



# 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.

This survey and the data collected on your facilities is not intended for monitoring purposes. The Office of Head Start (OHS) is collecting this information to write a report for Congress. In the report, OHS will produce an analysis of AIAN facilities in the aggregate, and will not identify individual facilities for any concerns reported. OHS may use the information you provide to follow up with you about support and resources available to you that can help address concerns about your facility.

## Definitions

**Facility** – a structure, such as a building or modular unit, appropriate for use in carrying out a Head Start program and used primarily to provide Head Start services, including services to children and their families, **regardless of ownership**. This does not include outdoor space (e.g., outdoor play areas, parking lots, entryways) or outdoor equipment (e.g., playground equipment, buses).

Note: Separate questions relating to the condition of outdoor spaces and vehicles used to transport children to and from program services will be requested at the end of this survey.

**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 twenty 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]**

**Q0:** Select your grant number(s): [drop down]

**Q1:** This survey is for the following facility: [drop down to select facility and address]

**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 facility ownership of [pipe in answer from Q1]:

- Owned by grantee
- Lease-to-own or rent-to-own agreement for facility
- Leased or rented
- Donated for grantee use
- Other (please describe): \_\_\_\_\_

**Q5:** What best describes the land ownership of [pipe in answer from Q1]:

- Federal land (e.g., Bureau of Indian Affairs/Indian Health Service or multi-agency)
- Tribal trust land
- Tribal fee land
- Other (please describe): \_\_\_\_\_

*Definitions will appear as mouseovers:*

- *Federal land (e.g., HHS or Bureau of Indian Affairs (BIA) property, or multi-agency ownership) - facilities situated on federal land*
- *Tribal trust land - facilities located on land held in trust by the United States for a Tribe*
- *Tribal fee land - facilities located on land owned by a Tribe in fee simple ownership and not held in federal trust*

**Q6:** What best describes the location of this facility:

- On-reservation
- Off-reservation
- Alaska Native village
- Urban Indian village
- Other (please describe): \_\_\_\_\_

**Q7:** What is the condition of [pipe in answer from Q1]?

- Excellent
- Good
- Average
- Fair
- Poor

[Definitions from introduction will appear as mouseovers as a reminder]

**Q8:** Check any facility issues your program is experiencing: **(Check all that apply)**

- 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 play space
- Security concerns (lack of alarms, door locks, facility wide communication system, etc.)
- Mold and indoor air quality concerns
- Water quality and access issues
- Sewage and septic infrastructure limitations
- Disaster resilience concerns (e.g., permafrost damage, flooding, wildfires)
- Pest infestations
- Other (please describe):\_\_\_\_\_

**Q9:** Has your facility's drinking water been tested for lead within the last five years?

- Yes, within the last year
- Yes, between 1 to 5 years ago
- No

**Q9a:** [If yes to Q9] Was any lead identified in the drinking water in your facility?

- Yes
- No
- Not sure

**Q9b:** [If yes to Q9a] What steps, if any, did you take to address lead identified in the drinking water? **(Check all that apply)**

- Replaced pipes contaminating the water
- Installed point-of-use filters (e.g., over the sink, directly on the faucet)
- Installed point-of-entry filters (e.g., installed directly on the line(s) where water enters the facility)
- Switched to bottled or filtered water in pitchers
- Removed drinking access to the contaminated water source (e.g., turned off the contaminated drinking fountain(s))
- Other (please describe):\_\_\_\_\_

**Q10:** Has a trained or certified professional tested and identified any lead-based paint in your facility where children are served?

- **Yes**, it has been tested
- **No** test for lead-based paint has been conducted in this facility

- Not sure

**Q10a:** [If yes to Q10] Was lead-based paint identified where children are served?

- Yes
- No
- Not sure

**Q10b:** [If yes Q10] - About how long ago was the test for lead-based paint conducted?

- Less than 5 years ago
- More than 5 years ago
- Not sure

**Q10c:** [If no or not sure to Q10 or More than 5 years ago for Q10b] - Was any portion of the facility where children are served built prior to 1980?

- Yes
- No
- Not sure

**Q10d:** [If yes to Q10a] - What steps, if any, did you take to address lead-based paint hazards where children are served? **(Check all that apply)**

- Painted over the lead-based paint
- Restricted access to the area with lead-based paint so children are no longer served in that area
- Regular visual inspections for chipping paint
- Other (please describe): \_\_\_\_\_

**Q11:** Has your facility been affected by a natural disaster or emergency (e.g., flooding, wildfire, earthquake) within the last five years?

- Yes
- No

**Q12:** If yes, please describe the incident and impact:

**Q13:** Have you had to close [pipe in answer from Q1] or relocate children for any amount of time due to the physical condition of a facility, such as water damage, mold, or roof issues, or

due to vectors, such as pest infestations (e.g. rodents, insects, scorpions, etc.) in the past 5 years?

- Yes
- No

**Q14:** If yes, please describe the reason for and the impact of the closure/relocation:

**Q15:** In the past **5 years**, has your program received federal or Tribal funds used for facility improvements?

- Yes
- No
- Unsure

**Q16:** [If yes to Q15] 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 describe): \_\_\_\_\_

**Q17:** If applicable, what are the biggest barriers preventing your program from securing facility improvement funding? **(Check all that apply)**

- Lack of available federal funding
- Tribal funding limitations
- Difficulty navigating and applying for federal funding due to limited capacity or expertise
- Not applicable
- Other (please describe): \_\_\_\_\_

**Q18:** Does this program offer transportation services for children and/or families to and/or from this facility?

- Yes
- No
- Unsure

**Q18a:** [If yes to Q18] Please describe the extent to which children and/or families rely on these transportation services to access program services in this facility:

**Q18b:** [If yes to Q18] Please describe the condition of the vehicles used to provide transportation to children and/or their families to and/or from this facility:

**Q19:** To the best of your ability, please rank the condition of the following outdoor areas or structures used to provide services for children and their families attending this facility, with 1 representing a need for significant repairs or replacement, and 5 representing like-new condition:

	1	2	3	4	5	Not Applicable
Playground or outdoor play space and structure(s)						
Parking lots and driveways						
Paved pathways						
Outdoor fencing, gates, etc.						
Maintenance related structures (e.g., sheds, vehicle shelters, bus barns)						

**Q20:** Are there any additional comments or concerns relating to [pipe in answer from Q1] that you would like to share? For example, you may include information on specific areas in your facility that are nearing the end of their useful life (e.g., HVAC, roof, windows) and where you estimate a major renovation (e.g., cost greater than \$300,000) or full replacement will be needed.