



Survey of Head Start Directors

The purpose of the survey of Head Start Directors is to capture program information and rosters with contact information for family and community partnership managers and for family support services staff members. The information will be used to contact these managers and staff members for further data collection activities.

This collection of information is voluntary and will be used to build knowledge about Head Start family support services and the staff members involved in coordinating such services. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. The OMB number for this information collection is 0970-0538 and the expiration date is XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contractor Contact Name]; [Contractor Contact Address].

YOUR HEAD START PROGRAM(S)

First, we would like to make sure that we have current information about your Head Start program(s).

When responding, please think about all components of your Head Start-funded program(s) including:

- Head Start programs,
- Early Head Start programs,
- Migrant and Seasonal Head Start programs, and
- Early Head Start-Child Care Partnership programs.

D1.) What is your role/position?

- Director
- Assistant Director
- Deputy Director
- Deputy Program Director
- Other: _____

D2.) Please indicate which of the following your Head Start program(s) currently provides.

	Yes	No
a. Head Start, Center-based option?	•	•
b. Head Start, Home-based option?	•	•
Head Start, Family child care option?	•	•
Head Start, Locally designed option?	•	•
e. Early Head Start, Center-based option?	•	•
f. Early Head Start, Home-based option?	•	•
g. Early Head Start, Family child care option ?	•	•
h. Early Head Start, Locally designed option?	•	•
i. Early Head Start - Child Care Partnership?	•	•
j. Migrant and Seasonal Head Start, Center-based option?	•	•
Migrant and Seasonal Head Start, Family child care option?	•	•
AIAN Head Start, Center-based option?	•	•
AIAN Head Start, Home-based option?	•	•
AIAN Head Start, Locally designed option?	•	•

PROGRAMMER: IF ANY OPTION OF HEAD START AND EARLY HEAD START IS SELECTED, ASK D3.

D3.) Some staff may work with families from multiple program types. Which of the following family support services-related staff members are shared across your different program types (e.g., staff work with both Early Head Start and Head Start families)?

Select all that apply.

- Family and community partnerships manager¹
- Family support services staff members²
- Home visitors
- Staff not listed (please specify: _____)
- We do not share staff

D4.) Which of the following benefits are **available** to **family support services staff** in your Head Start program(s)?

Benefit	Available	Not Available	Not sure
a. Health insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental benefits, including any offered at a cost to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision benefits, including any offered at a cost to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Paid holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Paid time off (e.g., vacation, sick days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Paid family leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Free early care and education for staff member's child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A retirement or 401(k) plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Reduced tuition rates for continuing education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Assistance to complete postsecondary course work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Support for increased credentials (such as bilingual education or providing services to children with disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Career development programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Free professional development and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Employee assistance services (e.g., for family matters, financial challenges, mental health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other, not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5.) Which of the following applies to your Head Start program(s)?

- Grant recipient that directly operates program(s) and has no delegates
- Grant recipient that directly operates programs and delegates service delivery
- Delegate agency
- Grant recipient that maintains central office staff only and operates no program(s) directly
- Grant recipient that delegates all of its programs; it operates no programs directly and maintains no central office staff

¹ Hover text: Family and community partnership managers (or coordinators) are staff who have primary responsibility for overseeing family support staff and general coordination of family support services

² Hover text: staff who have primary responsibilities for family support services and who work directly with families.

D6.) [Programmer: ask if Option 2 in D5 is selected; otherwise skip] Does your grantee organization hire any family and community partnerships managers and/or family support services staff that work in one or more of your program's delegate agency(ies)?

Yes

No

Both my grantee organization and delegate agency(ies) hire family support services staff that work in my program's delegate agency(ies)

D7.) [Programmer: ask if Option 3 in D5 is selected; otherwise skip] Does your grantee organization hire any family and community partnerships managers and/or family support services staff that work in your delegate agency?

Yes

No

Both my grantee organization and my delegate agency hire family support services staff that work in my delegate agency

PROGRAMMER: IF OPTIONS 1 OR 3 IN D5 ARE SELECTED, GO TO D9

PROGRAMMER: IF OPTION 2 IN D5 IS SELECTED, STATE THE FOLLOWING AND GO TO D9: The next few questions ask about family and community partnerships managers and family support services staff members at your Head Start program(s).

Please respond to these questions thinking about staff who work with families in your grantee organization. Please do not include staff who work with families only at delegate organization(s).

PROGRAMMER: IF OPTIONS 4 OR 5 IN D5 IS SELECTED, ASK D8:

D8.) Are you sure that your Head Start program(s) is a [response option from D5]?

Yes [end survey and say: Those are all the questions we have for you today! Your program does not appear to be eligible for Head Start Connects: A Study of Family Support Services. Thank you for your time.]

No [allow respondent to select appropriate response from D5]

D9.) Family and community partnership managers (or coordinators) are staff who have primary responsibility **for overseeing family support staff and general coordination of family support services**.

Including contracted staff, how many family and community partnership managers/coordinators are **currently** employed by your Head Start program(s)?

[drop down, 0 to 100 or more; don't know] family and community partnership managers/coordinators

D10.) We are conducting a follow up survey with family and community partnership managers/coordinators about their work. Please provide contact information for the family and community partnership manager who has the most knowledge of your program's staffing, structures, and practices for family support services.

Information will only be used to invite the individual to participate in the study.

First Name	Last Name	Staff Title	Work Email Address	Work Telephone number	Does this individual also work directly with families on the family partnership process (that is, has a caseload of families)?
					Yes No Don't Know

D11.) In case we are unable to reach the person listed above, please provide contact information for a second manager or staff member (e.g., Director, Assistant Director) who has knowledge of your program's staffing, structures, and practices for family support services.

Information will only be used to invite the individual to participate in the study.

First Name	Last Name	Staff Title	Work Email Address	Work Telephone number	Does this individual work directly with families on the family partnership process (that is, has a caseload of families)?
					Yes No Don't Know

D12.) Family support services staff members include **all** staff members who have primary responsibilities **for family support services and who work directly with families.**

Including contracted staff and vacant/unfilled positions, how many full- and part-time family support services staff member **positions** does your Head Start program(s) currently have?

[drop down, 0 to 300 or more; don't know] family support services staff member positions

D13.) Including contracted staff, how many full- and part time family support services staff members does your Head Start program **currently employ**?

[drop down, 0 to 300 or more; don't know] family support services staff members

D14.) [Programmer: depending on the number provided in D13, allow respondent to upload a file (e.g., PDF, csv or xlsx) of staff names with contact information, or allow them to type in information and prompt for names based on response to D13; response required]

In addition to the survey of managers/coordinators, we are collecting information from family support services staff members who have primary responsibilities for family support services and work directly with families.

Please provide the following contact information for **all** family support services staff members employed by your Head Start program(s) in the table below: first and last name, staff title, work email address, work telephone number.

Information will only be used to invite the individual to participate in the study.

First Name	Last Name	Staff Title	Work Email address	Work Telephone number

PROGRAMMER: Verification screen.

Thank you. Here is the information you have entered. Do these individuals include all full and part time staff members who have **primary responsibilities for family support services and who work directly with families?**

Please indicate whether the information is complete or if you have additional records to add.

1. THIS LIST IS COMPLETE - CONTINUE WITH SURVEY
2. I HAVE ADDITIONAL INFORMATION TO SHARE
3. I NEED TO MAKE EDITS TO THIS LIST

First Name	Last Name	Staff Title	Work Email address	Work Telephone number

D15. Please use the text box below to provide any additional comments you would like to share with the Head Start Connects research team.

[TEXT BOX]

Click [SUBMIT] to complete your survey.

Those are all the questions we have for you today!

Thank you very much for participating in Head Start Connects: A Study of Family Support Services! We intend to reach out to your staff for additional information and will gladly answer their, or your, questions should any arise. Please reach out to [contact information] if you have any questions.

You will receive a \$25 honorarium for your participation in this survey.

Please let us know if you would prefer your honorarium delivered to you via email or mail. Please note that the delivery times differ:

- Gift code [for Amazon/Walmart/etc]: This will be emailed to you immediately.
- [Visa Giftcard/check]: This will be mailed to you within two-three weeks.
- I would prefer not to receive an honorarium.

[if [Visa Giftcard/check] selected:]

Please provide your mailing address to receive the [Visa Giftcard/check] honorarium within two-three weeks:

First and Last Name: _____

Street 1: _____

Street 2: _____

City: _____

State: _____ Zipcode: _____

[if Giftcode selected:]

Please provide your preferred email address to receive the Gift code honorarium:

Email address: _____