

THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

 **FAMILY SERVICE WORKER INTERVIEW**

Spring, 1999

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 you work 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 40 minutes. 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 6/2000). The time required to complete this information collection is estimated to average 40 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 questions before we begin?

Date: ____ / ____ / ____
mo day yr

Interviewer: _____

Interviewer ID #: ____ _

Program Name: _____

Program #: ____ _

Center Name: _____

Center #: ____

Interviewee Name: _____

Interviewee ID #: ____ _

A. HEAD START EMPLOYMENT

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

A1. How long have you been **employed by this Head Start program**? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

A2. In total, how many years have you worked with **any Head Start program**? _____
(ROUND RESPONSE TO NEAREST # OF YEARS.) years

A3. Before you started working with Head Start, did you have **any work or volunteer experience** as a social worker or case manager in a family support program?

No..... 01 [\(SKIP TO A5\)](#) |
Yes..... 02

A4. How many **years experience** did you have with such programs before you joined Head Start? (ROUND RESPONSE TO NEAREST # OF YEARS.) _____
years

A5. How many **hours per week** are you **paid** to work for Head Start? _____
hrs./wk.

A6. How many **hours per week** do you **actually work** for Head Start? _____
hrs./wk.

A7. 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.

A8. What is your annual salary?

\$ _____
per year

A9. 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**?
(ROUND TO NEAREST NUMBER OF HEAD START YEARS.)

(PROMPT: BEST ESTIMATE?)

RESPONSIBILITIES /JOB TITLES	# OF YEARS IN THIS POSITION	% OF WORK TIME PER MONTH
Head Start Family Service Worker		

A10. What other positions/job titles, if any, have you held over your entire experience with Head Start?

RESPONSIBILITIES /JOB TITLES

A11. 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:

“Is (are) there _____ that make(s) it harder for you?”)

	NO	YES
a. Time constraints (not enough time to do all that is required).....	01	02
b. An undefined role (unclear guidelines on job responsibilities)	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

Response Card

A12. 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 IMPORTA NT	SOMEWH AT IMPORTA IMPORTANT	VERY IMPORTA NT	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
i. The opportunity to work with other adults (teachers, parents).....	01	02	03	98
j. The opportunity to use your experience and/or education in child development.....	01	02	03	98
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

A13. ***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

A14. **How satisfied** are you with working *in the field of family services*? 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

A15. **How likely** are you *to continue* working for Head Start through the next Head Start year (through 1999-2000)? (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

A16. Do you have any **children** living in your household who *attend Head Start now*?

- No..... 01
- Yes..... 02

A17. Did any **children** who lived in your household *in the past* attend Head Start?

- No..... 01
- Yes..... 02

B. EDUCATIONAL BACKGROUND

B1. 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</u> | |
| <u>Elementary School</u> | | <u>After 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</u> | |
| 10th grade..... | 05 | <u>Graduation/GED</u> | |
| 11th grade..... | 06 | 1 year..... | 13 |
| 12th grade..... | 07 | 2 years..... | 14 |
| Adult High School or GED classes ... | 08 | 3 years..... | 15 |
| [Removed]..... | 09 | 4 years..... | 16 |
| | | Graduate school years..... | 17 |
| | | Other (<i>SPECIFY</i>)..... | |

B2.

WHAT DIPLOMAS, CERTIFICATES, 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 **! B.3**
- e. Graduate degree..... 07 **! B.3**
- f. Other (*SPECIFY*) 08
- _____

B3.

IF "d" OR "e" (BACHELOR'S OR GRADUATE DEGREE),
ASK:
IN WHAT FIELD(S) IS/ARE YOUR DEGREES?

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

g. Other (SPECIFY) _____ 09

B4. Do you have any (other) job-related licenses or certificates?

- No.....01
- CPR (Cardiopulmonary Resuscitation)02
- Social Work03
- Registered Nurse.....04
- Teaching Certificate or License (Other than CDA).....05
- Other (SPECIFY) _____06

B5. Are you currently working on a degree, certificate or license?

- No.....01
- Yes.....02

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.*)

C1. How many hours of training, in total, do you estimate Head Start has provided or made available to you in the past program year including this past summer? (*TOTAL SHOULD = C2 TOTAL.*)

_____ total hrs.

Response Card

C2.

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 OF HOURS FOR EACH.*)
TOPIC

C2.

C3.

THREE TOPICS YOU WANT MORE TRAINING IN?
(*CIRCLE THREE RESPONSES ONLY.*)

HOURS RECEIVED

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

- u. CPR (Cardiopulmonary Resuscitation)..... 02
 - v. Other (LIST AND SPECIFY NUMBER OF TRAINING HOURS) 02
-
- 02

Response Card

C4. 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 Head Start. (READ LIST. CIRCLE NO [1] OR YES [2] OR DK [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

C5. Which item from the above list is **most characteristic** of the training offered by or through your Head Start agency?

(ENTER ONE LETTER ONLY.)

C6. 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

D. NEED ASSESSMENT & SERVICE PLANS

D1. Do you complete a written family needs assessment (FNA) for all, most, some, or none of the families that are assigned to you? (CIRCLE ONE OPTION.)

- All 01 ([SKIP TO D3](#))
- Most..... 02
- Some 03
- None 04

D2. What other staff members have responsibility for completing family needs assessments? (CIRCLE ALL THAT APPLY.)

- a. Center director/administrator 01
- b. Social service administrator 02
- c. (Blank) 03
- d. Parent involvement staff..... 04
- e. Education staff/teachers 05
- f. Health staff..... 06
- g. Combination of center and program staff..... 07
- h. Other (SPECIFY) _____ 08
- i. Don't know..... 99

D3. When *you* or other staff complete the family needs assessment (FNA), do you do the following: (READ LIST AND CIRCLE ONE FOR EACH.)

	<u>No</u>	<u>Yes</u>
a. Discuss objectives and goals with families	01	02
b. Prepare written family needs assessment with families.....	01	02
c. Review completed needs assessment with families.....	01	02

Now I'd like to ask you about your use of family assistance plans or a written plan specifying goals and objectives for Head Start families that you work with.

D4. Do you complete a written family assistance plan (FAP) or service plan for all, most, some, or none of the families that are assigned to you? (CIRCLE ONE OPTION.)

- All 01
- Most..... 02

- Some 03
- None 04 [\(SKIP TO E1\)](#)

D5. When *you* develop the family assistance plan (FAP) or service plan, do you do the following:
(READ LIST AND CIRCLE ONE FOR EACH.)

- | | <u>No</u> | <u>Yes</u> |
|--|-----------|------------|
| a. Discuss objectives and goals with families | 01 | 02 |
| b. Prepare the written family assistance plan with families..... | 01 | 02 |
| c. Ask family to sign a copy of the plan..... | 01 | 02 |
| d. Give the family a copy of the plan | 01 | 02 |

Response Card

D6. How often do you review and update the family assistance plans? *(READ LIST AND CIRCLE ONE OPTION.)*

- 1. More than once a month..... 01
- 2. At least once a month..... 02
- 3. At least once every three or four months 03
- 4. At least once every six months 04
- 5. At least once a year 05
- 6. As needed 06
- 7. Other *(SPECIFY)* _____ 07

E. CASE MANAGEMENT

Now I'd like to ask you about your work with families.

E1. What was **your average** caseload of Head Start families during this past year?

_____ # families

E2. Do you think **your caseload** this past year was:

- Too high01
- Too low.....02
- About right.....03

Response Card

E3. What factors determine the assignment of families to specific case managers/family service workers? If more than one factor is considered, please prioritize factors in order of importance with "1" being the most important consideration. (READ LIST AND CIRCLE YES OR NO FOR EACH.)

	<u>No</u>	<u>Yes</u>	<u>Priority Order</u>
a. According to the child's classroom.....	01	02	_____
aa. According to the center	01	02	_____
b. Geographic location of family.....	01	02	_____
c. Previous experience with specific families.....	01	02	_____
d. Type or level of families' needs	01	02	_____
e. Caseload size	01	02	_____
f. Qualifications or experience of staff with specific family needs.....	01	02	_____
g. Match between race, language, ethnic, and/or cultural characteristics of family and staff.....	01	02	_____
h. Randomly (without consideration for any of the above factors)	01	02	_____
i. Other (SPECIFY) _____ .	01	02	_____
_____..	01	02	_____

E4. In general, when do you first have contact with a family in your caseload? (READ LIST AND CIRCLE ONE.)

- a. During recruitment..... 01
- b. Upon enrollment..... 02
- c. Shortly after the child begins class..... 03
- d. Only upon referral from staff..... 04
- e. Upon direct request from parents..... 05
- f. Other (SPECIFY): _____ 06

E5. If a family had a new need for services that emerged during the Head Start year, how would you most likely learn about it? (READ LIST AND CIRCLE ONE.)

- a. Direct contact initiated by family (telephone call, letter)..... 01
- b. Through routine contact with the family (home visits,
telephone calls) 02
- c. Through informal contact with the family during Head
Start activities..... 03
- d. Referral from other Head Start staff 04

e. Other (SPECIFY): _____ 05

Response Card

E6. In the past month, what type(s) of contact did you have with Head Start families that you work with? For all families, some families, or no families, did you have contact through: (SELECT ONE RESPONSE FOR EACH ITEM BELOW.)

	Yes, for all families	Yes, for some families	No, not at all
a. Individual meetings at Head Start center	01	02	03
b. Individual meetings at families' home	01	02	03
c. Group meetings at Head Start center	01	02	03
d. Telephone calls	01	02	03
e. Notes, postcards	01	02	03
f. Other (SPECIFY): _____	01	02	03

Response Card

E7. During the past year, how often did you have face-to-face contacts with families in your caseload? What proportion of families did you see: (TOTAL SHOULD EQUAL 100% OF FAMILIES IN CASELOAD.)

	<u>Percentage of Head Start Families</u>
a. Once or twice a year.....	_____
b. Three to six times a year.....	_____
c. About once a month.....	_____
d. More than once a month.....	_____
e. About once a week or more.....	=====
	100%

E8. What are the **minimum number of home visits** you make to the families that you work with during the Head Start year? (DO NOT READ LIST. CIRCLE ONLY ONE.)

- a. None 01
- b. One per year..... 02
- c. Two per year 03
- d. Three to six per year 04

dd. More than six a year..... 05

E9. Do you meet at least monthly either individually or in a group with any of the following Head Start staff to discuss the progress and goals of individual families? (READ LIST AND CIRCLE YES OR NO FOR EACH OPTION.)

No

Yes

- a. Program director/administrator 01 02
- aa. Social service administrator 01 02
- b. Center director/administrator 01 02
- c. Parent involvement staff..... 01 02
- d. Education staff/teachers..... 01 02
- e. Health staff..... 01 02
- f. Other (SPECIFY) _____ 01 02

Response Card

E10. What are the **three major activities** that you spend the most time on in your work with families in order of priority (1, 2, or 3)? (INDICATE ONLY THE TOP 3 BY NUMBERING TOPICS BELOW 1-3, WITH #1 INDICATING THE TOPIC TAKING THE MOST TIME. DO NOT ASSIGN THE SAME RANK TO MORE THAN ONE TOPIC.)

- | | <u>Rank</u> |
|---|-------------|
| a. Providing educational experiences to the Head Start child or other children in the household | _____ |
| b. Educating the parent or caregiver on parenting/education/child development issues | _____ |
| c. Addressing issues of family health and nutrition | _____ |
| d. Providing informal counseling or addressing personal issues (e.g., marital stress/family relations) | _____ |
| e. Providing social service information/referral to caregivers (such as employment assistance, adult education, etc.) | _____ |
| f. Providing assistance with basic needs (e.g., food/housing/clothing/medical care) | _____ |
| g. Other (SPECIFY)_____ | _____ |

Response Card

E11. What are the three main concerns or issues that families need your help with? (INDICATE ONLY THE TOP 3 BY NUMBERING TOPICS BELOW 1-3, WITH #1 INDICATING THE TOPIC TAKING THE MOST TIME. DO NOT ASSIGN THE SAME RANK TO MORE THAN ONE TOPIC.)

- | | <u>Rank</u> |
|---|-------------|
| a. Basic needs (e.g., food/housing/clothing) | _____ |
| b. Parenting issues (e.g., child behavior management)..... | _____ |
| c. Parent's personal issues (e.g., family relations, marital stress, substance abuse, domestic violence)..... | _____ |
| d. Transportation | _____ |
| e. Child care issues..... | _____ |
| f. Concerns about child's development | _____ |
| g. Legal issues (e.g., child custody, child support)..... | _____ |
| h. Medical and/or dental care..... | _____ |
| i. Other (SPECIFY): _____.. | _____ |

E12. To your knowledge, how many families that you work with have been reported to an agency for:

	<u>Number</u>	<u>Don't Know/ Refuse to Answer</u>
a. Child abuse	#: _____	999
b. Child neglect.....	#: _____	999
c. Other family violence	#: _____	999

E13. To your knowledge, how many families that you work with have household members:

	<u>Number</u>	<u>Don't Know/ Refuse to Answer</u>
a. With AIDS	#: _____	999
b. With a substance abuse problem.....	#: _____	999
c. In prison.....	#: _____	999
d. Who have a physical or mental disability.....	#: _____	999

e. Who are the victims of family violence #: _____ 999

F. CONTACT WITH COMMUNITY PROVIDERS

Now I'd like to ask you some questions about your experience with community service providers.

Response Card

F1. What percent of your time would you estimate is spent directly providing services to Head Start families, what percent is spent contacting and working with community agencies, and what percent is spent on administrative tasks? (TOTAL MUST ADD TO 100%.)

	<u>Percentage of time</u>
a. % time with families	_____
b. % time contacting and working with community agencies.....	_____
c. % time on administrative tasks such as paperwork and meetings.....	_____
d. Other responsibilities (SPECIFY)_____	=====
	100%

Response Card

F2. Upon entering Head Start, would you say "most," "some," "a few" or "none" of the parents new to Head Start (READ STATEMENT)...

	<u>Most</u>	<u>Some</u>	<u>A Few</u>	<u>None</u>	<u>Don't Know</u>
a. Don't know at all what services are available in the community.....	01	02	03	04	99
b. Know what's available in the community but don't use the resources	01	02	03	04	99
c. Are aware of the services that are available in the community and use them pretty well	01	02	03	04	99

Response Card

F3. Upon entering Head Start, would you say "most," "some," "a few" or "none" of the parents new to Head Start (READ STATEMENT)...

	<u>Most</u>	<u>Some</u>	<u>A Few</u>	<u>None</u>	<u>Don't Know</u>
a. Require extensive help from Head Start staff to contact and use community services	01	02	03	04	99
b. Are pretty good about contacting and using	01	02	03	04	99

- community services when staff work closely with them
- c. Take the initiative on their own to contact and use community services with little staff effort.....
- 01 02 03 04 99

Response Card

F4. When you refer families to community service providers, what proportion of your referrals are handled in the following ways? (TOTAL MUST ADD TO 100%)

	<u>Percentage of Referrals</u>
a. Specific information about services is given to families (e.g., location, time of classes, contact person) and the families arrange for their own services	_____
b. Individual slots or services are arranged with direct service providers by Head Start staff	_____
c. Head Start staff arrange services <i>and</i> accompany family to services for orientation or first meeting	_____
d. Other (SPECIFY) _____	_____
_____	100%

Response Card

F5. How often do you follow up referrals to services in the following ways to find out if the family used those services? (READ LIST AND CIRCLE ONE RESPONSE FOR EACH ITEM.)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequentl y</u>	<u>Don't Know</u>
a. By talking with families.....	01	02	03	04	99
b. By talking with community service provider.....	01	02	03	04	99
c. By receiving written notice from community service provider	01	02	03	04	99

d. Other (SPECIFY) _____ 01 02 03 04 99

Response Card

F6. In the past Head Start year, how many families in your caseload have you referred to the following agencies either by telephone, written referral, or in-person contact:
 (CIRCLE ONE RESPONSE FOR EACH PROVIDER.)

Agencies that provide:	<u>None</u>	<u>1-5</u>	<u>6-10</u>	<u>More than 10</u>	<u>Don't Know</u>
a. Income assistance -- like welfare, SSI, unemployment insurance	01	02	03	04	99
b. Food and nutrition assistance -- like Food Stamps or WIC	01	02	03	04	99
c. Help with housing	01	02	03	04	99
d. Help with utilities (running water, hot water, heat, telephone service)	01	02	03	04	99
e. Job training and employment assistance	01	02	03	04	99
f. Education assistance -- for example, GED, college, learning to read, English as a second language	01	02	03	04	99
g. Help getting transportation to a job or training	01	02	03	04	99
h. Child care	01	02	03	04	99
i. MEDICAID/local name for MEDICAID	01	02	03	04	99
j. Medical or dental care for children/adults	01	02	03	04	99
k. Alcohol or drug abuse treatment or counseling	01	02	03	04	99
l. Mental health services	01	02	03	04	99
m. Legal aid	01	02	03	04	99
n. Help dealing with family violence	01	02	03	04	99
o. Help in solving other family problems	01	02	03	04	99
p. Other (SPECIFY) _____	01	02	03	04	99

Response Card

F7. How frequently do you meet with staff from collaborating agencies for the following activities:
 (CIRCLE ONE RESPONSE FOR EACH ACTIVITY.)

	More than once a <u>month</u>	About once a <u>month</u>	Less than once a <u>month</u>	No <u>contact</u>
a. Joint membership on an advisory panel or community board	01	02	03	04
b. Meetings to discuss general services for Head Start families	01	02	03	04
c. Meetings to discuss services for specific Head Start families	01	02	03	04

Response Card

F8. How often have the following been barriers to collaboration with other community service providers: (CIRCLE ONE RESPONSE FOR EACH ITEM BELOW.)

	<u>Never</u>	<u>Rarely</u>	<u>Sometimes</u>	<u>Frequentl y</u>	<u>Don't Know</u>
a. Limited number of openings for families at collaborating agency	01	02	03	04	99
b. Content or focus of agency does not match families' needs	01	02	03	04	99
c. Lack of bilingual staff.....	01	02	03	04	99
d. Services inaccessible or too far away.....	01	02	03	04	99
e. Availability of child care during class or meeting time	01	02	03	04	99
f. Schedule does not meet family needs	01	02	03	04	99
g. Lack of cooperation from staff at collaborating agency	01	02	03	04	99
h. Cost of service is prohibitive	01	02	03	04	99

i. Other (SPECIFY) _____ 01 02 03 04 99

F9. Are there services that Head Start families need that Head Start or community agencies cannot provide? (CIRCLE ONE.)

No 01
Yes 02

IF YES, EXPLAIN SERVICES NEEDED AND REASON THEY CANNOT BE PROVIDED:

F10. Is there anything you would change about your job or the social service component that would improve services provided to families? (PLEASE EXPLAIN.)

F11. Has there been an impact on Head Start families because of welfare reform and changes in public assistance laws? (PLEASE EXPLAIN.)

F12. Has there been an impact on your Head Start program because of welfare reform and changes in public assistance laws? (PLEASE EXPLAIN.)

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 AND HAND TO RESPONDENT.)

FACES: THE HEAD START FAMILY AND CHILD EXPERIENCES SURVEY

Thank you very much for your cooperation. If you have any questions about the study or the interview, you may call the following numbers:

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