



Mathematica



American Indian and
Alaska Native

family and child experiences survey

AI/AN FACES 2019

Experiences in Head Start

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

Program Director Survey

Spring 2020

AFFIX LABEL HERE

Paperwork Reduction Act
a person is not required to
OMB control number for the
collection of information if
gather the data needed, and
time estimate(s) or suggestion
20002, Attention: Lizabeth Malone.

to conduct or sponsor, and
control number. The valid
to complete this
existing data resources,
maintaining the accuracy of the
12th Floor, Washington, DC



Introduction

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

The Administration for Children and Families (ACF) has decided to conduct AI/AN FACES 2019 remotely via the web. We will continue with plans to collect surveys of program directors and center directors.

Given these extraordinary circumstances, please consider the *typical* dates and times of operations and those initially planned for the 2019-2020 program year when answering question in this survey.

To help us understand your program better, we need you to complete this brief survey. It asks about children and families served; Native culture/language in your program; staff education and training; curriculum and assessment; program management; use of program data and information; program resources; program community; and a few questions about yourself.

Please be assured that all information you provide will be kept private to the extent permitted by law.

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

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with other staff in your program, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The survey will take about 30 minutes of your time to complete.

AB. NATIVE CULTURE/LANGUAGE IN PROGRAM

These first questions are about use of Native culture and language in your program.

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

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

- ₁ Yes
₀ No **GO TO AB8**

Who is your cultural/language elder or specialist?

MARK ONE OR MORE BOXES

- ₁ A spiritual leader
₂ An influential member of the tribal or cultural community
₃ A member of the tribal or cultural community
₄ Other – *Specify*

Does your program use a cultural curriculum?

- ₁ Yes
₀ No

Does your program use a locally designed or tribal specific tool to assess children's Native language development?

- ₁ Yes
₀ No

What kind of Native language program(s) does your Head Start program have?

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

MARK ONE OR MORE BOXES

- ₁ Full immersion (all classrooms)
- ₂ Full immersion (some classrooms)
- ₃ Partial immersion (Native language used 50% of the time; all classrooms)
- ₄ Partial immersion (Native language used 50% of the time; some classrooms)
- ₅ Structured language lessons (Basic Language)
- ₆ Teachers use words in the classroom
- ₈ None of these
- ₈ Other – *Specify*



Please read the instructions below to continue the survey.

If you selected that you use a full immersion program in either all or some classrooms, then go to question AB16a on page 4.

If you selected that you use any Native language in either all or some classrooms, then go to question AB15 on page 4.

Otherwise, please continue to question AB15 on page 4.

Has your program ever had a full or partial Native language immersion program(s)?

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

A partial immersion classroom is one where Native language is used 50% of the time or greater.

- ₁ Yes, we have offered language immersion program(s) in the past
- ₀ No, we have never offered a language immersion program **GO TO AB16a,**

Why are you no longer using a Native language immersion program?

MARK ONE OR MORE BOXES

- ₁ No fluent speakers available in the community
- ₂ No fluent speakers with training to teach language
- ₃ Limited support or interest from parents or the community
- ₄ No teachers speak the language
- ₅ Other – *Specify*

What percentage of language used in the classroom(s) is in the Native language? If there is no Native language use in the classroom(s), please enter 0.

PERCENT

Next, we'd like to know about whether and how your program has used the Making it Work framework.

Are you using or have you used Making it Work in your program?

- ₁ Yes, for some classrooms
- ₂ Yes, for all classrooms
- ₃ No **GO TO SECTION A, PAGE 6**

How has Making it Work been used?

MARK ONE OR MORE BOXES

- ₁ We developed a new curriculum
- ₂ We developed new activities to add into our existing curriculum
- ₃ We developed new approaches for classroom activity planning
- ₄ We developed new approaches for developing student goals and plans
- ₅ We developed new approaches for monitoring and assessing children's progress
- ₆ Other – *Specify*

A. Children and Families Served

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

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 7**

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

MARK ONE OR MORE BOXES

₃₅ Native language(s) – *Specify*

₁₂ Spanish

₂₁ Other – *Specify*

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
₂ Not applicable; all staff required to have at least a B.A

What is your program doing to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

MARK ONE FOR EACH ROW

	YES	NO
a. Providing tuition assistance.....	<input type="radio"/> ₁	<input type="radio"/> ₀
b. Giving staff release time.....	<input type="radio"/> ₁	<input type="radio"/> ₀
c. Providing assistance for course books.....	<input type="radio"/> ₁	<input type="radio"/> ₀
d. Providing A.A. or B.A. courses onsite.....	<input type="radio"/> ₁	<input type="radio"/> ₀
e. Other – <i>Specify</i>	<input type="radio"/> ₁	<input type="radio"/> ₀

Who is eligible for assistance to get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them as lead teachers here.

MARK ONE OR MORE BOXES

- ₁ Center-based lead teachers
₂ Center-based assistant teachers
₄ Home visitors
₈ Family child care providers
₉ Content managers
₃ Family service workers
₅ Other – *Specify*

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

SELECT ALL THAT APPLY

- ₂ Attendance at regional, state, or national early childhood conferences
- ₃ Pay substitutes to allow teachers time to prepare, train, and/or plan
- ₄ Coaching/mentoring
- ₁ Other types of consultants hired to work directly with staff to address a specific issue or concern
- ₅ Workshops/trainings sponsored by the program
- ₆ Workshops/trainings provided by other organizations
- ₇ A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert
- ₈ Time during the regular work day to participate in Office of Head Start T/TA webinars
- ₉ Tuition assistance for Associate's (A.A.) or Bachelor's (B.A.) courses
- ₁₀ Onsite Associate's (A.A.) or Bachelor's (B.A.) courses
- ₁₁ Tuition assistance for courses toward getting a credential
- ₁₂ Cultural trainings
- ₉₉ Other – *Specify*

How frequently does your program provide support for these kinds of activities?

MARK ONE ONLY

- ₁ These activities are part of the regular operation of the program (e.g. provided weekly or monthly)
- ₂ These activities are supported at least a few times a year
- ₃ These activities are supported once or twice a year
- ₄ These activities are supported occasionally, but not every year
- ₅ These activities are not supported by my program

E. Curriculum and Assessment

The next questions are about curriculum and assessment.

What curriculum/curricula does your program use?

MARK ONE OR MORE BOXES

- ₁₁ Creative Curriculum
- ₁₂ HighScope
- 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
- ₂₄ Frog Street
- ₂₈ Opening the World of Learning (OWL) (*Pearson*)
- ₂₇ Learn Every Day
- ₂₆ DLM Early Childhood Express (*McGraw-Hill*)
- ₂₁ Other – *Specify*

What is your main curriculum??

MARK ONE ONLY

- ₁₁ Creative Curriculum
- ₁₂ HighScope
- 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
- ₂₄ Frog Street
- ₂₈ Opening the World of Learning (OWL) (Pearson)
- ₂₇ Learn Every Day
- ₂₆ DLM Early Childhood Express (McGraw-Hill)
- ₂₁ Other – *Specify*

- ₂₃ Use each equally
- _d Don't know

What is the main child assessment tool that you use?

MARK ONE ONLY

- ₁ Teaching Strategies GOLD Assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
- ₂ HighScope 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*

- ₁₂ Other – *Specify*

- ₁₃ Do not use a child assessment tool **GO TO SECTION B, PAGE 10**

What methods does your program use for these assessments?

MARK ONE ONLY

- ₁ Ratings based on observation or work sampling
- ₂ Testing with standardized tests or assessment or screening instruments
- ₃ Both observation-based ratings and direct assessments
- ₄ Other – *Specify*

- ₀ Do not assess

H. Overview of Program Management

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 (for example, a course on leadership, management and administration, human resources, or a course for a specific license, certificate, or other type of credential).....	<input type="radio"/> ₁	<input type="radio"/> ₀
b. Visits to other Head Start or early childhood programs to improve your own work as a program director.....	<input type="radio"/> ₁	<input type="radio"/> 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.....	<input type="radio"/> ₁	<input type="radio"/> ₀
d. A leadership institute offered by Head Start..... <i>A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.</i>	<input type="radio"/> ₁	<input type="radio"/> ₀
e. A leadership institute offered by an organization other than Head Start.....	<input type="radio"/> ₁	<input type="radio"/> ₀
f. Trainings related to your role as a manager or leader (for example: NIHSDA Management Training Conference, Native American Child and Family Conference, Head Start governance training, CLASS training).....	<input type="radio"/> ₁	<input type="radio"/> ₀

To do your job as a program director more effectively, what do you need additional help with to do your job as a program 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
- ₁₅ Establishing good relationship with OHS program and/or grant specialist
- ₁₃ Leadership skills (for example, diplomacy skills, coaching skills)
- ₇ Teacher evaluation
- ₈ Evaluation of other program staff
- ₉ Teacher professional development (for example, conducting classroom observations)
- ₁ Educational/curriculum leadership
- ₁₂ Integrating Native culture and language into the curriculum
- ₃ Creating positive learning environments
- ₂ Child assessment
- ₁₁ Working with parents, extended family and community caregivers
- ₁₄ Building relationships with Tribal leadership
- ₁₆ Working with and partnering in the community
- ₁₇ Assessing community needs

N. Use of Program Data and Information

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

Which of the following data and information is your program collecting?

MARK ONE OR MORE BOXES

- ₁ Child/family demographics
- ₂ Vision, hearing, developmental, social, emotional, and/or behavioral screenings
- ₃ Child attendance data
- ₄ Family needs
- ₅ Service referrals for families
- ₆ Services received by families
- ₇ Parent/family attendance data
- ₈ Parent/family goals
- ₉ CLASS results or other quality measures
- ₁₀ Staff/teacher performance evaluations
- ₁₁ Personnel records
- ₁₂ Child assessment data
- ₁₃ Other – *Specify*

- ₁₄ None of the above **GO TO SECTION O, PAGE 16**

In what ways do you use the data and information being collected?

MARK ONE OR MORE BOXES

- ₁ To help identify and address professional development needs of staff
- ₂ To assess services being provided
- ₃ To learn whether families are reaching their goals
- ₄ To determine whether we are making progress towards program-wide goals
- ₅ To help identify the needs of the child and family
- ₉₉ Other – *Specify*

Please indicate how much each of the following are barriers to using data and information:

MARK ONE FOR EACH ROW

		NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a.	Not enough time to use the data to guide planning.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
b.	Inadequate technology resources to track and analyze data.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
c.	Lack of staff buy-in to value of data.....	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

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 N6**

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
- ₄ Don't know

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 analysis 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

O. Program Resources

The next questions are about your program's resources for the current program year.

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.

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

Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)?

Please think about all the funding streams that come into your program, even for centers that do not provide Head Start services.

		MARK ONE FOR EACH ROW		
		YES	NO	DON'T KNOW
a.	Tuitions and fees paid by parents - including parent fees and additional fees paid by parents or co-pays such as registration fees, transportation fees from parents, late pick up/late payment fees.....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
h.	State or local Pre-K funds from the state or local government.....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
i.	Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children).....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
b.	Other funding from state government (e.g. transportation, grants from state agencies).....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
c.	Other funding from local government (e.g., funding from tribal government, grants from county government).....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
d.	Federal government <u>other than Head Start</u> (for example, Title I, Child and Adult Care Food Program, WIC).....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
e.	Revenues from non-government community organizations or other grants (for example, United Way, local charities, or other service organizations).....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
f.	Revenues from fund raising activities, cash contributions, gifts, bequests, special events.....	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d
g.	Other – <i>Specify</i> _____	<input type="radio"/> ₁	<input type="radio"/> ₀	<input type="radio"/> _d

P. Program Community

The next questions are about the community your program serves.

The next questions are about problems you might see in the community your program serves. How much of a problem is each of the following?

		MARK ONE FOR EACH ROW		
		NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a.	Public drunkenness/people being high or stoned in public.....	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂
b.	Opioid use.....	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂
c.	Other types of substance use problems..... <i>By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.</i>	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂
d.	Lack of resources for treatment of substance use.....	<input type="radio"/> ₀	<input type="radio"/> ₁	<input type="radio"/> ₂

If all responses to items in P1 are marked "not a problem" please go to Section I, page 21

What supports does your program offer staff for working with families that have substance use problems? Please consider supports for the range of staff working with children and families, such as teachers, family services staff, mental health specialists, and others.

By “substance use problems” we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

MARK ONE OR MORE BOXES

- ₁ Written information for staff on signs and symptoms of substance use problems
- ₂ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community
- ₃ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems
- ₄ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use
- ₅ Training for staff on the effects of substance use exposure on children
- ₆ Training in how to talk with parents or caregivers about suspected substance use problems
- ₇ Training for staff on how to use information that families share in order to help them get the support they need
- ₈ Supervision for staff focused specifically on dealing with a family’s substance use problems
- ₉ Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems
- ₁₀ Additional classroom staff for working with children to address behavioral and health needs
- ₁₁ More mental health professionals available to work directly with children
- ₁₂ This is an issue in the community but does not affect my program → **GO TO SECTION I, PAGE 21**
- ₉₉ Other – *Specify*
- ₁₃ None of the above → **GO TO SECTION I, PAGE 21**

Which of these supports include a specific focus on the opioid epidemic?

By “substance use problems” we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

MARK ONE OR MORE BOXES

- ₁ Written information for staff on signs and symptoms of substance use problems
- ₂ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community
- ₃ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems
- ₄ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use
- ₅ Training for staff on the effects of substance use exposure on children
- ₆ Training in how to talk with parents or caregivers about suspected substance use problems
- ₇ Training for staff on how to use information that families share in order to help them get the support they need
- ₈ Supervision for staff focused specifically on dealing with a family’s substance use problems
- ₉ Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems
- ₁₀ Additional classroom staff for working with children to address behavioral and health needs
- ₁₁ More mental health professionals available to work directly with children
- ₁₂ This is an issue in the community but does not affect my program
- ₉₉ Other – *Specify*
- ₁₃ None of the above

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).....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
b.	Too many conflicting demands.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
c.	Not a high enough salary for the job demands.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
d.	Lack of support staff.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
e.	Not enough training and technical assistance for professional development. .	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
f.	Not enough support and communication from administration.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
g.	Not enough funds for supplies and activities.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
h.	Dealing with a challenging population.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
i.	Staff turnover.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
j.	Lack of parent support.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
k.	Lack of qualified teaching staff.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
o.	Tribal leadership changes.....	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> ₁
l.	Other - <i>Specify</i>	<input type="radio"/> ₃	<input type="radio"/> ₂	<input type="radio"/> 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
- ₇ Some College, but No Degree **GO TO I14**
- ₈ Associate's Degree
- ₉ Bachelor's Degree
- ₁₀ Graduate or Professional School, but No Degree
- ₁₁ Master's Degree (MA, MS)
- ₁₂ Doctorate Degree (Ph.D., Ed.D.)
- ₁₃ 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
- ₁₁ Education Administration/Management & Supervision
- ₁₂ Business Administration/Management & Supervision
- ₅ Other field – *Specify*

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

- ₁ Yes
- ₀ No **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO I15b, PAGE 24; OTHERWISE, GO TO I15, PAGE 24**

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

Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education?

- ₁ Yes
 ₀ No **GO TO I24**

What kind of training or education program are you enrolled in?

MARK ONE OR MORE BOXES

- ₁ Child Development Associate (CDA) Degree Program
 ₂ Teaching Certificate Program
 ₃ Special Education Teaching Degree Program
 ₄ Associate's Degree Program
 ₅ Bachelor's Degree Program
 ₆ Graduate Degree Program (MA, MS, PH.D. or Ed.D.)
 ₇ License, certificate and/or credential in administration of early childhood/ child development programs or schools
 ₈ Continuing Education Units (CEUs)
 ₉ Other – *Specify*

What is your sex?

- ₁ Male
 ₂ Female
 ₃ Prefer not to answer

In what year were you born?

--	--	--	--	--

 YEAR

Are you of Spanish, Hispanic, or Latino origin?

- ₁ Yes
- ₀ No

What is your race? Select one or more.

MARK ONE OR MORE BOXES

- ₁₁ White
- ₁₂ Black or African American
- ₁₃ American Indian or Alaska Native
- ₂₇ Asian
- ₂₆ Native Hawaiian, or other Pacific Islander
- ₂₅ Another race – *Specify*

Do you speak a language other than English?

- ₁ Yes
- ₀ No

What languages other than English do you speak?

MARK ONE OR MORE BOXES

- ₃₅ Your Native language – *Specify*
- ₃₄ Other Native Language(s)– *Specify*
- ₁₂ Spanish
- ₂₁ Other – *Specify*

¹SECTION X- COVID-19 IMPACT

These next questions are about any changes to how you provide services and communicate with families and staff during the COVID-19 pandemic.

ALL

1. Did your program have a program-wide policy to *physically* close all center buildings so that children could not attend in-person due to the COVID-19 pandemic? Please select “yes” even if your program offered services remotely or had specific sites for distribution of services (like meal or supply pick-up). Also please select “yes” if you closed center buildings but have re-opened to allow children to attend and families to visit.

Yes

.....
1

No

.....
2

•

ALL

2. To what extent have you been able to make contact with enrolled families during the COVID-19 pandemic?

Not at all

.....
1

To a small extent

.....
2

To a moderate extent

.....
3

To a great extent

.....
4

ALL

¹ Note: the formatting changes because there is no paper version for these added questions.

3. To what extent have you been able to provide services to enrolled families during the COVID-19 pandemic?

- Not at all
.....
1
- To a small extent
.....
2
- To a moderate extent
.....
3
- To a great extent
.....
4

-
-

ALL

4. To what extent have the following been barriers to making contact with or providing services to enrolled families during the COVID-19 pandemic?

Select one per row

	Not at all	To a small extent	To a moderate extent	To a great extent
a. Families have limited hardware to connect to the internet (e.g., lack of computer, tablet, or smartphone)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Families have limited internet access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Families have limited telephone access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Families have reduced availability to engage given other demands (e.g., caring for children, obtaining food, dealing with illness or mental health concerns)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Families unable to travel to pick up materials program providing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Staff have limited hardware to connect to the internet (e.g., lack of computer, tablet, or smartphone)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Staff have limited internet access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Staff have reduced availability to engage given other demands(e.g., caring for children, obtaining food, dealing with illness or mental health concerns)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Staff are unable to travel to pick up or provide program materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

-

5. How have you *changed* services or referrals for families specifically because of the COVID-19 pandemic?

If you provided a service before the pandemic and are still providing it now, please select “unchanged.”

If you did not provided a service before the pandemic and are still not providing it, please select “unchanged.”

Select one per row

	Stopped or Reduced	Unchanged	Added or increased
a. Educational activities to support children's learning <i>at home</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Child care services to allow parents to work or provide care to other community or family members	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Food and nutrition (e.g., providing meals to families)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Housing or transportation assistance (e.g., securing housing or transportation, assistance with rent payments or deferment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Health care <i>not</i> related to COVID-19 (e.g., access to services, obtaining health insurance, assistance with medical bill payment or deferment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Health care related to COVID-19 (e.g., access to testing or personal protective equipment such as masks)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Employment assistance <i>not</i> related to COVID-19 (e.g., job training)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Employment assistance related to COVID-19 (e.g., unemployment claims/benefits)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Referral to services for drug or alcohol misuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Services/referrals for dual language learners	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Mental health services/referrals for children and families	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. In-person home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. In-person socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Virtual home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Virtual socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Disability services/referrals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Specify

(STRING 100)

ALL

6. What new strategies is your program using to provide services to children and families during the COVID-19 pandemic?

Select all that apply

- Applying for exemptions or waivers to provide services more flexibly (e.g., applying for CACFP waivers).....1
 - Partnering with other local entities (e.g., schools or local education agency, [IF AIAN FACES=tribal programs,] Internet providers, food banks, hospitals) to deliver services.....2
 - Providing remote learning opportunities for children.....3
 - Providing remote supports for parents.....4
 - Dropping off or establishing family pick-up sites for distribution of materials, food, and supplies.....5
 - Supporting families' access to technology (for example, facilitating internet access, supplying Chromebooks/laptops).....6
 - Other (SPECIFY).....99
- Specify (STRING 100)
- We are not doing any of these.....0

Next, we have some questions about the ways you are working with staff during the COVID-19 pandemic.

ALL

7. To what extent have you been able to make contact and communicate with staff during the COVID-19 pandemic?

- Not at all
.....
1
- To a small extent
.....
2
- To a moderate extent
.....
3
- To a great extent
.....
4

•

ALL

8. Since the onset of the COVID-19 pandemic, has there been a change in the number of staff working at your program?

- Yes, number of staff has increased
1
- Yes, number of staff has decreased
2
- No change in number of staff
3

ALL

9. How concerned are you about the effect of the COVID-19 pandemic on the number of families enrolled in your program?

- Very concerned
.....
1
- Somewhat concerned
.....
2
- Not at all concerned
.....
3

ALL

10. What, if anything, are you doing to maintain enrollment of families during the COVID-19 pandemic?

(STRING 500)

ALL

11. What supports for professional development and day-to-day operations are you encouraging for staff during the COVID-19 pandemic? Please do not select an activity that was already being done before the pandemic.

Select all that apply

- Professional development (e.g., ECLKC) including on distance learning and virtual teaching strategies.....1
- Use of video platforms for communication.....2
- OHS MyPeers virtual learning network community.....3
- Technological support or equipment.....4
- Other (SPECIFY).....99

Specify (STRING 100)

We have not added any of these as new activities.....0

ALL

12. What new or increased supports for staff well-being are you encouraging during the COVID-19 pandemic?

Select all that apply

- Checking in with/connecting with staff more frequently.....1
- Offering professional mental health consultations.....2
- Providing informational resources for staff (e.g., links to coping with stress, employee resource programs, emergency assistance programs).....3
- Offering virtual staff social events.....4
- Encouraging personal health and safety (e.g., social distancing, use of masks and gloves).....5
- Other (SPECIFY).....99

Specify (STRING 100)

We have not added any of these as new activities.....0

ALL

13. What new or increased supports for staff retention are you providing during the COVID-19 pandemic?

Select all that apply

- More flexible hours.....1
- Administrative leave.....2
- Part-time/reduced work schedule.....3
- Pay reduction to avoid lay-offs4
- Revised sick leave policy.....5
- Other (SPECIFY).....99

Specify (STRING 100)

We have not added any of these as new activities.....0

ALL

14. For each of the following supports, indicate whether the support was already in place before the COVID-19 pandemic, was put in place in response to the COVID-19 pandemic, or is not in place.

	Already in place	Put in place in response to COVID-19 pandemic	Not in place
a. Trainings for staff to deliver content and services remotely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Ability to use Head Start funds more flexibly in times of emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Aid in developing relationships with local entities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Guidance to create a plan for continuing operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Specify (STRING 100)

DISPLAY ITEMS FROM Q14 WHERE RESPONSE IS 1 OR 2, INCLUDING VERBATIM FROM OTHER SPECIFY

15. To what extent have these supports been helpful for your program?

	Not at all	To a small extent	To a moderate extent	To a great extent
a. Trainings for staff to deliver content and services remotely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Ability to use Head Start funds more flexibly in times of emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Aid in developing relationships with local entities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Guidance to create a plan for continuing operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. [FILL FROM Q14g]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

In response to the COVID-19 pandemic the government passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act makes available \$750 million for programs

under the Head Start Act, which includes funding for Head Start supplemental summer programs this year. The next set of questions are about your plans to operate a supplemental summer program this year, if applicable.

ALL

16. Did your program intend to or apply/applied for funding to operate a supplemental summer program?

- Yes
.....
1 GO TO Q18
- No
.....
2 GO TO Q17

ASK IF Q16=NO

17. Why didn't your program apply for funding to operate a supplemental summer program?

Select all that apply

- Do not anticipate sufficient staff will be available due to COVID-19.....1
- Do not anticipate enough children will attend due to COVID-19.....2
- Regardless of whether staff or children would participate, do not feel it is safe enough to operate during the summer due to COVID-19.....3
- Do not anticipate sufficient staff will be available because they have alternative summer plans (e.g., vacation plans; alternative employment).....4
- Cannot access facilities over the summer.....5
- Do not have necessary partnerships in place to operate over the summer.....6
- Other (SPECIFY).....99
Specify (STRING 500)

ALL

18. Are you currently planning to operate a supplemental summer program?

- Yes
.....
1
- No
.....
2

IF Q18=NO
IF Q16=NO AND Q18=NO, SKIP TO Q25

19. Why don't you plan to operate a supplemental summer program]?

- Do not anticipate sufficient staff will be available due to COVID-19.....1
- Do not anticipate enough children will attend due to COVID-19.....2
- Regardless of whether staff or children would participate, do not feel it is safe enough to operate during the summer due to COVID-19.....3
- Do not anticipate sufficient staff will be available because they have alternative summer plans (e.g., vacation plans; alternative employment).....4
- Cannot access facilities over the summer.....5
- Do not have necessary partnerships in place to operate over the summer.....6
- Other (SPECIFY).....99

Specify (STRING 500)

IF Q18=NO, SKIP TO Q25
IF Q18=YES

20. For how many total weeks do you plan to operate a supplemental summer program?

Your best guess is fine.

0-20

IF Q18=YES

21. For how many total days per week and hours per day do you plan to operate a supplemental summer program?

Your best guess is fine.

Note: If you plan to provide part day services or part week services to multiple different groups of enrolled children (such as one group of children served in the morning and another group served in the afternoon), please think about a single group of children and the amount of summer services they will receive when answering the questions below.

Days per week: 1-7

Hours per day (on average): 1-12

IF Q18=YES

22. How many Head Start enrolled children do you plan to serve this summer?

Your best guess is fine.

1-10,000

IF Q18=YES

23. Approximately what percentage of those [READ-IN NUMBER FROM Q22, BLANK IF Q22 IS BLANK] Head Start enrolled children are children who will attend kindergarten in fall 2020?

Your best guess is fine.

0-100

IF Q18=YES

24. Approximately what percentage of those the [READ-IN NUMBER FROM Q22, BLANK IF Q22=DK] Head Start enrolled children have an Individualized Education Program (IEP)?

Your best guess is fine.

0-100

25. How do you plan to deliver services to children during your supplemental summer program?

Select one

- Mostly or all in-person services for children (similar to your regular program year)..... 1
- Mostly or all virtual services for children..... 2
- A combination of in-person and virtual services for children (i.e. more virtual aspects of service delivery for children than you normally include during the program year)..... 3

Unfortunately, COVID-19 is not the last crisis we will face and there is even a possibility that there will be a resurgence of COVID-19. For the last few questions, we would like you to think about what was most helpful to your program during the COVID-19 pandemic, so that we can plan for future emergencies.

ALL

26. Of the supports *your program put in place or is planning to put in place to respond to* the COVID-19 pandemic, what do you think was or will be the most helpful for families enrolled in the program? Please be as specific as possible.

(STRING 500)

ALL

27. Of the supports *your program received* from the Office of Head Start during the COVID-19 pandemic, which supports were the most helpful. This could be financial or technical assistance or something else.. Please be as specific as possible.

(STRING 500)

ALL

28. What supports do you hope to have in place to prepare for future emergencies?

Select all that apply

- Trainings for family services staff to deliver content and services remotely.....1
- Trainings for home visitor staff to deliver content and services remotely.....1
- Trainings for other staff to deliver content and services remotely.....1
- Ability to use Head Start funds more flexibly in times of emergency.....2
- Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....3
- Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....4
- Aid in developing relationships with local entities.....5
- Guidance to create a plan for continuing operations.....6
- Other (SPECIFY).....99

Specify (STRING 100)

- We do not need additional supports for future emergencies.....0

End

Thank you very much for participating in AI/AN FACES 2019!