

OMB No.: 0970-XXXX
Expiration Date: xx/xx/20xx



Head Start REACH

Head Start Parent/Caregiver Survey

INTRODUCTION

Web version

Thank you for participating in the Head Start REACH study. As a reminder, Mathematica is conducting this study for the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services.

We are inviting you to complete a survey because your child is in an Early Head Start or Head Start program that is taking part in the Head Start REACH study. This study aims to learn about how Head Start programs recruit, select, and enroll families. By completing this survey, you will help Head Start reach and support families.

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 this study. Your answers will be private to the extent permitted by law and will not be shared with other parents, staff in your program, or anybody else not working on this study. We will ensure that 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 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. It has also 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 30 minutes to complete. At the end of the survey, you will be able to select a \$35 gift card, which will be sent to you electronically.

The person answering this survey should be:

- At least 18 years old
- The person most responsible for the care of your child enrolled in this Head Start program

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 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number 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).

Paper version

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The survey will take about 30 minutes to complete. Once you complete and return the survey, we will send you a \$35 gift card (physical or electronic, based on the preference you indicate on the gift card form located at the end of the survey).

The person answering this survey should be:

- **At least 18 years old**
- **The person most responsible for the care of your child enrolled in this Head Start program**

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 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number 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: RECRUITMENT INTO HEAD START

The first few questions are about your family's experience hearing about and applying to this Head Start program.

ALL

A1. How did you first hear about this Head Start program?

Select all that apply

- From a family member.....1
- From a friend, neighbor, or another person in my community.....2
- From Head Start staff coming to my community3
- A Head Start flyer in the community.....4
- Social media or online.....5
- From staff at another organization my family receives supports or services from 6
[GO TO A2]
- Other (SPECIFY).....99

Specify

(STRING (NUM))

- Don't know..... D
- NO RESPONSE..... M

A2. Many families first hear about Head Start from other community organizations. From which of the following type(s) of organizations did you first hear about this Head Start program?

Select all that apply

- Homeless or transitional housing shelter.....1
 - Housing assistance organization.....2
 - Substance use clinic or organization.....3
 - Domestic violence shelters or organization.....4
 - Mental or behavioral health clinics or organization.....5
 - Pre-natal/pregnancy support clinics or organization.....6
 - Other health care clinics, hospitals, or organization.....7
 - Local WIC office.....8
 - Food banks or food assistance organization.....9
 - Foster care agencies or organization.....10
 - Case manager or social worker.....11
 - Services for child's disability or special needs (such as speech therapy or physical/occupational therapy).....12
 - Other social service or economic assistance agency.....13
 - Other ECE or child care provider.....14
 - School, such as K-12 or higher education15
 - Re-entry program16
 - Immigrant or refugee resettlement program17
 - Library or other cultural institution.....18
 - A religious institution such as mosque, church, or temple.....19
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- None.....0
 - Don't know.....D
 - NO RESPONSE.....M

A3. Families have many reasons for choosing Head Start. Why did you decide to enroll in this Head Start program?

I decided to enroll in Head Start because...

Select all that apply

- Head Start is a free child care option.....1
- Head Start prepares children for kindergarten (academically and socially).....2
- Head Start provides services other than child care for children.....3
- Head Start provides services for families.....4
- Head Start is a high quality child care option.....5
- Head Start respects cultural differences.....6
- Head Start respects language differences.....7
- Head Start staff build relationships with families during the recruitment and enrollment process.....8
- The program's schedule and location are convenient.....9
- The program provides transportation.....10
- Other (SPECIFY).....99

Specify

(STRING)

NO RESPONSE.....M

ALL

A4. Prior to enrolling your child in Head Start, did you consider any of the following child care arrangements outside the household?

I considered care from...

Select all that apply

- ...no other child care arrangements.....1
- ...a child care center other than Early Head Start or Head Start such as a day care center.....2
- ...a family child care program other than Early Head Start or Head Start where children are cared for in the caregiver's home3
- ...a preschool.....4
- ...a family member who is not in my household.....5
- ...a friend, neighbor, or other person who is not in my household.....6
- Other (SPECIFY).....99

Specify

(STRING (NUM))

- Don't know.....D
- NO RESPONSE.....M

ALL

A5. How did you get an application to this Head Start program?

Select all that apply

- A staff member from this Head Start program sent me the application.....1
- I found the application online2
- A staff member from a community organization (not Head Start) gave me the application3
- Other (SPECIFY).....99

Specify

(STRING (NUM))

- Don't know.....D
- NO RESPONSE.....M

ALL

A6. Did anyone help you fill out or submit this Head Start program's application?

- m Yes.....1
- m No.....0 [GO TO A8]
- m Don't know.....D
- NO RESPONSE.....M

A6=1

A7. Who helped you fill out or submit this Head Start program's application?

Select all that apply

- Someone from this Head Start program.....1
- Someone from a community organization (not Head Start).....2
- A friend or family member3
- Other (SPECIFY).....99

Specify

(STRING (NUM))

- Don't know.....D
- NO RESPONSE.....M

ALL

A8. How much do you agree with the following statements about your experience during the application process?

Select one response per column

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
a. I had enough time to fill out the application	1 m	2 m	3 m	4 m	D m
b. The directions were easy to understand	1 m	2 m	3 m	4 m	D m
c. I knew how to get the information needed to fill out the application	1 m	2 m	3 m	4 m	D m
d. I could fill out the application in the language I understand	1 m	2 m	3 m	4 m	D m
e. I heard back quickly from the program once I submitted the application	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	D <input type="radio"/>

ALL

A9. Which of the following supports did Head Start staff provide during the application process? During the application process, program staff...

Select all that apply

- ...helped me fill out the application.....1
- ...helped me get paperwork or information for the application.....2
- ...answered my questions about the application process.....3
- ...checked in on me during the application process.....4
- ...gave me extra time to fill out the application.....5
- ...provided some other kind of support during the application process (SPECIFY) 99

Specify

(STRING (NUM))

- I did not receive any of these supports.....0
- Don't know.....D
- NO RESPONSE.....M

A9 NE 0 or D

A10. Which of the supports provided by Head Start staff during the application process did you find the MOST useful?

Select one only

- m Help filling out the application.....1
- m Help getting paperwork or information for the application.....2
- m Responses to my questions about the application process.....3
- m Staff building a relationship with me and ensuring I was comfortable during the application process4
- m Staff checking in on me during the application process.....5
- m Staff giving me extra time to fill out the application.....6
- m Another support (SPECIFY).....99
- Specify (STRING (NUM))
- m Don't know.....D
- NO RESPONSE.....M

ALL

A11. Overall, how satisfied were you with this Head Start program's application process?

Select one only

- m Very satisfied.....1
- m Satisfied.....2
- m Dissatisfied.....3
- m Very dissatisfied.....4
- m Don't know.....D
- NO RESPONSE.....M

SECTION B: HEAD START WAITLIST

Once families apply to Head Start, some families are placed on a waitlist before they can begin receiving services. The next few questions are about you and your family's experience if you were on the waitlist for this Head Start program.

ALL

B1. Were you or your child placed on a waitlist before your child could enroll in this Head Start program?

Select one only

- m Yes..... 1
- m No..... 0 [GO TO C1]
- m Don't know..... D
- NO RESPONSE..... M

B1=1

B2. Why were you placed on the waitlist?

Select one only

- m Program only enrolls families at start of the program year..... 1
- m Program did not have openings when I applied..... 2
- m My child was not the right age for the program yet..... 3
- m Another reason (SPECIFY)..... 99
- Specify (STRING (NUM))
- m Don't know..... D
- NO RESPONSE..... M

B1 = 1

B3. After you were accepted into the program, how long did you have to wait until your family began receiving services from this Head Start program?

Select one only

- m Less than a month..... 1
- m One to three months..... 2
- m Four to six months..... 3
- m Seven to nine months..... 4
- m Ten months to a year..... 5
- m Longer than a year..... 6
- m Don't know..... D
- NO RESPONSE..... M

B1=1

B4. How did program staff contact you while on the waitlist?

Select all that apply

- Phone calls.....1
- Text messages.....2
- Emails.....3
- Letters through the mail.....4
- In-person meeting(s).....5
- Through staff at another organization (not Head Start).....6
- Other (SPECIFY).....99
- Was not contacted by staff.....0
- Don't know.....D
- NO RESPONSE.....M

Specify

(STRING (NUM))

B1=1

B5. About how often did program staff reach out to you during your time on the waitlist?

Select one only

- Once a week or more often.....1
- Once every month.....2
- Once every couple of months.....3
- Once or twice a year.....4
- Other (SPECIFY).....99
- Don't know.....D
- NO RESPONSE.....M

Specify

(STRING (NUM))

B1=1

B6. How much do you agree with the following statements about your experience while on the waitlist?

Select one response per column

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
a. I spent too much time on the waitlist	1 m	2 m	3 m	4 m	D m
b. I received enough communication about where I was on the waitlist	1 m	2 m	3 m	4 m	D m
c. Staff answered the questions I had about the waitlist	1 m	2 m	3 m	4 m	D m

B1=1

B7. Which of the following supports did Head Start program staff provide while you were on the waitlist?

While on the waitlist, program staff...

Select all that apply

- ...connected me to other child care options in the community.....1
 - ...connected me to other supports or services in the community.....2
 - ... provided me with some other kind of support (SPECIFY).....99
- Specify (STRING (NUM))
- I did not receive any of these supports.....0
 - Don't know.....D
 - NO RESPONSE.....M

B7 NE 0 or D

B8. Which of the supports that staff provided while you were on the waitlist was the MOST useful?

Select one only

- Connecting me to other child care options in the community1
 - Connecting me to other supports or services in the community.....2
 - Another support (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

B1=1

B9. Overall, how satisfied were you with the waitlist process for this Head Start program?

Select one only

- m Very satisfied.....1
- m Satisfied.....2
- m Dissatisfied.....3
- m Very dissatisfied.....4
- m Don't know.....D
- NO RESPONSE.....M

SECTION C: AFTER ACCEPTANCE INTO HEAD START

Once families are accepted into Head Start, they are required to fill out forms and submit paperwork before receiving services. These may have included things like listing your emergency contacts, your child's health history, and your child's food preferences.

The next few questions are about you and your family's experience after being accepted into Head Start and before receiving services.

ALL

C1. How much do you agree with the following statements about your experience filling out forms or submitting paperwork before receiving services?

Select one response per column

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	Not applicable – I did not fill out any forms
a. I had enough time to fill out the forms and submit paperwork before receiving services	1 m	2 m	3 m	4 m	D m	NA m
b. The directions for filling out forms and submitting paperwork were easy to understand	1 m	2 m	3 m	4 m	D m	NA m
c. I knew how to get information for the forms and the paperwork the Head Start program asked for	1 m	2 m	3 m	4 m	D m	NA m
d. The forms and paperwork were available in a language I understand	1 m	2 m	3 m	4 m	D m	NA m

C1 NE NA

C2. Please indicate the ways in which staff from this program provided the following supports filling out forms or submitting paperwork before you started receiving services.

Program staff...

Select all that apply

- ...helped me fill out forms and submit paperwork.....1
 - ...helped me get the information or the paperwork I needed.....2
 - ...answered my questions about filling out forms or submitting paperwork...3
 - ...checked in on me during the process of filling out forms and submitting paperwork.....4
 - ...gave me extra time to fill out forms and submit paperwork.....5
 - ...provided some other kind of support (SPECIFY).....99
- Specify (STRING (NUM))
- I did not receive any of these supports.....0
 - Don't know.....D
 - NO RESPONSE.....M

C2 NE 0 or D

C3. Which of the supports provided by staff before you began receiving services was the MOST useful?

Select one only

- m Help filling out the paperwork.....1
 - m Help getting information or paperwork I needed2
 - m Responses to my questions about filling out paperwork or submitting paperwork 3
 - m Staff checking in on me during the process of filling out forms and submitting paperwork.....4
 - m Staff giving me extra time to fill out forms and submit paperwork.....5
 - m Another support (SPECIFY).....99
- Specify (STRING (NUM))
- m Don't know.....D
 - NO RESPONSE.....M

C1 NE NA

C5. Overall, how satisfied were you with the process for filling out forms or submitting paperwork needed to begin receiving services?

Select one only

- m Very satisfied.....1
- m Satisfied.....2
- m Dissatisfied.....3
- m Very dissatisfied.....4
- m Don't know.....D
- NO RESPONSE.....M

SECTION D: OVERALL EXPERIENCES WITH RECRUITMENT, SELECTION, AND ENROLLMENT

The following questions are about your and your family’s overall experiences while applying for and enrolling into this Head Start program.

ALL

D1. From the time you first applied to this Head Start program, how long did you have to wait until your family began receiving services?

Select one only

- Less than a month.....1
- One to three months.....2
- Four to six months.....3
- Seven to nine months.....4
- Ten months to a year.....5
- Longer than a year.....6
- Don't know.....D
- NO RESPONSE.....M

ALL

D2 How did you communicate with this Head Start program’s staff while applying for and enrolling into Head Start?

Select all that apply

- Emails.....1
- Phone calls.....2
- Text messages.....3
- In-person meetings.....4
- Other (SPECIFY).....99

Specify (STRING (NUM))

- I did not communicate with staff from this Head Start program while applying for and enrolling my child.....0 [GO TO D3]
- Don't know.....D
- NO RESPONSE.....M

D3. How would you rate your experiences with this Head Start program's staff while applying for and enrolling into Head Start?

Select one only

- m Very positive.....1
- m Positive.....2
- m Negative.....3
- m Very negative.....4
- m Don't know.....D
- NO RESPONSE.....M

ALL

D4. How much do you agree with the following statements about this Head Start program's staff while applying for and enrolling into Head Start?

Select one response per column

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
a. Staff treated me with kindness and respect	1 m	2 m	3 m	4 m	D m
b. Staff were helpful answering my questions	1 m	2 m	3 m	4 m	D m
c. Staff were available when I wanted to talk to someone	1 m	2 m	3 m	4 m	D m
d. Staff reached out to me throughout the process	1 m	2 m	3 m	4 m	D m
e. Staff celebrated my families' strengths	1 m	2 m	3 m	4 m	D m
f. Staff understood my families' challenges and needs	1 m	2 m	3 m	4 m	D m
g. Staff could help me get information in the language I understand	1 m	2 m	3 m	4 m	D m

ALL

D5. Head Start requires families to fill out applications or forms and provide paperwork before receiving services. Was it difficult for you to fill out or provide any of this required information or paperwork?

- m Yes.....1
- m No.....0
- m Don't know.....D
- NO RESPONSE.....M

D6. Which of the following parts of your Head Start program's application or other forms was it hard for you to provide or fill out?

Select all that apply

- Child birth certificate or other identification.....1
- Parent/caregiver social security card, passport, or other identification2
- Child's health insurance information.....3
- Proof of address for parent(s)/caregiver(s).....4
- Proof of household income or other income eligibility information.....5
- Information about parent's/caregiver's school enrollment.....6
- Guardianship information.....7
- Child or family information (such as emergency or medical contacts).....8
- Child health history (such as medical history, immunizations, medications, and allergies).....9
- Food or feeding information (such as information about child's food habits). 10
- Family needs assessment (such as whether your family needs assistance with housing or paying the bills).....11
- Family interests (such as what your family is interested in volunteering for)..12
- Home language information.....13
- Agreements, consents, and program policies (such as attendance policy and consent for screenings).....14
- Other (SPECIFY).....99

Specify

(STRING (NUM))

- Don't know.....D
- None of the above were hard to provide or fill out.....0
- NO RESPONSE.....M

SECTION E. FAMILY BACKGROUND AND DEMOGRAPHICS

The last few questions are about you and your family's background.

ALL

E1. What is your race and/or ethnicity?

Select all that apply

- American Indian or Alaska Native.....1
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.
 - Asian.....2
For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.
 - Black or African American.....3
For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.
 - Hispanic or Latino.....4
For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.
 - Middle Eastern or North African.....5
For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.
 - Native Hawaiian or Pacific Islander.....6
For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.
 - White.....7
For example, English, German, Irish, Italian, Polish, Scottish, etc.
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- NO RESPONSE.....M

These next questions are about all the people who live in the same household as you.

ALL

E2. Have you previously enrolled another child in Head Start?

Select one only

- Yes.....1
- No.....0
- NO RESPONSE.....M

ALL

E3. Thinking about your child currently enrolled in this Head Start program, is there another person in your household who is also responsible for their care (such as a spouse, partner, or other family member)?

- m Yes.....1
- m No.....0
- NO RESPONSE.....M

ALL

E4. What language(s) do you and your household members speak at home?

Select all that apply

- English.....1
- Spanish.....2
- French.....3
- Cambodian (Khmer).....4
- Chinese.....5
- Haitian Creole.....6
- Hmong.....7
- Japanese.....8
- Korean.....9
- Vietnamese.....10
- Arabic.....11
- African language (e.g., Somali, Swahili, Hausa, Yoruba, Laal, Shabo, Afrikaans, Awing, Bargu, Tumbuku, Teso, and Dahalo).....12
- Native American or Alaskan language.....13
- A Filipino language (e.g., Tagalog).....14
- Other (SPECIFY).....99

Specify (STRING (NUM))

NO RESPONSE.....M

E5. Families in Head Start sometimes have challenging experiences. Since September 2023, did you or anyone in your household have any of the following experiences?

Since September 2023, I or someone in my household...

Select all that apply

- ...did not have enough money to pay the bills.....1
 - ...experienced living with family or friends due to loss of housing; or living in emergency or transitional shelters).....2
 - ...was involved in foster care or child welfare (such as being a foster parent/caregiver or having a child involved in the child welfare system)3
 - ...was affected by substance use (such as self or family member’s substance use) 4
 - ...was affected by mental health concerns (such as my own or a family member’s) 5
 - ...experienced domestic violence.....6
 - ...was a refugee or immigrant7
 - ...was a teen parent/caregiver8
 - ...primarily spoke a language other than English9
 - ...was incarcerated.....10
 - ...had a child with a disability.....11
 - ...did not have a job or had a hard time finding a job.....12
 - ...had another challenging experience (SPECIFY).....99
- Specify (STRING (NUM))
- No one in my household had any of these experiences.....0
 - Don’t know.....D
 - NO RESPONSE.....M

The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day. Their toll-free telephone number is 1-800-273-8255 or visit the website at suicidepreventionlifeline.org.

SAMHSA’s National Helpline, 1-800-662-HELP (4357) (also known as the Treatment Referral Routing Service), or TTY: 1-800-487-4889 is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Also visit <https://findtreatment.samhsa.gov/> or send your zip code via text message: 435748 (HELP4U) to find help near you.

SECTION F: RESPONDENT CONTACT INFORMATION

Thank you for taking the time to complete this survey. Please provide your contact information below so we can send you the e-gift card to thank you for your participation.

ALL

F1. Please provide your name, email address and phone number below.

First Name: (STRING (NUM))

Last Name: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Thank you very much for your participation in this important study!