



Mathematica



**American Indian and  
Alaska Native**

family and child experiences survey

**AIAN FACES 2019**

Experiences in Head Start

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

Center Director Survey

*Spring 2022*

**AFFIX LABEL HERE**

Paperwork Reduction Act of 1995: A person is not required to provide information unless the OMB control number for this collection of information is shown. If you do not have this control number, do not gather the data needed to respond. If you have time estimate(s) or suggestions, please contact the Office of Management and Enterprise Services, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

Do not conduct or sponsor, and do not disseminate, this information unless you have the OMB control number. The valid OMB control number for this collection of information is 0970-0151. Do not use existing data resources, unless you have the OMB control number. Concerning the accuracy of the information, please contact the Office of Management and Enterprise Services, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.



## Introduction

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

To help us understand your center better, we need you to complete this brief survey. It asks about:

- staffing and recruitment
- Native culture and language
- staff education and training; curriculum and assessment
- supports for physical activity and nutrition
- program management
- a few questions about yourself and your background

Some questions will be about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.

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 individual answers will not be shared with other staff at your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them.

Additionally, there are a few questions that you will answer using your own words. The information you provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that you mention will be omitted from study reports.

The survey will take about 30 minutes to complete.

## CONSENT

OMB Number: 0970-0151

Expiration Date: XX/XX/XXXX



AFFIX LABEL HERE

# American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) Center Director Survey Consent Form

### ***Who is the study for?***

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

### ***About this survey***

This survey asks you about staffing and staff education and training, curriculum and assessment, program management, Native culture and language at your center, and your feelings about your job and center. It will also ask about your education and training and any professional development you may have taken part in over the past year.

Some questions will be about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.

### ***Privacy statement***

- Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.
- Your individual answers will not be shared with other staff at your center, or anybody else not working on this study.
- Please be assured that all information you provide will be kept private to the extent permitted by law.
- In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them.

- Additionally, there are a few questions that you will answer using your own words. The information you provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that you mention will be omitted from study reports.
- The survey will take about 30 minutes to complete.

If you have questions, please call Felicia Parks at 1-XXX-XXX-XXX or send an email to [AIANFACES@mathematica-mpr.com](mailto:AIANFACES@mathematica-mpr.com) and include your contact information.

By signing below, I agree that I understand the purposes of this study, including any privacy assurances, and that my participation is completely voluntary. Additionally, there are a few questions that you will answer using your own words. The information I provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that I mention will be omitted from study reports. I may withdraw this consent at any time and without penalty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## AB. NATIVE CULTURE/LANGUAGE AT CENTER

The first questions are about Native culture and use of Native language at your center.

**AB3. Do children at your center receive Native language lessons?**

- 1  Yes  
0  No → **GO TO AB13, PAGE 2**

**AB4. What languages are they taught through Native language lessons? Please list all Native languages taught:**

---

---

---

---

---

---

---

---

**AB5. Who teaches the Native language lessons?**

**MARK ONE OR MORE BOXES**

- 1  Lead classroom teacher  
2  Assistant classroom teacher  
3  Paid aides  
4  Cultural/language elder or specialist  
5  Other (*specify*)

---

**AB12. In what ways does your center support parent engagement in children's Native language learning?**

- 1  Offering language lessons to parents  
2  Sending home flyers about the words and phrases children are learning  
3  Sending home language curriculum materials (e.g. curriculum manuals)  
4  Offering single events or workshops about the Native language and Native language learning (e.g., family nights)  
5  Sharing multimedia such as CDs or videos with language resources (e.g., audio or video of the language being spoken)  
6  Language communities  
7  Other (*specify*)

---

**AB13. During this program year, how often have children in your center done the following as part of their Head Start activities?**

SELECT ALL THAT APPLY PER ROW

	DAILY	WEEKLY	MONTHLY	YEARLY	NEVER	NOT APPROPRIATE IN OUR COMMUNITY
a. Listened to Elders or cultural knowledge holders tell traditional stories.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Participated in traditional activities such as gathering/preparing food, hunting, fishing, planting, harvesting, or other traditional activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. Observed or listened to presentations about gathering/preparing food, hunting, fishing, planting, harvesting, or other traditional activities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. Participated in some aspect of a community's social dancing, singing, or drumming traditions during the Head Start day.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. Participated in a program event outside the Head Start day that included traditional dancing, singing or drumming.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. Participated in traditional craft making activities, (for example: beading, weaving, making pottery, jewelry, or dance regalia).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g. Had the opportunity to observe or participate in a traditional cultural game.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**AB11. What percentage of center administrative staff and teachers are AIAN members?**

*Include both staff who come from the same or different tribes as the children and families served.*

|\_|\_|\_| PERCENT OF TEACHERS OR ASSISTANT TEACHERS

|\_|\_|\_| PERCENT OF ADMINISTRATIVE STAFF

**AB14. What types of tribal or community support do you receive for your language and culture program?**

---

---

---

**AB15. Has the way that children experience Native language and culture in your center changed due to the COVID-19 pandemic?**

- 1  Yes  
0  No → **GO TO SECTION A, PAGE 4**

**AB16. How has the way that children experience Native language and culture in your center changed due the COVID-19 pandemic?**

---

---

---

## A. STAFFING AND RECRUITMENT

Next, we have some questions about your center, staffing and recruitment. We have several questions about the schedule available for Head Start funded center-based enrollment slots. These questions are focused only on Head Start slots. Please do NOT consider Early Head Start slots.

**A0-1. What are the start and end dates of the program year for Head Start funded center-based slots?**

	MONTH	YEAR
a. Start date.....	_ _	_ _ _ _
b. End date.....	_ _	_ _ _ _

**A0-2a. We would like to learn about the number of days per week and hours per day that services are provided for Head Start funded center-based enrollment slots.**

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

**MARK ONE OR MORE BOXES**

- 1  4 days per week
- 2  5 days per week

**A0-3. How many hours a day is this program available to Head Start funded center-based slots?**

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

|\_|\_| NUMBER OF HOURS

**A0-4. Is this program considered a full-day program or half-day program?**

**MARK ONE ONLY**

- 1  Full-day
- 2  Half-day
- 3  A combination of both

**A1. How many lead teachers are currently employed in this center?**

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

|\_|\_| LEAD TEACHERS

**A2. How many of these lead teachers were new to the center this year?**

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

|\_|\_| LEAD TEACHERS



**A4. In the past 12 months, how many lead teachers left and had to be replaced?**

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

|\_\_|\_\_| LEAD TEACHERS → **IF ONE OR MORE TEACHERS LEFT, GO TO A4a (NEXT QUESTION). OTHERWISE GO TO A12h.**

**A4a. Please select the top *three* reasons that lead teachers left your program.**

**SELECT UP TO THREE REASONS**

- 1  Transitioned to another position in your program
- 2  Pursue their education
- 3  Higher pay in an equivalent early childhood job at another program
- 4  Higher level early childhood position at another program
- 5  Better work hours in another job
- 6  Transportation needs
- 7  Left early childhood field
- 8  Personal reasons
- 9  Illness or health reasons
- 10  Concerns about personal health and safety due to COVID-19
- 11  Other reason due to Covid-19 (*specify*)  
\_\_\_\_\_
- 12  Other (*specify*)  
\_\_\_\_\_

**A12h. Does your center serve any children or families who speak a language other than English at home?**

- 1  Yes
- 0  No → **GO TO A15, PAGE 6**

**A12i. Other than English, what languages are spoken by the children and families who are part of your center?**

- 1  Native Language(s) (*specify*)  
\_\_\_\_\_
- 2  Spanish
- 3  Other (*specify*)  
\_\_\_\_\_

**A12j. Do you have any lead teachers or assistant teachers who are bilingual?**

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

- 1  Yes
- 0  No → **GO TO A\_C3j, PAGE 6**

**A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any lead teachers or assistant teachers in your center?**

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

1  Native Language(s) (*specify*)

---

2  Spanish

3  Other (*specify*)

---

**A12j. Do you have any lead teachers or assistant teachers who are bilingual?**

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

1  Yes

0  No → **GO TO A\_C3j**

**A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any lead teachers or assistant teachers in your center?**

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

1  Native Language(s) (*specify*)

---

2  Spanish

3  Other (*specify*)

---

**A\_C3j. Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?**

1  Yes

0  No

**A15. In Fall 2021, was it difficult for your center to recruit any of the following families in your community?**

**MARK ONE OR MORE BOXES**

1  Single parent households

2  Teen parent households

3  Families living in deep poverty

4  Families experiencing unemployment or underemployment

5  Families with substance use issues

6  Families with mental health issues

99  Other families (*specify*)

---

**A16. In Fall 2021, did your center make an effort to recruit different families compared to prior years due to the COVID-19 pandemic?**

1  Yes

0  No → **GO TO SECTION B, PAGE 8**

**A17. Please think about families your center made an effort to recruit in Fall 2021, compared to prior years.**

**Due to the COVID-19 pandemic, did your center make more of an effort to recruit the following families?**

**MARK ONE OR MORE BOXES**

1  Single parent households

2  Teen parent households

3  Families living in deep poverty

4  Families experiencing unemployment or underemployment

5  Families with substance use issues

6  Families with mental health issues

99  Other families (*specify*)

---

## B. STAFF EDUCATION AND TRAINING

The next questions are about supports to promote staff education and training.

**B3h. Programs and centers can support staff's professional development in a lot of different ways. Does your program or center offer the following to teachers, family child care providers, or home visitors?**

SELECT ONE RESPONSE  
PER ROW

	YES	NO
14. Support/funding to attend Tribal, regional, state, or national early childhood conferences.....	1 <input type="radio"/>	0 <input type="radio"/>
5. Paid substitutes to allow teachers time to prepare, train, and/or plan.....	1 <input type="radio"/>	0 <input type="radio"/>
6. Coaching/mentoring.....	1 <input type="radio"/>	0 <input type="radio"/>
1. Other types of consultants hired to work directly with staff to address a specific issue or concern.....	1 <input type="radio"/>	0 <input type="radio"/>
7. Workshops/trainings sponsored by the program.....	1 <input type="radio"/>	0 <input type="radio"/>
8. Workshops/trainings provided by other organizations.....	1 <input type="radio"/>	0 <input type="radio"/>
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert.....	1 <input type="radio"/>	0 <input type="radio"/>
10. Time during the regular work day to participate in Office of Head Start T/TA webinars.....	1 <input type="radio"/>	0 <input type="radio"/>
11. Tuition assistance for Associate's or Bachelors' courses.....	1 <input type="radio"/>	0 <input type="radio"/>
12. Onsite Associate's or Bachelor's courses.....	1 <input type="radio"/>	0 <input type="radio"/>
13. Tuition assistance for courses toward getting a credential.....	1 <input type="radio"/>	0 <input type="radio"/>
99. Other ( <i>Specify</i> ) _____	1 <input type="radio"/>	0 <input type="radio"/>

**B4. How often do the following staff typically participate in professional development activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?**

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

SELECT ONE RESPONSE PER ROW

	WEEKLY	2 OR 3 TIMES PER MONTH	MONTHLY	ONCE EVERY FEW MONTHS	ONCE A YEAR OR LESS	DON'T KNOW
a1. Center-based lead teachers, by “lead teacher” we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
a2. Assistant teachers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Family service workers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**B5. Who conducts the professional development activities?**

**MARK ONE OR MORE BOXES**

- 1  Center or grantee staff
- 2  Community resources
- 3  Consultants
- 11  AIAN T/TA provider
- 5  National Head Start Association
- 10  State conferences
- 15  Regional conferences
- 16  National conferences
- 17  Tribal conferences
- 7  Private companies or organizations
- 13  OHS Regional T/TA Providers
- 14  OHS National Centers
- 12  Cultural/language elder or specialist
- 8  Other families (*specify*)  
\_\_\_\_\_
- 9  Do not have professional development activities

**B6. Has your center consulted with a regional T/TA specialist?**

- 1  Yes
- 0  No

**B6a. Has your center consulted with AIAN T/TA specialists? These could be early childhood education (ECE) specialists or grantee specialists.**

- 1  Yes
- 0  No

**B20. How often are teachers given a formal performance evaluation?**

**MARK ONE ONLY**

- 1  Two or more times per year
- 2  Once a year
- 3  Once every 2 years
- 4  Once every 3 years
- 5  Once every 4 years or more
- 0  No formal evaluations are conducted

## C. STAFF MENTAL HEALTH

- C1.** The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

SELECT ONE RESPONSE PER ROW

	RARELY OR NEVER IN THE PAST WEEK	SOME OR A LITTLE IN THE PAST WEEK	OCCASIONALLY OR MODERATELY IN THE PAST WEEK	MOST OR ALL OF THE TIME IN THE PAST WEEK
a. Bothered by things that usually don't bother you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. You did not feel like eating, your appetite was poor.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. That you could not <u>shake off the blues</u> , even with help from your family and friends..... <i>Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Depressed.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. That everything you did was an effort...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Fearful.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Your sleep was restless.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. You talked less than usual.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lonely.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Sad.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. You could not get "going".....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**C3. Over the *last 2 weeks*, how often have you been bothered by any of the following problems? For each question, please check the number that best describes how often you had this feeling.**

SELECT ONE RESPONSE PER ROW

During the past 2 weeks, about how often were you bothered by...	NEARLY EVERY DAY IN THE PAST 2 WEEKS	MORE THAN HALF THE DAYS IN THE PAST 2 WEEKS	SEVERAL DAYS IN THE PAST 2 WEEKS	NOT AT ALL IN THE PAST 2 WEEKS
a. Feeling nervous, anxious or on edge?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Not being able to stop or control worrying?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Worrying too much about different things?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Trouble relaxing?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Being so restless that it is hard to sit still?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Becoming easily annoyed or irritable?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Feeling afraid as if something awful might happen?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

**C10. To what extent do you agree with each of the following statements about your job-related stress?**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. You are under too many pressures to do your job effectively.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Staff members often show signs of stress and strain.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. The heavy workload at this center reduces effectiveness.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Staff frustration is common at this center.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



**C4. To what extent do you agree with each of the following statements about your current job-related stress due to COVID-19?**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. You worry about your own potential exposure to COVID-19 while at work.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. COVID-19 safety rules and regulations are stressful for you and other staff members.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. You cannot meet performance expectations due to COVID-19.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. You feel more stress at work now than you did before COVID-19 began.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

The next questions are about supports for staff mental health available in your program.

**C5. Does your center offer services or supports to support staff wellness and overall well-being? Examples of these services and supports include resources to support physical health (e.g., exercise and nutrition, yoga room), self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room), counseling resources or referrals to Employee Assistance Programs, and monetary incentives.**

- 1  Yes
- 0  No

The next questions are about trauma informed care.

**C8. Does your center offer training to staff on providing trauma-informed care?**

SAMHSA defines a trauma-informed approach—using the 4R’s—as one that (1) **realizes** the widespread impact of trauma and pathways to recovery; (2) **recognizes** trauma signs and symptoms; (3) **responds** by integrating awareness about trauma into all facets of the system; (4) **resists** re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers.

- 1  Yes
- 0  No → **GO TO SECTION E**

**C9. You indicated that your center offers training to staff on providing trauma-informed care. Who conducts the training on providing trauma-informed care?**

**MARK ONE OR MORE BOXES**

- 1  Mental health consultants/specialists
- 2  Counselors/therapists
- 3  Behavior specialists
- 4  Other center or grantee staff
- 5  Other families (*specify*)

## E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

**E11.** How often are each child's assessment results reported to the following people?

SELECT ONE RESPONSE PER ROW					
	NEVER	ONCE AT THE BEGINNING OF THE YEAR	ONCE AT THE END OF THE YEAR	BEGINNING AND END OF YEAR	MORE OFTEN THAN TWICE PER YEAR
a. Reported to parents.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Reported to program administrators...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Recorded in child's record.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**E3a.** Does your center use a particular parent education or parent support curriculum?

*A parent education or support curriculum aims to build parents' knowledge and give parents the opportunity to practice parenting skills that support their children's learning and development. Parents are the intended audience of this type of curriculum.*

- 1  Yes
- 0  No

## K. PHYSICAL ACTIVITY AND NUTRITION

The next questions are about physical activity and nutrition in your program.

- K1. Does your center have a policy stating the amount of gross motor activity time children should receive each day?**

*Gross motor activity for children includes activities where the children use their large muscles for running, walking, dancing, kicking, keeping their balance, jumping, throwing, catching, and other types of active play. Questions in this part of the survey are about how children spend their active play time inside and outside, the ways in which you encourage activities, and communication with parents about the importance of gross motor activity.*

- 1  Yes  
 0  No → **GO TO K3**

- K2. On a typical day, how much time does your policy state the children should spend doing gross motor activity outdoors and indoors?**

|\_|\_|\_| MINUTES

- K3. Have you talked with any of your teachers about children's weight?**

- 1  Yes  
 0  No

- K4. Have you talked with any of your teachers about how to talk to parents about children's weight?**

- 1  Yes  
 0  No

- K5. How often do you do any of the following?**

*Please include both in person and remote or virtual activities or gatherings (for example, over Zoom or Facebook).*

SELECT ONE RESPONSE PER ROW

	NEVER	ABOUT ONCE OR TWICE A YEAR	A FEW TIMES A YEAR	ABOUT ONCE A MONTH	MORE FREQUENTLY THAN ONCE A MONTH
a. Send information about physical activity home to parents.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Invite parents to participate in program education activities about physical activity.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Share information with parents about programs that can help foster physical activity outside of the classroom such as programs at a local community center.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Invite parents to participate in classroom education activities about healthy eating.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>



## H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

**H9. In the past 12 months, have you participated in the following kinds of professional development?**

		SELECT ONE RESPONSE PER ROW	
		YES	NO
a.	A network or community of early care and education center directors or managers, sometimes called a peer learning group (PLG) or professional learning community (PLC).....	1 <input type="radio"/>	0 <input type="radio"/>
b.	A leadership institute, course, coaching, or other leadership development program..... <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>	1 <input type="radio"/>	0 <input type="radio"/>
c.	Native language courses or language mentorship with first speakers. .	1 <input type="radio"/>	0 <input type="radio"/>

**H8. To do your job as a center director more effectively, what additional help do you need? 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
- 19  Health/safety or related policy guidance
- 20  Preparing for future disasters

# I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

Now, we'd like to ask you some questions about your professional background and your job with Head Start.

**IA. In total, how many years have you been a director...**

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

	NUMBER OF YEARS
I0. In <u>any</u> early childhood program.....	_ ,  _ _ _
I2a. In <u>any</u> Head Start program.....	_ ,  _ _ _
I2b. Of <u>this</u> Head Start program.....	_ ,  _ _ _

**Ib. In total, how many years have you worked...**

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

	NUMBER OF YEARS
I2. In <u>any</u> early childhood program.....	_ ,  _ _ _
I2c. In <u>any</u> Head Start program.....	_ ,  _ _ _
I2d. Of <u>this</u> Head Start program.....	_ ,  _ _ _

**I1. In what month and year did you start working for this Head Start program?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

**I3. How many hours per week are you paid to work for Head Start?**

|\_|\_| HOURS

**I23. What is your total annual salary (before taxes) as a center director for the current program year?**

\$ |\_|\_|\_|, |\_|\_|\_| DOLLARS PER YEAR

**I12. 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.)

**GO TO I15b**

**I13. In what field did you obtain your highest degree?**

**MARK ONE OR MORE BOXES** 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*)

**I14. 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, OTHERWISE, GO TO I15**

**I15. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

- 1  Yes
- 0  No

**I15b. Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools?**

- 1  Yes
- 0  No

**I18. Do you have a Child Development Associate (CDA) credential?**

1  Yes

0  No

**I19. Do you have a state-awarded preschool teaching certificate or license?**

*A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

1  Yes

0  No

**I20. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?**

*A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.*

1  Yes

0  No

**I31. Are you currently enrolled in any training or education classes or programs?**

**Please select yes if you are currently enrolled in a post-secondary degree, graduate, certification class or program.**

1  Yes

0  No → **GO TO I24b**

**I32. 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 families (*specify*)

**I24b. How do you describe yourself?**

**MARK ONE OR MORE BOXES**

1  Male

2  Female



3  Another gender identity (*specify*)

---

4  Prefer not to answer

**I25. In what year were you born?**

|\_|\_|\_|\_| YEAR

**I26. Are you of Spanish, Hispanic, Latino[a/x], or Chicano[a/x] origin?**

- 1  Yes
- 0  No

**I28. 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
  - 3  Another race (*specify*)
- 

**I29. Do you speak a language other than English?**

- 1  Yes
- 0  No → **GO TO SECTION X, PAGE 21**

**I30. 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*)
-

## I. SECTION X– COVID-19 IMPACT

This final question is about any changes to your center since the COVID-19 pandemic.

X16. What is the largest lasting change to your center as a result of COVID-19?

---

---

---

---

**Thank you very much for participating in AIAN FACES!**

Some questions on this survey were about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.