



NATIONAL HEAD START ASSOCIATION

June 720, 2019

Administration for Children and Families  
Office of Planning, Research, and Evaluation  
330 C Street SW  
Washington, DC 20201

**Comments on The Early Head Start Family and Child Experiences Survey (OMB #0970-0354)**

On behalf of the Head Start community, the National Head Start Association (NHSA) thanks the Administration for Children and Families for the opportunity to comment on proposed changes to the Early Head Start Family and Child Experiences Survey (Baby FACES 2020). (Federal Register. Vol. 84, No. 79, Page 17167. Wednesday, April 24, 2019)

NHSA is a nonprofit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. NHSA is the voice for more than one million children and their families, 250,000 staff, and 1,600 Head Start grantees.

For more than ten years, Baby FACES has built on the Head Start Family and Child Experiences Survey (FACES) to provide descriptive information about the children and families served by Early Head Start. This information has been valuable to understanding the national picture of programming adapted to meet the needs of local communities. Among the Early Head Start models, the home visiting option is essential to helping many families support their children's learning and development while building strong relationships and stable futures. NHSA supports the intention to focus Baby FACES 2020 on "how program processes support relationships... which are hypothesized to lead to improved child and family outcomes." However, we do have some concerns about whether particular questions and English-only tools will limit the ability of the study to engage a true cross-section of Early Head Start children and families. To address those concerns and to deepen the important focus on home visiting, we offer the following recommendations in order to ensure the quality, utility, and clarity of the information gathered.

Thank you again for the opportunity to provide feedback on the proposed collection for Baby FACES. We believe that research and continuous learning are at the core of the Head Start's ability to serve our nation's most vulnerable children and families with the highest quality of care and service. If you have questions, please contact me at [yvinci@nhsa.org](mailto:yvinci@nhsa.org).

Sincerely,

Executive Director  
National Head Start Association

1651 Prince Street, Alexandria, VA 22314  
Tel: (703) 739-0875 - Fax: (703) 739-0878 - [www.nhsa.org](http://www.nhsa.org)

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*Thank you for your very thoughtful comments. We respond in italicized text throughout the document.*

### **Collection of Family Information**

While some important analyses of Baby FACES data offer insights into families' Early Head Start experiences related to ethnicity or language background, we are alarmed by the series of questions that ask parents to disclose their dates of birth, addresses, country of birth, child's country of birth, parents' employment status, people in their household, and use of other federal programs. Because of recent debates around immigrants and asylum seekers accessing federal programs—including on behalf of their citizen children—these questions may significantly dampen participation of immigrant families in the study, leading to a skewed sample and potentially invalidating the findings altogether. In light of the parent consent letter which states that in spite of confidentiality, "The United States government may still request information for an audit," there seems to be no guarantee of privacy, opening up the potential for negative consequences for some families directly as a result of their participation in this survey. What's more, since Head Start and Early Head Start programs do not collect information about children or families' country of origin or immigration status, home visitors would not have this information, and it seems doubtful that there would be any utility to analyses based on families' citizenship or immigration history. **We strongly recommend that all questions about whether parents or their children were born in the United States or another country (questions A7 and B6 of the Parent Survey) be removed** and that the other questions be revisited as to which are truly relevant to understanding relationships between families and children or families and home visitors.

*Our intent in asking about the immigration status and country of origin was to find out if families were receiving services that they need. We asked these questions in 2018 (during the current administration) and the response rate was 99 percent for whether the primary caregiver was born in the U.S. and 99.9 percent for whether the child was born in the U.S. We will include a reminder that all responses are voluntary.*

In addition, the Parent Survey includes 44 pages of personal questions about the family and child before reaching questions about child-parent activities or routines that relate to the work of Early Head Start. In order to establish a relationship between the survey administrator and the family member, we recommend revising the order of sections.

*It is critical that we understand the characteristics of the families and children being served and the challenges that they face so that we can consider how to best support programs in providing services. Home visitors and teachers can also report on activities in Early Head Start, but parents are the best reporters for questions that ask about their families. Parents have been very gracious in answering all the questions on the Parent Survey when we asked the questions in this order in previous Baby FACES studies (as is evidenced by our high response rates) and revising the order of questions at this point would require reprogramming and potentially creating skip errors in a very complex instrument, which is infeasible.*

### **Enrollment and Implementation of Home Visiting**

Because the stated purpose of Baby FACES 2020 is to explore relationships in home visiting, we recommend adding questions to the Program Director Survey about how programs match families to particular models, such as home visiting or center-based, if both models are offered in the program. Given anecdotal reports that families are more likely to be assigned to home visiting given certain family

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features, such as living in a rural area or being unemployed (if center-based care is prioritized for employed families), understanding how programs determine which families receive which services may be important to interpreting findings. Families' relationships to staff or programs may also be shaped by whether or not they are assigned to their second choice model.

*We agree that we should understand how programs assign families to different types of service options and have added a new question (A3.1) to the program director interview. Furthermore, the data that we collect will allow us to examine the characteristics of families in each of these models. In addition, we ask the program directors about factors considered in assigning families to home visitors (and the center-director responds in relation to the classroom assignments).*

In terms of implementation, some aspects of home visiting are set out in the Head Start Program Performance Standards, but others are determined locally. We recommend adding questions to the Home Visitor Survey about home visitors' caseloads, time spent traveling, and responsibilities for planning and hosting socialization sessions to get a better view of the variable experiences and roles of these staff. Since the study is focused on relationships, we also recommend asking whether any professional development for staff is focused on relationship building either with parents or in general. We understand that collecting this information would add slightly to the time burden of completing the survey, but feel the value far outweighs the added burden.

*Thank you for these recommendations. As you also noted, we try our best to limit burden on our respondents. The question about training specifically asks them about professional development in relation to relationships, including supporting positive home visitor-family interactions (B13). The program director survey also has multiple items about supports and staff development opportunities for responsive interactions and relationships (for example, D5a, C6a - C12a, D10). Information about home visitor caseloads is obtained during sampling.*

### **Cultural and Linguistic Accessibility**

According to the Head Start Program Information Report, in the 2017-2018 school year there were over 63,000 children enrolled in Early Head Start who were learning one or more languages in addition to English—more than a quarter of children served by the program. The Head Start Program Performance Standards state that, “For dual language learners, a program must recognize bilingualism and biliteracy as strengths and implement research-based teaching practices that support their development. These practices must: (i) For an infant or toddler dual language learner, include teaching practices that focus on development of the home language, when there is a teacher with appropriate language competency, and experiences that expose the child to English.”

Because of this research-based focus on supporting children's home language development, scales and screeners available only in English for part C1 and C2.4 of the Staff Child Reports for teachers and home visitors may not yield any useful information about the language development of a significant portion of Early Head Start children. In addition, having the Staff Child Report itself only available in English may undermine the participation of Early Head Start practitioners who speak a language other than English as their primary language. We recommend either translating these screenings and reports or choosing alternatives that are available in English and Spanish at a minimum, and ideally in other languages spoken among substantial populations of Early Head Start children and families.

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*Our prior studies indicate that staff are not the best reporters of the child's home language development so we obtain that information from parents when Spanish is a home language. Unfortunately, the availability of valid assessments in other languages is very limited, particularly for infants and toddlers.*

*We appreciate your point that only asking about English language development may undermine the use of the child's primary language. We are adding a note on the Staff Child Report indicating that we will be asking the parent about the child's development in the home language.*

*We also appreciate your concern related to offering the Staff Child Report in English only. However, in previous rounds of this study, we have not had a problem with this. We offer support for responding to any of our surveys and have bilingual staff to help, but staff have not requested this.*

Further, the observers who carry out the Parent-Child Interaction Rating Scales should be fluent in the language that children and parents are speaking and familiar with the cultural norms of the family's community in order to ensure the comfort of the family and the accuracy of the observation data collected.

*The observers are fluent in English and Spanish and are provided with cultural sensitivity training.*

### **Changes to Enhance Data Quality or Clarity**

#### *Parent Survey*

- A10 - Rather than coding maternity leave as not working, we recommend including an answer choice for maternity leave.
- D9 – In addition to asking whether fathers not living with their children provide child support, we recommend asking this about mothers not living with their children.
- F9.1 – Among the uses of mobile devices, we recommend asking about the use of e-readers or educational apps.
- G5 – Among the activities parents may have participated in at Early Head Start, we recommend adding prenatal education and classes on nutrition or exercise.

*Thank you for sharing these suggestions. We added most of these items/response options to the parent survey. We are coding parental leave as employed and providing it as an option when asked the number of hours worked.*

#### *Parent Child Report*

- I5E1 to I5F2 – For questions about illegal and prescription drug use within the household, we question whether some families will conceal illegal behavior, particularly if they believe the study team to include mandatory reporters required to report concerns about child abuse or neglect.

*We understand your concern about the sensitivity of these items. We intentionally worded these so that they are not specific to the respondent, that is, "anyone in your household" is used in each item. Parents also have the option to respond "don't know" or skip the item. In the last round of Baby FACES we had a similar question about drinking and drug problems and attained a 98 percent response rate. These items have been used in other national studies (National Survey from Drug Use and Health).*

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#### *Teacher and Home Visitor Surveys*

- F7 – Given that center and program directors are asked directly to identify their genders, interviewers should also ask teachers and home visitors rather than coding gender without asking.

*We revised this item per your suggestion.*

- B26 – For challenges using child assessment data, we recommend adding “assessment tools are not well adapted for home visiting settings” as an option; this has been a past complaint about using assessment tools across Early Head Start models that are best suited for classroom settings.

*Thank you. This is a helpful addition.*

#### *Staff Child Reports for Teachers and Home Visitors*

- A2 – As an option for why a staff member no longer works with a child, we suggest adding “child transitioned to Head Start.”

*Thank you. This is a helpful addition.*

- G2.C/D – In the context of questions about parents’ participation and attitude toward the program, we recommend adding a question about possible barriers to parent engagement, such as translation issues, parents’ work schedules, transportation, and so forth.

*The Staff Child report needed to be reduced in order to keep burden at a reasonable level. This particular instrument is designed to obtain information about the experiences of a specific child/family so that we can understand factors that may be related to the child outcomes. We think parents are better reporters of the barriers they experience and there is already a question about this on the parent survey (G6).*

E4 – In the checklist for home visitors about topics addressed with families, all the domains of the Head Start Early Learning Outcomes Framework are collapsed into the single box for “child development.” We recommend adding at a minimum the five Infant/Toddler domains: children’s approaches to learning; social and emotional development; language and communication; cognition; and perceptual, motor, and physical development. As these are the focus of the goals set for an Early Head Start child, they are likely at the center of many home visits.

*We will replace “child development” with the five Infant/Toddler domains.*

#### *Center Director Survey*

- A9b – As an option for why a family might have a new teacher, we suggest adding “because of staff turnover in the program.”

*In the center director survey, the preceding item (A9a) leading into this question excludes staff turnover “(Excluding situations where a teacher leaves the center or moves to a different role)”, therefore we do not believe it is necessary to add it to A9b.*

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- B1 – As a factor for how infants and toddlers are placed in classrooms, we suggest adding “availability of space in a classroom” as well as “neighborhood or geographic location.” Because Early Head Start classrooms generally operate over the entire year, there may only be available space in a single classroom at any given time.

*We agree. We had already had it in as an option. Thank you for pointing out that it was inadvertently deleted.*

- B1.1 – When asking what proportion of families present “attendance concerns” we recommend stating an unambiguous definition for this term taken from the Head Start Program Performance Standards.

*Thank you for this suggestion. We added “By attendance concerns we mean patterns of absence where a child is at risk of missing 10 percent of the program days or more per year” at the end of question wording.*

- B1.2 – For responses to attendance concerns, we suggest including “program-wide family education about the value of attendance.”

*Thank you for this suggestion. We have added it as a response.*

- B4.1 – We suggest clarifying whether “standard tool or assessment” means a tool or questionnaire developed by the program and used for all students or a standardized screening tool validated by researchers.

*Thank you for this suggestion. We revised the question stem to include what we meant by standard tool or assessment “By standard tool or assessment we mean a tool, questionnaire or screener developed by your program or by someone else that you use in a consistent way”.*

- B.4.1 & B.5 – When asking about features of family vulnerability, we suggest adding “homelessness or housing insecurity,” “child welfare involvement,” and “incarcerated parent.”

*Thank you for these suggestions. We have added these options.*

#### *Program Director Survey*

- A2b – As an option for why a family might have a new home visitor, we suggest adding “because of staff turnover in the program.”

*In the program director survey, the preceding item A2a (leading into this question) excludes staff turnover. “(Excluding situations when a home visitor leaves the program or moves to a different role)”. therefore we do not believe it is necessary to add it to A2b.*

- A5a – When asking about revenues, we recommend clarifying whether this includes in-kind, for example facilities that a public school or other partner provides at no or low cost.

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*Thank you for this suggestion for improving data quality. We added a clarification.*

- A8b & c – When asking about features of family vulnerability, we suggest adding “homelessness or housing insecurity,” “child welfare involvement,” and “incarcerated parent.”

*Thank you for these suggestions. We have added these options.*

- B2 – Before asking how families are assigned to home visitors, we recommend asking how families are assigned to the home visiting option, as described above. For B2 in particular, we suggest adding an option for availability on a given home visitor’s caseload.
- C11a - For responses to attendance concerns, we suggest including “program-wide family education about the value of attendance.”

*Thank you for this suggestion. We have added this option.*

- C12 & C12a – In addition to asking how programs support relationships between home visitors and families, we recommend asking how programs support relationships between center-based staff (including teachers and family advocates) and families. As aspects of programs’ plans to support these relationships, we suggest including an option about meetings or events that bring families and staff together.

*Our current questions ask about the relationships that are most central to our conceptual model, those between center-based teachers and children, and between home visitors and families. While it is important that center staff have a positive relationship with families, this is not central to our model and programs accomplish this in different ways across settings and roles.*

- D4 – As an option for how decisions are made about staff training and professional development, we recommend including “child assessment data,” “Community Needs Assessment data,” and “program goals.”

*Thank you for these suggestions. We have added these options.*

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