 🞏 | 🞏 |
| 1. Early Screening Profiles (ESP)
 | 🞏 | 🞏 |
| 1. Galileo
 | 🞏 | 🞏 |
| 1. Early Screening Inventory
 | 🞏 | 🞏 |
| 1. FirstSTEP
 | 🞏 | 🞏 |
| 1. Hawaii Early Learning Profile (HELP)
 | 🞏 | 🞏 |
| 1. High/Scope Child Observation Record (COR) or COR Advantage
 | 🞏 | 🞏 |
| 1. Learning Accomplishment Profile (LAP Including E-LAP, LAP-R, LAP-D)
 | 🞏 | 🞏 |
| 1. Ounce Scale
 | 🞏 | 🞏 |
| 1. Parents’ Evaluation of Developmental Status (including PEDS, PEDS-DM)
 | 🞏 | 🞏 |
| 1. Teaching Strategies GOLD (previous version known as the Creative Curriculum Development Continuum Assessment Toolkit for Ages 3-5)
 | 🞏 | 🞏 |
| 1. Work Sampling System for Head Start
 | 🞏 | 🞏 |
| 1. Assessment designed for this program (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Another state developed assessment (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |
| 1. Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | 🞏 | 🞏 |

1. LANGUAGE OF INSTRUCTION AND LANGUAGE POLICIES
2. What language(s) are typically used by teachers/assistant teachers for instructional activities in your program? Check one or more.
	* + English
		+ Spanish
		+ Haitian Creole
		+ Mixtec
		+ Kanjobal
		+ Zapotec
		+ Other language (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What languages are used for printed materials in your program (e.g., letters to parents)? Check one or more.
	* + English
		+ Spanish
		+ Haitian Creole
		+ Mixtec
		+ Kanjobal
		+ Zapotec
		+ Other language (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Does your MSHS program offer or make available any of the following services for parents and/or families of children who are dual language learners (DLLs)? Check one or more.
	* + Assessment of English language skills for family members
		+ Assessment of basic reading and writing skills for families of DLL children
		+ Activities and workshops for parents of DLLs about dual language development
		+ Information about adult English as a Second Language or education and community resources
		+ Adult English as a Second Language classes at centers
		+ Translators
5. What is the instructional language approach of your MSHS program 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).

|  |  |  |
| --- | --- | --- |
|  | *What is the instructional language approach of your MSHS program?* | *Is there a formal (written) language policy for this age group?* |
|  | **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) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Toddlers (12-35 months) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| Preschoolers (36+ months) | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. Has your program used ACF’s Dual Language Learner Toolkit?
* No, not yet
* Yes, we have used it
1. TRANSITIONS
2. In what ways does your program facilitate MSHS families’ transitions out of the area 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
		+ MOUs (memorandums of understanding) with other grantees
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ None of the above
3. To what degree do you communicate with other grantee agencies to discuss the following issues? Check one per row.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A great deal**  | **Somewhat**  | **Not at all** |
| * + 1. The migration of specific families
 |  |  |  |
| * + 1. Changes in the weather, crops or migration patterns that might affect this year’s operational schedules
 |  |  |  |
| * + 1. Overall changes in the migration patterns across multiple years.
 |  |  |  |
| * + 1. The specific needs of children and/or families
 |  |  |  |

1. Do you experience any of these barriers to communicating with other grantees/delegates? Check all that apply.
	* + Time
		+ Personnel
		+ Limited relationship with other MSHS grantees/delegates
		+ Operational schedules that do not overlap
		+ Parental choice
		+ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
		+ None of the above
2. GRANTEE SUPERVISION OF DELEGATES
3. To what degree do you as a grantee provide policies, resources, supports and/or oversight to your delegate(s) in the following areas?

|  | Grantee provides no support/ oversight and the delegate has full autonomy | Grantee provides little support/ oversight and the delegate has primary responsibility | The oversight responsibilities are equally shared between the delegate and grantee | Grantee provides primary support/ oversight and the delegate has some responsibility | Grantee provides complete support/ oversight and the delegate has minimal responsibility |
| --- | --- | --- | --- | --- | --- |
| 1. Curriculum
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Child assessment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Family outreach and recruitment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Parent/Family engagement
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Referral and services for children and families experiencing difficulties
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Community needs assessment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Development and maintenance of community partnerships
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Implementation of Head Start Performance Standards
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Identification and implementation of state and federal regulations
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Professional development of staff (Training and Technical Assistance)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Hiring
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Determining staff salary structure
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Fiscal management and reporting
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Creation and enforcement of policies
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Record keeping and management information system management
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Physical structure, development and maintenance of centers (& other resources such as busses, etc.)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Materials and other resources (e.g., classroom materials, other supplies or resources)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Other
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |

1. DELEGATE SUPPORT FROM GRANTEES
2. To what degree does your grantee provide policies, resources, supports and/or oversight to you as a delegate the following areas?

|  | Grantee provides no support/ oversight and the delegate has full autonomy | Grantee provides little support/ oversight and the delegate has primary responsibility | The oversight responsibilities are equally shared between the delegate and grantee | Grantee provides primary support/ oversight and the delegate has some responsibility | Grantee provides complete support/ oversight and the delegate has minimal responsibility |
| --- | --- | --- | --- | --- | --- |
| 1. Curriculum
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Child assessment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Family outreach and recruitment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Parent/Family engagement
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Referral and services for children and families experiencing difficulties
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Community needs assessment
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Development and maintenance of community partnerships
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Implementation of Head Start Performance Standards
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Identification and implementation of state and federal regulations
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Professional development of staff (Training and Technical Assistance)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Hiring
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Determining staff salary structure
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Fiscal management and reporting
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Creation and enforcement of policies
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Record keeping and management information system management
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Physical structure, development and maintenance of centers (& other resources such as busses, etc.)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Materials and other resources (e.g., classroom materials, other supplies or resources)
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |
| 1. Other
 | 🞏 | 🞏 | 🞏 | 🞏 | 🞏 |