MATHEMATICA
Policy Research

Head Start Family and Child Experiences Survey 2019

Welcome to the Head Start Family and Child Experiences Survey 2019 (FACES 2019) center director survey. Please refer to the letter you received that lists your login ID and password. To begin the survey, enter your login ID and password below, and then click NEXT. If you do not have your login ID and password, please call [NAME] at xxx-xxx-xxxx, or e-mail us at FACES2019@mathematica-mpr.com.

Login ID: _____

Password: _____

Intro2.

SURVEY INFORMATION

Mathematica Policy Research is conducting the Head Start Family and Child Experiences Survey 2019 (FACES 2019) under contract with the Administration for Children and Families (ACF) of the U.S. Department of Health and Human Services (DHHS).

To help us understand your center better, we need you to complete this brief survey. It asks about staffing and recruitment; staff education and training; curriculum and assessment; program management; use of program data and information; and a few questions about yourself.

Please be assured that all information you provide will be kept private to the extent permitted by law. Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides general instructions on how to complete the survey.

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely private and will not be shared with parents or other staff in your program, or anybody else not working on this study. The survey will take about 30 minutes to complete.

Please click the button below to continue or close this webpage to exit the survey.

Intro3.

How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.

- To answer a question, click the box to choose your response.

- To continue to the next webpage, click the "Next" button.

- To go back to the previous webpage, click the "Back" button. Please note that this command is only available in certain sections.

- Use the buttons and links on each page to move through the survey. Using "Enter" or your browser's "Back" function may cause errors.

- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return to complete the survey

- If you are returning to finish your saved survey, you will return to the point where you left off. You will not be able to go backward to questions you answered before logging out.

- If you would like to review your answers, click the "Review my answers" link at the bottom of each page.

- Please answer questions in the order they appear regardless of the question number. Questions will not always be numbered sequentially, and some may be skipped because they do not apply to you.

- For security purposes, you will be timed out if you are idle for longer than 30 minutes.

- When you decide to continue the survey, you will need to log in again using your login ID and password.

  Please click on the button below to begin the survey or close this webpage to exit.

HELPDESK HTM

Help desk

If you have any questions regarding the FACES 2019 survey, please call [NAME] at xxx-xxx-xxxx or send an e-mail to FACES2019@mathematica-mpr.com

{IF CASE INDICATED AS COMPLETE}

FINAL HTM

Thank you for visiting the FACES 2019 Center Director Survey. We appreciate your interest, however, according to our records, your survey is complete.

If you have questions, please call [NAME] at xxx-xxx-xxxx or send an email to FACES2019@mathematica-mpr.com and include the contact information you were provided.

PROGRAMMER

CHECK BOX TO PRECEDE TEXT

Consent Screen. **By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.**

SOFT CHECK IF CONSENT SCREEN = MISSING; **Your response to this question is very important. Please select a response.**

SECOND SOFT CHECK IF CONSENT SCREEN = MISSING; **If you wish to complete the survey, please click the box. Otherwise, please click the "Submit Page and Continue" button to exit the survey.**

Introduction

ALL

SC0. **Are you {Fill CenterDirectorFirstName CenterDirectorLastName }?**

Select one only

❍ Yes...1   SC0b

❍ Yes, but my name is misspelled...2   SC0a

❍ No, this is not my name...3   SC0a

     NO RESPONSE...M

> HARD CHECK: IF SC0=NO RESPONSE; **Your response to this question is very important. Please select a response.**

IF SC0 = 2 OR 3

SC0a. **Please enter the correct spelling of your name.**

☐   (STRING 255)

    First, Middle and Last Name

> HARD CHECK: IF SC0a=NO RESPONSE; **Your response to this question is very important. Please enter the correct spelling of your name and click the "Submit Page and Continue" button.**

ALL

SC0b. **What is your job title or position at this Head Start center/program?**

☐   (STRING 255)

    Job title or position

> HARD CHECK: IF SC0b=NO RESPONSE; **Your response to this question is very important. Please enter your job title or position and click the "Submit Page and Continue" button.**

IF SC0 = 2 or 3

SC0c. **What is your email address?**

☐   (STRING 255)

    Email address

> SOFT CHECK: IF SC0c=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

SC0d.   What is your telephone number?

⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵⎵ (STRING 255)

Telephone number

SOFT CHECK: IF SC0d=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

[If SC0=2 or 3, Alert (detailing if name misspelled or wrong name) sent to Angela Edwards]. Alert should include new name, job title/position, email address, and telephone number.

A. STAFFING AND RECRUITMENT

First, we have some questions about your center, staffing and recruitment. We have several questions about the schedule available for Head Start funded center-based enrollment slots. These questions are focused only on Head Start slots. Please do <u>NOT</u> consider Early Head Start slots.

ALL

A0-1. **What are the start and end dates of the program year for Head Start funded center-based slots?**

		MONTH	DAY	YEAR
A0-1a.	Start date			
A0-1b.	End date			

(RANGE 01-12) (RANGE 01-31) (RANGE 2018-2019)

NO RESPONSE..M

SOFT CHECK: IF A0-1a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1a MISSING DAY; **Please provide the day of the start date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1a MISSING MONTH; **Please provide the month of the start date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1a MISSING YEAR; **Please provide the year of the start date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1b=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1b MISSING DAY; **Please provide the day of the end date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1b MISSING MONTH; **Please provide the month of the end date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1b MISSING YEAR; **Please provide the year of the end date for this program year for children and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A0-1b ≤ A0-1a; **Your response indicates that the program year ends in the same calendar year or an earlier calendar year than the program year starts. Please confirm or correct your response and continue.**

We would like to learn about the number of days per week and hours per day that services are provided for Head Start funded center-based enrollment slots.

A0-2a. How many days per week do Head Start funded slots in your center receive services?

Select all that apply

☐ 4 days per week...1

☐ 5 days per week...2

NO RESPONSE...M

SOFT CHECK: IF A0-2A=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A0-5a. Does this center offer any of the following schedules for the Head Start funded slots?

Select all that apply

☐ 3.5 hours per day..1

☐ More than 3.5 hours and up to 5 hours..2

☐ More than 5 hours and up to 6 hours...3

☐ More than 6 hours and up to 8 hours...4

☐ More than 8 hours...5

NO RESPONSE...M

SOFT CHECK: IF A0-5a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A0-5b. Which of the schedules for Head Start center-based slots in your program fills up fastest?

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS 1-5 THAT WERE PROVIDED IN A05-a.

Select one only

❍ 3.5 hours per day...1

❍ More than 3.5 hours and up to 5 hours..2

❍ More than 5 hours and up to 6 hours..3

❍ More than 6 hours and up to 8 hours..4

❍ More than 8 hours...5

❍ Slots of different lengths fill up equally fast...6

NO RESPONSE..M

SOFT CHECK: IF A0-5b=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

A0-6. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in Head Start in this center, but for whom slots were not available?

Select one only

❍ Yes..1

❍ No..0   GO TO A1

NO RESPONSE..M   GO TO A1

SOFT CHECK: IF A0-6=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

A1. **How many lead teachers are currently employed in this center? By "lead teacher" we mean the head or primary teacher in the classroom.**

| | LEAD TEACHERS |

(RANGE 0-50)

NO RESPONSE...M

SOFT CHECK: IF A1=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF A1>15; **You have entered [A1] as the number of lead teachers currently employed in this center. Please confirm or correct your response and continue.**

IF A1 > 0

A2. **How many of these lead teachers were new to the center this year?**

(Click here for "LEAD TEACHER" definition)

PROGRAMMER BOX A2

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

By "lead teacher" we mean the head or primary teacher in the classroom.

| | LEAD TEACHERS |

(RANGE 0-50)

NO RESPONSE...M

SOFT CHECK: IF A2>0.5*A1; **You have entered [A2] as the number of lead teachers who are new to the center this year. Please confirm or correct your response and continue.**

HARD CHECK: IF A2>A1; **You indicated that there are more lead teachers that are new to the center this year than the number of lead teachers you indicated were employed at this center. Please change your answer to this question and continue.**

SOFT CHECK: IF A2=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A3. NO A3 IN THIS VERSION

A4. **In the past 12 months, how many lead teachers left and had to be replaced?**

(Click here for "LEAD TEACHER" definition)

> PROGRAMMER BOX A4
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **By "lead teacher" we mean the head or primary teacher in the classroom.**

	LEAD TEACHERS

(RANGE 0-50)

NO RESPONSE..M

> SOFT CHECK: IF A4>0.5*A1; **You have entered [A4] as the number of lead teachers who left and had to be replaced in the past 12 months. Please confirm or correct your response and continue.**
>
> SOFT CHECK: IF A4>2*A1; **You indicated that more lead teachers left and had to be replaced in the past 12 months than currently work at this center. Please confirm your answer to this question and continue.**
>
> SOFT CHECK: IF A4=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A5-A12G.   NO A5-A12G IN THIS VERSION

ALL

A12h. **Does your center serve any children or families who speak a language other than English at home?**

❍ Yes...1

❍ No..0   GO TO SECTION B

NO RESPONSE...M   GO TO SECTION B

> SOFT CHECK: IF A12h=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A12i. **Other than English, what languages are spoken by the children and families who are part of your center?**

Select all that apply

☐   Spanish...12

☐   Arabic..20

☐   Cambodian (Khmer)...13

☐   Chinese..14

☐   French..11

☐   Haitian Creole..15

☐   Hmong..16

☐   Japanese..17

☐   Korean..18

☐   Vietnamese...19

☐   Other (Specify)...21

Specify [   ]   (STRING 255)

   NO RESPONSE...M

SOFT CHECK: IF A12i=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A12j. **Do you have any lead teachers or assistant teachers who are bilingual?**

(Click here for "LEAD TEACHER" definition)

PROGRAMMER BOX A12J

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

By "lead teacher" we mean the head or primary teacher in the classroom.

❍   Yes...1

❍   No...0   GO TO A_C3j

   NO RESPONSE...M   GO TO A_C3j

SOFT CHECK: IF A12j=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any lead teachers or assistant teachers in your center?

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS THAT WERE PROVIDED IN A12i.

(Click here for "LEAD TEACHER" definition)

PROGRAMMER BOX A12K

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

By "lead teacher" we mean the head or primary teacher in the classroom.

Select all that apply

- ☐ Spanish...12
- ☐ Arabic...20
- ☐ Cambodian (Khmer)...13
- ☐ Chinese...14
- ☐ French...11
- ☐ Haitian Creole...15
- ☐ Hmong...16
- ☐ Japanese...17
- ☐ Korean...18
- ☐ Vietnamese..19
- ☐ Other (Specify)..21

Specify [   ]   (STRING 255)

    NO RESPONSE...M

SOFT CHECK: IF A12k=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A12l. **How do you determine the language proficiency of bilingual lead teachers and assistant teachers in the language(s) other than English that they speak?**

(Click here for "LEAD TEACHER" definition)

PROGRAMMER BOX A12I

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

By "lead teacher" we mean the head or primary teacher in the classroom.

Do you . . .

Select one per row

	YES	NO
1. Give language proficiency tests?	1 ◯	0 ◯
2. Have other staff interview them in their language?	1 ◯	0 ◯
3. Request documentation for language courses they may have taken?	1 ◯	0 ◯
4. Do anything else? (Specify)	1 ◯	0 ◯

(STRING 255)

SOFT CHECK: IF A12l1, 2, 3, or 4 =NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

A12m-A12n. NO A12m-A12n IN THIS VERSION

A_C3j. **Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?**

◯ Yes..1

◯ No..0

NO RESPONSE..M

SOFT CHECK: IF A_C3j=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

A13-A14. NO A13-A14 IN THIS VERSION

B. STAFF EDUCATION AND TRAINING

The next questions are about efforts to promote staff education and training.

ALL

B0. **Who generally participates in creating the training and technical assistance plan for your center?**

Select all that apply

☐ Head Start program director/program management team....................................1

☐ Individual center directors...2

☐ Education managers/coordinators..3

☐ Specialists/other coordinators..4

☐ Individual teachers..5

☐ Someone else (Specify)...6

Specify [   ] (STRING 255)

   NO RESPONSE...M

SOFT CHECK: IF B0=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

B1-B1a.   NO B1-B1a IN THIS VERSION

B2.   NO B2 IN THIS VERSION

B3a-g.   NO B3a-g IN THIS VERSION

B3h. **Programs and centers can support staff's professional development in a lot of different ways. Does your program or center offer the following to teachers, family child care providers, or home visitors?**

Select one per row

	YES	NO
2. Attendance at regional conferences	1 ○	0 ○
3. Attendance at state conferences	1 ○	0 ○
4. Attendance at national conferences	1 ○	0 ○
5. Paid substitutes to allow teachers time to prepare, train, and/or plan	1 ○	0 ○
6. Coaching/mentoring	1 ○	0 ○
1. Other types of consultants hired to work directly with staff to address a specific issue or concern	1 ○	0 ○
7. Workshops/trainings sponsored by the program	1 ○	0 ○
8. Workshops/trainings provided by other organizations	1 ○	0 ○
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert	1 ○	0 ○
10. Time during the regular work day to participate in Office of Head Start T/TA webinars	1 ○	0 ○
11. Tuition assistance for Associate's or Bachelors' courses	1 ○	0 ○
12. Onsite Associate's or Bachelor's courses	1 ○	0 ○
13. Tuition assistance for courses toward getting a credential	1 ○	0 ○
99. Other (Specify)	1 ○	0 ○

(STRING 255)

SOFT CHECK: IF B3h1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, or 13 =NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

B4. **How often do the following staff typically participate in professional development activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?**

Select one per row

	WEEKLY	2 OR 3 TIMES PER MONTH	MONTHLY	ONCE EVERY FEW MONTHS	ONCE A YEAR OR LESS	NOT APPLICABLE	DON'T KNOW
a1. Center-based lead teachers, by "lead teacher" we mean the head or primary teacher in the classroom	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕
a2. Center-based assistant teachers	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕
b. Family service workers	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕
c. Home visitors	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕
d. Family child care providers	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕
e. Content managers	1 ⭕	2 ⭕	3 ⭕	4 ⭕	5 ⭕	6 ⭕	d ⭕

SOFT CHECK: IF B4a1, a2, b, c, d, or e=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

B4c. NO B4c IN THIS VERSION

B5. **Who conducts the professional development activities?**

Select all that apply

- ☐ Center or grantee staff..1
- ☐ Community resources..2
- ☐ Consultants...3
- ☐ National Head Start Association..5
- ☐ State conferences..10
- ☐ Regional conferences..11
- ☐ National conferences...12
- ☐ Private companies or organizations..7
- ☐ OHS Regional T/TA Providers...13
- ☐ OHS National Centers...14
- ☐ Other (Specify)..8

Specify ⌁_____⌁ (STRING 255)

- ☐ Do not have professional development activities...9

  NO RESPONSE...M

SOFT CHECK: IF B5=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

HARD CHECK: IF B5 = 9 AND B5 = 1, 2, 3, 5, 7, 8, 10, 11, 12, 13, or 14; **You selected both "do not have professional development activities" as well as one or more other response options. Please choose either "do not have professional development activities " or who conducts the training.**

B5c. NO B5c IN THIS VERSION

ALL

B6. **Has your center consulted with a regional T/TA specialist?**

- ❍ Yes..1
- ❍ No...0

  NO RESPONSE...M

SOFT CHECK: IF B6=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

B7-B10a. NO B7-B10a IN THIS VERSION

ALL

B10b. **How often have you or other staff in your center used or accessed information or resources provided by or through each of the following? Would you say never, rarely, sometimes, or often?**

Select one per row

	NEVER	RARELY	SOMETIMES	OFTEN
a. Early Childhood Learning and Knowledge Center (ECLKC) website	1 ○	2 ○	3 ○	4 ○
b. Office of Head Start National Centers	1 ○	2 ○	3 ○	4 ○
c. Professional organizations	1 ○	2 ○	3 ○	4 ○
d. Private consultants, private organizations, or commercial vendors	1 ○	2 ○	3 ○	4 ○
e. Regional T/TA specialists	1 ○	2 ○	3 ○	4 ○
f. Office of Head Start webinars	1 ○	2 ○	3 ○	4 ○
g. Regional conferences	1 ○	2 ○	3 ○	4 ○
h. State conferences	1 ○	2 ○	3 ○	4 ○
i. National conferences	1 ○	2 ○	3 ○	4 ○
j. Other Specify _____(STRING 255)	1 ○	2 ○	3 ○	4 ○

B11-B12. NO B11-B12 IN THIS VERSION

B12c. NO B12c IN THIS VERSION

B13-B14. NO B13-14 IN THIS VERSION

B14e-B14f. NO B14e-B14f IN THIS VERSION

B15-B19. NO B15-B19 IN THIS VERSION

B20. **How often are teachers given a formal performance evaluation?**

Select one only

❍ Two or more times per year...1

❍ Once a year...2

❍ Once every two years..3

❍ Once every three years..4

❍ Once every four years or more...5

❍ No formal evaluations are conducted...0

    NO RESPONSE...M

SOFT CHECK: IF B20=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

The next questions are about training specifically on your center's curriculum and assessments.

B21c-e.   NO B21c THROUGH B21e IN THIS VERSION.

ALL

B21. **How many hours of training or support related to <u>curriculum</u> are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record "999" for not applicable."**

PROGRAMMER: RANGE FOR GRID IS 0-400

	NUMBER OF HOURS
a. Lead teachers, by "lead teacher" we mean the head or primary teacher in the classroom	
b. Assistant teachers	
f. Home visitors	
g. Family child care providers	

SOFT CHECK: IF B21a, b, f, or g=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***
SOFT CHECK: IF B21a, b, f, OR g>25; **You have entered more than 10 hours as the number of hours of training or support related to curriculum offered to staff in a typical year. Please confirm or correct your response and continue.**

B22c-e. NO B22c THROUGH B22e IN THIS VERSION.

B22. **How many hours of training or support related to <u>your assessment tool(s) and ongoing child assessments</u> are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record "999" for not applicable."**

(Click here for "LEAD TEACHER" definition)

PROGRAMMER BOX B22

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

By "lead teacher" we mean the head or primary teacher in the classroom.

PROGRAMMER: RANGE FOR GRID IS 0-400

	NUMBER OF HOURS
a. Lead teachers	
b. Assistant teachers	
f. Home visitors	
g. Family child care providers	

SOFT CHECK: IF B22a, b, f, or g=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

SOFT CHECK: IF B22a, b, f, OR g>25; **You have entered [B22a, b, c, f, g] as the number of hours of training or support related to your assessment tool(s) and ongoing child assessments offered in a typical year. Please confirm or correct your response and continue.**

B23.   NO B23 IN THIS VERSION

B24. **There are many different ways that centers can support curriculum implementation and monitor implementation fidelity (in other words, monitor whether the curriculum is being implemented as intended by the people who created it). We are interested in learning about what your center is doing. Is your center <u>currently doing</u> any of the following?**

Select one per row

		YES	NO
c.	Have teachers complete fidelity checklists available from the developer	1 ⃝	0 ⃝
d.	Have a coach observe teachers *using the curriculum developer's fidelity checklist*	1 ⃝	0 ⃝
e.	Have someone else observe teachers *using the curriculum developer's fidelity checklist*	1 ⃝	0 ⃝
f.	Have a coach observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist)	1 ⃝	0 ⃝
g.	Have someone else observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist)	1 ⃝	0 ⃝
h.	Have coaches focus on curriculum implementation when working with teachers	1 ⃝	0 ⃝
i.	Administrators/coaches/specialists/others participate in a curriculum developer training on supporting and/or monitoring fidelity	1 ⃝	0 ⃝
j.	Use other implementation support or fidelity monitoring tools (Specify) (STRING 255)	1 ⃝	0 ⃝

SOFT CHECK: IF B24c, d, e, f, g, h, i, or j=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

E1.   NO E1 IN THIS VERSION

E2.   NO E2 IN THIS VERSION

ALL

E15.   We are interested in learning about your use of other activities and tools related to curriculum. Is your center <u>regularly doing</u> any of the following activities or regularly using any of the following tools?

Select one per row

	YES	NO
a. Making and using adaptations to your curriculum/parts of your curriculum (for example, to respond to different learning needs)	$_1$ ◯	$_0$ ◯
b. Using a subject matter (for example, math, science, social/emotional, literacy) curriculum in addition to other curriculum/curricula	$_1$ ◯	$_0$ ◯
c. Using the online components of the curriculum package	$_1$ ◯	$_0$ ◯
d. Using the assessment system that accompanies your curriculum	$_1$ ◯	$_0$ ◯
e. Using online components of the assessment that accompanies your curriculum	$_1$ ◯	$_0$ ◯
f. Using other activities/tools related to curriculum (Specify) [(STRING 255)]	$_1$ ◯	$_0$ ◯

SOFT CHECK: IF E15a, b, c, d, e, or f=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

E3d—E3g.   NO E3d THROUGH E3g IN THIS VERSION

E4-E8. NO E4-E8 IN THIS VERSION

E9-E9a.   NO E9-E9a IN THIS VERSION

E10.   NO E10 IN THIS VERSION

E11. **How often are each child's assessment results reported to the following people?**

Select one per row

	NEVER	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN THAN TWICE PER YEAR
a. Reported to parents	1 ○	2 ○	3 ○	4 ○	5 ○
b. Reported to program administrators	1 ○	2 ○	3 ○	4 ○	5 ○
c. Recorded in child's record	1 ○	2 ○	3 ○	4 ○	5 ○

SOFT CHECK: IF E11a, b, or c=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

E11d. **Now we would like to ask you about strategies your program or center might use to assess the English language abilities of children who speak a language other than English. How often do you use any of the following strategies to assess their English language skills?**

Select one per row

	NEVER	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN THAN TWICE PER YEAR
1. Teacher ratings based on observation	1 ○	2 ○	3 ○	4 ○	5 ○
2. Testing with standardized tests or assessments	1 ○	2 ○	3 ○	4 ○	5 ○
3. Parent reports	1 ○	2 ○	3 ○	4 ○	5 ○
4. Something else? (Specify)	1 ○	2 ○	3 ○	4 ○	5 ○

(STRING 255)

SOFT CHECK: IF E11d1, 2, 3, or 4 =NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

E11e. **Does your center assess children's abilities in their home language? Home language refers to the language (other than English) spoken to the child at home.**

❍ Yes..1

❍ No..0

NO RESPONSE..M

SOFT CHECK: IF E11e=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

E3a. **Does your center use a particular parent education, parent support, or parenting curriculum?**

A parent education, parent support, or parenting curriculum aims to build parents' knowledge and give parents the opportunity to practice parenting skills that support their children's learning and development. Parents are the intended audience of this type of curriculum.

❍ Yes..1

❍ No..0   GO TO SECTION H

NO RESPONSE..M   GO TO SECTION H

SOFT CHECK: IF E3a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

E3b. **What parenting curriculum/curricula do you use?**

Select all that apply

☐ Second Step...1

☐ Parents as Teachers (PAT)...2

☐ Systematic Training for Effective Parenting (STEP)...3

☐ 21st Century Exploring Parenting (Exploring Parenting)....................................4

☐ Home Instruction for Parents of Preschool Youngsters (HIPPY)........................5

☐ Growing Great Kids, Inc...6

☐ Positive Solutions for Families (Center on the Social Emotional
Foundations for Early Learning)..7

☐ Second Time Around: Grandparents Raising Grandchildren..............................8

☐ Practical Parent Education..9

☐ Improving Parent-Child Relationships...10

☐ Parenting Now! Curriculum...11

☐ Other (Specify)...12

Specify [   ]   (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF E3b=NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the "Submit Page and Continue" button.

E3c.   NO E3c IN THIS VERSION.

NO E12-14 IN THIS VERSION

H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

H1-H4. NO H1-H4 IN THIS VERSION

ALL

H5. **You have a lot of different responsibilities as a center director, many of which you share with other program and center staff. Please indicate how much of <u>your</u> time is needed for each of the following responsibilities <u>in the course of the year</u>—a lot of your time, some of your time, only a little of your time, or none of your time. If you feel any critical responsibilities have been left out, please specify them in the space provided.**

		A LOT OF MY TIME	SOME OF MY TIME	ONLY A LITTLE OF MY TIME	NONE OF MY TIME AT ALL
a.	Monitoring progress toward school readiness goals	1 ○	2 ○	3 ○	4 ○
b.	Establishing and maintaining partnerships with other organizations in the community	1 ○	2 ○	3 ○	4 ○
c.	Completing the program self-assessment	1 ○	2 ○	3 ○	4 ○
d.	Dealing with human resources issues	1 ○	2 ○	3 ○	4 ○
e.	Ensuring compliance with federal standards for Head Start programs	1 ○	2 ○	3 ○	4 ○
f.	Designing the training and technical assistance plan for this center	1 ○	2 ○	3 ○	4 ○
g.	Evaluating teachers and other staff	1 ○	2 ○	3 ○	4 ○
h.	Providing educational leadership/establishing the curriculum	1 ○	2 ○	3 ○	4 ○
i.	Strategic planning	1 ○	2 ○	3 ○	4 ○
j.	Promoting parent and family engagement	1 ○	2 ○	3 ○	4 ○
k.	Fiscal management	1 ○	2 ○	3 ○	4 ○
l.	Addressing facilities, equipment, and transportation issues	1 ○	2 ○	3 ○	4 ○
m.	Other (Specify) _____ (STRING (255))	1 ○	2 ○	3 ○	4 ○
n.	Other (Specify) _____ (STRING (255))	1 ○	2 ○	3 ○	4 ○
o.	Other (Specify) _____ (STRING (255))	1 ○	2 ○	3 ○	4 ○

SOFT CHECK: IF H5a, b, c, d, e, f, g, h, i, j, k, l, m, n, or o=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the***

H6.   NO H6 IN THIS VERSION.

| ALL |

H7.   In the past 12 months, have you participated in the following kinds of professional development?

Select one per row

	YES	NO
a. College or university course(s) related to your role as a manager or leader (for example, a course on leadership, management and administration, human resources, or a course for a license, certificate, or other type of credential)	1 ◯	0 ◯
b. Visits to other Head Start or early childhood programs to improve your own work as a center director	1 ◯	0 ◯
c. Formal coaching/mentoring that is provided by your program	1 ◯	0 ◯
d. A network or community of Head Start and other early childhood program leaders organized by someone outside of your program, for example a professional organization	1 ◯	0 ◯
e. A leadership institute offered by Head Start *(Click here for "LEADERSHIP INSTITUTE" definition)*	1 ◯	0 ◯
f. A leadership institute offered by an organization other than Head Start *(Click here for "LEADERSHIP INSTITUTE" definition)*	1 ◯	0 ◯
g. Trainings related to your role as a manager or leader (for example, Head Start governance training, CLASS training)	1 ◯	0 ◯

PROGRAMMER BOX H7

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.

SOFT CHECK: IF H7a, b, c, d, e, f, or g=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

H7a1. **Have you ever taken college or university course(s) related to your role as a manager or leader (for example, a course on leadership, management and administration, or human resources, or a course for a specific license, certificate, or other type of credential?**

Select one only

❍ Yes..1

❍ No..0

....

NO RESPONSE...M

SOFT CHECK: IF H7a1=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

H7e1. **Have you ever participated in a leadership institute offered by Head Start?**

(Click here for "LEADERSHIP INSTITUTE" definition)

PROGRAMMER BOX H7E1

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.

Select one only

❍ Yes..1

❍ No..0

....

NO RESPONSE...M

SOFT CHECK: IF H7e1=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

H7f1. **Have you ever participated in a leadership institute offered by an organization other than Head Start?**

(Click here for "LEADERSHIP INSTITUTE" definition)

> PROGRAMMER BOX H7F1
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.**

Select one only

○ Yes 1

○ No 0

....

NO RESPONSE .... M

SOFT CHECK: IF H7f1=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

H7g1. **Have you ever participated in trainings related to your role as a leader or manager (for example, Head Start governance training, CLASS training)?**

Select one only

○ Yes 1

○ No 0

....

NO RESPONSE .... M

SOFT CHECK: IF H7g1=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

H8. **What do you need additional help with to do your job as a center director more effectively? Select the top three.**

PROGRAMMER NOTE: Allow 0, 1, 2, or 3 responses. Do not allow more than 3 responses.

Select up to 3

☐ Program improvement planning 4

☐ Budgeting 5

☐ Staffing (hiring) 6

☐ Data-driven decision making 10

☐ Teacher evaluation 7

☐ Evaluation of other program staff 8

☐ Teacher professional development 9

☐ Educational/curriculum leadership 1

☐ Creating positive learning environments 3

☐ Child assessment 2

☐ Working with parents and families 11

☐ Working with and partnering in the community 16

☐ Assessing community needs..17

☐ Responding to diverse cultural/linguistic needs...18

    NO RESPONSE..M

SOFT CHECK: IF H8=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

N. USE OF PROGRAM DATA AND INFORMATION

The next questions are about data and information that may be available to you.

ALL

N1. **Do supervisors, coaches/mentors, or other specialists share or review individual children's data in one-on-one meetings with teachers or in team meetings?**

❍ Yes..1

❍ No..0

NO RESPONSE..M

SOFT CHECK: IF N1=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

ALL

N2. **Please indicate how much the following areas are barriers to teachers using child-level data to guide and individualize instruction:**

NOTE: By child-level data we mean formal assessments, informal assessments, and data on child or family characteristics.

Select one per row

	NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a. Lack of understanding what the child-level data mean (data literacy)	1 ❍	2 ❍	3 ❍	4 ❍
b. Not enough time to use the child-level data to guide instruction	1 ❍	2 ❍	3 ❍	4 ❍
c. Inadequate technology resources to track and analyze child data	1 ❍	2 ❍	3 ❍	4 ❍
d. Lack of staff buy-in to value of data	1 ❍	2 ❍	3 ❍	4 ❍
e. Other (Specify) Specify [_____] (STRING 255)	1 ❍	2 ❍	3 ❍	4 ❍

SOFT CHECK: IF N2a, b, c, or d=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

O. SYSTEMS AND RESOURCES

The next questions are about state licensing, quality rating and improvement systems, and your center's resources.

ALL

O5. **Does your center have a state license to operate?**

(Click here for "LICENSING" definition)

PROGRAMMER BOX O5
SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration"." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

❍ Yes, my center has a state license to operate..1 GO TO O5a

❍ No, my center is exempt for the requirement for a state license..........................2 GO TO O5b

❍ No, my center does not have a license for another reason (Specify)...................3

Specify [   ] (STRING 255)

❍ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF O5=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O5a. **Sometimes centers have a state license even if they are exempt from the requirement to have one. Is your center required to have a state license, or is your center exempt (but the center applied for a received a license anyway)?**

(Click here for "LICENSING" definition)

PROGRAMMER BOX O5A

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration"." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

❍ My center is required to have a state license to operate.....................................1

❍ My center is exempt from the state license requirement, but we have one anyway...2

❍ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF O5a=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O5b. **Why is your center exempt from having a state license?**

(Click here for "LICENSING" definition)

PROGRAMMER BOX O5A

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration"." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

❍ My center is part of a school system...1

❍ My center is affiliated with a religious organization..2

❍ My center is open only a few hours per day or days per week.............................3

❍ Another reason (Specify)..99

       Specify [   ] (STRING 255)

❍ Don't know...d

    NO RESPONSE..M

SOFT CHECK: IF O5b=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O5d. **Has your center received any technical assistance from the licensing agency to help with improving the facilities and/or to meet licensing requirements?**

(Click here for "LICENSING" definition)

PROGRAMMER BOX O18

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration"." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

❍ Yes...1

❍ No...0

❍ Don't know..d

   NO RESPONSE..M

SOFT CHECK: IF O5c=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O6. **Does your center participate in your state or local quality rating and improvement system (QRIS)?**

Select one only

❍ Yes...1 GO TO O6a

❍ No...0 GO TO O6b

❍ Don't know..d GO TO O2

SOFT CHECK: IF O6=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O6b. **Why <u>doesn't</u> your center participate in your state or local quality rating and improvement system (QRIS)?**

Select all that apply

☐ Too much time/too burdensome to enroll..1

☐ The QRIS does not accept Head Start monitoring data to document quality
indicators included in the state's QRIS...2

☐ Too expensive to meet standards...3

☐ Not an effective marketing tool to attract applicants...4

☐ Not a good measure of program quality..5

☐ We plan to join, but we haven't joined it yet..6

☐ QRIS does not allow or encourage Head Start programs to participate...............7

☐ Other (Specify) 8

Specify [   ]   (STRING 255)

☐ Don't know……………………………………………………………………………..d

NO RESPONSE...M

SOFT CHECK: IF O6b=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O6a. **What process did your center go through in order to receive your initial rating under the current QRIS?**

(Click here for "Automatic rating" and "Alternative Pathway" definition)

PROGRAMMER BOX O6A

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

Some state or local quality rating and improvement systems (QRIS) do not require programs to go through a full application or review process if the program meets quality standards external to the QRIS (for example, Head Start, state-funded pre-K, and NAEYC-accredited programs).

Automatic ratings award a program a higher rating level without going through the QRIS application or review process, because the program already meets quality standards external to the QRIS. Alternative pathways award a program automatic credit for some (but not all) of the quality components in the QRIS, because the program already meets quality standards external to the QRIS. However, for other quality components the program still has to go through a rating process to receive a higher rating level.

Select one only

○ My center went through a full review process...1

○ My center received an automatic rating..2

○ My center received a rating through an alternative pathway (received automatic credit for some standards but was rated through the QRIS process for others)..3

○ Other (Specify)..99

　　Specify [＿＿＿＿＿＿＿＿＿＿＿＿] (STRING 255)

○ Don't know...d

　　NO RESPONSE..M

SOFT CHECK: IF O6a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O6c. **Has your center's rating gone up since joining the QRIS?**

Select one only

○ Yes, the rating has gone up...1

○ No, the rating has not gone up...0

○ Not applicable, the center was rated at the highest level when it first joined........2

○ Other (Specify) 99

Specify [   ] (STRING 255)

○ Don't know..d

NO RESPONSE...M

SOFT CHECK: IF O6c=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O6d. **Have you received any of the following from your QRIS?**

Select all that apply; if none, select "none of these things" option.

☐ Coaching/technical assistance for me or other center administrative staff...........1

☐ Coaching/technical assistance for teachers...2

☐ Trainings or workshops...3

☐ Grants or financial incentives such as direct funding for quality improvements...4

☐ Higher reimbursements for child care subsidies from the state due to a higher quality rating (if applicable)..5

☐ Information or scores from the QRIS review process, including scores on observation measures such as the ECERS or CLASS.......................................6

☐ Other (Specify) 7

Specify [   ] (STRING 255)

☐ None of these things 8

☐ Don't know..d

NO RESPONSE...M

SOFT CHECK: IF O6d=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

Many centers have revenue from sources other than Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

ALL

O2. **Does your center receive any revenues from the following sources other than Head Start? Please think about all the funding streams that come into your center, even for centers that do not provide Head Start services.**

Select one per row

		YES	NO	DON'T KNOW
a.	Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	1 ◯	0 ◯	d ◯
h.	State or local Pre-K funds from the state or local government	1 ◯	0 ◯	d ◯
b.	Other funding from state government (e.g., transportation, grants from state agencies)	1 ◯	0 ◯	d ◯
c.	Other funding from local government (e.g., grants from county government)	1 ◯	0 ◯	d ◯
d.	Federal government other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)	1 ◯	0 ◯	d ◯
e.	Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 ◯	0 ◯	d ◯
f.	Revenues from fund raising activities, cash contributions, gifts, bequests, special events	1 ◯	0 ◯	d ◯
g.	Other (Specify)	1 ◯	0 ◯	d ◯

(STRING 255)

SOFT CHECK: IF O2a, b, c, d, e, f, g, h, or i =NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

O3. **Which of the following are the three largest sources of revenue for your center?**

[PROGRAMMER NOTE: ONLY SHOW OPTIONS THAT = 1 IN O2, ONLY ALLOW UP TO THREE RESPONSES TO BE SELECTED]

Select up to 3

☐ Head Start..8

☐ Tuitions and fees paid by parents...1

☐ State or local Pre-K funds..9

☐ Child care subsidy programs...10

☐ Other funding from state government...2

☐ Other funding from local government 3

☐ Federal government <u>other than Head Start</u>...4

☐ Revenues from community organizations or other grants...................................5

☐ Revenues from fund raising activities, cash contributions, gifts, bequests, special events...6

☐ Other (FILL FROM O2g)..7

☐ Don't know..d

NO RESPONSE..M

SOFT CHECK: IF O3=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O4. **Please indicate the purpose of all sources of revenue that are not from Head Start.**

Select one per row

	YES	NO	DON'T KNOW
a. Enrollment of additional children	1 ○	0 ○	d ○
g. Make care affordable for children from low-income families	1 ○	0 ○	d ○
b. Other services/supports for enrolled children	1 ○	0 ○	d ○
c. Services/interventions for parents	1 ○	0 ○	d ○
d. Professional development for program staff	1 ○	0 ○	d ○
e. Materials for the program	1 ○	0 ○	d ○
f. Capital improvements	1 ○	0 ○	d ○
h. Improve or enhance the current services offered to children or families	1 ○	0 ○	d ○

SOFT CHECK: IF O4a, b, c, d, e, f, g or h =NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. *To continue to the next question without making changes, click the "Submit Page and Continue" button.***

O11a. **Are any of the children that are supported by Head Start also supported by state or local Pre-K funds?**

Select one only

- ○ Yes..1
- ○ No..0
- ○ Don't know...d
-    NO RESPONSE..M

SOFT CHECK: IF O11a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O11b. **Are any of the children that are supported by Head Start also supported by child care subsidies (through certificates/vouchers or state contracts)?**

Select one only

○ Yes...1

○ No...0

○ Don't know..d

NO RESPONSE..M

SOFT CHECK: IF O11b=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O11c. **Are any of the children that are supported by Head Start also supported by funds from community organizations, grants, and/or fundraising activities?**

Select one only

○ Yes...1

○ No...0

○ Don't know..d

NO RESPONSE..M

SOFT CHECK: IF O11c=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O12a. How do you assign children to classrooms if their enrollment is paid for by Head Start or state or local Pre-K?

Select all that apply

☐ Head Start children and state or local Pre-K children are always assigned
to different classrooms..1

☐ Head Start children and state or local Pre-K children are sometimes
assigned to the same classroom..2

☐ Head Start children and state or local Pre-K children are always assigned
to the same classroom...3

☐ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF O12a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O12b. How do you assign children to classrooms if their enrollment is paid for by Head Start or child care subsidies?

Select all that apply

☐ Head Start children and children who receive child care subsidies are
always assigned to different classrooms...1

☐ Head Start children and children who receive child care subsidies are
sometimes assigned to the same classroom...2

☐ Head Start children and children who receive child care subsidies are
always assigned to the same classrooms..3

☐ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF O12b=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O12c. **How do you assign children to classrooms if their enrollment is paid for by Head Start or by parent tuition?**

Select all that apply

☐ Head Start children and children whose care is paid for by parent tuition
are always assigned to different classrooms...1

☐ Head Start children and children whose care is paid for by parent tuition
are sometimes assigned to the same classroom...2

☐ Head Start children and children whose care is paid for by parent tuition
are always assigned to the same classrooms...3

☐ Not Applicable (some parents pay fees to the program, but those fees are
not for classroom services)..4

☐ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O12c=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O13. **Other than Head Start, do you receive public funding that requires you to meet specific performance standards or other program guidelines, such as group sizes, ratios, teacher qualifications, or curriculum use?**

Select one only

○ Yes..1

○ No...0

○ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O13=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O17. **In the past 12 months, were you inspected by an agency or did someone come to monitor the quality of services in your program?**

Select one only

❍ Yes..1   GO TO O18a

❍ No...0

❍ Don't know...d

   NO RESPONSE...M

SOFT CHECK: IF O17=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

IF O17=1

O17a. **In the past 12 months, which agencies came to inspect your center or to monitor the quality of services?**

Select all that apply

☐ Health Department..1

☐ Child and Adult Care Food Program..2

☐ Licensing Agency...3

☐ QRIS...4

☐ Head Start...5

☐ State or local Pre-K..6

☐ Other (Specify)..7

Specify | | (STRING 255)

☐ Don't know...d

   NO RESPONSE...M

SOFT CHECK: IF O17a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

O14a. **Who manages the finances/does accounting for your center? In other words, who is involved in the onging work of managing finances and accounting activities such as monitoring revenues and expenditures?**

Select all that apply

☐ I do..1

☐ Someone else on the staff of this center..2   GO TO O15a1

☐ Someone on the staff of the program/larger organization this center is part of..3

☐ An outside consultant or contractor..4

☐ Someone else (Specify)..99

Specify [   ]   (STRING 255)

☐ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O14a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

O14a_1 **Thinking of the other center staff person who manages finances/does accounting, is this person/these people's primary responsibility managing your center's finances?**

If there is more than one center staff person involved in managing your center's finances, please consider if this is the primary responsibility for any of them when answering this item.

Select one only

❍ Yes...1

❍ No...0

❍ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O14a1=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

ALL

O15. **Do you have any training in financial management?**

Select one only

❍ Yes...1

❍ No..0

❍ Don't know...d

  NO RESPONSE...M

SOFT CHECK: IF O15=NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the "Submit Page and Continue" button.

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

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

ALL

IA.   **In total, how many years have you been a director…**

         Please round your response to the nearest whole year.

         I0.   **In any early childhood program?**   ☐☐   YEARS

                                                        (RANGE 0-70)

         I2a.   **In any Head Start program?**   ☐☐   YEARS

                                                         (RANGE 0-52)

         I2b.   **Of this Head Start center?**   ☐☐   YEARS

                                                         (RANGE 0-52)

             NO RESPONSE..M

SOFT CHECK: IF I0=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
SOFT CHECK: IF I0 > 50; NUMBER OF YEARS DIRECTING MAY BE TOO HIGH **You have entered [I0] as the number of years you have been a director in any early childhood program. Please confirm or correct your response and continue.**
SOFT CHECK: IF I2a=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
SOFT CHECK: IF I2a > 30; NUMBER OF YEARS MAY BE TOO HIGH **You have entered [I2a] as the number of years prior to this program year that you served as director in <u>any</u> Head Start program. Please confirm or correct your response and continue.**
HARD CHECK: IF I0 < I2a; **You indicated that you have been a director in <u>any</u> Head Start program for more years (I2a) than you have served as director in <u>any</u> early childhood center (I0). Please change your answer to this question and continue.**
SOFT CHECK: IF I2b=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
SOFT CHECK: IF I2b > 30; NUMBER OF YEARS MAY BE TOO HIGH **You have entered [I2b] as the number of years prior to this program year that you served as director of this Head Start center. Please confirm or correct your response and continue.**
HARD CHECK: IF I2b > I2a; **You indicated that you have been a director in <u>this Head Start</u> program for more years (I2b) than you have served as a director in <u>any</u> Head Start center (I2a). Please change your answer to this question and continue.**

I1. **In what month and year did you start working for <u>this</u> Head Start program?**

MONTH   YEAR

(01-12)   (1965-2020)

NO RESPONSE...M

SOFT CHECK: IF I1=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
HARD CHECK: IF I1 > CURRENT DATE; **The date you entered occurs in the future. Please correct your response and continue.**

I2. **In total, how many years have you worked with <u>any</u> Head Start <u>or</u> Early Head Start Program?**

Please round your response to the nearest whole year. Note, Head Start has been in existence for 52 years.

YEARS

(RANGE 0-52)

NO RESPONSE...M

SOFT CHECK: IF I2=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
SOFT CHECK: IF I2>30; **You have entered [I2] as the number of years you have worked with any Head Start or Early Head Start program. Please confirm or correct your response and continue.**

I3. **How many hours per week are you paid to work for Head Start?**

HOURS

(RANGE 0-100)

NO RESPONSE...M

SOFT CHECK: IF I3=NO RESPONSE; **Please provide an answer to this question and continue. *To continue to the next question without providing a response, click the "Submit Page and Continue" button.***
SOFT CHECK: IF I3>40; **You have entered [I3] as the number of hours per week your salary covers. Please confirm or correct your response and continue.**

I4-I5.   NO I4-I5 IN THIS VERSION

I23. **What is your total annual salary (before taxes) as a center director for the current program year?**

DOLLARS PER YEAR

(RANGE 0-999,999)

NO RESPONSE.. M

SOFT CHECK: IF I23=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF I23 > 250,000; **You have entered [I23] as your total annual salary (before taxes). Please confirm or correct your response and continue.**

I6. **In your current Head Start position(s), how much do the following make it harder for you to do your job well? Do they make it a great deal harder, somewhat harder, or not at all harder for you to do your job well?**

Select one per row

	GREAT DEAL HARDER	SOMEWHAT HARDER	NOT AT ALL HARDER
a. Time constraints (not enough hours in the day)	3 ○	2 ○	1 ○
b. Too many conflicting demands	3 ○	2 ○	1 ○
c. Not a high enough salary for the job demands	3 ○	2 ○	1 ○
d. Lack of support staff	3 ○	2 ○	1 ○
e. Not enough training and technical assistance for professional development	3 ○	2 ○	1 ○
f. Not enough support and communication from administration	3 ○	2 ○	1 ○
g. Not enough funds for supplies and activities	3 ○	2 ○	1 ○
h. Dealing with a challenging population	3 ○	2 ○	1 ○
i. Staff turnover	3 ○	2 ○	1 ○
j. Lack of parent support	3 ○	2 ○	1 ○
k. Lack of qualified teaching staff	3 ○	2 ○	1 ○
l. Anything else? (Specify)	3 ○	2 ○	1 ○

(STRING 255)

SOFT CHECK: IF I6a, b, c, d, e, f, g, h, i, j, k, or l=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s) and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

I7-I11. NO I7-I11 IN THIS VERSION

I12. **What is the highest grade or year of school that you completed?**

Select one only

○ Up to 8th grade..1   GO TO I15b

○ 9th to 11th grade..2   GO TO I15b

○ 12th grade, but no diploma..3   GO TO I15b

○ High School Diploma/Equivalent..4   GO TO I15b

○ Vocational/ Technical Program after High School...5   GO TO I15b

○ Some college, but no degree...7   GO TO I14

○ Associate's Degree..8

○ Bachelor's Degree...9

○ Graduate or Professional School, but no degree...10

○ Master's Degree (MA, MS)..11

○ Doctorate Degree (Ph.D., Ed.D.)...12

○ Professional Degree after Bachelor's Degree (Medicine/MD, Dentistry/
DDS, Law/JD/LLB, etc.)..13

    NO RESPONSE..M   GO TO I18

SOFT CHECK: IF I12=NO RESPONSE; **Please provide an answer to this question and continue.**
To continue to the next question without providing a response, click the "Submit Page and Continue" button.

I13. **In what field did you obtain your highest degree?**

Select one only

❍ Child Development or Developmental Psychology..1

❍ Early Childhood Education..2

❍ Elementary Education...3

❍ Special Education...4

❍ Education Administration/ Management & Supervision.......................................11

❍ Business Administration/ Management & Supervision..12

❍ Other field (Specify)...5

Specify [   ]   (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF I13=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

I14. **Did your schooling include 6 or more college courses in early childhood education or child development?**

❍ Yes...1   GO TO I15a

❍ No..0

NO RESPONSE...M

SOFT CHECK: IF I14=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

I15. **Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

❍ Yes...1

❍ No..0

NO RESPONSE...M

SOFT CHECK: IF I15=NO RESPONSE; **Please provide an answer to this question and continue.** ***To continue to the next question without providing a response, click the "Submit Page and Continue" button.***

I15a. **Have you completed an entire course on children who speak a language other than English?**

◯ Yes...1

◯ No...0

NO RESPONSE..M

SOFT CHECK: IF I15a=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

ALL

I15b. **Do you currently hold a license, certificate, and/or credential in administration of early childhood/child development programs or schools?**

◯ Yes...1

◯ No...0

NO RESPONSE..M

SOFT CHECK: IF I15b=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I16-I17. NO I16-I17 IN THIS VERSION

ALL

I18. **Do you have a Child Development Associate (CDA) credential?**

◯ Yes...1

◯ No...0

NO RESPONSE..M

SOFT CHECK: IF I18=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I19. **Do you have a state-awarded preschool teaching certificate or license?**

(Click here for "TEACHING CERTIFICATE OR LICENSE" definition)

> PROGRAMMER BOX I19
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.**

◯ Yes..1

◯ No...0

NO RESPONSE...M

> SOFT CHECK: IF I19=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I20. **Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?**

(Click here for "TEACHING CERTIFICATE OR LICENSE" definition)

> PROGRAMMER BOX I20
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.**

◯ Yes..1

◯ No...0

NO RESPONSE...M

> SOFT CHECK: IF I20=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I21-I22. NO I21-I22 IN THIS VERSION

I24. **What is your sex?**

○ Male...1

○ Female...2

○ Prefer not to answer..3

    NO RESPONSE..M

SOFT CHECK: IF I24=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I25. **In what year were you born?**

(1914-2000)

YEAR

    NO RESPONSE..M

SOFT CHECK: IF I25=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

SOFT CHECK: IF I25 < 1927 OR > 1996; **You have entered [I25] as the year you were born. Please confirm or correct your response and continue.**

I26. **Are you of Spanish, Hispanic, or Latino origin?**

○ Yes...1

○ No...0   GO TO I28

    NO RESPONSE..M   GO TO I28

SOFT CHECK: IF I26=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I27. **Which of these best describes you? You may select more than one.**

Select one or more

☐ Mexican, Mexican American, or Chicano..1

☐ Puerto Rican...2

☐ Cuban...3

☐ Another Spanish/Hispanic/Latino group (Specify)..4

Specify [   ]   (STRING 255)

   NO RESPONSE...M

SOFT CHECK: IF I27=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

ALL

I28. **What is your race? Select one or more.**

Select one or more

☐ White...11

☐ Black or African American..12

☐ American Indian or Alaska Native...13

☐ Asian Indian...14

☐ Chinese..15

☐ Filipino...16

☐ Japanese...17

☐ Korean...18

☐ Vietnamese..19

☐ Other Asian..20

☐ Native Hawaiian...21

☐ Guamanian or Chamorro..22

☐ Samoan..23

☐ Other Pacific Islander (Specify)..24

Specify [   ]   (STRING 255)

☐ Another Race (Specify)...25

Specify [   ]   (STRING 255)

   NO RESPONSE...M

SOFT CHECK: IF I28=NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

I29. **Do you speak a language other than English?**

　　❍　Yes...1

　　❍　No...0　　GO TO END

　　　　NO RESPONSE...M　　GO TO END

> SOFT CHECK: IF I29=NO RESPONSE; **Please provide an answer to this question and continue.**
> *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

IF I29=1

I30. **What languages other than English do you speak?**

Select all that apply

　　☐　Spanish...12

　　☐　Arabic...20

　　☐　Cambodian (Khmer)...13

　　☐　Chinese...14

　　☐　French..11

　　☐　Haitian Creole...15

　　☐　Hmong..16

　　☐　Japanese..17

　　☐　Korean..18

　　☐　Vietnamese...19

　　☐　Other (specify)..21

　　Specify ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ 　　(STRING 255)

　　　　NO RESPONSE...M

> SOFT CHECK: IF I30=NO RESPONSE; **Please provide an answer to this question and continue.**
> *To continue to the next question without providing a response, click the "Submit Page and Continue" button.*

ALL

SUBMIT SCREEN

Please review your responses by clicking here. If you need to correct anything, please use the **"back"** link below. If you are satisfied with your responses, please click on the **"Submit Survey"** button below.

CAUTION: You will not be able to make any changes after you click **"Submit Survey".**

If you have any questions regarding the FACES 2019 survey, please call [NAME] at xxx-xxx-xxxx or send an e-mail to FACES2019@mathematica-mpr.com

THANK YOU SCREEN

Thank You

Your completed survey has been submitted.

YOUR CONFIRMATION NUMBER IS: XX

If you need to correct anything, please contact [NAME] at xxx-xxx-xxxx or send an e-mail to FACES2019@mathematica-mpr.com for assistance.

If you would like to exit the questionnaire, please click on the **"Quit"** button below.

Thanks again for your participation!

IF THE QUIT FOR NOW LINK IS CLICKED

You are exiting the questionnaire. All your answers, up to the last page you completed, have been saved.

When you return to this site, you will be returned to the point in the questionnaire from where you exited.

Please return to complete the questionnaire as soon as possible.

Thanks again for your participation!