



**Program Director Survey**  
***OMB Draft***

*May 15, 2017*

This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. Your participation in the study is voluntary. Please be assured that all information you provide will be kept private to the extent permitted by law. The survey will take about 30 minutes to complete.

## SECTION A: PROGRAM CHARACTERISTICS/INPUTS

To begin, we would like to ask some questions about the characteristics of your program. Throughout this survey, we want you to focus only on Early Head Start and the staff working with pregnant women or with infants and toddlers and their families. This includes both teachers working in classrooms in program centers and home visitors providing services to pregnant women and families.

Source: Adapted from Baby FACES 2009

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.

- A1. Does your Early Head Start program offer the center-based program option?**
- Yes..... 1
  - No..... 0 GO TO A2
  - NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

- A1a. How many Early Head Start home visits do you provide per year for families in the center-based option? We understand that this may vary by family needs, but please provide a typical amount.**
- None..... 1
  - Once per year..... 2
  - Twice per year..... 3
  - Less than once a month..... 4
  - Monthly..... 5
  - Twice per month..... 6
  - Weekly..... 7
  - NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

- A2. Does your Early Head Start program offer the home-based program option?**
- Yes..... 1
  - No..... 0 GO TO A3
  - NO RESPONSE..... M

Source: New Item

**A2a. Which of the following does your program do to maintain continuity between home visitors and families?**

Select one per row

	Yes	No	Not Applicable – No pregnant women
a. Keep families with the same home visitor throughout their time enrolled in the home based option	1 <input type="radio"/>	0 <input type="radio"/>	
b. Keep families with the same home visitor for the duration of the program year	1 <input type="radio"/>	0 <input type="radio"/>	
c. Keep the same home visitor who worked with pregnant women together after the child is born	1 <input type="radio"/>	0 <input type="radio"/>	n <input type="radio"/>
d. Keep families with the same home visitors until the child reaches a certain age or milestone	1 <input type="radio"/>	0 <input type="radio"/>	

Source: Adapted from Baby FACES 2009

**A3. Does your Early Head Start program offer the family child care (FCC) program option?**

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

Source: New Item

**A4. How many families are enrolled in multiple program options?**

NUMBER OF FAMILIES

NO RESPONSE..... M

Source: New Item

**A4a. How many families receive both home-based and FCC services at least once a month?**

NUMBER OF FAMILIES

NO RESPONSE..... M

Source: New Item

**A5. Is your Early Head Start program also a Head Start grantee or an Early Head Start-Child Care Partnership (EHS-CCP) grantee?**

- Yes, Head Start grantee.....1 GO TO A6
- Yes, Early Head Start Child Care Partnership (EHS-CCP) grantee.....2
- Yes, both a Head Start and an EHS-CCP grantee.....3
- No.....0 GO TO A6
- NO RESPONSE.....M

Source: New Item

**A5a. Does your EHS-CCP grant fund ...**

- Partnership slots only?.....1
- EHS expansion slots only?.....2
- Both, partnership and expansion slots?.....3
- NO RESPONSE.....M

The next questions are about how you determine the services that families will receive.

Source: Adapted from Baby FACES 2009

**A6. What percentage of your families have an IFPA or FPA? This refers to Individual Family Partnership Agreements.**

PERCENT OF FAMILIES

NO RESPONSE.....M

Source: New item

**A7. Who establishes the IFPAs or FPAs with families? Please indicate who does this for your different service options.**

Select one or more in each column

	For center based families	For home based families	For FCC based families
a. Family Service Worker or Family Advocate	1 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
b. Home Visitor	2 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
c. Teacher	3 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
d. Other (Specify)	4 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>
<input type="text"/>			
e. Not applicable, don't have this type of service	n <input type="radio"/>	n <input type="radio"/>	n <input type="radio"/>

Source: Adapted from Baby FACES 2009

**A8. How many times a year, on average, does your program review IFPAs or FPAs? Please think about what you usually do, not what the minimum requirement may be.**

- Once a year..... 1
- Twice a year..... 2
- Three times a year..... 3
- More than three times a year..... 4
- Not applicable – no families have IFPA..... N
- NO RESPONSE..... M

Source: New item

**A9. Many programs have a specific curriculum that their home visitors use with families. Programs do, however, have the flexibility to make adaptations to the curriculum to meet the needs of their program. By adaptations, we mean significant, global changes that would be program wide, as opposed to accommodations made for individual families or situations.**

**Has your program made any adaptations to the curricula used by home visitors? If you don't have a specific curriculum for home visitors please indicate that as well.**

- Yes..... 1
- No..... 0 GO TO A10
- Not applicable – no curriculum for home visitors..... N
- NO RESPONSE..... M

**IF ANY ADAPTATION MADE ASK:**

Source: New item

**A9a. Please indicate for each of the following if this was a reason you adapted the curriculum, or not.**

*Select one per row*

	Yes	No
a. Accommodating cultural/language of your population	1 <input type="radio"/>	0 <input type="radio"/>
b. Accommodating developmental needs of your population	1 <input type="radio"/>	0 <input type="radio"/>
c. Better align with abilities or preferences of home visitors.	1 <input type="radio"/>	0 <input type="radio"/>
d. Logistical issues (to fit with program schedule, facilities, available materials, for example)	1 <input type="radio"/>	0 <input type="radio"/>

The next set of questions are about your program child care partnerships. These can be either through a CCP grant or your EHS grant. Please think about the child care centers, FCC providers, umbrella organizations or networks, or other entities with whom you have a formal contractual agreement to provide child care services to enrolled children that meet the Head Start program performance standards.

Source: Adapted from Baby FACES 2009

**A10. How many child care partners do you have?**

NUMBER OF CENTER PARTNERS  
 NO RESPONSE.....M

NUMBER OF FCC PARTNERS  
 NO RESPONSE.....M

**IF ANY PARTNERS ASK:**

Source: EHS-CCP Grantee and Delegate Director Survey

**A11. Now thinking about all of your child care partners, what process do you have in place to support their quality improvement?**

*Select all that apply*

- Observing teachers or family child care providers in the classroom or home to assess their practice..... 1
- Completing checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)..... 2
- Reviewing teachers or/family child care providers' teaching plans.....3
- Reviewing program data to see how the center or home is doing with respect to specific goals or objectives.....4
- Meeting with someone in an administrative role..... 5
- NO RESPONSE..... M

## SECTION B: PARENT INVOLVEMENT

Source: New item

**B1. Do parents in your program have the opportunity to serve in each of the following?**

*Select one per row*

	Yes	No	Not applicable- Don't have this committee
a. Health advisory committee	1 <input type="radio"/>	0 <input type="radio"/>	N <input type="radio"/>
b. Policy council committee	1 <input type="radio"/>	0 <input type="radio"/>	N <input type="radio"/>
c. Center advisory committee	1 <input type="radio"/>	0 <input type="radio"/>	N <input type="radio"/>
d. Partnership advisory committee	1 <input type="radio"/>	0 <input type="radio"/>	N <input type="radio"/>
e. Other advisory committee (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	N <input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/>			

The next questions are about how you determine the services that families receive.

Source: Adapted from Baby FACES 2009

**B2. Which of the following, if any, do you take into account when assigning home visitors?  
Which do you consider to be the most and second most important factors?**

	<i>Select one per row</i>		<i>Select one per column</i>	
	Yes	No	Most Important	2nd most important
a. Language or cultural background	1 <input type="radio"/>	0 <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
b. Family circumstances or specific needs	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
c. Parent choice or preference	1 <input type="radio"/>	0 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
d. Child age, health, or development	1 <input type="radio"/>	0 <input type="radio"/>	4 <input type="radio"/>	4 <input type="radio"/>
e. Results of screening or assessment	1 <input type="radio"/>	0 <input type="radio"/>	5 <input type="radio"/>	5 <input type="radio"/>
f. Family's existing relationship with home visitor	1 <input type="radio"/>	0 <input type="radio"/>	6 <input type="radio"/>	6 <input type="radio"/>
g. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	7 <input type="radio"/>	7 <input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/>				



## SECTION C. PROGRAM PROCESSES SUPPORTING RESPONSIVE RELATIONSHIPS

Source: Adapted from Baby FACES 2009

**C1. Does your program have a set of written goals and objectives?**

- Yes..... 1
- No..... 0 GO TO C10
- NO RESPONSE..... M

Source: New item

**C2. In which of the following areas do you have written goals or objectives?**

*Select all that apply*

- Infant and toddler learning, growth, or development..... 1
- Parent or family well-being..... 2
- Responsive relationships between parents and children..... 3
- Responsive relationships between teachers and children..... 4
- Strong relationships between staff and parents/families..... 5
- Other (Specify)..... 99

Specify

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**C3. Who is involved in developing these goals and objectives?**

*Select all that apply*

- Director..... 1
- Manager or Supervisors..... 2
- Front line staff..... 3
- Policy Council..... 4
- Board of Directors..... 5
- Parents..... 6
- Advisory Committees..... 7
- Community Partners..... 8
- Other (Specify)..... 99

Specify

NO RESPONSE..... M

**C4. How often are the goals and objectives updated?**

TIMES PER YEAR

- Less than once a year.....0
- NO RESPONSE.....M

**C5. How frequently do you usually share information about progress toward your programs' goals to each of the following groups?**

*Select one per row*

	Do not typically share with this group	Once a year	A few times a year	At least monthly
a. Teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Home visitors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Family partnership workers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Program managers (for example, education coordinators, family services coordinators etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Policy Council	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Governing body	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Other community stakeholders	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Now please focus on program goals related to responsive relationships between parents and children...

**C6. Does your program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between parents and children?**

- Yes, have a written plan.....1
- No, don't have a written plan.....0
- Not applicable, have no goals related to responsive relationships between parents and children.....N
- NO RESPONSE.....M

Source: New item

**C7. Which, if any, of the following measures do you use to evaluate progress toward supporting responsive relationships between parents and children?**

*Select all that apply*

- Observation tool assessing parent-child relationships.....1
  - Survey of parents assessing parent-child relationships.....2
  - Other (Specify)..... 99
- Specify
- No specific measure used to assess parent-child relationships.....3
  - Not applicable, have no goals in this area.....N
  - NO RESPONSE.....M

**Now please focus on program goals related to responsive relationships between teachers and children...**

Source: New item

**C8. Does your program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between teachers and children?**

- Yes, have a written plan.....1
- No, don't have a written plan.....0
- Not applicable, have no goals related to responsive relationships between teachers and children.....N
- NO RESPONSE.....M

Source: New item

**C9. Which, if any, of the following measures do you use to evaluate progress toward your goal to support responsive relationships between teachers and children?**

*Select all that apply*

- Observation tool assessing teacher-child relationships.....1
  - Survey of parents assessing teacher-child relationships.....2
  - Other (Specify)..... 99
- Specify
- No specific measure used to assess teacher-child relationships.....3
  - Not applicable, have no goals in this area.....N
  - NO RESPONSE.....M

Source: Baby FACES 2009

**C10. For what percentage of center based families do you have attendance concerns?**

PERCENT

Not applicable, (no center-based option)

Source: New item

**C11. For what percentage of home-based families do you have concerns related to participating in and showing up for weekly home visits?**

PERCENT

Not applicable, (no home-based option)

## SECTION D. STAFF DEVELOPMENT AND TRAINING

Source: Adapted from Baby FACES 2009

The next questions are about staff development and other kinds of training.

**ASK D1 AND D2 IF PROGRAM HAS HOME VISITORS:**

**D1. Does your program do any of the following in supervising home visitors?**

Do you....

*Select one per row*

	Yes	No
a. Provide training on reflective supervision to all supervisors?	1 <input type="radio"/>	0 <input type="radio"/>
b. Require supervisors to conduct regular and ongoing individual and group supervision with performance feedback?	1 <input type="radio"/>	0 <input type="radio"/>
c. Require supervisors to observe staff on home visits regularly?	1 <input type="radio"/>	0 <input type="radio"/>

Source: Adapted from Baby FACES 2009

**D2. How many times a year are supervision meetings held with individual home visitors?**

TIMES PER YEAR

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**D3. Does your program develop a program-wide plan for staff training or professional development each year?**

Yes..... 1

No..... 0

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**D4. Does your program solicit information on staff development needs from supervisors, teachers, or home visitors to inform the training plan?**

Yes..... 1

No..... 0

NO RESPONSE..... M

Source: Baby FACES 2009

**D5. Do you offer trainings specifically for new staff members?**

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

Source: New item

**D6. Thinking only about your Early Head Start Training and Technical Assistance (T/TA) funding, which of the following activities does it directly support?**

*Select all that apply*

- Attendance at regional, state, or national early childhood conferences.....1
- Paid preparation or planning time.....2
- Mentoring or coaching.....3
- Workshops or trainings sponsored by the program.....4
- Support or funding to attend workshops or trainings provided by other organizations.....5
- Visits to other child care classrooms or centers.....6
- A community of learners, also called a professional learning community, facilitated by an expert.....7
- Tuition assistance.....8
- Onsite A.A. or B.A. courses.....9
- Incentives such as gift cards to participate in T/TA activities.....10
- Consult with experts about curriculum.....11
- Other (Specify).....99

Specify

NO RESPONSE..... M

**ASK D7-D10 IF PROGRAM HAS HOME VISITORS. IF NOT HOME VISITORS GO TO SECTION E**

**Now please think about coaching. Some people may think of this as mentoring. A coach is a person who has expertise in specific areas and who models practices, provides professional development, and works with staff to improve their performance.**

Source: Adapted from FACES 2014 Center Director SAQ

**D7. Is each home visitor who works directly with children and families formally assigned a coach?**

- Yes, all home visitors are assigned a coach.....1
- Some home visitors are assigned a coach (such as new home visitors or those who need extra help).....2
- No, we don't have coaches for our home visitors.....0 GO TO E1
- NO RESPONSE..... M

**IF COACHES ASK D8-10:**

Source: Adapted from FACES 2014 Center Director SAQ

**D8. Are the coaches working with home visitors...**

Select one per row

	Yes	No
a. More experienced home visitors in your program?	1 <input type="radio"/>	0 <input type="radio"/>
b. Education coordinators?	1 <input type="radio"/>	0 <input type="radio"/>
c. Consultants hired by your program?	1 <input type="radio"/>	0 <input type="radio"/>
d. Coaches on the program or center staff (not consultants)?	1 <input type="radio"/>	0 <input type="radio"/>
e. The center director or manager?	1 <input type="radio"/>	0 <input type="radio"/>
f. Other specialists on the program or center staff?	1 <input type="radio"/>	0 <input type="radio"/>
g. Someone else? (Specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

Source: Adapted from FACES 2014 Center Director SAQ

**D9. How many coaches are currently working with home visitors in your program?**

COACHES

NO RESPONSE.....M

Source: Adapted from FACES 2014 Director SAQ

**D10. Do coaches working with home visitors in your program use a specific model or approach?**

Select all that apply

- Practice-based coaching.....1
- Coaching tied to a specific curriculum (for example, Parents as Teachers).....2
- Relationship-based coaching.....3
- Other (Specify).....99

Specify

NO RESPONSE.....M

## SECTION E. DATA USE AND STAFFING

The next questions are about data and information that may be available to you.

Source: New item

- E1. Programs collect or have access to a number of different types of data that provide information on children’s progress, family needs and wellbeing, and the quality of services provided. *Child assessment and/or family needs assessment data* includes information gathered from direct one-on-one assessments, structured observations, or parent report measures.**

**Please indicate how useful each of the following types of data are to you or other managers for guiding program management or continuous program improvement. If you don’t use these data for this purpose please indicate that as well.**

*Select one per row*

TYPE OF DATA	Very useful	Useful	A little useful	Not useful	Don't use these data for program management or continuous improvement	Not applicable – no center or no home visitors
a. Child assessment data on early learning outcomes as outlined in the Head Start Early Learning Outcomes Framework	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
b. Family needs assessment data on parent-child relationships and family wellbeing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	
c. Classroom observation data on the relationship or quality of interactions between teachers and children (for example, from CLASS observations)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	n <input type="radio"/>
d. Home visitor observation data on the relationships or quality of interactions between home visitors and families	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	n <input type="radio"/>



Source: New item

**E2. Please indicate whether you feel each of the following are challenges to using child assessment data on early learning outcomes for program management or for continuous program improvement?**

Select one per row

	Yes, a challenge	No, not a challenge
a. Not having the technology we need to collect, manage, and work with data.	1 <input type="radio"/>	2 <input type="radio"/>
b. Not having enough time to collect the data or information we need.	1 <input type="radio"/>	2 <input type="radio"/>
c. Our staff not being knowledgeable about how to collect valid, reliable data.	1 <input type="radio"/>	2 <input type="radio"/>
d. Not knowing for what specific purposes the data can be used.	1 <input type="radio"/>	2 <input type="radio"/>
e. Not knowing how to analyze the data.	1 <input type="radio"/>	2 <input type="radio"/>
f. Not knowing how to use the data for program improvement	1 <input type="radio"/>	2 <input type="radio"/>
g. Difficulty finding a good tool or measure to collect the data	1 <input type="radio"/>	2 <input type="radio"/>

Source: New item

**E3. What about family needs assessment data? Are any of the following challenges to using family needs assessment on parent-child relationships for program management or for continuous program improvement?**

Select one per row

	Yes, a challenge	No, not a challenge
a. Not having the technology we need to collect, manage, and work with data.	1 <input type="radio"/>	2 <input type="radio"/>
b. Not having enough time to collect the data or information we need.	1 <input type="radio"/>	2 <input type="radio"/>
c. Our staff not being knowledgeable about how to collect valid, reliable data.	1 <input type="radio"/>	2 <input type="radio"/>
d. Not knowing for what specific purposes the data can be used.	1 <input type="radio"/>	2 <input type="radio"/>
e. Not knowing how to analyze the data.	1 <input type="radio"/>	2 <input type="radio"/>
f. Not knowing how to use the data for program improvement	1 <input type="radio"/>	2 <input type="radio"/>
g. Difficulty finding a good tool or measure to collect the data	1 <input type="radio"/>	2 <input type="radio"/>



**IF CENTER BASED, ASK E4**

Source: New item

**E4. And what about classroom observation data on teacher-child relationships? Which, if any, are challenges to using classroom observation data for program management or for continuous program improvement?**

Select one per row

	Yes, a challenge	No, not a challenge
a. Not having the technology we need to collect, manage, and work with data.	1 <input type="radio"/>	2 <input type="radio"/>
b. Not having enough time to collect the data or information we need.	1 <input type="radio"/>	2 <input type="radio"/>
c. Our staff not being knowledgeable about how to collect valid, reliable data.	1 <input type="radio"/>	2 <input type="radio"/>
d. Not knowing for what specific purposes the data can be used.	1 <input type="radio"/>	2 <input type="radio"/>
e. Not knowing how to analyze the data.	1 <input type="radio"/>	2 <input type="radio"/>
f. Not knowing how to use the data for program improvement	1 <input type="radio"/>	2 <input type="radio"/>
g. Difficulty finding a good tool or measure to collect the data	1 <input type="radio"/>	2 <input type="radio"/>

**IF HOME VISITORS, ASK E5**

Source: New item

**E5. What about home visitor observation data on home visitor and family relationships? Which, if any of the following are challenges to using home visitor observation data for program management or for continuous program improvement?**

Select one per row

	Yes, a challenge	No, not a challenge
a. Not having the technology we need to collect, manage, and work with data.	1 <input type="radio"/>	2 <input type="radio"/>
b. Not having enough time to collect the data or information we need.	1 <input type="radio"/>	2 <input type="radio"/>
c. Our staff not being knowledgeable about how to collect valid, reliable data.	1 <input type="radio"/>	2 <input type="radio"/>
d. Not knowing for what specific purposes the data can be used.	1 <input type="radio"/>	2 <input type="radio"/>
e. Not knowing how to analyze the data.	1 <input type="radio"/>	2 <input type="radio"/>
f. Not knowing how to use the data for program improvement	1 <input type="radio"/>	2 <input type="radio"/>
g. Difficulty finding a good tool or measure to collect the data	1 <input type="radio"/>	2 <input type="radio"/>

Now, please think about your staffing.

IF CENTER BASED ASK E6-10. HOME VISITING ONLY GO TO E11

Thinking first about your Early Head Start teachers...

Source: Adapted From Baby FACES 2009

**E6. How difficult is it for you to hire infant and toddler teachers whom you think of as highly qualified to work in your Early Head Start program?**

- Very difficult..... 1
- Somewhat difficult..... 2
- Not too difficult..... 3
- Not at all difficult..... 4
- Not applicable – not involved in hiring decisions..... n
- NO RESPONSE..... M

Source: Adapted From Baby FACES 2009

**E7. How difficult is it for you to retain infant and toddler teachers whom you think of as highly qualified to work in your Early Head Start program?**

- Very difficult..... 1
- Somewhat difficult..... 2
- Not too difficult..... 3
- Not at all difficult..... 4
- NO RESPONSE..... M

Source: Adapted From Baby FACES 2009

**E8. What is the average length of time a teacher stays at your Early Head Start program? Your best estimate is fine.**

NUMBER

- Days..... 1
- Months..... 2
- Years..... 3
- NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E9. How many teachers were new to your Early Head Start program as of September 2017? Please do not include floaters or rovers.**

NUMBER

- NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E10. How many teachers left your Early Head Start program since September 2017?  
Please do not include floaters or rovers.**

NUMBER

NO RESPONSE..... M

**IF HOME VISITING ASK E11-15. CENTER ONLY PROGRAMS GO TO E16**

**Focusing on home visitors...**

Source: Adapted from Baby FACES 2009

**E11. How difficult is it for you to hire home visitors whom you think of as highly qualified to work in your Early Head Start program?**

- Very difficult..... 1
- Somewhat difficult..... 2
- Not too difficult..... 3
- Not at all difficult..... 4
- Not applicable – not involved in hiring decisions..... n
- NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E12. How difficult is it for you to retain home visitors whom you think of as highly qualified to work in your Early Head Start program?**

- Very difficult..... 1
- Somewhat difficult..... 2
- Not too difficult..... 3
- Not at all difficult..... 4
- NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E13. What is the average length of time a home visitor stays at your Early Head Start program?  
Your best estimate is fine.**

NUMBER

- Days..... 1
- Months..... 2
- Years..... 3
- NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E14. How many home visitors were new to your Early Head Start program as of September 2017?**

**Please do not include other staff.**

NUMBER

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E15. How many home visitors have left your Early Head Start program since September 2017?**  
**Please do not include other staff.**

NUMBER

NO RESPONSE..... M

**ASK ALL:**

Source: Adapted from Baby FACES 2009

**E16. How many coordinators or managers were new to your Early Head Start program since September 2017?**

NUMBER

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**E17. How many coordinators or managers left your Early Head Start program since September 2017?**

NUMBER

NO RESPONSE..... M

Source: Baby FACES 2009

**E18. Are there currently any unfilled full-time staff positions?**

Yes..... 1

No..... 0

GO TO F1

NO RESPONSE..... M

**E18a. For each of the following types of staff, how many full time positions are unfilled?**

	Number of EHS staff
a. Director	<input type="text"/>
b. Manager or supervisor	<input type="text"/>
c. Teacher or caregiver	<input type="text"/>
d. Home visitor	<input type="text"/>
e. Other (Specify) <input type="text"/>	<input type="text"/>

## SECTION F. DEMOGRAPHICS

These last questions are about you.

Source: Adapted from Baby FACES 2009

**F1. Are you male or female?**

- Male..... 1
- Female..... 2
- Other..... 3
- NO RESPONSE..... M

Source: OMB Guidance

**F2. Are you of Hispanic, Latino/a, or Spanish origin? You may select one or more.**

- No, not of Hispanic, Latina/o, or Spanish origin..... 1
- Yes, Mexican, Mexican American, Chicano/a..... 2
- Yes, Puerto Rican..... 3
- Yes, Cuban..... 4
- Yes, Another Hispanic, Latino/a, or Spanish origin..... 5
- NO RESPONSE..... M

Source: OMB Guidance

**F3. What is your race? You may select one or more.**

- White..... 1
- Black or African American..... 2
- American Indian or Alaska Native..... 3
- Asian..... 4
- Native Hawaiian or Other Pacific Islander..... 5
- NO RESPONSE..... M



**F4. What is the highest level of school you have completed?**

**NOTE: If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**

- Less than a high school diploma..... 1
- High school diploma or equivalent..... 2
- Some vocational/technical school, but no diploma..... 3
- Vocational/technical diploma..... 4
- Some college courses, but no degree..... 5
- Associate's degree..... 6
- Bachelor's degree..... 7
- Graduate school or professional school, but no degree..... 8
- Master's degree (M.A., M.S.)..... 9
- Doctorate degree (Ph.D., Ed.D.)..... 10
- Professional degree after bachelor's degree (Medicine/MD; Dentistry/DDS; law/JD/LLB; etc.)..... 11
- NO RESPONSE..... M

**F5. Next is a list of credentials, certifications, or degrees that you may have. If you do not yet have it, but are currently working toward it, please indicate that. Do you have or are you currently working toward...**

Select one per row

	Yes, have it	No, I don't have it, but am working toward it	No, don't have it
a. An Infant/Toddler Child Development Associate (CDA) credential?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
b. A Pre-K CDA credential?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
c. Some other kind of CDA credential?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
d. A state-awarded certification or license that meets or exceeds CDA requirements, This could be a preschool, infant/toddler, family child care or home-based certification, or license?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
e. An Associate degree in Early Childhood Education or a related field?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
f. A Bachelor's degree in Early Childhood Education or a related field?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
g. A Graduate degree in Early Childhood Education or a related field?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
h. An Associate degree in Program Management or Administration?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
i. A Bachelor's degree in Program Management or Administration?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>
j. A Graduate degree in Program Management or Administration?	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>

**ASK ONLY FOR RESPONDENTS WHO REPORTED HAVING AN ASSOCIATE DEGREE OR HIGHER IN F4 AND DID NOT SAY YES TO HAVING AN ASSOCIATE DEGREE, BACHELOR'S DEGREE, OR GRADUATE DEGREE IN F5**

**F5a. Did your [AA, BA or graduate work] include the study of or a focus on infant/toddler development?**

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

Source: Adapted from Baby FACES 2009

**F6. In total, how many years have you been working in Early Head Start?**  
IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

NUMBER OF YEARS

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**F7. In total, how many years have you been working in this program?**  
IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

NUMBER OF YEARS

NO RESPONSE..... M

The next few question ask about your years being a director. We use the term “director” for simplicity. If you have a different title, such as manager or coordinator, please answer about your time in this position.

Source: Adapted from Baby FACES 2009

**F8. In total, how many years have you been the director of this program?**  
IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

NUMBER OF YEARS

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**F9. Before you became a director, how many years of experience did you have as a teacher or home visitor in any Early Head Start program?**  
IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

NUMBER OF YEARS

NO RESPONSE..... M

Source: Adapted from Baby FACES 2009

**F10. In total, how many years have you been a director in any early childhood program? Please include your time as director at this program.**  
IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

NUMBER OF YEARS

NO RESPONSE..... M

**Thank you for taking the time to complete this survey. This information will help us better understand the Early Head Start program services and the delivery of services to children and families.**