



MATHEMATICA
Policy Research



ADMINISTRATION FOR
CHILDREN & FAMILIES

Welcome to the



**American Indian and
Alaska Native**

family and child experiences survey

AI/AN FACES 2019

Experiences in Head Start

**American Indian and Alaska Native
Head Start Family and Child Experiences Survey 2019
(AI/AN FACES 2019)**

Parent Survey

Fall 2019 - Spring 2020

Sponsored by

The Administration for Children and Families (ACF)
of the U. S. Department of Health and Human Services (DHHS)

Welcome to the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AI/AN FACES 2019) parent survey. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call [NAME](#) at 1-xxx-xxx-xxxx. You can also email us at AIANFACES@mathematica-mpr.com.

login ID:

password:

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Survey Information

Mathematica Policy Research is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (AI/AN FACES 2019) for the Administration for Children and Families (ACF). ACF is part of the U.S. Department of Health and Human Services.

We are inviting you to complete a survey about you and your child, because he or she is in a Head Start program that is taking part in AI/AN FACES. This study aims to learn more about families in Head Start and the services Head Start provides. By completing this survey, you will help Head Start serve all children and their families. The survey will take about 30 minutes to complete.

Your answers to this survey will be kept private to the extent permitted by law. No one from your child's Head Start program will see your answers. Using the login ID and password ensures that your answers will only be seen by the study team. The next page will tell you how to complete the survey.

Please click the button below to continue or close this webpage to exit the survey.

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Consent

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A. About Your Child

Is [CHILD](#) a boy or a girl?

- Boy
- Girl

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What is **CHILD**'s birth date?

| Month | Day | Year |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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Is CHILD of Spanish, Hispanic, or Latino origin?

- Yes
 No

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**Teachers Child Report
Spring 2020**

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Welcome to the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AI/AN FACES 2019) Teachers Child Report Website. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then click NEXT. If you do not have your login ID and password, please call [NAME](tel:1-xxx-xxx-xxxx) at 1-xxx-xxx-xxxx. You can also email us at AIANFACES@mathematica-mpr.com.

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To enhance the information we obtain by assessing the children and surveying their parents, we need for you to complete this brief questionnaire, The Teacher Child Report, about each of the children in the study who are from your class. The Teacher Child Report (TCR) asks you to report on the social skills, problem behaviors, and approaches to learning that you have observed in these children from your class.

Please be assured that all information you provide will be kept private to the extent permitted by law. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely private and will not be shared with parents or other staff in your center, or anybody else not working on this study. The survey will take about 10 minutes for each child.

Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides you with general instructions on how to complete the survey.

Please click the button below to continue or close this webpage to exit the survey.

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Welcome to the AI/AN FACES 2019 Teacher Child Report Website!

The Teacher Child Report asks questions about the social skills, problem behaviors, and approaches to learning that you have observed in each of the children in the study who are in your class.

Instructions:

1. On the next screen, you'll see a list of children.
2. Choose a child you wish to rate and press the "Next" button.
3. If a child moved to another class, moved to another school, or was never in your class, choose the child's name and you will be able to note why the child left your class.

Consent

- By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

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Are you currently the Head Start teacher for [CHILD?](#)

- Yes
- No

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You indicated that [CHILD](#) is not in your classroom. What is the main reason you are no longer [CHILD](#)'s teacher?

- Child moved to another class in the same center
- Child moved to another center
- Child left the Head Start program
- Child was never in my class/I don't know tl

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What is the name of the Head Start teacher whose class [CHILD](#) currently attends?

Name

Other name not listed

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**Teacher Survey
Spring 2020**

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We need for you to complete this brief two-part survey. The first part, the Teacher Survey, asks you about your classroom and your background as well as your thoughts about teaching and your program. The second part, the Teacher Child Report (TCR), asks about each of the children in the study who are from your class. You will be asked to report on the social skills, problem behaviors, and approaches to learning that you have observed in these children.

Thank you for taking the time to complete this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. The next page provides you with general instructions on how to complete the survey.

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with parents or other staff in your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The first part will take about 35 minutes of your time to complete. The second part will take about 10 minutes for each child. [IF PAYMENT FLAG=1: As a thank you, we will send you a \\$10 gift card for each TCR you complete.](#)

Please click the button below to begin the survey or close this webpage to exit the survey.

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How to Complete the Survey

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Hello! Welcome to the AI/AN FACES 2019 Teacher Website!

Center: [SITE NAME](#), Classroom: [CLASSROOM](#).

Teacher: [TEACHER FNAME](#) [TEACHER LNAME](#)

Consent

- By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

BEGIN SURVEY>>





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AA. Classroom Session Type

In this survey, the term "classroom" refers to all of the children in your caseload.

First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.

Do you currently work with Head Start children as a home visitor?

Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family's home, not in a classroom setting.

- Yes
- No

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Do you also teach a class with Head Start children at this program?

- Yes
- No

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Do you teach...

Select one only

- A full day class
- A morning class only
- An afternoon class only
- An afternoon class only, or
- Both a morning and afternoon class?

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Experiences in Head Start

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**Center Director Survey
Spring 2020**

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

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

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Please click the button below to continue or close this webpage to exit the survey.

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BEGIN SURVEY>>





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A. Staffing and Recruitment

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

What are the start and end dates of the program year for Head Start funded center-based slots?

| | Month | Year |
|------------|----------------------|----------------------|
| Start Date | <input type="text"/> | <input type="text"/> |
| End Date | <input type="text"/> | <input type="text"/> |

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We would like to learn about the number of days per week and hours per day that services are provided for Head Start funded center-based enrollment slots.

How many days per week do Head Start funded slots in your center receive services?

Select all that apply

- 4 days per week
- 5 days per week

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How many hours a day is this program available to Head Start funded center-based slots?

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

Number of hours

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Experiences in Head Start

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Program Director Survey
Fall 2019 - Spring 2020

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A. Staffing and Recruitment

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

How many children are enrolled in your Head Start program? Here, we are referring to "cumulative enrollment" or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit. By Head Start we are referring to preschool Head Start, not Early Head Start.

Children Enrolled

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

- Yes
- No

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

Select all that apply

- Native language(s) *specify*

- Spanish

- Other *specify*

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