

< F A C E S =

THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

☐ CENTER DIRECTOR INTERVIEW *Fall, 1997*

The purpose of FACES is to learn how the Head Start program helps families around the country get services for their children. I want to talk with you so we can understand how Head Start interacts with families from your point of view. I will ask questions about your background and how your center works with parents and children. Information from this study will be used to help Head Start improve its understanding of the families that are served by the program and to improve services provided to families.

I will ask you questions and write down your answers. You may stop me at any time, and you may go back to earlier questions to change your answers. No one else from the Head Start program will see or hear your answers. The things you tell me are very important, so please be as complete as possible. Our interview should take approximately an hour and a half. Do you have any questions?

Before we begin, let me read the following to you:

NOTICE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0970-0151 (expires 05/31/2000). The time required to complete this information collection is estimated to average 90 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

At the end of the interview, I will give you some addresses and phone numbers in case you would like more information. Do you have any question before we start?

(Interviewer note: For Lead Teachers, complete this interview plus selected sections of the Classroom Teacher interview.)

	Date: <u> </u> / <u> </u> / <u> </u> mo day yr
Interviewer: _____	Interviewer ID #: <u> </u> <u> </u> <u> </u>
Program Name: _____	Program #: <u> </u> <u> </u>
Center Name: _____	Center #: <u> </u>
Interviewee Job Title: _____	Interviewee ID #: <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

I'd like to start by asking you some questions about your professional background and your job with Head Start.

I.A. HEAD START EMPLOYMENT

I.A.1.a. How long have you been *employed by this Head Start program*? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

I.A.1.b. In total, how many years have you worked with *any Head Start Program*? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

I.A.1.c. Before you started working with Head Start, did you have any work or volunteer experience with *early childhood education, health, or family support programs*?

- No 01 ! I.A.2.a
- Yes 02

I.A.1.d. How many *years experience* did you have with such programs before you joined Head Start? (ROUND RESPONSE TO NEAREST # OF YEARS.) _____
years

I.A.2.a. How many *hours per week* are you *paid* to work for Head Start? _____
hrs./wk.

I.A.2.b. How many *hours per week* do you *actually work* for Head Start? _____
hrs./wk.

I.A.2.c. How many *months per year* are you paid to work for Head Start?
(INTERVIEWER: IF RESPONSE IS IN WEEKS OR DAYS PER YEAR, ENTER IN SPACE PROVIDED.
WRITE [NA] IN OTHER SPACES.) _____
mos./yr.

or _____
wks./yr.

or _____
days/yr.

I.A.3.a. What **positions/job titles** do you have with Head Start **now**, **how long** have you held each position, and **how much time** would you say each position takes **each month**?
(PROMPT: BEST ESTIMATE?)

RESPONSIBILITIES/JOB TITLES	# OF YEARS IN THIS POSITION	% OF WORK TIME PER MONTH	*
Head Start Center Director			

I.A.3.b. **What other positions/job titles**, if any, have you held over your entire experience with Head Start?

RESPONSIBILITIES /JOB TITLES

I.A.3.c. In your **current Head Start position(s)**, do any of the following **make it harder** for you to do your job well?

(READ LIST AND CIRCLE ONE FOR EACH. USE STEM, AS NEEDED:

Do (Does) _____ make it harder for you?)

	NO	YES
a. Time constraints	01	02
b. An undefined role	01	02
c. Not a high enough salary for job demands	01	02
d. Lack of support staff.....	01	02
e. Not enough training for secondary responsibilities	01	02

f.	Not enough support and communication from administration	01	02
g.	Not enough funds for supplies and activities	01	02
h.	Other (SPECIFY).....	01	02

I.A.4. Do you receive the following **benefits** through Head Start?
(READ LIST AND CIRCLE ONE FOR EACH ITEM.)

	NO	YES	DK		
a.	Paid vacation time	01	02	99	
b.	Paid sick leave.....	01	02	99	
c.	Paid maternity leave.....	01	02	99	*
cc.	Unpaid maternity leave.....	01	02	99	*
d.	Paid family leave.....	01	02	99	*
e.	Paid health insurance.....	01	02	99	*
f.	Paid dental insurance.....	01	02	99	*
g.	Tuition reimbursement.....	01	02	99	
h.	Retirement plan.....	01	02	99	
i.	Other (Specify)	01	02	99	

Response Card

I.A.5. Now I'd like to read you a list of reasons people continue in a job. How important is each of these to you **in continuing to work for Head Start?** (READ LIST AND CIRCLE ONE FOR EACH. REPEAT STEM AS NEEDED: *

How important is/are _____ to you in continuing to work for Head Start?[]

	NOT MPORTANT	SOMEWHAT MPORTANT	VERY MPORTANT	NA	
a.	Job security	01	02	03	98
b.	The pleasure of working with young children.....	01	02	03	98
c.	The professional respect of this job/career.....	01	02	03	98
d.	Your salary	01	02	03	98
e.	The benefits (e.g., health or life insurance).....	01	02	03	98
f.	The ability to have your own children at your workplace	01	02	03	98
g.	Your work schedule (e.g., length of day, summers off).....	01	02	03	98
h.	The working conditions (e.g., clean, well-organized).....	01	02	03	98
l.	The opportunity to work with other adults (teachers, parents).	01	02	03	98
j.	The opportunity to use your experience and/or education in	01	02	03	98

child development.....				
k. The significance or importance of working with children and families	01	02	03	98
l. [REMOVED]				
m. The opportunity for professional advancement.....	01	02	03	98
n. Other (SPECIFY) _____	01	02	03	98

I.A.6. **How satisfied** are you with your **present position**? Would you say you are:
(READ LIST AND CIRCLE ONE.)

a. Very satisfied	01
b. Satisfied	02
c. Neither satisfied nor dissatisfied	03
d. Dissatisfied.....	04
e. Very dissatisfied.....	05

I.A.7. **How satisfied** are you with **working in the field of early childhood education**.
Would you say you are: (READ LIST AND CIRCLE ONE.)

a. Very satisfied	01
b. Satisfied	02
c. Neither satisfied nor dissatisfied	03
d. Dissatisfied.....	04
e. Very dissatisfied.....	05

I.A.8. **How likely** are you **to continue** working for Head Start through the next
Head Start year (through 1998-99)? (CIRCLE ONE.)

*

a. Very likely	01
b. Somewhat likely	02
c. Somewhat unlikely	03
d. Very unlikely	04
e. Don't know/not sure.....	05

I.A.9. Do you have any **children** living in your household who **attend Head Start now**?

No	01
Yes.....	02

I.A.10. Did any **children** who lived in your household **in the past** attend Head Start?

No 01
Yes 02

I.B. EDUCATIONAL BACKGROUND

I.B.1. What is the *last or highest grade of school* you have completed?

(DO NOT READ LIST. CIRCLE ONLY ONE RESPONSE.)

<u>No formal schooling</u>	01	<u>Vocational, Trade, or Business School After</u>	
<u>Elementary School</u>		<u>High School Graduation/GED</u>	
Less than 6th grade	02	Less than one year.....	10
Grades 6-8	03	One to two years	11
<u>High School</u>		Two years or more	12
9th grade	04	<u>College After High School Graduation/GED</u>	
10 th grade	05	1 year.....	13
11 th grade	06	2 years	14
12 th grade	07	3 years	15
Adult High School or GED classes	08	4 years	16
[REMOVED].....	09	Graduate school years	17
		Other (SPECIFY)	
		_____	18

I.B.2.

WHAT DIPLOMAS OR DEGREES DO YOU HAVE?

(CIRCLE ALL THAT APPLY.

PROBE FOR: HIGH SCHOOL DIPLOMA, GED, AND CDA.)

- a. High school diploma..... 01
- aa. GED certificate..... 02
- b. Associate's degree..... 03
- bb. CDA (Child Development Associate)..... 04
- c. Nursing degree..... 05
- d. Bachelor's degree..... 06
- e. Graduate degree..... 07
- f. Other (SPECIFY) _____..... 08
- g. _____..... 09

I.B.3.

IF *d* OR *e* (BACHELOR'S OR GRADUATE DEGREE), ASK:

IN WHAT FIELD(S) IS/ARE YOUR DEGREES?

_____ / _____	degree	field
_____ / _____	degree	field
_____ / _____	degree	field

! I.B.3
! I.B.3

I.B.4. Do you have any *job-related licenses or certificates*?

- No..... 01
- CPR (Cardiopulmonary Resuscitation)..... 02
- Social Work..... 03
- Registered Nurse..... 04
- Teaching Certificate or License (Other than CDA)..... 05
- Other (SPECIFY) _____..... 06

I.B.5. Are you *currently working on a degree, certificate or license*?

No 01
 Yes 02

I.C. IN-SERVICE TRAINING

The next questions are about training that your Head Start program has provided or made available to you in the past year. If you have a record of your training activities, you might find it useful to refer to it. (SITE MANAGERS – REQUEST RECORD OF TRAINING OFFERED FROM PROGRAM, IF AVAILABLE.)

Response Card Listing Topics

I.C.1. How many hours of training, in total, do you estimate Head Start has provided to you in the past program year including this past summer? _____ total hrs.

I.C.2.

FOR EACH OF THESE TOPICS, ABOUT HOW MANY HOURS OF TRAINING HAS BEEN PROVIDED OR MADE AVAILABLE TO YOU BY HEAD START IN THE PAST PROGRAM YEAR INCLUDING THIS PAST SUMMER?

(READ LIST AND RECORD NUMBER HOURS FOR EACH.)

TOPIC	I.C.2. # HOURS RECEIVED	I.C.3. THREE TOPICS YOU WANT MORE TRAINING IN? (CIRCLE THREE RESPONSES ONLY.)
a. Child development	_____	02
b. Educational programming	_____	02
c. Child assessment and evaluation	_____	02
d. Children's health issues (e.g., immunizations, childhood diseases).....	_____	02
e. Family health issues (e.g., AIDS, asthma).....	_____	02
f. Mental health issues	_____	02
g. Bilingual education	_____	02
h. Multicultural sensitivity	_____	02
i. Domestic violence/family violence	_____	02
j. Child abuse and neglect.....	_____	02
k. Substance abuse	_____	02
l. Family needs assessment and evaluation	_____	02
m. Providing services for children with special needs.....	_____	02
n. Providing case management services to families	_____	02
o. Working with other agencies to assist families	_____	02
p. Involving parents in program activities	_____	02
q. Behavior management	_____	02
r. Providing supervision to staff.....	_____	02
s. Administration and program management	_____	02
t. Head Start principles and practices	_____	02
t. CPR (Cardiopulmonary Resuscitation).....	_____	0
v. Other (LIST AND SPECIFY NUMBER OF TRAINING HOURS)		
_____	_____	02
_____	_____	02

Response Card

I.C.4. This is *a list of methods* some Head Start programs use in providing *in-service training* to their staff. Please tell me which types of training you have received by or through your Head Start. (READ LIST. CIRCLE NO [1] OR YES [2] OR DN [99] FOR EACH.)

	NO	YES	DK	*
a. Training sessions and workshops held within your Head Start agency	01	02	99	
b. Training sessions and workshops held outside the agency	01	02	99	
c. Courses and classes made available at community or four-year colleges	01	02	99	
d. A resource library available at your agency for independent study (print, computers, multimedia).....	01	02	99	
e. Ongoing supervision and feedback by Head Start staff	01	02	99	
f. Follow-up training to help put training ideas into practice.....	01	02	99	
g. Other (SPECIFY)	01	02	99	
_____	01	02	99	
_____	01	02	99	
_____	01	02	99	

I.C.5.a. Which item from the above list is *most characteristic* of the training offered by or through your Head Start agency?

(ENTER ONE LETTER ONLY.)

I.C.5.b. Which item from the above list is *least characteristic* of the training offered by or through your Head Start agency?

(ENTER ONE LETTER ONLY.)

I.C.6. Overall, how helpful in doing your job is the training provided by or made available by Head Start? Would you say it is
(READ LIST AND CIRCLE ONE.)

a. Not very helpful.....	01
b. Somewhat helpful.....	02
c. Very helpful.....	03

II. PROGRAM OPERATIONS

I'd like to ask you about your center and staff.

A. STAFFING STRUCTURE

Response Card

II.A.1. We would like to obtain a list of all of the *staff positions* in your center along with the number of staff in each position who are:
 full-time (F),
 part-time (P),
 a paid consultant or intern (PC),
 an unpaid intern or volunteer, not including parent volunteers (V),
 or someone paid by another agency (POA).

(USE BACK OF PREVIOUS PAGE IF NECESSARY. INDICATE NUMBER OF EACH.)

(PROMPT: HOW MANY OF THE _____ AT YOUR CENTER ARE FULL TIME, PART TIME, ETC.?)

LET'S START WITH YOU.

TITLE/POSITION	ENTER NUMBER OF STAFF				
	F	P	PC	V	POA
a. Center Director					
b. Teacher(s)					
c. Assistant teacher(s)					
d.					
e.					
f.					
g.					
h.					
i.					
j.					
k.					

Response Card Listing Responsibilities

II.A.2. From this list, please indicate **up to three major job responsibilities** of each major staff category within your Center. Please do not include cooks, janitors, etc. whose titles are self-explanatory. (Write additional positions from question II.A.1 in other columns.

IN EACH COLUMN. USE 1, 2, AND 3 TO INDICATE MAJOR RESPONSIBILITIES IN ORDER OF IMPORTANCE; WITH 1 AS THE PRIMARY RESPONSIBILITY. THERE SHOULD BE **ONLY THREE RESPONSES IN EACH COLUMN!** IF FEWER THAN THREE, NOTE THAT IN COLUMN.)

RESPONSIBILITIES	STAFF CATEGORY					
	A. CENTER DIRECTOR	B. TEACHER(S)	C. ASSISTANT TEACHER(S)	D.	E.	F.
a. Education of children						
b. Case management services to families						
c. Arrange for services for special needs children						
d. Outreach, recruitment and enrollment services						
e. Parent education						
f. Staff training/education						
g. Parent involvement						
h. Administration/management of a program component						
i. Other (SPECIFY)						

II.A.3. Does you have **staff** members *at your center*, who:

	NO	YES	NOT NEEDED	DK
a. Speak the home/native language of non-English speaking or limited English-speaking families at the centers?.....	01	02	03	99
b, c. [REMOVED]				
d. Provide guidance on ethnic customs, traditions and values.....	01	02	03	99

II.A.4. In a crisis, which Head Start staff member **at your center** are families most likely to go to? (FORCE CHOICE OF **ONLY ONE**.) _____

title of staff

II.B. PARENT EMPLOYEES

II.B.1. Do you have any *current or former Head Start parents* employed in your center?

- No 01 ! IIIA.
- Yes 02
- DON'T KNOW 99 ! IIIA.

II.B.2. *How many current or former Head Start parents* are employed at your center as a/an:

(READ LIST AND INSERT NUMBER IN [NUMBER EMPLOYED]; IF NONE, ENTER [0].
CIRCLE [99] FOR [DON'T KNOW].)

	NUMBER EMPLOYED	DK
a. Lead teacher.....	_____	99
b. Teacher.....	_____	99
c. Teacher's aide.....	_____	99
d. Cook.....	_____	99
e. Assistant in meal preparations.....	_____	99
f. Driver of a Head start bus.....	_____	99
g. Maintenance person.....	_____	99
h. Administrator (e.g., Center Director, Component Coordinator).....	_____	99
i. Other (SPECIFY) _____.....	_____	99

III. PARENT INVOLVEMENT

III.A. CENTER GOALS AND PHILOSOPHY

Now I'd like to talk with you about your work with the Head Start families in your center and the ways in which parents are involved.

Response Card

III.A.1.

FROM THIS LIST, TELL ME YOUR **THREE MOST IMPORTANT GOALS** IN WORKING WITH PARENTS AT YOUR CENTER, IN ORDER OF IMPORTANCE, WITH **1** BEING THE **MOST IMPORTANT. (MARK ONLY THREE!)**

III.A.2.

HOW SUCCESSFUL DO YOU THINK YOU'VE BEEN IN ACHIEVING **EACH OF THESE THREE GOALS** IN YOUR WORK WITH PARENTS? TELL ME IF YOU THINK YOU'VE BEEN NOT VERY SUCCESSFUL, SOMEWHAT SUCCESSFUL, OR VERY SUCCESSFUL IN _____:

(READ **EACH OF THREE** SELECTED AND CODE BELOW.)

	INDICATE 1,2 AND 3	NOT VERY SUCCESSFUL	SOMEWHAT SUCCESSFUL	VERY SUCCESSFUL
a. To teach parents about child development and parenting.....	_____	01	02	03
b. To inform parents about their own child's development.....	_____	01	02	03
c. To teach parents about health and nutrition	_____	01	02	03
d. To inform parents about the support services in their community and help them to use them.....	_____	01	02	03
e. To help parents develop a social support network of other parents and families in the program and community.....	_____	01	02	03
f. To have parents plan and organize events and activities.....	_____	01	02	03
g. To have parents participate in policy and program decisions	_____	01	02	03
h. To help parents become economically self-sufficient (i.e., get further education and employment).....	_____	01	02	03
I. To help parents improve their literacy skills	_____	01	02	03
j. To help parents identify their personal goals and ways in which to achieve them.....	_____	01	02	03
k. To explain Head Start principles and practices to parents	_____	01	02	03
l. Other (SPECIFY)	_____	01	02	03

III.B. PARENT ORIENTATION

I'd like to ask you about parent orientation offered by your center.

III.B.1. Does your center *conduct orientation activities* for parents of children entering your program?

- No 01 ! III.C
- Yes 02

III.B.2. About *what percentage of the parents* generally *attend*?
(IF NEEDED, PROMPT BY READING LIST. CIRCLE ONE.)

- a. Almost all..... 01
- b. Three-quarters 02
- c. One-half 03
- d. One-quarter..... 04
- e. Very few..... 05
- f. None 06
- g. DON'T KNOW 99

III.B.3. Which of the following *topics* are *addressed*?
(READ LIST AND CIRCLE ONE FOR EACH.)

- | | NO | YES | DK |
|--------------------------------------------------------------|----|-----|----|
| a. Enrollment eligibility guidelines | 01 | 02 | 99 |
| b. Opportunities for parental involvement at the center..... | 01 | 02 | 99 |
| c. What parents and children can expect from the center..... | 01 | 02 | 99 |
| d. What the center expects of parents..... | 01 | 02 | 99 |
| e. Introduction of center staff and their functions..... | 01 | 02 | 99 |
| f. Services available in the community | 01 | 02 | 99 |
| * Transportation | 01 | 02 | 99 |
| g. | | | |
| h. Confidentiality | 01 | 02 | 99 |
| i. The schedule of the center..... | 01 | 02 | 99 |

j. Other (SPECIFY) _____ 01 02 99

Response Card

III.B.4. Looking at this card, tell me the **three primary concerns** that parents in your center voice in these initial meetings. (CIRCLE ONLY UP TO THREE ITEMS.) ?

- a. Classroom curriculum content and methods..... 01
- b. School readiness and academic skills 02
- c. Child care issues or availability..... 03
- d. Staff availability to parents 04
- e. Disciplinary methods of teachers 05
- f. Safety of facilities 06
- g. Hours of center operations..... 07
- h. Opportunities for parent involvement..... 08
- i. Supervision of children (ratio of children to staff)..... 09
- j. Cultural sensitivity/awareness of staff/teachers 10
- k. Transportation for children to and from center 11
- l. Transportation for parents to and from center 12
- m. Confidentiality regarding family/child matters..... 13
- n. Other (SPECIFY) _____ 14
- o. Other (SPECIFY) _____ 15
- p. Other (SPECIFY) _____ 16

III.C. INVOLVING PARENTS IN PROGRAM DECISION MAKING

III.C.1. To **involve parents in policy and center decisions**, does your center have: (CIRCLE NO, YES, OR DK FOR EACH.)

	NO	YES	DK	
a./b. Center or classroom committees?.....	01	02	99	*
c. Special committees to plan parent or family events or activities?.....	01	02	99	
d. Advisory boards?.....	01	02	99	
e. Other (SPECIFY) _____	01	02	99	

III.C.2. Do you have an opportunity to **encourage** parents to participate in these committees or boards?

No 01 ! III.C.4
 Yes 02

III.C.3. How do you do this? (RECORD RESPONSE.)

III.C.4. **How productive** are parent committee or board meetings at your center? Would you say they are very productive, somewhat productive, or not very productive?

- a. Very productive 01
- b. Somewhat productive 02
- c. Not very productive 03
- d. DON'T KNOW/NOT APPLICABLE 99

Response Card

III.C.5. These are some **common problems** that arise in meetings where staff and parents make collective decisions about center policies and operations. Please tell me if these problems never or rarely occur, occur sometimes, or occur very often at meetings.

(READ LIST AND CIRCLE ONE FOR EACH.)

	NEVER/RARELY OCCUR	SOMETIMES OCCUR	VERY OFTEN OCCUR	DK	*
a. Parents have different priorities than staff....	01	02	03	99	
b. [REMOVED]					
c. The format of meetings is either too formal or too informal.....	01	02	03	99	
d. Parents do not understand budget constraints.....	01	02	03	99	
e. Parents feel uncomfortable advocating for themselves or their children.....	01	02	03	99	
f. Parents are reluctant to support concerns or issues that do not affect their family	01	02	03	99	
g. [REMOVED]					
h. Some staff dominate the meetings.....	01	02	03	99	
i. Some parents dominate the meetings	01	02	03	99	
j. Not enough parents actively participate in center committees or meetings.....	01	02	03	99	
				99	

k. Other (SPECIFY) _____ 01 02 03

III. D. PARENT ACTIVITIES/WORKSHOPS

Response Card

Response Card

<p style="text-align: center;">III. D.1. THIS IS A LIST OF ACTIVITIES THAT SOME PROGRAMS HAVE FOR PARENTS. FOR EACH ACTIVITY, I WOULD LIKE YOU TO TELL ME HOW OFTEN THE ACTIVITY IS PROVIDED TO THE PARENTS OF CHILDREN WHO ATTEND YOUR CENTER BY YOUR HEAD START CENTER OR PROGRAM, EITHER ON-SITE OR NEARBY. (CIRCLE ONE OPTION FOR EACH ACTIVITY.)</p>	FREQUENCY OF ACTIVITY					<p style="text-align: center;">III.D.2. WHICH THREE ACTIVITIES GET THE MOST PARENT PARTICIPANTS? (INDICATE TOP THREE ONLY WITH <input type="checkbox"/>X<input type="checkbox"/>)</p>
	NEVER	ONCE A YEAR	A FEW (2-5) TIMES A YEAR	ABOUT MONTHLY OR MORE OFTEN	DK/NA	
a. Orientation to Head Start principles and practices	01	02	03	04	99	_____
b. Adult literacy/ESL/GED classes	01	02	03	04	99	_____
c. Employment assistance and skills workshops	01	02	03	04	99	_____
d. Basic finance and budgeting skills workshops	01	02	03	04	99	_____
e. Parenting education workshops.....	01	02	03	04	99	_____
f. Health/fitness/nutrition workshops....	01	02	03	04	99	_____
g. Child growth, behavior, and development workshops	01	02	03	04	99	_____
h. Social activities for adults only	01	02	03	04	99	_____
i. Support or self-help groups.....	01	02	03	04	99	_____
* Family violence education or	01	02	03	04	99	_____
j. workshops						
k. Leadership or advocacy training.....	01	02	03	04	99	_____
l. Family events	01	02	03	04	99	_____
m. Other (SPECIFY) _____	01	02	03	04	99	_____

III.D.3. Do you have *attendance or sign-in sheets* at parent workshops or activities?

- No 01
- Yes..... 02

III.E. PARENT PARTICIPATION

Response Card

III.E.1. Some things *keep parents from participating* in Head Start activities. How often are these things problems for the parents in your center: never or rarely, sometimes, or often?

(PROMPT: HOW OFTEN DO YOU THINK _____ KEEPS PARENTS FROM PARTICIPATING IN HEAD START ACTIVITIES?)		NEVER OR RARELY	SOMETIMES	OFTEN	DK
a.	Lack of child care	01	02	03	99
b./c.	Parents' work or school/training schedule	01	02	03	99
d.	Lack of transportation	01	02	03	99
e.	[REMOVED].....				
f.	Health problems	01	02	03	99
g.	Parents don't seem to feel welcome or comfortable	01	02	03	99
h,i.	[REMOVED].....				
j.	Language or cultural barriers	01	02	03	99
k.	Safety concerns about getting there or the Head Start neighborhood.....	01	02	03	99
l.	Lack of interest.....	01	02	03	99
m.	Family issues (e.g., husband objects).....	01	02	03	99
n.	Lack of information and notice about activities	01	02	03	99
o.	Other (SPECIFY) _____	01	02	03	99

III.E.2. Which of the following are *problems in planning or having parent activities* for your parents? (READ EACH ITEM AND CIRCLE YES OR NO.)

(Prompt: Is _____ a problem in planning or having parent activities?)

	NO	YES	DK
a. Not enough money for parent activities	01	02	99
b. Finding an alternate site when the center is not available or appropriate.....	01	02	99
c. Lack of cooperation or support of staff.....	01	02	99
d. Difficulty getting outside resources (e.g., guest speakers).....	01	02	99
e. Lack of agreement among staff on parents' needs and interests	01	02	99
f./g. Not enough of the right staff or staff time to plan or conduct the activity.....	01	02	99
h. Not having interpreters available	01	02	99
i. Difficulty notifying parents of upcoming activities	01	02	99
j. Little ability to offer activities at times convenient for parents.....	01	02	99
k. Difficulty getting parents to participate.....	01	02	99*
l. Other (SPECIFY) _____	01	02	99*

Response Card

III.E.3. Which of the following methods does your center or program use to inform your parents of activities? (READ LIST AND CIRCLE ONE RESPONSE FOR EACH.)

(PROMPT: DO YOU _____ TO INFORM PARENTS OF ACTIVITIES? NEVER? SOMETIMES? OFTEN?)

	NEVER	SOMETIMES	OFTEN	DK
a. Send home notices of parent activities as they come up...	01	02	03	99
b. Send home monthly activity calendars.....	01	02	03	99
c. Have staff/teachers call parents on the phone.....	01	02	03	99
d. Use a parent telephone chain or committee to remind parents	01	02	03	99
e. Have home-visitors, teachers and other staff remind parents and/or sign them up	01	02	03	99
f. Rely on word of mouth.....	01	02	03	99
g. Other (SPECIFY) _____	01	02	03	99

III.E.4. Does your center or program do any of the following to encourage parents to participate in Head Start activities and classes? (MARK NO, YES, OR DK FOR EACH.)

(PROMPT: DOES YOUR CENTER OR PROGRAM _____ TO PARENTS TO ENCOURAGE THEM TO PARTICIPATE?)

	NO	YES	DK
a./e. Offer incentives such as door prizes or samples of products.....	01	02	99
b. Provide transportation.....	01	02	99
c. Provide child care	01	02	99
d. Provide interpreters	01	02	99
f. Serve food such as snacks or supper.....	01	02	99*
g. Other (SPECIFY) _____	01	02	99*

III.E.5. Do the parents in your center raise money to support parent activities?

No	01	!	III.F.1
Yes	02		
DON'T KNOW	99	!	III.F.1

III.E.6. Parents in Head Start programs do several types of **activities to raise money** for their centers or programs. At your center **in the past Head Start year** did parents participate in _____ to raise money for Head Start activities?

(READ EACH ITEM AND RECORD RESPONSE FOR EACH. REPEAT STEM AS NEEDED.)

	NO	YES	DK
a. Raffles	01	02	99
b. Craft sales	01	02	99
c. Garage sales/flea markets/clothing drives	01	02	99
d. Candy sales	01	02	99
e. Bake sales	01	02	99
f. Street fairs	01	02	99
g. Developing proposals for outside funding	01	02	99
h. Soliciting funds or in-kind contributions from local businesses.....	01	02	99
i. Other (SPECIFY) _____	01	02	99

III.F. MALE INVOLVEMENT

Now, I'd like to ask you a few questions about how your center works to involve men in Head Start activities. This might include fathers or father figures of Head Start children, as well as other men in the community.

III.F.1. Does your center have a staff person or volunteer **designated specifically** to encourage male involvement in your center?

No	01	!	III.F.4
Yes	02		
DON'T KNOW	99	!	III.F.4

III.F.2. Does this staff person or volunteer offer the **following services** to men in your community?

	NO	YES	DK
a. Mentoring opportunities	01	02	99
b. Counseling on personal issues (e.g., family violence, drugs).....	01	02	99
c. Crisis intervention.....	01	02	99
d. Job referrals	01	02	99

e. Information on *opportunities for involvement* in the Head Start program..... 01 02 99

III.F.3. Does your center offer any *services targeted to:*
(CIRCLE ONE FOR EACH.)

	NO	YES	DK
a. Non-custodial fathers	01	02	99
b. Incarcerated men	01	02	99
c. Men on parole	01	02	99
d. Teenage fathers	01	02	99

III.F.4. Does your center offer workshops, meetings, or activities
specifically targeted toward men?

No	01	!	III.F.6
Yes	02		
DON'T KNOW	99	!	III.F.6

III.F.5. Does your center offer any of the following *targeted specifically* toward men?
(READ LIST AND CIRCLE ONE FOR EACH.)

	NO	YES	DK
a. [REMOVED]			
b. Employment assistance and skills workshops.....	01	02	99
c. Basic finance and budgeting skills workshops	01	02	99
d. Social activities	01	02	99
e. Partner or family relationship workshops.....	01	02	99
f. Parenting education workshops	01	02	99
g,h. [REMOVED]			
i. Adult-child outings.....	01	02	99
j. Support groups for men	01	02	99
k. [REMOVED]			
l. Sport activities (e.g., basketball night).....	01	02	99

m. Other (SPECIFY) _____ 01 02 99

III.F.6. Do men **regularly** help in any of the following ways in your center?
(CIRCLE ONE FOR EACH.)

	NO	YES	DK	III.F.7. IF YES, ASK: "HOW MANY MEN IN THE PAST HEAD START YEAR?"
a. As classroom volunteers	01	02	99	_____
b. As chaperones for field trips	01	02	99	_____
c. As members of the Parent Council or other governing bodies	01	02	99	_____
d. Doing maintenance or chores	01	02	99	_____
e. Helping at special events or activities	01	02	99	_____
f. (SPECIFY) _____	01	02	99	_____

*

III.F.8. **How successful** has your center been in involving men in Head Start? Would you say it has been:

- a. Very successful 01
- b. Somewhat successful 02
- c. Not very successful..... 99 ! III.F.10

(ASK ONLY III.F.9 OR III.F.10, DEPENDING ON ANSWER IN III.F.8.)

III.F.9. What things have made your male involvement program **successful**?
(RECORD RESPONSE.)

(IF ASKED III.F.9, SKIP TO III.G.)

III.F.10. In your opinion, **why hasn't** your male involvement program **been more successful**?
(RECORD RESPONSE.)

III.G. PARENT OBSERVERS IN THE CLASSROOM

Now I'd like to ask you about parents in the classroom.

III.G.1. Does your center follow a *prescribed policy* on parent observers in the classroom?

- No 01 ! III.H.1
- Yes 02

III.G.2. If yes, please *describe*:

III.H. PARENT VOLUNTEERS

I'd like to ask you a few questions about parent volunteer activities in your center.

III.H.1. Did parents serve as volunteers in your center *during the past Head Start year*?

- No 01 ! III.I.1
- Yes 02

III.H.2. DURING THE PAST HEAD START YEAR, DID PARENT VOLUNTEERS IN YOUR CENTER SERVE AS:		NO	YES	DK	
<i>(READ LIST AND CIRCLE ONE RESPONSE FOR EACH.)</i>					
a.	Classroom aides?.....	01	02	99	
b.	Consultants or workshop leaders?.....	01	02	99	
c.	Providers of guidance on ethnic customs, traditions and values?.....	01	02	99	
d.	Home visitors?.....	01	02	99	
e.	Interpreters for non-English speaking or limited English-speaking families?....	01	02	99	
ee.	Bus monitors or drivers?.....	01	02	99	
DID PARENT VOLUNTEERS HELP WITH:					
f.	Height and weight measurements?.....	01	02	99	
g.	Vision screenings?.....	01	02	99	
h.	Checking immunization records?.....	01	02	99	
i.	Entering data on health records?.....	01	02	99	
j.	Classroom cleanup?.....	01	02	99	*
k.	The oral hygiene program?	01	02	99	
DID PARENT VOLUNTEERS IN YOUR CENTER:					
l/m.	Take or accompany parents or children to health-related appointments or mental health services?.....	01	02	99	*
n.	Assist the nutritionist?.....	01	02	99	
o.	Assist other families with food shopping or home management activities?.....	01	02	99	
p.	Assist classroom staff during meal times (e.g., serving, eating with children)..	01	02	99	
q.	Assist in recruiting families?	01	02	99	
r.	Update or compile a community agencies' resource list?	01	02	99	
s.	Prepare a newsletter for parents?.....	01	02	99	
t.	Contact parents to notify them of meetings and other Head Start activities?...	01	02	99	
DID PARENT VOLUNTEERS IN YOUR CENTER HELP WITH:					
u.	Chores and maintenance?.....	01	02	99	
v.	Special events?.....	01	02	99	
w.	Curriculum planning?.....	01	02	99	

III.I. EVALUATIONS OF PARENT INVOLVEMENT

III.I.1. During the past Head Start year, how often did you *meet with the Parent Involvement Coordinator (PIC)* to discuss parent involvement at your center, in addition to regular staff or coordinators' meetings? *(DO NOT READ LIST. CIRCLE ONLY ONE.)*

- a. Never..... 01
- b. More than once a month..... 02
- c. Monthly 03
- d. Two to six times 04
- e. Once 05
- f. DON'T KNOW 99
- g. NOT APPLICABLE (IF NO PIC) 90

III.I.2. During the past Head Start year, did your center use any of the following to determine the success of the parent involvement program at your center?

(READ LIST AND CIRCLE ALL THAT APPLY.)

- | | NO | YES | DK | |
|------------------------------------|----|-----|----|-----------------------------------------|
| a. Discussions with parents?..... | 01 | 02 | 99 | |
| b. Questionnaires to parents?..... | 01 | 02 | 99 | |
| c. Discussions with staff? | 01 | 02 | 99 | |
| d. Attendance tallies?..... | 01 | 02 | 99 | |
| e. Other (SPECIFY) _____ | 01 | 02 | 99 | |
| f. None of above | 01 | 02 | 99 | <input type="checkbox"/> Sec. IV |

III.I.3. During the past Head Start year, how often did you *assess the success* of the parent involvement program at your center? *(DO NOT READ LIST. CIRCLE ONE.)*

- a. Once 01
- b. Twice..... 02
- c. Quarterly 03
- d. Monthly 04
- e. After individual activities were held..... 05
- f. On an irregular schedule 06
- g. Never..... 07
- h. Other (SPECIFY) _____..... 08

IV. CURRICULUM AND CLASSROOM ACTIVITIES

Now I'd like to ask a few questions about the curriculum used in your center.

IV.A.1. Is a *specific curriculum or combination* of curricula used in your program?

- No 01 ! IV.A.4
- Yes 02
- DON'T KNOW 99 ! IV.A.4

IV.A.2. If your principal *curriculum* has a *name*, what is it?
(MARK [YES] OR [NO] FOR EACH.)

- | | NO | YES |
|-----------------------------------------------------|----|-----|
| a. High Scope..... | 01 | 02 |
| b. A Head Start State Curriculum (such as MAP)..... | 01 | 02 |
| c. The Creative Curriculum..... | 01 | 02 |
| d. Other (SPECIFY)..... | 01 | 02 |

IV.A.3. If your *additional curricula* have names, what are they?
(RECORD NAMES BELOW OR NOTE BELOW IF [NONE] OR [DON'T KNOW].)

- DON'T KNOW 99
- NOT APPLICABLE, NO ADDITIONAL CURRICULA 90

IV.A.4. To what extent are *teachers responsible* for developing their *own curriculum*?
(READ LIST AND CIRCLE ONE.)

- a. Very much..... 01
- b. Somewhat 02
- c. Very little 03
- d. Not at all..... 04

IV.A.5. Does **the curriculum** used by your program **specify** the following?

(READ LIST. MARK NO, YES OR DK FOR EACH.)

	NO	YES	DK
a. Goals for children’s learning and development.....	01	02	99
b. Specific activities for children	01	02	99
c. Suggested teaching strategies	01	02	99
d. Suggested teaching materials	01	02	99
e. Ways to involve parents in their child’s learning activities	01	02	99

IV.A.6. Is the curriculum **a formal, written plan** (like a manual or syllabus)?

No	01
Yes	02

IV.A.7. **Who developed** the curricula used by your program?

(DO NOT READ LIST. **CIRCLE ALL THAT APPLY.**)

a. Local program or center Head Start staff.....	01
b. Regional Head Start training centers	02
c. National Head Start program office	03
d. College/university	04
e. School system.....	05
f. Commercial publisher.....	06
g. Curriculum training organization.....	07
h. Other (SPECIFY) _____	08
i. DON’T KNOW	99

IV.A.7. Are **most** of the **teaching materials** created by local Head Start staff or by someone else? Are they created by ? (READ LIST AND CIRCLE ONE.)

a. Local Head Start program or center staff or teachers?.....	01
b. State, Regional or National Head Start	02
c. Someone else (e.g., commercial publisher).....	03

*

IV.B.1. Who makes most of the decisions about the **day-to-day instructional plans** for children, such as the calendar or sequence of activities? (CIRCLE ONE.)

a. Head Start program administrators	01
b. Individual center directors and staff	02

- c. Individual teachers 03
- d. Other (SPECIFY) _____ 04

Response Card

IV.B.2. **How often** are the following concepts or activities **offered** to the children **in your center**? Can you tell me if they are not offered, are offered less or more than once a month, once a week, or almost daily or daily? (READ EACH ITEM AND RECORD RESPONSE)

	NOT OFFERED/ NOT DONE	LESS THAN ONCE A MONTH	ONCE A MONTH OR MORE	ONCE A WEEK	DAILY OR ALMOST DAILY	DK
a. Letters of the alphabet or words.....	01	02	03	04	05	99
b. Reading stories	01	02	03	04	05	99
c. Naming colors	01	02	03	04	05	99
d. Number concepts or counting.....	01	02	03	04	05	99
e. Solving puzzles, playing with geometric forms	01	02	03	04	05	99
f. Cooking.....	01	02	03	04	05	99
g. Free play including dressing up or making believe, etc.....	01	02	03	04	05	99
h. Block building or other construction work.....	01	02	03	04	05	99
i. Indoor physical activities such as tumbling or dancing.....	01	02	03	04	05	99
j. Outdoor physical activities.....	01	02	03	04	05	99
k. Trips to the local library	01	02	03	04	05	99
l. Other field trips.....	01	02	03	04	05	99
m. Computer time	01	02	03	04	05	99
n. Visual arts such as drawing, painting, modeling, play dough, sandplay.....	01	02	03	04	05	99
o. Performing arts such as music, movement, dance, etc.	01	02	03	04	05	99
p. Health or hygiene or nutrition.....	01	02	03	04	05	99
q. Science or nature	01	02	03	04	05	99
r. Other (SPECIFY) _____	01	02	03	04	05	99

V. HOME VISITS

I'd like to ask about visits made to the homes of **center-based** Head Start children by center staff.

V.A.1. Are home visits to families of *center-based* children *required* of your center staff?

- No 01
- Yes 02 ! V.A.3

V.A.2. Do center staff make regular *home visits to* families of *center-based* children *even though they are not required*?

- No 01 ! V.B.1
- Yes 02

V.A.3. What are the *minimum number of home visits* to the family of each center-based child during the Head Start year by:

	A.	B.	C.	D.	E.	F.
		ONE	TWO	3	6	>6
		PER	PER	PER	PER	PER
	NONE	YEAR	YEAR	YEAR	YEAR	YEAR
						DK
a. Teachers or assistant teachers?.....	01	02	03	04	05	99
b. FSAs or FSWs (Family Service Assistants or Workers) or FAs (Family Advocates)?	01	02	03	04	05	99
c. Other (SPECIFY) _____	01	02	03	04	05	99
d. Other (SPECIFY) _____	01	02	03	04	05	99

V.B.1. Does your center include a *home-based option*?

No 01 ! V.C (if also no home visits to center based, ! Sec. VI)

Yes 02

V.B.2. What are the *minimum number of home visits* during the Head Start year to the family of each child *in your home-based program* by staff other than teachers or assistant teachers?

	A.	B.	C.	D.	E.	F.
	NONE	ONE PER YEAR	TWO PER YEAR	3 PER YEAR	6 PER YEAR	>6 PER YEAR
						DK
b. FSAs or FSWs or FAs (Family Service Assistants or Workers or Advocates)	01	02	03	04	05	99
c. Other (SPECIFY) _____	01	02	03	04	05	99
d. Other (SPECIFY) _____	01	02	03	04	05	99

Response Card Listing Staff Activities

		CIRCLE THREE FOR EACH:			
V.C.	DURING YOUR CENTER STAFF'S HOME VISITS, WHICH THREE ACTIVITIES ARE OF HIGHEST PRIORITY FOR:	V.C.1 TEACHERS/ ASSISTANT TEACHERS	V.C.2 FSWS FSAs or FAs	V.C.3 OTHER (SPECIFY)	V.C.4 OTHER (SPECIFY)
a.	Providing educational experiences to the Head Start child	01	01	01	01
b.	Providing educational experiences/assistance to other children in the household	02	02	02	02
c.	Providing instructions to the caregiver on parenting/education/child development issues	03	03	03	03
d.	Addressing issues of family health and nutrition	04	04	04	04
e.	Providing informal counseling or addressing personal issues (e.g., marital stress/family relations).....	05	05	05	05
f.	Providing education information/referral to caregivers	06	06	06	06
g.	Providing assistance with basic needs (e.g., food/housing/clothing/medical care).....	07	07	07	07
h.	Informing parents about Head Start and the services it offers	08	08	08	08
i.	Informing parents about the progress of their child	09	09	09	09
j.	Other (SPECIFY) _____	10	10	10	10

k. (IF NO HOME VISITS BY THOSE STAFF MEMBERS) NA NA NA NA

VI. COMMUNITY RESOURCES AND POPULATION NEEDS

I'd like to know about services in your community available to families at your Head Start center and their use by families.

Response Card

	(1) <i>(READ EACH ITEM IN COLUMN 1 AND READ QUESTIONS 3 AND 4 FOR EACH ITEM. SECTION 4 CAN HAVE 02 AND 03 FOR A RESPONSE.)</i>	(2) [REMOVED]	(3) DO MANY OF YOUR HEAD START FAMILIES EXPRESS CONCERNS ABOUT THE AVAILABILITY OF THIS SERVICE? 01 = NO 02 = YES 99 = DON'T KNOW			(4) DOES HEAD START HELP FAMILIES OBTAIN THIS SERVICE? 01 = NO, DOES NOT 02 = YES, REFERS OR HELPS OBTAIN SERVICE (INCLUDING TRANSPORTATION) 03 = YES, PROVIDES SERVICE DIRECTLY 99 = DON'T KNOW			
SERVICE									
a. Income assistance, like Welfare, SSI, unemployment insurance.....			01	02	99	01	02	03	99
b. Food and nutrition assistance, like Food Stamps or WIC.....			01	02	99	01	02	03	99
c. Help with housing.....			01	02	99	01	02	03	99
d. Help with utilities (running water, heat, telephone service.....)			01	02	99	01	02	03	99
e. Job training and employment services.....			01	02	99	01	02	03	99
f. Literacy programs, e.g., GED, college, learning to read, English as a Second Language...			01	02	99	01	02	03	99
g. Transportation to work or job training.....			01	02	99	01	02	03	99
h. Child care for preschool children before or after the Head Start day.....			01	02	99	01	02	03	99
i. Child care for other children in the household (e.g., infants, school-age).....			01	02	99	01	02	03	99
HEALTH CARE SUCH AS:									
j. Medical or dental care for children.....			01	02	99	01	02	03	99
k. Medical or dental care for adults in household			01	02	99	01	02	03	99
l. Health insurance, e.g., MEDICAID/LOCAL NAME FOR MEDICAID.....			01	02	99	01	02	03	99
m. Alcohol or drug abuse treatment or counseling services.....			01	02	99	01	02	03	99
n. Mental health services.....			01	02	99	01	02	03	99
HOW ABOUT SERVICES SUCH AS:									
o. Legal aid.....			01	02	99	01	02	03	99
p. Help dealing with family violence.....			01	02	99	01	02	03	99

	(1)	(2)	(3)	(4)
VI.A.1.	(READ EACH ITEM IN COLUMN 1 AND READ QUESTIONS 3 AND 4 FOR EACH ITEM. SECTION 4 CAN HAVE 02 AND 03 FOR A RESPONSE.)	[REMOVED]	DO MANY OF YOUR HEAD START FAMILIES EXPRESS CONCERNS ABOUT THE AVAILABILITY OF THIS SERVICE? 01 = NO 02 = YES 99 = DON'T KNOW	DOES HEAD START HELP FAMILIES OBTAIN THIS SERVICE? 01 = NO, DOES NOT 02 = YES, REFERS OR HELPS OBTAIN SERVICE (INCLUDING TRANSPORTATION) 03 = YES, PROVIDES SERVICE DIRECTLY 99 = DON'T KNOW
SERVICE				
q. Help in solving other family problems			01 02 99	01 02 03 99

Response Card

VI.A.2. Which one of these statements *best describes* most *parents new to your center*?
(READ THE STEM AND THE THREE STATEMENTS AND CIRCLE ONLY ONE.)

- * MOST PARENTS NEW TO OUR CENTER: CIRCLE ONE
-
- a. Don't know what services are available in the community..... 01
 - b. Pretty much know what's available in the community but don't use the resources 02
 - c. Are aware of the services that are available in the community and use them pretty well..... 03
 - d. DON'T KNOW 04

VI.B. Now, I would like to ask you some *questions about families in your center*. Some of them may seem sensitive, and you may refuse to answer if you wish:

VI.B.1. First, please tell me *how many children attend* your center. _____
(If a Director of multiple centers, give # for each additional center below). #
DONT KNOW 99

VI.B.2. *How many children in your center have special needs* for which they receive services or have an Individual Education Plan (IEP) (e.g., language and speech, emotional, hearing, learning, or physical)? _____
(If a Director of multiple centers, give # for each additional center below). #
DONT KNOW 99

- VI.B.3. Among children in your center(s) with a current IEP, which are the *two most commonly identified problems*? (DO NOT READ LIST.)
(CIRCLE ONLY TWO.)
- a. Health impairment..... 01
 - b. Emotional or behavioral disorder including ADD or ADHD 02
 - c. Speech or language impairments 03
 - d. Mental retardation..... 04
 - e. Hearing impairment including deafness..... 05
 - f. Orthopedic impairment 06

g. Visual impairment including blindness	07
h. Learning disabilities	08
i. Autism.....	09
j. Traumatic brain injury	10
k. Non-categorical developmental delay.....	11
l. Multiple disabilities including deaf-blind.....	12
m. Other (<i>SPECIFY</i>)	13
n. DON'T KNOW	99

VI.B.4. Now counting only families for whom you have a very good sense that this problem/situation exists, please tell me **how many** children are **living in a foster home?**

	#
REFUSE TO ANSWER	98
DON'T KNOW	99

VI.B.5. To your knowledge, how many **families** in your center have been **reported to an agency** for:

	NUMBER	DK/ REF
a. Child abuse		999
b. Child neglect		999
c. Other family violence	_____	999

VI.B.6. To your knowledge, how many families in your center have **household members**:

	NUMBER	DK/ REF
a. With AIDS		999
b. With a substance abuse problem.....		999
c. Who are currently in prison		999

* Who have a <i>physical or mental disability</i>	999
d.	
e. Who are the <i>victims of family violence</i>	999

VII. KINDERGARTEN TRANSITION

Lastly, I'd like to talk with you about kindergarten transition.

VII.A.1. Parents often have concerns and needs regarding their child's transition to kindergarten. What are the **three concerns or needs most often expressed** by the Head Start parents in your center about their child's transition to kindergarten?

- a. _____
- b. _____
- c. _____
- d. No concerns expressed 09
- e. DON'T KNOW 99

VII.A.2. Does your Head Start **center do any of the following** regarding transition to kindergarten? (READ LIST AND CIRCLE RESPONSE.) (Prompt: Do you...?)

	NO	YES	DK
a./b. Send letters home with children or mail letters to parents providing information on transition.....	01	02	99
* c./e. Invite parents to attend informational meetings or discussions with Head Start or school staff about kindergarten transition.....	01	02	99
d. Provide parents with information on the school their child will attend	01	02	99
f. Schedule parent and/or child visit(s) to the school the child will attend	01	02	99
g. Accompany parents and/or children to visit the school.....	01	02	99
h. Teach parents skills to effectively advocate for their school-age children.....	01	02	99
i. Other (SPECIFY) _____	01	02	99

VII.B.1. Does your Head Start center **work** in any of the following ways **with the schools** your students will attend? (Prompt: Does your center...?)

	NO	YES	DK
DOES YOUR CENTER . . .			
a. Conduct joint training of Head Start and school staffs.....	01	02	99
b. Share curriculum information.....	01	02	99
c. Share information about rules and program policies	01	02	99
d. Share information on expectations of students and families	01	02	99
e. Provide children's Head Start records to the school.....	01	02	99
f. Meet with kindergarten teachers at the schools Head Start children will attend	01	02	99
g. Other (SPECIFY) _____	01	02	99

VII.B.2. (IF "YES" TO ANY OF VII.A.2 OR VII.B.1, ASK:) During **which months** of the year does your center conduct kindergarten transition activities? (Enter name of Month(s) of transition activities)

MONTHS(S)

VIII. OVERVIEW OF CENTER

Now I would like you to think about your Head Start center overall, and all of the experiences and services the center is providing to children and their families.

VIII.A. If you could **change one thing** that you think would **significantly improve** the services your center is providing, what would it be? (*FORCE RESPONDENT TO CHOSE ONLY ONE.*)

VIII.B. Finally, what **two things** do you think your center does **really well** for children and their families? (*FORCE RESPONDENT TO CHOSE ONLY TWO.*)

1. _____

2. _____

Thank you very much for your cooperation. You've been very helpful!

If you have any questions about the study or the interview, you can call or write to any of these people. (*TEAR OFF BACK SHEET OF INTERVIEW PACKET AND HAND IT TO THE RESPONDENT.*)

THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

If you have any questions or concerns about the study or the interview, you can call or write to:

Louisa Tarullo, Ed.D.
Administration on Children, Youth and Families
(202) 205-9632

David Connell, Ph.D.
Abt Associates Inc.
(617) 349-2804

Nicholas Zill, Ph.D.
Westat, Inc.
(301) 294-4448

You may send your comments regarding the interview burden or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Reports Clearance Officer
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, S.W.
Washington, DC 20447

Office of Management and Budget
Paperwork Reduction Project
OMB Control No. (new request)
Washington, DC 20503