



SURVEY OF HEAD START FAMILY SUPPORT SERVICES STAFF MEMBERS

The purpose of this survey is to collect information about family support services in Head Start programs, and about the staff who provide and coordinate these services.

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 45 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].

Terms used in this Survey

<u>Term</u>	<u>Refers to...</u>
Your Head Start program(s)	The Head Start-funded program(s) you are employed by, including: <ul style="list-style-type: none">• Head Start programs,• Early Head Start programs,• Migrant and Seasonal Head Start programs, and• Early Head Start-Child Care Partnership programs.
Parent	A child's parent or guardian.
Umbrella organization	The public agencies, private nonprofit and for-profit organizations, tribal governments, and school systems (that is, the grantee or delegate agencies) that receive grants from the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF) to run Head Start, Early Head Start, and Migrant and Seasonal Head Start programs
Program	All the centers that one umbrella organization oversees. Programs provide Head Start or Early Head Start center- or home-based services to children and families.
Center	A facility that houses Head Start services at a single location. A Head Start program may provide oversight over multiple centers.
Current Program Year	The Head Start program year when you are taking the survey. For example, programs that follow a K-12 public school schedule might have a program year lasting from August 2022 through May 2023.
Family support services staff member	The Head Start staff member who coordinates services for parents. Programs may use various terms for this position such as family service advocate, or family empowerment specialist.
Family and community partnerships manager	The Head Start staff member who oversees all family support services and family support services staff members. Programs may use various terms for this position such as family service manager or family empowerment advisor.

Your Job, Roles, and Responsibilities

You have been selected for a survey of family support services staff members at Head Start programs. Your name was provided to us by your Program Director. All your responses are confidential and will not be linked to you.

This first section asks about your job, roles, and responsibilities. Please think about the **current program year** when responding to these questions. When responding, please think about your work coordinating support services with families in 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.

F1.) What is the title of your position working with families to coordinate family support services?

Select one.

- a. Family support services staff
- b. Family support manager/coordinator
- c. Family support specialist
- d. Family support staff
- e. Family support worker
- f. Family service advocate
- g. Family advocate
- h. Family empowerment specialist
- i. Family support coach
- j. Family service worker
- k. Home visitor
- l. Other: _____

Pop-up Note: Thank you for providing the title for your job. For consistency across the remainder of this survey, survey questions use the broad title "family support services staff member" to refer to jobs like yours.

F2.) In a typical program year, which months do you work in your position as a family support services staff member? Indicate "yes" if you work at least one day in the month, and indicate "no" if you do not work at least one day in the month.

In any given month, if the only work you do in your position is participate in in-service training, select "no" for that month.

Month	Yes, I work at least one day in this month	No, I do not work at least one day in this month
January	•	•
February	•	•
March	•	•
April	•	•
May	•	•
June	•	•
July	•	•
August	•	•
September	•	•
October	•	•
November	•	•
December	•	•

F3.) When working in your position as a family support services staff member, do you work 35 or more hours in a typical week?

- a. Yes, 35 or more hours/week
- b. No, under 35 hours/week
- c. It varies between weeks

F4.) In what year did you start your job as a family support services staff member at your current Head Start program(s)?

[drop down with list of calendar years starting with 2023 at top, then 2022.... 1973; Don't know]

F5.) Which of the following tasks are part of your work as a family support services staff member?

Select one response per row.

TASKS	This task IS part of my work	This task IS NOT part of my work	Not applicable
a. Recruit families into Head Start program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Enroll families or conduct intake of families into Head Start program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conduct home visits with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conduct assessments of strengths, interests, and needs with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Set goals with families or create family partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TASKS	This task IS part of my work	This task IS NOT part of my work	Not applicable
agreements			
f. Make or arrange referrals for family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Follow-up on referrals for family support services provided by other organizations in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Facilitate or run parenting groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Drive parents to appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Conduct parent orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Drop off goods or supplies at families' homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Locate or search for services and service providers within the Head Start program(s) community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Work with direct service providers to establish memorandums of understanding (MOUs), formal partnerships, or agreements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Serve as a liaison with community service provider(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Recruit, screen, and hire family support services staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Supervise family support services staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Provide coaching or mentorship to family support services staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Plan training and professional development opportunities for family support services staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Conduct training and professional development activities for family support services staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Input data into management information systems (MIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Input or track communication with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Produce reports or review data about family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
w. Collect parent feedback/input on family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Provide coverage in a classroom or substitute for a teaching assistant in a classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y. 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"/>
z. Gathered or checked on documentation of children's health data (e.g., binder audits)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

TASKS	This task IS part of my work	This task IS NOT part of my work	Not applicable
aa. Helped with child's behavior or provided behavioral support to a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bb. Supported IEP process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
cc. Other responsibility not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dd. Other responsibility not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ee. Other responsibility not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ff. Other responsibility not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gg. Other responsibility not listed above: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6.) Other than your role as a family support services staff member, what other formal role(s) do you have with your Head Start program(s)? *Select all that apply.*

- a. None. I do not have another formal role.
- b. Family and community partnerships coordinator/manager
- c. Center director, associate center director
- d. Outreach staff/recruiter/enrollment coordinator
- e. Health manager
- f. Disability services coordinator/manager
- g. Parent involvement coordinator/manager
- h. Behavioral health (or mental health) coordinator/manger
- i. Nutrition coordinator/manager
- j. Education coordinator/manager
- k. Teacher
- l. Teacher's aide/instructional aide
- m. Home visitor
- n. Counselor
- o. Culinary or food services staff
- p. Receptionist/office staff
- q. Bus driver or related transportation
- r. Other (Specify) _____

F7.) How satisfied are you with your current position as a family support services staff member?

- a. Not at all satisfied

- b. Slightly satisfied
- c. Moderately satisfied
- d. Very satisfied
- e. Extremely satisfied

F8.) To what extent do you agree or disagree with the following statements about your **work with families** in your Head Start program(s) in your role as a family support services staff member?

Select one response per row.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
a. I am able to build relationships with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have enough opportunities to interact with families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am making a difference in families' lives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Families appreciate the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F9.) To what extent do you agree or disagree with the following statements about your **day-to-day work** in your job as a family support services staff member in your Head Start program(s)?

Select one response per row.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
a. Being a family support services staff member is important work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My work is stressful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My work is rewarding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My work responsibilities are well-defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My work has manageable paperwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My work is frustrating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. I have enough time to do all the work that my job requires.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F10.) To what extent do you agree or disagree with the following statements about the **support from your Head Start program(s)** for you and the families you work with?

Select one response per row.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
a. My Head Start program(s) supports my well-being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My Head Start colleagues are supportive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My Head Start program(s) is a physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My Head Start program(s) has enough family support services staff to meet families' needs and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My Head Start program(s) has staff members with similar linguistic and cultural backgrounds as the families we work with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My program has sufficient multi-language resources to communicate effectively with families (e.g., translated materials, staff capabilities, translators).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My program has written resources available at appropriate reading levels to communicate effectively with families about support services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Not applicable
h. My Head Start program(s) has enough financial resources for family support services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My Head Start program(s) emphasizes support services for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. The Office of Head Start appreciates the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I receive enough training and professional development to do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I receive sufficient supervision for my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I have enough opportunities to communicate with the family and community partnerships manager in my Head Start program(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. The leaders of my Head Start program(s) appreciate the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I have enough opportunities to communicate with the director of my Head Start program(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I am paid fairly for the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I feel comfortable asking my co-workers when I need help with work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. The program staff in my Head Start program(s) appreciate the work I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions ask about your annual income as a family support services staff member and whether you want to stay in your position. The goal is to better understand the circumstances in which you work. You may find these questions sensitive. As with all other questions in this survey, the information you provide is kept confidential.

F11.) What is your total annual salary (before taxes) from your Head Start program(s) for the current program year?

Include your work for all components of your Head Start programs including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

- a. Less than \$10,000
- b. 10,000 – 20,000
- c. 20,001 – 30,000
- d. 30,001 – 40,000
- e. 40,001 – 50,000
- f. 50,001 – 60,000
- g. 60,001 – 70,000
- h. 70,001 – 80,000
- i. 80,001 – 90,000
- j. More than 90,001
- k. Prefer not to answer

F12.) How long do you plan to remain in your current position as a family support services staff member at your Head Start program(s)?

- a. As long as I'm able
- b. Until I am eligible for retirement benefits from this job
- c. Until I am eligible for retirement benefits from another job
- d. Until I am eligible for Social Security benefits
- e. Until a specific life event occurs (e.g., parenthood, marriage)
- f. Until a more desirable job opportunity comes along
- g. Until I can find a job that pays more or has better benefits
- h. Definitely plan to leave as soon as I can
- i. Undecided at this time

F13.) [If F12 =f, g, or h, ask F13; otherwise skip] If presented with multiple job opportunities, what kind of job opportunity are you **most likely** to choose?

- a. Another kind of job/position at my Head Start program(s)
- b. My current job/position but at another Head Start program(s)
- c. A job at another early care and education site that is not a Head Start program(s)
- d. A job that is not in early care and education. Please specify: _____
- e. Don't know

Your Work with Families

*The questions in this section ask about your work with families. Please think about the **current program year** when responding to all questions in this section.*

F14.) For each of the following program options, please indicate how many families you currently **work with directly** (that is, how many families are on your caseload)?

Please provide an approximate number. A rough estimate is fine. If you do not work directly with any families in that program option, type in 0.

- | | |
|--|----------------------|
| a. Head Start, Center-based option | [drop down 0 to 100] |
| b. Head Start, Home-based option | [drop down 0 to 100] |
| c. Head Start, Family child care option | [drop down 0 to 100] |
| d. Head Start, Locally designed option | [drop down 0 to 100] |
| e. Early Head Start, Center-based option | [drop down 0 to 100] |
| f. Early Head Start, Home-based option | [drop down 0 to 100] |
| g. Early Head Start, Family child care option | [drop down 0 to 100] |
| h. Early Head Start, Locally designed option | [drop down 0 to 100] |
| i. Early Head Start - Child Care Partnership | [drop down 0 to 100] |
| j. Migrant and Seasonal Head Start, Center-based option | [drop down 0 to 100] |
| k. Migrant and Seasonal Head Start, Family child care option | [drop down 0 to 100] |
| l. AIAN Head Start, Center-based option | [drop down 0 to 100] |
| m. AIAN Head Start, Home-based option | [drop down 0 to 100] |
| n. AIAN Head Start, Locally designed option | [drop down 0 to 100] |
| o. Other: _____ | [drop down 0 to 100] |

F15.) Do you use the following practices or approaches when working directly with families?

Select all that apply.

- a. Relationship based practices (*Relationship Based Competencies-RBCs such as building positive, goal-oriented relationships and working with families to strengthen their support networks and connections with other parents and community members*)
- b. Family coaching/mentoring (*relationship between staff member and family that has the following characteristics: ongoing, individualized, developmental, reciprocal and nonevaluative*)
- c. Motivational interviewing (*collaborative conversation to learn about and strengthen an individual's motivation for changing behavior*)
- d. Trauma-informed approaches (*approach that realizes the widespread impact of trauma and pathways to recovery, recognizes trauma signs and symptoms, responds by integrating awareness about trauma into all facets of the system, and resists re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers*)
- e. Another method or approach (please specify: _____)
- f. Don't know

F16.) Which of the following statements best describe how you work with families?

- a. I devote the same amount of time to every family.
- b. I offer different kinds of support to families based on their situations.
- c. I prioritize the families who have the most pressing concerns.
- d. Something else: _____

F17.) What languages do you use when working directly with families? *This includes communications involving an interpreter.*

Select all that apply.

- a. English
- b. French/Francés
- c. Spanish/Español
- d. Cambodian (Khmer)/Camboyano (Khmer)
- e. Chinese/Chino
- f. Haitian Creole/Creole Haitiano
- g. Hmong/Hmong
- h. Japanese/Japonés
- i. Korean/Coreano
- j. Vietnamese/Vietnamita
- k. Arabic/Arabe
- l. African Language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Daholo)/Lengua African (por ejemplo, Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Africaans, Awing, Bargu, Tumbuku, Teso, Y Daholo)
- m. Native American or Alaskan language/lengua de Native Americano o de Alaska
- n. A Filipino language/un idioma Filipino
- o. Other (please specify): _____

F18.) Among the families you work with directly, how frequently do you attempt to engage the following family members?

An approximation or rough estimate is fine.

	Never/ Rarely <i>(less than 10% of my families this year)</i>	Sometime s <i>(about a third of my families)</i>	About half of my families	Usually <i>(about two thirds of my families)</i>	Almost always/ always <i>(over 90% of my families this year)</i>	Not applicable
a. Mother/female guardian(s) individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Father/male guardian(s) individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Another parent/guardian individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Both parents or guardians together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Grandparent(s) who are not guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other family member(s) who are not guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F19.) How frequently do you typically hold **scheduled** meetings with families that you work with directly?

Scheduled meetings are appointments that are pre-planned. These include in-person or virtual meetings.

- a. Never
- b. Once per year
- c. Twice per year
- d. Quarterly
- e. Every other month
- f. 1-2 times per month
- g. 3-4 times per month
- h. More than 4 times per month
- i. Other : _____

F20.) For **scheduled** meetings with families, where or how do you typically meet?

Scheduled meetings are appointments that are pre-planned. These include in-person or virtual meetings.

An approximation or rough estimate is fine. Select one response per row.

	Never/ Rarely <i>(used with less than 10% of my families this year)</i>	Sometime s <i>(used with about a third of my families)</i>	Used with about half of my families	Usually <i>(used with about two thirds of my families)</i>	Almost always/ always <i>(used with over 90% of my families this year)</i>	Not applicable
a. Meet in-person at Head Start center, child care center, or family child care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meet in-person in the family's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Meet in-person at a location in the community (e.g., in a park, at the library)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meet over a telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Meet in a virtual setting (e.g., Zoom, FaceTime, Skype)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F21.) How long do your **scheduled** meetings with families typically last?

Scheduled meetings are appointments that are pre-planned. These include in-person or virtual meetings.

- a. Less than 15 minutes
- b. about 30 minutes
- c. about 45 minutes
- d. about an hour
- e. about an hour and a half
- f. about 2 hours
- g. more than 2 hours

F22.) Now please consider **unscheduled meetings or check-ins** with families that you work with directly. **Unscheduled meetings or check-ins** are not planned in advance, include in-person or virtual communication, and may be informal or brief.

How frequently do you typically have **unscheduled** meetings or check-ins with families that you work with directly?

- a. Never (SKIP TO F24)
- b. Once per year
- c. Twice per year
- d. Quarterly
- e. Every other month
- f. 1-2 times per month
- g. 3-4 times per month
- h. 2-3 times per week
- i. 4-5 days per week
- j. Multiple times per day

F23.) For these **unscheduled** meetings with families, where or how do you typically meet?

Unscheduled meetings or check-ins are not planned in advance, include in-person or virtual communication, and may be informal or brief.

Select one response per row.

	Never/ Rarely <i>(used with less than 10% of my families this year)</i>	Sometimes <i>(used with about a third of my families)</i>	Used with about half of my families	Usually <i>(used with about two thirds of my families)</i>	Almost always/always <i>(used with over 90% of my families this year)</i>	Not applicable
a. In person (at pick up/drop off, family classroom visit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Telephone call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Video chat and conferencing platforms (for example, Zoom, FaceTime, Skype, Google Chat, or other conferencing site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. E-messaging such as email, text messages, Facebook Messenger, or WhatsApp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never/ Rarely <i>(used with less than 10% of my families this year)</i>	Sometimes <i>(used with about a third of my families)</i>	Used with about half of my families	Usually <i>(used with about two thirds of my families)</i>	Almost always/always <i>(used with over 90% of my families this year)</i>	Not applicable
e. Classroom communication tool such as Google Classroom, ClassDojo, or Bloomz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sending notes home with child	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F24.) About how many of the families you work with directly in your Head Start program(s) participate in the following?

An approximation or rough estimate is fine. Select one response per row.

Activity	None/few families <i>(less than 10%)</i>	Some families <i>(around a third)</i>	About half of families	Most families <i>(about two-thirds)</i>	Almost all/all families <i>(over 90%)</i>	Not Applicable
a. Assessing needs and strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Setting goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Receive at least one referral for services or supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Participating in a referred service or support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Updating needs, strengths, or goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Learning About Families' Strengths and Needs

The next set of questions ask about how you go about assessing families' strengths and needs. We are interested in these aspects of the assessment process to inform program improvement activities,

*professional development, and training. Please think about the **current program year** when responding to all questions in this section.*

F25.) What tool(s) or checklist(s) do you use to assess a family's needs and strengths?

Select all that apply.

- a. My Head Start program(s) does not use a specific tool or checklist to assess a family's needs and strengths
- b. Adult-Adolescent Parenting Inventory
- c. Beck Depression Inventory
- d. CES-D Depression Scale
- e. Child Abuse Potential Inventory (CAP)
- f. Family map
- g. Family Needs Scale
- h. Family Partnership Agreement
- i. Family Support Scale (FSS)
- j. Home Observation for Measurement of the Environment (HOME)
- k. Infant-Toddler and Family Instrument
- l. Kempe Family Stress Inventory
- m. Knowledge of Infant Development Inventory (KIDI)
- n. Mobility Mentoring: The Bridge to Self-Sufficiency
- o. Parent Gauge
- p. Parenting Stress Index
- q. Parents as Primary Caregivers Parent Survey
- r. Partners in Parenting Education (PIPE)
- s. Self Sufficiency Matrix
- t. A tool created by your Head Start program(s)
- u. Something else. Please specify: _____
- v. Something else. Please specify: _____
- w. Something else. Please specify: _____

F26.) When do you typically conduct initial assessments of a family's needs and strengths?

- a. At the same time that a family enrolls in our Head Start program(s)
- b. Within a week after a family enrolls in our Head Start program(s)
- c. Within a month after a family enrolls in our Head Start program(s)
- d. Within two months after a family enrolls in our Head Start program(s)
- e. More than two months after a family enrolls in our Head Start program(s)
- f. Something else (please specify: _____)

F27.) How long do your initial assessments of a family's **needs and strengths** typically last?

- a. Less than 15 minutes

- b. about 30 minutes
- c. about 45 minutes
- d. about an hour
- e. about an hour and a half
- f. about 2 hours
- g. more than 2 hours

F28.) Do you **reassess** the needs and strengths of a family that you work with directly?

- a. I do not typically reassess a family’s needs and strengths
- b. It depends on the family - I reassess a family’s needs and strengths if it seems necessary
- c. I reassess family needs at a set timepoint (e.g., monthly, quarterly)
- d. Something else (please specify: _____)

F29.) How comfortable are you talking with families about the following topics?

Topic	Not at all comfortable	A little comfortable	Somewhat comfortable	Very comfortable	Extremely comfortable
a. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Alcohol or other drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other topic (Please specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Setting Goals with Families

The next set of questions ask about how you work with families to set goals. We are interested in learning more about goal setting practices to inform program improvement and professional development and training. Please think about the **current program year** when responding to all questions in this section.

F30.) When do families that you work with directly **first** set their goals?

- a. During the needs and strengths assessment meeting
- b. After the needs assessment is completed
- c. Some other time (please specify: _____)

F31.) How long do your initial meetings and related activities about **goal setting** with families typically last?

- a. Less than 15 minutes
- b. about 30 minutes
- c. about 45 minutes
- d. about an hour
- e. about an hour and a half
- f. about 2 hours
- g. more than 2 hours

F32.) How well do the following statements describe your work with families on **goal setting**?

Select one response per row.

	Never/ rarely <i>(less than 10% of the time)</i>	Sometime s <i>(around a third of the time)</i>	About half the time	Usually <i>(about two-thirds of the time)</i>	Almost always/ always <i>(over 90% of the time)</i>
a. Families choose the goals they want to set. I do not choose the goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I help families identify manageable steps to achieve their goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I encourage families to set a few goals, not too many.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I set goals for families based on what I think they need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I work with families to set goals based on the needs identified during the needs assessment process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I encourage families to set as many goals as they would like to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I encourage families to set goals that they can reasonably meet in a few months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I steer families away from setting goals in areas where I know that support services are not available for them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I ask families what meeting each goal would look like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I know that a family will need a service referral to get access to support services, I encourage families to set a goal in that area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never/ rarely <i>(less than 10% of the time)</i>	Sometime s <i>(around a third of the time)</i>	About half the time	Usually <i>(about two-thirds of the time)</i>	Almost always/ always <i>(over 90% of the time)</i>
k. I nudge families to consider different or additional goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I encourage families to set long-term goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I encourage families to set short-term goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F33.) What tool or checklist do you typically use for **goal setting**?

Select all that apply.

- a. My Head Start program(s) does not use a specific tool or checklist for goal setting
- b. "Goal Action Plan" (from Mobility Mentoring - The Bridge to Self-Sufficiency)
- c. SMART goals
- d. ChildPlus goal checklist
- e. Program designed tool: _____
- f. Something else. Please specify: _____
- g. Something else. Please specify: _____
- h. Something else. Please specify: _____

F35.) Do you typically revisit or make new goals with families that you work with directly?

- a. I do not typically revisit or make new goals with families
- b. It depends on the family - I revisit or make new goals with families if it seems necessary
- c. I revisit or make new goals with families at a set timepoint (e.g., monthly, quarterly)
- d. Something else (please specify: _____)

Making and Following up on Referrals

Please think about the **current program year** when responding to all questions in this section.

F35.) When you provide a referral to a family for a family support service, approximately how often do you use the following strategy or resource?

Select one response per row.

RESOURCE OR STRATEGY	<i>Never/ rarely (less than 10% of the time)</i>	<i>Sometimes (around a third of the time)</i>	<i>About half the time</i>	<i>Usually (about two-thirds of the time)</i>	<i>Almost always/ always (over 90% of the time)</i>	<i>Not Applicable</i>
a. Provide information to the family about what to expect from a service or what to do to receive it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Schedule a meeting with the family to talk about whether they have followed up on the referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Look for informal opportunities to ask the family whether they have had a chance to follow up on the referral (e.g., when I happen to run into them in person)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Arrange transportation to service appointments for the family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Reach out directly to the family to provide services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Go with the family to service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Provide child care while the family attends a service appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Provide interpreters for service appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Contact service providers directly to find out whether the family has followed up on referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Check in a management information system to find out whether the family has followed up on a referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Needs and Strengths of Families you Work with Directly

The next set of questions ask about the needs and strengths of the families that you work with directly. Please think about the **current program year** when responding to all questions in this section.

F36.) Which of the following family support services are **most** needed by the families you work with directly?

Select up to five services.

Family support service	Service is Among the Top 5 Most Needed by Families I work with
a. Emergency/crisis intervention (e.g., meeting immediate needs for food, clothing, or shelter)	<input type="checkbox"/>
b. Housing assistance (e.g., subsidies, utilities, repairs)	<input type="checkbox"/>
c. Asset building services (e.g., financial education, debt counseling)	<input type="checkbox"/>
d. Mental health services	<input type="checkbox"/>
e. Substance misuse prevention	<input type="checkbox"/>
f. Substance misuse treatment	<input type="checkbox"/>
g. English as a Second Language (ESL) training	<input type="checkbox"/>
h. Assistance in enrolling into an education or job training program	<input type="checkbox"/>
i. Research-based parenting curriculum	<input type="checkbox"/>
j. Education on preventive medical and oral health	<input type="checkbox"/>
k. Education on health and developmental consequences of tobacco product use	<input type="checkbox"/>
l. Education on nutrition	<input type="checkbox"/>
m. Education on postpartum care (e.g., breastfeeding support)	<input type="checkbox"/>
n. Education on relationship/marriage	<input type="checkbox"/>
o. Assistance to families of incarcerated individuals	<input type="checkbox"/>
p. Coordination related to child welfare involvement	<input type="checkbox"/>
q. Domestic violence services	<input type="checkbox"/>
r. Adult education, such as GED programs or college selection	<input type="checkbox"/>
s. Job training (e.g., job training program, professional certificate, apprenticeship, or occupational license)	<input type="checkbox"/>
t. Child care	<input type="checkbox"/>
u. Child support services	<input type="checkbox"/>
v. Accessing public assistance programs (e.g., TANF, SNAP, WIC, Medicaid, SSI)	<input type="checkbox"/>
w. Accessing public benefits through tax systems (e.g., EITC, child tax credit)	<input type="checkbox"/>

Family support service	Service is Among the Top 5 Most Needed by Families I work with
x. Other: _____	<input type="checkbox"/>
y. Other: _____	<input type="checkbox"/>
z. Other: _____	<input type="checkbox"/>
aa. Other: _____	<input type="checkbox"/>
bb. Other: _____	<input type="checkbox"/>

F37.) Thinking about your work with families, how often did you assist any family with crisis or emergency support services during a typical week during the current program year?

- a. Never
- b. A few times per week
- c. Many times per week
- d. All or most of my time is spent on crisis/emergency support services

F38.) How many families that you work with have their family needs or goals met?

- a. **None/few** families (less than 10%)
- b. **Some** families (around a third)
- c. **About half** of families
- d. **Most** families (about two-thirds)
- e. **Almost all/all** families (over 90%)

F39.) When families' needs or goals are not met by your Head Start program(s), what are some of the reasons?

_____ [open response]

F40.) Please think about all the families you work with directly. How likely are families with the following characteristics able to participate in family support services, compared with all the families you work with?

By participate, we mean take part in some aspect of needs assessment, goal setting, referrals for services, or service use).

Select one response per row.

Family characteristic	Compared with all families that I work directly, families with this characteristic are...					
	Much less likely to participate in family support services	Less likely to participate in family support services	No less or more likely to participate in family support services	More likely to participate in family support services	Much more likely to participate in family support services	Not applicable
a. Families that speak a language that neither I nor other Head Start staff members speak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Families that have literacy barriers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Families that need or want multiple family support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Families with racial or ethnic backgrounds that are different from mine or that do not match other Head Start staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Families with cultural or religious backgrounds that are different from mine or that do not match other Head Start staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Families that do not often come to the Head Start program location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Families that do not live or work near the Head Start program(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Families that do not have reliable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Families that do not have reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Families that do not have reliable telephone or internet access (e.g.,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Family characteristic	Compared with all families that I work directly, families with this characteristic are...					
	Much less likely to participate in family support services	Less likely to participate in family support services	No less or more likely to participate in family support services	More likely to participate in family support services	Much more likely to participate in family support services	Not applicable
wifi access problems, changing numbers)						
k. Families where parents/guardians have mental or physical health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Families in which all parents/guardians work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Families with LGBTQ+ parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Families that are immigrants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Families with an incarcerated parent/parent involved with the criminal justice system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Families that have elderly kinship caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Families that are involved with child welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Families with limited proficiency with technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communicating and Coordinating with other Head Start Program Staff and Service Providers

*In this section, please think about how you connect with staff in your Head Start program(s) and with other service providers. Please think about the **current program year** when responding to all questions in this section.*

F41.) Within your Head Start program(s), with whom do you share (or have you shared) information about families and family support services?

Select all that apply.

- a. We do not communicate or share information with other staff members
- b. Other family support services staff members
- c. Family and community partnerships manager/coordinator(s)
- d. Teaching staff
- e. Other program managers/coordinators
- f. Other individual(s) not listed, specify: _____

F42.) [If F46 is B-F, ask F47; otherwise skip:] Which of the following have you used to share information about families and family support services with other staff members of your Head Start program(s)?

Select all that apply.

- a. Scheduled in-person meetings
- b. Unscheduled in-person meetings
- c. Phone calls or video conferences
- d. E-messaging such as email or text messages, Facebook Messenger, Slack, or WhatsApp
- e. Written communication to staff (e.g., memos)
- f. Databases or electronic files that are accessible to staff
- g. Other: _____

F43.) Among the families that you work with directly, how many have coaches or case managers from other programs that they participate in?

Other programs could include employment programs, housing programs, TANF, or child welfare. An approximation or rough estimate is fine.

- a. I'm not sure
- b. No families
- c. A few families (less than 10%)
- d. Some families (around one-third)
- e. About half of families
- f. Most families (about two-thirds)

- g. Almost all or all families (over 90%)

F44.) [If F43 is c-f, ask F44; otherwise skip.] For a typical family with a coach or case manager from another program, how frequently do you communicate directly with the coach/case manager?

- a. Never
- b. Once per year
- c. Every 6 months
- d. Every 3 months
- e. Monthly or more often
- f. Some other timing (please specify: _____)

Your Training and Professional Development Opportunities

The next questions are about training and other professional development opportunities in your Head Start program(s). Please think about the **current program year** when responding to all questions in this section.

F45.) Which of the following training and professional development topics are available to you? Which have you participated in?

Select one response per row.

TRAINING AND PROFESSIONAL DEVELOPMENT TOPICS	Available and I participated	Available but I did not participate	Not available
a. Reaching out to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Identifying families' strengths and needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting goals with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tracking families' service receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Developing written plans with families about needs, strengths, goals, communication and progress toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Establishing trust and building rapport with families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Implementing the Head Start Parent, Family, and Community Engagement (PFCE) framework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Working with families in ways that respect their culture, language, strengths, traditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Conducting motivational interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Providing trauma informed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Supporting family leadership and advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING AND PROFESSIONAL DEVELOPMENT TOPICS	Available and I participated	Available but I did not participate	Not available
l. Working with service providers in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Using computer software/applications to record and track family information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other training / professional development topic not listed (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other training / professional development topic not listed (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Other training / professional development topic not listed (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Other training / professional development topic not listed (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Other training / professional development topic not listed (please specify _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F46.) Thinking about all of the training/professional development you have participated in, how beneficial has that training/professional development been for your job as a family support services staff member?

- a. Not at all beneficial
- b. A little beneficial
- c. Somewhat beneficial
- d. Very beneficial
- e. Extremely beneficial

F47.) Is there any other training topic that you think would be beneficial to you in your job as a family support services staff member?

- a. Yes (Please specify: _____)
- b. No

Your Supervisors and the Supervisory Activities You Participate In

The next set of questions asks about your experiences with supervision as a family support services staff member. Please think about the **current program year** when responding to all questions in this section.

F48.) What is the job title of your primary supervisor?

- a. Family and community partnerships manager/coordinator
- b. Head Start Program Director

- c. Center director
- d. Education manager/coordinator
- e. Family & Community services manager/coordinator (that is, the staff person who oversees all family support services)
- f. Health, mental health, and safety manager/coordinator
- g. Disability manager/coordinator
- h. Professional development manager/coordinator (not specific to education)
- i. Another job title (please specify the job title): _____)
- j. Don't know

F49.) How often do you typically have scheduled meetings with your primary supervisor?

- a. Every week
- b. Every other week
- c. Monthly
- d. Once or twice a year
- e. Never [SKIP TO F53]

F50.) Which of the following typically occur when you meet with your primary supervisor?

Activity	Never	Seldom	About Half the Time	Usually	Always
a. We meet one-on-one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We meet as part of a larger group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My supervisor provides constructive feedback on my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We engage in reflective supervision (that is, structured meetings dedicated to reflection and discussion, with the goal of nurturing staff growth, reinforcing strengths, and encouraging resilience when working with families)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. We discuss families that I work with directly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. We discuss my professional development needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. We discuss my well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other topic not listed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F51.) Thinking about all your interactions with your primary supervisor, to what extent do you feel supported by your primary supervisor?

- a. Not at all supported
- b. Slightly supported
- c. Somewhat supported
- d. Very supported
- e. Extremely supported

F52.) How helpful is your primary supervisor's feedback to you for meeting your responsibilities as a family support services staff member?

- a. Not at all helpful
- b. Slightly helpful
- c. Somewhat helpful
- d. Very helpful
- e. Extremely helpful

Your Health and Wellbeing

The next few questions ask about activities related to your health and well-being, including your physical, mental, and economic well-being. We are interested in these aspects of the Head Start workforce to better understand staff experiences and to inform program improvement activities. All individual responses will remain confidential. Please think about the current program year when responding to all questions in this section.

F53.) Please read each statement carefully and decide if you ever feel this way about your job.

Select one response per row.

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
a) I feel emotionally drained from my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I feel used up at the end of the workday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
c) I feel fatigued when I get up in the morning and have to face another day on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Working with people all day is really a strain for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel burned out from my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I feel frustrated by my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel I'm working too hard on my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Working with people directly puts too much stress on me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I feel like I'm at the end of my rope.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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The next question asks about your household's spending in the **last 7 days**. Please only include experiences that occurred in the last 7 days.

As a reminder, your individual responses to these questions are confidential.

F54.) In the last 7 days, how difficult has it been for your household to pay for usual household expenses, including but not limited to food, rent, or mortgage, car payments, medical expenses, student loans, and so on? Select only one answer.

- a. Not at all difficult (1)
- b. A little difficult (2)
- c. Somewhat difficult (3)
- d. Very difficult (4)

F55.) In the current program year, have you participated in wellness activities or well-being supports that were offered by your Head Start program(s)?

Select all that apply.

WELLNESS ACTIVITIES	I participated in this activity that was offered by my Head Start program(s)
a. Physical health screenings	<input type="checkbox"/>
b. Oral health screenings	<input type="checkbox"/>
c. Asthma management	<input type="checkbox"/>
d. Weight management, nutrition information	<input type="checkbox"/>
e. Physical activity/fitness	<input type="checkbox"/>
f. Tobacco cessation	<input type="checkbox"/>
g. Stress management	<input type="checkbox"/>
h. Injury prevention / safety	<input type="checkbox"/>
i. Cancer screening	<input type="checkbox"/>
j. COVID vaccines	<input type="checkbox"/>
k. Mindfulness activities (e.g., yoga, meditation)	<input type="checkbox"/>
l. Extra days off work for mental health	<input type="checkbox"/>
m. Schedule flexibility	<input type="checkbox"/>
n. Mental health consultant that staff can see	<input type="checkbox"/>
o. Staff social evens (virtual or in-person)	<input type="checkbox"/>
p. Changes for staff to take breaks during the day (e.g., staff can safely express if they need an unscheduled break during the day)	<input type="checkbox"/>
q. Training or resources on secondary traumatic stress	<input type="checkbox"/>
r. Counseling resources or referrals to Employee Assistance Programs	<input type="checkbox"/>
s. Other wellness activity or well-being support:_____	<input type="checkbox"/>

Your Background and Characteristics

Our final questions ask about your background, including your educational background and work experience, and some of your characteristics.

F56.) Have you ever had a child raised in your household who attends a Head Start program?

Please include any children raised in your household who currently attend or ever attended a Head Start program.

- a. Yes
- b. No
- c. Prefer not to answer

F57.) In what year did you start working at your **current** Head Start program(s) in any role?

[drop-down list with list of calendar years starting with 2023 at top, then 2022.... 1973; Don't know]

F58.) How many **other** Head Start programs have you worked in?

Do not include your work at your current Head Start program(s).

Remember to include all components of your Head Start program, including Head Start, Early Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnerships.

Number of Head Start program(s): drop down from 0 to 25

F59.) Besides your current job as a family support services staff member, what other positions have you held in any Head Start program(s)?

Select all that apply.

- a. No other positions: my only job in Head Start program(s) is my current job
- b. Family support services staff member at another Head Start program
- c. Family support services manager/coordinator
- d. Teacher
- e. Teacher's aide/instructional aide
- f. Home visitor
- g. Parent involvement coordinator/family service coordinator
- h. Outreach staff/recruiter/enrollment coordinator
- i. Health manager / coordinator
- j. Health aide
- k. Counselor
- l. Disability services manager/coordinator
- m. Behavioral health (or mental health) manager/coordinator
- n. Nutrition manager/coordinator
- o. Culinary or food services staff
- p. Receptionist/office staff
- q. Bus driver or related transportation
- r. Center director, associate center director, or other program manager
- s. Other (Specify) _____

F60.) What is the highest grade or year of school that you completed?

- a. Some high school/equivalent (GED) [**SKIP TO F62**]

- b. High school diploma/equivalent (GED) [SKIP TO F62]
- c. Vocational/technical program after high school but no vocational/technical diploma [SKIP TO F62]
- d. Vocational/technical diploma after high school [SKIP TO F62]
- e. Some college but no degree [SKIP TO F62]
- f. Associate’s degree
- g. Bachelor’s degree
- h. Graduate or professional school but no degree
- i. Master’s degree (MA, MS, MPH, MSN, MBA)
- j. Doctorate degree (Ph.D., Ed.D.)
- k. Other Postgraduate Degree (Medicine/MD; Dentistry/DDS; Law/JD/LLM; Etc.)

F61.) Indicate your major field of study for your highest-level degree.

Select all that apply.

- a. Child development
- b. Early childhood education
- c. Social work
- d. Mental or behavioral health
- e. Psychology
- f. Family development
- g. Human services
- h. Counseling (family, pastoral, addiction)
- i. Other related major (special education, bilingual/bicultural education, educational psychology, education administration, elementary education, music education.)
- j. Another major not listed here: _____

F62.) Have you earned any licenses, certificates, or credentials?

Include those earned outside of the United States.

- a. Yes
- b. No → SKIP TO F64

F63.) For each certificate, license, or credential that you have earned, indicate whether it is active at this time.

Select one response per row.

LICENSE/CERTIFICATE	Earned - Active	Earned - Inactive	Have not earned

a. Child Development Associate [CDA] license or certificate			
b. Counselor certificate or license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Family Development certificate or license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Family Services certificate or license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Human Services certificate or license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychologist certificate or license	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Social Worker certificate or license			
h. Other license, certificate or credential Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F64.) Is your age...

- a. Under 25 years old?
- b. 25 to 34 years old?
- c. 35 to 44 years old?
- d. 45 to 54 years old?
- e. 55 to 64 years old?
- f. 65 years old or older?
- g. Prefer not to answer

F65.) Are you of Hispanic, Latino/a, or Spanish origin?

Select all that apply.

- a. No, not of Hispanic, Latino/a, or Spanish origin
- b. Yes, Mexican, Mexican American, Chicano/a
- c. Yes, Puerto Rican
- d. Yes, Cuban
- e. Yes, Another Hispanic, Latino, or Spanish origin
- f. Don't know
- g. Prefer not to answer

F66.) What is your race? *One or more categories may be selected.*

- a. White
- b. Black or African American
- c. American Indian or Alaska Native
- d. Asian Indian
- e. Chinese
- f. Filipino
- g. Japanese

- h. Korean
- i. Vietnamese
- j. Other Asian
- k. Native Hawaiian
- l. Guamanian or Chamorro
- m. Samoan
- n. Other Pacific Islander
- o. Prefer not to answer

F67.) What sex were you assigned at birth, on your original birth certificate?

- a. Female
- b. Male
- c. Don't know
- d. Prefer not to answer

F68.) What is your current gender?

- a. Female
- b. Male
- c. Transgender
- d. [If respondent is AIAN:] Two-Spirit
- e. I use a different term: _____
- f. Don't know
- g. Prefer not to answer

F69.) What language do you **most frequently** speak at home?

- a. English
- b. French/Francés
- c. Spanish/Español
- d. Cambodian (Khmer)/Camboyano (Khmer)
- e. Chinese/Chino
- f. Haitian Creole/Creole Haitiano
- g. Hmong/Hmong
- h. Japanese/Japonés
- i. Korean/Coreano
- j. Vietnamese/Vietnamita
- k. Arabic/Arabe
- l. African Language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Daholo)/Lengua African (por ejemplo, Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Africaans, Awing, Bargu, Tumbuku, Teso, Y Daholo)
- m. Native American or Alaskan language/lengua de Native Americano o de Alaska
- n. A Filipino language/un idioma Filipino

- o. Other (please specify): _____
- p. Prefer not to answer

F70. Please use the text box below to provide any additional information about your role coordinating family support services that we did not capture, or to elaborate on your survey responses.

[TEXT BOX]

[SUBMIT 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.

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: _____

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