Financing for Early Care & Education
Quality & Access for All

SURVEY PROTOCOL

Program Director

Draft 11 | December 7, 2023

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Survey Introduction

[INTRODUCTION AND CONSENT LANGUAGE INCLUDED IN APPENDIX A]

The Paperwork Reduction Act Statement

This collection of information is voluntary and will be used to study the funding models of early care and education (ECE) providers that receive Head Start funds. Public reporting burden for this collection of information is estimated to average 47.5 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 and expiration date for this collection are OMB #: 0970-XXXX, Exp: 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 Stacy Ehrlich Loewe at loewe-stacy@norc.org.

Definitions

"Combining" or "combined" funding: When more than one funding source is used to support the total cost of your program's early care and education (ECE) services. We use *combined funding* as an umbrella term to describe the many terms that describe bringing together funds, such as *braiding, blending, coordinating, layering, pooling,* and *stacking*.

Funding / Funding Sources: These include all funds that support direct services to families and children; other direct costs such as funds for professional learning, materials, books, technical assistance, and coaching; and indirect costs.

Early Care and Education (ECE) Provider/Program: Any organization providing early care and education (ECE) services in center-based settings to children aged birth through 5.

- *When the survey asks about **other ECE providers**, we want you to think about all early care and education center-based settings—including other Head Start programs.*
- *When the survey asks about **your ECE program**, we want you to think about all programming in your directly-operated center-based settings. The funding your program receives to support your directly-operated, center-based settings may include one or more Early Head Start (EHS) and/or Head Start grants. Your ECE program may also receive funding from other sources to support its ECE programming.*

Head Start Provider/Program: An agency, or their delegate, that is a local public or private non-profit or for-profit entity designated by the Administration for Children & Families (ACF) to operate a center-based Head Start program to serve children aged three to compulsory school age, pursuant to section 641(b) and (d) of the Head Start Act, as well as Early Head Start (EHS) programs, which serve pregnant people and children birth to age 3. ***When the survey asks about "Head Start programs**," We want you to think about any center-based provider(s) that receive any form of Head Start funding. This includes EHS, American Indian/Alaska Native Head Start, Migrant and Seasonal Head Start, and EHS programs that are part of EHS-Child Care Partnership (EHS-CCP) grants. Programs may have multiple centers and multiple grants.*

Non-Head Start ECE Provider/Program: Any organization providing early care and education services in center-based settings to children aged birth through 5 that does **not** receive any form of Head Start funding. *When the survey asks about "non-Head Start ECE providers," want you to think about only non-Head Start center-based ECE providers/programs.*

Priority Populations: Children and families who are prioritized for Head Start/ECE enrollment based on relevant risk factors and community needs. Priority populations include but are not limited to: children living in poverty, children in foster care,

children experiencing homelessness, children with disabilities, and dual language learners.

Survey

*Instructions: As you complete this survey, you may rely on other program staff, such as a fiscal manager, to support you in answering questions accurately. You may also wish to locate and refer to program budget documents and/or tax forms. When answering questions for this survey, we would like you to think about **all programming located in your directly-operated, center-based settings**. Your directly- operated center-based settings may receive one or more Head Start and/or Early Head Start (EHS) grants. They may also receive funds from other sources to support their ECE programming.*

[*NOTE:* As noted in the instructions immediately below, throughout the survey participants will be able to see definitions of certain terms if they hover over (or tap on touchscreen devices) those terms. In this version of the survey, those terms are highlighted in yellow. The study team is continuing to investigate how to best format those terms in the survey platform.]

*Throughout the survey, you may see [**FORMATTING]** words. If you hover over those words with your mouse, a definition will appear. If using a touchscreen, tap on the words to see definitions.*

Your Program

We start our survey by asking some questions about your program.

Where are your center-based Head Start programs located? Please select all that apply. [***Pch_sett***]

- Stand-alone centers ***[Pch_sett_1]***
- Within schools ***[Pch_sett_2]***
- Within a building of an umbrella or sponsoring organization (e.g., non-profit, community organization, religious institution) ***[Pch_sett_3]***
- Other ***[Pch_sett_4]***

Your Head Start program may be part of a larger organization. For the next set of questions, please consider your whole organization.

Does your organization (including your sponsoring organization, if applicable) support any ECE centers that do not receive **any** Head Start funding? [***Pch_nonHS***]

- Yes

- No
- Don't know

Does your organization (including your sponsoring organization, if applicable) offer any services beyond ECE services? [**Pch_scope**]

- Yes
- No
- Don't know

How many centers does your <mark>Head Start program</mark> directly operate? **[Pch_cnum]**

- 1
- 2 to 4
- 5 to 10
- More than 10

Does the city/town/locality where most of your families live have a coordinated ECE enrollment system that **includes Head Start**? [**Phs_enroll**]

DEFINITION FOR HOVER OVER: A coordinated ECE enrollment system means that multiple ECE service providers, including Head Start, state preschool, and child care programs, may develop a joint application and work with families on selection and enrollment.

- Yes
- No
- Don't know

Are there children aged birth to 5 years enrolled in your <mark>ECE program</mark> who are not eligible for Head Start? [**Pbd_eligible**]
- Yes
- No
- Don't know

In addition to the standard program day, does your program provide before and/or after care (or extended care) for any children aged birth to 5 years? [**Pcl_bac**]
- Yes
- No
- Don't know

Funding Sources

We will now ask you a set of questions about your ECE program*'s* funding sources, *which includes Head Start funding. When answering questions, remember to think about* **all programming located in your directly-operated center-based settings**. *Please refer to any financial documents or consult with others in your program, if necessary.*

What month does your **fiscal** year begin? [***Ptm_fisc***]
[Dropdown menu of months]

In your last completed fiscal year, did your ECE program receive any of the following **public/government** funds, other than from Head Start, to provide ECE services? Please do **not** consider in-kind contributions. [***Pfd_gv***]

	Yes	No	Don't know
Child care subsidy funds for families with low incomes (through either vouchers, certificates, or state contracts for a specific number of children or for program quality enhancements), including the federal Child Care and Development Fund (CCDF) [***Pfd_gv_1***]			
Title I funds, received directly (i.e., if your program is a Local Education Agency) [***Pfd_gv_2***]			
Other federal government funds (e.g., Child and Adult Care Food Program [CACFP], WIC; note that your *state* may distribute or administer these federal funds) [***Pfd_gv_3***]			
State preschool/pre-K fund(s) [***Pfd_gv_4***]			
State Head Start funding (**distinct** from federal Head Start dollars) [***Pfd_gv_5***]			
Other funding from state government (e.g., transportation, grants from state agencies) [***Pfd_gv_6***]			
Funds from local preschool/pre-K programs (e.g., school district, city, county, or regional) [***Pfd_gv_7***]			
Tribal government pre-K or early care funds [***Pfd_gv_8***]			
Other funding from local governments (e.g., local tax revenues, grants from county governments, local prevention initiatives) [***Pfd_gv_9***]			
Other (please specify) [***Pfd_gv_10; Pfd_gv_10t***]			

In your last completed fiscal year, did your ECE program receive any of the following **non-government** <mark>funds</mark> to provide ECE services? Please do **not** consider in-kind contributions. [*Pfd_nongv*]

	Yes	No	Don't know
Tuitions and fees paid by families [*Pfd_nongv_1*]			
Grants from community organizations, private foundations, or other grants (e.g., United Way, local charities, or other service organizations) [*Pfd_nongv_2*]			
Fundraising activities (e.g., cash contributions, gifts, bequests, special events, corporate supports) [*Pfd_nongv_3*]			
Church or other religious institutions [*Pfd_nongv_4*]			
College/university support [*Pfd_nongv_5*]			
Program endowment [*Pfd_nongv_6*]			
Other (please specify) [*Pfd_nongv_7; Pfd_nongv_7t*]			

During your last completed fiscal year, did any of your program's funding include COVID relief or stabilization dollars (from any source)? [*Pfd_covid*]

- Yes
- No
- Don't know

SURVEY LOGIC → If none to **Pfd_gv** and **Pfd_nongv** skip to **Pbd_total**

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] You selected at least one funding source in addition to Head Start in the previous questions. Does your program <mark>combine funding</mark> to provide ECE services to children and their families in your directly-operated Head Start centers? *[Pfd_comb]*

Hover over "combine funding" with definition from above: "Bringing together more than one funding source to support the total cost of early care and education (ECE) services. We use combined funding as an umbrella term to describe the many terms that describe bringing together funds, such as braiding, blending, combining, layering, pooling, and stacking."

- Yes
- No
- Don't know

Because you indicated that your program receives at least one funding source in addition to Head Start, several questions in this survey will ask you about the use of multiple <mark>funding sources</mark> to provide ECE services.

[If more than two funds were selected across **Pfd_gv** and **Pfd_nongv**] Which **three** of the following funding sources make up the largest portions of your ECE program's budget? Select up to **three**. *[Pfd_most]*

- Head Start *[Pfd_most_1]*
- [Fill in with responses selected under **Pfd_gv** and **Pfd_nongv]** *[***Pfd_most_2…Pfd_most_17***]*

During your ECE program's last completed fiscal year, what was its total operating budget from all sources? Please do **not** consider in-kind contributions.

By "budget" we mean all dollars used to provide ECE services, including tuition. Please remember that you may refer to accounting/tax records or other staff to answer this question most accurately. [***Pbd_total***]

- Less than $100,000
- $100,000 to $499,999
- $500,000 to $999,999
- $1 million to less than $5 million
- $5 million to less than $10 million
- $10 million to less than $30 million
- $30 million to less than $50 million
- $50 million to less than $75 million
- $75 million to less than $100 million
- $100 million or more

SURVEY LOGIC → If "None of the above" to **Pfd_gv** and **Pfd_nongv** skip to **Pfd_match**

[If at least one funding source was selected from **Pfd_gv** or **Pfd_nongv**] You indicated that your program receives funding from the following sources. During your last completed fiscal year, approximately what percentage of your overall ECE program budget did each source cover? [***Pbd_per***]

	Percent of program budget
Head Start [***Pbd_per_1***]	

	Percent of program budget
[FILL ALL RESPONSE CATEGORIES FROM **Pfd_gv** and **Pfd_nongv**] [***Pbd_per_2…Pbd_per_16***] [If "Other (please specify)" was selected for either Pfd_gv or Pfd_nongv, fill in with "Other"]	[open response that accepts whole numbers between 1 and 99 – survey will only allow answers that add up to no more than 100]

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] For how many years has your program received other ECE funds in addition to your Head Start funds? [***Ptm_braid***]

- This is the first year
- For at least one year but fewer than 4
- Between 4 - 10 years
- More than 10 years
- I do not know because our program has used multiple funding sources since before I held my current position
- I do not know for another reason

How does your program satisfy the Head Start funding match (non-federal share) requirement? Please check all that apply. ***Pfd_match***

- [FILL FUNDING SOURCES SELECTED FROM **Pfd_nongv and the following from Pfd_gv:** *State-preschool/pre-K fund(s); State Head Start funding (distinct from federal Head Start dollars); Other funding from state government (e.g., transportation, grants from state agencies); Funds from local preschool/pre-K programs (e.g., school district, city, county, or regional); Tribal government pre-K or early care funds]* **[Note for programming: each additional fund gets its own item label starting with Pfd_match_1 through Pfd_match_14; options not shown to a respondent receive a skip code]**
- Other non-federal funding source(s) [***Pfd_match_15***]
- In-kind donation of funds, services, or volunteer time [***Pfd_match_16***]
- Other [***Pfd_match_17***]

During your last completed fiscal year, approximately what percentage of your program's total budget for providing ECE services included **unrestricted funds**? Please round to the nearest whole percent. [***Pbd_unre***]

Hover over "unrestricted funds" with definition: By "unrestricted," we mean that your program can use these funds for any purpose.

- 0%
- 1% to 4%

- 5% to 9%
- 10% to 19%
- 20% to 29%
- 30% to 39%
- 40% to 49%
- 50% or more
- Don't know

Which of the following types of agencies **distribute** <mark>funds</mark> directly to your ECE program? This includes reimbursements. Select all that apply. [***Pdt_who***]
- Federal agency [***Pdt_who_1***]
- State agency [***Pdt_who_2***]
- Regional or county agency [***Pdt_who_3***]
- City or town agency [***Pdt_who_4***]
- Local education agency [***Pdt_who_5***]
- Other [***Pdt_who_6***]

The next few items ask about the children you serve and how you assign them to classrooms.

In total, how many children aged birth to 5 years does your agency serve in all directly operated center-based <mark>ECE programs</mark>? Please include children funded by Head Start as well as those funded by other sources or privately paid. ***[Pch_chnum]***
- [open numeric response up to ### with verification prompt to prevent error]

[If at least one fund was selected for **Pfd_gv** or **Pfd_nongv** AND response "Yes" to **Pbd_eligible**]

Many ECE programs have a "standard program day," as well as before and after care. **Thinking only about your standard program day**, does <mark>your ECE program</mark> separate Head Start-eligible children into different classrooms than children supported by other funding sources? [***Pcl_appro1***]
- Yes
- No
- Don't know

[If "No" to **Pcl_appro1 & non-HS funding sources indicated**] You indicated that during your standard program day, your ECE program does not separate children into classrooms by Head Start eligibility (excluding before and after care). We call these "blended" classrooms.

During your standard program day, does your program apply Head Start standards to **all** the children in your blended classrooms—including both Head Start and non-Head-Start children? [***Pcl_appro2***]

- Yes, we apply all Head Start standards to all children in blended classrooms.
- Yes, but we only apply **select** Head Start standards to all children in blended classrooms.
- No, we **do not** apply any Head Start standards to non-Head-Start-eligible children in blended classrooms.
- Don't know

[If "Yes" to **Pcl_appro1 & non-HS funding sources indicated**]
You indicated that during your standard program day, your ECE program separates children funded by different sources into different classrooms. What are the primary reasons for doing this? Select all that apply. [***Pcl_nomix***]
- It is easier to track each funding source's allowable expenses [***Pcl_nomix_1***]
- Requirements across funding sources differ too much to combine children [***Pcl_nomix_2***]
- Our funding sources each support children of different age groups [***Pcl_nomix_3***]
- Children with different eligibility categories have different needs, and classrooms are organized to meet specific needs. [***Pcl_nomix_4***]
- It is too expensive to implement Head Start standards when those standards are not required [***Pcl_nomix_5***]
- Other [***Pcl_nomix_6***]

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] What are the top **three** reasons why your ECE program uses more than one funding source to provide ECE services? Select up to **three**. [***Pde_whyyes***]

- To cover the basic costs of running our program ***[Pde_whyyes_1]***
- To have more slots available to families ***[Pde_whyyes_2]***
- To provide a longer program day ***[Pde_whyyes_3]***
- To provide a longer program year ***[Pde_whyyes_4]***
- To provide competitive salaries to staff ***[Pde_whyyes_5]***
- To provide more services to families ***[Pde_whyyes_6]***
- To provide high-quality services to children from priority populations ***[Pde_whyyes_7]***
- To provide high-quality professional development opportunities for our staff ***[Pde_whyyes_8]***
- To meet the requirements for a desired tier of our state quality rating and improvement system (QRIS) ***[Pde_whyyes_9]***
- Other (please specify) ***[Pde_whyyes_10; Pde_whyyes_10t]***

[If "none of the above" is selected for **Pfd_gv** *and* **Pfd_nongv**] You indicated that your program only receives funding from Head Start. What is the **main** reason(s) your program does **not** use funding from other sources? Select up to **two**. [***Pde_whyno***]

- Head Start covers all of our program's services, so we do not need further funding to operate. ***[Pde_whyno_1]***
- In-kind donations/services fully meet or exceed our (non-federal share) matching funds for Head Start. ***[Pde_whyno_2]***
- The requirements of other funding sources are too difficult for our program to meet. ***[Pde_whyno_3]***
- Head Start requirements do not align well with the requirements of other funding sources. ***[Pde_whyno_4]***
- Combining funding sources adds too much administrative cost. ***[Pde_whyno_5]***
- Other (please specify) ***[Pde_whyno_6; Pde_whyno_6t]***

Managing Finances & Decision-making

This set of questions will ask about how your program manages finances. This section may require checking in with your fiscal representative if applicable.

Typically, how accurately does your total program budget for ECE services predict your actual amount spent? [***Pde_real***]

- Not at all accurately
- Not too accurately
- Somewhat accurately
- Very accurately
- Extremely accurately
- Don't know

Who in your Head Start program is **primarily responsible** for monitoring revenues and expenditures? Select up to **two**. [***Pex_manage***]

- Program director ***[Pex_manage_1]***
- Fiscal manager ***[Pex_manage_2]***
- Board of directors ***[Pex_manage_3]***
- An outside accountant ***[Pex_manage_4]***
- An outside consultant or contractor ***[Pex_manage_5]***
- Someone else ***[Pex_manage_6]***
- Don't know ***[Pex_manage_7]***

[Do these individuals / does this individual] have a degree, certificate, or professional credential related to financial management? [***Pex_train***]

	Yes	No	Don't know
[FILL SELECTIONS FROM **Pex_manage** up through **Pex_manage_5**] ***[Pex_train_1…Pex_train_5]***			

Which of the following factors does your program consider when deciding which <mark>funding sources</mark> to **apply for** each fiscal year? Select all that apply. [***Pde_apply***]

- Previous funding sources received ***[Pde_apply_1]***
- Anticipated child eligibility ***[Pde_apply_2]***
- Priorities based on community needs assessment [***Pde_apply_3***]

- Organizational priorities or projects not based on community needs assessments [**Pde_apply_4**]
- Cost of services our program wants to provide [**Pde_apply_5**]
- Allowable expenses of available funding sources (e.g., rent, teacher salaries, comprehensive services delivery, classroom supplies) [**Pde_apply_6**]
- The uncertainty of existing program funding [**Pde_apply_7**]
- Other (please specify) [**Pde_apply_8; Pde_apply_8t**]

Who participates in decisions about **which funding sources are in your budget**? Select all that apply. [**Pdm_whichinfo**]
- Program director [**Pdm_whichinfo_1**]
- Board of directors [**Pdm_whichinfo_2**]
- Policy council [**Pdm_whichinfo_3**]
- Fiscal officer/manager [**Pdm_whichinfo_4**]
- Accountant [**Pdm_whichinfo_5**]
- Management team [**Pdm_whichinfo_6**]
- An outside consultant or contractor [**Pdm_whichinfo_7**]
- Parent committee(s) [**Pdm_whichinfo_8**]
- Center director(s) [**Pdm_whichinfo_9**]
- Human Resources staff [**Pdm_whichinfo_10**]
- (If your program is a Head Start delegate) Someone at the grantee level [**Pdm_whichinfo_11**]
- Community partners [**Pdm_whichinfo_12**]
- Other people external to the organization [**Pdm_whichinfo_13**]
- Someone else [**Pdm_whichinfo_14**]
- Don't know [**Pdm_whichinfo_15**]

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] Who participates in decisions about **how different funding sources support specific program components**? Select all that apply. [**Pdm_supinfo**]
- Program director [**Pdm_supinfo_1**]
- Board of directors [**Pdm_supinfo_2**]
- Policy council [**Pdm_supinfo_3**]
- Fiscal officer/managers [**Pdm_supinfo_4**]
- Accountant [**Pdm_supinfo_5**]
- Management team [**Pdm_supinfo_6**]
- An outside consultant or contractor [**Pdm _supinfo_7**]
- (If program is a part of a larger service organization) Service organization staff [**Pdm_supinfo_8**]
- Parent committee(s) [**Pdm_supinfo_9**]
- Center director(s) [**Pdm_supinfo_10**]
- Human Resources staff [**Pdm_supinfo_11**]
- (If your program is a Head Start delegate) Someone at the grantee level [**Pdm_supinfo_12**]
- Community partners [**Pdm_supinfo_13**]

- Other people external to the organization [**_Pdm_supinfo_14_**]
- Someone else [**_Pdm_supinfo_15_**]
- Don't know [**_Pdm_supinfo_16_**]

How does your program plan your budget? Select all that apply. [**_Pde_sup_**]
- We use per-child cost-modeling. [**_Pde_sup_1_**]
- We use per-program cost-modeling. [**_Pde_sup_2_**]
- We rely on a previous program year's budget as a proxy. [**_Pde_sup_3_**]
- Other [**_Pde_sup_4_**]
- Don't know [**_Pde_sup_5_**]

On average over the course of a program year, approximately how much time does your ECE program director dedicate to financing (e.g., managing budgets, tracking expenses, reporting expenses)? [**_Prs_pdtime_**]

- 0%
- 1 – 10%
- 11 – 25%
- 26 – 50%
- 51 – 75%
- 76 – 100%

How much do you agree with the following statements: **_Prs_need_**

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree
My ECE program has **the expertise** to efficiently determine how much we need from different funding sources to meet our programming goals. [**_Prs_need_1_**]					
My ECE program has **the tools** to efficiently monitor the spending of each funding source. [**_Prs_need_2_**]					

How easy or difficult is it to **apply** for each of the following funding sources included in your program's budget? [*Pde_ease*]

	Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult	Don't know
[FILL RESPONSES FROM **Pfd_most**] *[Pde_ease_1… Pde_ease_3]*						

How easy is it for your program to **monitor** the use of each funding source? [*Prs_mon*]

	Very easy	Somewhat easy	Neither easy nor difficult	Somewhat difficult	Very difficult	Don't know
[FILL RESPONSES FROM **Pfd_most**] *[Prs_mon_1… Prs_mon_3]*						

Funding Allocation

This set of questions will ask how your program's funds are allocated. Please do not include in-kind contributions as "funds."

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] *For the next two questions, please think about all your **non-Head Start** funds.*

[If at least one fund was selected from **Pfd_gv** or **Pfd_nongv**] Do **non**-Head Start funds pay for any of the following (**in full *or* in part**)? [***Psv_nonHS***]

	Yes	No	Don't know	
Facilities [***Psv_nonHS_1***]				
Recruiting children and families [***Psv_nonHS_2***]				
Salary and benefits for teachers (lead and assistant teachers, teacher's aides) [***Psv_nonHS_3***]				
Salary and benefits for **non**-teaching staff [***Psv_nonHS_4***]				
Services for children from special populations (e.g., children with disabilities, in the welfare system, experiencing homelessness, speaking a language other than English) [***Psv_nonHS_5***]				
Services/interventions for parents [***Psv_nonHS_6***]				
Professional development for program staff [***Psv_nonHS_7***]				
Food your program provides to children during your standard program day [***Psv_nonHS_8***]				
Extending the program day [***Psv_nonHS_9***]				
Extending the program year [***Psv_nonHS_10***]				

[If "Yes" was selected for <u>any</u> items under **Psv_nonHS.**] You indicated that **non**-Head Start funds help pay for the following. Which funding sources support each? Select all that apply. *[Psv_which]*

	[FILL RESPONSES FROM **Pfd_most** other than "other"]	Other funding source	Don't know
[FILL RESPONSES FROM **Psv_nonHS** where "Yes" was selected] [*Psv_which_1... Psv_which_10*]			

While the previous questions asked about how your program spends **dollars**, this question focuses on **in-kind** contributions. Are each of the following services supported by any in-kind contributions? [*Psv_inkind*]

	Yes	No	Don't know
Facilities [*Psv_inkind_1*]			
Recruiting children and families [*Psv_inkind_2*]			
Salary and benefits for teachers (lead, assistants, and aides) [*Psv_inkind_3*]			
Salary and benefits for **non**-teaching staff [*Psv_inkind_4*]			
Services for children from special populations (e.g., children with disabilities, in the welfare system, experiencing homelessness, speaking a language other than English) [*Psv_inkind_5*]			
Services/interventions for parents [*Psv_inkind_6*]			
Professional development for program staff [*Psv_inkind_7*]			
Food your program provides to children during your standard program day [*Psv_inkind_8*]			
Extending the program day [*Psv_inkind_9*]			
Extending the program year [*Psv_inkind_10*]			

Beliefs and Mindsets

The next set of questions will ask about your beliefs about Head Start and ECE funding regulations. Even if your program only has one source of funding, please share your beliefs related to questions asking about multiple funds.

As a reminder, your responses will be kept private.

To what extent do you agree with the following statements? [***Pms_fund***]

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree
I am concerned that using more than one funding source could put our ECE program at risk of violating regulations. [***Pms_fund_1***]					
Fear of "double dipping" limits my program from accessing more funding sources. [***Pms_fund_2***]					
Receiving funding from **only** Head Start would be sufficient to run a quality program for the children and families we serve. [***Pms_fund_3***]					
I wish our program had additional **sources** of funding (not just more dollars from our existing sources). [***Pms_fund_4***]					
Using multiple funding sources is worth the effort needed to monitor and report on them. [***Pms_fund_5***]					

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree
[**If at least one funding source is selected for Pfd_gv or Pfd_nongv**] My program is able to meet the requirements of the various regulations that come with different funding sources (e.g., Head Start Program Performance Standards and state pre-K standards.) [*Pms_fund_6*]					
The ability to cover our ECE program's budget is uncertain from one year to the next. [*Pms_fund_7*]					

For each of the following services or supports: To what extent do you agree that your ECE program has enough funding to directly provide that service/support to your current families/children at a **high level of quality**? [*Pms_pir*]

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree	Not a support/ service we aim to provide	Not a support/ service available in our area
Medical, dental services required by Head Start [*Pms_pir_1*]							
Mental health services required by Head Start [*Pms_pir_2*]							

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree	Not a support/ service we aim to provide	Not a support/ service available in our area
Early intervention services or services for children with disabilities [**Pms_pir_3**]							
Screening, assessment, or other data collection (e.g., classroom observation, data about families or program practices) [**Pms_pir_4**]							
Specific supports for families experiencing housing or food insecurity (or challenges meeting other basic needs) [**Pms_pir_5**]							

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree	Not a support/ service we aim to provide	Not a support/ service available in our area
Supports to families around child development and parenting (including fathers/father figures) [*Pms_pir_6*]							
Transportation [*Pms_pir_7*]							
Language services [*Pms_pir_8*]							

If your program had more funding for each of the following services, would it be **more likely** to use those dollars to help increase the quality of services provided **or** to provide the services to more children and families? [*Pms_more*]

Please use this scale of 1 – 5, with 1 being _your program would most likely increase quality of services for the children/families it currently serves_ and 5 being _your program would most likely increase the number of children and families receiving services_.

	Options from 1 – 5
Medical, dental services [*Pms_more_1*]	
Mental health services [*Pms_more_2*]	
Early intervention services or services for children with disabilities [*Pms_more_3*]	
Screening, assessment, or other data collection (e.g., classroom observation, data about families or program practices) [*Pms_more_4*]	

	Options from 1 – 5
Specific supports for families experiencing housing or food insecurity (or challenges meeting other basic needs) [**Pms_more_5**]	
Supports to families around child development and parenting (including fathers/father figures) [**Pms_more_6**]	
Transportation [**Pms_more_7**]	
Language services [**Pms_more_8**]	

Imagine a scenario in which your program has the total funding amount that it currently has. Now imagine your program is in a position to receive more funds **and** choose where those funds come from. Which possible funding scenarios would **best** enable your program to achieve each of the following goals? [**Pms_which**]

	More funding from **ONLY** Head Start	More funding from **ONLY non-Head Start** funding sources	It doesn't matter where additional funds come from	This isn't a goal of our program	Don't know
Serve **more** children/families with the same eligibility as we currently serve [**Pms_which_1**]					
Serve children/families with **different needs** than we currently serve [**Pms_which_2**]					
Improve the quality of current programming [**Pms_which_3**]					
Hire more qualified staff [**Pms_which_4**]					
Provide more competitive salaries, benefits, and professional supports to our staff [**Pms_which_5**]					
Provide a longer program day or year [**Pms_which_6**]					

	More funding from **ONLY** Head Start	More funding from **ONLY non-Head Start** funding sources	It doesn't matter where additional funds come from	This isn't a goal of our program	Don't know
Provide programming in a new, additional location [*Pms_which_7*]					
Provide programming in a new, additional setting (e.g., home-based, family child care) [*Pms_which_8*]					

In the following questions, we ask about the degree to which Head Start is considered in state-level ECE policy decisions.

To what extent do you agree with the following statements: [*Phs_inv*]

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree	Don't know
Our state considers Head Start providers' perspectives when making decisions about allocating **state** ECE funds. [*Phs_inv_1*]						
Our state considers the perspectives of Head Start families when making decisions about allocating **state** ECE funds. [*Phs_inv_2*]						
Our state considers the Head Start Program Performance Standards when making decisions						

about **state** ECE funding <u>regulations</u>. [*Phs_inv_3*]						

What do you see as the biggest barriers to better integrating Head Start providers' or families' perspectives into state ECE policymaking (if any)? [*Phs_barr_t*]

- [Open-ended response]

Funding Source Requirements

This section will ask about the regulations that govern your ECE program's funding source(s).

[If **Pfd_gv** includes state funds] How burdensome are the reporting requirements of the following ECE funding sources? [**Prg_rep**]

	Not at all burdensome	Not too burdensome		Moderately burdensome	Very burdensome	Extremely burdensome
[If "CCDF" selected in **Pfnd_gv**] CCDF [**Prg_rep_1**]						
[If "State pre-k" selected in **Pfnd_gv**] State pre-K program funds [**Prg_rep_2**]						
[If "State Head Start funding" selected in **Pfnd_gv**] State Head Start funds [**Prg_rep_3**]						

[If **Pfd_gv** includes state funds] How flexibly can your program use funds from the following sources? [**Prg_flex**]

	Not at all flexibly	Not too flexibly	Moderately flexibly	Very flexibly	Extremely flexibly
[If "CCDF" selected in **Pfnd_gv**] CCDF [**Prg_flex_1**]					
[If "State pre-k" selected in **Pfnd_gv**] State pre-K program funds [**Prg_flex_2**]					
[If "State Head Start funding"					

selected in **Pfnd_gv**] State Head Start funds [***Prg_flex_3***]					

What is the **greatest** challenge your program faces using multiple ECE <mark>funding sources</mark>? [***Prg_chal***]
- Funding requirements are so different from one another making it hard to figure out how to use them together.
- Different funding sources' eligibility requirements make it difficult to continuously serve families
- Administrative burden related to reporting or record-keeping for more than one funding source is very high
- Necessary skill level required of our fiscal team is very high
- Lack of financial tools, such as accounting systems
- The training or support we need on how to combine funds is not available
- None – we can easily do it
- Not applicable – we do not wish to combine ECE funds
- Other (please specify) ***[Prg_chal_t]***
- Don't know

[If **Pfd_gv** includes state pre-k (**Pfd_gv_4=Yes**)] To the best of your knowledge, how much are **state pre-K** requirements aligned with Head Start requirements in the following areas: [***Prg_algnP***]

	Not at all aligned	Not too aligned	Moderately aligned	Very aligned	Completely aligned	Don't know	Not applicable State pre-K does not have a standard in this area
Family/child eligibility requirements [***Prg_algnP_1***]							
Workforce education, credential, and experience requirements [***Prg_algnP_2***]							

	Not at all aligned	Not too aligned	Moderately aligned	Very aligned	Completely aligned	Don't know	Not applicable State pre-K does not have a standard in this area
Workforce supports (including professional development) [**Prg_algnP_3**]							
Instructional requirements [**Prg_algnP_4**]							
Group size [**Prg_algnP_5**]							
Teacher to child ratios [**Prg_algnP_6**]							
Length of program year [**Prg_algnP_7**]							
Health and safety requirements [**Prg_algnP_8**]							
Supports for families [**Prg_algnP_9**]							
Mental health supports for children [**Prg_algnP_10**]							
Facilities requirements [**Prg_algnP_11**]							

[If **Pfd_gv** includes CCDF funds (**Pfd_gv_1=Yes**)] To the best of your knowledge, how much are **CCDF** requirements aligned with Head Start requirements in the following areas: [***Prg_algnC***]

	Not at all aligned	Not too aligned	Moderately aligned	Very aligned	Completely aligned	Don't know	Not applicable CCDF does not have a standard in this area
Family/child eligibility requirements [***Prg_algnC_1***]							
Workforce education, credential, and experience requirements [***Prg_algnC_2***]							
Workforce supports (including professional development) [***Prg_algnC_3***]							
Instructional requirements [***Prg_algnC_4***]							
Group size [***Prg_algnC_5***]							
Teacher to child ratios [***Prg_algnC_6***]							
Length of program year [***Prg_algnC_7***]							
Health and safety requirements [***Prg_algnC_8***]							
Supports for families [***Prg_algnC_9***]							

	Not at all aligned	Not too aligned	Moderately aligned	Very aligned	Completely aligned	Don't know	Not applicable CCDF does not have a standard in this area
Mental health supports for children [*Prg_algnC_10*]							
Facilities requirements [*Prg_algnC_11*]							

Partnerships

*This block of questions will ask you about your ECE program's partnerships. By partnerships, **we mean working with other organizations to expand or enhance the quality of services to children and families in your program**. Examples of partner organizations include community service organizations, local governments, foundations, child care providers, state pre-K providers, and other Head Start programs.*

For this section of the survey, partnerships do <u>NOT</u> include:
- *Vendors or contractors that your program pays directly to provide goods (e.g., curricula, materials, assessment tools).*
- *Services that your organization provides on its own. For example, if your program is a part of a larger community service organization (e.g., Community Action Program), please do not include services offered by the larger organization that may be outside of your Head Start program.*

Does your ECE program partner with other organizations to deliver any of the following services? Select all that apply. [***Ppr_exist***]

- Social/emotional supports (for children, families, and/or staff) [***Ppr_exist_1***]
- Mental health supports (for children, families, and/or staff) [***Ppr_exist_2***]
- Physical health supports (nutrition, dental, and/or physical) [***Psr_exist_3***]
- Developmentally appropriate screenings and ongoing assessments [***Ppr_exist_4***]
- Social services for families [***Ppr_exist_5***]
- Staff development and training [***Ppr_exist_6***]
- Early childhood special education / early intervention [***Ppr_exist_7***]
- Other services and/or supports [***Ppr_exist_8***]
- Our Head Start program does not partner/collaborate with programs to provide services [EXCLUSIVE RESPONSE] [***Ppr_exist_9***]

[If "Our HS program does not partner/collaborate" was selected → SKIP TO Ppr_space]

[If any options OTHER THAN "we do not partner/collaborate" were selected under **Ppr_exist**] What type(s) of organization(s) does your ECE program partner with to provide the following services? Select all that apply. [***Ppr_type***] *Recall: Partnerships do not include vendors that your program pays directly for goods.*

	Another Head Start program	Early childhood ...	College / university	School District	Local government	Health centers, providers, or	Community service organization	Foundation	Faith-based	Other non-profit	Child care resource & referral agencies	Curriculum or assessment company	"Hub" agencies (contracted by state/local entities to provide training, TA,	Other
[FILL FROM ***Ppr*_exist through *Ppr*_exist_ 8**] [***Ppr_type _1… Ppr_type_ 8***]														

[If any options OTHER THAN "we do not partner/collaborate" were selected under **Ppr_exist**] During your program's last completed fiscal year, how were each of these services paid for? [***Ppr_paid***]

	Our partner or someone else paid for these services	Our program and our partner shared the cost of this service	We bartered/traded goods and/or services with our partner in exchange for this service	Our program paid for the entire cost of this service
[FILL FROM **Ppr_exist through Ppr_exist_8**] [**Ppr_paid_1… Ppr_paid_8**]				

[If "our partner paid for these…" or "Our program and our partner shared the cost of this service" to any **Ppr_paid**] You indicated that a partner at least partially pays for the following services. In the absence of these partnerships, how would your program provide these services? **[Ppr_alt]**

	Stop providing service altogether	Provide the service to fewer children/families	Find another partner	Pay for the service ourselves	Don't know
[FILL items based on if "Our partner or someone else paid for these services" or "Our program and our partner shared the cost of this service" is selected under **Ppr_paid]** [**Ppr_alt_1…Ppr_alt_8**]					

Is any of your program's space (centers, classrooms within centers, administrative offices, etc.) subsidized or paid for by another organization such as a sponsor, a school, or other community organization? [**Ppr_space**]

- Yes
- No
- Don't know

Workforce

This set of questions will ask about your program's workforce.

What proportion of your program's current **lead teachers** have been in their roles for less than 24 months? [***Pwf_less24***]
- None or almost none
- Some but less than half
- About half
- More than half but not all
- All or almost all

In your program's last complete fiscal year, how challenging was it to provide competitive wages and benefits to…? [***Pwf_comp***]

	Not at all challenging	Somewhat challenging	Moderately challenging	Very challenging	Extremely challenging	We do not have this role in our program
Preschool classroom teachers (leads, assistants, aides) [***Pwf_comp_1***]						
Infant and toddler classroom teachers (leads, assistants, aides) [***Pwf_comp_2***]						
Home-based providers or home visitors [***Pwf_comp_3***]						
Family child care providers [***Pwf_comp_4***]						
Family services staff [***Pwf_comp_5***]						
ECE center directors [***Pwf_comp_6***]						

	Not at all challenging	Somewhat challenging	Moderately challenging	Very challenging	Extremely challenging	We do not have this role in our program
Management staff or coordinators (not including directors) [*Pwf_comp_7*]						
Fiscal and accounting staff [*Pwf_comp_8*]						
Other staff such as bus drivers or cooks [*Pwf_comp_9*]						

In your last complete fiscal year, how successful was your program at **retaining**…? [*Pwf_retain*]

	Not at all successful	Somewhat successful	Moderately successful	Mostly successful	Extremely successful	Not applicable
Preschool age classroom teachers (leads, assistants, aides) [*Pwf_retain_1*]						
Infant and toddler classroom teachers (leads, assistants, aides) [*Pwf_retain_2*]						
Family services staff [*Pwf_retain_3*]						
ECE center directors [*Pwf_retain_4*]						

	Not at all successful	Somewhat successful	Moderately successful	Mostly successful	Extremely successful	Not applicable
Management staff or coordinators (not including directors) [*Pwf_retain_5*]						
Fiscal and accounting staff [*Pwf_retain_6*]						
Other staff such as bus drivers or cooks [*Pwf_retain_7*]						

How much do you agree with the following statements: [*Pst_belief*]

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree	Don't know
Our program pays teaching staff the equivalent salaries of early elementary grade teachers (i.e., K-12 pay parity) [*Pst_belief_1*]						
Salaries are too low to retain staff [*Pst_belief_2*]						
Our program is able to support staff well-being with appropriate benefits [*Pst_belief_3*]						
Our current funding level allows us to provide high-quality professional development opportunities for our staff [*Pst_belief_4*]						

[If "somewhat" or higher is selected on **Pst_belief** for "our program pays teaching staff the equivalent salaries…"] You indicated that your program pays teaching staff salaries equivalent to those of early elementary grade public school teachers. Who mandates this? [**Pst_parity**]

- No external governing body mandates it
- Our state
- Our county or city
- Our local education agency/school district partner(s)
- Other
- Don't know

Program Quality

These questions will ask about your program's quality.

When was your last CLASS observation conducted in your Head Start program for Federal Review? [***Ppq_classwhen***]
- This current program year
- Last program year
- Two program years ago
- More than two program years ago
- Don't know

What were the domain scores on your last CLASS observation for your Head Start program (conducted for Federal Review)? [***Ppq_classscore***]

	Low (1 – 2.99)	Medium (3 – 5.99)	High (6 – 7)	Don't know
Emotional Support Score [***Ppq_classscore_1***]				
Classroom Organization Score [***Ppq_classscore_2***]				
Instructional Support Score [***Ppq_classscore_3***]				

In your last completed program year, what was the average attendance rate for all enrolled children? [***Ppq_attnd***]

	Below 50%	50-64%	65-79%	80-89%	90-94%	95-100%	I don't know	Our program does not serve this age group
Infant and toddlers [***Ppq_attnd_1***]								
3–5-year-olds [***Ppq_attnd_2***]								

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We are interested in learning more about how additional non-Head Start funding might allow your program to offer more or better services to different groups of children and families.

How well is your program able to provide services to each of the following groups of children in your community? [***Pac_ade***]

	Not well at all	Somewhat well	Moderately well	Very well	Extremely well	This population is not in our community
Infants and toddlers [***Pac_ade_1***]						
Children with or at risk for disabilities [***Pac_ade_2***]						
Children/families experiencing homelessness or housing instability [***Pac_ade_3***]						
Children/families involved in the child welfare system [***Pac_ade_4***]						
Children/families that do not meet the federal poverty guidelines [***Pac_ade_5***]						
Children/families who are immigrants or refugees [***Pac_ade_6***]						
Children/families who are dual language learners [***Pac_ade_7***]						

How helpful would it be for your program to have funds from an additional, non-Head Start funding source to better meet the needs of the following populations? **[Pac_more]**

	Not helpful at all	Somewhat helpful	Moderately helpful	Very helpful	Extremely helpful
[FILL CATEGORIES FROM **Pac_ade** MARKED "MODERATELY" OR LOWER or all categories if **Pac_ade** was skipped] [**Pac_more_1...Pac_more_7**]					

Training and Technical Assistance

The next set of questions asks about training and technical assistance related to program financing.

Have you or your staff received training and technical (TTA) assistance on the following funding-related topics? **[Pta_topic]**

	Yes	No	Don't know
Budgeting and expenditure allocations [**Pta_topic_1**]			
Combining multiple funding sources [**Pta_topic_2**]			
Cost modeling [**Pta_topic_3**]			
Fiscal sustainability [**Pta_topic_4**]			
Business administration [**Pta_topic_5**]			
Grant writing [**Pta_topic_6**]			
Financial reporting to funding administrators [**Pta_topic_7**]			
Other [**Pta_topic_8**]			

Where do staff in your program look for information about how to use other funding sources alongside Head Start funds? [**Prs_where**]

Select all that apply:

- Guidance documents from the state, city, or regional government [**Prs_where_1**]
- ECLKC website [**Prs_where_2**]
- Other online resources [**Prs_where_3**]
- Local organizations [**Prs_where_4**]
- National organizations (e.g., BUILD, Children's Funding Project) [**Prs_where_5**]
- Calculator/budgeting tool [**Prs_where_6**]
- Consultant(s) [**Prs_where_7**]
- Other program leaders/staff [**Prs_where_8**]
- Other [**Prs_where_9**]

[If any response is "Yes" on **Pta_topic**] Who provides staff in your program with fiscal- or funding-related training and technical assistance (TTA)? [**Pta_prov**]

Select all that apply:

- National TTA Centers [**Pta_prov_1**]
- Statewide TTA Centers [**Pta_prov_2**]
- Head Start Regional Office staff (e.g., Program Specialists, TA specialists) [**Pta_prov_3**]
- National Head Start Association [**Pta_prov_4**]
- Regional or State Head Start Association [**Pta_prov_5**]
- Other national, state, or local organizations [**Pta_prov_6**]
- Other state-level administrators in **your** state [**Pta_prov_7**]
- State-level administrators in **other** states [**Pta_prov_8**]
- Grantee-level fiscal manager or other staff [**Pta_prov_9**]
- Fiscal or grant support contracted by your program [**Pta_prov_10**]
- Other [**Pta_prov_11**]

Have your ECE program staff received any of the following supports **from your state**? [**Pta_avail**]

	Yes	No	Don't know
Trainings (e.g., webinars, in-person sessions, at a conference) around using multiple funding streams [**Pta_avail_1**]			
Technical assistance or direct supports with budgeting including tools (e.g., toolkits, calculators) around using multiple funding streams [**Pta_avail_2**]			
Written guidance (e.g., websites, information memoranda, policy guidance) around using multiple funding streams [**Pta_avail_3**]			
Support for preparing funding applications [**Pta_avail_4**]			
Other [**Pta_avail_5**]			

[If any "yes" selected on **Pta_topic**] How much do you agree with the following statements? The funding and fiscal TTA our ECE program has received has… [**Pta_qual**]

	Don't agree at all	Somewhat agree	Moderately agree	Mostly agree	Strongly agree
Fully addressed our questions. [**Pta_qual_1**]					
Improved our knowledge about how to combine funding sources. [**Pta_qual_2**]					
Given us actionable information that improved our ability to combine funding sources. [**Pta_qual_3**]					

Which of the following non-Head Start funding source(s) does your program use to pay for fiscal- or funding-related training and technical assistance (TTA)? Please include pay for training, incidentals, and for staff time to attend. [**Pta_fund**]

	Yes	No	Don't know
[FILL FROM **Pfd_gv** AND **Pfd_nongv**] [**Pta_fund_1**… **Pta_fund_16.** *Pta_fund_16 option should be "Other" if either Pfd_gv_10 = Yes or Pfd_nongv_7 = Yes* **]**			

Your Background

This section will ask you about your work history and demographic background. All items are optional.

How many years have you worked in your current role? [**Pdg_currole**]

- [numerical entry with validation]

How many total years have you worked in **any** ECE-related roles? [**Pdg_total**]

- [numerical entry with validation]

Have you previously worked in any of the following types of roles in a Head Start program? [**Pdg_roles**]

	Yes	No
Teaching position (e.g., lead teacher, assistant teacher, classroom aide) [**Pdg_roles_1**]		
Non-teaching staff position (e.g., family advocate, disability coordinator) [**Pdg_roles_2**]		
Administrative/leadership position other than program director (e.g., fiscal officer, education manager, family service manager, health services manager) [**Pdg_roles_3**]		

What is the highest degree or level of schooling you have completed? If currently enrolled, highest degree received. [**Pdg_hdeg**]

- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- Doctorate or other advanced degree

What is your primary role? [**Pdg_resp**]

Include a drop-down of the following:

- *Executive Director*
- *Head Start and/or Early Head Start Director*
- *Education Manager/Coordinator*
- *Health Services Manager/Coordinator*
- *Family & Community Partnerships Manager/Coordinator*
- *Disability Services Manager/Coordinator*
- *Chief Financial Officer/Fiscal Officer*
- *Education and child development staff (classroom teacher or assistant teacher)*
- *Other (please specify): _____*

If someone helped you fill out this survey, please share their title(s) and role(s). [**Pdg_help**]

- [Role 1] [**Pdg_help_1a**]

Include a drop-down of the following:

- *Executive Director*
- *Head Start and/or Early Head Start Director*
- *Education Manager/Coordinator*
- *Health Services Manager/Coordinator*
- *Family & Community Partnerships Manager/Coordinator*
- *Disability Services Manager/Coordinator*
- *Chief Financial Officer/Fiscal Officer*
- *Education and child development staff (classroom teacher or assistant teacher)*
- *Other*
- *Nobody helped me*

- [if anything other than "nobody helped me" **Pdg_help_1a**]
  Title 1: [TEXT BOX] [**Pdg_help_1b**]

[if anything other than "nobody helped me" for **Pdg_help_1a**]

- [Role 2] *Include same drop-down list as above.* [**Pdg_help_2a**]

[if anything other than "nobody helped me" selected for **Pdg_help_2a**]

- [Title 2] [**Pdg_help_2b**]

May we contact you in the future for other research activities related to this project? [*Pdg_future*]

- Yes
- No

Thank you for your participation. NORC will email you a **[$40 / $50]** prepaid gift code to thank you for completing this survey. Prepaid codes can only be used online.

You are eligible for one of the following **[$40 / $50]** electronic gift codes. Please select which gift card you would like to receive.
- [list options for gift cards]
- I would like to decline receipt of this gift card

[*If any GC are selected*] Please let NORC know what email you would like your card sent to: [TEXT BOX]