

OMB No.: 0970-0354

Expiration Date: xx/xx/20xx

**MATHEMATICA**  
**Policy Research**



## **Staff Survey – Teacher**

***Draft for OMB***

## INTRODUCTION

Thank you for taking the time to let us speak with you today. This survey is part of the Baby FACES study. We obtained permission from the director of your program to talk with you about your experiences in Early Head Start. We appreciate your time and effort in completing this survey.

This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. Your participation in the study is voluntary. Please be assured that all information you provide will be kept private to the extent permitted by law. The questions I will be asking today have been approved by the Federal Office of Management and Budget, also known as OMB. We are only allowed to ask you these questions and you can only answer them if there is a valid OMB control number. For the questions asked as part of today's discussion, the OMB control number is 0970-0354 and it expires on xx/xx/xxxx.

The survey will take about 30 minutes to complete.

## SECTION A. CLASSROOM CHARACTERISTICS, ROUTINES, AND TEACHER BELIEFS

My first questions are about classroom characteristics and routines.

Source: Adapted from Baby FACES 2009

**A1. How many children are currently enrolled in this classroom?**

|\_|\_| NUMBER OF CHILDREN ENROLLED

DON'T KNOW/REFUSED.....d

Source: New item

**A2. What is the length of time the average child is in your classroom each day?**

|\_|\_| HOURS

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**A3. Of the adults who regularly work with or provide care for the children in this classroom, how many are...**

READ IF NECESSARY: Please include yourself as lead teacher in counts.

	NUMBER	DON'T KNOW/ REFUSED
<b>a. Lead Teachers?</b> .....	_ _	d
<b>b. Assistant Teachers?</b> .....	_ _	d
<b>c. Classroom Aides?</b> .....	_ _	d
<b>d. Volunteers or non-staff?</b> .....	_ _	d

Source: New item

A4. Please describe how you spend a typical day in your classroom. Not including lunch or nap breaks, how much time do you spend in the following kinds of activities throughout the day?

[READ ITEM]. Would you say no time, 30 minutes or less, about one hour, about two hours, or three hours or more?

CIRCLE ONE PER ROW

	NO TIME	30 MINS OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE	DON'T KNOW/ REFUSED
a. Teacher-directed whole-class activities.....	1	2	3	4	5	d
b. Teacher-directed small group activities.....	1	2	3	4	5	d
c. Teacher-directed one-on-one (individual) activities.....	1	2	3	4	5	d
d. Child-selected activities.....	1	2	3	4	5	d
e. Routine care (such as diapering, feeding, and bathroom needs).....	1	2	3	4	5	d

Source: New items (beliefs)

A5. Next, I will read out a few statements related to your beliefs about teachers' roles in the development of infants and toddlers. Please indicate the extent to which you agree or disagree with each of the following statements.

[READ ITEM]. Do you very strongly disagree, disagree, disagree a little, agree a little, agree, or very strongly agree?

CIRCLE ONE PER ROW

	VERY STRONGLY DISAGREE	DISAGREE	DISAGREE A LITTLE	AGREE A LITTLE	AGREE	VERY STRONGLY AGREE	DON'T KNOW/ REFUSED
a. You should greet each child by name when they arrive.....	1	2	3	4	5	6	d
b. You should plan some new experiences for young children to challenge them.....	1	2	3	4	5	6	d

CIRCLE ONE PER ROW

	VERY STRONGLY DISAGREE	DISAGREE	DISAGREE A LITTLE	AGREE A LITTLE	AGREE	VERY STRONGLY AGREE	DON'T KNOW/ REFUSED
<b>c. You should talk in sentences so babies can learn and understand words and sentences.....</b>	1	2	3	4	5	6	d
<b>d. You should always use as few words as possible with children younger than 18 months.....</b>	1	2	3	4	5	6	d
<b>e. Infants should be put in swings or car seats when awake so that they are safe and can see everything.....</b>	1	2	3	4	5	6	d
<b>f. When children are crying, you should respond to them right away .....</b>	1	2	3	4	5	6	d
<b>g. Reading to children younger than one month probably doesn't help them.....</b>	1	2	3	4	5	6	d
<b>h. You should let children cry it out so you do not spoil them.....</b>	1	2	3	4	5	6	d
<b>i. You should talk about what children are doing while they play.....</b>	1	2	3	4	5	6	d
<b>j. You should provide lots of positive touch (hugs, rubbing backs, holding) for infants and toddlers.....</b>	1	2	3	4	5	6	d
<b>k. You should wait until children are old enough to sit and pay attention before reading a book to them.....</b>	1	2	3	4	5	6	d
<b>l. Infants and toddlers are too young to learn about the feelings that others have.....</b>	1	2	3	4	5	6	d
<b>m. What teachers do with infants and toddlers makes a big difference in their development.....</b>	1	2	3	4	5	6	d
<b>n. You should respond when a child makes a sound.....</b>	1	2	3	4	5	6	d

CIRCLE ONE PER ROW

	VERY STRONGLY DISAGREE	DISAGREE	DISAGREE A LITTLE	AGREE A LITTLE	AGREE	VERY STRONGLY AGREE	DON'T KNOW/REFUSED
<b>o. Most children will turn out okay no matter what the teacher does.....</b>	1	2	3	4	5	6	d
<b>p. You spoil children if you play with them all the time.....</b>	1	2	3	4	5	6	d
<b>q. Infants only learn by watching so you don't need to talk to them often .....</b>	1	2	3	4	5	6	d
<b>r. Toddlers who cry when mom and dad leave should be ignored until they calm down.....</b>	1	2	3	4	5	6	d
<b>s. You should repeat sounds that children make.....</b>	1	2	3	4	5	6	d
<b>t. Infants should be kept away from each other so they do not hurt one another.....</b>	1	2	3	4	5	6	d
<b>u. Infants and toddlers should have the same teacher or caregiver every day.....</b>	1	2	3	4	5	6	d
<b>v. As long as needs for food and diapering are taken care of, any teacher can take care of an infant.....</b>	1	2	3	4	5	6	d

**SECTION B. STAFF DEVELOPMENT AND SUPERVISION**

The next questions are about the supervision and training provided by your program.

Source: Baby FACES 2009

**B1. Do you have an individual career or professional development plan?**

- YES..... 1
- NO..... 0
- DON'T KNOW/REFUSED..... d

IF TEACHER HAS INDIVIDUAL CAREER OR PD PLAN (B1=1), ASK:

Source: New item

**B2. Do you feel your program director or supervisor uses the plan to provide you with professional development and training?**

- YES..... 1
- NO..... 0
- DON'T KNOW/REFUSED..... d

Source: Items B3-B7 adapted from Baby FACES 2009

**B3. Do you have one-on-one supervision meetings, group supervision meetings, or both?**

- ONE-ON-ONE SUPERVISION..... 1
- GROUP SUPERVISION..... 2
- BOTH..... 3
- NONE..... 0 GO TO B6
- DON'T KNOW/REFUSED..... d GO TO B6

IF ONE-ON-ONE SUPERVISION OR BOTH (B3=1 OR B3=3), ASK:

**B4. How frequently do you typically have one-on-one supervision meetings?**

ONCE A WEEK OR MORE OFTEN.....	1
A FEW TIMES A MONTH.....	2
ONCE A MONTH.....	3
A FEW TIMES A YEAR.....	4
ONCE A YEAR.....	5
DON'T KNOW/REFUSED.....	d



IF GROUP SUPERVISION OR BOTH (B3=2 OR B3=3), ASK:

**B5. How frequently do you typically have group supervision meetings?**

- ONCE A WEEK OR MORE OFTEN.....1
- A FEW TIMES A MONTH.....2
- ONCE A MONTH.....3
- A FEW TIMES A YEAR.....4
- ONCE A YEAR.....5
- DON'T KNOW/REFUSED.....d

**B6. Now please think about coaching. Some people may think of this as mentoring. A coach is a person who has expertise in specific areas and who models practices, provides professional development, and works with staff to improve their performance.**

**Do you currently have a coach assigned to you by your program?**

- YES.....1
- NO.....0 GO TO B13
- DON'T KNOW/REFUSED.....d GO TO B13

**B7. How often do you meet with your coach? Would you say...**

- Daily,.....1
- Weekly,.....2
- A few times a month,.....3
- Once a month,.....4
- More than once a year,.....5
- Once a year, or.....6
- Never?.....7
- DON'T KNOW/REFUSED.....d

Source: New item

**B8. How does your coach assess your needs? Is it by...**

CIRCLE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Observing your classroom.....	1	0	d
b. Directly asking you what your needs are.....	1	0	d
c. Reviewing classroom observation data.....	1	0	d
d. Reviewing child assessment data .....	1	0	d
e. Asking you to complete surveys or questionnaires.....	1	0	d

Source: New item

**B9. Coaches have different approaches or ways of supporting teachers in improving their practice. What methods do coaches use when working with you?**

CIRCLE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSE D
a. Discuss what they observe in your classroom.....	1	0	d
b. Provide written feedback on what they observe in your classroom.....	1	0	d
c. Have you watch a video tape of yourself teaching.....	1	0	d
d. Have you observe or watch a video of an experienced teacher.....	1	0	d
e. Model good teaching practices.....	1	0	d
f. Suggest trainings for you to attend.....	1	0	d
g. Provide trainings to you.....	1	0	d
h. Review child assessment data with you.....	1	0	d
i. Anything else? (SPECIFY).....	1	0	d
_____			

Source: New item

**B10. Overall, how much do you feel the resources and feedback provided by your coach have contributed to your professional effectiveness? Would you say...**

- A great deal ..... 1
- Somewhat ..... 2
- A little, or ..... 3
- Not at all ..... 4
- DON'T KNOW/REFUSED..... d

Source: New item

**B11. Thinking about parent-child relationships, how much support (such as information, feedback, and help in doing your job) do you feel you receive from your coach? Would you say...**

- A lot of support,..... 1
- Some support,..... 2
- A little support, or..... 3
- No support..... 4
- DON'T KNOW/REFUSED..... d

Source: New item

**B12. Focusing on teacher-child interactions, how much support (such as information, feedback, and help in doing your job) do you feel you receive from your coach? Would you say...**

- A lot of support,..... 1
- Some support,..... 2
- A little support, or..... 3
- No support?..... 4
- DON'T KNOW/REFUSED..... d

Source: New item

**B13.** Next, we'd like to ask you about training that you may have received from this program since September. This can include one-on-one training from a coach or someone else, training received through workshops, or training you may have completed online. Have you received training from your program in...

PROBE: This can include on-site or off-site training.

CIRCLE ONE PER ROW

	Have you received training from your program in...		
	YES	NO	DON'T KNOW/ REFUSED
a. Child development and early childhood education.....	1	0	d
b. Strategies and activities that support positive parent-child relationships.....	1	0	d
c. Strategies and activities that support positive teacher-child interactions.....	1	0	d
d. Managing and guiding children's behavior.....	1	0	d
e. Strategies for engaging parents and families in program activities and in children's learning.....	1	0	d
f. Practices that support children who are dual language learners.....	1	0	d
g. Conducting and using information from screenings and assessments.....	1	0	d
i. Curriculum.....	1	0	d
j. Strategies and activities to support a positive classroom environment that is safe and encourages learning .....	1	0	d
k. Anything else? (SPECIFY)..... _____	1	0	d

Source: New item

**B14. Thinking about all the training you received from this program since September, overall how useful was it? Would you say...**

- Very useful ..... 1
- Somewhat useful..... 2
- Not too useful ..... 3
- Or not at all useful ..... 4
- DON'T KNOW/REFUSED..... d

**Turning next to curricula and assessments...**

Source: Adapted from Baby FACES 2009

**B15. Do you follow any specific curriculum in your classroom?**

- YES, SPECIFIC CURRICULUM..... 1
- YES, COMBINATION..... 2
- NO..... 0 GO TO B18
- DON'T KNOW/REFUSED..... d GO TO B18

Source: Adapted from Baby FACES 2009 Program Director Survey

**B16. What (curriculum/curricula) do you use in your classroom? Please just tell me the (name/names).**

IF MORE THAN ONE MENTIONED, ASK: **Which of these that you mentioned do you consider the main curriculum?**

	<u>CIRCLE ALL THAT APPLY</u>	<u>CIRCLE ONE ONLY</u>
	A. CURRICULA USED	B. MAIN CURRICULUM
a. AGENCY-CREATED CURRICULUM .....	1	1
b. ASSESSMENT, EVALUATION AND PROGRAMMING SYSTEM (AEPS) .....	2	2
c. BEAUTIFUL BEGINNINGS .....	3	3
d. CREATIVE CURRICULUM .....	4	4
e. EARLY LEARNING ACCOMPLISHMENTS PROFILE .....	5	5
f. FROG STREET .....	6	6
g. GAMES TO PLAY WITH BABIES .....	7	7
h. GAMES TO PLAY WITH TODDLERS .....	8	8
j. HAWAII EARLY LEARNING PROFILE (HELP) .....	10	10
l. HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTERS (HIPPI) .....	12	12
m. HIGH/SCOPE .....	13	13
n. LEARNING ACTIVITIES FOR INFANTS .....	14	14
o. ONES AND TWOS .....	15	15
p. PARENTS AS TEACHERS (PAT) .....	16	16
q. PARENTS AS PRIMARY CAREGIVERS .....	17	17

r. PLAYTIME LEARNING GAMES FOR YOUNG CHILDREN .....	18	18
s. PROGRAM FOR INFANT-TODDLER CARE .....	19	19
t. REGGIO EMILIA .....	20	20
y. TALKING TO YOUR BABY .....	25	25
aa. THE ANTI-BIAS CURRICULUM .....	27	27
bb. OTHER (SPECIFY) ..... _____	28	28
cc. OTHER (SPECIFY) ..... _____	29	29

Source: New item

**B17. How often do you use the curriculum to prepare your lesson plans?**

- NOT AT ALL.....0
- LESS THAN ONCE A MONTH.....1
- ONCE A MONTH.....2
- TWO TIMES A MONTH.....3
- THREE TIMES A MONTH.....4
- WEEKLY.....5
- DON'T KNOW/REFUSED.....d

Source: New item

**B18. How much are you able to take parent requests into account when working with their child? Would you say...**

- Not at all,.....1
- A little, or.....2
- A lot?.....3
- DON'T KNOW/REFUSED.....d

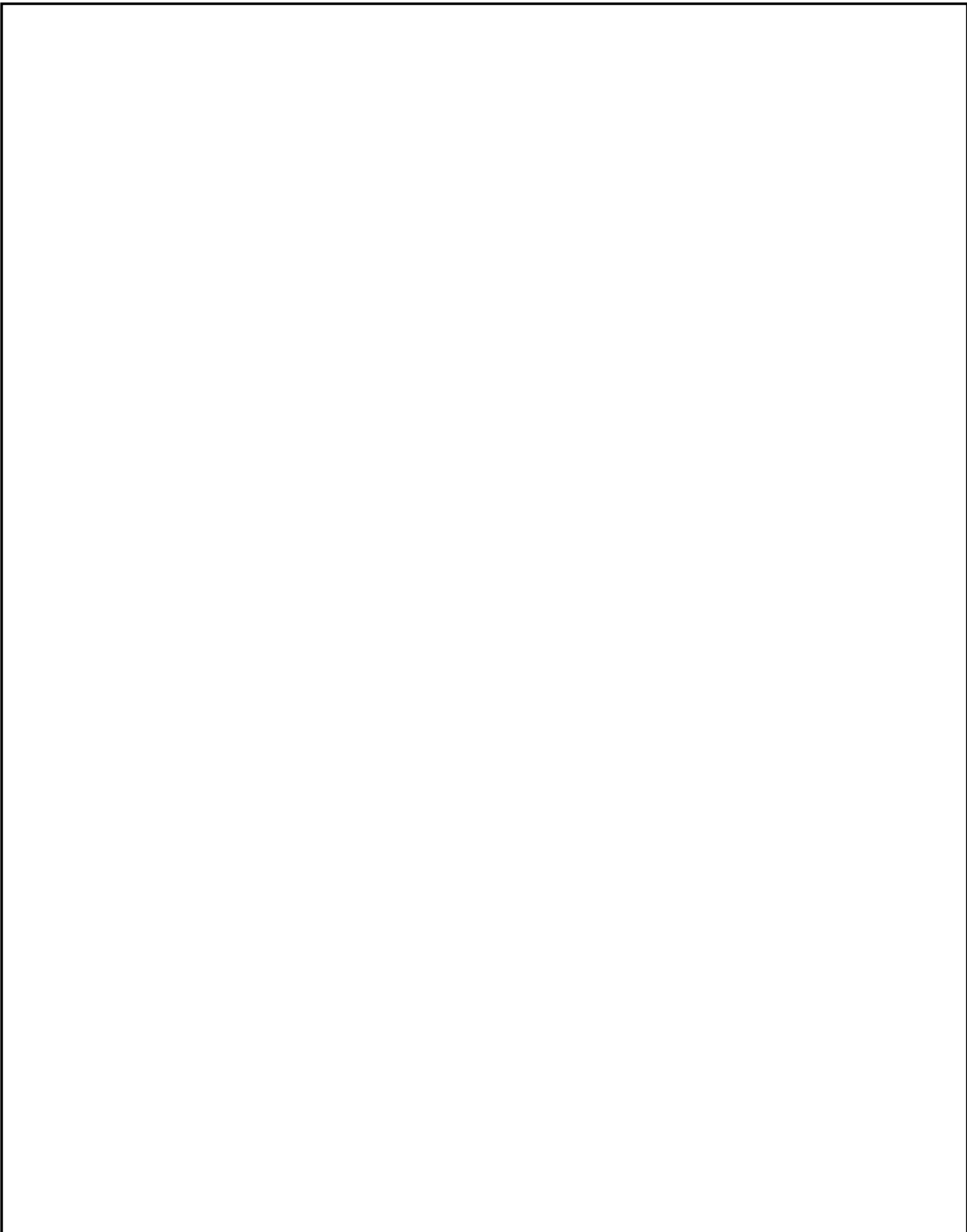
Source: B19 and B21 adapted from Baby FACES 2009 Program Director Survey

**B19. Since September, have you used any assessments to gather information on children's development or progress?**

- YES.....1
- NO.....0 GO TO B28
- DON'T KNOW/REFUSED.....d GO TO B28

**B20. NOT IN THIS VERSION**





IF CHILD ASSESSMENT TOOLS USED (B19=1), ASK:

**B21. What child assessment(s) have you used since September this year?**

INTERVIEWER PROBE: **Any others?**

	<u>CIRCLE ALL THAT APPLY</u>
	ASSESSMENT USED
a. AGENCY-CREATED SCREENING ASSESSMENT.....	1
b. AGES AND STAGES QUESTIONNAIRE (ASQ).....	2
c. ACHENBACH CHILD BEHAVIOR CHECKLIST (CBCL)	3
d. BAYLEY BEHAVIOR RATING SCALE (BRS).....	4
e. BAYLEY MENTAL DEVELOPMENT INDEX (MDI).....	5
f. CREATIVE CURRICULUM TOOLS (MAY ALSO BE KNOWN AS TEACHING STRATEGIES GOLD).....	6
g. DESIRED RESULTS DEVELOPMENTAL PROFILES-R (DRDP).....	7
h. DENVER DEVELOPMENTAL SCREENING TEST	8
i. DEVEREUX EARLY CHILDHOOD ASSESSMENT (DECA).....	9
j. EARLY LEARNING ACCOMPLISHMENT PROFILE.....	10
k. GALILEO ASSESSMENT SCALES.....	11
l. HAWAII EARLY LEARNING PROFILE (HELP).....	12
m. HIGH SCOPE CHILD OBSERVATION RECORD (COR).....	13
n. INFANT TODDLER DEVELOPMENTAL ASSESSMENT.....	14
o. INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT AND BRIEF INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (ITSEA.BITSEA).....	15
p. MACARTHUR COMMUNICATIVE DEVELOPMENT INVENTORIES (CDI).....	16
q. MULLEN SCALES OF EARLY LEARNING.....	17
r. PRESCHOOL LANGUAGE SCALE (PLS).....	18
s. TEMPERAMENT AND ATYPICAL BEHAVIOR SCALE (TABS).....	19
t. THE OUNCE SCALE.....	20
u. WOODCOCK-JOHNSON.....	21
v. OTHER (SPECIFY).....	22
_____	
w. OTHER (SPECIFY).....	23
_____	

**B22.** NOT IN THIS VERSION

IF CHILD ASSESSMENT TOOLS USED (**B19=1**), ASK:

Source: New item

**B23.** Now we are interested in learning about the ways you use child assessment data for planning purposes.

*Child assessment data* refers to information about a child’s development and progress in early learning outcomes. This includes information gathered from direct one-on-one assessments, structured observations, staff or parent report measures, or portfolio records such as work samples.

How useful is this data for **individualizing instruction for children in your classroom?** Would you say very useful, useful, a little useful, or not useful? If you do not use the data for this purpose, please let me know.

- VERY USEFUL.....1
- USEFUL.....2
- A LITTLE USEFUL, OR.....3
- NOT USEFUL.....4
- DON'T USE THE DATA FOR THIS PURPOSE.....5
- DON'T KNOW/REFUSED.....d

**B24.** NOT IN THIS VERSION

IF CHILD ASSESSMENT TOOLS USED (**B19=1**), ASK:

Source: New item

**B25.** How useful is child assessment data for **lesson planning and classroom instruction?** Would you say very useful, useful, a little useful, or not useful? If you do not use the data for this purpose, please let me know.

- VERY USEFUL.....1
- USEFUL.....2
- A LITTLE USEFUL, OR.....3
- NOT USEFUL.....4
- DON'T USE THE DATA FOR THIS PURPOSE.....5

DON'T KNOW/REFUSED.....d

IF CHILD ASSESSMENT TOOLS USED (B19=1), ASK:

Source: New item

**B26.** Please indicate whether you feel each of the following are challenges to using child assessment data for individualizing instruction and lesson planning.

[READ ITEM]...Would you say this is a challenge or not a challenge?

CIRCLE ONE PER ROW

	YES, THIS IS A CHALLENGE	NO, THIS IS NOT A CHALLENGE	DON'T KNOW/REFUSED
a. Not having the technology I need to collect and work with child assessment data.....	1	2	d
b. Not having enough time to collect the child assessment data I need.....	1	2	d
c. Not knowing how to accurately collect child assessment data.....	1	2	d
d. Not knowing how I can use child assessment data to individualize instruction or improve the strategies I use in my classroom.....	1	2	d
e. Lack of understanding of what the child assessment data mean.....	1	2	d

**B27.** NOT IN THIS VERSION

Source: New item

**B28.** Another source of information is observations of your classroom. Since September, has anyone conducted an observation of your classroom?

YES..... 1

NO..... 0 GO TO C1

DON'T KNOW/REFUSED..... d GO TO C1

IF CLASSROOM OBSERVED (B28=1), ASK:

Source: New item

**B29.** Did you receive feedback based on the classroom observation?

YES..... 1

NO..... 0 GO TO C1

DON'T KNOW/REFUSED.....d GO TO C1

IF FEEDBACK RECEIVED (B29=1), ASK:

Source: New item

**B30. How useful was the feedback in improving the way you teach or interact with the children in your classroom? Would you say...**

**Very useful**..... 1

**Somewhat useful**..... 2

**Not too useful, or**..... 3

**Not at all useful?**..... 4

**DON'T KNOW/REFUSED**..... d

## SECTION C. ORGANIZATIONAL CLIMATE

This next section is about your work environment and the people you work with.

Source: Adapted from TCU- Survey of Organizational

**C1. Please tell me the extent to which you disagree or agree with the following statements about your Early Head Start center.**

**[READ ITEM]. Would you say that you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree?**

CIRCLE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
a. Staff at this center get along very well.....	1	2	3	4	5	d
b. There is too much friction among staff members.....	1	2	3	4	5	d
c. The staff at this center always work together as a team.....	1	2	3	4	5	d
d. Staff at this center are always quick to help one another when needed.....	1	2	3	4	5	d
e. Mutual trust and cooperation among staff at this center are strong.....	1	2	3	4	5	d
f. Everybody at this center does their fair share of work.....	1	2	3	4	5	d
g. Ideas and suggestions from staff get fair consideration by management.....	1	2	3	4	5	d
h. The formal and informal communication channels at this center work very well.....	1	2	3	4	5	d
i. Center staff are always kept well informed.....	1	2	3	4	5	d
i. More open discussions about issues affecting our center are needed at this center.....	1	2	3	4	5	d
k. Staff members always feel free to ask questions and	1	2	3	4	5	d



CIRCLE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
<b>express concerns at this center.....</b>						
<b>i. You are under too many pressures to do your job effectively.....</b>	1	2	3	4	5	d
<b>m. Staff members often show signs of stress and strain.....</b>	1	2	3	4	5	d
<b>n. The heavy workload at this center reduces effectiveness.....</b>	1	2	3	4	5	d
<b>o. Staff frustration is common at this center.....</b>	1	2	3	4	5	d
<b>p. You are satisfied with your present job.....</b>	1	2	3	4	5	d
<b>q. You feel appreciated for the job you do.....</b>	1	2	3	4	5	d
<b>r. You like the people you work with.....</b>	1	2	3	4	5	d
<b>s. You give high value to the work you do at this center.....</b>	1	2	3	4	5	d
<b>t. You are proud to tell others where you work.....</b>	1	2	3	4	5	d

**C2.** Next, I would like to ask your opinion about your center director and how often he/she interacts with you and other teachers at this center. Please tell me how often the following occur in your center.

[READ ITEM]. Would you say that this occurs rarely, sometimes, often, or very frequently?

CIRCLE ONE PER ROW

	RARELY	SOMETIMES	OFTEN	VERY FREQUENTLY	DON'T KNOW/REFUSED
a. The center director goes out of his/her way to help teachers.....	1	2	3	4	d
b. The center director uses constructive criticism.....	1	2	3	4	d
c. The center director explains his/her reasons for criticism to teachers.....	1	2	3	4	d
d. The center director listens to and accepts teachers' suggestions.....	1	2	3	4	d
e. The center director looks out for the personal welfare of teachers.....	1	2	3	4	d
f. The center director treats teachers as equals.....	1	2	3	4	d
g. The center director compliments teachers.....	1	2	3	4	d
h. The center director is easy to understand.....	1	2	3	4	d
i. The center director goes out of his/her way to show appreciation to teachers.....	1	2	3	4	d

**C3-C4.** NOT IN THIS VERSION

## SECTION D. LANGUAGE

Next, we are going to talk about the languages you and children you teach and their families speak.

Source: New item

**D1. What is your primary language? This is the language that you feel most comfortable communicating in.**

ENGLISH..... 1

SPANISH..... 2

OTHER (SPECIFY)..... 3

\_\_\_\_\_

DON'T KNOW/REFUSED..... d

Source: D2-D3 adapted from Baby FACES 2009

**D2. Do you speak any language other than [PRIMARY LANGUAGE FROM D1], either in the classroom or outside of the classroom, such as at home?**

YES..... 1

NO..... 0 GO TO D4

DON'T KNOW/REFUSED..... d GO TO D4

**D3. What languages?**

**PROBE: Any other languages?**

CIRCLE ALL LANGUAGES FIRST GOING DOWN THE TABLE BY WRITING IN THE LANGUAGE ON THE LINES AND ENTERING THE 2 DIGIT LANGUAGE CODE. IF SPANISH OR ENGLISH, CHECK THE APPROPRIATE BOX. THEN, FOR THE FIRST LANGUAGE CODED, ASK ALL D3a–D3d. THEN ASK ALL D3a–D3d FOR THE NEXT LANGUAGE.

	D3.	D3a – D3d. How well do you . . .			
		CIRCLE ONE PER ROW			
		LANGUAGE USED	D3a.	D3b.	D3c.
	2 DIGIT LANGUAGE CODE	Understand [FILL LANGUAGE]? Would you say . . .	Speak [FILL LANGUAGE]? Would you say . . .	Read [FILL LANGUAGE]? Would you say . . .	Write [FILL LANGUAGE]? Would you say . . .
a. SPANISH.....	0   2	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
	<input type="checkbox"/> MARK HERE IF SPANISH				
b. ENGLISH.....	0   1	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
	<input type="checkbox"/> MARK HERE IF ENGLISH				
c. OTHER SPECIFY 1..... _____		Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d
d. OTHER SPECIFY 2..... _____		Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d	Not at all,.....1 Not well,.....2 Well, or.....3 Very well?.....4 DON'T KNOW/ REFUSED.....d

Now thinking about the classroom as a whole and all the adults who regularly work with or provide care for children in the classroom...

Source: D4-D4a adapted from Baby FACES 2009

**D4. What languages are spoken in your classroom either by you or any other adult?**

INTERVIEWER: FOR ALL LANGUAGES SPOKEN, WRITE THE LANGUAGE ON THE LINES, ENTER THE 2 DIGIT CODE, AND CIRCLE "YES". IF ENGLISH OR SPANISH, CIRCLE "YES". FOR ALL LANGUAGES CIRCLED "YES" IN D4, ASK D4A.

**D4a. Who speaks [FILL LANGUAGE]? Is it you, the assistant teacher, a classroom aide or a volunteer?**

	<b>D4.</b>		<b>D4a.</b>			
	<u>ENTER CODE AND CIRCLE YES</u>		<u>CIRCLE ALL THAT APPLY</u>			
	LANGUAGE USED	IF LANGUAGE SPOKEN, CIRCLE "YES"	LEAD TEACHER	ASSISTANT TEACHER	CLASSROOM AIDE	VOLUNTEER/ NON STAFF
a. ENGLISH.....	0   1	YES	1	2	3	4
b. SPANISH.....	0   2	YES	1	2	3	4
c. OTHER LANGUAGE 1 (SPECIFY)..... _____	_   _	YES	1	2	3	4
d. OTHER LANGUAGE 2 (SPECIFY)..... _____	_   _	YES	1	2	3	4
e. OTHER LANGUAGE 3 (SPECIFY)..... _____	_   _	YES	1	2	3	4

Source: New item

**D5. What language do adults use to speak with children in this classroom? Would you say...**

All English,.....1

More English than [Spanish/other language],.....2

Equal [Spanish/other language] and English,.....3

More [Spanish/other language] than English, or.....4

All [Spanish/other language]?.....5

DON'T KNOW/REFUSED.....d

Source: Baby FACES 2009

**D6. And what language do you or other adults use most often when you read to children in the classroom?**

ENGLISH..... 1

SPANISH..... 2

OTHER (SPECIFY) ..... 3

\_\_\_\_\_

DON'T KNOW/REFUSED..... d

Source: New item

**D7. In what languages are printed materials like children's books available in your classroom?**

CIRCLE ALL THAT APPLY

ENGLISH..... 1

SPANISH..... 2

OTHER LANGUAGE (SPECIFY)..... 3

\_\_\_\_\_

OTHER LANGUAGE (SPECIFY)..... 4

\_\_\_\_\_

DON'T KNOW/REFUSED..... d

## SECTION E. HEALTH

Next, I am going to ask you some questions about how you've been feeling recently. Remember, everything you tell me is private and won't be shared with anyone in your program.

Source: The Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

**E1.** I am going to read a list of ways you may have felt or behaved. Please tell me how often you have felt this way in the past week or so.

[FILL ITEM a-t]? Would you say: less than 1 day, 1 to 2 days, 3 to 4 days, 5 to 7 days in the past week, or nearly every day for 2 weeks?

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

CODE ONE PER ROW

	LAST WEEK				NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW/ REFUSED
	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS		
a. My appetite was poor.....	0	1	2	3	4	d
b. I could not shake off the blues.....	0	1	2	3	4	d
c. I had trouble keeping my mind on what I was doing.....	0	1	2	3	4	d
d. I felt depressed.....	0	1	2	3	4	d
e. My sleep was restless.....	0	1	2	3	4	d
f. I felt sad.....	0	1	2	3	4	d
g. I could not get going.....	0	1	2	3	4	d
h. Nothing made me happy.....	0	1	2	3	4	d
i. I felt like a bad person.....	0	1	2	3	4	d
j. I lost interest in my usual activities.....	0	1	2	3	4	d
k. I slept much more than usual.....	0	1	2	3	4	d
l. I felt like I was moving too slowly.....	0	1	2	3	4	d
m. I felt fidgety.....	0	1	2	3	4	d
n. I wished I were dead.....	0	1	2	3	4	d
o. I wanted to hurt myself.....	0	1	2	3	4	d



CODE ONE PER ROW

	LAST WEEK				NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW/ REFUSED
	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS		
p. I was tired all the time.....	0	1	2	3	4	d
q. I did not like myself.....	0	1	2	3	4	d
r. I lost a lot of weight without trying to.....	0	1	2	3	4	d
s. I had a lot of trouble getting to sleep.....	0	1	2	3	4	d
t. I could not focus on important things.....	0	1	2	3	4	d

**SECTION F. DEMOGRAPHICS**

These last questions are about your background.

Source: OMB Guidance

**F1. Are you of Hispanic, Latino/a, or Spanish origin?**

CIRCLE ALL THAT APPLY

- No, not of Hispanic, Latina/o or Spanish origin.....1
- Yes, Mexican, Mexican American, Chicano/a.....2
- Yes, Puerto Rican.....3
- Yes, Cuban.....4
- Yes, another Hispanic, Latino/a, or Spanish origin.....5
- DON'T KNOW/REFUSED.....d

Source: OMB Guidance

**F2. What is your race? You may say yes to one or more. Is it...**

CIRCLE ALL THAT APPLY

- White.....1
- Black or African American.....2
- American Indian or Alaska Native.....3
- Asian.....4
- Native Hawaiian or Other Pacific Islander.....5
- DON'T KNOW/REFUSED.....d

Source: F3-F4 adapted from Baby FACES 2009

**F3. What is the highest level of school you have completed?**

If you are still in school or no longer in school, please tell us about the last year of schooling you finished.

CIRCLE ONE ONLY

- LESS THAN A HIGH SCHOOL DIPLOMA.....1
- HIGH SCHOOL DIPLOMA OR EQUIVALENT.....2
- SOME VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....3
- VOCATIONAL/TECHNICAL DIPLOMA.....4
- SOME COLLEGE COURSES, BUT NO DEGREE.....5
- ASSOCIATE'S DEGREE.....6
- BACHELOR'S DEGREE.....7
- GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE.....8
- MASTER'S DEGREE (M.A., M.S.).....9
- DOCTORATE DEGREE (PH.D., ED.D.) .....10
- PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE  
(MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....11
- DON'T KNOW/REFUSED.....d

**F4. Now I'm going to read a list of credentials, certifications, or degrees that you may have. If you do not yet have it, but are currently working toward it, please let me know. Do you have or are you currently working toward . . .**

	YES, I HAVE IT	NO, I DON'T HAVE IT BUT AM WORKING TOWARD IT	NO, I DON'T HAVE IT	DON'T KNOW/REFUSED
<b>a. An Infant/Toddler Child Development Associate (CDA) credential.....</b>	1	2	0	d
<b>b. A Pre-K CDA credential.....</b>	1	2	0	d
<b>c. Some other kind of CDA credential.....</b>	1	2	0	d

d. A state-awarded certification or license that meets or exceeds CDA requirements. This could be a preschool, infant/toddler, family child care or home-based certification, or license.....	1	2	0	d
e. An Associate degree in Early Childhood Education or a related field?.....	1	2	0	d
f. A Bachelor's degree in Early Childhood Education or a related field, or.....	1	2	0	d
g. A Graduate degree in Early Childhood Education or a related field?.....	1	2	0	d

ASK ONLY FOR RESPONDENTS WHO REPORTED HAVING AN ASSOCIATE DEGREE OR HIGHER IN F3 AND DID NOT SAY YES TO HAVING AN ASSOCIATE DEGREE, BACHELOR'S DEGREE, OR GRADUATE DEGREE IN F4.

Source: New item

**F4a. Did your [AA/BA/graduate work] include the study of or a focus on infant/toddler development?**

- YES..... 1
- NO..... 0
- DON'T KNOW/REFUSED..... d

Source: F5-F7 adapted from Baby FACES 2009

**F5. How many years have you taught infants and toddlers?**

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

DON'T KNOW/REFUSED..... d

**F6. In total, how many years have you been working in Early Head Start?**

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

DON'T KNOW/REFUSED..... d

F7. INTERVIEWER: CODE WITHOUT ASKING

ELSE: I am required to ask if you are male or female.

MALE.....1

FEMALE.....2

OTHER.....3

DON'T KNOW/REFUSED.....d

**Thank you very much for your participation and cooperation  
in this important study.**

INTERVIEWER, PLEASE INDICATE TODAY'S DATE:

|\_|\_| / |\_|\_| / |\_|\_|\_|\_|

MONTH

DAY

YEAR