

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



Head Start REACH

Head Start Community Partner Organization Survey

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 15 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).

INTRODUCTION

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.

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. We are contacting you because we learned that you work with your local Head Start program to help them reach and support families who are eligible for Head Start.

Your participation in the 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 anyone within your organization, at the Head Start 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 organization and its staff or parents, or the Head Start program that you work 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 Medial 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 15 minutes of your time to complete. At the end of the survey, you will be able to select a \$20 gift card, which will be sent to you electronically.

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

<<LINK>>

SECTION A. PARTNER ORGANIZATION CHARACTERISTICS

The first few questions are about your organization and the families it serves in the community.

ALL

A1. How many years has your organization been in operation in your community?

Please enter the number of years.

(FIELD DESCRIPTION)

(RANGE NUMBER RANGE)

m I don't know.....D

ALL

A2. Which of the following family and child experiences and circumstances does your organization focus on when serving families in your community?

Select all that apply

- Deep poverty (below 50% of the federal poverty threshold).....1
- 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
- Involved in foster care or child welfare (such as being a foster parent or having a child involved in the child welfare system)3
- Affected by substance use (that is, substance use by a parent/caregiver or another member of the family).....4
- Affected by mental health concerns5
- Affected by domestic violence6
- Teen parent/caregiver household.....7
- Child or family primarily speaks a language other than English8
- Incarceration of a family member.....9
- Refugee or immigrant family.....10
- Child with disability.....11
- Lack of employment or under-employment.....12
- Other family and child experience or circumstance (SPECIFY).....99
- My program does NOT focus on enrolling families or children with any specific experiences or circumstances.....0
- Don't know.....D

Specify

(STRING (NUM))

ALL

A3. We're interested in learning about the types of services and supports that your organization directly provides to families and those services for which you connect families to other organizations. For each service/support listed below, please tell us if your organization: (1) directly provides the service/support; (2) connects families to another organization for the service/support; or (3) does not directly provide or connect families to other organizations to receive the service/support. There may be services your organization both directly provides and also connects families to other organizations for.

Select all that apply for each row

| | My organization... | | | |
|--|---|---|---|-------------------------|
| | ...directly provides this service/support | ...connects families to other organization that provides this service/support | ...does not provide or connect families to receive this service/support | Don't Know |
| a. Help with housing | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| b. Help dealing with substance use | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| c. Help dealing with domestic violence | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| d. Legal services | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| e. Mental health services or counseling | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| f. Counseling for other family problems | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| g. Child care | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| h. Help obtaining child-specific resources (such as car seats and books) | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| i. Support for children with disabilities or developmental concerns | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| j. Medical, dental or orthodontic care | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| k. Help obtaining food | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| l. Help applying for nutritional assistance (such as the Supplemental Nutrition Assistance Program or WIC) | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| m. Job training or help finding a job | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| n. Assistance applying for unemployment, or for financial support from state or local agencies | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| o. Help to go to school or college | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| p. Transportation to or from work or training | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| q. Prenatal services | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |
| r. Parenting education classes | 1 <input type="radio"/> | 2 <input type="radio"/> | 0 <input type="radio"/> | D <input type="radio"/> |

| | My organization... | | | |
|--|---|---|---|------------|
| | ...directly provides this service/support | ...connects families to other organization that provides this service/support | ...does not provide or connect families to receive this service/support | Don't Know |
| s. Classes in English as a second language | 1 0 | 2 0 | 0 0 | 0 0 |
| t. Other (SPECIFY) | 1 0 | 2 0 | 0 0 | 0 0 |
| (STRING (NUM)) | | | | |

SECTION B. PARTNERSHIP AND COMMUNICATION WITH HEAD START

The next questions are about the partnership between your organization and the Head Start program you work with most in your community (referred to as *the Head Start program*). For example, your organization may co-sponsor family recruitment booths with the Head Start program, invite the Head Start program staff to speak to families your organization serves, refer families to the Head Start program, or help families fill out or gather documentation required to enroll in Head Start. The partnership could be formal or informal. We recognize that your organization may be a partner to more than one Head Start program in your local community so please respond to these questions about the Head Start program you work with most closely.

ALL

B1. Approximately how long has your organization had a partnership with the Head Start program?

Select one only

- m Less than 1 year.....1
- m Between 1 to 2 years2
- m Between 3 to 4 years.....3
- m 5 years or more.....4
- m Don't know.....D
- NO RESPONSE.....M

ALL

B2. How did your organization become involved with the Head Start program?

Select all that apply

- Attending community or networking events.....1
 - Head Start was suggested by another organization in the community.....2
 - Searching for programs that provide a service that families served by your organization need.....3
 - Your organization reached out directly to Head Start to form a partnership.....4
 - Head Start program reached out directly to your organization to form a partnership.....5
 - Your organization operates under the same umbrella agency as Head Start.....6
 - Your organization and the Head Start program are part of the same government-sponsored collaborative (such as a city-sponsored early care and education working group)7
 - Your organization and the Head Start program are part of the same community-sponsored collaborative (such as a foundation-sponsored early care and education collaborative).....8
 - Partnering with tribal government(s).....9
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

ALL

B3. Does your organization refer families to Head Start?

Select one only

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

If B3=1

B4. Which families does your organization refer to the Head Start program?

Select all that apply

- Families who express interest in Head Start.....1
 - Families with children between the ages of 0 to 5 years old.....2
 - Families who indicate that they need child care.....3
 - Pregnant people.....4
 - Families who need other services that Head Start provides (such as parenting education and employment).....5
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

ALL

B5. Does the Head Start program refer families they serve to your organization for services?

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

ALL

B6. How does your organization generally communicate with staff from the Head Start program?

Select all that apply

- Phone.....1
 - Email.....2
 - Text message.....3
 - Virtual meetings.....4
 - In person at your organization.....5
 - In person at Head Start program.....6
 - In person at community events that Head Start program also attends.....7
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

ALL

B7. About how often does your organization communicate with staff from the Head Start program?

Select one only

- m Daily.....1
- m Two to three times a week.....2
- m Once a week.....3
- m Two to three times a month.....4
- m Once a month.....5
- m A few times per year.....6
- m Don't know.....D
- NO RESPONSE.....M

ALL

B8. What topics does your organization typically discuss and work on with the Head Start program?

Select all that apply

- o Needs of families whom your organization refers to Head Start.....1
- o Needs of families enrolled in Head Start.....2
- o Identifying Head Start eligible families for recruitment into Head Start.....3
- o Waitlist procedures for Head Start.....4
- o Waitlist status of Head Start eligible families.....5
- o Needs of families on Head Start waitlist.....6
- o Strategies to work together to promote and sustain family enrollment.....7
- o Strategies to improve communication between your organization and Head Start.....8
- o New initiatives that your organization and Head Start can start together.....9
- o Strategies to strengthen the partnership.....10
- o Providing documentation support for Head Start enrollment for families your organization serves.....11
- o Other (SPECIFY).....99

Specify (STRING (NUM))

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

ALL

B9. What types of information or materials are shared between your organization and the Head Start program?

Select all that apply

- Contact information of families interested in Head Start.....1
- Income information of families applying to or enrolling in Head Start.....2
- Demographic information of families applying to or enrolling in Head Start.....3
- Participation in other government programs by families applying to or enrolling in Head Start.....4
- Head Start program flyers.....5
- Your organization’s program flyers.....6
- Head Start applications to distribute to Head Start eligible families.....7
- Child/family attendance in Head Start program.....8
- Child/family attendance in your organization’s program.....9
- Other (SPECIFY).....99

Specify (STRING (NUM))

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

ALL

B10. Head Start programs and community organizations that they work with often share information with each other about the families they serve. What type of agreement(s) or documentation is in place between your organization and the Head Start program that allows for the sharing of a family’s personal information?

Select all that apply

- Memorandum of understanding (MOU) or contract between your organization and the Head Start program.....1
- Parents/caregivers or guardians sign a release form.....2
- My organization and Head Start both operate under the same organization.....3
- Other (SPECIFY).....99

Specify (STRING (NUM))

- Not applicable, don’t share a family’s personal information.....0
- Don’t know.....D
- NO RESPONSE.....M

ALL

B11. What are the strengths of your partnership with the Head Start program?

Select all that apply

- Clear and/or frequent communication.....1
 - Strong, positive relationship.....2
 - Shared values/goals/vision.....3
 - Ability to discuss challenges and work through them collaboratively.....4
 - Ability to partner with each other in service of families who can most benefit from comprehensive Head Start services.....5
 - Staff from our organization inform families of their eligibility for Head Start.....6
 - Our organization and the Head Start program have a joint application process.....7
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

ALL

B12. What are the challenges that your organization generally faces in working with the Head Start program?

Select all that apply

- Need to obtain consent from the family before sharing information about individual families.....1
 - Need to establish formal MOU before sharing information about individual families.....2
 - Infrequent and/or unclear communication.....3
 - Staff turnover at the Head Start program.....4
 - Staff turnover at your organization.....5
 - Difficulty scheduling meetings with Head Start staff.....6
 - Demand for Head Start slots exceeds what the Head Start program can provide.....7
 - Your organization needs more information about services Head Start provides.....8
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- Don't know.....D
 - NO RESPONSE.....M

SECTION C: ACTIVITIES AND TRAINING FOR CONNECTING FAMILIES TO HEAD START

The next questions are about the ways your organization may connect families to the Head Start program in your community you work with the most (referred to as *the Head Start program* going forward).

ALL

C1. What practices does your organization use to help connect families to the Head Start program?

Select all that apply

- Discuss the recruitment process with Head Start staff.....1
 - Develop recruitment plans with Head Start staff.....2
 - Co-sponsor family recruitment events or booths with Head Start.....3
 - Invite Head Start staff to speak to the families your organization serves.....4
 - Tell families your organization serves about Head Start.....5
 - Refer families to Head Start.....6
 - Introduce families your organization serves to a Head Start staff member.....7
 - Maintain an interagency agreement with the Head Start program to easily connect families to Head Start program.....8
 - Share information/flyers about Head Start.....9
 - Provide Head Start applications to families.....10
 - Provide a single application that is shared between your organization and Head Start.....11
 - Help families complete and submit their Head Start application.....12
 - Help Head Start staff follow up with families your organization referred.....13
 - Help families set up appointments with Head Start staff.....14
 - Help Head Start verify information on a family's application.....15
 - Help Head Start staff contact/follow up with families about their application.....16
 - Meet with Head Start staff to discuss their waitlist process.....17
 - Discuss Head Start's waitlist process with families.....18
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- We do not use any of the above practices to help connect families to Head Start.....0
 - Don't know.....D

NO RESPONSE.....M

C2. What challenges has your organization experienced when trying to connect families to the Head Start program?

Select all that apply

- Families do not understand the Head Start application process.....1
- Families do not understand the Head Start eligibility criteria.....2
- Organization staff have difficulty communicating with Head Start staff.....3
- Families have difficulty communicating with Head Start staff.....4
- Families served by your organization are not interested in Head Start.....5
- Head Start program does not always have availability/open enrollment slots..... 6
- Head Start program does not provide recruitment materials to share with families..... 7
- Head Start program does not provide applications to share with families..... 8
- Difficulty helping families obtain the accompanying documentation for their application (such as birth certificates or income forms).....9
- Difficulty helping families complete and submit their Head Start applications..... 10
- Difficulty following up with families referred to Head Start.....11
- Organization staff do not understand the Head Start waitlist process.....12
- Families do not understand the Head Start waitlist process.....13
- Difficulty answering families' questions about the Head Start waitlist process..... 14
- Difficulty communicating with families to help Head Start staff verify application information.....15
- Frustration with wait times for families on the waitlist.....16
- Other (SPECIFY)..... 99

Specify

(STRING (NUM))

- Did not experience any of these challenges connecting families to Head Start..... 0
- Don't know..... D
- NO RESPONSE..... M

This last set of questions is about training that staff at your organization currently receive and training staff would find useful to better support activities connecting families to the Head Start program in your community.

ALL

C3. Since September 2023, what topics related to connecting families to the Head Start program have staff at your organization received training or support on?

This training or support could include a formal training session, an information session with Head Start, documentation from Head Start, a phone call with a Head Start staff member, or other similar activities where information is shared.

Select all that apply

- Strategies to support the Head Start program’s recruitment effort.....1
 - The Head Start program’s eligibility criteria.....2
 - The Head Start program’s application process.....3
 - The Head Start program’s waitlist process.....4
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- We did not receive training or support on topics related to connecting families to the Head Start program since September 2023.....0
 - Don’t know.....D
 - NO RESPONSE.....M

ALL

C4. What training or support topics would help staff at your organization improve their ability to connect families to the Head Start program?

Select all that apply

- Strategies to support the Head Start program’s recruitment effort.....1
 - Head Start Program Performance Standards.....2
 - The Head Start program’s eligibility criteria.....3
 - The Head Start program’s selection criteria.....4
 - The Head Start program’s application process.....5
 - The Head Start program’s waitlist process.....6
 - Other (SPECIFY).....99
- Specify (STRING (NUM))
- We do not need any other training or support on topics related to connecting families to the Head Start program.....0

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

ALL

C5. What is your name, official job title at your organization, and contact information? We will send your electronic gift card to you at the email address you provide.

Please enter your name and job title below.

Name: (STRING (NUM))

Job title: (STRING (NUM))

Email address: (STRING (NUM))

Phone number: (STRING (NUM))

Thank you very much for your participation and cooperation in this important study.