**Idaho Head Start Association**

**2022 Statewide Community Assessment**

**Survey Instruments**

**Overview**

In the winter of 2021-22, the Idaho Head Start Association (IHSA) sponsored the first statewide community assessment of the needs and strengths of Head Start-eligible children, their families, and the communities in which they live. IHSA commissioned the Public Health Management Corporation’s Research & Evaluation Group (PHMC) to conduct the assessment, to help Idaho’s thirteen Head Start programs meet federal Office of Head Start requirements and plan for the future to ensure that the programs provide appropriate services to meet the diverse needs of Head Start-eligible children and families.

PHMC created the two survey tools provided in this document to serve as companions to the 2022 Statewide Community Assessment Report. The report contains the results of PHMC’s analyses of quantitative data about the demographic composition of children and families in the eligible income range and other priority populations; the prevalent social and economic conditions that impact their well-being; the educational, health, nutritional, and social service needs of eligible children and families; and community resources and strengths. Data gathered via the surveys will provide a systematic method to incorporate the voices and perspectives of families and community members. Results from these surveys will help programs identify program and community resources available to meet the needs of Head Start-eligible families and recognize gaps, as well as understand the most significant issues and trends affecting these families in a program’s service area.

Head Start programs, with input from IHSA, can adapt and distribute the survey tools to families and community members to learn directly from people in their immediate service areas.

**General Guidance**

This section provides guidance regarding the decisions and steps each Head Start program can take to determine the most efficient and effective way to gather data from families and stakeholders in their communities. Specifically, this section gives suggestions related to:

* Identification of targeted participants
* Outreach and recruitment to reach the largest number and most diverse set of key respondents
* Incentives and other strategies to maximize participation
* Methods of survey administration
* Survey construction and final selection of topics/items
* Actionable next steps

Head Start programs may want to begin with a convening of program staff, community partners, and parents to discuss of the goals of their local survey. A discussion group or survey committee can address the target populations, key questions, and outreach strategies before survey finalization and distribution. The group can meet during and after data collection to discuss findings and action steps.

*Identification of Targeted Participants*

The two surveys each have their own target audience and are discussed separately.

Parents and Families

Programs should decide if they want to gather information from current Head Start / Early Head Start families, parents and/or families who are not currently using HS/EHS. Programs and partners should describe their goals for the groups of families they hope to reach, such as families of different race/ethnic groups, families of children with unique needs, families with infants and toddlers, parents working nontraditional hours, foster families, or families experiencing homelessness. These goals will shape outreach strategies. They may also inform whether translation is needed for the survey and outreach materials (flyers, emails, posts, etc.).

Community Stakeholders and Key Informants

Programs can start by assembling a list of organizations to approach for the stakeholder survey. These organizations may be in several different sectors. Representatives from some of these organizations may be connected to Head Start (e.g., part of the planning committee or already partnered with the Head Start program), or they may not yet have strong connections with Head Start programs, but may touch Head Start-eligible children and families in various ways. Potential community stakeholder survey respondents include:

* Early intervention service provider
* Health care sector, such as pediatric or OBGYN offices
* Elementary schools
* Community-based childcare centers
* Child Care Resource and Referral office
* Foster care or homelessness services providers
* Public housing agencies
* Nutrition services providers
* Other community-based organizations and social service providers

*Outreach and Recruitment*

Options to distribute the invitations to complete the surveys include:

* By invitation or direct contact using email, text, and/or other methods
* “Snowball” sampling, whereby survey respondents share the flyer/link with other friends, family, and professional contacts
* Social media posts on the site’s own social media page and in relevant social media groups/pages like Facebook parent/family groups for the service area
* Promotion using flyers, e-newsletters, social media posts, announcements at community or parent meetings, and similar strategies
* Partner with other family-facing/serving organizations and ask them to distribute flyers and/or the survey. For example: Early intervention service providers, pediatric or OBGYN offices, libraries, churches and other religious institutions, elementary schools, community-based childcare centers, Child Care Resource and Referral office, childcare subsidy administrator, foster care or homelessness services providers, public housing agencies, community-based organizations
* Employers, employee-facing organizations who may have staff/members who are low-income parents of young children, or employer groups (e.g., Chamber of Commerce, unions, large employers such as hospitals, manufacturing sites, farms or food packaging companies, warehouse/shipping businesses, food service and hospitality, etc.)
* Advertise in local businesses by hanging flyers or leaving cards (e.g., supermarkets, hair salons, barbershops, laundromats, gyms, YMCAs/YWCAs, etc.)

Tips for distribution of promotional materials:

* If the survey will be collected online, include links *and* QR codes to the electronic surveys on all flyers and posts
* Community partners may be willing to share flyers or survey information
* Translate materials as needed

*Incentives*

Incentives can help boost participation. Possible incentives to consider offering, if budget and logistics allow (alone or in combination):

* small monetary incentive (e.g., gift card/e-gift card)
* books, age-appropriate learning toys/activities
* raffle/drawing for one or two higher-value incentives (e.g., larger collection of books, a tablet)

*Tips and Suggestions to Boost Response Rate*

Separately or in conjunction with incentives, the following may also increase survey response rates:

* Send a “pre-notification” or provide outreach and share information that the survey is coming through newsletters, flyers, messaging
* Send reminders, as possible

*Distribution / Administration Format Options*

The main format options for survey administration are electronic (e.g., Survey Monkey, Google Forms, etc.) or on paper. Another option could be to gather data over the phone, with a staff person reading the questions to a participant; however, this can be time consuming.

An advantage of online methods is ease of access, widespread and rapid distribution, and immediate and organized collection of data. Participants could complete it on a device of their choice (i.e., cell phone, tablet, desktop or laptop). Disadvantages are that not everyone is comfortable with online surveys or has limited access to an internet connection or device.

Paper surveys may be more comfortable for some respondents. However, they are more challenging to distribute and collect, and someone on staff will need to enter the data into Excel or some other data management system.

*Survey Construction*

The selection of items and response options is key to gathering the information most needed by your program. The survey tools can be used in their entirety or adapted for your use.

All Head Start programs and IHSA may want to communicate as a group before any program distributes surveys in their local areas. Are there some questions that you want to be sure ALL programs include? Including universal questions will allow (a) analysis of statewide data with responses combined across programs, and (b) comparison between programs/regions.

If your program, together with your survey discussion group, will be modifying the survey tools, consider your audience for each survey. Who are you inviting? This may shape which questions you select, or which answer options you include.

Also consider what do you really want to know. Only include the questions that are most important, or that you expect to learn the most about from your participants. Aim to keep it as short as possible without sacrificing needed information.

Consider the pros and cons of open-ended questions. Write-in questions have the potential to allow the participant to expand on a closed-ended question, or to share something that you had not thought of in the fixed options lists. However, in practice, most participants skip write-in questions or only write in something simple or generic (e.g., “it was good” or “more hours”). In addition, the staff at your program who are collecting and analyzing the data would need to have time and comfort level to go through the written responses, organize or “code” them, and try to come up with a systematic and clear way to interpret the answers as a group. This can be time consuming and may be outside the areas of expertise of available staff.

**Idaho Head Start Association**

**2022 Community Assessment**

**Parent Survey Instrument**

The Idaho Head Start Association (IHSA) sponsored a statewide community needs assessment to gather information on the needs of families of children from birth through age 5 who are eligible for Head Start or Early Head Start. This community assessment is required to be conducted annually by the U.S. Government agency that funds Head Start.

As part of the community needs assessment, we are conducting surveys of parents and caregivers. Your participation in this survey is very important in helping Head Start plan its programs for the next year and beyond.

This survey is voluntary and your information will be kept confidential. It will take about \_\_\_\_ to \_\_\_\_ minutes. [INSERT TIME ESTIMATE AFTER THE CONTENT OF THE SURVEY IS SELECTED.]

**Instructions**: [INSTRUCTIONS REGARDING SURVEY COMPLETION OPTIONS TO BE ADDED ACCORDING TO ADMINISTRATION METHOD (E.G., ONLINE OR ON PAPER)]

1. **Awareness and Use of Head Start**

|  |  |
| --- | --- |
|  | **Notes for Program Staff**  Individual Head Start programs can decide whether to include this question, depending on whom they are inviting to participate in the survey. |
| 1. **Please indicate your child(ren)’s enrollment status in Head Start or Early Head Start.** |
| * + Currently enrolled in Head Start or Early Head Start |
| * + On a wait list for Head Start or Early Head Start |
| * + Interested, but haven’t applied for Head Start or Early Head Start |  |
| The questions in the rest of this section may need to be re-organized according to the audience (i.e., only Head Start or also potential Head Start parents). | |
| 1. **What were some of the reasons you enrolled your child in Head Start, or are interested in enrolling your child in Head Start? Check all that apply.** |  |
| * + Need for childcare while working |  |
| * + Location and hours |  |
| * + Child’s educational development |  |
| * + Child’s social development |  |
| * + Qualifications of staff |  |
| * + Program quality |  |
| * + Multiple languages spoken (English and other(s)) |  |
| * + Nutrition program |  |
| * + Free (no cost to my family) |  |
| * + Early intervention and/or services for children with special needs |  |
| * + Transportation provided |  |
| * + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  |
| 1. **How did you hear about Head Start? Check all that apply.** |  |
| * + Word of mouth / Friends or family |  |
| * + Internet search |  |
| * + Social media |  |
| * + Advertisement (TV, radio, on a bus) |  |
| * + Saw the program in my community |  |
| * + Service office (e.g., WIC, child care subsidy office, housing, other public benefit program or other service) | |
| * + Pediatrician or doctor / doctor’s office |  |
| * + School district |  |
| * + Flyer in my community |  |
| * + Open house |  |
| * + My employer |  |
| * + Other |  |
|  |  |
| 1. **Do you think most parents and caregivers of preschool aged children in your neighborhood have heard about Head Start?** | |
| * + Yes |  |
| * + No |  |
| * + Don’t know |  |
|  |  |
| 1. *IF NO:* **Why do you think most parents of young children in your neighborhood have *not* heard about Head Start? Check all that apply.** | Programs may want to gather information about outreach efforts and reach. They may want to include a longer list of potential reasons, or consider an open ended question. However, this type of question is optional and could be excluded. |
| * + - Language and cultural differences |
| * + - Literacy issues |
| * + - Lack of advertising or marketing |
| * + - Type of advertising media |
| * + - Don’t know |
| * + - Other: \_\_\_\_\_ |
|  |  |
| 1. **Do you think most parents and caregivers of infants and toddlers in your neighborhood have heard about Early Head Start?** | |
| * + Yes |  |
| * + No |  |
| * + Don’t know |  |
|  |  |
| 1. **How do you get your child to Head Start?** |  |
| * Personal transportation / own transportation |  |
| * Walk or bike |  |
| * Head Start bus |  |
| * Public transportation |  |
| * Rely on family / friends |  |
| * No way to get places |  |
| * I use a mix of transportation methods |  |
| * Not applicable – My child is not enrolled in Head Start |  |

1. **Satisfaction with Head Start**

|  |  |
| --- | --- |
|  | **Notes for Program Staff** |
| Please complete this section if your child is currently enrolled in a Head Start or Early Head Start program. | | This section is only relevant for survey respondents who are currently using Head Start. The section could be left out completely if no current families are being included. If a mix of families are being included, use the instructions on the left. |

1. **Please check the box that best describes how you feel about the following statements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | My Head Start doesn’t have these kinds of staff |
| I am satisfied with the Head Start services my child and family receives from: |  |  |  |  |  |  |
| Classroom staff |  |  |  |  |  |  |
| Administration |  |  |  |  |  |  |
| Family service providers |  |  |  |  |  |  |
| Health staff |  |  |  |  |  |  |

1. **Please check the box that best describes how you feel about the following statements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I am satisfied with the following referrals to other services my child and/or family have received from Head Start: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | My child/ family has not gotten referred to this service by Head Start |
| Healthcare |  |  |  |  |  |  |
| Nutrition |  |  |  |  |  |  |
| Food resources |  |  |  |  |  |  |
| Employment |  |  |  |  |  |  |
| Housing |  |  |  |  |  |  |
| Education |  |  |  |  |  |  |
| Parenting education |  |  |  |  |  |  |
| Social services |  |  |  |  |  |  |

1. **Please check the box that best describes how you feel about the following statements:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Not Applicable |
| The content covered in Head Start’s curriculum is beneficial to my child’s development. |  |  |  |  |  |  |
| I feel comfortable speaking with staff to discuss the needs of my child(ren). |  |  |  |  |  |  |
| Head Start teachers… |  |  |  |  |  |  |
| Provide high quality education to my child(ren). |  |  |  |  |  |  |
| Are well-informed about child learning and development. |  |  |  |  |  |  |
| Are sensitive to my child’s social and emotional needs. |  |  |  |  |  |  |
| Head Start has helped my child get ready for school by: |  |  |  |  |  |  |
| Becoming more independent |  |  |  |  |  |  |
| Learning basic concepts in language |  |  |  |  |  |  |
| Learning basic concepts in math |  |  |  |  |  |  |
| Learning to share and cooperate |  |  |  |  |  |  |
| The Head Start program… |  |  |  |  |  |  |
| Has provided food for my child that is healthy and nutritious. |  |  |  |  |  |  |
| Has handled COVID-19 safety precautions well. |  |  |  |  |  |  |
| Has effectively communicated with me about important changes to my child’s educational environment in response to COVID-19. |  |  |  |  |  |  |
| Has maintained their quality of services throughout the COVID-19 pandemic. |  |  |  |  |  |  |

1. **How much would these things make it easier to use Head Start?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No difference | A little easier | Somewhat easier | A lot easier |
| Longer hours |  |  |  |  |
| Summer Head Start |  |  |  |  |
| Different hours |  |  |  |  |
| More flexible hours or days |  |  |  |  |
| Bus / transportation to and from Head Start |  |  |  |  |
| Different site location |  |  |  |  |

1. **How useful are these services that Head Start currently provides for you and your family?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not useful | A little useful | Somewhat useful | Very useful | Never used this |
| Parenting classes |  |  |  |  |  |
| Special needs services |  |  |  |  |  |
| Transportation to and from Head Start |  |  |  |  |  |
| Dental care or screenings |  |  |  |  |  |
| Health screenings |  |  |  |  |  |
| Developmental screenings |  |  |  |  |  |
| Referrals to other providers |  |  |  |  |  |

1. **What are some areas in which you think Head Start can improve? Check all that apply.**
   * Better website or social media sites
   * Staffing
   * Communication
   * The physical environment (rooms, equipment, safety features)
   * Quality of instruction
   * The application and enrollment process
   * Other: Write in
2. **What needs are *not* being addressed through current services available to Head Start eligible families? Check all that apply.**

* Affordable housing
* Food
* Benefits
* Entitlements
* Employment
* Job training
* Access to early prenatal care
* Access to pediatricians/health care
* Access to health care coverage/insurance
* Access to specialty care
* Access to early intervention
* Access to mental or behavioral health services
* Access to dental care
* Don’t know

1. **On a scale from 0-10, with 0 being the lowest and 10 being the highest, how would you rate your overall satisfaction with the Head Start program?** \_\_\_\_\_\_\_\_\_\_\_
2. **Community Services and Programs**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | **Notes for Program Staff** | | |
| 1. **How easy has it been to access these community services that your family needed?** | | | | Community services list could be expanded or reduced, or this item could be excluded as per the program’s priorities/interests. | | |
| Services | Could not access service | Difficult to access needed service | Adequate access to service | | Easy access to service | Do not need this type of service | |
| Medical / health |  |  |  | |  |  | |
| Early intervention |  |  |  | |  |  | |
| Children’s mental or behavioral health |  |  |  | |  |  | |
| Adult mental health |  |  |  | |  |  | |
| Special needs |  |  |  | |  |  | |
| Addiction / substance misuse |  |  |  | |  |  | |
| Domestic violence |  |  |  | |  |  | |
| Food / nutrition |  |  |  | |  |  | |
| Housing assistance |  |  |  | |  |  | |
| Transportation |  |  |  | |  |  | |
| Affordable internet / phone |  |  |  | |  |  | |
| Financial assistance |  |  |  | |  |  | |

**18**. **Please indicate if you are currently or have recently used any of the following types childcare or early learning programs (*not including* Head Start or Early Head Start). Check all that apply.**

* + Center-based child care or preschool
  + Home-based paid child care / Family child care program
  + Babysitter or paid in-home caregiver
  + Informal friends and family - paid
  + Informal friends and family - Unpaid
  + None of the above
  + Other:\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Notes for Program Staff** |
| 1. **About You and Your Family** | Programs can cut down these based on what they most want to know about respondents. |

1. **What is your age?**
   * Under 18
   * 18-24
   * 25-34
   * 35-44
   * 45-54
   * 55+
2. **Do you think of yourself as:** 
   * Female
   * Male/
   * Transgender woman/Trans woman
   * Transgender man/Trans man
   * Gender-queer/Gender nonconforming/Non-binary
   * Another identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Prefer not to answer
3. **What do you currently consider your marital status to be?**
   * Legally married
   * Living with a partner
   * Widowed
   * Divorced
   * Separated
   * Single
   * Other
   * Prefer not to answer
4. **Are you of Hispanic or Latinx/e origin?**
   * Yes
   * No
   * Prefer not to answer
5. **How do you identify your race? Check all that apply.**
   * American Indian or Alaska Native or Native American
   * Asian American or Asian
   * Black or African American
   * Middle Eastern or North African
   * Native Hawaiian or Pacific Islander
   * White
   * Prefer not to answer
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **What is the highest level of education you completed?**
   * No formal education
   * Less than high school education
   * Some high school education
   * High school diploma/GED
   * Vocational training
   * Some college, but no degree
   * Associate degree
   * Bachelor’s degree
   * Graduate or professional degree
7. **What is your current employment status? Check all that apply.**
   * Full-time employed
   * Part-time employed
   * I do not work for pay outside the home
   * Self-employed
   * Unemployed
   * Student / Job training
   * Military
   * Retired
   * Not able to work
   * Prefer not to answer
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF EMPLOYED OR IN THE MILITARY:

1. **Which of these best describes your work schedule in a typical week?** 
   * I work during regular hours (between about 8 am and 6 pm, not on weekends).
   * I work nonstandard hours, such as in the evening, early morning,
   * overnight, or on weekends.
   * A mix: Some of my work hours are during the day and some are in the
   * evening, early morning, overnight, or overnight.
2. **Which of these best describes how much your work hours change from week to week?**

* My work schedule doesn't change very much.
* My work schedule changes sometimes.
* My work schedule changes a lot / Nearly every week.

1. **Which of these best describes how much advance notice you usually have of your work schedule?**

* I know my schedule at least two weeks in advance.
* I sometimes learn my work schedule less than two weeks in advance.
* I often / almost always learn my work schedule less than two weeks in advance.

1. **Do you often work on Saturday and/or Sunday?**
   * Yes
   * No
   * Not applicable
2. **How many adults live in your household, including you?** 
   * 1
   * 2
   * 3
   * 4
   * 5
   * 6+
3. **How many children under age 3 are you the primary caretaker for?**
   * None
   * 1
   * 2
   * 3
   * 4
   * 5
   * 6+
4. **How many children between age 3 and 5 are you the primary caretaker for?**
   * None
   * 1
   * 2
   * 3
   * 4
   * 5
   * 6+
5. **How many children between age 6 and 18 are you the primary caretaker for?**
   * None
   * 1
   * 2
   * 3
   * 4
   * 5
   * 6+
6. **What is your relationship to the children you are the primary caretaker for? Check all that apply.**
   * Mother
   * Father
   * Step-mother
   * Step-father
   * Grandmother
   * Grandfather
   * Aunt
   * Uncle
   * Guardian
   * Other: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **Notes for Program Staff**  These could be asked separately for each child. If desired, this would be easier to do if the survey is electronic. | | |
| 1. **Which race best describes your child(ren)? Check all that apply.** | |
| * + American Indian or Alaska Native | |
| * + Asian American or Asian | |
| * + Black or African American | |
| * + Middle Eastern or North African | |
| * + Native Hawaiian or Pacific Islander | |  | | |
| * + White | |  | | |
| * + Prefer not to answer | |  | | |
| * + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |
|  | |  | | |
| 1. **Is your child(ren) Hispanic or Latino/a/e?** | |  | | |
| * + Yes | |  | | |
| * + No | |  | | |
| * + Prefer not to answer | |  | | |
|  | | **Notes for Program Staff** | | |
| 1. **What is the primary language spoken at home? Check all that apply.** | | | This list of languages can be expanded or reduced. | | |
| * + Arabic | | |  |
| * + Chinese (Including Cantonese and Mandarin) | | |  |
| * + English | | |  |
| * + French, Haitian, or Cajun | | |  |
| * + German or other West Germanic languages | | |  |
| * + Korean | | |  |
| * + Russian, Polish, or other Slavic languages | | |  |
| * + Spanish | | |  |
| * + Vietnamese | | |  |
| * + Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |

1. **What is your approximate average annual household income?**
   * $0-$24,999
   * $25,000-$49,999
   * $50,000-$74,999
   * $75,000-$99,999
   * $100,000 or greater

|  |  |
| --- | --- |
|  | **Notes for Program Staff**  Benefit programs could be individually listed in a checklist (e.g., WIC, SNAP, SSI, etc.). If not individually listed, suggest including examples in parentheses, as here. |
| 1. **Do you receive any public benefits? (Examples: WIC, Medicaid, housing services,** Temporary Assistance to Needy Families (TANF), Supplemental Security Income (SSI)**)** |
| * + Yes |
| * + No |
| * + Prefer not to answer |

1. **Do your child(ren) under age 6 have any health conditions?**
   * Yes
   * No
   * Prefer not to answer
2. **Do your child(ren) under age 6 have any special or unique needs?**
   * Yes
   * No
   * Prefer not to answer

|  |  |
| --- | --- |
|  | **Notes for Program Staff** |
| 1. **Do you have anything you would like to share with your local Head Start program?** | Optional question |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this survey! Your response is very important to us.**

**Idaho Head Start Association**

**Community Assessment 2022**

**Community Stakeholder Survey Instrument**

The Idaho Head Start Association (IHSA) sponsored a statewide community needs assessment to gather information on the needs of families of children from birth through age 5 who are eligible for Head Start or Early Head Start. This community assessment is required to be conducted annually by the U.S. Government agency that funds Head Start. As part of the community needs assessment, we are conducting surveys of key individuals and organizations from our community. Your participation in this survey is very important in helping Head Start plan its programs for the next year and beyond.

This survey is voluntary and your information will be kept confidential. It will take about \_\_\_\_ to \_\_\_\_ minutes.

**Instructions**: [INSTRUCTIONS REGARDING SURVEY COMPLETION OPTIONS TO BE ADDED ACCORDING TO ADMINISTRATION METHOD (E.G., ONLINE OR ON PAPER)]

1. **About Your Organization**
2. **What type of service does your organization provide? Check all that apply.**
   * Education services – school age
   * Education services – early childhood
   * Childcare services – young children
   * After- or before-school services – school age
   * Healthcare services
   * Dental services
   * Nutrition or food assistance services
   * Mental or behavioral health services
   * Disability services
   * Housing services
   * Parent employment/job training services
   * Funding for community services
   * Civic and/or community development services
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What counties do you work in, represent, or serve? Check all that apply. [Use “check” instructions if list or drop down, or instruct the respondent to write in county/counties]**
4. **Who is your target population for the services you provide? Check all that apply.** 
   * Families living below or near the federal poverty level
   * Children from families experiencing homelessness
   * Children with disabilities
   * Parents with disabilities
   * Children from families who receive public assistance such as Temporary Assistance to Needy Families (TANF) or Supplemental Security Income (SSI)
   * Children in foster care
   * Pregnant women
   * Children/Families with Limited English Proficiency
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Does your organization collect data from or about your community?** 
   * Yes
   * No

*IF YES*, would you be interested in sharing data with Head Start/Early Head Start?

* Yes
* No

1. **Awareness of Head Start and Early Head Start**
2. **Does your organization currently partner with a Head Start or Early Head Start program?**

* Yes
* No

1. *IF NO,* **How familiar are you with Head Start and Early Head Start programs and services in your area or in Idaho?**

* Not familiar
* Somewhat familiar
* Highly familiar

1. *IF NO:* **Would you be interested in partnering with Head Start?** 
   * Yes
   * No
   * IF YES, Please describe how you might like to partner with Head Start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About Your Community**

1. **What are positive community attributes that help families with young children?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | **Notes for Program Staff** |
| 1. **To what extent do you agree that each of these services are effectively provided to low-income families with young children in your community?** | Community services list could be expanded or reduced, or this item could be excluded as per the program’s priorities/interests. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Don’t know |
| Medical/ health services |  |  |  |  |  |  |
| Early intervention services |  |  |  |  |  |  |
| Children’s mental or behavioral health services |  |  |  |  |  |  |
| Adult mental health services |  |  |  |  |  |  |
| Special needs services |  |  |  |  |  |  |
| Addiction /substance misuse services |  |  |  |  |  |  |
| Domestic violence services |  |  |  |  |  |  |
| Food /nutrition services |  |  |  |  |  |  |
| Housing assistance services |  |  |  |  |  |  |
| Transportation services |  |  |  |  |  |  |
| Affordable internet /phone services |  |  |  |  |  |  |
| Financial assistance services |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | |
| 1. **How accessible do you think these community services are for low-income families with young children in your community?** | | | | **Notes for Program Staff**  Community services list could be expanded or reduced, or this item could be excluded as per the program’s priorities/interests. | | |
|  | | | |
|  | Not accessible | Difficult to access | Adequate access | | Easy to access services | Don’t know |
| Medical/health services |  |  |  | |  |  |
| Early intervention services |  |  |  | |  |  |
| Children’s mental or behavioral health services |  |  |  | |  |  |
| Adult mental health services |  |  |  | |  |  |
| Special needs services |  |  |  | |  |  |
| Addiction/substance misuse services |  |  |  | |  |  |
| Domestic violence services |  |  |  | |  |  |
| Food / nutrition services |  |  |  | |  |  |
| Housing assistance services |  |  |  | |  |  |
| Transportation services |  |  |  | |  |  |
| Affordable internet/phone services |  |  |  | |  |  |
| Financial assistance services |  |  |  | |  |  |

1. **What do you think are common barriers that limit access to community services among low-income families with young children? Check all that apply.**

* Geography / location
* Eligibility requirements
* Service capacity / Slots / Waiting lists
* Service operations / schedule
* Outreach and marketing
* Do not know

1. **In the last year, has your agency seen changes in the following in your community:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Decrease | No change | | Increase | Don’t know/Not Sure | |
| Average household income |  |  | |  |  | |
| Number of low-income families contacting your agency |  |  | |  |  | |
| Number of individuals or families slightly over your income guidelines |  |  | |  |  | |
| Number of multigenerational families you serve |  |  | |  |  | |
| Number of female head of households |  |  | |  |  | |
| Number of teen pregnancies |  |  | |  |  | |
| Number of licensed childcare providers |  |  | |  |  | |
| Jobs available in the community |  |  | |  |  | |
| Substance misuse in the community |  |  | |  |  | |
| Low-income housing in the community |  |  | |  |  | |
| Homelessness |  |  | |  |  | |
| Transportation needs |  |  | |  |  | |
| Services you offer |  |  | |  |  | |
| Staff at your agency |  |  | |  |  | |
|  | | |  | | |
| 1. **In your opinion, what are the most important needs of low-income families with young children in your community? Check all that apply.** | | | **Notes for Program Staff**  This list can be modified to include the needs most of interest.  This question could be modified to ask the respondent to Check top three needs or to rank top 3 or 5 needs  *or*  Could provide a grid response and ask the respondent to indicate importance of each need (Not Important, Somewhat Important, Very Important (or Don’t Know)) | | |
|  | | | |
| * Affordable housing | | | |
| * Food | | | |
| * Benefits / Entitlements | | | |
| * Employment | | | |
| * Job training | | | |
| * Early childhood education | | | |
| * Access to early prenatal care | | | |
| * Access to pediatricians/health care | | | |
| * Access to health care coverage/insurance | | | |
| * Access to specialty care | | | |
| * Access to early intervention | | | |

* Access to mental or behavioral health services
* Access to dental care
* Access to a resource coordinator/system navigator
* Access to technology
* Child development education
* Access to child care during off-hours/weekends
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF YOU HAVE SOME FAMILIARITY WITH HEAD START:**

1. **What, if any, are the barriers to Head Start participation for low-income families? Check all that apply.**

* Location
* Transportation
* Lack of knowledge/awareness
* Lack of trust
* Cultural factors
* Language barriers
* English literacy barriers
* Hours
* Eligibility requirements
* Application process
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* There are no barriers
* I don’t know if there are any barriers or not

1. **Do you think any of the following subgroups of families are facing barriers to Head Start/Early Head Start participation? Check all that apply.** 
   * Families with children with disabilities
   * Families with parents with disabilities
   * Families with Limited English Proficiency
   * Families experiencing homelessness
   * Foster families
   * Families living in rural areas
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **What are barriers to Head Start/Early Head Start participation for the subgroups of families you selected above? Check all that apply.** 
   * Location
   * Transportation
   * Lack of knowledge
   * Lack of trust
   * Cultural factors
   * Language barriers
   * English literacy barriers
   * Hours
   * Entitlement requirements
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * There are no barriers
   * I don’t know if there are any barriers or not
3. **Are there geographic areas or communities within the State of Idaho that Head Start is not adequately serving? Which areas or communities?** 
   * Specific county in Idaho: Write in county name(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Specific region in Idaho: Write in region name(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Specific community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * I don’t know
   * None
4. **In what way can Head Start serve this area or community better?**
   * Targeted recruitment
   * Community engagement
   * Hiring members of this community/from this area
   * Hiring staff who speak the same language(s) as families in this area
   * Opening or expanding Head Start/Early Head Start sites in the area
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **Can you highlight some of the successes of the Idaho Head Start program?** 
   * Supporting children’s school readiness
   * Improving children’s health
   * Supporting positive parenting practices
   * Supporting positive parent-child relationships
   * Helping families improve self-sufficiency
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * I don’t know
6. **From your perspective or the perspective of the clients your program serves, what are some challenges facing Head Start programs in Idaho or your region?** 
   * Low enrollment
   * Long wait list
   * Lack of learning resources (e.g., books, school supplies)
   * Inefficient referral processes
   * Student/family retention
   * Lack of qualified staff
   * Lack of funding
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * I don’t know

|  |  |
| --- | --- |
|  | **Notes for Program Staff** |
| 1. **Do you have anything you would like to share with your local Head Start program?** | Optional question |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing this survey! Your response is very important to us.**