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**MATHEMATICA**  
Policy Research



## Program Director Survey

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.

***August 2021***

**This collection of information will be used to describe the characteristics of infants and toddlers 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

**A1. Does your Early Head Start program offer the center-based program option?**

YES..... 1  
NO..... 0 GO TO A3

IF CENTER BASED OPTION IN A1 ANSWER A2:

Source: Adapted from Baby FACES 2009 – A1a

**A2. 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. Would you say...**

None..... 1  
Once per year..... 2  
Twice per year..... 3  
Four times per year..... 4  
Every other month..... 5  
Less than once a month..... 6  
Monthly..... 7  
Twice per month, or..... 8  
Weekly?..... 9

Source: Adapted from Baby FACES 2009 – A2

**A3. Does your Early Head Start program offer the home-based program option?**

YES..... 1  
NO..... 0

**ASK 3.1 ONLY IF PROGRAM HAS BOTH CENTERS AND HOME VISITING.**

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

Source: New Item

**A3.1. Which of the following, if any, do you take into account when deciding into which service option or options families are placed? (RECORD IN FIRST COLUMN).**

**Which of these do you consider to be the most and second most important factors? (IF DON'T KNOW SELECTED FOR MOST IMPORTANT, SKIP OVER 2ND MOST IMPORTANT)**

	<i>Select all that apply</i>	<i>Select one per column</i>	
		MOST IMPORTANT	2ND MOST IMPORTANT
a. Language or cultural background	1	1	1
b. Availability of slots	2	2	2
c. Parent/Family choice or preference	3	3	3
d. Availability of transportation	4	4	4
e. Employment status	5	5	5
f. Where the family lives – distance from services	6	6	6
g. Location/geography	7	7	7
Don't take any of the above into account when deciding on type of service option.	9	Don't know	Don't know

IF HOME-BASED OPTION IN A3 ANSWER A4-A6. IF NO HOME BASED OPTION, GO TOA7:

Source: Adapted from Baby FACES 2009 – B2

**A4. Which of the following, if any, do you take into account when assigning EHS families to home visitors? (RECORD IN FIRST COLUMN). Please think across all the families working with home visitors.**

**Which of these do you consider to be the most and second most important factors? (IF DON'T KNOW SELECTED FOR MOST IMPORTANT, SKIP OVER 2ND MOST IMPORTANT)**

	<i>Select all that apply</i>	<i>Select one per column</i>	
		MOST IMPORTANT	2ND MOST IMPORTANT
a. Language or cultural background	1	1	1
b. Family circumstances or specific needs	2	2	2
c. Parent choice or preference	3	3	3
d. Child age, health, or development	4	4	4
e. Results of screening or assessment	5	5	5
f. Family's existing relationship with home visitor	6	6	6
g. Location/geography	7	7	7
h. Availability on a given home visitor's caseload	8	8	8
Don't take any of the above into account when assigning families to home visitors	9	Don't know	Don't know

Source: Adapted from Baby FACES 2018 – A2a

**A5. Not including pregnant women, which of the following best describes how long EHS families typically work with the same home visitor? (Excluding situations when a home visitor leaves the program or moves to a different role).**

**Families typically work with the same home visitors...**

- For the entire time they are enrolled in the home based option.....1
- Until the end of the program year.....2
- Until the child reaches a certain age or milestone.....3
- Not applicable, program only offers home based services to pregnant women...n

IF ENROLLED FOR ENTIRE TIME (A5=1) ANSWER A6.

Source: New Item – A2b

**A6. When families change their home visitor while still enrolled in the home based option, is it usually...**

Based on the families' preference or ..... 1

Some other reason such as scheduling, logistics, or funding?.....2

ALL

Source: Adapted from Baby FACES 2009 – A3

**A7. Does your Early Head Start program offer the family child care (FCC) program option?**

YES..... 1

NO..... 0

Source: Baby FACES 2018 – A4

**A8. How many EHS families are enrolled in multiple program options? Your best guess is fine.**

None..... 0

1 family ..... 1

2 to 5 families..... 2

6 to 10 families..... 3

More than 10 families ..... 4

Don't know..... d

The next question is about child care partnerships you may have. These can be either through an EHS-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 agreement to provide child care services to enrolled infants and toddlers that meet the Head Start program performance standards. If you don't have a partner, please select "none."

Source: Adapted from Baby FACES 2009 – A10

**A9. How many child care partner centers do you have? And how many FCC partners? Your best estimate is fine.**

NUMBER OF CENTER PARTNERS

None.....	0
1 child care partner .....	1
2 to 5 child care partners.....	2
6 to 10 child care partners .....	3
More than 10 child care partners .....	4
Don't know how many child care partners.....	d

NUMBER OF FCC PARTNERS

None.....	0
1 FCC partner .....	1
2 to 5 FCC partners.....	2
6 to 10 FCC partners.....	3
More than 10 FCC partners .....	4
Don't know how many FCC partners.....	d

Source: FACES 2014 Program Director SAQ – A5a

**A10. Does your program receive any revenues from the following sources other than Early Head Start?**

	<i>Select all that apply</i>
a. Tuition and fees paid by Early Head Start parents – including parent fees and additional fees paid by parents such as registration fees, transportation fees, and late pickup/late payment fees	1
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, or grants from stat agencies)	2
c. Local government (for example, funding from the local school board or other local agency, grants from county government)	3
d. Federal government other than Head Start or Early Head Start (such as Title I, Child and Adult Care Food Program, WIC, or Medicaid reimbursement)	4
e. Revenues from non-government community organizations or other grants (for example, United Way, local charities, or other service organizations)	5
f. Revenues from fund raising activities, cash contributions, gifts, bequests, or special events	6
g. In kind contribution, such as facilities that a public school or other partner provides at no or low cost.	8
h. Other source (other than EHS)	7
Don't receive revenues from any of the above sources	9
Don't know the sources of program revenues	d

**The next questions are about transitions out of Early Head Start. By this we mean transitions from EHS infant-toddler services to services designed for preschool-aged children, such as Head Start, when a child ages out of EHS.**

Source: New Item – A5b

**A11. What percentage of children transition out of your Early Head Start program into formal child care or preschool programs (such as center-based Head Start, public prekindergarten, or other center-based child care)? Your best guess is fine.**

|\_|\_|\_| PERCENT GOING INTO FORMAL CHILD CARE OR PRESCHOOL SETTINGS

Don't know..... d

IF UNABLE TO GIVE PERCENTAGE (A11=D OR MISSING) ANSWER A11A.

Source: New Item

**A11a. We would like to get some idea of the percentage that transition to formal child care or preschools programs. If you had to estimate, which of the following would you choose?**

- Less than 25 percent?..... 1
- 25 to 50 percent?..... 2
- 51 to 75 percent?..... 3
- More than 75 percent?..... 4
- Don't know..... d

Source: New Item

**A12. Does your program collect information about where Early Head Start children go when they transition out of your EHS program?**

- Yes ..... 1
- No ..... 0
- Not sure / Don't know..... d

Source: Adapted from FACES 2014 –A5d

**A13. How many of those formal child care or preschool settings do staff from your program communicate with directly before EHS children transition? Please think about communication such as planning and information sharing. Do NOT include activities such as sending records or files for individual children.**

- None of the settings..... 1
- Some of the settings..... 2
- Most of the settings..... 3
- All of the settings..... 4
- Don't know..... d

IF YOU COMMUNICATE WITH ANY SETTINGS (A13=2,3,4) ANSWER A14

Source: Adapted from FACES 2014 – A5e

**A14. What are the two topics your program most often discusses with staff in these settings?**

*Select only two*

- Child outcome assessments..... 1
- What children are expected to know at preschool entry..... 2
- Children with disabilities..... 3
- Alignment of curricula..... 4
- Issues related to individual children or family situations..... 5
- Helping families with transitioning (registering, enrollment, routines, drop off/pick up, etc.)..... 6
- Other (Specify) \_\_\_\_\_..... 99
- Don't know..... d



IF HOME-BASED CONTINUE SECTION A. IF NO HOME BASED OPTION GO TO SECTION C

**Turning next to curricula and assessments...**

Source: Baby FACES 2009 – A6

**A15. Does your Early Head Start program use any specific curriculum for your home visiting services?**

- YES, SPECIFIC CURRICULUM.....1  
 YES, COMBINATION.....2  
 NO.....0 GO TO A17

IF PROGRAM USES SPECIFIC CURRICULUM OR A COMBINATION (A15=1 OR 2), ANSWER A16

Source: Adapted from Baby FACES 2018 – A6a

**A16. What curricula or curriculum does your EHS program use for home visiting services?**

SELECT ALL THAT APPLY IN COLUMN A

IF MORE THAN ONE MENTIONED, ASK: **Which do you consider the main curriculum?**

SELECT ONE ONLY IN COLUMN B

	<u>SELECT ALL THAT APPLY</u>	<u>SELECT ONE ONLY</u>
	A. CURRICULUM A USED	B. MAIN CURRICULUM
a. AGENCY-CREATED CURRICULUM	1	1
b. BABY TALK	33	33
c. BEAUTIFUL BEGINNINGS	3	3
d. CONSCIOUS DISCIPLINE (BABY DOLL CIRCLE TIME)	30	30
e. CREATIVE CURRICULUM LEARNING GAMES/TEACHING STRATEGIES	4	4
f. GROWING GREAT KIDS	9	9
g. HAWAII EARLY LEARNING PROFILE (HELP)	10	10
h. LEARNING ACTIVITIES FOR INFANTS (MAGDA GERBER, RIE)	14	14
i. ONES AND TWOS (PARENTING: THE FIRST THREE YEARS CURRICULUM)	15	15
j. PARENTS AS TEACHERS	16	16
k. PARTNERS FOR A HEALTHY BABY	21	21
l. PARTNERS IN PARENTING EDUCATION (PIPE)	23	23
m. OTHER (SPECIFY)	28	28

Source: Baby FACES 2009 – A7a

**A17. Does your EHS program ask home visitors to use any assessments to gather information on children’s development or progress?**

- YES..... 1  
 NO..... 0 GO TO A19  
 NOT APPLICABLE- HV ONLY SEES PREGNANT WOMEN.....n GO TO A19

IF CHILD ASSESSMENT TOOLS USED (A17=1), ANSWER A18

Source: Adapted from Baby FACES 2018 – A7b

**A18. What child assessments have your EHS home visitors used since September of this year?**

**CHILD SCREENERS AND ASSESSMENTS:**

	<u>SELECT ALL THAT WERE USED</u>
<b>SCREENERS</b>	
a. AGENCY-CREATED SCREENING ASSESSMENT	1
b. AGES AND STAGES QUESTIONNAIRE (ASQ)	2
c. ASQ: SOCIAL-EMOTIONAL	25
d. BRIEF INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (BITSEA)	26
e. BRIGANCE SCREENER	24
f. DENVER DEVELOPMENTAL SCREENING TEST	8
<b>ASSESSMENTS</b>	
g. BRIGANCE ASSESSMENT	27
h. CREATIVE CURRICULUM TOOLS (MAY ALSO BE KNOWN AS TEACHING STRATEGIES GOLD)	6
i. DESIRED RESULTS DEVELOPMENTAL PROFILES-R (DRDP)	7
j. DEVEREUX EARLY CHILDHOOD ASSESSMENT (DECA)	9
k. EARLY LEARNING ACCOMPLISHMENT PROFILE	10
l. HIGH SCOPE CHILD OBSERVATION RECORD (COR)	13
m. INFANT-TODDLER DEVELOPMENTAL ASSESSMENT (IDA)	14
n. INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (ITSEA)	15
OTHER (SPECIFY)	22

Don't know what assessments/screeners home visitors have used

d

Source: New Item – A8a

**A19. Do you have a standard process for establishing family partnership agreements with families in the home-based option?**

- Yes for all families.....1
- Yes for some families.....2
- No.....0 GO TO A21
- Don't know.....d GO TO A21

IF PARTNERSHIP AGREEMENT (A19=1 OR 2) ANSWER A20

Source: New Item – A8b

**A20. As part of establishing family partnership agreements, do you use a standard tool or assessment for screening home-based families in each of the following areas? By standard tool or assessment we mean a tool, questionnaire or screener developed by your program or by someone else that you use in a consistent way.**

*Select only one per row*

	Yes for all families	Yes for some families	No	Don't know
a. Depression or mental health concerns?	2	1	0	D
b. Intimate partner violence?	2	1	0	D
c. Child abuse/neglect?	2	1	0	D
d. Economic hardship?	2	1	0	D
e. Food insecurity?	2	1	0	D
f. Alcohol misuse?	2	1	0	D
g. Opioid misuse?	2	1	0	D
h. Other drug use?	2	1	0	D
i. Homelessness or housing insecurity?	2	1	0	D
j. Child welfare involvement?	2	1	0	D
k. Incarcerated parent?	2	1	0	D
l. Other?	2	1	0	D

Source: New Item – A8c

**A21. To what extent do you think each of these issues is a problem among the EHS families you serve in the home-based option? Please think about the number of families affected by each issue to determine how much of a problem it is.**

*Select only one per row*

	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a. Depression or mental health concerns	0	1	2
b. Intimate partner violence	0	1	2
c. Child abuse/neglect	0	1	2
d. Economic hardship	0	1	2
e. Food insecurity	0	1	2
f. Alcohol misuse	0	1	2
g. Opioid misuse	0	1	2
h. Other drug use	0	1	2
i. Homelessness or housing insecurity?	0	1	2
j. Child welfare involvement?	0	1	2
k. Incarcerated parent?	0	1	2
l. Other - Specify _____	0	1	2

Source: Baby FACES 2018 – A9

**A22. Many Early Head Start programs have a specific curriculum that their home visitors use with families. Early Head Start programs also 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 Early Head Start program made any adaptations to the curricula used by home visitors? If you don't have a specific curriculum for home visitors please say that as well.**

- YES..... 1
- NO..... 0 GO TO A26
- NOT APPLICABLE – NO CURRICULUM FOR HOME VISITORS.....n GO TO A26
- Don't know..... d GO TO A26

IF ANY ADAPTATION MADE IN A22 ANSWER A23

Source: Baby FACES 2018 – A9a

**A23. Please indicate for which, if any of the following was a reason you adapted the curriculum.**

*Select all that apply*

a. Accommodating culture or language of your population	1
b. Accommodating age or developmental needs of your population	2
c. Better aligning with abilities or preferences of home visitors	3
d. Logistical issues (such as to fit with program schedule, facilities, or available materials)	4
None of the above were reasons for adapting the curriculum	9

IF ANY REASON GIVEN (1,2,3,or 4 RESPONSE IN A23) ANSWER A24 AND A25

Source: New Item – A9b

**A24. When you adapted the home visitor curriculum used in your EHS program did you ....**

*Select all that apply*

a. Remove content or materials?	1
b. Reorder the content or material (change the sequence)?	2
c. Include new content/augment the existing content or materials?	3
d. Change the way content or materials are delivered (for example, using materials available in the home)?	4
e. Accelerate or shorten the timeline for delivering content (without dropping or adding content)?	5
f. Translate the content or materials into a different language?	6
Didn't do any of the above adaptations	9
Don't know what adaptations were made to home visitor curriculum	d

IF HOME VISITORS USE A CURRICULUM (A15=YES) ANSWER A26

Source: New Item – A9d

**A26. Some programs use checklists or standardized tools to assess the extent to which home visitors are implementing the curriculum the way it was intended, that is, with fidelity. Which of the following best describes what your program does.**

SELECT ALL THAT APPLY

Home visitors complete a checklist or standardized tool about how they use the curriculum..... 1

Supervisors or manager or others complete a checklist or standardized tool during observations of home visitors..... 2

Our program does not use a checklist or other standardized tool to assess how home visitors are using the curriculum..... 3

**THERE IS NO SECTION B**

## SECTION C. PROGRAM PROCESSES SUPPORTING RESPONSIVE RELATIONSHIPS

**Thinking about your EHS program goals related to responsive relationships between parents and children...**

Source: Adapted from Baby FACES 2018 – C6

**C1. Does your EHS program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between parents and infants and toddlers? If your program does not have goals related to responsive relationships between parents and children, please select “Not applicable.”**

- Yes, have a written plan..... 1
- No, don't have a written plan..... 0      GO TO C3
- Not applicable, have no goals related to responsive relationships between parents and children..... n      GO TO C3

IF WRITTEN PLAN (C1=1) ANSWER C2

Source: New Item – C6a

**C2. Which if any, of the following are included in your written plan to achieve program goals related to responsive relationships between parents and infants and toddlers?**

*Select all that apply*

- Technical Assistance needs or requests related to parent-child relationships?... 1
- Professional development or training experiences for staff related to parent-child relationships?..... 2
- Programming in support of parent-child relationships, for example, socializations, workshops, or trainings for parents?..... 3
- Community partnerships designed specifically to support parent child relationships?..... 4
- Policies to support parent-child relationships, such as schedules or flexibility that accommodate family time?..... 5
- None of the above..... 6



Source: Baby FACES 2018 – C7

**C3. Which, if any, of the following measures do you use to evaluate progress toward supporting responsive relationships between parents and infants and toddlers? If you have no specific measures to assess parent-child relationships indicate that as well. Do you use... (READ)**

*Select all that apply*

- An observation tool assessing parent-child relationships?.....1
- A survey of parents assessing parent-child relationships?.....2
- Something else? (SPECIFY).....3

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- No specific measure used to assess parent-child relationships.....4

IF OBSERVATION IS USED (C3=1) ANSWER C4

Source: New Item – C7a

**C4. Is the observation tool that you are using to assess parent-child relationships, something your program or agency created or did you get it from somewhere else?**

- Your program/agency created the observation tool.....1
- Got the observation tool from somewhere else .....2
- Don't know where the observation tool came from.....d

IF OBSERVATION TOOL OBTAINED ELSEWHERE (C4=2) ANSWER C5

Source: New Item – C7b

**C5. Do you happen to know the name of the observation tool?**

- (SPECIFY).....99

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- Don't know the name of the observation measure ..... d

ASK C6-10 IF CENTER BASED. IF HOME BASED ONLY GO TO C11

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

Source: Baby FACES 2018 – C8

**C6. 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 infants and toddlers? If your program does not have goals related to responsive relationships between teachers and children, please indicate that as well.**

- Yes, have a written plan.....1
- No, don't have a written plan.....0 GO TO C8
- Not applicable, have no goals related to responsive relationships between teachers and children.....n GO TO C8

IF WRITTEN PLAN (C6=1) ANSWER C7

Source: New Item – C8a

**C7. Which if any, of the following are included in your plan to achieve program goals related to responsive relationships between teachers and infants and toddlers?**

*Select all that apply*

- Technical Assistance needs or requests related to teacher-child relationships...1
- Professional development or training experiences for staff related to teacher-child relationships.....2
- Community partnerships designed to support teacher-child relationships.....3
- Policies to support teacher-child relationships, such as policies around continuity of care or assigning primary caregivers.....4
- Meetings or events that bring families and staff together.....6
- None of the above.....5

Source: Baby FACES 2018 – C9

**C8. Which, if any, of the following measures do you use to evaluate progress toward your goal to support responsive relationships between teachers and infants and toddlers? If you have no specific measures to assess teacher-child relationships indicate that as well. Do you use...**

*Select all that apply*

- An observation tool assessing teacher-child relationships.....1
- A survey of parents assessing teacher-child relationships.....2
- Something else? (Specify).....3
- \_\_\_\_\_
- No specific measure used to assess teacher-child relationships.....4

IF OBSERVATION TOOL USED (C8=1) ANSWER C9

Source: New Item – C9a

**C9. Is the observation tool that you are using to assess teacher-child relationships, something your program or agency created or did you get from somewhere else?**

- Your program/agency created the observation tool.....1
- Got the observation tool from somewhere else .....2
- Don't know where the observation tool came from.....d

IF OBSERVATION TOOL OBTAINED ELSEWHERE (C9=2) ANSWER C10

Source: New Item – C9b

**C10. Do you happen to know the name of the observation tool?**  
(SPECIFY)..... 99

Don't know the name of the observation measure d

IF HOME-BASED OPTION ANSWER C11.  
IF NO HOME BASED OPTION GO TO SECTION D

**And finally, please focus on EHS program goals related to responsive relationships between home visitors and families...**

Source: Adapted from Baby FACES 2018 – C12

**C11. Does your program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between home visitors and families? If your program does not have goals related to responsive relationships between home visitors and families, please indicate that as well.**

Yes, have a written plan..... 1  
No, don't have a written plan..... 0  
Not applicable, have no goals related to responsive relationships between home visitors and families..... n

IF WRITTEN PLAN (C11=1) ANSWER C12

Source: Adapted from Baby FACES 2018 – C12a

**C12. Which if any, of the following are included in your plan to achieve program goals related to responsive relationships between home visitors and families?**

*Select all that apply*

Technical Assistance needs or requests related to home visitor-family relationships..... 1  
Professional development or training experiences for staff related to home visitor-family relationships..... 2  
Community partnerships designed to support home visitor-family relationships. .3  
Policies to support home visitor-family relationships, such as policies around continuity or matching home visitors to families based on culture/language..... 4  
Meetings or events that bring families and staff together..... 6  
None of the above..... 5

Source: Adapted from Baby FACES 2018 – C13

**C13. Which, if any, of the following measures do you use to evaluate progress toward your goal to support responsive relationships between home visitors and families? If you have no specific measures to assess home visitor-family relationships indicate that as well. Do you use...**

*Select all that apply*

- An observation tool assessing home visitor-family relationships.....1
- A survey of parents assessing home visitor-family relationships.....2
- Something else? (Specify).....3

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- No specific measure used to assess home visitor-family relationships.....4

**IF OBSERVATION TOOL USED (C13=1) ANSWER C14**

Source: New Item – C13a

**C14. Is the observation tool that you are using to assess home visitor-family relationships, something your program or agency created or did you get from somewhere else?**

- Your program/agency created the observation tool.....1
- Got the observation tool from somewhere else .....2
- Don't know where the observation tool came from.....d

**IF OBSERVATION TOOL OBTAINED ELSEWHERE (C14=2) ANSWER C15**

Source: New Item – C13b

**C15. Do you happen to know the name of the observation tool?**

(SPECIFY)..... 99

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Don't know the name of the observation measure d

**Thinking now about attendance...**

Source: Baby FACES 2018 – C11

**C16. For what percentage of home-based families do you have concerns related to participating in and showing up for weekly home visits?**

- 0 – None.....0
- 1 to 5 percent.....1
- 6 to 10 percent.....2
- 11 to 20 percent.....3
- 21 to 50 percent.....4
- More than 50 percent (51-100%).....5
- Don't know.....d

**IF ANY ATTENDANCE CONCERNS (C16 GREATER THAN 0) ANSWER C17**



Source: New Item – C11a

**C17. For home based families where you have concerns, what if any of the following do you do to encourage participation in home visits? If you have no specific approaches to encourage participation in or showing up for weekly home visits please indicate that as well.**

*Select all that apply*

- Call parents.....1
  - Text or email parents.....2
  - Send a letter to the parents.....3
  - Set up a meeting with a family advocate, family service, worker, or other staff member, or.....5
  - Messaging through social media such as Facebook.....8
  - Program-wide family education about the value of attendance.....9
  - Something else? (Specify).....6
- 
- No specific approach to encourage participation .....7

## SECTION D. STAFF DEVELOPMENT AND TRAINING

The next questions are about supervision, coaching and staff development.

IF PROGRAM HAS HOME VISITORS ANSWER QUESTION D1 – D6.  
IF NO HOME VISITING, GO TO D7 ON THE NEXT PAGE

Source: Adapted from Baby FACES 2009 – D1

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

**Do you....**

	Select all that apply
a. Provide training on reflective supervision to all supervisors of home visitors?	1
b. Require supervisors to conduct regular individual supervision meetings with home visitors	2
d. Require supervisors to conduct regular home visitor group supervision meetings?	3
e. Require supervisors to conduct formal performance reviews with home visitors?	4
c. Require supervisors to observe staff on home visits regularly?	5
Don't do any of the above when supervising home visitors	9

IF YOU PROVIDE TRAINING ON REFLECTIVE SUPERVISION (D1A=1) ANSWER D2

Source: Adapted from Baby FACES 2018 – D2a

**D2. How many times a year are supervisors of home visitors required to complete a training in reflective supervision? Your best guess is fine.**

|\_|\_|\_| TIMES PER YEAR

Don't know.....d

IF SUPERVISORS CONDUCT INDIVIDUAL MEETINGS (D1B=2) ANSWER D3

Source: Adapted from Baby FACES 2018 – D2b

**D3. How many times a year do supervisors typically hold one-on-one supervision meetings with home visitors? Again, your best guess is fine.**

|\_|\_|\_| TIMES PER YEAR

Don't know.....d

IF SUPERVISORS CONDUCT GROUP MEETINGS (D1D=1) ANSWER D4

Source: New Item – D2d

**D4. How many times a year do supervisors typically hold group supervision meetings with home visitors? Your best guess is fine.**

|\_|\_|\_| TIMES PER YEAR

Don't know.....d

IF SUPERVISORS CONDUCT FORMAL REVIEWS (D1E=1) ANSWER D5

Source: New Item – D2e

**D5. How many times a year do supervisors typically conduct a formal performance review for individual home visitors?**

|\_|\_|\_| TIMES PER YEAR

Don't know.....d

IF SUPERVISORS CONDUCT OBSERVATIONS (D1C=1) ANSWERS D6

Source: New Item – D2c

**D6. How many times a year do supervisors typically conduct an observation of an individual home visitor?**

|\_|\_|\_| TIMES PER YEAR

Don't know.....d

Source: New Item – D4

**D7. What information does your program use to inform a plan for staff training or professional development?**

SELECT ALL THAT APPLY

Input from staff about their training needs.....1

Input from supervisors or coaches about the needs of the staff they supervise...2

Observations of classrooms or home visits.....3

Performance reviews.....4

Educational qualifications of staff .....5

Requirements or guidelines from OHS or other licensing, accreditation, or governing agency.....6

A competency framework describing staff knowledge, skills, and abilities.....7

Child assessment data.....10

Community needs assessment data.....11

Program goals.....12

Something else (SPECIFY): \_\_\_\_\_9

None of the above.....n

**D10. Thinking only about your Early Head Start Training and Technical Assistance (T/TA) funding, which of the following activities does it directly support? Does it 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
- CDA, A.A., or B.A. courses.....9
- Incentives such as gift cards to participate in Training/TA activities.....10
- Consultations with experts.....11
- Other (SPECIFY) \_\_\_\_\_.....99
- Does not support any of the above items.....n

IF PROGRAM HAS HOME VISITORS ANSWER SECTION D  
 IF NO HOME VISITORS GO TO SECTION E PAGE 23

**Now please think about coaching. Some people may think of this as mentoring. A coach is a person, usually someone other than your supervisor, who has expertise in specific areas and provides ongoing professional development, performance feedback, and works with staff to improve practice. Supervisors may do these things as well, but we are interested in whether staff have coaches who are different from their supervisor.**

Source: Adapted from FACES 2014 Center Director SAQ – D7

**D11. Is each Early Head Start home visitor formally assigned a coach?**

- Yes, all home visitors are assigned a coach who is different from their supervisor.....1 GO TO D13
- Some home visitors are assigned a coach who is different from their supervisor.....2 GO TO D12
- Supervisors of home visitors serve as coaches .....3 GO TO D16
- No, we don't have coaches for our home visitors.....0 GO TO D16



IF ONLY SOME HOME VISITORS HAVE A COACH (D11=2) ANSWER D12

Source: New Item – D7a

**D12. What factors determine which Early Head Start home visitors get a coach?**

*Select all that apply*

- Home visitor requests a coach.....1
- Home visitors with fewer than a certain number of years of experience.....2
- Home visitors with less than a certain level of education.....3
- .....
- Home visitors who are new to the program .....4
- Based on performance/supervisor recommendation.....5
- None of the above.....n
- Don't know.....d

IF PROGRAM HAS COACHES (D11=1 OR 2) ANSWER REMAINING QUESTIONS IN SECTION D

Source: Adapted from FACES 2014 Center Director SAQ – D8

**D13. Which of the following types of staff serve as coaches working with Early Head Start home visitors? Again, we are interested in staff who serve as coaches, but NOT those who also supervise home visitors.**

*Select all that apply*

Types of staffing serving as coaches to home visitors	
a. More experienced home visitors in your program?	1
b. Education coordinators?	2
c. Consultants hired by your program?	3
d. Coaches employed by the program whose sole job is coaching (that is, not consultants or staff whose primary role is as a home visitor, manager, or director)?	4
e. The center director or manager?	5
f. Other specialists on the program or center staff?	6
g. Someone else? (SPECIFY)	7
_____	
Don't know the type of staff that serve as coaches	D

Source: New item

**D13.1 How many of the staff that serve as coaches to your home visitors have a coaching certificate or coaching credential?**

- All of them..... 4
- Most of them..... 3
- Some of them ..... 2
- None of them..... 1
- Don't know how many have a certificate or credential..... d

Source: Adapted from FACES 2014 Center Director SAQ – D9

**D14. How many EHS home visitors are typically assigned to each coach? (If the caseload varies by coach, please estimate the average caseload). Your best guess is fine.**

- 1 home visitor per coach..... 1
- 2 home visitors per coach..... 2
- 3-5 home visitors per coach..... 3
- 6-10 home visitors per coach..... 4
- More than 10 home visitors per coach..... 5
- Don't know how many home visitors per coach..... d

Source: Adapted from FACES 2014 Director SAQ – D10

**D15. Do coaches working with Early Head Start home visitors in your program use any of the following specific models or approaches?**

*Select all that apply*

- Practice-based coaching?..... 1
  - Coaching tied to the curriculum used by your home visitors (for example, Parents as Teachers)?..... 2
  - Relationship-based coaching?..... 4
  - Some other model or approach? (Specify)..... 99
- 
- Do not use any of the above models/approaches..... n
  - Don't know..... d

Source: Adapted from FACES 2014 Center Director SAQ – Center C3.1

**D16. Next, please think about coaches that work with teachers in your program. How many EHS teachers are typically assigned to each coach? (If the caseload varies by coach, please estimate the average caseload. Your best guess is fine.)**

- 0 – teachers in this program are not seen by a coach.....0
- 1 teacher per coach.....1
- 2 teachers per coach.....2
- 3-5 teachers per coach.....3
- 6-10 teachers per coach.....4
- More than 10 teachers per coach.....5
- Don't know how many teachers per coach.....d

## SECTION E. DATA USE AND STAFFING

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

Source: Baby FACES 2018 – E1

- 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 data related to family needs* includes information gathered from direct one-on-one assessments, structured observations, or parent report measures.**

**Thinking first about guiding program management or continuous program improvement in your EHS program. How useful are each of the following types of data to you or other managers? If you don’t use these data for this purpose please indicate that.**

*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	DON'T KNOW
a. Child assessment data on early learning outcomes as outlined in the Head Start Early Learning Outcomes Framework	1	2	3	4	5		d
b. Data related to family needs on parent-child relationships and family wellbeing	1	2	3	4	5		d
c. Classroom observation data on the relationship or quality of interactions between teachers and infants and toddlers	1	2	3	4	5	n	d
d. Home visitor observation data on the relationships or quality of interactions between home visitors and families	1	2	3	4	5	n	d

Source: Adapted from Baby FACES 2018 – E1.1

**E2. Focus now on developing community partnership with your EHS program. How useful are each of the following types of data to you or other managers for developing community partnerships? If you don't use these data for this purpose please indicate that..**

*Select one per row*

TYPE OF DATA	VERY USEFUL	USEFUL	A LITTLE USEFUL	NOT USEFUL	DON'T USE THESE DATA FOR DEVELOPING COMMUNITY PARTNERSHIPS	NOT APPLICABLE – NO CENTER OR NO HOME VISITORS	DON'T KNOW
a. Child assessment data on early learning outcomes as outlined in the Head Start Early Learning Outcomes Framework	1	2	3	4	5		d
b. Data related to family needs on parent-child relationships and family wellbeing	1	2	3	4	5		d
c. Classroom observation data on the relationship or quality of interactions between teachers and infants and toddlers	1	2	3	4	5	n	d
d. Home visitor observation data on the relationships or quality of interactions between home visitors and families	1	2	3	4	5	n	d

Source: Adapted from Baby FACES 2018 – E1.2

**E3. How useful are each of the following types of data to you or other managers for planning technical assistance and professional development for your Early Head Start program?**

Select one per row

TYPE OF DATA	VERY USEFUL	USEFUL	A LITTLE USEFUL	NOT USEFUL	DON'T USE THESE DATA FOR TECHNICAL ASSISTANCE AND PROFESSIONAL DEVELOPMENT	NOT APPLICABLE – NO CENTER OR NO HOME VISITORS	DON'T KNOW
a. Child assessment data on early learning outcomes as outlined in the Head Start Early Learning Outcomes Framework	1	2	3	4	5		d
b. Data related to family needs on parent-child relationships and family wellbeing	1	2	3	4	5		d
c. Classroom observation data on the relationship or quality of interactions between teachers and infants and toddlers	1	2	3	4	5	n	d
d. Home visitor observation data on the relationships or quality of interactions between home visitors and families	1	2	3	4	5	n	d

Source: Adapted from Baby FACES 2018 – E1.3

**E4. And how useful are each of the following types of data to you or other managers for placing children with specific home visitors or reassigning home visitors in your Early Head Start program?**

Select one per row

TYPE OF DATA	VERY USEFUL	USEFUL	A LITTLE USEFUL	NOT USEFUL	DON'T USE THESE DATA FOR HOME VISITOR PLACEMENT	NOT APPLICABLE – NO CENTER OR NO HOME VISITORS	DON'T KNOW
a. Child assessment data on early learning outcomes as outlined in the Head Start Early Learning Outcomes Framework	1	2	3	4	5		d
b. Data related to family needs on parent-child relationships and family wellbeing	1	2	3	4	5		d
c. Classroom observation data on the relationship or quality of interactions between teachers and infants and toddlers	1	2	3	4	5	n	d
d. Home visitor observation data on the relationships or quality of interactions between home visitors and families	1	2	3	4	5	n	d

IF HOME VISITING ASK REST OF SECTION E.  
IF NO HOME VISITING PROGRAMS GO TO SECTION F

**Now, please think about your staffing.**

Source: New Item – E6a

**E5. How many Early Head Start home visitors do you currently employ? Your best estimate is fine.**

|\_|\_| NUMBER

Don't know

Source: New Item – Adapted from the Migrant and Seasonal Head Start Study, 2017 (new)

**E6. What percentage of your EHS home visitors did your program have to replace at the start of the program year because the home visitors did not return after last year? (That is home visitors that left between program years.)**

- 0 – No home visitors left between last program year and this program year.....0
- 1 to 5 percent..... 1
- 6 to 10 percent..... 2
- 11 to 20 percent..... 3
- 21 to 50 percent..... 4
- More than 50 percent (51-100%)..... 5
- Don't know..... d

Source: New Item – Adapted from the Migrant and Seasonal Head Start Study, 2017 (new)

**E7. And what percentage of your EHS home visitors did you have to replace after the start of the program year? (That is home visitors that left during the current program year.)**

- 0 – No home visitors left during the current program year.....0
- 1 to 5 percent..... 1
- 6 to 10 percent..... 2
- 11 to 20 percent..... 3
- 21 to 50 percent..... 4
- More than 50 percent (51-100%)..... 5
- Don't know..... d

ASK E8 IF ANYONE LEFT THE PROGRAM ((E6=1-5 OR D) OR (E7=1-5 OR D)):

Source: New Item – Adapted from the Migrant and Seasonal Head Start Study, 2017 (new)

**E8. Please mark the primary *three* reasons that home visitors left your program.**

SELECT UP TO THREE REASONS

a. Transitioned to another position in your program	1
b. Pursue their education	2
c. Higher pay in an equivalent early childhood job at another program	3
d. Higher level early childhood position at another program	4
e. Better work hours in another job	5
f. Transportation needs	6
g. Left early childhood field	7
h. Personal reasons	8
OTHER (SPECIFY) _____	9
Don't know why home visitors left	d



Source: New Item – Adapted from the Migrant and Seasonal Head Start Study, 2017 (new)

**E9. What is your program doing or trying to do to reduce home visitor turnover?**

	<u>SELECT ALL THAT APPLY</u>
a. Increasing home visitor salaries and benefits	1
b. Hiring or recruiting more assistants or aides for home visitors	2
c. Providing more or better training or education	3
d. Providing more opportunities for career advancement	4
e. Providing better fringe benefits	5
f. Giving home visitors more say in choice of curriculum and planning activities	6
g. Providing home visitors with better materials or physical space for completing paperwork	7
h. Decreasing the number of family/child slots or hours of operations in order to have more fiscal resources to provide home visitors with higher salaries and/or benefits	8
i. Increasing positive relationships within the program	9
OTHER (SPECIFY) _____	10
None of the above, no need to reduce home visitor turnover	n
Don't know what is being done to reduce home visitor turnover	d

Source: Adapted from Baby FACES 2009 – E11

**E10. 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? Would you say...**

Very difficult.....	1	
Somewhat difficult.....	2	
Not too difficult, or.....	3	GO TO SECTION F
Not at all difficult?.....	4	GO TO SECTION F
NOT APPLICABLE – NOT INVOLVED IN HIRING DECISIONS.....	n	GO TO SECTION F

## SECTION X. COVID-19

The COVID-19 pandemic was a significant event that had an impact on the lives of many individuals and families. The next few questions are about how home-based services were affected by the pandemic and whether services were offered in person or virtually.

**X1. Thinking first about in-person home visits in the home-based option at the start of the pandemic, that is, March to June 2020, which of the following best describes your program? Did your program....**

- Offer in-person home visits to all families.....0
- Offer in-person home visits to some families or,.....1
- Not offer any in-person home visits (for example, program closed or only virtual visits were offered).....2

**If more than one of the above was true about in-person home visits between March and June 2020, please indicate which one was true for the majority of the time.**

**X2. Did your program offer virtual home visits to families in the home-based option during the spring 2020 pandemic, that is, between March and June 2020? Virtual home visits are regularly scheduled home visits conducted by video conference or phone.**

- YES.....1
- NO.....0      GO TO X3

**IF X2=Yes, ask:**

**X3. And what about now? Is your program continuing to offer virtual home visits to families in the home-based option?**

- YES.....1
- NO.....0

**X4. Is your program currently offering in-person home visits to families in the home-based option?**

- YES.....1
- NO.....0

**IF X3=Yes AND X4=Yes, ask:**

**X5. About what proportion of home visits conducted across families in the home-based option in your program are delivered in-person versus virtually? Your best estimate is fine.**

|\_|\_|\_|% In-person \_\_\_\_  
|\_|\_|\_|% Virtual - \_\_\_\_%

[total = 100%]

**X6. Thinking about home-based services, whether they are provided in-person or remotely, is your program currently experiencing any of the following challenges related to the COVID-19 pandemic?**

**SELECT ALL THAT APPLY**

- Staffing challenges (fewer staff available/willing to return to work, difficulty filling vacancies, or having to hire less experienced staff to replace experienced staff who left)..... 1
- Enrollment or retention of families (fewer families willing to participate).....2
- Staff physical health (being sick with COVID-19 or inability to access medicines to prevent or treat COVID-19, or fear of seeking health services due to risk of exposure to COVID-19).....3
- Family physical health (being sick with COVID-19 or inability to access medicines to prevent or treat COVID-19, or fear of seeking health services due to risk of exposure to COVID-19).....4
- Staff mental health/well-being.....5
- Family mental health/trauma from COVID-19.....6
- Funding (loss of revenues, difficulty paying rent, utilities, staff salaries) .....7
- Lost community partnerships..... 8
- Lack of necessary/appropriate cleaning supplies or PPE (such as sanitizing materials or masks)..... 9
- Lack of necessary technology or reliable internet to support virtual home visit services (either for staff or families).....10
- Lack of guidance from the Office of Head Start (OHS) on how to operate.....11
- Lack of guidance from the state/local government on how to operate.....12
- Meeting OHS requirements to operate (regulations, performance standards), even with the flexibilities offered by OHS in the 2020-2021 and 2021-2022 program years..... 13
- Meeting local or state requirements to operate (state regulations, local restrictions, licensing standards).....14
- Other (Specify) \_\_\_\_\_  
.....
- 99
- My program is not experiencing any of these challenges.....n

**X7. You indicated [LIST ALL ENDORSED FROM ITEM X6] are challenges. Which one is the biggest challenge?**

[DISPLAY ONLY ITEMS SELECTED IN X6]

**SELECT ONE ONLY**

- Staffing challenges (fewer staff available/willing to return to work, difficulty filling vacancies, or having to hire less experienced staff to replace experienced staff who left)..... 1
- Enrollment or retention of families (fewer families willing to participate).....2
- Staff physical health (being sick with COVID-19 or inability to access medicines to prevent or treat COVID-19, or fear of seeking health services due to risk of exposure to COVID-19).....3
- Family physical health (being sick with COVID-19 or inability to access medicines to prevent or treat COVID-19, or fear of seeking health services due to risk of exposure to COVID-19).....4
- Staff mental health/well-being.....5
- Family mental health/trauma from COVID-19.....6
- Funding (loss of revenues, difficulty paying rent, utilities, staff salaries) .....7
- Lost community partnerships.....8
- Lack of necessary/appropriate cleaning supplies or PPE (such as sanitizing materials or masks).....9
- Lack of necessary technology or reliable internet to support virtual home visit services (either for staff or families).....10
- Lack of guidance from the Office of Head Start (OHS) on how to operate.....11
- Lack of guidance from the state/local government on how to operate.....12
- Meeting OHS requirements to operate (regulations, performance standards), even with the flexibilities offered by OHS in the 2020-2021 program year.....13
- Meeting local or state requirements to operate (state regulations, local restrictions, licensing standards).....14
- Cannot choose one biggest challenge.....

**X8. Many programs adopted innovative strategies to respond to challenges they faced as a result of the COVID-19 pandemic. Thinking about home visiting services for families in the home-based option, can you describe one such strategy that your program adopted that you consider innovative or view as a success?**

---

**X9. Unfortunately, COVID-19 is not the last crisis we will face. For this last question, 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. Thinking about both center- and home-based options if applicable, 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.....2
- Trainings for teachers/classroom staff to deliver content and services remotely. 3
- Ability to use Head Start funds more flexibly in times of emergency.....4
- Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, WiFi/hotspots).....4
- Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, WiFi/hotspots).....5
- Aid in developing relationships with local entities.....6
- Guidance to create a plan for continuing operations.....7
- Guidance for managing human resource issues and supporting staff wellness  
.....  
8
- Other (Specify) \_\_\_\_\_  
.....  
99
- We do not need additional supports for future emergencies.....n

## SECTION F. DEMOGRAPHICS

These last questions are about you.

Source: Adapted from Baby FACES 2009 – F1

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

Male.....	1
Female.....	2
Other.....	3

Source: OMB Guidance – F2

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

*Select all that apply*

Not of Hispanic, Latina/o, or Spanish origin.....	1
Mexican, Mexican American, Chicano/a.....	2
Puerto Rican.....	3
Cuban.....	4
Another Hispanic, Latino/a, or Spanish origin.....	5

Source: OMB Guidance – F3

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

*Select all that apply*

White.....	1
Black or African American.....	2
American Indian or Alaska Native.....	3
Asian.....	4
Native Hawaiian or Other Pacific Islander.....	5

Source: Adapted from Baby FACES 2009 – F4

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

**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 GO TO F5
- High school diploma or equivalent.....2 GO TO F5
- Some vocational/technical school, but no diploma.....3 GO TO F5
- Vocational/technical diploma.....4 GO TO F5
- Some college courses, but no degree.....5 GO TO F5
- Associate's degree.....6 GO TO F7
- Bachelor's degree.....7 GO TO F7
- Graduate or professional school, but no degree.....8 GO TO F7
- Master's degree (M.A., M.S.).....9 GO TO F7
- Doctorate degree (PH.D., ED.D.).....10 GO TO F7
- Professional degree after Bachelor's degree (Medicine/MD; Dentistry/DDS; Law/JD/LLB; etc.).....11 GO TO F7

IF LESS THAN AN ASSOCIATE'S DEGREE IN F4 ANSWER F5 AND F6

Source: Adapted from Baby FACES 2009 – F5

**F5. Do you currently have either of the following credentials or certificates?**

*Select one per row*

	YES, I HAVE IT AND IS CURRENT	HAD IT BUT NOT CURRENT	NO, I DON'T HAVE IT	DON'T KNOW
a. An Infant/Toddler Child Development Associate (CDA) credential	1	2	0	d
b. Some other kind of CDA credential or state awarded certificate/license	1	2	0	d

IF LESS THAN AN ASSOCIATE'S DEGREE IN F4 ANSWER F6

Source: Adapted from Baby FACES 2018 – F5.1

**F6. Are you currently working toward an associate's or a bachelor's degree?**

- YES.....1
- NO.....0



IF ASSOCIATE'S DEGREE OR HIGHER IN F4 ANSWER F7 AND F8.

Source: Adapted from Baby FACES 2018 – F5.2

**F7. Is your degree in Early Childhood Education or a related field?**

YES..... 1  
NO..... 0

IF ASSOCIATE'S DEGREE OR HIGHER IN F4 ANSWER F8

Source: Source: Adapted from Baby FACES 2018 – F5a

**F8. Did your degree or graduate work include the study of or a focus on prenatal or infant/toddler development?**

YES..... 1  
NO..... 0

ALL

Source: Adapted from Baby FACES 2009 – F6

**F9. In total, how many years have you been working in Early Head Start?**

IF LESS THAN ONE YEAR, WRITE IN ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

Source: Adapted from Baby FACES 2009 – F7

**F10. In total, how many years have you been working in this program?**

IF LESS THAN ONE YEAR, WRITE IN ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

**The next few questions 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

**F11. In total, how many years have you been the director of this program?**

IF LESS THAN ONE YEAR, WRITE IN ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

Source: Adapted from Baby FACES 2009 – F9

**F12. 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?**

**Please round your response to the nearest whole year.**

IF LESS THAN ONE YEAR, WRITE IN ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

Source: Adapted from Baby FACES 2009 – F10

**F13. In total, how many years have you been a director in any early childhood program? Please include your time as director at this program.**

**Please round your response to the nearest whole year.**

IF LESS THAN ONE YEAR, WRITE IN ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

**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 infants and toddlers and families.**