OMB No.: 0970-0354
Expiration Date: 10/31/2011

MATHEMATICA Policy Research

Baby FACES

Program Director Interview

April 21, 2010

Respondent Name: _____

Respondent Job Title: _____

Same respondent as 2009? Yes 1 No 0

Interviewer Name: _____

DATE: |__|__| / |__|__| / |__|__| D2_Date

START TIME: |__|__| : |__|__| AM/PM END TIME: |__|__| : |__|__| AM/PM
D2_Start D2_End

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SC. SCREENER/PROGRAM MODE

I have some questions about the options or models your program uses to provide Early Head Start services.

S0. CHECK 2009 ANSWERS BEFORE INTERVIEW. RECORD IF SMS=CENTER, SMS=HOME, OR SMS=MULTIPLE/COMBO

D2S00

SMS = CENTER 1

SMS = HOME 2

SMS = Multiple/Combo 3

CENTER ONLY

IF S0 = CENTER, ASK:

S1. I understand you exclusively offer center-based services (not a home-based option).

D2S01

MARK ONLY ONE

YES, WE OFFER CENTER ONLY (IF OFFER 2 HOME VISITS A YEAR IS STILL CENTER) 1

NO, WE OFFER HOME-BASED ONLY ..... 2 (GO TO S2)

NO, WE OFFER BOTH CENTER AND HOME ..... 3 (GO TO MULTIPLE/COMBO S3)

S1a. How many days per week are children scheduled to attend the program for center-based services?

MARK ONLY ONE

1 day per week 1

2 days per week 2

3 days per week D2S01a 3

4 days per week 4

5 days per week 5

If children attend different numbers of days per week, please record and note any specific guidelines that determine the number of days per week children attend: 6

_____

S1b. How many home visits do you provide per year for families in the center-based option?

MARK ONLY ONE

Once per year 1

Twice per year 2

Less than once a month 3

Monthly D2S01b 4

Twice per month 5

Weekly 6

Other (Specify) 7

Probe for a typical amount rather than "varies by family needs."

_____

GO TO S4a

HOME ONLY

IF S0 = HOME, ASK:

S2. I understand you exclusively offer home-based services (not a center-based option).

D2S02

MARK ONLY ONE

YES, WE OFFER HOME ONLY 1

NO, WE OFFER CENTER-BASED ONLY ..... 0 (GO TO S1)

NO, WE OFFER BOTH HOME AND CENTER ..... 2 (GO TO MULTIPLE/COMBINATION S3)

S2a. How often are home visits offered?

MARK ONLY ONE

Once per year 1

Twice per year 2

Less than once a month 3

Monthly D2S02a 4

Twice per month 5

Weekly 6

Other (Specify) 7

Probe for a typical amount rather than "varies by family needs."

_____

GO TO S4a

MULTIPLE/COMBO

IF S0=MULTIPLE OR COMBO, ASK:

S3. I understand you offer both home- and center-based service options.

MARK ONLY ONE

YES, WE OFFER BOTH HOME AND CENTER.....1

NO, WE OFFER CENTER-BASED ONLY .....0 → **GO TO S1, PAGE 1**

NO, WE OFFER HOME-BASED ONLY .....2 → **GO TO S2, PAGE 1**

D2S03

DON'T KNOW.....d

REFUSED.....r

IF S3=1, ASK:

S3b. What proportion of families get each type of service?

|__|__|__| CENTER-BASED D2S03b1

|__|__|__| HOME-BASED D2S03b2

|__|__|__| BOTH HOME- AND CENTER-BASED

D2S03b3

By both home and center we mean families who are in center based services and home visits monthly or more often

DON'T KNOW.....d

REFUSED.....r

CENTER-ONLY FAMILIES		HOME-ONLY FAMILIES	CENTER & HOME FAMILIES	
S3c. How many days do children in the center-based option typically attend the center? D2S03c	S3d. How many home visits do you offer to children in the center-based only option? D2S03d	S3e. How often do you offer home visits to children in the home-based option? D2S03e	S3f. Now, for children who receive a combination of home and center-based services, how many days do those who receive both center and home-based services attend the center?	S3g. And how often do you offer home visits to the children who are in the combination of center- and home-based service option?
1 1 day per week 2 2 days per week 3 3 days per week 4 4 days per week 5 5 days per week 6 If children attend different numbers of days per week, please record and note any specific guidelines that determine the number of days per week children attend: _____	1 Once per year 2 Twice per year 3 Less than once a month 4 Monthly 5 Twice per month 6 Weekly 7 Other (Specify) Probe for a typical amount rather than "varies by family needs." _____	1 Once per year 2 Twice per year 3 Less than once a month 4 Monthly 5 Twice per month 6 Weekly 7 Other (Specify) Probe for a typical amount rather than "varies by family needs." _____	1 1 day per week 2 2 days per week 3 3 days per week 4 4 days per week 5 5 days per week 6 If children attend different numbers of days per week, please record and note any specific guidelines that determine the number of days per week children attend: _____ D2S03f ___	1 Once per year 2 Twice per year 3 Less than once a month 4 Monthly 5 Twice per month 6 Weekly 7 Other (Specify) Probe for a typical amount rather than "varies by family needs." D2S03g

S4a. Do you offer family child care as a service option?

MARK ONLY ONE

YES D2S04a 1

NO 0

DON'T KNOW.....d

REFUSED .....r

IF NO AND CENTER ONLY (S1=1) GO TO S6 (PAGE 5)
IF NO AND HOME ONLY OR MULTIPLE/COMBO (S2=1 or S3=1) GO TO IC.1 ON NEXT PAGE

IF S4a=YES ASK:
S4b. What proportion of families are in a family child care option?

|__|__|__| PERCENT D2S04b

DON'T KNOW.....d

REFUSED .....r

S4c. **IF UNABLE TO GIVE PERCENTAGE ASK:**

How many families are receiving Early Head Start services through a family child care option?

|__|__|__| FAMILIES D2S04c

DON'T KNOW.....d

REFUSED .....r

IF CENTER ONLY (S1=1) GO TO S6 (PAGE 5)
IF HOME ONLY OR MULTIPLE/COMBO (S2=1 or S3=1) GO TO IC.1 ON NEXT PAGE

ASK IC.1-S5 IF PROGRAM HAS A HOME BASED OPTION

Now I want to ask a few questions about families' participation in services, not just how often they are offered by your program, but how many times a month families actually get them, whether it's 4 times a month or more, three times a month, or 2 times a month or less.

So first...

IC.1 What percentage of home based families would you say *receives* home visits 4 times a month or more?

D2IC01

|__|__|__| PERCENT

DON'T KNOW ..... d

REFUSED ..... r

IC.2 What percentage of home based families *receives* home visits 3 times a month?

|__|__|__| PERCENT

D2IC02

DON'T KNOW ..... d

REFUSED ..... r

IC.3 What percentage of home based families *receives* home visits 2 times a month or less?

|__|__|__| PERCENT

D2IC03

DON'T KNOW ..... d

REFUSED ..... r

S5. What is the typical caseload of home visitors?

2010

D2S05

|__|__|__| NUMBER OF FAMILIES PER HOME VISITOR

DON'T KNOW ..... d

REFUSED ..... r

ASK S6 THROUGH IC.5 IF PROGRAM IS CENTER ONLY OR MULTIPLE/COMBO (S1=1 OR S3=1). IF PROGRAM IS HOME ONLY (S2=1) GO TO S8 (PAGE 6).

Thinking now about the home visits given to center based families...

S6. What is the job title of the person who completes home visits for *center-based* families?

FAMILY SUPPORT /SERVICE WORKER ..... 1 — D2S06_1
CAREGIVER/TEACHER ..... 2 — D2S06_2
OTHER (SPECIFY) ..... 3 — D2S06_3
_____
DON'T KNOW ..... d
REFUSED ..... r

S7. What is the typical caseload for a [FILL S6]?

|__|__| NUMBER OF FAMILIES — D2S07
DON'T KNOW ..... d
REFUSED .....

Thinking now about attendance...

IC.4 For what percentage of center based families do you have attendance concerns?

|__|__|__| PERCENT — D2IC04
DON'T KNOW ..... d
REFUSED ..... r

IC.5 Among families that have attendance issues, what if anything, do you do to encourage attendance?

Do you….(READ)

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Conduct a home visit? D2IC05a	1	0	d	r
b. Call the parents? D2IC05b	1	0	d	r
c. Send a letter home? D2IC05c	1	0	d	r
d. Do something else? (SPECIFY) ..... D2IC05d _____	1	0	d	r

I want to ask a few more questions about your service options.

S8. Do you close for more than two consecutive weeks during the summer, or any other part of the year?

D2S08

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO S9, PAGE 7**

IF S8=YES ASK:

S8A. How many weeks are you closed? D2S08a

|___|___| TOTAL NUMBER OF WEEKS

DON'T KNOW ..... d

REFUSED ..... r

S8B. And during which months? (CODE AS JAN=01 etc.)

D2S08b01 – D2S08b12

_____

DON'T KNOW ..... d

REFUSED ..... r

S8C. Is this closure program wide or at one or more specific sites?

D2S08c

MARK ONLY ONE

PROGRAM WIDE 1

ONE OR MORE SPECIFIC SITES 2

DON'T KNOW ..... d

REFUSED ..... r

S9. Do you change your service options during the summer or other portion of the year?

D2S09

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO NEXT SECTION ON PAGE 8**

PROBE ONLY IF NECESSARY: For example offer home visits instead of center-based care?

IF S9=YES ASK:

S9A. In what way are your service options different during the summer?

SPECIFY HOW

_____

DON'T KNOW ..... d
REFUSED ..... r

A. EXPANSION, AFFILIATIONS, AND ENROLLMENT POLICIES

IF PROGRAM RECEIVED EXPANSION FUNDS READ: Now, I have some questions about the expansion and enrollment and disenrollment patterns.

IF PROGRAM DID NOT RECEIVE EXPANSION FUNDS MARK NO AT A1A AND GO TO A2A ON PAGE 10.

CODE NEXT ITEM WITHOUT ASKING BASED ON LIST OF EXPANSION GRANTEES

A1A. **DID PROGRAM RECEIVE EXPANSION FUNDS? READ:** I understand your program received expansion funds.
2010

D2A01a

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO A2A, PAGE 10**

IF A1A=YES AND OFFERS HOME-BASED SERVICES (S2=1 OR S3=1)

A1B. How many new home-based slots will you add due to these expansion funds?

|___|___|___| NEW SLOTS D2A01b
DON'T KNOW ..... d
REFUSED ..... r

IF HOME BASED ONLY (S2=1) GO TO B1A ON PAGE 9

IF A1A=YES AND OFFERS CENTER-BASED SERVICES (S1=1 OR S3=1)

A1C. How many new center-based slots will you add due to these expansion funds?

|___|___|___| NEW SLOTS D2A01c
DON'T KNOW ..... d
REFUSED ..... r

A1D. How many Early Head Start centers or program sites do you currently operate?
2010

|___|___|___| CENTERS/SITES D2A01d
DON'T KNOW ..... d
REFUSED ..... r

A1E. Will you add any new centers or program sites as a result of the expansion?

D2A01e

MARK ONLY ONE

YES 1

NO ..... 0 → **ENTER 0 at A1F**

DON'T KNOW ..... d

REFUSED ..... r

A1F. How many new centers or program sites do you expect to add?

2010

|__|__|__| CENTERS/SITES D2A01f

DON'T KNOW ..... d

REFUSED ..... r

B1A. Do you have any new goals for your program as a result of the expansion?

2010

D2B01a

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO A2A, PAGE 10**

B1B. **IF NEW GOALS: RECORD VERBATIM, THEN CODE BELOW. IF NECESSARY READ:** What new goals do you have given your expansion?

_____

_____

CODE (in addition to verbatim above)

SERVING A DIFFERENT AGE GROUP ..... 1 D2B01b_1

SERVING A DIFFERENT POPULATION ..... 2 D2B01b_2

SERVING A DIFFERENT GEOGRAPHIC AREA ..... 3 D2B01b_3

OTHER ..... 4 D2B01b_4

DON'T KNOW ..... d

REFUSED ..... r

IF PROGRAM RECEIVED EXPANSION FUNDS (A1A=1) READ: The next questions are about enrollment patterns.

IF PROGRAM DID NOT RECEIVE EXPANSION FUNDS READ: Now I have some questions about enrollment and disenrollment patterns.

A2A. What proportion of families stay enrolled until their child turns 3?

2010

|___|___|___| PERCENT D2A02a

DON'T KNOW ..... d

REFUSED ..... r

A2B. When families disenroll from your program before age 3, is there a particular time of year when they do so? For example does this happen mostly in the….

2010

D2A02b

MARK ONLY ONE

Fall 1

Winter 2

Spring, or 3

Summer? 4

NO PARTICULAR TIME OF YEAR 5

FAMILIES DON'T DISENROLL BEFORE AGE 3 6

OTHER (SPECIFY, INCLUDING SPECIFIC MONTHS) 7

_____

DON'T KNOW ..... d

REFUSED ..... r

A2C. Do you have a policy for the number of absences a family can have before they are considered disenrolled or dropped from the program?

2010

D2A02c

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO A9, PAGE 11**

IF A2C=YES AND HOME BASED (S2=1 OR S3=1):

A2D. How many home visits must a family typically miss before they are disenrolled?

2010

|___|___| NUMBER OF VISITS D2A02d

DON'T KNOW ..... d

REFUSED ..... r

A2E. Is that in a row or within a certain time period? D2A02e

2010

IN A ROW..... 1

IN A CERTAIN TIME PERIOD (RECORD SPECIFICS BELOW).... 2

OVER |___|___| WEEKS D2A02e_wk OVER |___|___| MONTHS D2A02e_mo

DON'T KNOW ..... d

REFUSED ..... r

IF A2C=YES AND CENTER BASED (S1=1 OR S3=1):

A2F. How many center days must a child miss before they are disenrolled?

2010

|___|___| NUMBER OF CENTER DAYS D2A02f

DON'T KNOW ..... d

REFUSED ..... r

A2G. Is that in a row or within a certain time period? D2A02g

2010

IN A ROW..... 1

IN A CERTAIN TIME PERIOD (RECORD SPECIFICS BELOW).... 2

OVER |___|___| WEEKS D2A02g_wk OVER |___|___| MONTHS D2A02g_mo

DON'T KNOW ..... d

REFUSED ..... r

A9. Now, I have some questions about families' language and cultural background.

2009

Do any of your families primarily speak a language other than English?

MARK ONLY ONE

YES D2A09 1

NO..... 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO A10, PAGE 13**

IF A9=Yes

A9a. What languages? **WRITE IN LANGUAGE IN FIRST COLUMN AND LANGUAGE CODE IN SECOND COLUMN.**
ASK A9b FOR ALL LANGUAGES LISTED IN A9a.

A9b. Do any of these families *need* services in (FILL LANGUAGE)?
IF YES IN A9b ASK A9c
IF NO IN A9b CONTINUE WITH NEXT LANGUAGE OR GO TO A10

A9c. How do you provide services in (FILL LANGUAGE)
MARK ALL THAT APPLY

A9d. What percentage of families who need services in [FILL LANGUAGE] receive services in [FILL LANGUAGE]?

A9e. Do you provide written materials in (FILL LANGUAGE)?

D2A09c1_0 – D2A09c6_0
D2A09c1_1 – D2A09c6_1
D2A09c1_2 – D2A09c6_2
D2A09c1_3 – D2A09c6_3

D2A09d1 – D2A09d6

D2A09e1 – D2A09e6

2009-REV

A9a.		A9b.		A9c.		A9d.	A9e.	
D2A09a1 – D2A09a6		D2A09b1 – D2A09b6		HOW SERVICES PROVIDED IN THE LANGUAGE – BY STAFF, BY COMMUNITY ORG, OR BY TRANSLATOR OR NOT PROVIDED		PERCENT WHO RECEIVE SERVICES (BASED ON THOSE WHO NEED IT)	PROVIDE WRITTEN MATERIALS IN THIS LANGUAGE?	
FILL IN LANGUAGE AND CODE FOR ALL LANGUAGES SPOKEN BY FAMILIES		DO FAMILIES NEED SERVICES IN LANGUAGE?		CODE ANSWER		WRITE IN PERCENT	CODE ANSWER	
LANGUAGE	CODE	YES	NO	YES	NO	PERCENT	YES	NO
1.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0
2.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0
3.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0
4.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0
5.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0
6.	|__|__|__|	1	0	1 (STAFF) 2 (COMM) 3 (TRANS)	0	|__|__|__|	1	0

A10. Do you try to match families and staff based on similar background or language? If all staff and families are of similar background or language please let me know.

2009-REV

D2A10

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

N/A ALL ARE FROM SIMILAR BACKGROUND ..... NA

→ **GO TO A13**

Now I have a few questions about enrollment of pregnant women.

A13. Are there any pregnant women currently enrolled in your Early Head Start program?

2009

INTERVIEWER NOTE: IF "NO," ASK: Does your Early Head Start program provide services for pregnant women?
IF PROGRAM SERVES PREGNANT WOMEN BUT NONE ARE CURRENTLY ENROLLED MARK 0, IF PROGRAM DOES NOT ENROLL PREGNANT WOMEN MARK 2.

D2A13

MARK ONLY ONE

YES 1

NO 0

PROGRAM DOES NOT ENROLL PREGNANT WOMEN 2

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO IC.6, PAGE 14**

A14. What is the typical enrollment of pregnant women at any given time?

2009-REV

|___|___|___| NUMBER

D2A14

DON'T KNOW ..... d

REFUSED ..... r

The next few questions are about your use of screening and assessments.

IC.6 What percentage of children in your program receives developmental screenings?

|__|__|__| PERCENT D2IC06

DON'T KNOW ..... d

REFUSED ..... r

IC.7. What percentage of children in your program receives periodic developmental assessments?

|__|__|__| PERCENT D2IC07

DON'T KNOW ..... d

REFUSED ..... r

IC.8. Do you use the results of periodic developmental assessments to plan services for each child?

D2IC08

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO IM.1, PAGE 15**

IF IC.8=YES ASK

IC.8A. Who among the following would you say uses the results of periodic developmental assessments?

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Child's teacher or home visitor D2IC08a1	1	0	d	r
b. Supervisors of front line staff D2IC08a2	1	0	d	r
c. Part C provider staff D2IC08a3	1	0	d	r
d. Child development coordinator D2IC08a4	1	0	d	r
e. Other program managers D2IC08a5	1	0	d	r
f. Other (SPECIFY) ..... D2IC08a6 _____	1	0	d	r
e. Health/Medical staff D2IC08a7	1	0	d	r

B. PROGRAM COMMUNICATION

These next questions are to get a better idea of the flow of communication in your program.

IM.1. Do you have a policy council that includes parents? D2IM01

MARK ONLY ONE

YES, POLICY COUNCIL INCLUDES PARENTS..... 1
POLICY COUNCIL DOES NOT INCLUDE PARENTS..... 0
PROGRAM DOES NOT HAVE A POLICY COUNCIL..... n
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO IM.3**

IM.2 How often does the policy council meet? D2IM02

|__|__|__| TIMES PER YEAR
DON'T KNOW ..... d
REFUSED ..... r

IM.3. Do you have any regular ways of communicating …

D2IM03a – D3IM03d

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED	N/A
a. Among program staff? (this may include staff meetings or group supervision)	1	0	d	r	
b. Between staff and parents? (this may include parent/staff or parent/teacher meetings, or establishing ways that parents can contact teachers or home visitors if they have a concern)	1	0	d	r	
c. With your grantee agency?..... INDICATE N/A IF THE PROGRAM AND GRANTEE ARE THE SAME	1	0	d	r	NA
d. With the policy council and other governing bodies?	1	0	d	r	NA

IM.4. **FOR ALL YES RESPONSES AT IM.3 ASK:** Thinking about communication [INSERT COLUMN HEADER] which of the following methods, if any, do you use?

MARK ONE PER ROW

	Among program staff		Between staff and parents		With your grantee agency		With the policy council and other governing	
	YES	**NO**	**YES**	**NO**	**YES**	**NO**	**YES**	**NO**
a. Printed flyers/announcements.....	1	0	1	0	1	0	1	0
b. E-mail	1	0	1	0	1	0	1	0
c. Meetings by phone.....	1	0	1	0	1	0	1	0
d. Meetings in person.....	1	0	1	0	1	0	1	0
e. Written reports or memos.....	1	0	1	0	1	0	1	0
f. Other (SPECIFY) ..... _____	1	0	1	0	1	0	1	0
g. Newsletters.....	1	0	1	0	1	0	1	0
h. Daily log sheets.....	1	0	1	0	1	0	1	0
i. Texting.....	1	0	1	0	1	0	1	0
	D2IM04a1 – D2IM04i1		D2IM04a2 – D2IM04i2		D2IM04a2 – D2IM04i3		D2IM04a4 – D2IM04i4	

IM.5. Does your program have a set of written goals, objectives, and plans for continuous improvement?

D2IM05

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO IM.9, PAGE 17**

IF IM.5=YES ASK IM.6 and IM.7

IM.6. How often are the goals, objectives, and plans updated?

|___|___|___| TIMES PER YEAR

D2IM06

LESS THAN ONCE A YEAR 0

DON'T KNOW ..... d

REFUSED ..... r

IM.7. Who is involved in developing the goals, objectives, and plans?

MARK ALL THAT APPLY

DIRECTOR 1
MANAGERS/SUPERVISORS 2
FRONT LINE STAFF 3
POLICY COUNCIL 4
PARENTS 5
ADVISORY COMMITTEES 6
COMMUNITY PARTNERS 7
OTHER (SPECIFY) 8

_____

BOARD OF DIRECTORS 9
DON'T KNOW ..... d
REFUSED ..... r

D2IM07_01 – D2IM07_09

IM.9. Has your program conducted a written self-assessment in the past year?

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

D2IM09

→ **GO TO IM.13, PAGE 18**

IF IM.9=YES ASK IM.10 and IM.11

IM.10. Who participated in the self-assessment?

MARK ALL THAT APPLY

DIRECTOR 1
MANAGERS/SUPERVISORS 2
FRONT LINE STAFF 3
POLICY COUNCIL 4
BOARD OF DIRECTORS 5
PARENTS 6
ADVISORY COMMITTEES 7
COMMUNITY PARTNERS 8
OTHER (SPECIFY) 9

_____

DON'T KNOW ..... d
REFUSED ..... r

D2IM10_01 – D2IM10_09

IM.11. Have you made any changes in your program as a result of the self assessment?

D2IM11

MARK ONLY ONE

YES, MADE CHANGES 1
PLANS TO MAKE CHANGES 2
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO IM.13**

IF IM.11=YES ASK IM.12

IM.12. What changes did you make?

_____

_____

DON'T KNOW ..... d
REFUSED ..... r

IM.13. Has your program conducted a community needs assessment and documented results in writing?

D2IM13

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO ICB.1, PAGE 20**

IF IM.13=YES ASK IM.14 and IM.15

IM.14. When was the most recent community needs assessment conducted?

D2IM14

MARK ONLY ONE

In the past year 1
One to two years ago 2
More than two years ago 3
DON'T KNOW ..... d
REFUSED ..... r

IM.15. Who participated in the community needs assessment?

MARK ALL THAT APPLY

DIRECTOR 1
MANAGERS/SUPERVISORS 2
FRONT LINE STAFF 3
POLICY COUNCIL 4
BOARD OF DIRECTORS 5
PARENTS 6
ADVISORY COMMITTEES 7
COMMUNITY PARTNERS 8
OTHER (SPECIFY) 9

_____

DON'T KNOW ..... d
REFUSED ..... r

D2IM15_01 – D2IM15_09

C. PROGRAM PARTNERSHIPS

The next set of questions are about your program partnerships.

ICB.1. Does your program belong to or participate in any local collaborative groups of service providers or other community agencies?

D2ICB01

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

C3. Does your Early Head Start program have a formal written partnership with any child care providers?
2009

D2C03

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO ICB.2, PAGE 22**

C3a. How many formal written partnerships does your program have with child care providers?
2009

|__|__| PARTNERSHIPS

D2C03a

DON'T KNOW ..... d
REFUSED ..... r

IF RECEIVED EXPANSION FUNDS (A1A=1) ASK C3c, ELSE GO TO C4, PAGE 21

C3c. Have you increased the number of formal written partnerships with child care providers as a result of receiving expansion funds?
2010

D2C03c

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO C4, PAGE 21**

IF C3c=YES:

C3d. How many new partnerships do you have?

2010

|__|__| PARTNERSHIPS D2C03d

DON'T KNOW ..... d

REFUSED ..... r

C4. We are interested in knowing about the frequency of your communication with your partners. Do you or your staff have regular contacts with ALL your child care partners?

2009-REV

D2C04

MARK ONLY ONE

YES ..... 1 → **GO TO C4c**

NO 0

DON'T KNOW ..... d

REFUSED ..... r

IF C4= NO/DK/R:

C4b. What are the barriers to having regular contacts with all your partners?

2010

MARK ALL THAT APPLY

NOT ENOUGH TIME TO MEET ..... 1 D2C04b_01

HAVE SUFFICIENT INFORMAL CONTACTS ..... 2 D2C04b_02

OTHER (SPECIFY) ..... 3 D2C04b_03

_____

DON'T KNOW ..... d

REFUSED ..... r

C4c. What is the typical frequency of contact with your child care partners? Is it…

2009-REV

MARK ONLY ONE

Annually D2C04c 1

Every few months 2

Monthly, or 3

More than once a month? 4

DON'T KNOW ..... d

REFUSED ..... r

We are interested in understanding whether you are currently serving children through these community child care partners, and if not, why that is.

D2C05

C5. Do you currently serve children through each of your child care partnerships?

2009-REV

MARK ONLY ONE

YES, ALL PARTNERS SERVE CHILDREN ..... 1 → **GO TO C3b**

SOME BUT NOT ALL PARTNERS SERVE CHILDREN 2

NO, PARTNERS DON'T SERVE CHILDREN 3

DON'T KNOW ..... d

REFUSED ..... r

D2C05

C5a. What are the main reasons you are not serving children and their families through a child care partner? Is it because of...

2009-REV

MARK ALL THAT APPLY

Inadequate quality ..... 1 — D2C05a_01

A lack of available slots ..... 2 — D2C05a_02

Funding issues, or ..... 3 — D2C05a_03

Some other reason? (SPECIFY) ..... 4 — D2C05a_04

_____

DON'T KNOW ..... d

REFUSED ..... r

ASK C3b IF C5=1 OR C5=2 (ALL OR SOME PARTNERS SERVE CHILDREN) ELSE GO TO ICB.2

C3b. Thinking of all these child care partnerships, what percentage of enrolled children receive Early Head Start services through them?

2009

PROBE: Your best estimate is fine.

|__|__|__| PERCENTAGE OF ENROLLED CHILDREN

D2C03b

DON'T KNOW ..... d

REFUSED ..... r

ICB.2. Does your program have a formal written partnership with a Part C provider?

D2ICB02

MARK ONLY ONE

YES 1

NO 0

PROGRAM IS PART C PROVIDER 2

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO ICB.4, PAGE 23**

ICB.4. Does your program have a formal written partnership with the local child protective services agency?

D2ICB04

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

The next few questions are about child care.

IC.11 Does your program do any of the following to provide child care to families who need it? (And if so, do you do this for all children or for some of the children?)

Do you….

MARK ONE PER ROW

D2IC11a – D2IC11f	YES FOR ALL	YES FOR SOME	NO	DON'T KNOW	REFUSED	NA
a. Provide Early Head Start child care directly?	2	1	0	d	r	NA
b. Provide Early Head Start child care through community partners?	2	1	0	d	r	NA
c. Provide referrals to non-Early Head Start child care?	2	1	0	d	r	
d. Help families apply for subsidies?	2	1	0	d	r	
e. Conduct an initial assessment of all child care programs that children attend, including those outside Early Head Start?	2	1	0	d	r	NA
f. Provide ongoing monitoring of quality of all child care programs that children attend, including those outside Early Head Start?.....	2	1	0	d	r	NA

IC.11g. Do you offer training and support to outside child care providers to improve quality?

D2IC11g

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

The next question is about referrals more broadly than only child care.

IF.3. Thinking of the services to which you refer families, how do staff members follow up to ensure services were received and assess and monitor the quality of services?

MARK ALL THAT APPLY

DISCUSS SERVICES WITH FAMILIES	1	D2IF03_01
DISCUSS SERVICES WITH SERVICE PROVIDER	2	D2IF03_02
OBSERVE SERVICE DELIVERY	3	D2IF03_03
OTHER (SPECIFY) _____	4	D2IF03_04
DON'T KNOW	d	
REFUSED	r	

The next few questions are about parent involvement in Early Head Start.

IC.12. What percentage of families in your program has at least one parent involved in planning and delivering child development services—for example, by participating in the Policy Council, volunteering in classrooms, or helping the program in some other way?

|__|__|__| PERCENT D2IC12

DON'T KNOW ..... d

REFUSED ..... r

IC.13. Of families who have a father or father figure, what percentage of the fathers participate in child development services—for example, by participating in the Policy Council, volunteering in classrooms, or helping the program in some other way?

|__|__|__| PERCENT D2IC13

DON'T KNOW ..... d

REFUSED ..... r

IF.4. Does your program do any of the following to encourage father involvement?

Do you….

D2IF04a – D2IF04h

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Schedule group or family activities at times that fathers are more likely to be able to attend (such as after work)?	1	0	d	r
b. Schedule home visits at times that fathers are more likely to be able to attend?	1	0	d	r
c. Address program notices and flyers to fathers as well as mothers?	1	0	d	r
d. Have male staff?	1	0	d	r
e. Designate a father involvement coordinator?	1	0	d	r
f. Collect father contact information at enrollment?	1	0	d	r
g. Plan activities that appeal specifically to men?	1	0	d	r
h. Make centers and program offices father friendly by posting positive photos and messages featuring men	1	0	d	r

The next questions are about the services you provide and family participation in these services.
ASK IF PROGRAM OFFERS HOME BASED SERVICES (S2=1 or S3=1)—ELSE GO TO IC.19

IC.17 How often do you offer group socializations for home-based families?

|__|__|__| TIMES D2IC17amt

PER WEEK 1
PER MONTH 2
PER YEAR 3
DON'T KNOW ..... d
REFUSED ..... r

D2IC17unit

IC.18. What percentage of families in home-based services regularly participates in group socializations?

|__|__|__| PERCENT D2IC18

DON'T KNOW ..... d
REFUSED ..... r

ASK IF PROGRAM OFFERS CENTER BASED OPTION (S1=1 OR S3=1)-ELSE GO TO IC.9

Thinking about your center based families...

IC.19. How often do you arrange parent meetings or education activities?

|__|__|__| TIMES D2IC19amt

PER WEEK 1

PER MONTH 2 D2IC19unit

PER YEAR 3

DON'T KNOW ..... d

REFUSED ..... r

IC.20. What percentage of center based families regularly participates in parent meetings or education activities?

|__|__|__| PERCENT D2IC20

DON'T KNOW ..... d

REFUSED ..... r

The next questions are about health related services and policies.

IC.9. What percentage of families in your program has a medical home?

|__|__|__| PERCENT D2IC09

DON'T KNOW ..... d

REFUSED ..... r

IC.16. What percentage of children with a suspected or diagnosed disability in your program have been referred to Part C?

|__|__|__| PERCENT D2IC16

DON'T KNOW ..... d

REFUSED ..... r

IC.10. Does your program have a formal system for following up on health-related referrals to ensure that families receive services?

D2IC10

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

ICB.8. Do you have a health advisory committee that meets regularly?

D2ICB08

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO ICB.10**

ICB.9. How often does the health advisory committee meet?

|__|__|__| TIMES PER YEAR

D2ICB09

DON'T KNOW ..... d
REFUSED ..... r

ICB.10 Do you have other advisory committees that focus on infant and toddler issues that meet twice a year or more?

D2ICB10

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

D. PROCESSES FOR INDIVIDUALIZATION

The next questions are about how you determine the services that families will receive.

IC.14. Which of the following, if any, do you take into account when placing children in classrooms or assigning home visitors or case managers?

D2IC14a – D2IC14l

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Cultural background?	1	0	d	r
b. Language?	1	0	d	r
c. Family circumstances?	1	0	d	r
d. Parent choice/preference?	1	0	d	r
e. Whether it is a high risk family?	1	0	d	r
f. Child's age?	1	0	d	r
g. Child's health?	1	0	d	r
h. Child's developmental stage or process? ...	1	0	d	r
i. Results of screening/assessment?	1	0	d	r
j. Staff observations of child?	1	0	d	r
k. Other (SPECIFY)	1	0	d	r
l. Geography or Location?	1	0	d	r

IC.15. Which factors do you take into account when planning curriculum activities and providing services to a particular child?

MARK ONE PER ROW

D2IC15a – D2IC15l	YES	NO	DON'T KNOW	REFUSED
a. Cultural background?	1	0	d	r
b. Language?	1	0	d	r
c. Family circumstances?	1	0	d	r
d. Parent choice/preference?	1	0	d	r
e. Whether it is a high risk family?	1	0	d	r
f. Child's age?	1	0	d	r
g. Child's health?	1	0	d	r
h. Child's developmental stage or process? ...	1	0	d	r
i. Results of screening/assessment?	1	0	d	r
j. Staff observations of child?	1	0	d	r
k. Other (SPECIFY) ..... _____	1	0	d	r
l. Child interests?	1	0	d	r

D2. What proportion of your families have an IFPA?

2009

PROBE IF NECESSARY: Individual Family Partnership Agreements

|___|___|___| PERCENT D2D02

DON'T KNOW ..... d

REFUSED ..... r

IF D2<100%:

D2A. Why do some families lack IFPA's?

2009

FAMILY REFUSES TO HAVE THEM ..... D2D02a_01 1

OTHER (SPECIFY) ..... D2D02a_02 2

_____

DON'T KNOW ..... d

REFUSED ..... r

D3. Does your program specify how many times a year IFPAs must be reviewed?

D2D03

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

→ **GO TO D3c**

D3a. How many times a year are the IFPAs formally reviewed for center based families?

D2D03a

|__|__|__| NUMBER PER YEAR
LESS THAN ONCE A YEAR 0
DON'T KNOW ..... d
REFUSED ..... r
NO CENTER BASED FAMILIES ..... n

D3b. How many times a year are the IFPAs formally reviewed for home based families?

D2D03b

|__|__|__| NUMBER PER YEAR
LESS THAN ONCE A YEAR 0
DON'T KNOW ..... d
REFUSED ..... r
NO HOME BASED FAMILIES ..... n

GO TO IF.2.

D3c. How are reviews of the IFPAs determined?

MARK ONLY ONE

BASED ON FAMILY REQUEST ..... 1 — D2D03c01
OTHER (SPECIFY) ..... 2 — D2D03c02
_____
STAFF INITIATED BASED ON FAMILY GOALS/CIRCUMSTANCES ..... 3 — D2D03c3
DON'T KNOW ..... d
REFUSED ..... r

IF.2. Do staff members collaborate with other involved agencies or programs when developing IFPAs?

D2IF02

MARK ONLY ONE

YES 1
NO 0
DON'T KNOW ..... d
REFUSED ..... r

IF.1. What percentage of families in your program have met with a family service worker in the past month? This could be to discuss IFPAs or other issues.

|__|__|__| PERCENT D2IF01

DON'T KNOW ..... d

REFUSED ..... r

The next questions are about transition planning.

ICB.5. Does your program have an established procedure for facilitating children's transition to Head Start or other preschool programs?

MARK ONLY ONE

YES D2ICB05 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

ICB.6. What percentage of 2 1/2-year-old children in your program have a transition plan in place?

|__|__|__| PERCENT D2ICB06

DON'T KNOW ..... d

REFUSED ..... r

ICB.7. What percentage of parents of 2 1/2-year-old children are typically involved in creating their child's transition plan?

|__|__|__| PERCENT D2ICB07

DON'T KNOW ..... d

REFUSED ..... r

E. HIRING PRACTICES/STAFF RETENTION

The next questions are about how your program hires and retains staff.

IF EXPANSION (A1A) = NO GO TO E7, PAGE 33

IF EXPANSION (A1A)=YES ASK:

We want to learn about any new staff you have or will hire due to the expansion.

E1. For each of the following categories of staff can you first tell me if you have or plan to hire new staff *due to the expansion*?
2010
Do you have or plan to hire new….(READ A THROUGH D BELOW)

IF ALL ARE NO, GO TO E7, PAGE 33

FOR EACH YES AT E1 ASK:

E2 How many new [FILL STAFF] do you need as a result of the expansion?
2010

E3. How many new [FILL STAFF] have you already hired?
2010

E4. How many new [FILL STAFF] do you intend to hire?
2010

	D2E01a – D2E01d			D2E02a – D2E02d		D2E03a – D2E03d		D2E04a – D2E04d	
	E1 NEW STAFF			E2 TOTAL NEW STAFF		E3 ALREADY HIRED		E4 INTEND TO HIRE	
	NO	DK	YES		DON'T KNOW		DON'T KNOW		DON'T KNOW
a. Home Visitors	0	d	1 → **GO TO E2**	|__|__|	d	|__|__|	d	|__|__|	d
b. Teachers/ caregivers.....	0	d	1 → **GO TO E2**	|__|__|	d	|__|__|	d	|__|__|	d
c. Managers/ Supervisors	0	d	1 → **GO TO E2**	|__|__|	d	|__|__|	d	|__|__|	d
d. Administrative staff.....	0	d	1 → **GO TO E2**	|__|__|	d	|__|__|	d	|__|__|	d

E7. How many of each type of frontline staff do you currently employ?
2009 INCLUDE NEW STAFF IF ALREADY HIRED

D2E07a – D2E07b

	NUMBER	DON'T KNOW	REFUSED
a. Center Based Teachers/Primary Caregivers	|__|__|__|	d	r
b. Home Visitors.....	|__|__|__|	d	r

ASK IF PROGRAM OFFERS HOME BASED SERVICES (S2=1 OR S3=1), ELSE GO TO E9

E8. How many home visitors left your Early Head Start program during the past 12 months?
2009

Please do not include other staff.

D2E08

|__|__|__| NUMBER

DON'T KNOW ..... d

REFUSED ..... r

ASK IF PROGRAM OFFERS CENTER-BASED SERVICES (S1=1 OR S3=1), ELSE GO TO E11, PAGE 34

E9. How many teachers/caregivers left your Early Head Start program during the past 12 months?
2009

Please do not include floaters or rovers, home visitors, or family care providers.

|__|__|__| NUMBER

D2E09

DON'T KNOW ..... d

REFUSED ..... r

E11. Of the Early Head Start front line staff (home visitors and/or teachers) who left the Early Head Start program, did any leave . . .

2009-REV

D2E11a – D2E11f

	MARK ONE ONLY			
	YES	NO	DON'T KNOW	REFUSED
a. For a change in careers?	1	0	d	r
b. For higher compensation or a better benefits package in the same field?.....	1	0	d	r
c. Because they were fired or laid off?	1	0	d	r
d. For maternity leave?.....	1	0	d	r
e. For personal reasons?	1	0	d	r
f. For another reason? (SPECIFY) ..... _____	1	0	d	r

E10a. How many coordinators or managers left your Early Head Start program during the past 12 months?

2009-REV

D2E10a

|__|__|__| NUMBER

DON'T KNOW ..... d

REFUSED ..... r

CODE WITHOUT ASKING IF KNOWN

E11b. Has the director left the program in the past 12 months?

2010

D2E11_b

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

E12a. Are there currently any unfilled full-time staff positions?

D2E12a

MARK ONLY ONE

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ **GO TO IF.5, PAGE 35**

E12b. How many full time positions are unfilled? D2E12b

2009

|__|__|__| NUMBER OF FULL TIME POSITIONS UNFILLED

DON'T KNOW ..... d

REFUSED ..... r

E12c. Which positions?

PROMPT FOR CATEGORIES IF NECESSARY

2009

D2E12c01 – D2E12c05

MARK ALL THAT APPLY

DIRECTOR..... 1

MANAGER/SUPERVISOR 2

TEACHER/ CAREGIVER 3

HOME VISITOR 4

OTHER (SPECIFY) 5

_____

DON'T KNOW ..... d

REFUSED ..... r

IF.5. Do you have any staff members who are current or former Early Head Start parents?

D2IF05

MARK ONLY ONE

YES 1

NO..... 0

DON'T KNOW ..... d

REFUSED ..... r

F. STAFF TRAINING/DEVELOPMENT

Now I'm going to ask you a few questions about staff development and training.

IS.1. Does your program do any of the following in supervising front line staff? Do you….

D2IS01a – D2IS01c

MARK ONE PER ROW

	YES	NO	DON'T KNOW	REFUSED
a. Provide training on reflective supervision to all supervisors?.....	1	0	d	r
b. Require supervisors to conduct regular and ongoing individual and group supervision with performance feedback?.....	1	0	d	r
c. Require supervisors to observe staff in the classroom or on home visits regularly?.....	1	0	d	r

IS.2. How many times a year are supervision meetings held with individual staff members?

|__|__|__| TIMES PER YEAR D2IS02

DON'T KNOW ..... d

REFUSED .....

IS.3. Does your program develop a staff training plan each year?

MARK ONLY ONE

YES D2IS03 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

→ GO TO IS.5, PAGE 37

IS.4. Does your program solicit information on staff development needs from supervisors and front line staff to inform the training plan?

MARK ONLY ONE

YES D2IS04 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

IS.5. What percentage of front line staff members have attended at least three training sessions on different topics in the past year?

|__|__|__| PERCENT D2IS05

DON'T KNOW ..... d

REFUSED ..... r

IS.6. Do you offer trainings specifically for new staff members?

MARK ONLY ONE

D2IS06

YES 1

NO 0

DON'T KNOW ..... d

REFUSED ..... r

F4. Thinking now about salaries and benefits in the field of early childhood education, would you say your staff salaries and benefits are . . .

2009-REV

D2F04

MARK ONLY ONE

Below average for the surrounding area, ... 1

The same as the average for the surrounding area, or 2

Above average for the surrounding area? 3

DON'T KNOW ..... d

REFUSED ..... r

F5. Please tell me the extent to which you disagree or agree with the following statements. For each statement, please tell me if you strongly disagree, disagree, agree or strongly agree.

2009

D2F05a – D2F05c

MARK ONE ONLY PER ROW

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
a. Overall, this Early Head Start Program has high morale	1	2	3	4	d	r
b. This Early Head Start program allows (teachers/ caregivers/home visitors) input into planning curriculum.	1	2	3	4	d	r
c. This Early Head Start program helps (teachers/ caregivers/home visitors) to work effectively with children with disabilities	1	2	3	4	d	r

G. USE OF DATA

The next few questions are about how you store information and data in your program.

G4. Please tell me how you store each of the following types of data. Do you store [INSERT ITEM] READ COLUMN HEADINGS...

MARK ONE ONLY PER ROW

D2G04a-d, f-g, j-n	Primarily in electronic databases or MIS	A mix of electronic databases and hardcopy/ paper reports	Primarily in hardcopy/ paper reports	Do not collect/ Do not store this information	DON'T KNOW	REFUSED	N/A
a. Enrollment lists?	1	2	3	0	d	r	
b. Information on characteristics of Early Head Start program families?	1	2	3	0	d	r	
c. Information on services provided?.....	1	2	3	0	d	r	
l. Referrals?.....	1	2	3	0	d	r	
d. Information on children's health/immunization status?.....	1	2	3	0	d	r	
f. Information on staff training/in-service?.....	1	2	3	0	d	r	
g. Progress reports on individual children?	1	2	3	0	d	r	
j. Attendance at center?....	1	2	3	0	d	r	NA
k Number of completed home visits per family? ..	1	2	3	0	d	r	NA
m. Well child visits?	1	2	3	0	d	r	
n. Treatment plans for identified conditions?	1	2	3	0	d	r	

G5a. Thinking about data and reports related to children and families, how would you describe front line staff's access to this information?

2010

D2G05a

MARK ONLY ONE

All frontline staff have access 2

Frontline staff have access by special request or with approval..... 1

Front line staff cannot access 0

DON'T KNOW ..... d

REFUSED ..... r

G5b. What about managers and their access to reports related to children and families. Would you say...

2010

D2G05b

MARK ONLY ONE

All managers have access,..... 2

Managers have access by special request or with approval, or 1

Managers cannot access reports related to children and families? . 0

DON'T KNOW ..... d

REFUSED ..... r

G6. How difficult would it be to produce a report with dates of when families first enroll in services? For example if a mother enrolls during pregnancy and her child is subsquently enrolled into the program, how difficult would it be to produce a report with the date the mother first enrolled and the child's birthdate?

2010

Would such a report with these two pieces of information be….

MARK ONLY ONE

Very difficult..... D2G06 3

Somewhat difficult, or 2

Not difficult to produce? 1

DON'T KNOW ..... d

REFUSED ..... r