

PROGRAM SERVICE APPROACH ADDITIONAL ITEMS

IF SMS = CENTER, ASK:

S1. I understand you exclusively offer center-based services (not a home-based option).
 1= YES, WE OFFER CENTER ONLY (IF OFFER 2 HOME VISITS A YEAR IS STILL CENTER)
 0= NO, WE OFFER HOME-BASED ONLY (**SKIP TO S2**)
 2= NO, WE OFFER BOTH CENTER AND HOME (**SKIP TO MULTIPLE/COMBINATION S3**) D1S01

FOR CENTER-BASED FAMILIES, ASK S1A AND S1B THEN GO TO S4:

S1a. How many days per week are children scheduled to attend the program for center-based services? D1S01a
MARK ONLY ONE
 5= 5 days per week
 4= 4 days per week
 3= 3 days per week
 2= 2 days per week
 1= 1 day 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:

S1b. How many home visits do you provide per year for families in the center-based option? D1S01b
MARK ONLY ONE
 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."

IF SMS=HOME, ASK:

S2. I understand you exclusively offer home-based services (not a center-based option). D1S02
 1= YES, WE OFFER HOME ONLY
 0= NO, WE OFFER CENTER-BASED ONLY (**SKIP TO S1**)
 2= NO, WE OFFER BOTH HOME AND CENTER (**SKIP TO MULTIPLE/COMBINATION S3**)

FOR HOME-BASED FAMILIES, ASK S2a THEN GO TO S4:

S2a. How often are home visits offered? D1S02a
MARK ONLY ONE
 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."

IF SMS=MULTIPLE OR COMBO, ASK:

S3. I understand you offer both home- and center-based service options. D1S03
 1= YES, WE OFFER BOTH HOME AND CENTER
 0= NO, WE OFFER CENTER-BASED ONLY (**SKIP TO S1**)
 2= NO, WE OFFER HOME-BASED ONLY (**SKIP TO S2**)

S3a. Does that mean that some families receive home-based and some receive center-based services?
 1= YES, SOME GET HOME AND SOME GET CENTER
 2= YES, SOME GET HOME AND SOME GET CENTER, AND SOME GET BOTH D1S03a
 3= NO, ALL GET CENTER (**SKIP TO S1**)
 4= NO, ALL GET HOME (**SKIP TO S2**)

IF S3a=1 OR 2, ASK:

S3b. What proportion of families get each type of service?
 _____ % Home-based D1S03b_Home
 _____ % Center-based D1S03b_Center
 _____ % Both home- and center-based [By both home and center we mean families who are in center based services and home visits monthly or more often]. D1S03b_Both

	CENTER-ONLY FAMILIES	HOME-ONLY FAMILIES	CENTER & HOME FAMILIES
D1S03c- D1S03g	S3c. How many days do children in the center-based option typically attend the center?	S3d. How many home visits do you offer to children in the center-based only option?	S3e. How often do you offer home visits to children in the home-based option?
	5= 5 days per week 4= 4 days per week 3= 3 days per week 2= 2 days per week 1= 1 day 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 (<i>Specify</i>) 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 (<i>Specify</i>) Probe for a typical amount rather than "varies by family needs."
	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?	
	5= 5 days per week 4= 4 days per week 3= 3 days per week 2= 2 days per week 1= 1 day 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 (<i>Specify</i>) Probe for a typical amount rather than "varies by family needs."	5= 5 days per week 4= 4 days per week 3= 3 days per week 2= 2 days per week 1= 1 day 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:

ASK ALL S4 THEN GO TO MAIN QUESTIONNAIRE:

S4. Is there anything that you do routinely that we should know about to understand your service option, such as, change to a different approach in the summer or other portion of the year? **PROBE TO UNDERSTAND THE NATURE OF THE CHANGE, THE PROPORTION OF KIDS IT AFFECTS, AND IF APPLICABLE THE PORTION OF THE YEAR IT IS IN EFFECT.**

A. PROGRAM MODE

My first questions are about your program mode and the types of service options your program offers.

- A1. According to my records, your program offers [FILL FROM SMS/CONTACT SHEET: Home Based/Center Based/or both Home and Center Based] services. Is this correct?

Can I ask you a few questions to be sure I understand exactly what the service options at your program are like?

CIRCLE PROGRAM MODE.

REFER TO SHEET OF SERVICE OPTIONS DECISION TREE

- CENTER BASED: ALL FAMILIES GET CENTER BASED SERVICES AND HOME VISITS LESS THAN MONTHLY
- HOME BASED: ALL FAMILIES GET HOME BASED SERVICES ONLY
- MULTIPLE: FAMILIES GET EITHER HOME BASED OR CENTER BASED (HOME VISITS LESS THAN MONTHLY), **OR SOME** FAMILIES GET CENTER BASED SERVICES AND MONTHLY OR MORE FREQUENT HOME VISITS **BUT NOT ALL** FAMILIES.
- COMBINATION: ALL FAMILIES GET CENTER BASED SERVICES AND HOME VISITS MONTHLY OR MORE

- CENTER BASED1
- HOME BASED2
- MULTIPLE.....3
- COMBINATION.....4
- OTHER (SPECIFY)5
-
- DON'T KNOWd
- REFUSEDr

D1A01

NOTE: SEE ATTACHED SHEET FOR ADDITIONAL QUESTIONS TO CLARIFY

ASK IF CENTER-BASED OR COMBINATION

A2. What is your center-based program's operating schedule? Is it . . .

CIRCLE ONE

D1A02	Full day, year round?.....1
	Part day, year round?.....2
	Full day, part of year? Specify which months closed.....3

	Part day, part of year? Specify which months closed.....4

	DON'T KNOWd
	REFUSEDr

A3. **IF PROGRAM OPERATES CENTERS:** What time (do/does) your center(s) typically open and close?

LIST OPENING HOUR AND CLOSING HOUR.

D1A03Start	START TIME: __ __ : __ __ AM/PM
D1A03End	END TIME: __ __ : __ __ AM/PM

A4. How do you work with families who need care during non standard hours? Do you . . .

CIRCLE ALL THAT APPLY

D1A04_1	Make referrals to partners or other care providers in the community,1
D1A04_2	Provide wrap around care in own centers, or do.....2
D1A04_3	Families find care on their own?3
D1A04_4	Other (SPECIFY).....4

	DON'T KNOWd
	REFUSEDr

A5. Which, if any, of the following special populations do you primarily serve?

CIRCLE ALL THAT APPLY

D1A05_1	Homeless families,	1
D1A05_2	Teen parents,	2
D1A05_3	Children with disabilities,	3
D1A05_4	Military families, or.....	4
D1A05_5	Others? (SPECIFY).....	5

D1A05_9	DO NOT PRIMARILY SERVE ANY SPECIAL POPULATIONS	9
	DON'T KNOW	d
	REFUSED	r

ASK A6-A8 IF PROVIDES BOTH HOME AND CENTER BASED SERVICES [A1=MULTIPLE OR COMBO]

D1A06box

A6. Which of the following factors do you consider when determining whether a family receives home-based or center-based services? Do you consider . . .

	<u>CIRCLE ONE PER ROW</u>	
	YES	NO
a. The parent's employment status or schooling?	1	0
b. The family's self-reported needs or preferences?	1	0
c. Staff's assessment of the family's needs?.....	1	0
d. The age of the child or pregnancy?	1	0
e. The availability of slots in each service option?.....	1	0
f. State subsidy criteria?.....	1	0
g. Anything else? (SPECIFY).....	1	0

A7. Do families ever change service options?

NEW

D1A07	YES.....	1	} → GO TO A9
	NO.....	0	
	DON'T KNOW	d	
	REFUSED	r	

A8. Which of the following are reasons why families in your program move between service options?

NEW

Do they move due to . . .

D1A08a—D1A08f

- a. Changes in the parent's employment status?
- b. Changes in the family's needs or preferences?.....
- c. Staff reassessment of the family's needs?
- d. The age of the child or pregnancy?.....
- e. Changes in the availability of slots in each service option?
- f. Are there any other reasons? (SPECIFY)

CIRCLE ONE PER ROW	
YES	NO
1	0
1	0
1	0
1	0
1	0
1	0

A9. Next, I have some questions about your families.

NEW

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

D1A09

- YES.....1
- NO.....0
- DON'T KNOWd
- REFUSEDr



A9a. What languages? D1A09a01—D1A09a12

ASK A9b FOR ALL LANGUAGES CIRCLED IN A9a.

A9b. Do any of these families need services in (FILL LANGUAGE)? D1A09b01—D1A09b12
IF YES IN A9b ASK A9c
IF NO IN A9b CONTINUE WITH NEXT LANGUAGE OR GO TO A10

A9c. Do you have staff that speak [FILL LANGUAGE]? D1A09c01—D1A09c12
If "NO": Do you have any community partners that provide services in [FILL LANGUAGE]?

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

D1A09d01—
D1A09d12

	A9a.	A9b.		A9c.		A9d.
	CODE ALL LANGUAGES	CODE ANSWER		CODE ANSWER		WRITE IN PERCENT
		YES	NO	YES	NO	PERCENT
SPANISH*	1	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
FRENCH	2	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
CAMBODIAN (KHMER) ...	3	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
CHINESE (CANTONESE/ MANDARIN)	4	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
HAITIAN CREOLE	5	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
HMONG	6	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
JAPANESE	7	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
KOREAN	8	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
VIETNAMESE	9	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
ARABIC	10	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
OTHER (SPECIFY)	11	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _
_____ OTHER (SPECIFY)	12	1	0	1 (STAFF) } GO TO A9d 2 (COMM) }	0	_ _ _

*For example, variables for the Spanish row would be D1A09a01, D1A09b01, D1A09c01, and D1A09d01.

A10. Do you try to match families and staff based on cultural background or language?

NEW

D1A10

YES.....1
NO.....0
DON'T KNOWd
REFUSED.....r

GO TO A12

A11. What percentage of families and staff are you able to match based on cultural background or language?

SEHSP
(Modified)

D1A11

____|____|____| PERCENT
NONE.....0
DON'T KNOWd
REFUSED.....r

A12. What percentage of children enrolled in your program receive a child care subsidy?

ELI

PROBE: Your best estimate is fine.

D1A12

____|____|____| PERCENT OF CHILDREN WHO
RECEIVE CHILD CARE SUBSIDY
NONE.....0
DON'T KNOWd
REFUSED.....r

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

SEHSP
(Modified)

D1A13

INTERVIEWER NOTE: IF "NO," ASK: Does your Early Head Start program provide services for pregnant women?

YES.....1
NO.....0
PROGRAM DOES NOT ENROLL PREGNANT WOMEN....2
DON'T KNOWd
REFUSED.....r

GO TO B1,
PAGE 8

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

NEW

D1A14

- 00
- 1 – 5,1
- 6 – 10,2
- 11 – 15,3
- 16 – 20, or4
- More than 20?5
- DON'T KNOWd
- REFUSEDr

A15. What program option do you typically use to serve pregnant women?

D1A15

- HOME VISITS1
- OTHER (SPECIFY)2

- DON'T KNOWd
- REFUSEDr

A16. What types of pregnancy services does your program typically provide to pregnant women? Do you provide . . .

		<u>CIRCLE ONE PER ROW</u>	
		YES	NO
a.	information on breastfeeding	1	0
b.	a referral to someone to help with breastfeeding (lactation consultant)	1	0
c.	nutrition information	1	0
d.	the chance to get together with other pregnant women or mothers	1	0
e.	a referral for a doula	1	0
f.	information on how to prepare their home for a new baby	1	0
g.	help finding clothes, a stroller, or other baby care items	1	0
h.	information on how to take care of babies	1	0
i.	information on how to take care of themselves during pregnancy	1	0
j.	a referral for child birth classes	1	0
k.	a referral to a doctor for the mother	1	0
l.	a referral to a pediatrician for the baby	1	0
m.	a referral for smoking cessation	1	0
n.	information on how children grow and develop	1	0
o.	parenting classes	1	0
p.	Some other service? (SPECIFY)*	1	0

* Some specific responses were organized into additional variables in the data: Some other dental services (D1A16q), Mental health services (D1A16r), Nurse home visits (D1A16s), Substance abuse prevention/education (D1A16t), Information on infant safety (D1A16u), Violence prevention (D1A16v), and Referral to social services (D1A16w).

B. PROGRAM GOALS

Next, I have some questions about your program's goals.

B1. Please tell me the three most important goals for your program in the current Early Head Start year.
RECORD VERBATIM

NEW

GOAL 1. _____

D1B01goal1

GOAL 2. _____

D1B01goal2

GOAL 3. _____

D1B01goal3

DON'T KNOWd }
 REFUSEDr } → **GO TO C1,
 PAGE 10**

INTERVIEWER: FOR CODING ONLY. DO NOT READ CATEGORIES ALOUD.

		CODE ALL THAT APPLY
A. ENHANCING OVERALL CHILD DEVELOPMENT	D1B01_01	1
B. PROMOTING CHILD HEALTH AND PHYSICAL DEVELOPMENT	D1B01_02	2
C. PROMOTING A POSITIVE BIRTH TO THREE SKILLS LEARNING ENVIRONMENT...	D1B01_03	3
D. IDENTIFYING DEVELOPMENTAL DELAYS TO PROVIDE EARLY INTERVENTION...	D1B01_04	4
E. IMPROVING PARENTING SKILLS	D1B01_05	5
F. IMPROVING PARENT SELF SUFFICIENCY	D1B01_06	6
G. PROMOTING POSITIVE, NURTURING PARENT-CHILD RELATIONSHIPS	D1B01_07	7
H. ENHANCING PARENT'S KNOWLEDGE OF CHILD DEVELOPMENT	D1B01_08	8
I. PROVIDING FAMILY MENTAL HEALTH SERVICES	D1B01_09	9
J. PROVIDING SUPPORT TO FAMILIES WITH SPECIAL NEEDS	D1B01_10	10
K. EXPANDING SERVICES TO MEET COMMUNITY NEEDS	D1B01_11	11
L. OTHER GOALS (SPECIFY) *	D1B01_12	12

* Some specific responses were organized into additional variables in the data: EXPANSION (D1B01_13), INCREASING FUNDING (D1B01_14), IMPROVING FACILITIES (D1B01_15), and STAFF EDUCATION/DEVELOPMENT (D1B01_16).

B2. Please tell me which of these is the single most important goal for your Early Head Start Program in the current year.

INTERVIEWER NOTE: REPEAT VERBATIM GOALS MENTIONED IF NECESSARY.

CIRCLE ONE

- | | | |
|--------|------------------|---|
| D1B02 | GOAL 1 | 1 |
| D1B02a | GOAL 2 | 2 |
| | GOAL 3 | 3 |
| | DON'T KNOW | d |
| | REFUSED | r |

B3. Does your Early Head Start program have any additional goals specifically for families with Dual Language Learners (DLL)?

NEW

- | | | |
|-------|-------------------------|---|
| D1B03 | YES | 1 |
| | DOESN'T SERVE DLL | 2 |
| | NO | 0 |
| | DON'T KNOW | d |
| | REFUSED | r |

→ **GO TO C1,
PAGE 10**

B3a. Please tell me what specific goals your program has for DLL families?

RECORD VERBATIM

D1B03a	_____

INTERVIEWER, FOR CODING ONLY. DO NOT READ CATEGORIES ALOUD.

		<u>CODE ALL THAT APPLY</u>
A. HELPING THEM LEARN ENGLISH.....	D1B03a_1	1
B. HELPING THEM CONNECT TO DLL RESOURCES.....	D1B03a_2	2
C. SERVING AS A BRIDGE FOR ACCULTURATION	D1B03a_3	3
D. HELPING THEM FIND SERVICES WITHIN THE COMMUNITY	D1B03a_4	4
E. EMPHASIZING THE VALUE OF THE FAMILY'S FIRST LANGUAGE	D1B03a_5	5
F. OTHER (SPECIFY)*	D1B03a_6	6

* Some specific responses were organized into an additional variable in the data file: IMPROVE STAFF KNOWLEDGE OF DLL (D1B03a_7).

C. PROGRAM SERVICES/PARTNERSHIPS

The next questions are about your program's services and how they are provided.

C1. Please tell me if you offer any of the following services to families. Do you offer . . .

SEH
IF "YES," ASK C1a.

	<u>CIRCLE ONE PER ROW</u>		<u>CIRCLE ALL THAT APPLY</u>			
	C1. IF "YES," ASK C1a		C1a. Is that service . . .			
	D1C01_*		D1C01a1*	D1C01a2*	D1C01a3*	D1C01a4*
	YES	NO	Provided directly by Early Head Start staff,	Provided by a referral,	Provided by a community partner on- site, or	Provided by a community partner off- site?
a. Pediatrician services?.....	1	0	1	2	3	4
b. Adult health care?.....	1	0	1	2	3	4
c. Prenatal care/OB GYN?	1	0	1	2	3	4
d. Transportation assistance?	1	0	1	2	3	4
e. Disability services for parents? .	1	0	1	2	3	4
f. Emergency assistance?	1	0	1	2	3	4
g. Employment assistance?.....	1	0	1	2	3	4
h. Education or job training.....	1	0	1	2	3	4
i. Services for drug or alcohol abuse?	1	0	1	2	3	4
j. Legal assistance?.....	1	0	1	2	3	4
k. Housing assistance?.....	1	0	1	2	3	4
l. Financial counseling?	1	0	1	2	3	4
m. Family literacy services?	1	0	1	2	3	4
n. Services for Dual Language Learners (DLL)?.....	1	0	1	2	3	4
o. Dental care?	1	0	1	2	3	4

*Note: For all entries, * corresponds to lower case letter of the row on the left-hand side of the grid. For example, the variables for row o. "Dental care" are: D1C01_o (Offers dental care), D1C01a1o (Provided by Head Start), D1C01a2o (referral), D1C01a3o (partner on-site), D1C01a4o (partner off-site).*

C2. Do you or your community partners offer any of the following mental health services?

SEH IF "YES," ASK C2a.

Do you offer . . .	C2. IF "YES", ASK C2a.		CIRCLE ALL THAT APPLY			
			C2a. Is that service . . .			
	D1C02_*		D1C02a1*	D1C02a2*	D1C02a3*	D1C02a4*
	YES	NO	Offered directly by Early Head Start staff,	Referral only,	Offered by a community partner on-site, or	Offered by a community partner off-site?
a. Mental health screenings?.....	1 → GO TO C2a	0	1	2	3	4
b. Mental health assessments?	1 → GO TO C2a	0	1	2	3	4
c. Therapy?.....	1 → GO TO C2a	0	1	2	3	4
d. Care coordination?	1 → GO TO C2a	0	1	2	3	4
e. Staff consultation or follow up with families around the results from screenings or assessments?	1 → GO TO C2a	0	1	2	3	4
f. Some other mental health service? (SPECIFY) *	1 → GO TO C2a	0	1	2	3	4

Note: An additional column for services offered by a mental health consultant (D1C02a5*) was added to the data file. For all entries, * corresponds to lower case letter of the row on the left-hand side of the grid. For example, the variables for row c. "Therapy" are D1C02_c (Offers therapy), D1C02a1c (Provided by Head Start), D1C02a2c (referral), D1C02a3c (partner on-site), D1C02a4c (partner off-site), D1C02a5c (mental health consultant).

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

D1C03	YES.....	1	}	GO TO C6, PAGE 12
	NO.....	0		
	DON'T KNOW	d		
	REFUSED	r		

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

D1C03a	____ PARTNERSHIPS
	DON'T KNOW

* Some specific responses were organized into additional variables in the data: Training/ support for staff (D1C02g) and Training/awareness/support groups for families (D1C02h).

REFUSED.....r

C3b. What percentage of enrolled children are served through these partnerships?

PROBE: Your best estimate is fine.

D1C03b	_ _ _	PERCENTAGE OF CHILDREN SERVED
		DON'T KNOWd
		REFUSEDr

C4. We would like to ask about your contact with each of these partners. Thinking about the first partner . . .

Do you or your staff have regularly scheduled contacts with this partner? **REPEAT FOR EACH PARTNER**

INTERVIEWER: ASK C4a FOR ALL YES ANSWERS. IF NO, GO TO C5.

	<u>CIRCLE ONE ONLY</u>				<u>CIRCLE ONE ONLY</u>			
	CONTACT WITH PARTNERS				C4a. What is the frequency of contact with this partner? Is it . .			
	D1C04_1—D1C04_5				D1C04a_1—D1C04a_5			
	YES	NO	DK	REF	Annually,	Every Few Months	Monthly, or	More than Once a Month?
1. PROVIDER A	1 → GO TO C4a	0	d	r	1	2	3	4
2. PROVIDER B	1 → GO TO C4a	0	d	r	1	2	3	4
3. PROVIDER C	1 → GO TO C4a	0	d	r	1	2	3	4
4. PROVIDER D	1 → GO TO C4a	0	d	r	1	2	3	4
5. PROVIDER E	1 → GO TO C4a	0	d	r	1	2	3	4

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

C5. Do you currently serve children in this partnership?

INTERVIEWER: IF YES, GO TO C6, IF NO, GO TO C5a.

	<u>CIRCLE ONE ONLY</u>				<u>CIRCLE ONE ONLY</u>			
	CURRENTLY SERVE				C5a. What is the main reason why you are not currently serving children and their families through this partner? Is it because of . . .			
	D1C05_1—D1C05_5				D1C05a_1—D1C05a_5			
	YES	NO	DK	REF	Inadequate quality,	A lack of slots available	Funding issues, or	Some other reason? (SPECIFY)
1. PROVIDER A	1 → GO TO C6	0	d	r	1	2	3	
2. PROVIDER B	1 → GO TO C6	0	d	r	1	2	3	
3. PROVIDER C	1 → GO TO C6	0	d	r	1	2	3	
4. PROVIDER D	1 → GO TO C6	0	d	r	1	2	3	
5. PROVIDER E	1 → GO TO C6	0	d	r	1	2	3	

C6. Do you offer any of the following activities for families?

SEH

Do you offer . . .

	<u>CIRCLE ONE PER ROW</u>		
	YES	NO	NA
a. ASK IF PROGRAM OFFERS HV SERVICES (A1=2, 3 OR 4): D1C06a			
Group socializations?..... D1C06b	1	0	NA
b. Events for the entire family?.....	1	0	
c. Workshops on parenting?..... D1C06c	1	0	
d. Parent training or workshops on subjects other than DLL, such as D1C06d employment, job training, or financial counseling?.....	1	0	
e. Any other activities? (SPECIFY)*..... D1C06e	1	0	

* Some specific responses were organized into additional variables in the data file: Literacy activities (D1C06f) and Transition activities (D1C06g).

C7. Which types of activities does your Early Head Start program use to involve fathers or father figures?
 SEHS Do you . . .

		CIRCLE ONE PER ROW			
		YES	NO	NA	
a.	Hold events or activities specifically for fathers or fathers and children, not including mothers?	D1C07a	1	0	
b.	Host events for the entire family that include fathers?	D1C07b	1	0	
c.	Provide employment or job training services for fathers?	D1C07c	1	0	
d.	ASK IF PROGRAM OFFERS HV SERVICES (A1=2, 3 OR 4): Make a special effort to include fathers in home visits or group socialization activities?	D1C07d	1	0	NA

D1C08box	BOX 1 IF NO DLL SERVICES OFFERED (B3=2), GO TO C9.
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C8. Does your Early Head Start program offer or make available any of the following services for Dual
 NE Language Learners (DLL)? Do you offer . . .

		CIRCLE ONE PER ROW		
		YES	NO	
a.	Assessment of English language skills?	D1C08a	1	0
b.	Assessment of basic reading and writing skills?	D1C08b	1	0
c.	Activities and workshops for parents of DLLs?	D1C08c	1	0
d.	Assistance in applying for medical insurance?	D1C08d	1	0
e.	Assistance in scheduling appointments for pre-kindergarten screening?	D1C08e	1	0
f.	Information about Head Start?	D1C08f	1	0
g.	Information about adult ESL or education?	D1C08g	1	0
h.	Information about community resources?	D1C08h	1	0
i.	Assistance in obtaining health services?	D1C08i	1	0

C9. What methods do you use to identify family needs? Do you use . . .

NE

		CIRCLE ONE PER ROW	
		YES	NO
a. Family's self reported needs?	D1C09a	1	0
b. Parent surveys?	D1C09b	1	0
c. Family service worker or family advocate meetings with parents?	D1C09c	1	0
d. Ongoing assessments during home visits?	D1C09d	1	0
e. Some other method? (SPECIFY)*	D1C09e	1	0

C10. NO QUESTION C10 IN THIS VERSION

C11. Does your program currently offer materials or workshops to educate parents on sleep practices?

NE

D1C11	YES	1
	NO	0
	DON'T KNOW	d
	REFUSED	r

* Some specific responses were organized into additional variables in the data file: Family partnership agreement (D1C09f) and Staff observation (D1C09g).

D. PROCESSES FOR INDIVIDUALIZATION

D1. Does your Early Head Start program create Individual Family Partnership Agreements (IFPAs) with families?
NE

D1D01	YES.....	1	
	NO.....	0	→ GO TO D4
	DON'T KNOW.....	d	} → GO TO D5
	REFUSED.....	r	

D2. What proportion of your families have an IFPA?

NE
--- **PROBE IF NECESSARY:** Individual Family Partnership Agreements

D1D02	_ _ _ PERCENT	
	DON'T KNOW.....	d
	REFUSED.....	r

D3. How many times a year are the IFPAs updated?

NE
|_|_|_| NUMBER PER YEAR

D1D03	LESS THAN ONCE A YEAR.....	1
	DON'T KNOW.....	d
	REFUSED.....	r

GO TO D5

D4. Which of the following reasons describes why your program does not use IFPAs?

NE

		<u>CIRCLE ONE PER ROW</u>	
		YES	NO
a. A lack of time or resources	D1D04a	1	0
b. Assessment tools are not available.....	D1D04b	1	0
c. There are no staff qualified to develop the IFPAs.....	D1D04c	1	0
d. The IFPA process is not useful	D1D04d	1	0
e. Because you use an alternative process (SPECIFY)	D1D04e	1	0
f. Other (SPECIFY)	D1D04f	1	0

D5. Does your Early Head Start program have a formal written partnership with a local Part C agency?

SEHSP
(Modified)

D1D05

- YES PARTNERSHIPS1
 - NO PARTNERSHIPS0
 - NO PARTNERSHIPS BECAUSE PART C PROVIDED
BY EHS EXCLUSIVELY2
 - DON'T KNOWd
 - REFUSEDr
- GO TO D7

D6. Do you or your staff have regularly scheduled contacts with this partner?

D1D06

- YES1
 - NO0
 - DON'T KNOWd
 - REFUSEDr
- GO TO D7

D6a. About how frequently would you say that these contacts occur? Would you say annually, every few months, monthly, or more than once a month?

PROBE: The contacts we are interested in are the administrative ones, not ones you might have with Part C providers in the course of serving families.

D1D06a

- ANNUALLY1
- EVERY FEW MONTHS2
- MONTHLY3
- MORE THAN ONCE A MONTH4
- DON'T KNOWd
- REFUSEDr

D7. NE Now, we want to shift gears and talk about the ways your program identifies needs and provides services for children. Many Early Head Start families have health or developmental concerns that require some level of assessment and intervention. We would like to better understand what Early Head Start programs need to do to obtain services for such families and children. Please explain your program's standard procedure for securing these services within the rules and regulations of your state.

Consider this example: If a child in your program was recently screened for a developmental concern, such as a speech problem, what would be the first step you would have to take to gain intervention services for this child?

The process leading to intervention can include many steps. Please tell me what your first step is, your second, and so forth.

PROBE: How do you begin the process? What steps do you take?

PROBE: Can you explain how you build awareness of the concern with parents and gain their cooperation?

PROBE: How do you plan with families?

PROBE: How do state regulations for referrals fit into the process?

PROBE: How do you use formal evaluations?

PROBE: We understand that sometimes specialized services are difficult to obtain and we recognize that each program is unique and may have specific challenges. We want to understand your program's approach to meeting the specific needs of your families and how it matches to the services available in your community. Explaining how your program navigates through the process of identifying the area of concern and securing the specific services to the needs of each family will further enhance our understanding.

D1D07	(SPECIFY) Step 1: _____ _____
	(SPECIFY) Step 2: _____ _____
	(SPECIFY) Step 3: _____ _____
	(SPECIFY) Step 4: _____ _____
	(SPECIFY) Step 5: _____ _____

DON'T KNOWd
REFUSEDr

E. HIRING PRACTICES/STAFF RETENTION

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

E1. Does your Early Head Start program seek any people with (READ ITEMS a-d BELOW) . . .

IF E1="YES", ASK E1a.

E1a. How often are you able to hire people with these qualifications? Would you say always, usually, sometimes, or never?

	<u>CIRCLE ONE ONLY</u>		<u>CIRCLE ONE ONLY</u>					
	E1.		E1a.					
	D1E01_a— D1E01_d		D1E01a_a— D1E01a_d					
	YES	NO	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. A degree in Early Childhood Education (ECE) or other credentials?	1	0	1	2	3	4	d	r
b. Prior experience working in Early Childhood settings?	1	0	1	2	3	4	d	r
c. Prior management experience?	1	0	1	2	3	4	d	r
d. Any other qualifications? (SPECIFY)	1	0	1	2	3	4	d	r

ASK IF ANY E1a = 4 (NEVER) ABOVE

E1b. What do you think of as the main obstacle for hiring people with [FILL E1]? **RECORD VERBATIM**

D1E01b	
--------	--

DON'T KNOW

REFUSED

E2. Now I want to ask about other kinds of characteristics you might look for in staff. Do you try to hire (READ ITEMS a-f BELOW) . . .

IF E2="YES", ASK E2a.

E2a. How often are you able to hire people with these characteristics? Would you say always, usually, sometimes, or never?

	<u>CIRCLE ONE ONLY</u>		<u>CIRCLE ONE ONLY</u>					
	E2.		E2a.					
	D1E02_a— D1E02_d		D1E02a_a— D1E02a_d					
	YES	NO	ALWAYS	USUALLY	SOMETIMES	NEVER	DON'T KNOW	REFUSED
a. Parents of current or former Early Head Start children?	1	0	1	2	3	4	d	r
b. People from the community?	1	0	1	2	3	4	d	r
c. Multilingual applicants?	1	0	1	2	3	4	d	r
d. People who speak a specific language?	1	0	1	2	3	4	d	r
e. Males?	1	0	1	2	3	4	d	r
f. People with any other attributes? (SPECIFY)	1	0	1	2	3	4	d	r

ASK IF ANY E2a = 4 (NEVER)

E2b. What do you think of as the main obstacle for hiring [FILL E2]? **RECORD VERBATIM**

D1E02b

DON'T KNOWd

REFUSEDr

E3. How often are you able to retain people whom you think of as highly qualified?

ALWAYS1

USUALLY2

D1E03	SOMETIMES.....3
-------	-----------------

NEVER.....4

DON'T KNOWd

REFUSEDr

E4. Do you have difficulty retaining frontline staff once they have obtained a higher credential?

NE **PROBE:** Such as an AA or CDA?

D1E04	YES.....	1
	NO.....	0
	DON'T KNOW	d
	REFUSED	r

E5. What is the average length of time a staff member stays at your Early Head Start program once they have earned a higher credential?

NE D1E05 NUMBER OF DAYS/MONTHS/YEARS

CIRCLE ONE ONLY

D1E05a	DAYS	1
	MONTHS.....	2
	YEARS.....	3
	DON'T KNOW	d
	REFUSED	r

E6. Do you have any bilingual staff members?

D1E06	YES.....	1	} → GO TO E7
	NO.....	0	
	DON'T KNOW	d	
	REFUSED	r	

E6a. How do you assess the language proficiency of bilingual staff members?

Do you . . .

		<u>CIRCLE ONE ONLY</u>	
		YES	NO
a. Give language proficiency tests?	D1E06a_a	1	0
b. Have other staff interview them in their language?.....	D1E06a_b	1	0
c. Consider the feedback from people in the community?.....	D1E06a_c	1	0
d. Conduct any other assessments? (SPECIFY)	D1E06a_d	1	0

E7. How many of each type of frontline staff do you employ?

	NUMBER	DON'T KNOW	REFUSED
a. Center Based Teachers/Caregivers D1E07a	_ _ _	d	r
b. Home Visitors D1E07b	_ _ _	d	r

E8. ASK IF PROGRAM OFFERS HV SERVICES (A1=2, 3 OR 4)

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

Please do not include other staff.

D1E08 |_|_|_| NUMBER

DON'T KNOWd

REFUSEDr

E9. ASK IF CENTER OFFERS CENTER-BASED SERVICES

SEHSP How many primary caregivers left your Early Head Start program during the past 12 months?

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

D1E09 |_|_|_| NUMBER

DON'T KNOWd

REFUSEDr

E10. Has the Early Head Start director or have any of the coordinators or managers left your Early Head Start program during the past 12 months?

SEHSP

D1E10 YES1

NO0

DON'T KNOWd

REFUSEDr

} → **GO TO E12**

E10a. How many?

SEHSP

D1E10a

____|____|____| NUMBER

DON'T KNOWd

REFUSEDr

E11. Of the Early Head Start (coordinators/managers) who left the Early Head Start program, did any leave .

SEHSP

		CIRCLE ONE ONLY			
		YES	NO	DON'T KNOW	REFUSED
a. For a change in careers?	D1E11a	1	0	d	r
b. For higher compensation or a better benefits package in the same field?	D1E11b	1	0	d	r
c. Because they were fired or laid off?	D1E11c	1	0	d	r
d. For maternity leave?	D1E11d	1	0	d	r
e. For personal reasons?	D1E11e	1	0	d	r
f. For another reason? (SPECIFY).....	D1E11f	1	0	d	r

E12. For each position, please tell me the range in seniority among staff members.

NE

For example, your program has 2 managers, 1 manager started a year ago and the other has worked there for 5 years so the range in seniority for your managers is 1 to 5 years.

What is the range in seniority for . . .

IF LESS THAN A YEAR, ENTER "0".

		RANGE OF YEARS	
a. Directors/Assistant Directors?	D1E12Dir_lo, D1E12Dir_hi	____ TO ____ YEARS	
b. Managers/Supervisors?	D1E12Mgr_lo, D1E12Mgr_hi	____ TO ____ YEARS	
c. Teachers/Primary Caregivers?	D1E12Tch_lo, D1E12Tch_hi	____ TO ____ YEARS	NA
d. Home Visitors?	D1E12HV_lo, D1E12HV_hi	____ TO ____ YEARS	NA

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

- NE
- | | | |
|---------------|-----------------|---|
| | YES..... | 1 |
| D1E12a | NO..... | 0 |
| | DON'T KNOW..... | d |
| | REFUSED..... | r |
- } → **GO TO E14**

E12b. How many full time positions are unfilled?

- NE
- |_|_| NUMBER OF FULL TIME POSITIONS UNFILLED
- | | | |
|---------------|-----------------|---|
| D1E12b | DON'T KNOW..... | d |
| | REFUSED..... | r |

E12c. Which positions?

- NE
- CIRCLE ALL THAT APPLY
- | | | |
|----------------|--------------------------------|---|
| D1E10c1 | DIRECTOR..... | 1 |
| D1E10c2 | MANAGER/SUPERVISOR..... | 2 |
| D1E10c3 | TEACHER/PRIMARY CAREGIVER..... | 3 |
| D1E10c4 | HOME VISITOR..... | 4 |
| D1E10c5 | OTHER (SPECIFY)..... | 5 |
| | _____ | |
| | DON'T KNOW..... | d |
| | REFUSED..... | r |

E13. What is the average length of time a staff position goes unfilled? Would you say . . .

- NE
- | | | |
|--------------|--------------------------|---|
| | Less than 1 month,..... | 1 |
| D1E13 | 1-3 months,..... | 2 |
| | 4-6 months, or..... | 3 |
| | More than 6 months?..... | 4 |
| | DON'T KNOW..... | d |
| | REFUSED..... | r |

E14. Do you use any of the following strategies to recruit staff? Do you . . .

NE

		CIRCLE ONE ONLY	
		YES	NO
a. Advertise on the internet	D1E14a	1	0
b. Advertise in the newspaper.....	D1E14b	1	0
c. Recruit from local colleges.....	D1E14c	1	0
d. Recruit among parents of enrolled children.....	D1E14d	1	0
e. Use some other strategy? (SPECIFY)*	D1E14e	1	0

* Some specific responses were organized into additional variables in the data file: Recruitment fairs/job fairs (D1E14f), Internal postings (D1E14g), Word of mouth (D1E14h), Notify community partners (D1E14i), and Notify workforce development agency (D1E14j).

F. STAFF TRAINING/DEVELOPMENT

F1. Do your Early Head Start program staff have individual career or professional development plans?

NE

D1F01 YES.....1
 NO.....0
 DON'T KNOWd
 REFUSED.....r

F2. My next questions are about topics of your Early Head Start program's staff trainings within the last year.

NE

Has (FILL ITEM FROM BELOW) been a topic (in the last year)?

		<u>CIRCLE ONE ONLY</u>	
		YES	NO
a. Time management.....	D1F02a	1	0
b. Classroom management.....	D1F02b	1	0
c. Parent and community relations.....	D1F02c	1	0
d. Child development.....	D1F02d	1	0
e. Assessing family needs or setting family goals.....	D1F02e	1	0
f. Mental health.....	D1F02f	1	0
g. Health, first aid, CPR, or MAT.....	D1F02g	1	0
h. Nutrition or obesity prevention.....	D1F02h	1	0
i. Professionalism in the workplace.....	D1F02i	1	0
j. Updates on OHS monitoring protocols or policy revisions.....	D1F02j	1	0
k. Teaching strategies for working with DLLs?.....	D1F02k	1	0
l. Sleep routines or needs?.....	D1F02l	1	0
m. Any other topics (SPECIFY)*.....	D1F02m	1	0

* Some specific responses were organized into additional variables in the data file: Abuse and neglect (D1F02n), Domestic violence (D1F02o), Working with children with disabilities (D1F02p), Teaching strategies and curriculum development (D1F02q), Behavior management (D1F02r), Literacy training (D1F02s), Poverty training (D1F02t), Use of specific curricula (D1F02u), and Safety and emergency preparedness (D1F02v).

F3. What accommodations does your Early Head Start program make for staff to attend trainings outside of the program? Does it . . .

		CIRCLE ONE ONLY	
		YES	NO
a. Pay staff's registration fees?	D1F03a	1	0
b. Pay for travel?	D1F03b	1	0
c. Provide staff coverage?	D1F03c	1	0
d. Provide tuition reimbursement for relevant college courses?	D1F03d	1	0
e. Any other accommodations? (SPECIFY)*	D1F03e	1	0

F4. Would you say your staff salaries and benefits are . . .

- Below average for the surrounding area,1
D1F04 The same as the average for the surrounding area, or2
 Above average for the surrounding area?.....3
 DON'T KNOWd
 REFUSEDr

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.

SEHSP
Work
Climate
Survey
(Modified)

		CIRCLE ONE ONLY PER ROW					
		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
a. Overall, this Early Head Start Program has high morale	D1F05a	1	2	3	4	d	r
b. This Early Head Start program allows (teacher/primary caregivers/home visitors) input into planning curriculum..	D1F05b	1	2	3	4	d	r
c. This Early Head Start program helps (teachers/primary caregivers/home visitors) to work effectively with children with disabilities.....	D1F05c	1	2	3	4	d	r

* Some specific responses were organized into additional variables in the data file: Pay per diem (D1F03f), Pay for books (D1F03g), Provide release time or flex time (D1F03h), and Provide transportation (D1F03i).

G. USE OF DATA

G1. Do your frontline staff have access to a computer at their center or program offices?

NE

	YES.....	1
D1G01	NO.....	0
	DON'T KNOW	d
	REFUSED.....	r

G2. **ASK IF PROGRAM OFFERS HV SERVICES (A1=2, 3 OR 4)**

Do home visitors have laptops or handheld electronic devices to use during home visits?

NE

	YES.....	1
D1G02	HAVE BUT DO NOT USE	2
	NO.....	0
	DON'T KNOW	d
	REFUSED.....	r

G3. Does your Early Head Start program have internet access?

NE

	YES.....	1
D1G03	NO.....	0
	DON'T KNOW	d
	REFUSED.....	r

G4. Please tell me if you have access to any of the following reports. These may be from a Management Information System or database your program maintains.

SEHSP

Do you have access to . . .

	<u>CIRCLE ONE ONLY</u>		<u>CIRCLE ONE ONLY PER ROW</u>				
	G4. D1G04a— D1G04h		G5. IF “YES”: How frequently do you use them? Would you say daily, weekly, monthly, annually or some other time frame? D1G05a—D1G05h				
	YES	NO	DAILY	WEEKLY	MONTHLY	ANNUALLY	OTHER
a. Enrollment lists?	1	0	1	2	3	4	5
b. Reports on characteristics of Early Head Start program families?	1	0	1	2	3	4	5
c. Reports on services provided? ..	1	0	1	2	3	4	5
d. Reports on child's health/immunization status?	1	0	1	2	3	4	5
e. Reports on staff characteristics?	1	0	1	2	3	4	5
f. Reports on staff training/in-service?	1	0	1	2	3	4	5
g. Progress reports on individual children?	1	0	1	2	3	4	5
h. Something else? (SPECIFY)* ... _____	1	0	1	2	3	4	5

Thank you for taking the time to complete this survey with me. This information will help us better understand the Early Head Start program services and the delivery of services to children and families. We will be sending out your program thank you check (as soon as SAQ is received). CONFIRM WHO CHECK SHOULD GO TO (SEE DATA COLLECTION FORM). ASK ABOUT SAQ IF NOT RECEIVED.

* Some specific responses were organized into additional variables in the data set: Have access to budget/fiscal reports (D1G04i), Frequency of use of budget/fiscal reports (D1G05i), Have access to attendance reports (D1G04j), Frequency of use of attendance reports (D1G05j).