OMB No.: 0970-XXXX

Expiration Date: xx/xx/20xx



Head Start REACH

Program Director Survey

Introduction

Thank you for agreeing to be part of the Head Start REACH study. The Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services is sponsoring the study. Mathematica, an independent research organization with a long history of learning from Head Start programs, will conduct the study on behalf of ACF.

The goal of this study is to improve our understanding of how Head Start programs recruit, select, and enroll families who can most benefit from comprehensive Head Start services – for example, those experiencing poverty or homelessness, involved in foster care or child welfare, or affected by substance use.

**Please keep the following in mind when responding to questions in this survey:**

* **Head Start** refers to both Early Head Start and Head Start unless otherwise specified.
* **Recruitment** refers to how Head Start programs identify and reach out to families to recruit them (for example, by holding recruitment events in the community or collaborating with partners to recruit families) and how they monitor their recruitment efforts.
* **Selection** refers to how programs develop and carry out their selection criteria including verifying eligibility, reviewing application information to assign points, and placing families on the waitlist.
* **Enrollment** refers to how programs enroll selected families.

The purpose of this short survey is to learn about your program's activities related to eligibility, recruitment, selection, enrollment, and attendance (ERSEA). We would also like to request the name and contact information for the person most responsible for ERSEA activities in your program -- the ERSEA lead staff. Finally, we would like to request contact information for community partners your program works most closely with. The information will be used to contact the ERSEA lead staff and staff from community partners for further data collection activities.

Your participation in this study is voluntary and you may refuse to answer any questions you are not comfortable answering. There are no risks associated with participating in the study. Your answers will be private to the extent permitted by law and will not be shared with parents, other staff in your program, or anybody else not working on this study. We will ensure all information is only reported in summary form and will not use your name, your program’s name, or other identifying information. Survey data will be transmitted to the Child & Family Data Archive or a similar data archive at the end of the study so it can be used by other researchers. We will remove any information that could identify you, your program and its staff or parents, or the community partners Head Start works with from the data before sharing it with the data archive.

Head Start REACH has obtained a Certificate of Confidentiality from the National Institutes of Health and been given Institutional Review Board (IRB) approval by Health Media Lab Institutional Review Board. If you have any questions or concerns, please contact Harshini Shah, the survey director, at hshah@mathematica-mpr.com or (617) 674-8360.

The survey will take about 10 minutes to complete.

By clicking on the link below, you are providing consent to participate in the study.

<<LINK>>

|  |
| --- |
| This collection of information is voluntary and will be used to improve understanding of how Head Start programs recruit, select, and enroll families who can most benefit from comprehensive Head Start services]. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 Amanda Coleman (amanda.coleman@acf.hhs.gov).  |

SECTION A. PROGRAM AND FAMILY CHARACTERISTICS

The first few questions are about your program and its goals, staff roles and responsibilities, and the ERSEA training that staff at your program receive.

|  |
| --- |
| ALL |

A1. According to our records, you are [PROGRAM DIRECTOR NAME], the program director of [HEAD START PROGRAM NAME]. Can you confirm you are this person?

Select one only

m Yes, I am the program director, and my name is accurate 1

m Yes, I am the program director, but my name is inaccurate 2

m No, I am not the program director 3

NO RESPONSE M

|  |
| --- |
| A1=2 or 3 |

A1A. Please provide your name.

 (FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE M

|  |
| --- |
| A1=3 |

A2. What is your official job title?

 (FIELD DESCRIPTION)

(STRING (NUM))

NO RESPONSE M

|  |
| --- |
| ALL |

A3. Does your program offer Early Head Start, Head Start, or both?

Select one only

m Early Head Start only 1

m Head Start only 2

m Both Early Head Start and Head Start 3

m I don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

A4. Please provide the number of Early Head Start and Head Start funded enrollment slots your program has.

 *Please enter the total number of funded enrollment slots in your program.*

| | | | Head Start funded enrollment slots

| | | | Early Head Start funded enrollment slots (excluding pregnant people but including Early Head Start Child Care Partnership slots)

| | | | Early Head Start funded enrollment slots for pregnant people

m I don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

A5. How many children and pregnant people are currently enrolled in your program?Your best estimate is fine, and you may consult with someone else in your program, if necessary.

 *Please enter the total number of children and pregnant people currently enrolled in your program.*

| | | | Current number of children enrolled in Head Start

| | | | Current number of children enrolled in Early Head Start (excluding pregnant

people but including Early Head Start Child Care Partnership)

| | | | Current number of pregnant people enrolled in Early Head Start

m I don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

A6. Is your program home-based, center-based, or mixed?

Select one only

m Home-based only 1

m Center-based only 2

m Mixed, both home-based and center-based 3

m I don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

A7. Other than Head Start, which, if any, of the following early care and education (ECE) programs are also available to families in your community who are eligible to enroll into your program?

Select all that apply

o Another Head Start or Early Head Start program 1

o Publicly funded PreK 2

o Non-profit ECE setting 3

o Private ECE setting 4

o Home-based child care 5

o Home visiting program 6

o Another type of setting (SPECIFY) 99

Specify (STRING (NUM))

o Don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

**A8.** **From your perspective, which of the following statements best reflects the availability of licensed child care slots in your community?**

Select one only

m There are not enough licensed child care slots to serve all Head Start eligible

children in my community 1

m There are just enough licensed child care slots to serve all Head Start eligible
children in my community 2

m There are more child care slots than there are Head Start eligible children in my community 3

m Don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

**A9. Families often need and have access to a variety of community resources and supports. For each support/resource listed below, please indicate whether it is: 1) accessible to families; or 2) a challenge for families to access.**

\*Note: Accessible resources and supports are ones that are free/affordable and offer inclusive programming that is appropriate for families from different cultures and languages.

PROGRAMMER: CODE ONE PER ROW

Select one per row

|  | Accessible to families in my community | A challenge for families in my community to access | Don’t Know |
| --- | --- | --- | --- |
| a. Affordable housing options | 1 m | 2 m | D m |
| b. Affordable child care options | 1 m | 2 m | D m |
| c. Parenting programs | 1 m | 2 m | D m |
| d. Early intervention services | 1 m | 2 m | D m |
| e. Treatment facilities for substance use | 1 m | 2 m | D m |
| f. Supports for families affected by domestic violence | 1 m | 2 m | D m |
| g. Supports for families involved in the foster care or child welfare system | 1 m | 2 m | D m |
| h. Supports for families involved with the criminal justice system | 1 m | 2 m | D m |
| i. Parks and green spaces | 1 m | 2 m | D m |
| j. Libraries, cultural institutions, or community spaces (such as museums or community centers) | 1 m | 2 m | D m |
| k. Affordable fresh fruits and vegetables | 1 m | 2 m | D m |
| l. Access to clean air and water | 1 m | 2 m | D m |
| m. Affordable medical/physical health care facilities | 1 m | 2 m | D m |
| n. Affordable health insurance options | 1 m | 2 m | D m |
| o. Affordable mental health care services | 1 m | 2 m | D m |
| p. Resources for finding jobs or job training | 1 m | 2 m | D m |
| q. Higher education or adult education options | 1 m | 2 m | D m |
| r. Affordable and reliable transportation options | 1 m | 2 m | D m |
| s. Affordable medical/physical health care facilities tailored for non-English speaking families | 1 🔾 | 2 🔾 | D 🔾 |
| t. Affordable mental health care services tailored for non-English speaking families | 1 🔾 | 2 🔾 | D 🔾 |
| u. Social services tailored for non-English speaking  families | 1 m | 2 m | D m |
| v. Social services tailored for immigrant or refugee families | 1 m | 2 m | D m |
| w. Affordable and reliable internet access | 1 m | 2 m | D m |
| x. Places of worship | 1 m | 2 m | D m |

|  |
| --- |
| ALL |

A10. Head Start and Early Head Start programs aim to provide services to families in their communities who can most benefit from comprehensive Head Start services – for example, those experiencing poverty or homelessness, involved in foster care or child welfare, or affected by substance use. Based on the findings of your community needs assessment, which of the following family and child experiences or circumstances does your program focus on when recruiting, selecting, and enrolling families? Please select your 5 greatest priorities.

*Select up to 5*

o Deep poverty (below 50% of the federal poverty threshold) 1

o Homelessness (Examples include living with family or friends due to loss

of housing; or living in emergency or transitional shelters.

See full definition here [LINK] ) 2

o Involved in foster care or child welfare (such as being a foster parent or
having a child involved in the child welfare system) 3

o Affected by substance use (that is, substance use by a parent/caregiver or another
member of the family) 4

o Affected by mental health concerns 5

o Affected by domestic violence 6

o Teen parent/caregiver household 7

o Child or family primarily speaks a language other than English 8

o Incarceration of a family member 9

o Refugee or immigrant family 10

o Child with disability 11

o Lack of employment or under-employment 12

o Other family or child experience or circumstance (SPECIFY) 99

Specify (STRING (NUM))

o My program does NOT focus on enrolling children or families with any specific experiences or circumstances 0

o Don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

A11. Approximately what percentage of the families currently enrolled in your program have the following experiences or circumstances? Your best estimate is fine, and you may consult with someone else in your program, if necessary.

PROGRAMMER: RANGE FOR GRID IS NUMBER RANGE

|  | Percentage [DROP DOWN]Under a quarterA quarter to a halfMore than halfDon’t know |
| --- | --- |
| a. Deep poverty (below 50% of the federal poverty threshold) |   |
| b. Homelessness (Examples include living with family or friends due to loss of housing; or living in emergency or transitional shelters. See full definition here [LINK]) |  |
| c. Involved in foster care or child welfare (such as being a foster parent or having a child involved in the child welfare system) |  |
| d. Affected by substance use (that is, substance use by a parent/caregiver or another member of the family) |  |
| e. Affected by mental health concerns |  |
| f. Affected by domestic violence |  |
| g. Teen parent/caregiver household |  |
| h. Child or family primarily speaks a language other than English |  |
| i. Incarceration of a family member |  |
| j. Refugee or immigrant family  |  |
| k. Child with disability |  |
| l. Lack of employment or under-employment |  |
| m. OTHER family experience or circumstance (SPECIFY) |  |
| (STRING (NUM)) |  |

|  |
| --- |
| ALL |

**A12.** **Approximately what percentage of families with the following racial and ethnic characteristics are**
**currently enrolled in your program? Your best estimate is fine.**

PROGRAMMER: RANGE FOR GRID IS NUMBER RANGE

|  | Percentage |
| --- | --- |
| a. American Indian or Alaska Native *For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation**of Montana, Native Village of Barrow Inupiat Traditional Government,**Nome Eskimo Community, Aztec, Maya, etc.* | Don’t know |
| b. Asian*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.* | Don’t know |
| c. Black or African American*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.* | Don’t know |
| d. Hispanic or Latino*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.* | Don’t know |
| e. Middle Eastern or North African*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.* | Don’t know |
| f. Native Hawaiian or Pacific Islander*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.* | Don’t know |
| g. White*For example, English, German, Irish, Italian, Polish, Scottish, etc.* | Don’t know |
|  |  |
| h. Other (SPECIFY)  | Don’t know |
| (STRING ) |  |

SECTION B. ERSEA STAFF MEMBERS

As part of this study, we’d also like to contact the person most responsible for recruitment, selection, and enrollment activities in your program. In other words, your ERSEA lead. We will ask them to complete a 45-minute web survey about how staff are trained and implement recruitment, selection, and enrollment practices to support families who can most benefit from comprehensive Head Start services. As a reminder, contact information is private and will not be shared.

|  |
| --- |
| ALL |

B1. Please provide the following information for the staff member who is most responsible for your program’s recruitment, selection, and enrollment practices and related training opportunities.

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

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Work email address: (STRING (NUM))

Work phone number: (STRING (NUM))

Job Title: [DROP DOWN MENU]

m Program Director

m Center Director

m ERSEA Manager

m ERSEA Coordinator

m ERSEA Specialist

m Family Services Manager

m Family Services Coordinator

m Family Services Specialist/Advocate

m Other (SPECIFY)

Specify (STRING (NUM))

m Don’t know D

NO RESPONSE M

If the ERSEA lead you recommended isn’t the best person to complete the survey at this point in time, we’d also like to collect the contact information for two other ERSEA staff who are knowledgeable about your program’s recruitment, selection, and enrollment practices and training opportunities.

|  |
| --- |
| ALL |

B2. Please provide the following information for a second ERSEA staff member who is knowledgeable about
your program’s recruitment, selection, and enrollment practices and related training opportunities.

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

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Work email address: (STRING (NUM))

Work phone number: (STRING (NUM))

Job Title: [DROP DOWN MENU]

m Program Director

m Center Director

m ERSEA Manager

m ERSEA Coordinator

m ERSEA Specialist

m Family Services Manager

m Family Services Coordinator

m Family Services Specialist/Advocate

m Other (SPECIFY)

Specify (STRING (NUM))

m Don’t know D

NO RESPONSE M

|  |
| --- |
| ALL |

B3. Please provide the following information for a third ERSEA staff member who is knowledgeable about
your program’s recruitment, selection, and enrollment practices and related training opportunities.

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

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Job Title: [DROP DOWN MENU]

m Program Director

m Center Director

m ERSEA Manager

m ERSEA Coordinator

m ERSEA Specialist

m Family Services Manager

m Family Services Coordinator

m Family Services Specialist/Advocate

m Other (SPECIFY)

Specify (STRING (NUM))

m Don’t know D

NO RESPONSE M

SECTION C: COMMUNITY PARTNER ORGANIZATIONS

Community partner organizations often support Head Start programs’ recruitment, selection, and enrollment activities in a variety of ways. For example, they may co-sponsor family recruitment booths with Head Start, invite Head Start staff to speak to families they serve, refer families to Head Start, or help families fill out or gather documentation required to enroll in Head Start.

As part of this study, our team would like to contact community partner organizations that your program works most closely with to support the recruitment, selection, and/or enrollment of families who can most benefit from comprehensive Head Start services – for example, those experiencing poverty or homelessness, involved in foster care or child welfare, or affected by substance use. Your program may have formal or informal partnerships with these organizations. We are seeking the organizations that are most likely to assist with recruitment, selection, or enrollment activities such as those listed above.

During our initial call with your program, we collected the name of a person who will serve as the onsite coordinator. We will work with your program’s onsite coordinator to invite a staff member from these partner organizations to complete a 15-minute web survey. The next questions ask for information for up to three community partner organizations.

*Community partner organization 1*

|  |
| --- |
| ALL |

C1. Please think about the community partner organization your program works most closely with to recruit, select, and/or enroll families who can most benefit from comprehensive Head Start services. Please provide information for the staff member whom we can contact at the organization.

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

Organization Name: (STRING (NUM))

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Length of Partnership: [DROPDOWN MENU]

m Less than one year

m Between 1 to 2 years

m Between 3 to 4 years

m 5 years or more

m Don’t know

NO RESPONSE M

|  |
| --- |
| ALL |

C2. Which of the following family and child experiences or circumstances does [ORGANIZATION NAME\_C1] focus on?

Select all that apply

o Deep poverty (below 50% of the federal poverty threshold) 1

o Homelessness (Examples include living with family or friends due to loss of housing;

or living in emergency or transitional shelters. See full definition here [LINK]) 2

o Involved in foster care or child welfare (such as being a foster parent or
having a child involved in the child welfare system) 3

o Affected by substance use (that is, substance use by a parent/caregiver or another
member of the family) 4

o Affected by mental health concerns 5

o Affected by domestic violence 6

o Teen parent/caregiver household 7

o Child or family primarily speaks a language other than English 8

o Incarceration of a family member 9

o Refugee or immigrant family 10

o Child with disability 11

o Lack of employment or under-employment 12

o Other family or child experience or circumstance (SPECIFY) 99

Specify (STRING (NUM))

o Organization does NOT focus on children or families with any specific experiences

 or circumstances 0

o Don’t know D

NO RESPONSE M

***Community partner organization 2***

|  |
| --- |
| ALL |

C3. Please think about another community partner organization that your program works closely with to
recruit, select, and/or enroll families who can most benefit from comprehensive Head Start services. Please provide information for the staff member who we can contact at the organization.

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

Organization Name: (STRING (NUM))

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Length of Partnership: [DROPDOWN MENU]

m Less than a year

m Between 1 to 2 years

m Between 3 to 4 years

m 5 years or more

m Don’t know

NO RESPONSE M

|  |
| --- |
| ALL |

C4. Which of the following family and child experiences or circumstances does [ORGANIZATION NAME\_C3] focus on?

Select all that apply

o Deep poverty (below 50% of the federal poverty threshold) 1

o Homelessness (Examples include living with family or friends due to loss of

housing; or living in emergency or transitional shelters.

See full definition here [LINK]) 2

o Involved in foster care or child welfare (such as being a foster parent or
having a child involved in the child welfare system) 3

o Affected by substance use (that is, substance use by a parent/caregiver or another
member of the family) 4

o Affected by mental health concerns 5

o Affected by domestic violence 6

o Teen parent/caregiver household 7

o Child or family primarily speaks a language other than English 8

o Incarceration of a family member 9

o Refugee or immigrant family 10

o Child with disability 11

o Lack of employment or under-employment 12

o Other family or child experience or circumstance (SPECIFY) 99

Specify (STRING (NUM))

o Organization does NOT focus on children or families with any specific experiences or circumstances 0

o Don’t know D

NO RESPONSE M

*Community partner organization 3*

|  |
| --- |
| ALL |

C5. Would you like to provide information for a third community partner organization your program works
closely with?

m Yes 1

m No 0

NO RESPONSE M

|  |
| --- |
| IF C5=1 |

C6. Please think about a third community partner organization that your program works closely with to
recruit, select, and/or enroll families who can most benefit from comprehensive Head Start services. Please provide information for the staff member who we can contact at the organization.

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

Organization Name: (STRING (NUM))

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Length of Partnership: [DROPDOWN MENU]

m Less than a year

m Between 1 to 2 years

m Between 3 to 4 years

m 5 years or more

m Don’t know

NO RESPONSE M

|  |
| --- |
| ALL |

C7. Which of the following family and child experiences or circumstances does [ORGANIZATION NAME\_C6] focus on?

Select all that apply

o Deep poverty (below 50% of the federal poverty threshold) 1

o Homelessness (Examples include living with family or friends due to loss of

housing; or living in emergency or transitional shelters.

See full definition here [LINK]) 2

o Involved in foster care or child welfare (such as being a foster parent or
having a child involved in the child welfare system) 3

o Affected by substance use (that is, substance use by a parent/caregiver or another
member of the family) 4

o Affected by mental health concerns 5

o Affected by domestic violence 6

o Teen parent/caregiver household 7

o Child or family primarily speaks a language other than English 8

o Incarceration of a family member 9

o Refugee or immigrant family 10

o Child with disability 11

o Lack of employment or under-employment 12

o Other family or child experience or circumstance (SPECIFY) 99

Specify (STRING (NUM))

o Organization does NOT focus on children or families with any specific experiences

or circumstances 0

o Don’t know D

NO RESPONSE M

Thank you very much for participating in Head Start REACH Study! We intend to reach out to the ERSEA lead staff member and community partner staff you nominated for additional information. If you have any questions, please feel free to contact us at [STUDY EMAIL ADDRESS].