



EARLY HEAD START SURVEY

Self-Administered Questionnaire for Staff

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Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ACF Reports Clearance Officer, Paperwork Reduction Project (OMB #0970-0143), Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, DC 20447.

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INTRODUCTION

The National Early Head Start Research and Evaluation Project, sponsored by the U.S. Department of Health and Human Services, Administration for Children and Families, is conducting a longitudinal study of infants and toddlers in low-income families. Mathematica Policy Research, Inc., a national leader in social policy research, has been contracted to conduct this study.

The staff survey is one part of the data collection for this evaluation. It will be administered during site visits to selected Early Head Start programs in 1997 and 1999. The purpose of the staff survey is to gather information on the background, working conditions, and accomplishments of Early Head Start staff. The survey includes sections on your role in the Early Head Start program, working conditions, your professional development, physical and mental health, your background, and staff turnover (for Project Directors only). You may refuse to answer any question you do not wish to answer by writing "REFUSED" next to the question.

The answers you provide on the questionnaire will be held in strict confidence. Statistical analysis will be conducted on the combined answers from all returned questionnaires and presented in reports to the U.S. Department of Health and Human Services, Administration for Children and Families. Your local research team may also conduct statistical analyses of the data and present them in research reports or program improvement materials.

INSTRUCTIONS

The staff questionnaire will be distributed to all staff members in advance of the evaluation site visit. Please detach the front cover with your signed consent and seal the completed survey in the envelope provided to ensure confidentiality. Return both—the signed consent and the completed survey—to your program director prior to the end of the evaluator's site visit. If you are unable to return the consent form and survey to your program director before the evaluator leaves, please make arrangements to send them to Mathematica Policy Research, Inc. in Princeton, NJ.

Thank you for your cooperation in completing the questionnaire. Your answers will assist us in providing a comprehensive evaluation of the contribution of the Early Head Start program to staff development.

SIGNATURE

I have read the survey introduction and instructions and I agree that the information I provide in this survey may be used for the national and local Early Head Start Research and Evaluation Studies.

Signature

Printed Name

Date

EARLY HEAD START QUESTIONNAIRE

SECTION A: YOUR ROLE IN THE
EARLY HEAD START PROGRAM

A1. On what date did you start working for the Early Head Start program? (This question is specifically about the Early Head Start program and is not necessarily the same date you started working for the grantee agency.)

(Month) (Day) (Year)

A2. What is your current job title for Early Head Start?

OFFICE USE ONLY

A3. When did you begin working in this position?

(Month) (Day) (Year)

A4. What are your **primary** job responsibilities?

A5. In your current position, approximately how much of your time is spent working directly with families (parents and children together)?

- 0-25 percent 1
 26-50 percent 2
 51-75 percent 3
 76-100 percent 4

A6. In your current position, approximately how much of your time is spent doing administrative tasks?

- 0-25 percent 1
 26-50 percent 2
 51-75 percent 3
 76-100 percent 4

A7. How many days per week do you usually work for Early Head Start?

DAYS PER WEEK

A8. On the days that you work, how many hours are you usually scheduled to work per day?

HOURS PER DAY

A9. Do you usually bring home work or work extra hours beyond those for which you are scheduled?

- YES 1
 NO (GO TO A11) 0

A10. How many extra hours do you typically work?

EXTRA HOURS PER WEEK 1
 PER DAY 2

A11. What is your current employment status?

- Permanent full-time 1
 Permanent part-time 2
 Temporary full-time 3
 Temporary part-time 4
 On-call 5

- A23. List all positions, including any with the grantee agency, you have held in your field prior to starting work with the Early Head Start program. Please start with your most recent position and include positions you have held in the last ten years. If more space is needed, please use the back of this sheet.

If you have not held any positions in your field prior to starting work with the Early Head Start program, please check this box and continue on to Section B.

a. Position Title	b. Dates Employed (Your best estimate of month and year is fine)	c. Major Responsibility	d. Employer
	From: To:		
	From: To:		
	From: To:		
	From: To:		

SECTION B: WORKING CONDITIONS

B1. As part of your employment with the Early Head Start program, which of the following do you receive:

CHECK YES OR NO ON EACH LINE

- a. Educational stipends to cover workshops Yes 1 No 0
- b. Retirement or pension plan Yes 1 No 0
- c. Life insurance Yes 1 No 0
- d. Disability leave for child birth Yes 1 No 0
- e. Leave to care for newborns for mothers
or fathers Yes 1 No 0
- f. Paid health insurance (fully or partially paid) Yes 1 No 0
- g. Paid health insurance for dependents
(fully or partially paid) Yes 1 No 0
- h. Dental insurance Yes 1 No 0
- i. Paid sick leave Yes 1 No 0
- j. Sick leave to care for family members,
either paid or unpaid Yes 1 No 0
- k. Paid holidays when the center is closed Yes 1 No 0
- l. Paid vacations Yes 1 No 0
- m. Paid time to attend staff meetings Yes 1 No 0
- n. Paid release time to attend training Yes 1 No 0
- o. Compensation for overtime Yes 1 No 0
- p. Periodic cost of living increases Yes 1 No 0
- q. Periodic merit increases Yes 1 No 0
- r. Paid breaks Yes 1 No 0
- s. Paid lunch time Yes 1 No 0
- t. Paid preparation or planning time Yes 1 No 0
- u. Written job description Yes 1 No 0
- v. Formal grievance procedure Yes 1 No 0
- w. Written contract Yes 1 No 0
- x. Written salary schedule Yes 1 No 0
- y. Child care for your own children Yes 1 No 0

B2. The next 15 statements have to do with the current workplace climate at the Early Head Start program. After each statement, please indicate if you strongly disagree, disagree, are uncertain, agree, or strongly agree.

CHECK ONE BOX IN EACH ROW.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I am satisfied with my salary	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Routine duties and paperwork interfere with my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Necessary materials are available to the staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I have to follow rules in this program that conflict with my best professional judgement	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Most staff and administrators of the program are receptive to change and experimentation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. Staff frequently share ideas with each other	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g. Staff and program administrators work collaboratively to identify needs for improvement for the program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
h. The program administrators collaborate with other staff to make decisions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
i. The program administrators encourage staff to become involved in staff development activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
j. Program staff have enough opportunity to influence decisions that affect their work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
k. The program director communicates a clear vision of what the program should accomplish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
l. The Early Head Start program is a pleasant place to work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
m. The program director recognizes when I do a good job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
n. The program director keeps me informed of the things I need to know to do my job well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
o. The program director has expectations of my performance on the job that are realistic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

B3. Check the box in the column that best describes your relationships with each of the following individuals or groups.

CHECK ONE BOX IN EACH ROW.

	<u>Not Cooperative</u>	<u>Somewhat Cooperative</u>	<u>Cooperative</u>	<u>Very Cooperative</u>	<u>Not Applicable</u>
a. Parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Program director	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Community-based organizations in service area	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Other Early Head Start program staff	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION C: PROFESSIONAL DEVELOPMENT

C1. What is the highest level of education you have already completed? ENTER ONLY ONE GRADE LEVEL.

- Eighth grade or lower (GO TO C3A) 1
- Some high school (GO TO C3A) 2
- High school graduate or GED (GO TO C3A) 3
- Some college courses (GO TO C3A) 4
- Child development associate (CDA)
certification (GO TO C3A) 5
- Two-year college degree (GO TO C3A) 6
- Four-year college degree (GO TO C3A) 7
- Some graduate school 8
- Graduate degree(s) 9
- Post baccalaureate/master's certificate 10

IF SOME GRADUATE SCHOOL, GRADUATE DEGREE(S) OR POST BACCALAUREATE/MASTER'S CERTIFICATE ARE CHECKED ABOVE, ANSWER C2, OTHER WISE GO TO C3A

C2. Please indicate below each postsecondary degree you have received, when it was received, and the area of your major concentration.

a. DEGREE (distinguish type, i.e MA, MSW, MPH)	b. YEAR RECEIVED	c. MAJOR OR CONCENTRATION
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	
<div style="border: 1px solid black; width: 40px; height: 15px; margin: 0 auto; display: flex; justify-content: space-around;"> OFFICE USE ONLY </div>	_ _ _ _ _ _ _	

C3A. During the past 12 months, have you participated in any professional training activities?

Yes 1

No (GO TO C6) 0

C3. The following table is about the professional training activities you have participated in during the past 12 months. For each training course, program, seminar, or activity you attended, please indicate the type of training, the sponsor of the training, the number of sessions you attended, the hours per session, why you participated, who paid for the training, and whether you received credit. If more space is needed, please attach additional pages.

a. TYPE OF TRAINING	b. SPONSOR OF TRAINING	c. NUMBER OF SESSIONS ATTENDED	d. HOURS PER SESSION	e. WHY PARTICIPATED	f. PAYMENT RESPONSIBILITY	g. CREDITS
				CHECK ALL THAT APPLY Job requirement <input type="checkbox"/> 1 Interested in topics <input type="checkbox"/> 2 Working toward additional credentials or degree <input type="checkbox"/> 3 Enjoy social aspects <input type="checkbox"/> 4	CHECK ONE Free <input type="checkbox"/> 1 Respondent paid <input type="checkbox"/> 2 Early Head Start program paid <input type="checkbox"/> 3 Other (SPECIFY) <input type="checkbox"/> 0 _____ _____	CHECK ONE Received credits toward a degree or credential <input type="checkbox"/> 1 Did not receive credits <input type="checkbox"/> 2
				CHECK ALL THAT APPLY Job requirement <input type="checkbox"/> 1 Interested in topics <input type="checkbox"/> 2 Working toward additional credentials or degree <input type="checkbox"/> 3 Enjoy social aspects <input type="checkbox"/> 4	CHECK ONE Free <input type="checkbox"/> 1 Respondent paid <input type="checkbox"/> 2 Early Head Start program paid <input type="checkbox"/> 3 Other (SPECIFY) <input type="checkbox"/> 0 _____ _____	CHECK ONE Received credits toward a degree or credential <input type="checkbox"/> 1 Did not receive credits <input type="checkbox"/> 2
				CHECK ALL THAT APPLY Job requirement <input type="checkbox"/> 1 Interested in topics <input type="checkbox"/> 2 Working toward additional credentials or degree <input type="checkbox"/> 3 Enjoy social aspects <input type="checkbox"/> 4	CHECK ONE Free <input type="checkbox"/> 1 Respondent paid <input type="checkbox"/> 2 Early Head Start program paid <input type="checkbox"/> 3 Other (SPECIFY) <input type="checkbox"/> 0 _____ _____	CHECK ONE Received credits toward a degree or credential <input type="checkbox"/> 1 Did not receive credits <input type="checkbox"/> 2

FIELD(15)

- C4. On average, how beneficial were these training activities?
- Very beneficial 1
- Somewhat beneficial 2
- Not beneficial at all 3

- C5. Based on the content and format of the workshops, conferences, or staff training meetings you have attended in the past twelve months, how likely are you to change what you do in your work?
- Very likely 1
- Somewhat likely 2
- Not very likely 3

- C6. Do you intend to attend other training activities related to your job?
- Yes 1
- No. (GO TO C8) 0

- C7. Why are you going to attend other training activities?
- Required for my job 1
- Interested in learning more about working with children and families 2
- Enjoy the social aspects of training 3
- Need additional credits for degree or certification program 4
- To update my skills 5
- Other reasons (SPECIFY) 0
- _____
- _____
- _____

OFFICE USE ONLY

- C8. Do you have a Child Development Associate (CDA) credential?
- Yes 1
- No. (GO TO C13) 0

- C9. Which endorsement do you have?
- Center-based preschool 1
- Center-based infant/toddler 2
- Family child care 3
- Home visitor 4

- C10. Did you have to receive instruction through the CDA Professional Preparation Program?
- Yes 1
- No, I received my credential through direct assessment (GO TO C12) 0
- Not sure. (GO TO C12) 9

- C11. Where did you do your course work for the CDA credential?
- _____
- _____

- C12. When did you receive your credential?

(Month) (Year)

GO TO C17

- C13. Are you currently participating, or do you plan to participate, in the CDA program?
- Yes, currently participating 1
- Yes, plan to participate 2
- No. (GO TO C16) 0

- C14. Where do or will you do your course work?
- _____
- _____

- C15. When do you expect to receive your certificate?

(Month) (Day) (Year)

GO TO C17

C16. Why are you not planning to participate in the CDA program?

- Already have an equivalent or higher degree 1
- Do not have a high school degree or GED 2
- Cannot afford program 3
- Not required for my position 4
- Do not like the types of training available 5
- Do not have time to attend training 6
- Do not have transportation to training 7
- Interested in other types of training 8
- Don't have information on this type of training 9
- Not beneficial 10
- No interest 11
- Not in my field 12
- Other (SPECIFY) 0

OFFICE USE ONLY

GO TO C22

C17. Did or will you receive your CDA credential or start taking classes while you were working for the Early Head Start program?

- Yes 1
- No. (GO TO C22) 0

C18. Did or will you receive financial help in paying for the program?

- Yes 1
- No. (GO TO 20) 0

C19. Which sources did or will you use for financial assistance to pay for the CDA program?

CHECK ALL THAT APPLY

- Loan 1
- Pell grant 2
- Tuition reimbursement from Early Head Start program 3
- Scholarship (SPECIFY TYPE) 4

OFFICE USE ONLY

- Family 5
- Other (SPECIFY TYPE) 0

OFFICE USE ONLY

IF NOT CURRENTLY PARTICIPATING IN A CDA PROGRAM, GO TO C22

C20A. Do you receive benefits because you got or are working toward your CDA credential?

- Yes 1
- No (GO TO C22) 0

C20. Which of the following benefits have you received because of obtaining or working toward your CDA credential?

- Promotion 2
- Wage increase 3
- Bonus 4
- Other (SPECIFY TYPE) 0

OFFICE USE ONLY

IF WAGE INCREASE OR BONUS CHECKED ABOVE, ANSWER C21, OTHERWISE GO TO C22

C21. How much was the wage increase or bonus you received?

- \$ PER HOUR 1
- YEAR 2
- TOTAL 3

C22. What motivated you to work in the field of child or family education or development?

CHECK ALL THAT APPLY

- Wanted to work with children 1
- Wanted to help mothers and families 2
- It is the only job I feel qualified to do 3
- Wanted to make a difference/to give back to the community 4
- Prevent/reduce social risks and problems 5
- Chance to work with my own children 6
- A former client asked to take position 7
- Other (SPECIFY) 0

OFFICE USE ONLY

C23. The next five questions have to do with how you feel about your position with the Early Head Start program. Check the box under the answer that best describes your agreement or disagreement with each statement.

CHECK ONE BOX ON EACH LINE.

	<u>Yes</u>	<u>No</u>	<u>Maybe</u>	<u>Do Not Know</u>	<u>N/A</u>
a. I intend to leave this field in the next year	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I put a lot of effort into my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I frequently feel like quitting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I feel committed to working in this field	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. I feel stuck in this position due to few other employment opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

C24. Which statement **best** describes how you view your current position with the Early Head State program?

CHECK ONE

- I see my current position as my chosen occupation 1
- I see my current position as a first step in the child or family development field 2
- I see my current position as a stepping-stone to work in another related field 3
- I see my current position as temporary until a better job is available 4
- None of the aboves (SPECIFY) 0

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SECTION D: PHYSICAL AND MENTAL HEALTH

D1. ITEMS DELETED FROM THIS
VERSION TO PROTECT
AUTHOR/PUBLISHER COPYRIGHT.
SEE PAGE ii FOR FULL CITATION.

MOS

INTENTIONALLY BLANK

D21. The next questions have to do with your job satisfaction. Check the box under the answer that best describes how strongly you disagree or agree with each statement.

CHECK ONE BOX ON EACH LINE.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Uncertain</u>	<u>Agree</u>	<u>Strongly Agree</u>
a. I enjoy my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I find my work worthwhile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I find the work that I do is hard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. I find my work boring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. The work I do uses my skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f. I am satisfied with my position with the Early Head Start Program	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION E: BACKGROUND

This section is about your personal background.

E1. What is your birth date?

(Month) (Day) (Year)

E2. What is your sex?

Male 1
 Female 2

E3. Are you of Hispanic origin or descent?

Yes 1
 No (GO TO E3B) 0
 Not Sure 9

E3A. Are you ...

Central American, 1
 Cuban, 2
 Mexican or Chicano, 3
 Puerto Rican, 4
 South American, 5
 Dominican, or 6
 From some other background?
 (SPECIFY) 7

OFFICE USE ONLY

E3B. How do you primarily identify your racial background?

ASIAN OR PACIFIC ISLANDER,
 INCLUDING NATIVE HAWAIIAN 1
 BLACK OR AFRICAN AMERICAN 2
 WHITE 3
 AMERICAN INDIAN OR ALASKA
 NATIVE, INCLUDING CENTRAL
 AND SOUTH AMERICAN INDIANS 4
 OTHER (SPECIFY) 5

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NOT SURE 6
 HISPANIC/LATINO 7

E4. Were you born in the United States?

Yes 1
 No (GO TO E6) 0
 Not Sure (GO TO E6) 9

E5. In what city and state were you born?

City _____

State _____

GO TO E8

E6. In what city, state/province, and country were you born?

City _____

State/Province _____

Country _____

E7. How old were you when you moved to the US?

YEARS OLD

E8. Which languages do you speak?

English 1
 Spanish 2
 French 3
 Creole 4
 Mandarin 5
 Cantonese 6
 Japanese 7
 Vietnamese 8
 German 9
 OTHER (SPECIFY) 0

OFFICE USE ONLY

E9. What is your current marital status?

- Married 1
- Divorced 2
- Separated 3
- Widowed 4
- Never married 5

E10. Do you have any children?

- Yes 1
- No (GO TO E13) 0

E11. How many children do you have in each of the following age groups?

ENTER NUMBER OF CHILDREN
IN EACH AGE GROUP

- Preschool (4 or younger)
- School-age (5-17)
- Adult (18 or older)

E12. Have any of your children participated in Early Head Start or Head Start?

- Yes 1
- No 0

E13. Are you a member of a religious, school, political, or social group in the community served by Early Head Start?

- Yes 1
- No 0

The last questions have to do with your place of residence.

E14. Did you ever live in a neighborhood served by the Early Head Start program?

- Yes (GO TO E15) 1
- No (GO TO E16A) 0
- Not sure (GO TO E16A) 9

E15. Do you currently live in a neighborhood served by the Early Head Start program?

- Yes 1
- No 0
- Not sure 9

E16. Did you grow up in a neighborhood served by the Early Head Start program?

- Yes 1
- No 0
- Not sure 9

E16A. **PROJECT DIRECTORS: PLEASE PROCEED TO SECTION F** 1

OTHER STAFF: YOU HAVE COMPLETED THE SURVEY 0

THANK YOU.

SECTION F: FOR PROJECT DIRECTORS ONLY

F1. How many Early Head Start staff are employed by this center in each of the following statuses?

ENTER NUMBER OF STAFF

- Permanent full-time
- Permanent part-time
- Temporary full-time
- Temporary part-time
- On-call

F2. How many of the Early Head Start program's permanent staff have left the program in the last 12 months? Please include only staff who work with families or children.

(Number)

