



AIAN Facility Condition, Location, and Ownership Survey

This survey is to meet the following requirement in the Head Start Act at Sec. 650(b):

(b) FACILITIES.--At least once during every 5-year period, the Secretary shall prepare and submit, to the Committee on Education and Labor of the House of Representatives and the Committee on Health, Education, Labor and Pensions of the Senate, a report concerning the condition, location, and ownership of facilities used, or available to be used, by Indian Head Start agencies (including Alaska Native Head Start agencies) and Native Hawaiian Head Start agencies.

Definitions

Facility – a building or modular unit appropriate for use in carrying out Head Start Preschool or Early Head Start services, ***regardless of ownership***. This does not include outdoor space or outdoor equipment (e.g. buses).

Excellent – a new or like-new facility with ongoing and regular operational and budgeted capital expenditure planning and scheduling (very few buildings fit this description).

Good – a facility that is fully operational with regular scheduled maintenance, and some routine capital expenditures. There is reasonable (yet not immediate) need for capital expenditures in ongoing facility upkeep.

Average – a facility that is fully operational with a regular maintenance schedule but no regular capital expenditure plan. The facility could benefit from - some minor renovations or a collection of renovations (i.e. painting, routine HVAC system servicing, plumbing upgrades, etc.).

Fair – a facility with multiple areas requiring major and/or minor renovations (i.e. roof repatching or area roof replacement, asbestos removal, mold remediation, etc.). The facility may be near or approaching useful life (full lifecycle).

Poor – a facility in need of immediate [major renovation](#) (external and internal structural components of the facility needing repair or replacement such as roofing, cracks and water damage in foundation and walls, plumbing, full roof replacement and poor heating, ventilation, and air conditioning (HVAC) systems across most areas) and could potentially be decommissioned.

OMB Control #: 0970-0534, Expires: ##/##/####, The Paperwork Reduction Act of 1995 (Pub. L. 104-13), Public reporting burden for this collection of information is estimated to average ten 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.

2025 Survey

[Grantee completes this survey for each facility they operate]

Q1: This survey is for the following facility:

Q2: AIAN Head Start Program Type:

- ☐ Center-based
- ☐ Home-based
- ☐ Family Child Care
- ☐ Locally-Designed Program

Q3: How old is your facility?

Select the age range that best applies:

- ☐ 1-5 years
- ☐ 6-10 years
- ☐ 11-20 years
- ☐ 21-30 years
- ☐ 31-40 years
- ☐ 41-50 years
- ☐ Over 50 years
- ☐ Not sure

Q4: What best describes the ownership of this facility:

- ☐ Owned by grantee
- ☐ Lease-to-own or rent-to-own agreement for facility
- ☐ Leased or rented
- ☐ Donated for grantee use
- ☐ Other _____

Q5: What is the condition of this facility?

- ☐ Excellent
- ☐ Good
- ☐ Average
- ☐ Fair
- ☐ Poor

Q6: Check any facility issues your program is experiencing:

- ☐ Inadequate/non-functioning HVAC system (heating, ventilation, air conditioning)
- ☐ Plumbing (leaks, outdated pipes, insufficient bathrooms)
- ☐ Roofing (leaks, structural damage, damage due to animal or pest (rodents, including squirrels, termite) activity)
- ☐ Electrical (outdated wiring, outages, safety hazards)
- ☐ ADA Compliance (not fully accessible for children/staff with disabilities)
- ☐ Insufficient classroom space
- ☐ Insufficient indoor/outdoor play space
- ☐ Security concerns (lack of fencing, alarm, door locks, facility wide communication system, etc.)
- ☐ Other (please specify)

Q7: Have you tested for lead in the facility's drinking water within the last year?

Yes No

Q8: Have you tested for lead-based paint hazards in your facility within the last year?

Yes No

Q9: Has your facility been affected by a natural disaster or emergency (e.g., flooding, wildfire, earthquake) within the past 5 years?

Yes No

Q10: If yes, please describe the incident and impact:

Q11: Have you had to close your facility or relocate children for any amount of time due to the physical conditions of a facility or due to vectors, such as pest infestations (e.g. rodents, insects, scorpions, etc.) in the past 5 years?

Yes No

Q12: If yes, please describe the reason for and the impact of the closure/relocation:

Q13: In the past **5 years**, has your program received federal or Tribal funds for facility improvements?

- ☐ Yes
- ☐ No
- ☐ Unsure

Q14: If yes, what was the funding source? **(Check all that apply)**

- ☐ Head Start Funds
 - ☐ Base grant funds
 - ☐ One-time funds
 - ☐ Quality Improvement funds
- ☐ Tribal Funds
- ☐ COVID Relief Funds (CARES, CRRSA, ARP, etc.)
- ☐ Other Federal Grants (e.g. HUD, ANA, CCDF)
- ☐ Other **(please specify)**

Q15: What are the biggest barriers preventing your program from securing facility improvement funding?

- ☐ Lack of available federal funding
- ☐ Tribal funding limitations
- ☐ Difficulty navigating federal grant requirements due to limited capacity or expertise
- ☐ Other **(please specify)**

Q16: Are there any additional comments or concerns about your facility that you would like to share?