



## **DAILY SNAPSHOT SURVEY OF HEAD START FAMILY SUPPORT SERVICES STAFF MEMBERS**

The purpose of the daily snapshot survey of family support services staff members is to capture information about the daily work activities and well-being of family support services staff members. Participants will be prompted to complete the survey up to three times per week for up to two non-contiguous weeks.

*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 6 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].*

**Programmer:**

- *Set link to survey to expire just before the subsequent survey will be sent out.*
- *Make all items optional except where written: Response required*

## TODAY'S WORK ACTIVITIES

**Instructions:** Please complete the following questions thinking about your workday today - [DATE] - as a family support services staff member for your Head Start program(s). The purpose of this activities snapshot survey is to better understand the variety of work activities and responsibilities that family support services staff members engage in on any given day, as well as the stressors and opportunities they may experience. This survey is not intended to measure the quality or amount of work accomplished. Remember, your individual responses will remain confidential and will not be shared with others at your program.

When responding, please think about your work with families in all components of your Head Start-funded programs(s) including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

**T1.) Did you work today [DATE] for your Head Start program(s)?**

- Yes
- No [end survey]

**T2.) About how many total hours did you work today at your Head Start program(s)?**

*[drop down; numeric; 1 to 24 hours]*

**T3). Which of the following activities did you do today [DATE]?**

*Select all that apply.*

- Recruited families
- Enrolled and/or conducted intake of families
- Met with or had a conversation with a family (parent/guardian) about some aspect of family support services
- Reached out to a family
- Responded to families' crisis or emergency needs or other immediate requests
- Made or arranged referrals for family support services
- Followed-up on referrals for family support services provided by other organizations in the community
- Drove or accompanied parents to appointments
- Participated in a meeting to discuss families with other staff in my Head Start program(s) (e.g., case conference, family review, or similar types of meetings)
- Did paperwork/documentation, entered data, or generated reports about family support services

- Dropped off supplies or goods to families' homes
- Spoke or met with a family after typical working hours
- Met with direct service provider(s) or built relationships with direct service provider(s)
- Identified community resources
- Conducted parent orientation
- Facilitated parent council, a parenting group, and/or parent meetings
- Conducted home visits with families
- Participated in grantee/program/center meeting about topics other than family support services
- Conducted supervision or management of staff
- Recruited, screened, or hired family support services staff members
- Participated in professional development for myself
- Attended a community meeting
- Provided coverage in a classroom or substituted for a teaching assistant in a classroom
- Provided support in the Head Start program(s) where it was needed (e.g., transportation, health, food, disability services)
- Gathered or checked on documentation of children's health data (e.g., binder audits)
- Supported IEP process
- Helped with child's behavior or provided behavioral support to a child
- Coordinated with local agencies, not in regard to family support services
- Conducted janitorial duties
- Another activity (please specify: \_\_\_\_\_)

**T4.) Approximately how much time did you spend on the following activities today [DATE]?**

*Programmer: for each of the activities selected in T3, show the following:*

*Select one response on each row.*

<b>Activity</b>	<b>1-15 minutes</b>	<b>16-30 minutes</b>	<b>31-60 minutes</b>	<b>1-3 hours</b>	<b>3 or more hours</b>
a. Recruited families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enrolled and/or conducted intake of families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Met with or had a conversation with a family (parent/guardian) about some aspect of family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Reached out to a family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Responded to families' crisis or emergency needs or other immediate request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Made or arranged referrals for family support services					
g. Followed-up on referrals for family support services provided by other organizations in the community					

Activity	1-15 minutes	16-30 minutes	31-60 minutes	1-3 hours	3 or more hours
h. Drove or accompanied parents to appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participated in a meeting to discuss families with other staff in my Head Start program(s) (e.g., case conference, family review, or similar types of meetings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Did paperwork/documentation, entered data, or generated reports about family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Dropped off supplies or goods to families' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Spoke or met with a family after typical working hours					
m. Met with direct service provider(s) or built relationships with direct service provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Identified community resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Conducted parent orientation					
p. Facilitated parent council, a parenting group, and/or parent meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Conducted home visits with families					
r. Participated in grantee/program/center meeting about topics other than family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Conducted supervision or management of staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Recruited, screened, or hired family support services staff members					
u. Participated in professional development for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Attended a community meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Provided coverage in a classroom or substituted for a teaching assistant in a classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Provided support in the Head Start program(s) where it was needed (e.g., transportation, health, food, disability services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. Gathered or checked on documentation of children's health data (e.g., binder audits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
z. Supported IEP process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
aa. Helped with child's behavior or provided behavioral support to a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity	1-15 minutes	16-30 minutes	31-60 minutes	1-3 hours	3 or more hours
bb. Coordinated with local agencies, not in regard to family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Conducted janitorial duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Another activity (please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**T5.) How many families in total did you communicate with individually about family support services today [DATE]?**

*This includes scheduled and unscheduled meetings that were in-person or virtual.*

*[drop down: 0 to 20; Don't know]*

*Programmer: If response to T5 is '1' ask T6-T8. If response to T5 is 2 or more, ask T6-T8 and T9-T11. If "don't know" is selected, skip to T12.*

**Please think about the first family you communicated with individually about family support services today.**

**T6.) Where or how did you communicate with this family today [DATE]?**

*Select all that apply.*

- In-person meeting
- Chat during drop-off/pick-up
- Phone call or video conference
- Text message
- Email
- Other (describe: \_\_\_\_\_)
- Do not remember

**T7.) What topics did you discuss or what did you do with this family today [DATE]?**

*Select all that apply.*

- Conducted a needs and strengths assessment
- Discussed goal setting
- Discussed services that are aligned with the family's goals
- Followed-up on accessing services they were referred to
- Had a follow-up conversation about progress on goals
- Revisited needs or goals
- Discussed emergency services needed
- Discussed a topic about the child (e.g., attendance, academic progress, goals)
- Engaged in chit chat or small talk
- Discussed a topic not listed (please specify: \_\_\_\_\_)
- Do not remember

**T8.) About how much time did you spend communicating with this family today [DATE]?**

- 1-15 minutes
- 16-30 minutes
- 31-60 minutes
- More than 1 hour
- Do not remember

*Programmer: If response to T5 is 2 or more, show the following and ask T9-T11: Now, please think about the last family you communicated with individually about family support service today [DATE].*

**T9.) Where or how did you communicate with this family today [DATE]?**

*Select all that apply.*

- In-person meeting
- Chat during drop-off/pick-up
- Phone call or video conference
- Text message
- Email
- Other (describe: \_\_\_\_\_)
- Do not remember

**T10.) What topics did you discuss or what did you do with this family today [DATE]?**

*Select all that apply.*

- Conducted the needs and strengths assessment
- Discussed goal setting
- Discussed services that are aligned with the family's goals
- Followed-up on accessing services they were referred to
- Had a follow-up conversation about progress on goals
- Revisited needs or goals
- Discussed emergency services needed
- Discussed a topic about the child (e.g., attendance, academic progress, goals)
- Engaged in chit chat or small talk
- Discussed a topic not listed (please specify: \_\_\_\_\_)
- Do not remember

**T11.) About how much time did you spend communicating with this family today [DATE]?**

- 1-15 minutes
- 16-30 minutes
- 31-60 minutes

- More than 1 hour
- Do not remember

**T12). Approximately how much time did you spend today traveling for your job and/or being in meetings outside of your program or center (e.g., to meet with families in their home or at some other location, to meet with community providers, or for other reasons)?**

*Do not include time spent for your typical commute to work but do include time spent traveling to meetings outside of your program or center.*

- I did not travel for my job today [SKIP TO T15]
- 1-30 minutes
- 30-60 minutes
- 1-3 hours
- 3 or more hours

**T13.) For what reason(s) did you travel today [DATE]?**

*Select all that apply.*

- Home visit or meeting with a family in their home or in some other location outside of the Head Start program/center
- Dropping off goods or supplies to a family's home
- Driving or accompanying family to an appointment
- Staff meeting at a central office or some other location
- Meeting with a community provider
- Purchasing supplies (e.g., for a food shelf/supply closet, community event or dinner)
- Other reason: \_\_\_\_\_

**T14). How did you travel today [DATE]?**

*Select all that apply.*

- Your own car or someone else's car
- Public transportation like bus, metro/rail, etc.
- Bicycle
- Ride service like Uber, Lyft, etc.
- Other (Please specify: \_\_\_\_\_)

**T15). Thinking about everything you did today at your Head Start program(s), how typical was your day today in terms of how you spent your time?**

- Not very typical
- Somewhat typical
- Very typical

**YOUR WELL-BEING**

*The next set of questions ask about how you have been feeling today.*

**T16.) Overall, how satisfied are you with your current position as a family support services staff member today [DATE]?**

- 1 (not at all satisfied)
- 2 (slightly satisfied)
- 3 (moderately satisfied)
- 4 (very satisfied)
- 5 (extremely satisfied)

**T17.) Please indicate the extent to which you felt the following ways at work today [DATE]. There are no right or wrong answers.**

*Please select one response per row.*

	1 = rarely or never 2 = some or a little 3 = occasionally or moderately 4 = most or all of the time
a) I felt valued or supported at work today.	1    2    3    4
b) I felt overwhelmed by my work today.	1    2    3    4
c) I felt frustrated by my work today.	1    2    3    4
d) I felt emotionally drained by my work today.	1    2    3    4
e) I felt excited about my work today.	1    2    3    4
f) I felt helpful in my work today.	1    2    3    4

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!  
 Please reach out to [contact information] if you have any questions.

[if another survey will be fielded:] Be on the lookout for another activities snapshot survey in a few days!

You will receive a \$5 honorarium for your participation in this survey, and an additional \$5 for each of the additional surveys you complete. You can also receive an extra \$5 if you complete all 3 surveys in a week.

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: \_\_\_\_\_