



**American Indian and  
Alaska Native**

family and child experiences survey

***AIAN FACES 2019***

*Experiences in Head Start*

**American Indian Alaska Native Head Start Family and Child  
Experiences Survey 2019 (AIAN FACES 2019)**

Program Director Survey

*Spring 2022*

**AFFIX LABEL HERE**

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## **Introduction**

**Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (AIAN FACES 2019) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS).**

**To help us understand your program better, we need you to complete this brief survey. It asks about:**

- **children and families served**
- **Native culture/language in your program**
- **staff education and training**
- **curriculum and assessment**
- **program management**
- **use of program data and information**
- **program resources**
- **program community**
- **a few questions about yourself**

**Some questions will be about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.**

**Thank you for taking the time to complete this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you.**

**Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your individual answers will not be shared with other staff in your program, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them.**

**Additionally, there are a few questions that you will answer using your own words. The information you provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that you mention will be omitted from study reports.**

**The survey will take about 30 minutes to complete.**

## Consent

OMB Number: 0970-0151  
Expiration Date: XX/XX/XXXX



AFFIX LABEL HERE

# American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) Program Director Survey Consent Form

### ***Who is the study for?***

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (HHS).

### ***About this survey***

This survey asks you about staff education and training, curriculum and assessment, program management, children and families served, Native culture and language in the program, use of data to make decisions, resources available to your program, support for staff working with families affected by substance use, and your feelings about your job and program. It will also ask about your education and training and any professional development you may have taken part in over the past year.

Some questions will be about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.

### ***Privacy statement***

- Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.
- Your individual answers will not be shared with other staff in your program, or anybody else not working on this study.
- Please be assured that all information you provide will be kept private to the extent permitted by law. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them.
- Additionally, there are a few questions that you will answer using your own words. The information you provide as part of those open-ended questions may be directly quoted in

order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that you mention will be omitted from study reports.

- The survey will take about 30 minutes to complete.

If you have questions, please call Felicia Parks at 1-XXX-XXX-XXX or send an email to [AIANFACES@mathematica-mpr.com](mailto:AIANFACES@mathematica-mpr.com) and include your contact information.

By signing below, I agree that I understand the purposes of this study, including any privacy assurances, and that my participation is completely voluntary. Additionally, there are a few questions that you will answer using your own words. The information I provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that I mention will be omitted from study reports. I may withdraw this consent at any time and without penalty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

## AB. NATIVE CULTURE/LANGUAGE IN PROGRAM

The first questions are about Native culture and use of Native language in your program.

**AB1. Does your program have a cultural/language elder or specialist?**

By cultural/language elder or specialist we mean someone that you may rely on or consult with in regards to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.

- 1  Yes  
0  No → GO TO AB8



**Ab2. Who is your cultural/language elder or specialist?**

**MARK ONE OR MORE BOXES**

- 1  A spiritual leader  
2  An influential member of the tribal or cultural community  
3  A member of the tribal or cultural community  
4  Other (*specify*)
- 

**AB8. Does your program use a cultural curriculum?**

- 1  Yes  
0  No

**AB9. Does your program use a locally designed or tribal specific tool to assess children's Native language development?**

- 1  Yes  
0  No

**AB14. What kind of Native language program(s) does your Head Start program have?**

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

**MARK ONE OR MORE BOXES**

- 1  Full immersion (all classrooms)  
2  Full immersion (some classrooms)  
3  Partial immersion (Native language used 50% of the time; all classrooms)  
4  Partial immersion (Native language used 50% of the time; some classrooms)  
5  Structured language lessons (Basic Language)  
6  Teachers use words in the classroom  
7  None of these  
8  Other (*specify*)
-



Please read the instructions below to continue the survey.

If you selected that you use a full immersion program in either all or some classrooms, then go to question AB16a.

If you selected that you use any Native language in either all or some classrooms, then go to question AB15.

Otherwise, please continue to question AB15.

**AB15. Has your program ever had a full or partial Native language immersion program(s)?**

A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.

A partial immersion classroom is one where Native language is used 50% of the time or greater.

- 1  Yes, we have offered language immersion program(s) in the past
- 2  No, we have never offered a language immersion program → **GO TO AB16a**

**AB15a. Why are you no longer using a Native language immersion program?**

**MARK ONE OR MORE BOXES**

- 1  No fluent speakers available in the community
- 2  No fluent speakers with training to teach language
- 3  Limited support or interest from parents or the community
- 4  No teachers speak the language
- 5  Other (*specify*)
- 

**AB16. What percentage of language used in the classroom(s) is in the Native language? If there is no Native language use in the classroom(s), please enter 0.**

|\_|\_|\_| PERCENT

Next, we'd like to know about whether and how your program has used the Making it Work framework.

**AB17. Are you using or have you used Making it Work in your program?**

- 1  Yes, for some classrooms
- 2  Yes, for all classrooms
- 0  No → **GO TO AB19**

**AB18. How has Making it Work been used?**

**MARK ONE OR MORE BOXES**

- 1  We developed a new curriculum
  - 2  We developed new activities to add into our existing curriculum
  - 3  We developed new approaches for classroom activity planning
  - 4  We developed new approaches for developing student goals and plans
  - 5  We developed new approaches for monitoring and assessing children's progress
  - 6  Other (*specify*)
- 

**AB19. Have you used any other resources from the Office of Head Start National Centers for training and technical assistance to help implement Native language and culture activities in your program in the past year?**

The National Centers include the National Center on Early Childhood Development, Teaching, and Learning (NCECDTL), National Center on Health, Behavioral Health, and Safety (NCHBHS), National Center on Parent, Family, and Community Engagement (NCPFCE), and National Center on Program Management and Fiscal Operations (NCPMFO).

- 1  Yes
- 0  No → **GO TO AB21**

**AB20. What National Center(s) resources have you used to help implement Native language and culture activities in your program in the past year?**

**MARK ONE OR MORE BOXES**

- 1  A Report on Tribal Language Revitalization in Head Start and Early Head Start
  - 2  15-Minute In-Service Suites
  - 3  Head Start Cultural and Linguistic Responsiveness Resource Catalogue
  - 4  Other National Center(s) resources (*specify*)
- 

The next question asks about how the COVID-19 pandemic might have continuing effects on children's experiences in your program.

**AB21. Has the way that children experience Native language and culture in your program changed due to the COVID-19 pandemic?**

- 1  Yes
- 0  No → **GO TO SECTION A**
- d  Don't know → **GO TO SECTION A**

**AB22. How has the way that children experience Native language and culture in your program changed due to the COVID-19 pandemic?**

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## A. CHILDREN AND FAMILIES SERVED

This set of questions asks about the children and families your program serves.

**A12h. Does your program serve any children or families who speak a language other than English at home?**

- 1  Yes  
0  No → **GO TO SECTION B, PAGE 6**

**A12i. Other than English, what languages are spoken by the children and families who are part of your program?**

**MARK ONE OR MORE BOXES**

- 1  Native Language(s) (*specify*)  
\_\_\_\_\_  
2  Spanish  
3  Other (*specify*)  
\_\_\_\_\_

**A15. In Fall 2021, was it difficult for your program to recruit any of the following families in your community?**

**MARK ONE OR MORE BOXES**

- 1  Single parent households  
2  Teen parent households  
3  Families living in deep poverty  
4  Families experiencing unemployment or underemployment  
5  Families with substance use issues  
6  Families with mental health issues  
7  Children with developmental concerns  
99  Other (*specify*)  
\_\_\_\_\_

**A16. In Fall 2021, did your program make an effort to recruit different families compared to prior years due to the COVID-19 pandemic?**

- 1  Yes  
0  No → **GO TO SECTION B**

**A17. Please think about families your program made an effort to recruit in Fall 2021, compared to prior years.**

**Due to the COVID-19 pandemic, did your program make more of an effort to recruit the following families?**

**MARK ONE OR MORE BOXES**

- 1  Single parent households  
2  Families living in deep poverty  
3  Teen parent households

- 4  Families experiencing unemployment or underemployment
  - 5  Families with substance use issues
  - 6  Families with mental health issues
  - 7  Children with developmental concerns
  - 99  Other (*specify*)
-

## B. STAFF EDUCATION AND TRAINING

The next questions are about supports to promote staff education and training.

- B2 Does your program have any efforts supports in place to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?**
- 1  Yes
  - 0  No \_\_\_\_\_
  - na  Not applicable; all staff required to have at least a B.A. \_\_\_\_\_ → **GO TO B27b\_r**

- B3. What is your program doing to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?**

	SELECT ONE RESPONSE PER ROW	
	YES	NO
a. Providing tuition assistance.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Giving staff release time.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Providing assistance for course books.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Providing A.A. or B.A. courses onsite.....	1 <input type="radio"/>	0 <input type="radio"/>
e. Other ( <i>specify</i> ) _____	1 <input type="radio"/>	0 <input type="radio"/>

- B3f. Who is eligible for assistance to get their Associate's (A.A.) or Bachelor's (B.A.) degrees?**  
**By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them as lead teachers here.**

**MARK ONE OR MORE BOXES**

- 1  Center-based lead teachers
- 2  Center-based assistant teachers
- 4  Home visitors
- 8  Family child care providers
- 9  Content managers
- 3  Family service workers
- 10  Language/culture specialists
- 5  Other (*specify*) \_\_\_\_\_

The next questions are about activities funded by Head Start professional development funding.

**B27b\_r.** Of the activities your program offers, which does your Head Start professional development funding directly support?

**MARK ONE OR MORE BOXES**

- 2  Attendance at regional, state, or national early childhood conferences
  - 3  Pay substitutes to allow teachers time to prepare, train, and/or plan
  - 4  Coaching/mentoring
  - 1  Other types of consultants hired to work directly with staff to address a specific issue or concern
  - 5  Workshops/trainings sponsored by the program
  - 6  Workshops/trainings provided by other organizations
  - 7  A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert
  - 8  Time during the regular work day to participate in Office of Head Start T/TA webinars
  - 9  Tuition assistance for Associate's (A.A.) or Bachelor's (B.A.) courses
  - 10  Onsite Associate's (A.A.) or Bachelor's (B.A.) courses
  - 11  Tuition assistance for courses toward getting a credential
  - 12  Cultural trainings
  - 99  Other (*specify*)
- 

**B27b** How frequently does your program provide support for these kinds of activities?

**MARK ONE ONLY**

- 1  These activities are part of the regular operation of the program (e.g., provided weekly or monthly)
- 2  These activities are supported at least a few times a year
- 3  These activities are supported once or twice a year
- 4  These activities are supported occasionally, but not every year
- 5  These activities are not supported by my program

## C. STAFF MENTAL HEALTH

- C1.** The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

SELECT ONE RESPONSE PER ROW

	RARELY OR NEVER IN THE PAST WEEK	SOME OR A LITTLE IN THE PAST WEEK	OCCASIONALLY OR MODERATELY IN THE PAST WEEK	MOST OR ALL OF THE TIME IN THE PAST WEEK
a. Bothered by things that usually don't bother you.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. You did not feel like eating, your appetite was poor.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. That you could not <u>shake off the blues</u> , even with help from your family and friends..... <i>Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.</i>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. You had trouble keeping your mind on what you were doing.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Depressed.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. That everything you did was an effort...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Fearful.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Your sleep was restless.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. You talked less than usual.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lonely.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Sad.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. You could not get "going".....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**C3. Over the *last 2 weeks*, how often have you been bothered by any of the following problems? For each question, please check the number that best describes how often you had this feeling.**

SELECT ONE RESPONSE PER ROW

During the past 2 weeks, about how often were you bothered by...	NEARLY EVERY DAY IN THE PAST 2 WEEKS	MORE THAN HALF THE DAYS IN THE PAST 2 WEEKS	SEVERAL DAYS IN THE PAST 2 WEEKS	NOT AT ALL IN THE PAST 2 WEEKS
a. Feeling nervous, anxious or on edge?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Not being able to stop or control worrying?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Worrying too much about different things?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Trouble relaxing?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Being so restless that it is hard to sit still?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Becoming easily annoyed or irritable?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Feeling afraid as if something awful might happen?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

**C10. To what extent do you agree with each of the following statements about your job-related stress?**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. You are under too many pressures to do your job effectively.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Staff members often show signs of stress and strain.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. The heavy workload at this center reduces effectiveness.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Staff frustration is common at this center.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**C4. To what extent do you agree with each of the following statements about your current job-related stress due to COVID-19?**

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. You worry about your own potential exposure to COVID-19 while at work.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. COVID-19 safety rules and regulations are stressful for you and other staff members.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. You cannot meet performance expectations due to COVID-19.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. You feel more stress at work now than you did before COVID-19 began.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**C6. Has your program conducted any of the following activities to address trauma in staff in the past 12 months?**

**MARK ONE OR MORE BOXES**

- 1  Improve the compensation (including benefits) of educational personnel, family service workers, or child counselors
  - 2  Improve the compensation (including benefits) of staff other than educational personnel, family service workers, and child counselors (for example, facilities and support staff, such as custodians or food service workers)
  - 3  Support staff training to address trauma and/or mental health concerns for children and families from populations with higher needs
  - 4  Child counseling, mental health consultation, or other services necessary to address trauma and/or mental health concerns for children and families from populations with higher needs
  - 5  Ensure that the physical environments are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities
  - 6  Employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom
  - 7  Employ additional qualified family service workers to reduce the family-to-staff ratio for those workers
  - 8  Ensure that your program has qualified staff who use practices supported by scientifically based reading research
  - 99  Other (*specify*)
- 
- 12  None of the above

## E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

**E2 What curriculum/curricula does your program use?**

**MARK ONE OR MORE BOXES**

- 11  Creative Curriculum
  - 12  HighScope
  - 14  Let's Begin with the Letter People
  - 15  Montessori
  - 16  Bank Street
  - 17  Creating Child Centered Classrooms- Step by Step
  - 18  Scholastic Curriculum
  - 20  Curiosity Corner
  - 24  Frog Street
  - 28  Opening the World of Learning (OWL) (Pearson)
  - 27  Learn Every Day
  - 26  DLM Early Childhood Express (McGraw-Hill)
  - 19  Locally designed curriculum
  - 21  Other (*specify*)
- 

**E3 What is your main curriculum?**

**MARK ONE ONLY**

- 11  Creative Curriculum
  - 12  HighScope
  - 14  Let's Begin with the Letter People
  - 15  Montessori
  - 16  Bank Street
  - 17  Creating Child Centered Classrooms- Step by Step
  - 18  Scholastic Curriculum
  - 20  Curiosity Corner
  - 24  Frog Street
  - 28  Opening the World of Learning (OWL) (Pearson)
  - 27  Learn Every Day
  - 26  DLM Early Childhood Express (McGraw-Hill)
  - 19  Locally designed curriculum
  - 21  Other (*specify*)
- 
- 22  Use each equally
  - d  Don't know

## H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

**H9. In the past 12 months, have you participated in the following kinds of professional development?**

		SELECT ONE RESPONSE PER ROW	
		YES	NO
a.	A network or community of early care and education center directors or managers, sometimes called a peer learning group (PLG) or professional learning community (PLC).....	1 <input type="radio"/>	0 <input type="radio"/>
b.	A leadership institute, course, coaching, or other leadership development program.....  <i>A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.</i>	1 <input type="radio"/>	0 <input type="radio"/>
c.	Native language courses or language mentorship with first speakers. .	1 <input type="radio"/>	0 <input type="radio"/>

**H8. To do your job as a program director more effectively, what additional help do you need? Select the top three.**

**MARK UP TO THREE (3) BOXES**

- 4  Program improvement planning
- 5  Budgeting
- 6  Staffing (hiring)
- 10  Data-driven decision making
- 15  Establishing good relationship with OHS program and/or grant specialist
- 13  Leadership skills (for example, diplomacy skills, coaching skills)
- 7  Teacher evaluation
- 8  Evaluation of other program staff
- 9  Teacher professional development (for example, conducting classroom observations)
- 1  Educational/curriculum leadership
- 12  Integrating Native culture and language into the curriculum
- 3  Creating positive learning environments
- 2  Child assessment
- 11  Working with parents, extended family and community caregivers
- 14  Building relationships with Tribal leadership
- 16  Working with and partnering in the community
- 17  Assessing community needs
- 19  Health/safety or related policy guidance
- 20  Preparing for future disasters

## N. USE OF PROGRAM DATA AND INFORMATION

The next questions are about the use of program data and information.

**Na1. Which of the following data and information is your program collecting?**

**MARK ONE OR MORE BOXES**

- 1  Child/family demographics
  - 2  Vision, hearing, developmental, social, emotional, and/or behavioral screenings
  - 3  Child attendance data
  - 4  Family needs
  - 5  Service referrals for families
  - 6  Services received by families
  - 7  Parent/family attendance data
  - 8  Parent/family goals
  - 9  CLASS results or other quality measures
  - 10  Staff/teacher performance evaluations
  - 11  Personnel records
  - 12  Child assessment data
  - 13  Other (*specify*)
- 
- 14  None of the above → **GO TO SECTION O, PAGE**

**Na2. In what ways do you use the data and information being collected?**

**MARK ONE OR MORE BOXES**

- 1  To help identify and address professional development needs of staff
  - 2  To assess services being provided
  - 3  To learn whether families are reaching their goals
  - 4  To determine whether we are making progress towards program-wide goals
  - 5  To help identify the needs of the child and family
  - 99  Other (*specify*)
-

**Na3. Please indicate how much each of the following are barriers to using data and information:**

SELECT ONE RESPONSE PER ROW

	NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a. Not enough time to use the data to guide planning.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Inadequate technology resources to track and analyze data.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Lack of staff buy-in to value of data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

**N3. Do you use an electronic database to store program data? (Sometimes these databases might be called management information systems or data systems. They might be something set up or managed by an external vendor, or something set up by your own program.)**

- 1  Yes
- 0  No → **GO TO N6**

**N4. Is your management information system(s) something that your program set up, or is it provided and managed by an external vendor?**

**MARK ONE ONLY**

- 1  Set up by our own program
- 2  External vendor
- 3  Combination
- d  Don't know

**N6. Do you have someone on staff responsible for analyzing or summarizing program data so those data can be used to support decision-making or answer research questions? This person might also support other program staff in summarizing and analyzing data.**

- 1  Yes
- 0  No → **GO TO SECTION O, PAGE 20**

**N7. Does this person focus only on data analysis tasks?**

- 1  Yes, this person focuses only on these data analysis tasks
- 0  No, this person has other responsibilities

**N8. Has this person ever received any training or taken a course related to data analysis?**

- 1  Yes
- 0  No

## O. PROGRAM RESOURCES

The next questions are about your program’s resources for the current program year.

Many grantees have revenue from sources other than Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

- O1. How many children are enrolled in your Head Start program? Here, we are referring to “cumulative enrollment” or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit. By Head Start we are referring to preschool Head Start, not Early Head Start.**

\_\_\_\_|\_\_\_\_|, \_\_\_\_|\_\_\_\_|\_\_\_\_| CHILDREN ENROLLED IN CURRENT PROGRAM YEAR

- O2. Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)?**

**Please think about all the funding streams that come into your program, even for centers that do not provide Head Start services.**

SELECT ONE  
RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents or co-pays such as registration fees, transportation fees from parents, late pick up/late payment fees.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. State or local Pre-K funds from the state or local government....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Other funding from state government (e.g., transportation, grants from state agencies).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Other funding from local government (e.g., funding from tribal government, grants from county government).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Federal government other than Head Start (for example, Title I, Child and Adult Care Food Program, WIC).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Revenues from non-government community organizations or other grants (for example, United Way, local charities, or other service organizations).....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Other ( <i>specify</i> ) _____	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

## P. PROGRAM COMMUNITY

The next questions are about the community your program serves.

**P1. The next questions are about problems you might see in the community your program serves. How much of a problem is each of the following?**

SELECT ONE RESPONSE PER ROW

	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a. Public drunkenness/people being high or stoned in public.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Opioid use.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Other types of substance use problems. By “substance use problems” we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Lack of resources for treatment of substance use.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

**IF ALL RESPONSES TO ITEMS IN P1 ARE MARKED “NOT A PROBLEM” PLEASE GO TO SECTION I, PAGE 24**

**P2. What supports does your program offer staff for working with families that have substance use problems? Please consider supports for the range of staff working with children and families, such as teachers, family services staff, mental health specialists, and others.**

**By “substance use problems” we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

**MARK ONE OR MORE BOXES**

- 1  Written information for staff on signs and symptoms of substance use problems
  - 2  Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community
  - 3  Support groups for staff to deal with the challenges of supporting families dealing with substance use problems
  - 4  Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use
  - 5  Training for staff on the effects of substance use exposure on children
  - 6  Training in how to talk with parents or caregivers about suspected substance use problems
  - 7  Training for staff on how to use information that families share in order to help them get the support they need
  - 8  Supervision for staff focused specifically on dealing with a family’s substance use problems
  - 9  Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems
  - 10  Additional classroom staff for working with children to address behavioral and health needs
  - 11  More mental health professionals available to work directly with children
  - 13  Traditional/cultural supports for families, children, and staff
  - 12  This is an issue in the community but does not affect my program → **GO TO SECTION I, PAGE 24**
  - 99  Other (*specify*)
- 
- 0  None of the above → **GO TO SECTION I, PAGE 24**

**P3. Which of these supports include a specific focus on the opioid epidemic?**

**By “substance use problems” we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

**MARK ONE OR MORE BOXES**

- 1  Written information for staff on signs and symptoms of substance use problems
  - 2  Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community
  - 3  Support groups for staff to deal with the challenges of supporting families dealing with substance use problems
  - 4  Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use
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  - 10  Additional classroom staff for working with children to address behavioral and health needs
  - 11  More mental health professionals available to work directly with children
  - 13  Traditional/cultural supports for families, children, and staff
  - 12  This is an issue in the community but does not affect my program
  - 99  Other (*specify*)
- 
- 0  None of the above

# I. DIRECTOR EMPLOYMENT AND EDUCATIONAL BACKGROUND

Now, we'd like to ask you some questions about your professional background and your job with Head Start.

**IA. In total, how many years have you been a director...**

**Please round your response to the nearest whole year.**

	NUMBER OF YEARS
I0. In <u>any</u> early childhood program.....	_ ,  _ _ _
I2a. In <u>any</u> Head Start program.....	_ ,  _ _ _
I2b. Of <u>this</u> Head Start program.....	_ ,  _ _ _

**Ib. In total, how many years have you worked...**

**Please round your response to the nearest whole year**

	NUMBER OF YEARS
I2. In <u>any</u> early childhood program.....	_ ,  _ _ _
I2c. In <u>any</u> Head Start program.....	_ ,  _ _ _
I2d. Of <u>this</u> Head Start program.....	_ ,  _ _ _

**I1. In what month and year did you start working for this Head Start program?**

|\_|\_| MONTH    |\_|\_|\_|\_| YEAR

**I3. How many hours per week are you paid to work for Head Start?**

|\_|\_| HOURS

**I23. What is your total annual salary (before taxes) as a program director for the current program year?**

\$ |\_|\_|\_|, |\_|\_|\_| DOLLARS PER YEAR

**I12 What is the highest grade or year of school that you completed?**

**MARK ONE ONLY**

- 1  Up to 8th grade
- 2  9th to 11th grade
- 3  12th Grade, but no diploma
- 4  High School Diploma/Equivalent
- 5  Vocational/Technical Program after high school
- 7  Some college, but no degree → **GO TO I14**
- 8  Associate's degree
- 9  Bachelor's degree
- 10  Graduate or Professional School, but no degree
- 11  Master's degree (MA, MS)
- 12  Doctorate degree (Ph.D., Ed.D.)
- 13  Professional degree after bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

**I13 In what field did you obtain your highest degree?**

**MARK ONE OR MORE BOXES**

- 1  Child Development or Developmental Psychology
  - 2  Early Childhood Education
  - 3  Elementary Education
  - 4  Special Education
  - 11  Education Administration/Management & Supervision
  - 12  Business Administration/Management & Supervision
  - 5  Other field (*specify*)
- 

**I14. Did your schooling include 6 or more college courses in early childhood education or child development?**

- 1  Yes
- 0  No → **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO I15b, OTHERWISE, GO TO I15**

**I15. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

- 1  Yes
- 0  No

**I15b. Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools?**

- 1  Yes
- 0  No



I31.

Are you currently enrolled in any training or education classes or programs?

Please select yes if you are currently enrolled in a post-secondary degree, graduate, certification class or program.

- 1  Yes  
0  No → **GO TO I24b**

I32. What kind of training or education program are you enrolled in?

**MARK ONE OR MORE BOXES**

- 1  Child Development Associate (CDA) Degree Program  
2  Teaching Certificate Program  
3  Special Education Teaching Degree Program  
4  Associate's Degree Program  
5  Bachelor's Degree Program  
6  Graduate Degree Program (MA, MS, PH.D. or Ed.D.)  
7  License, certificate and/or credential in administration of early childhood/ child development programs or schools  
8  Continuing Education Units (CEUs)  
9  Other (*specify*)
- 

I24b. How do you describe yourself?

**MARK ONE OR MORE BOXES**

- 1  Male  
2  Female  
3  Another gender identity (*specify*)  
4  Prefer not to answer
- 

I25. In what year were you born?

|\_|\_|\_|\_| YEAR

I26. Are you of Spanish, Hispanic, Latino[a/x], or Chicano[a/x] origin?

- 1  Yes  
0  No

I28. What is your race? Select one or more.

**MARK ONE OR MORE BOXES**

- 11  White  
12  Black or African American  
13  American Indian or Alaska Native  
27  Asian  
26  Native Hawaiian, or other Pacific Islander

25  Another race (*specify*)

---

**I29 Do you speak a language other than English?**

1  Yes

0  No → **GO TO SECTION X, PAGE 28**

**I 30 What languages other than English do you speak?**

**MARK ONE OR MORE BOXES**

35  Your Native Language (*specify*)

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34  Other Native Language(s) (*specify*)

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12  Spanish

21  Other (*specify*)

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## SECTION X– COVID-19 IMPACT

These next questions are about any changes to how you provide services and communicate with families and staff during the COVID-19 pandemic.

**12. What new or increased supports for staff well-being did you encourage during the COVID-19 pandemic?**

**MARK ONE OR MORE BOXES**

- 1  Checking in with/connecting with staff more frequently
- 2  Offering professional mental health consultations
- 3  Providing informational resources for staff (e.g., links to coping with stress, employee resource programs, emergency assistance programs)
- 4  Offering virtual staff social events
- 5  Encouraging personal health and safety (e.g., social distancing, use of masks and gloves)
- 99  Other (*specify*)  
\_\_\_\_\_
- 0  We have not added any of these as new activities

**13. What new or increased supports for staff retention did you provide during the COVID-19 pandemic?**

**MARK ONE OR MORE BOXES**

- 1  More flexible hours
- 2  Administrative leave
- 3  Part-time/reduced work schedule
- 4  Pay reduction to avoid lay-offs
- 5  Revised sick leave policy
- 99  Other (*specify*)  
\_\_\_\_\_
- 0  We have not added any of these as new activities

ALL

**28. What supports do you hope to have in place to prepare for future emergencies?**

**MARK ONE OR MORE BOXES**

- 1  Trainings for family services staff to deliver content and services remotely
- 2  Trainings for home visitor staff to deliver content and services remotely
- 3  Trainings for other staff to deliver content and services remotely
- 4  Ability to use Head Start funds more flexibly in times of emergency
- 5  Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)
- 6  Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)
- 7  Aid in developing relationships with local entities
- 8  Guidance to create a plan for continuing operations

99  Other (*specify*)

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0  We do not need additional supports for future emergencies

**29. What is the largest lasting change to your program as a result of COVID-19?**

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**Thank you very much for participating in AIAN FACES!**

**Some questions on this survey were about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.**