

## July 2021 Head Start Survey – Transitioning to In-Person Service Delivery

### Instructions

The purpose of this survey is to improve supports provided by the Office of Head Start to Head Start grant recipients. This survey is not intended for monitoring purposes. The results will not be published and are for internal Office of Head Start use only.

There are three sets of questions in this survey.

- The first set of questions ask basic information about your agency.
- The second set of questions aim to better understand barriers programs face in returning to full in-person comprehensive services.
- The last set of questions aim to better understand supports programs have in place to help families access certain benefits. For this set of questions, we recommend you consult your PFCE manager on how to respond.

**Multi-Grant Agencies:** If you have multiple Head Start grants, please include all grants operated by your agency in your responses.

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to inform improvements in guidance and assistance communicated and provided to Head Start grant recipient. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 07/31/2022. If you have any comments on this collection of information, please contact your program specialist *[contact info varies by grant recipient]*

### Basic Agency Information

1. What is your Head Start grant number? If you have multiple grants, only report those that provide ongoing direct services to children (i.e. CH, CI, CM, HP, HM, HI, BF grants) and use a comma or space to separate them.

2. What is your agency name?

3. What is your program type?

- Head Start program only grant recipient
- Early Head Start program only grant recipient
- Both Head Start and Early Head Start grant recipient

4. Does your agency operate an American Indian and Alaska Native (AIAN) Head Start grant or Migrant and Seasonal Head Start (MSHS) grant?

- American Indian and Alaska Native Head Start (AIAN) Grant
- Migrant and Seasonal Head Start (MSHS) Grant
- No / Not Applicable

5. In what state or territory do you provide services? If applicable, select "Multiple States/Territories" at the end of the drop-down list.

Drop-down list

6. You indicated your agency provides services in multiple states/territories. Please indicate all the states and/or territories that apply:

List of States

## Barriers to Full Enrollment

**This section is to better understand barriers to reaching full enrollment for in-person services. What barriers prevent your agency from providing in-person services for your full funded enrollment? Select all that apply.**

### 1. Additional Space Needed

- Need additional space to meet physical distancing requirements but space is not available
- Need additional space to meet physical distancing requirements, space is available and currently in the process of securing the space
- Need additional space to meet physical distancing requirements, but not in the process of securing space (possibly due to lack of available space)
- Not applicable - Additional space is not needed

### 2. Families Reluctant to Return

- Families are reluctant to return to in-person services; program has been able to successfully identify strategies to address the parental concerns to return in-person
- Families are reluctant to return to in-person services; program is working to identify strategies, but it remains a primary barrier
- Not applicable - Families are not reluctant to return

### 3. Not Fully Staffed

- The program is not fully staffed which prevents serving full funded enrollment, however the program is successfully recruiting and onboarding staff
- The program is not fully staffed which prevents serving full funded enrollment, and the program is having trouble recruiting and onboarding sufficient staff
- Not applicable - Program is fully staffed

### 4. Other Select Barriers

- Difficulty recruiting enough eligible children to fill all funded slots
- Difficulty staying open for in-person services due to COVID-19 recurrence/outbreaks
- Difficulty implementing and maintaining new health and safety protocols. Please specify which protocols are primarily creating a barrier to meeting full enrollment for in-person services:

- Not Applicable

### 5. List up to three additional barriers to meeting full funded enrollment for in-person services:

- Barrier 1

- Barrier 2
- Barrier 3



6. The table below shows the barriers to full in-person services you selected in the prior set of questions. Indicate the extent to which each barrier is keeping your program from the full enrollment of in-person services.

	To a very small extent	To a small extent	To a moderate extent	To a large extent	To a very large extent
Additional Space Needed	0	0	0	0	0
Families Reluctant to Return	0	0	0	0	0
Not Fully Staffed	0	0	0	0	0
Difficulty Recruiting Eligible Children	0	0	0	0	0
COVID-19 Recurrence/Outbreaks	0	0	0	0	0
Implementing and Maintaining Safety Protocols	0	0	0	0	0
Barrier 1:	0	0	0	0	0
Barrier 2:	0	0	0	0	0
Barrier 3:	0	0	0	0	0

7. **Families Reluctant to Return:** You indicated that families are reluctant to return to in-person services. Please describe the parental concerns and, if applicable, successful strategies identified to address their concerns:

8. **Not Fully Staffed:** You indicated that your agency is not fully staffed. Please describe the challenges your program faces around recruiting and retaining sufficient staff:

### Program Supports for Families Accessing Benefits

The following questions are on program supports for families to access certain benefits. Please consult your PFCE Managers in responding to the following set of questions.

As mentioned earlier, if you have multiple grants, please include all grants operated by your agency in your response.

1. Did your program help families access any of the listed benefits below during the 2020-2021 program year? If yes, please check the benefits that apply:

- 3rd stimulus check
- Unemployment Insurance
- Child Tax Credit
- Child Care and Dependent Credit
- Emergency Housing vouchers
- Emergency Energy or Water Assistance
- Broad Band Benefit
- Rental Assistance

2. How many families did your agency serve during the 2020-2021 Program Year?

3. We understand this may not be data you tracked throughout the year, but please provide a rough estimate of the percentage of all families served that your program helped to access the benefits listed below. If it is not possible to provide a rough estimate, then select “Do not know”.

	1 - 25%	26% - 50%	51% - 75%	76% - 100%	Do not know
3rd stimulus check	0	0	0	0	0
Unemployment Insurance	0	0	0	0	0
Child Tax Credit	0	0	0	0	0
Child Care and Dependent Credit	0	0	0	0	0
Emergency Housing vouchers	0	0	0	0	0
Emergency Energy or Water Assistance	0	0	0	0	0
Broad Band Benefit	0	0	0	0	0
Rental Assistance	0	0	0	0	0

### **General Comment**

1. Are there any comments you would like to provide regarding your responses in this survey?