



**Center Director Interview  
Spring 2002**

Center ID number: _____
Center name: _____
Director name: _____

Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**Westat**

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 children and families from your point of view. Information from this study will be used to help Head Start to improve services provided to children and 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 30 minutes.

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

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Do you have any questions before we start?

**A. STAFFING AND RECRUITMENT**

To begin with, I have some questions about staffing and recruitment.

A1. How many lead teachers are currently employed in this Center?

# \_\_\_\_\_

A2. How many of these lead teachers are new to the Center this year?

# \_\_\_\_\_

A3. Are there currently any unfilled vacancies for lead teachers?

YES..... 1  
NO..... 2

A4. During the last program year, how many lead teachers left and had to be replaced during the year?

# \_\_\_\_\_

A5. How many assistant teachers or paid teacher aides are currently employed in this Center?

# \_\_\_\_\_

A6. How many of these assistant teachers (or teacher aides) are new to the Center this year?

# \_\_\_\_\_

A7. Are there currently any unfilled vacancies for assistant teachers (or teacher aides)?

YES..... 1  
NO..... 2

A8. During the last program year, how many assistant teachers (or teacher aides) left and had to be replaced during the year?

# \_\_\_\_\_

A9. In your opinion, are the teachers who came to the Center this year or last more qualified, as qualified, or less qualified than the teachers they replaced?

- More qualified,..... 1
- As qualified,..... 2
- Less qualified,.or..... 3
- NO NEW TEACHERS?..... 4

A10. Is the job of finding replacement teachers relatively easy, fairly easy, fairly difficult, or very difficult?

- Relatively easy,..... 1
- Fairly easy,..... 2
- Fairly difficult, or..... 3
- Very difficult?..... 4

A11. Do you have or have you recently begun any efforts to reduce teacher turnover?

- YES..... 1
- NO..... 2 (GO TO A13)

A12. What are you doing or trying to do to reduce turnover? How about:...?

	<u>Yes</u>	<u>No</u>
a. Increasing teacher salaries.....	1	2
b. Hiring or recruiting more assistants, aides.....	1	2
c. Providing more or better training or education subsidies.....	1	2
d. Providing better fringe benefits.....	1	2
e. Giving teachers more say in choice of curriculum and planning of activities.....	1	2
f. Providing teachers with better physical facilities (furniture, classroom or lounge areas, etc.).....	1	2
g. Anything else?.....	1	2
SPECIFY:_____		

A13. Do you have staff members at your center who...

	<u>Yes</u>	Yes some, but not <u>all</u>	<u>No</u>	<u>Not Needed</u>
a. Speak the home/native language of children from non-English speaking or limited English-speaking families? .....	1	2	3	4
b. Provide guidance on ethnic customs, traditions and values?.....	1	2	3	4

A14. Do you have any current or former Head Start parents employed in your center?

YES.....	1
NO .....	2 (SKIP TO B1)

A15. How many current or former Head Start parents are employed at your center as a/an:

	<u>NUMBER EMPLOYED</u>
a. Lead teacher.....	_____
b. Assistant Teacher .....	_____
c. Teacher's aide .....	_____
d. Family Service Worker.....	_____
e. Home visitor.....	_____
f. Cook .....	_____
g. Assistant in meal preparation .....	_____
h. Driver of a Head Start bus .....	_____
i. Maintenance person .....	_____
j. Administrator (e.g., Center Director, Component Coordinator).....	_____
k. Other (SPECIFY) _____ .....	_____

**B. TEACHER EDUCATION INITIATIVES AND STAFF TRAINING**

B1. Do you have or have you recently begun any efforts to help teachers and assistant teachers get their college degrees, CDA's, or early childhood certification?

- YES..... 1
- NO..... 2 (GO TO B3)

B2. What are you doing or trying to do? How about....?

	<u>Yes</u>	<u>No</u>
a. Providing tuition assistance?.....	1	2
b. Giving teachers release time? .....	1	2
c. In-service training for CDA's? .....	1	2
d. Assigning a mentor teacher? .....	1	2
e. Anything else? .....	1	2
(SPECIFY) _____		

B3. How often do you provide training for your [READ TYPE OF STAFF]? Would you say *once every few years, about once a year, every few months, monthly, or weekly*?  
How often do you provide training for: [NEXT TYPE OF STAFF]?

	Once every Few Years	Yearly	Once every Few Months	Monthly	Weekly
a. Teachers and assistant teachers	1	2	3	4	5
b. Family service workers	1	2	3	4	5
c. Health staff	1	2	3	4	5

B4. Who conducts the training? (CIRCLE ALL MENTIONED).

- a. Center or grantee staff..... 1
- b. Other community resources..... 2
- c. Local consultants..... 3
- d. Head Start Quality Improvement Center (HSQIC)..... 4
- e. Disability Services Quality Improvement Center (DSQIC) ..... 5
- f. National Head Start Association (Heads Up Satellite Training)..... 6
- g. State or national conferences (NAEYC or NHSA)..... 7
- h. Private companies or organizations (e.g., High Scope, Teaching Strategies)..... 8
- i. Other ..... 9
- (SPECIFY) \_\_\_\_\_

B5. What form does the training usually take? Would you say:...? (CIRCLE ONE ONLY.)

- Day long workshops, ..... 01
- Workshops less than 1 day long,..... 02
- Multi-day workshops,..... 03
- Sessions at national conferences,..... 04
- Guided self-study materials, or..... 05
- Mentoring in Head Start Center?..... 06

B6. Do you have mentor teachers to work with teachers in classrooms?

- YES..... 1
- NO ..... 2 (GO TO B8)

B7. How often do they come to the classroom? Would you say:...

- Once a week..... 1
- Once every two weeks..... 2
- Once a month, or..... 3
- Less than once a month?..... 4

B8. Overall, how helpful is the training your staff receive? Would you say:

- Very helpful..... 1
- Fairly helpful..... 2
- Could be more helpful, or..... 3
- Could be much more helpful?..... 4

B9. Would you like to have more training?

- YES..... 1
- NO ..... 2 (GO TO C1)

B10. What kind of training would you like to have?

\_\_\_\_\_

B11. Who would you like to provide the training?

\_\_\_\_\_

**C. PARENT INVOLVEMENT**

C1. 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

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.

- |   | <u>INDICATE<br/>1, 2, AND 3</u> |
|---|---------------------------------|
| a. Teach parents about child development and parenting.....   | _____                           |
| b. Inform parents about their own child's development .....   | _____                           |
| c. Encourage parents to read more and do more educational activities with their children.....                     | _____                           |
| d. Teach parents about health and nutrition .....   | _____                           |
| e. Inform parents about the support services in their community and help them to use them.....                    | _____                           |
| f. Help parents develop a social support network of other parents and families in the program and community ..... | _____                           |
| g. Have parents participate in policy and program decisions .....   | _____                           |
| h. Help parents become economically self-sufficient (i.e., get further education and employment) .....            | _____                           |
| i. Help parents improve their literacy skills .....   | _____                           |
| j. Help parents identify their personal goals and ways in which to achieve them .....                             | _____                           |



C2. During this year and the past Head Start year, have parent volunteers in your center served as...

	<u>YES</u>	<u>NO</u>
a. Classroom aides? .....	1	2
b. Consultants or workshop leaders? .....	1	2
c. Providers of guidance on ethnic customs, traditions and values? .....	1	2
d. Home visitors? .....	1	2
e. Interpreters for non-English speaking or limited English-speaking families? .....	1	2
f. Bus monitors or drivers? .....	1	2
Have parent volunteers helped with:		
g. Height and weight measurements? .....	1	2
h. Vision screenings?.....	1	2
i. Classroom cleanup? .....	1	2
j. Dental care/prevention?.....	1	2
Have parent volunteers in your center:		
k. Assisted other families with food shopping or home management activities? .....	1	2
l. Assisted classroom staff during meal times (e.g., serving, eating with children)? .....	1	2
m. Assisted in recruiting families? .....	1	2
n. Contacted parents to notify them of meetings and other Head Start activities?.....	1	2
o. Mentored or encouraged other families to participate? .....	1	2
Have parent volunteers in your center helped with:		
p. Chores and maintenance?.....	1	2
q. Curriculum planning? .....	1	2

C3. 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 often at meetings in your Center.

	<u>NEVER/ RARELY OCCUR</u>	<u>SOMETIMES OCCUR</u>	<u>OFTEN OCCUR</u>
a. Not enough parents actively participate in center committees or meetings.....	1	2	3
b. Parents have different priorities than staff .....	1	2	3
c. Parents do not understand budget constraints .....	1	2	3
d. Parents feel uncomfortable advocating for themselves or their children.....	1	2	3
e. Parents want more academic activities for children than staff do .....	1	2	3
f. Parents are reluctant to support concerns or issues that do not affect their family .....	1	2	3
g. Other (SPECIFY) _____ .....	1	2	3

C4. Does your center or program do any of the following to encourage parents to participate in Head Start activities and classes? How about: . . .

	<u>YES</u>	<u>NO</u>
a. Offer incentives such as door prizes or samples of products?.....	1	2
b. Provide transportation?.....	1	2
c. Provide child care? .....	1	2
d. Provide interpreters? .....	1	2
e. Serve food such as snacks or supper?.....	1	2
f. Anything else? (SPECIFY) _____	1	2

C5. Does your center offer workshops, meetings, or activities specifically targeted toward fathers or father-figures?

- YES..... 1
- NO..... 2 (SKIP TO C7)

C6. Does your center offer any of the following targeted specifically toward fathers or father-figures? How about...

	<u>YES</u>	<u>NO</u>
a. Employment assistance and skills workshops.....	1	2
b. Basic finance and budgeting skills workshops.....	1	2
c. Social activities .....	1	2
d. Partner or family relationship workshops.....	1	2
e. Parenting education workshops.....	1	2
f. Adult-child outings .....	1	2
g. Support groups for men .....	1	2
h. Anything else (SPECIFY) _____	1	2

C7. Do fathers or father-figures regularly help in any of the following ways in your center?

	<u>YES</u>	<u>NO</u>
a. As classroom volunteers.....	1	2
b. As chaperones for field trips .....	1	2
c. As members of the Parent Council or other governing bodies .....	1	2
d. Doing maintenance or chores.....	1	2
e. Helping at special events or activities....	1	2

C8. How successful has your center been in involving fathers in Head Start? Would you say it has been...

- Very successful,..... 1
- Somewhat successful, or ..... 2
- Not very successful?..... 3

**D. WAITING LISTS AND PROGRAM EXPANSION**

D1. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in classes in this Center, but for whom slots were not available?

YES..... 1  
NO ..... 2 (GO TO D5)

D2. How many children were on this waiting list?

# \_\_\_\_\_

D3. Based on last year's experience, how many of the children on the waiting list do you think you will eventually enroll during the course of the year?

# \_\_\_\_\_

D4. What is your procedure for selecting children off the waiting list? Is it:

- First come, first served ..... 01
  - A priority system based on assessment of child or family needs..... 02
  - A priority system based on goals for racial/ethnic/language diversity, or..... 03
  - A mixture of these selection criteria?
  - SPECIFY MIX: When applied and need..... 04
    - When applied and diversity ..... 05
    - Need and diversity ..... 06
    - When applied, need, and diversity ..... 07
  - Other..... 08
- SPECIFY: \_\_\_\_\_

D5. Have you expanded the Head Start program at this Center in the last two years to serve more children?

YES..... 1  
NO ..... 2 (GO TO D11)

D6. How many children have you added?

# \_\_\_\_\_

D7. How many classrooms have you added?

# \_\_\_\_\_

D8. How many teachers have you added? # \_\_\_\_\_

D9. Have you added new program components, such as:

	<u>Yes</u>	<u>No</u>
a. Extended-day child care or "wrap around" care for Head Start children?.....	1	2
b. Home-based Head Start?.....	1	2
c. Family day care based Head Start?.....	1	2
d. Early Head Start?.....	1	2
e. Other.....	1	2

SPECIFY: \_\_\_\_\_

D10. In carrying out this expansion, have you encountered serious problems in any of the following areas? How about:...

	<u>Yes</u>	<u>No</u>
a. Recruiting children to fill the increased slots?.....	1	2
b. Recruiting qualified teachers or staff? .....	1	2
c. Training teachers or staff? .....	1	2
d. Finding or constructing additional space/facilities? .....	1	2
e. Managing the increased number of parents/families? .....	1	2
f. Managing the increased number of staff? .....	1	2
g. Other? .....	1	2

SPECIFY: \_\_\_\_\_

D11. Do you plan to expand the Head Start program at this Center (further) in the next two years to serve more children?

YES..... 1  
NO ..... 2 (GO TO E1)

D12. How many children do you plan to add?  
# \_\_\_\_\_

D13. How many classrooms do you plan to add?

# \_\_\_\_\_

D14. How many teachers do you plan to add?

# \_\_\_\_\_

D15. Do you plan to add new program components, such as:

	<u>Yes</u>	<u>No</u>
a. Extended-day child care or "wrap around" care for Head Start children?.....	1	2
b. Home-based Head Start?.....	1	2
c. Family day care based Head Start?.....	1	2
d. Early Head Start?.....	1	2
e. Other.....	1	2

SPECIFY: \_\_\_\_\_

D16. In carrying out this expansion, do you anticipate serious problems in any of the following areas? How about:...

	<u>Yes</u>	<u>No</u>
a. Recruiting children to fill the increased slots?.....	1	2
b. Recruiting qualified teachers or staff? .....	1	2
c. Training teachers or staff? .....	1	2
d. Finding or constructing additional space/facilities? .....	1	2
e. Managing the increased number of parents/families? .....	1	2
f. Managing the increased number of staff? .....	1	2
g. Other? .....	1	2

SPECIFY: \_\_\_\_\_

**E. CURRICULUM, CLASSROOM ACTIVITIES AND ASSESSMENT**

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

- E1. Is a specific curriculum or combination of curricula used in your program?
- YES..... 1  
NO..... 2 (GO TO E7)

E2. If your principal curriculum has a name, what is that name?  
(CIRCLE ONE)

- a. High Reach..... 01
- b. High/Scope..... 02
- c. Montessori..... 03
- d. Bank Street..... 04
- e. Creative Curriculum..... 05
- f. Creating Child Centered Classrooms – Step by Step ..... 06
- g. Curiosity Corner – Johns Hopkins..... 07
- h. Scholastic Curriculum..... 08
- i. State developed curriculum (which state) ..... 09
- j. Other (SPECIFY) ..... 10

E3. If your additional curricula have names, what are they?  
(CIRCLE ALL THAT APPLY)

- a. High Reach..... 01
- b. High/Scope..... 02
- c. Montessori..... 03
- d. Bank Street..... 04
- e. Creative Curriculum..... 05
- f. Creating Child Centered Classrooms – Step by Step ..... 06
- g. Curiosity Corner – Johns Hopkins..... 07
- h. Scholastic Curriculum..... 08
- i. State developed curriculum (which state) ..... 09
- j. Other (SPECIFY) ..... 10
- k. No other curricula ..... 11

E4. Who makes *most* of the decisions about the day-to-day plans for children, such as the selection of themes and activities? Is it...

- Head Start program administrators, ..... 1
- Individual center directors and staff,..... 2
- Individual teachers, or ..... 3
- Someone else? (SPECIFY)?\_\_\_\_\_ 4

E5. To what extent are teachers responsible for developing their own curriculum? Would you say...

- Very much, ..... 1
- Somewhat, ..... 2
- Very little, or ..... 3
- Not at all? ..... 4

E6. Does the curriculum used by your program specify the following? (READ LIST. CIRCLE "YES" OR "NO" FOR EACH.)

	<u>YES</u>	<u>NO</u>
a. Goals for children's learning and development.....	1	2
b. Specific activities for children .....	1	2
c. Suggested teaching strategies.....	1	2
d. Suggested teaching materials.....	1	2
e. Ways to involve parents in their child's learning activities.....	1	2

E7. Do you have or have you recently begun any efforts to improve children's early literacy skills, that is, to teach them more about letters, word sounds, words, writing, understanding and appreciating books and reading?

- YES..... 1
- NO..... 2



E8. [As part of this effort,] do you encourage teachers in your Center to do more of any of the following kinds of activities? How about....? Would you say teachers are *very much encouraged*, *somewhat encouraged*, *not very much encouraged*, or *not at all encouraged* to do this?

	Very much encour- <u>aged</u>	Some- what encour- <u>aged</u>	Not very much encour- <u>aged</u>	Not at all encour- <u>aged</u>
a. Reading stories to the children?.....	1	2	3	4
b. Retelling stories? .....	1	2	3	4
c. Discussing new words? .....	1	2	3	4
d. Learning about rhyming words and word families? .....	1	2	3	4
e. Learning about common prepositions, such as over and under, up and down? .....	1	2	3	4
f. Learning about conventions of print (left to right orientation, book holding)? .....	1	2	3	4
g. Learning the names of letters? .....	1	2	3	4
h. Writing letters of the alphabet? .....	1	2	3	4
i. Writing own name? .....	1	2	3	4
j. Working on phonics? .....	1	2	3	4

E9. Do you currently assess children's developmental progress over the course of the year?

- Yes..... 1  
 No..... 2 (GO TO E12)

E10. What methods do you use for these assessments? Would you say:....

- Ratings based on observation or work sampling..... 1  
 Testing with standardized tests or assessment  
 or screening instruments..... 2  
 Both observation-based ratings and direct assessments? or,..... 3  
 Something else?..... 4  
 (SPECIFY)\_\_\_\_\_

E11. Over the course of the Head Start year, how often is each child's development assessed?

- ONCE..... 1 (GO TO F1)  
 TWICE..... 2 (GO TO F1)  
 THREE OR MORE TIMES..... 3 (GO TO F1)

E12. How are you planning to implement the new assessment and analysis requirements?  
Do you plan to make use of:...

- Ratings based on observation or work sampling..... 1
- Testing with standardized tests or assessment  
or screening instruments..... 2
- Both observation-based ratings and direct assessments? or,... 3
- Something else?..... 4
- (SPECIFY)\_\_\_\_\_
- DON'T KNOW ABOUT  
REQUIREMENTS..... 5

**F. HOME VISITS**

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

F1. Are home visits to families of center-based children required of your center staff?

YES..... 1  
NO ..... 2 (GO TO F3)

F2. What are the minimum number of home visits to the family of each center-based child during the Head Start year by:

a. Teachers or assistant teachers?

# \_\_\_\_\_

b. FSAs or FSWs (Family Service Assistants or Workers) or FAs (Family Advocates)?

# \_\_\_\_\_

F3. Does your center include a home-based option?

YES..... 1  
NO ..... 2 (GO TO BOX BEFORE F5)

F4. How many times a year is each family visited by:

a. Home visitors (teachers)?

# \_\_\_\_\_

b. FSAs or FSWs (Family Service Assistants or Workers) or FAs (Family Advocates)?

# \_\_\_\_\_

Response Card

IF RESPONSES TO E1 AND F3 ARE BOTH "NO" (2), CHECK THIS BOX . . .  AND GO TO G1

F5. During your center staff's home visits, which three of these activities are of highest priority for teachers and assistant teachers?

F6. Which of the three activities are of highest priority for family service workers?

(CIRCLE THREE FOR EACH.)

	TEACHERS/ ASSISTANT TEACHERS	FSWs FSAs or FAs
a. Providing educational experiences to the Head Start child.....	01	01
b. Informing parents about the progress of their child .....	02	02
c. Teaching parents about parenting/education/child development issues including activities to do with their children.....	03	03
d. Conducting family assessments .....	04	04
e. Providing guidance to families to help them meet their goals .....	05	05
f. Providing referral to community services.....	06	06
g. Providing informal counseling or addressing personal issues (e.g., marital stress/family relations) .....	07	07
h. Providing information/referral to parents about educational services .....	08	08
i. Providing assistance with basic needs (e.g., food/housing/clothing/medical care) .....	09	09
j. Obtaining information from parents about their experiences with Head Start including suggestions for improvement.....	10	10
k. Other (SPECIFY) _____	11	11

**G. KINDERGARTEN TRANSITION**

G1. Does your Head Start center do any of the following regarding transition to kindergarten?

Do you...

	<u>YES</u>	<u>NO</u>
a. Send letters home with children or mail letters to parents providing information on transition? .....	1	2
b. Invite parents to attend informational meetings or discussions with Head Start or school staff about kindergarten transition? .....	1	2
c. Provide parents with information on the school their child will attend? .....	1	2
d. Schedule parent and/or child visit(s) to the school the child will attend? .....	1	2
e. Accompany parents and/or children to visit the school? .....	1	2
f. Teach parents skills to effectively advocate for their school-age children? .....	1	2
g. Do anything else? (SPECIFY) _____	1	2

G2. Does your Head Start center work in any of the following ways with the schools your students will attend?

	<u>YES</u>	<u>NO</u>
a. Conduct joint training of Head Start and school staffs? .....	1	2
b. Share curriculum information?.....	1	2
c. Share information about rules and program policies?.....	1	2
d. Share information on expectations of students and families?.....	1	2
e. Provide children's Head Start records to the school? .....	1	2
f. Meet with kindergarten teachers at the schools Head Start children will attend? .....	1	2
g. Helps schools identify Kindergarten students to enroll? .....	1	2
h. Do anything else? (SPECIFY) _____	1	2

**H. EMPLOYMENT AND EDUCATIONAL BACKGROUND**

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

H1. How long have you been employed by this Head Start program?  
(ROUND RESPONSE TO NEAREST # OF YEARS.)

YEARS \_\_\_\_\_

H2. In total, how many years have you worked with any Head Start Program?  
(ROUND RESPONSE TO NEAREST # OF YEARS.)

YEARS \_\_\_\_\_

H3. Before you started working with Head Start, did you have any work or volunteer experience with early childhood education, health, or family support programs?

YES..... 1  
NO..... 2 (SKIP TO H5)

H4. How many years experience did you have with such programs before you joined Head Start? (ROUND RESPONSE TO NEAREST # OF YEARS.)

YEARS \_\_\_\_\_

H5. How many hours per week are you paid to work for Head Start?

HOURS PER WEEK \_\_\_\_\_

H6. How many hours per week do you actually work for Head Start?

HOURS PER WEEK \_\_\_\_\_

H7. How many months per year are you paid to work for Head Start?

MONTHS PER YEAR \_\_\_\_\_

H8. In your current Head Start position(s), do any of the following make it harder for you to do your job well?

Do/Does [ITEM] make it harder for you to do your job well?

	<u>YES</u>	<u>NO</u>
a. Time constraints .....	1	2
b. An undefined role.....	1	2
c. Not a high enough salary for job demands .....	1	2
d. Lack of support staff .....	1	2
e. Not enough training for secondary responsibilities .....	1	2
f. Not enough support and communication from administration .....	1	2
g. Not enough funds for supplies and activities .....	1	2
h. Anything else (SPECIFY) .....	1	2

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H9. Do you receive the following benefits through Head Start?

	<u>YES</u>	<u>NO</u>
a. Paid vacation time .....	1	2
b. Paid sick leave.....	1	2
c. Paid maternity leave .....	1	2
d. Unpaid maternity leave .....	1	2
e. Paid family leave.....	1	2
f. Fully or partially paid health insurance .....	1	2
g. Fully or partially paid dental insurance .....	1	2
h. Tuition reimbursement.....	1	2
i. Retirement plan .....	1	2

H10. Please tell me the extent to which you agree with each of the following statements. Tell me whether you *strongly disagree*, *disagree*, *neither agree nor disagree*, *agree*, or *strongly agree*.

	<u>Strongly disagree</u>	<u>Disagree</u>	<u>Neither agree nor disagree</u>	<u>AAgree</u>	<u>Strongly agree</u>
a. I really enjoy my present job.....	1	2	3	4	5
b. I am certain I am making a difference in the lives of children.....	1	2	3	4	5
c. If I could start over, I would choose education again as my career.....	1	2	3	4	5

H11. How likely are you to continue working for Head Start through the next Head Start year (through 2002-2003)? Would you say you are...

Very likely,.....	1
Somewhat likely, .....	2
Somewhat unlikely, or.....	3
Very unlikely?.....	4

H12. Do you have any children living in your household who attend Head Start now?

- YES..... 1
- NO..... 2

H13. Did any child who lived in your household in the past attend Head Start?

- YES..... 1
- NO..... 2

H14. What is the highest grade or year of school that you completed?  
(CIRCLE ONE RESPONSE.)

- UP TO 8TH GRADE ..... 01
  - 9TH TO 11TH GRADE ..... 02
  - 12TH GRADE BUT NO DIPLOMA ..... 03
  - HIGH SCHOOL DIPLOMA/EQUIVALENT ..... 04
  - VOC/TECH PROGRAM AFTER HIGH SCHOOL  
BUT NO VOC/TECH DIPLOMA ..... 05
  - VOC/TECH DIPLOMA AFTER HIGH SCHOOL..... 06
  - SOME COLLEGE BUT NO DEGREE ..... 07
  - ASSOCIATE'S DEGREE ..... 08
  - BACHELOR'S DEGREE ..... 09
  - GRADUATE OR PROFESSIONAL SCHOOL BUT NO DEGREE .... 10
  - MASTER'S DEGREE (MA, MS) ..... 11
  - DOCTORATE DEGREE (PHD, EDD) ..... 12
  - PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) ..... 13
- } (GO TO H20)
- 
- } (GO TO H15)

H15. In what field did you obtain your highest degree?

- CHILD DEVELOPMENT OR  
DEVELOPMENTAL PSYCHOLOGY ..... 1
- EARLY CHILDHOOD EDUCATION ..... 2
- ELEMENTARY EDUCATION ..... 3
- OTHER FIELD (SPECIFY) \_\_\_\_\_ 4

H16. Did your field include 6 or more college courses in early childhood education or child development?

- YES..... 1 (GO TO H18)
- NO..... 2

H17. Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?

- YES..... 1
- NO..... 2

H18. What is the name of the college or university where you completed your highest degree?

NAME OF COLLEGE/UNIVERSITY: \_\_\_\_\_

H19. In what city and state is the (college/university) located?

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

H20. Do you have a Child Development Associate (CDA) credential?

- YES..... 1
- NO..... 2

H21. Do you have a state-awarded preschool certificate?

- YES..... 1
- NO..... 2

H22. Do you have a teaching certificate or license?

- YES..... 1
- NO..... 2

H23. Do you have any other job-related licenses?

- YES..... 1
- NO..... 2

H24. Are you currently a member of a professional association for early childhood education? (e.g., NAEYC, NHSA, NEA)

- YES..... 1
- NO..... 2

H25. What is your total annual salary (before taxes) for the current school year?

\$\_\_ \_\_, \_\_ \_\_ \_\_ per year

H26. What is your gender?

MALE ..... 1  
FEMALE..... 2

H27. In what year were you born? 19\_\_\_\_\_

H28. Are you of Spanish, Hispanic, or Latino origin?

YES..... 1  
NO..... 2 (GO TO H30)

H29. Which one of these best describes you...

Mexican, Mexican American, Chicano,..... 1  
Puerto Rican, ..... 2  
Cuban, or ..... 3  
Another Spanish/Hispanic/Latino group? ..... 4

H30. What is your race? You may name more than one if you like.

(CIRCLE ALL THAT ARE MENTIONED.)

a. WHITE ..... 01  
b. BLACK, AFRICAN AMERICAN, OR NEGRO..... 02  
c. AMERICAN INDIAN OR ALASKA NATIVE  
(SPECIFY) \_\_\_\_\_ 03  
d. ASIAN INDIAN..... 04  
e. CHINESE..... 05  
f. FILIPINO..... 06  
g. JAPANESE ..... 07  
h. KOREAN..... 08  
i. VIETNAMESE..... 09  
j. ASIAN (NOT FURTHER SPECIFIED) \_\_\_\_\_ 10  
k. NATIVE HAWAIIAN ..... 11  
l. GUAMANIAN OR CHAMORRO ..... 12  
m. SAMOAN ..... 13  
n. OTHER PACIFIC ISLANDER (SPECIFY) \_\_\_\_\_ 14  
o. ANOTHER RACE (SPECIFY) \_\_\_\_\_ 15

H31. Do you speak a language other than English?  
YES..... 1  
NO..... 2 (GO TO I1)

H32. What is it?  
SPANISH ..... 1  
FRENCH ..... 2  
ASIAN LANGUAGE ..... 3  
CREOLE ..... 4  
OTHER ..... 5  
SPECIFY: \_\_\_\_\_

**I. OVERVIEW OF CENTER**

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.

11. If you could change one thing that you think would significantly improve the services your center is providing, what would it be? (ASK RESPONDENT TO CHOOSE ONLY ONE.)

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12. Finally, what two things do you think your center does really well for children and their families? (ASK RESPONDENT TO CHOOSE ONLY TWO.)

1. 

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2. 

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

**THANK YOU FOR YOUR PARTICIPATION IN FACES!**