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MATHEMATICA
Policy Research

Baby FACES
Program Director
Self-Administered
Questionnaire

April 2, 2010

INTRODUCTION

This survey has been specifically designed to help the Administration for Children and Families (ACF) gain a better understanding of how Early Head Start programs deliver services to families and children. The following series of questions ask about the types of staff you employ, their education, and staff development activities.

Information you provide will be treated in a confidential manner to the extent allowable by law. We will not report on individual programs, but will report findings in aggregate statistical form (such as "X% of programs offered center-based services" and further, "those programs that offered center-based services also had Y characteristics").

Mark each response box with an "X." If a question has a line to write an answer, write your answer in the space provided.

For questions that require a numeric or percentage response, write the numbers in the boxes provided, recording "zeros" to the left for space unused. For example, 25 should be recorded as

| 0 | 2 | 5 |

If you have any questions, contact Mathematica Policy Research at 1-866-627-9981, ext. 0.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0354. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Q1. How many Early Head Start centers does your program operate or otherwise serve children through?

D2SQ01 |___|___| EARLY HEAD START CENTERS

n ☐ NO EARLY HEAD START CENTERS, PROGRAM HAS HOME VISIT SERVICES ONLY – GO TO Q3 ON PAGE 3

Q2. For each center you operate or partner with to serve children, please answer the following questions:

2010

If you have more than 5 centers, please make a copy of the table to complete information for them.

		Early Head Start Center 1	Early Head Start Center 2
a.	**Operating schedule (Please mark only one per center)**	1 ☐ Full day, year round 2 ☐ Part day, year round 3 ☐ Full day, part year 4 ☐ Part day, part year D2SQ02a1 – 16	1 ☐ Full day, year round 2 ☐ Part day, year round 3 ☐ Full day, part year 4 ☐ Part day, part year
b.	**Hours of operation**	Open: ___ : ___ AM/PM Close: ___ : ___ AM/PM D2SQ02b1_opn - D2SQ02b16_opn D2SQ02b1_cls - D2SQ02b16_cls D2SQ02b1_hrs - D2SQ02b16_hrs	Open: ___ : ___ AM/PM Close: ___ : ___ AM/PM
c.	**Does the center close for more than 2 consecutive weeks in the summer or any other part of the year?**	1 ☐ Yes 0 ☐ No D2SQ02c1 – 16	1 ☐ Yes 0 ☐ No
d.	**Is this center located in a school?**	1 ☐ Yes 0 ☐ No D2SQ02d1 – 16	1 ☐ Yes 0 ☐ No
e.	**Total number of funded Early Head Start slots per center**	|___|___|___| CHILDREN D2SQ02e1 – 16	|___|___|___| CHILDREN
f.	**Please indicate the number of classrooms with children in the age groups indicated.**	|___| Number of *infant only* classrooms (less than one year old) |___| Number of *toddler only* classrooms (1 to 3-year old children) |___| Number of *mixed age* classrooms (infant and toddler classrooms) D2SQ02f1_inf - D2SQ02f16_inf D2SQ02f1_tod - 2SQ02f16_tod D2SQ02f1_mix - D2SQ02f16_mix	|___| Number of *infant only* classrooms |___| Number of *mixed age* classrooms (infant and toddler classrooms)
g.	**Does each child have an identified teacher or caregiver?**	1 ☐ Yes 0 ☐ No D2SQ02g1 – 16	1 ☐ Yes 0 ☐ No
h.	**How do children move as they age?** **(PLEASE MARK ONLY ONE PER CENTER)**	1 ☐ Children move to a new teacher as they get older 2 ☐ Children stay with the same teacher throughout their Early Head Start experience 3 ☐ Something else (please describe) _____ _____ D2SQ0h1 – 16	1 ☐ Children move to a new teacher as they get older 2 ☐ Children stay with the same teacher throughout their Early Head Start experience 3 ☐ Something else (please describe) _____ _____

Early Head Start Center 3	Early Head Start Center 4	Early Head Start Center 5
1 ☐ Full day, year round 2 ☐ Part day, year round 3 ☐ Full day, part year 4 ☐ Part day, part year	1 ☐ Full day, year round 2 ☐ Part day, year round 3 ☐ Full day, part year 4 ☐ Part day, part year	1 ☐ Full day, year round 2 ☐ Part day, year round 3 ☐ Full day, part year 4 ☐ Part day, part year
Open: ___ : ___ AM/PM Close: ___ : ___ AM/PM	Open: ___ : ___ AM/PM Close: ___ : ___ AM/PM	Open: ___ : ___ AM/PM Close: ___ : ___ AM/PM
1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
|___|___|___| CHILDREN	|___|___|___| CHILDREN	|___|___|___| CHILDREN
|___| Number of *infant only* classrooms (less than one year old) |___| Number of *toddler only* classrooms (1 to 3-year old children) |___| Number of *mixed age* classrooms (infant and toddler classrooms)	|___| Number of *infant only* classrooms (less than one year old) |___| Number of *toddler only* classrooms (1 to 3-year old children) |___| Number of *mixed age* classrooms (infant and toddler classrooms)	|___| Number of *infant only* classrooms (less than one year old) |___| Number of *toddler only* classrooms (1 to 3-year old children) |___| Number of *mixed age* classrooms (infant and toddler classrooms)
1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
1 ☐ Children move to a new teacher as they get older 2 ☐ Children stay with the same teacher throughout their Early Head Start experience 3 ☐ Something else (please describe) _____ _____	1 ☐ Children move to a new teacher as they get older 2 ☐ Children stay with the same teacher throughout their Early Head Start experience 3 ☐ Something else (please describe) _____ _____	1 ☐ Children move to a new teacher as they get older 2 ☐ Children stay with the same teacher throughout their Early Head Start experience 3 ☐ Something else (please describe) _____ _____

Q3. **Early Head Start programs face many challenges in serving high need or high risk families. We would like to know more about the needs of the enrolled families you serve and how many of them have high needs or are at high risk. Rather than collecting specific information to provide exact figures, please provide your best estimate of the proportion of families who fit each of the following categories:**

2009-REV

Families may fall into more than one category.

MARK ONE ONLY PER ROW

	LESS THAN 10 PERCENT	10 TO 25 PERCENT	26 TO 33 PERCENT	34 TO 50 PERCENT	51 TO 75 PERCENT	76 PERCENT OR MORE
a. Teen mother (under age 20) D2SQ03a	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. Single parent family (primary caregiver of child not married nor living with a partner) D2SQ03b	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c. Primary caregiver does not have a high school diploma or GED D2SQ03c	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d. Anyone in family receives welfare payments (cash assistance or TANF) D2SQ03d	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e. Primary caregiver is not employed or in school D2SQ03e	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f. Considering the five categories above, what proportion of families enrolled in your Early Head Start program have more than three of these characteristics? D2SQ03f	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Q4. Thinking about enrolled families, what percentage of families have the following characteristics:

Families may fall into more than one category.

Please provide your best estimate.

MARK ONE ONLY PER ROW

	LESS THAN 10 PERCENT	10 TO 25 PERCENT	26 TO 33 PERCENT	34 TO 50 PERCENT	51 TO 75 PERCENT	76 PERCENT OR MORE
a. Mental health problems ... D2SQ04a	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b. Substance abuse D2SQ04b	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c. Reside in an unsafe neighborhood D2SQ04c	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d. Experience family violence D2SQ04d	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e. Considering the four areas above, what proportion of families enrolled in your Early Head Start program have more than two of these characteristics? D2SQ04e	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

Q5. Programs have many goals they are working toward. Please identify your program's <u>three</u> most important goals for children and families.

			MARK ONLY 3
a.	Enhancing overall child development	D2SQ05a	1 ☐
b.	Promoting child health and physical development	D2SQ05b	2 ☐
c.	Promoting a positive birth to three skills learning environment	D2SQ05c	3 ☐
d.	Identifying developmental delays to provide early intervention	D2SQ05d	4 ☐
e.	Improving parenting skills	D2SQ05e	5 ☐
f.	Improving parent self sufficiency	D2SQ05f	6 ☐
g.	Promoting positive, nurturing parent-child relationships	D2SQ05g	7 ☐
h.	Enhancing parent's knowledge of child development	D2SQ05h	8 ☐
i.	Providing family mental health services	D2SQ05i	9 ☐
j.	Providing support to families with special needs	D2SQ05j	10 ☐
k.	Expanding services to meet community needs	D2SQ05k	11 ☐
l.	Other goal (Please specify below)	D2SQ05l	12 ☐
	_____		

Q6. Have these goals changed from last year?

2010

D2SQ06

1 ☐ Yes

0 ☐ No

Q7. In the table below, please first indicate if you offer any of the following services to families directly, by referral, or not at all.

Q8. For services offered by referral, go across the table to Q8 and indicate if the services are provided on-site or off-site.

	Q7.			Q8.	
	MARK ONE			MARK ONE	
Variables:	D2SQ07x0	D2SQ07x1	D2SQ07x2	D2SQ08x3	D2SQ08x4
	Not provided at all	**Provided directly by Early Head Start staff**	**Provided by a referral**	**Provided by a community partner on-site**	**Provided off-site by others in the community**
a. Pediatrician services	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
b. Adult health care	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
v. Prenatal care/OB GYN	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
d. Transportation assistance	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
e. Services for parents with disabilities	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
f. Emergency assistance	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
g. Employment assistance	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
h. Education or job training	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
i. Services for drug or alcohol abuse	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
j. Legal assistance	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
k. Housing assistance	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
l. Financial counseling	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
m. Family literacy services	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
n. Services for Dual Language Learners (DLL)	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
o. Dental care	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
p. Mental health screenings	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
q. Mental health assessments	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
r. Therapy	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
s. Care coordination	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
t. Staff consultation or follow up with families	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐
u. Some other service (Please specify below)	0 ☐	1 ☐	2 ☐→ **GO TO Q8**	3 ☐	4 ☐

Q9. **Does your Early Head Start program offer or make available any of the following services for families of Dual Language Learners (DLL)?**

2009

Do you offer…

D2SQ09dll n ☐ **Don't serve any families with Dual Language Learners**

		MARK ONE PER ROW	
		YES	**NO**
a. Assessment of English language skills?	D2SQ09a	1 ☐	0 ☐
b. Assessment of basic reading and writing skills?	D2SQ09b	1 ☐	0 ☐
c. Activities and workshops for parents of DLLs?	D2SQ09c	1 ☐	0 ☐
d. Assistance in applying for medical insurance?	D2SQ09d	1 ☐	0 ☐
e. Assistance in scheduling appointments for pre-kindergarten screening?	D2SQ09e		0 ☐
f. Information about Head Start?	D2SQ09f	1 ☐	0 ☐
g. Information about adult ESL or education?	D2SQ09g	1 ☐	0 ☐
h. Information about community resources?	D2SQ09h	1 ☐	0 ☐
i. Assistance in obtaining health services?	D2SQ09i	1 ☐	0 ☐

Thank you for taking the time to complete this questionnaire. Please mail your completed survey in the pre-paid envelope provided. If you have misplaced your envelope, please mail or fax it to the attention of: