MATHEMATICA
Policy Research

Head Start Family and Child Experiences Survey (FACES 2019)

Program Director Survey

Spring 2020

Welcome to the Head Start Family and Child Experiences Survey 2019 (FACES 2019) program director survey. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields 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: _____

INTRO1= CONTINUE

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 program 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; program resources; 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

FINAL HTM

Thank you for visiting the FACES 2019 Program 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

SC0.   Are you {Fill ProgramDirectorFirstName ProgramDirectorLastName }?

Select one only

○   Yes..1   A12h

○   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.**

IF SC0 = 2 or 3

SC0b.   What is your job title or position at this Head Start 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

A1- A12g.   NO A1-A12g 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 program?**

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..9

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.***

B1-1a. NO B1-B1a IN THIS VERSION

ALL

B2. **Does your program have any efforts in place to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?**

❍ Yes...1

❍ No...0   GO TO B3h

❍ Not applicable; all staff required to have at least a B.A.......................................2   GO TO B3h

NO RESPONSE..M   GO TO B3h

SOFT CHECK: IF B2=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.***

B3. **What is your program doing to help program staff get their A.A. or B.A. degrees? Are you . . .**

Select one per row

	YES	NO
a. Providing tuition assistance?	1 ○	0 ○
b. Giving staff release time?	1 ○	0 ○
c. Providing assistance for course books?	1 ○	0 ○
d. Providing A.A. or B.A. courses onsite?	1 ○	0 ○
e. Anything else? (Specify)	1 ○	0 ○

(STRING 255)

SOFT CHECK: IF B3a, 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.*

B3f. **Who is eligible for assistance to get their A.A. or B.A. degrees?**

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

Select all that apply

- ☐ Center-based lead teachers..1
- ☐ Center-based assistant teachers...2
- ☐ Home visitors...4
- ☐ Family child care providers...8
- ☐ Content managers..9
- ☐ Family service workers...3
- ☐ Other (Specify)...5

Specify [   ] (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF B3f=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.*

B3g.   NO B3g IN THIS VERSION

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

Select one per row

	YES	NO
2. Attendance at regional conferences	1 〇	0 〇
3. Attendance at state conferences	1 〇	0 〇
4. Attendance at national conferences	1 〇	0 〇
5. Paid substitutes to allow teachers time to prepare, train, and/or plan	1 〇	0 〇
6. Coaching/mentoring	1 〇	0 〇
1. Other types of consultants hired to work directly with staff to address a specific issue or concern	1 〇	0 〇
7. Workshops/trainings sponsored by the program	1 〇	0 〇
8. Workshops/trainings provided by other organizations	1 〇	0 〇
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert	1 〇	0 〇
10. Time during the regular work day to participate in Office of Head Start T/TA webinars	1 〇	0 〇
13. Tuition assistance for courses toward getting a credential	1 〇	0 〇
99. Other (Specify)	1 〇	0 〇

(STRING 255)

SOFT CHECK: IF B3h1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 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-B10a.   NO B4-B10a IN THIS VERSION

B11-B26.   NO B11-B26 IN THIS VERSION

B27b. **Of the activities your program offers, which does your Head Start professional development funding directly support?**

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS 1-10, 99 THAT WERE PROVIDED IN B3h. ADDITIONALLY, ALWAYS INCLUDE ANSWER CHOICES 11 AND 12.

Select all that apply

☐   Attendance at regional conferences...2

☐   Attendance at state conferences...3

☐   Attendance at national conferences...4
....

☐   Pay substitutes to allow teachers time to prepare, train, and/or plan...................5

☐   Coaching/mentoring...6

☐   Other types of consultants hired to work directly with staff to address a specific issue or concern..1

☐   Workshops/trainings sponsored by the program...7

☐   Workshops/trainings provided by other organizations...8

☐   A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert..........................9

☐   Time during the regular work day to participate in Office of Head Start T/TA webinars...10

☐   Tuition assistance for A.A. or B.A. courses...11

☐   Onsite A.A. or B.A. courses...12

☐   Tuition assistance for courses toward getting a credential..................................13

☐   Other (Specify)...99

Specify [   ]   (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF B27b=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.*

B10b. How often have you or other staff in your program 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
1. Early Childhood Learning and Knowledge Center (ECLKC) website	1 ◯	2 ◯	3 ◯	4 ◯
2. Office of Head Start National Centers	1 ◯	2 ◯	3 ◯	4 ◯
3. Professional organizations	1 ◯	2 ◯	3 ◯	4 ◯
4. Private consultants, private organizations, or commercial vendors	1 ◯	2 ◯	3 ◯	4 ◯
5. Regional T/TA Specialists	1 ◯	2 ◯	3 ◯	4 ◯
6. Office of Head Start webinars	1 ◯	2 ◯	3 ◯	4 ◯
7. Regional conferences	1 ◯	2 ◯	3 ◯	4 ◯
8. State conferences	1 ◯	2 ◯	3 ◯	4 ◯
9. National conferences	1 ◯	2 ◯	3 ◯	4 ◯
10. Other	1 ◯	2 ◯	3 ◯	4 ◯

SOFT CHECK: IF B10b_1, 2, 3, 4, 5, 6, 7, 8, 9, or 10=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.*

B24b-d. **How many coaches/mentors are currently working with** <u>teaching staff, family child care providers, or home visitors</u> **in your program? Please tell us the number in each of the following categories.**

	NUMBER OF COACHES/MENTORS
B24b. Employees/staff hired by your program to serve as coaches/mentors and who have coaching/mentoring as their main job responsibility	(RANGE 0-50)
B24d. Other program employees/staff who serve as coaches/mentors, but coaching/mentoring is not their main job responsibility	(RANGE 0-50)
B24c. Consultants or contractors hired by your program to serve as coaches/mentors. By "consultants or contractors" we mean individuals who are paid to spend time coaching/mentoring staff in your program, but they are not official program employees/staff.	(RANGE 0-50)
B24e. Individuals from other organizations or agencies that provide free coaching/mentoring services to early childhood programs (for example, a child care resource and referral agency, a quality rating and improvement system, or another type of agency)	(RANGE 0-50)

NO RESPONSE...M

SOFT CHECK: IF B24b=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 B24c=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 B24d=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 B24b >10; NUMBER OF COACHES/MENTORS MAY BE TOO LOW **You have entered [B24b] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**
SOFT CHECK: IF B24c >10; NUMBER OF COACHES/MENTORS MAY BE TOO LOW **You have entered [B24b] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**
SOFT CHECK: IF B24d >10; NUMBER OF COACHES/MENTORS MAY BE TOO LOW **You have entered [B24b] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**

IF B3H_6=1 AND IF B24B > 0

B25a1. **Thinking of the "employees/staff hired by your program to serve as coaches/mentors and who have coaching/mentoring as their main job responsibility," on average what percent of their time is spent on activities related to coaching/mentoring teaching staff, family child care providers, or home visitors?**

For the percentage, please include time spent working directly with teachers, family child care providers, or home visitors, and also the time spent preparing for or following up on coaching/mentoring activities.

☐☐   PERCENT

(RANGE 0-100)

NO RESPONSE..M

SOFT CHECK: IF B25a1=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 B25a1<50%; **Your response indicates that these program staff spend less than half of their time on coaching/mentoring activities. Please confirm or correct your response.**

IF B3H_6=1 AND IF B24D > 0

B25a2. **Thinking of the "Other program employees/staff who serve as coaches/mentors, but coaching/mentoring is not their main job responsibility," on average what percent of their time is spent on activities related to coaching/mentoring teaching staff, family child care providers, or home visitors?**

For the percentage, please include time spent working directly with teachers, family child care providers, or home visitors, and also the time spent preparing for or following up on coaching/mentoring activities.

☐☐   PERCENT

(RANGE 0-100)

NO RESPONSE..M

SOFT CHECK: IF B25a2=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 B25a2>50%; **Your response indicates that these program staff spend more than half of their time on coaching/mentoring activities. Please confirm or correct your response.**

B26a. **Do coaches/mentors working in your program use a specific model or approach?**

Select all that apply

☐ Practice-based coaching..1

☐ Coaching/mentoring tied to a specific curriculum (for example, Building
Blocks)..2

☐ MyTeachingPartner..3

☐ Relationship-based coaching...4

☐ Other (Specify)..99

Specify [   ] (STRING 255)

☐ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF B26a=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.*

B26b. **Does the coaching/mentoring have a remote or web-based component (that is, does any of the coaching/mentoring happen over the phone, online, or through another type of video conference)?**

❍ Yes, coaching/mentoring is primarily remote/web-based.....................................1

❍ Yes, there is a remote/web-based supplement to the coaching/mentoring..........2

❍ No..0

❍ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF B26=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.*

B26c. **Are all of your teaching staff, family child care providers, and home visitors receiving coaching/mentoring?**

Select one only

❍ Yes...1

❍ No..0

❍ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF B26c=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.*

B26d. **How do you determine who will receive <u>intensive</u> coaching/mentoring?**

Select all that apply

☐ Conduct classroom observations..1

☐ Review classroom-level assessment data..2

☐ Based on regular performance reviews or evaluations.......................................3

☐ Based on number of years of experience...4

☐ Directly ask the staff if they need or want coaching/mentoring...........................5

☐ Review child assessment data for classrooms...6

☐ Other (Specify)..99

Specify [   ]　(STRING 255)

☐ Don't know..d

NO RESPONSE...M

SOFT CHECK: IF B26d=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.*

B31. **What makes coaching/mentoring more intensive in your program?**

Select all that apply

☐ Coaching/mentoring meetings are longer...1

☐ Coaching/mentoring meetings are more frequent..2

☐ Coaching/mentoring is planned to take place over a longer period of time (e.g., more months)..3

☐ Teacher progress is assessed more frequently..4

☐ There is more director or administrator involvement in monitoring coaching/mentoring...5

☐ Teachers are asked to do more work between coaching/mentoring sessions..6

☐ Coaching/mentoring is done individually with teachers......................................7

☐ Other (Specify)..99

Specify [   ]　(STRING 255)

☐ Don't know..d

NO RESPONSE...M

SOFT CHECK: IF B31=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.*

B28. **How do coaches/mentors assess the needs of teachers, family child care providers, or home visitors?**

Select all that apply

☐ Conduct classroom observations..1

☐ Review classroom-level assessment data..2

☐ Based on regular performance reviews or evaluations.......................................3

☐ Based on number of years of experience...4

☐ Directly ask the staff 5

☐ Review child assessment data...6

☐ Have them complete surveys or questionnaires...7

☐ Other (Specify)..99

Specify [   ]   (STRING 255)

☐ Don't know...d

    NO RESPONSE...M

SOFT CHECK: IF B28=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.*

B29. **Coaches/mentors have different methods of supporting staff in improving their practice. What methods do /coaches/mentors use when working with teachers, family child care providers, or home visitors in your program?**

Select all that apply

☐ Discuss with staff what they observe...1

☐ Provide written feedback to staff on what they observe......................................2

☐ Have teachers or FCC providers watch a videotape of themselves teaching……3

☐ Have teachers or FCC providers observe another teacher's classroom or watch a video of another teacher...4

☐ Model teaching practices...5

☐ Suggest trainings for staff to attend...6

☐ Provide trainings for staff..7

☐ Review child assessment data with staff...8

☐ Other (Specify)..99

Specify [   ]   (STRING 255)

☐ Don't know..d

　　NO RESPONSE...M

SOFT CHECK: IF B29=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.*

B30. **Do staff in your program receive coaching/mentoring from the same person/people responsible for supervising them?**

❍ Yes, all staff are coached/mentored by their own supervisor...............................1

❍ Yes, some of the staff are coached/mentored by their own supervisor...............2

❍ No, none of the staff are coached/mentored by their own supervisor..................0

❍ Don't know...d

　　NO RESPONSE...M

SOFT CHECK: IF B30=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.*

E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

E1-E2. NO E1-E2 IN THIS VERSION

ALL

E3. **What is your main curriculum?**

Select one only

○ Creative Curriculum..11

○ HighScope..12

○ Let's Begin with the Letter People...14

○ Montessori..15

○ Bank Street...16

○ Creating Child Centered Classrooms - Step by Step...............................17

○ Scholastic Curriculum...18

○ Locally Designed Curriculum..19

○ Curiosity Corner...20

○ Frog Street..24

○ Opening the World of Learning (OWL) *(Pearson)*..................................28

○ Learn Every Day..27

○ DLM Early Childhood Express *(McGraw-Hill)*..26

○ Other (Specify) ⌞_____⌟ (STRING 255).......................21

SOFT CHECK: IF E3=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-E3i. NO E3a-E3i IN THIS VERSION

E9. **What is the main child assessment tool that you use?**

Select one only

❍ Teaching Strategies GOLD Assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)...........1

❍ HighScope Child Observation Record (COR)...2

❍ Galileo...3

❍ Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System..4

❍ Desired Results Developmental Profile (DRDP)..5

❍ Work Sampling System for Head Start...6

❍ Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)..7

❍ Hawaii Early Learning Profile (HELP)...8

❍ Brigance Preschool Screen for three and four year ld children............................9

❍ Assessment designed for this program...10

❍ Another state developed assessment (Specify)...11

Specify [_____]   (STRING 255)

❍ Other (Specify)..12

Specify [_____]   (STRING 255)

❍ Do not use a child assessment tool...13   GO TO SECTION H

　　 NO RESPONSE...M

SOFT CHECK: IF E9=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.***

E10.   NO E10 IN THIS VERSION

E10A-B.   NO E10A-B IN THIS VERSION.

E11.   NO E11 THIS VERSION

G. KINDERGARTEN TRANSITION

Next we have some questions about communication with elementary schools that are attended by children from your program when they enter kindergarten.

ALL

G3. **How many different elementary schools does your program feed into for kindergarten? Please think about the number of elementary schools you expect children currently enrolled in your program to attend next year. If you do not have an exact number, please enter your best estimate. If your program does not collect this information, please select "Don't know".**

☐☐ Elementary schools

(RANGE 1-500)

◯ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF G3=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 G3>10; NUMBER OF SCHOOLS MAY BE TOO HIGH **You have entered [G4] as the number of elementary schools your program feeds into for kindergarten. Please confirm or correct your response and continue.**

G4. **How many of the elementary schools that your program feeds into for kindergarten do staff from your program communicate with directly? Please think about communication such as planning and information sharing. Do NOT include activities such as sending records or files for individual children.**

◯ None of the elementary schools..1   GO TO H4a

◯ Some of the elementary schools...2

◯ Most of the elementary schools..3

◯ All of the elementary schools..4

◯ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF G4=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.*

G5. **Does your program share records or files for individual children with the district and/or school they will attend the following year for kindergarten?**

◯ Yes, we share records for all children...1

◯ Yes, we share records for some children...2

◯ No, we do not share records..3

◯ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF G5=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.*

G6. **What are the three types of staff your program most often communicates with at these elementary schools**

Select up to three

☐ Principal..1

☐ Other school administrator...2

☐ School counselor...3

☐ Teacher...4

☐ School social worker..5

☐ Other (Specify)..99

Specify [_____]   (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF G6=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.*

G7. **In communicating with these elementary schools, how many (if any) individual children are discussed (beyond sharing records or files)?**

❍ All...1

❍ Most..2

❍ Some...3

❍ Just a few..4

❍ None..5

❍ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF G8=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.*

G8. **What are the two topics your program most often discusses with staff at these elementary schools?**

Select only two

☐ Kindergarten entry assessments..1

☐ What children are expected to know at kindergarten entry.................................2

☐ Joint school/Head Start staff trainings...3

☐ Alignment of curricula..4

☐ Individual children..5

☐ Helping families with transitioning (registering, routines, drop off/pick up, bus routes, etc.)...6

☐ Other (Specify)..99

Specify [   ] (STRING 255)

☐ Don't know...d

NO RESPONSE...M

SOFT CHECK: IF G9=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.*

G9. **What are the main reasons for these discussions with the elementary schools your program communicates with?**

Select all that apply

☐ To help kindergarten teachers learn about incoming children..............................1

☐ To help elementary school staff learn about Head Start......................................2

☐ To help your program prepare children for the transition....................................3

☐ To inform instruction in your program to align with kindergarten
    expectations...4

☐ To help families with transitioning (registering, routines, drop off/pick up,
    bus routes, etc.)..5

☐ Other (Specify)...99

Specify [   ]   (STRING 255)

    NO RESPONSE..M

SOFT CHECK: IF G10=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.

H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

H1-H4. NO H1-H4 IN THIS VERSION

ALL

H4a.   **Which of the following functions do your program's education coordinator[s] perform for your Head Start program?**

Select all that apply

☐   Develop curriculum, schedules, and classroom plans...1

☐   Assist director in program management activities...2

☐   Provide or arrange for staff training/education...3

☐   Arrange for IEPs and special services for children with disabilities......................4

☐   Conduct child assessments...5

☐   Arrange or support for administration of local child assessments.......................6

☐   Provide supervision for classroom staff...7

☐   Provide mentoring/coaching for classroom staff..8

☐   Manage transition to school activities..9

☐   Provide parent education...10

☐   Provide outreach, recruitment, and enrollment services....................................11

☐   Supervise home visitors..12

☐   Arrange for services for children with other community services........................13

☐   Arrange activities that involve parents..14

☐   Encourage parents to supplement classroom learning at home.........................15

☐   Another responsibility (Specify)...16

Specify [   ]   (STRING 255)

☐   Another responsibility (Specify)...17

Specify [   ]   (STRING 255)

☐   Another responsibility (Specify)...18

Specify [   ]   (STRING 255)

NO RESPONSE...M

SOFT CHECK: IF H4a.=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.*

H4b. **Of those functions you selected, which do you consider the three major responsibilities of your program's education coordinator[s]?**

Select up to 3

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS PROVIDED IN H4a.

Develop curriculum, schedules, and classroom plans	1 ☐
Assist director in program management activities	2 ☐
Provide or arrange for staff training/education	3 ☐
Arrange for IEPs and special services for children with disabilities	4 ☐
Conduct child assessments	5 ☐
Arrange or support for administration of local child assessments	6 ☐
Provide supervision for classroom staff	7 ☐
Provide mentoring for classroom staff	8 ☐
Manage transition to school activities	9 ☐
Provide parent education	10 ☐
Provide outreach, recruitment, and enrollment services	11 ☐
Supervise home visitors	12 ☐
Arrange for services for children with other community services	13 ☐
Arrange activities that involve parents	14 ☐
Encourage parents to supplement classroom learning at home	15 ☐
Another responsibility (FILL FROM H4a)	16 ☐

Another responsibility (FILL FROM H4a)   17 ☐

Another responsibility (FILL FROM H4a)   18 ☐

SOFT CHECK: IF H4b = NO RESPONSE; **Please provide an answer to this question and continue.** *To continue to the next question without making changes, click the "Submit Page and Continue" button.*

H5. **You have a lot of different responsibilities as a program 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
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 program	1 ○	2 ○	3 ○	4 ○
g.	Evaluating managers 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 "Submit Page and Continue" button.*

H6. NO H6 IN THIS VERSION

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 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 program director	1 ◯	0 ◯
c.	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 ◯
d.	A leadership institute offered by Head Start *(Click here for "LEADERSHIP INSTITUTE" definition)*	1 ◯	0 ◯
e.	A leadership institute offered by an organization other than Head Start *(Click here for "LEADERSHIP INSTITUTE" definition)*	1 ◯	0 ◯
f.	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, 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.*

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 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 program director more effectively? Select the top three.**

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 use of program data and information.

N1-N2. NO N1-N2 IN THIS VERSION

ALL

N3. **Do you use an electronic database to store program data? (Sometimes these databases might be called management information systems or data systems. They might be something set up or managed by an external vendor, or something set up by your own program.)**

   ❍ Yes...1

   ❍ No..0   GO TO N5

    NO RESPONSE..M   GO TO N5

SOFT CHECK: IF N3=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 N3=1

N4. **Is your management information system(s) something that your program set up, or is it provided and managed by an external vendor?**

   Select one only

   ❍ Set up by our own program..1

   ❍ External vendor..2

   ❍ Combination...3

    NO RESPONSE..M

SOFT CHECK: IF N4=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 E9 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, OR M

N5. **Does your program's child assessment tool provide a web-based option for storing the information collected by teachers (for example, Teaching Strategies GOLD online or COR Advantage)?**

   ❍ Yes...1

   ❍ No..0   GO TO N5c

    NO RESPONSE..M   GO TO N5c

SOFT CHECK: IF N5=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.*

N5a. **Does your program use the web-based option?**

○ Yes..1

○ No...0 GO TO N5C

NO RESPONSE...M GO TO N5C

SOFT CHECK: IF N5a=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.*

N5b. **Does the web-based option provide automated reports that include suggested classroom or family child care activities based on assessment results for any of the following groups?**

Select all that apply

□ Individual children..1

□ Small groups..2

□ Whole classrooms...3

□ Our child assessment tool does not include this option......................................4

NO RESPONSE...M

SOFT CHECK: IF N5b=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 N5b = 4 AND N5b = 1, 2, OR 3; **You selected both "our child assessment tool does not include this option" as well as one or more other response options. Please choose either "our child assessment tool does not include this option" or the other types of groups.**

N5c. **Which of the following data and information does your program link <u>electronically</u> to child assessment information? In other words, does the electronic data system that stores child assessment information also include any of these other types of data?**

Select all that apply

☐ Child/family demographics...1

☐ Vision, hearing, developmental, social, emotional, and/or behavioral screenings...2

☐ Child attendance data...3

☐ School readiness goals...4

☐ Family needs...5

☐ Service referrals for families..6

☐ Services received by families...7

☐ Parent/family attendance data...8

☐ Parent/family goals..9

☐ CLASS results or other quality measures..10

☐ Staff/teacher performance evaluations..11

☐ Personnel records..12

☐ None of the above...13

☐ Not applicable. We do not store child assessment information in an electronic data system..14

    NO RESPONSE...M

SOFT CHECK: IF N5c=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 N5c = 13 AND N5c = 1, 2, 3, 4, 5, 6, 7, 8 , 9, 10, 11, OR 12; **You selected both "none of the above" as well as one or more other response options. Please choose either "none of the above" or the other types of data and information.**

N6. **Do you have someone on staff responsible for analyzing or summarizing program data so those data can be used to support decision-making or answer research questions? This person might also support other program staff in summarizing and analyzing data.**

◌ Yes..1

◌ No..0   GO TO SECTION O

    NO RESPONSE...M   GO TO SECTION O

SOFT CHECK: IF N6=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.*

N7. **Does this person focus only on data analysis tasks?**

❍ Yes, this person focuses only on these data analysis tasks................................1

❍ No, this person has other responsibilities...0

NO RESPONSE..M

SOFT CHECK: IF N7=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.*

N8. **Has this person ever received any training or taken a course related to data analysis?**

❍ Yes...1

❍ No..0

NO RESPONSE...M

SOFT CHECK: IF N8=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.*

O. SYSTEMS AND RESOURCES

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

ALL

O5. **Does the state require that the centers in your program 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, all of the centers must have a license to operate...1   GO TO O6

○ Yes, some of the centers must have a license to operate but others are exempt 2   GO TO O5a

○ No, they are all exempt from the licensing requirement......................................0   GO TO O5a

○ Don't know...d   GO TO O6

    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.***

IF O5=2,0

O5b.   Why are centers exempt from the state licensing requirement?

(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 all that apply

❍   They are part of a school system..1

❍   They are affiliated with a religious organization...2

❍   They are open only a few hours per day or days per week.................................3

❍   Another reason (Specify) .….   .…….(STRING 255)...............99

❍   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.*

IF O5=2,0

O5c. **Do any centers in your program choose to be licensed by the state even if they are not required to have a 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.

❍ Yes..1
❍ No..0
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 program participate in your state or local quality rating and improvement system (QRIS)?**

Select one only

- ❍ Yes, all centers in the program are part of the QRIS..1 GOTO O6a
- ❍ Yes, some centers in the program are part of the QRIS....................................2 GO TO O6a
- ❍ No, the program does not participate in the QRIS..0 GO TO O6b
- ❍ Don't know...d GO TO O1
-     NO RESPONSE...M

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.*

O6a. **What process did the centers in your program go through in order to receive their 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 program went through a full review process...1

○ My program received an automatic rating..2

○ My program 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)..4

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.*

O6b. **Why <u>doesn't</u> your program 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.***

O6c. **You indicated that only some centers in your program are part of the state or local quality rating and improvement system (QRIS). What are the reasons that other centers in your program do not participate in the 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 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.*

O1. **How many children are enrolled in your Head Start program? Here, we are referring to "cumulative enrollment" or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit during the current enrollment/program year.**

[   ] # OF CHILDREN ENROLLED

(RANGE 1-10,000)

NO RESPONSE...M

SOFT CHECK: IF O1=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 O1 > 500; NUMBER OF CHILDREN MAY BE TOO HIGH **You have entered [O1] as the number of children enrolled in your program. Please confirm or correct your response and continue.**

SOFT CHECK: IF O1 < 50; NUMBER OF CHILDREN MAY BE TOO LOW **You have entered [O1] as the number of children enrolled in your program. Please confirm or correct your response and continue.**

Many grantees 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 program receive any revenues from the following sources other than Head Start? Please think about all the funding streams that come into your program, 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 ○
i. Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	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 <u>other than Head Start</u> (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.***

IF O2a, O2b, O2c, O2d, O2e, O2f, <u>AND</u> O2g NE 1, GO TO O7.

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

[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 ○
h. Improve or enhance the current services offered to children or families	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 ○

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.*

ALL

O7. **Does your program or the agency that operates your program also have an Early Head Start grant?**

Select one only

   ○ Yes..1

   ○ No...0

   ○ Don't know..d

      NO RESPONSE...M

SOFT CHECK: IF O7=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.*

O8. **How many Head Start and Early Head Start grants did your program or the agency that operates your program receive?**

O8a. ☐ (RANGE 1-10)   HEAD START GRANTS

O8b. ☐ (RANGE 0-10)   EARLY HEAD START GRANTS

○ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O8a=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 O8a > 3; NUMBER OF HEAD START GRANTS MAY BE TOO HIGH **You have entered [O8a] as the number of Head Start grants your program recieves. Please confirm or correct your response and continue.**
SOFT CHECK: IF O8a=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 O8b. > 3; NUMBER OF EARLY HEAD START GRANTS MAY BE TOO HIGH **You have entered [O8b] as the number of Early Head Start grants your program recieves. Please confirm or correct your response and continue.**

O9. **How many different centers does your program operate that provide Head Start services? Please think only about Head Start services; do not include centers that provide only Early Head Start.**

☐ (RANGE 1-450)   CENTERS

○ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O9=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 O9 > 25; NUMBER OF HEAD START CENTERS MAY BE TOO HIGH **You have entered [O9] as the number of centers your program operates that provides Head Start services. Please confirm or correct your response and continue.**

O10. **Does your program also operate centers that <u>do not</u> receive Head Start funds?**

Select one only

❍ Yes..1   GO TO O10a

❍ No..0

❍ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O10=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 O10=1

O10a. **How many centers does your program operate that <u>do not</u> provide Head Start services?**

☐ (RANGE 1-450)   CENTERS

❍ Don't know...d

NO RESPONSE..M

SOFT CHECK: IF O10a=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 O10a > 25; NUMBER OF NON- HEAD START CENTERS MAY BE TOO HIGH **You have entered [O10a] as the number of centers your program operates that do not provides Head Start services. Please confirm or correct your response and continue.**

IF O2H = 1

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 classroom..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 classroom...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.***

O14. **Does your program have dedicated financial management or accounting staff? In other words, does your program have one (or more) people on staff who are focused only on financial management/accounting?**

Select one only

○ Yes...1   GO TO O14b

○ No..0   GO TO O14a

○ Don't know..d

   NO RESPONSE..M

SOFT CHECK: IF O14=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 O14=0

O14a. **Who manages your program's finances? 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

☐ Other administrative or managerial staff of this program......................................2

☐ An outside contractor or consultant...3

☐ Directors or managers at centers that are part of this program............................4

☐ Other (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.*

O14b. **Who else is involved in managing your program's finances? In other words, who else is involved in the onging work of managing finances and accounting activities such as monitoring revenues and expenditures?**

Select all that apply

☐   I am..1

☐   Other administrative or managerial staff of this program.....................................2

☐   An outside contractor or consultant..3

☐   Directors or managers at centers that are part of this program............................4

☐   Other (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.***

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.***

O16. **Does your program use accounting software to track expenditures and manage finances?**

Select one only

❍ Yes..1

❍ No..0

❍ Don't know...d

   NO RESPONSE...M

SOFT CHECK: IF O16=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.*

P. PROGRAM COMMUNITY

ALL

P1. **The next questions are about problems you might see in the community your program serves. How much of a problem is each of the following?**

> PROGRAMMER BOX P1
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

Mark one for each row

	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a. Public drunkenness/people being high or stoned in public	$_0$ ◯	$_1$ ◯	$_2$ ◯
b. Opioid use	$_0$ ◯	$_1$ ◯	$_2$ ◯
c. Other types of substance use problems (Click here for "SUBSTANCE USE PROBLEMS" definition)	$_0$ ◯	$_1$ ◯	$_2$ ◯
d. Lack of resources for treatment of substance use	$_0$ ◯	$_1$ ◯	$_2$ ◯

> SOFT CHECK: IF P1a, 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.**

P2. **What supports does your program offer staff for working with families that have substance use problems? Please consider supports for the range of staff working with children and families, such as teachers, family services staff, mental health specialists, and others.**

(Click here for "SUBSTANCE USE PROBLEMS" definition)

PROGRAMMER BOX P2

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

By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

Select all that apply

☐ Written information for staff on signs and symptoms of substance use problems...........1

☐ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community...2

☐ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems...3

☐ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use...4

☐ Training for staff on the effects of substance use exposure on children.........................5

☐ Training in how to talk with parents or caregivers about suspected substance use problems..6

☐ Training for staff on how to use information that families share in order to help them get the support they need..7

☐ Supervision for staff focused specifically on dealing with a family's substance use problems..8

☐ Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems..9

☐ Additional classroom staff for working with children to address behavioral and health needs...10

☐ More mental health professionals available to work directly with children.......................11

☐ This is an issue in the community but does not affect my program 12   GO TO IA

☐ Other (Specify)...99

Specify _____   (STRING 255)

☐ None of the above...13   GO TO IA

　　　　NO RESPONSE...M

SOFT CHECK: IF P2=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 P2 = 12 (THIS IS AN ISSUE IN MY COMMUNITY BUT DOES NOT AFFECT MY PROGRAM) AND (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 99 OR 11 OR 13); **You have selected "This is an issue in the community but does not affect my program" as well as**

one or more other response options. Please choose either "This is an issue in the community but does not affect my program" alone, or choose one or more of the other response options.
HARD CHECK: IF P2 = 13 (NONE OF THE ABOVE) AND (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 99 OR 12); **You have selected "None of the above" as well as one or more other response options. Please choose either "None of the above" alone, or choose one or more of the other response options.**

P3. **Which of these supports include a specific focus on the opioid epidemic?**

(Click here for "SUBSTANCE USE PROBLEMS" definition)

> PROGRAMMER NOTE: FILL WITH ANSWERS PROVIDED IN P2 AND RESPONSE OPTIONS 11 AND 12

PROGRAMMER BOX P2

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

By "substance use problems" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.

Select all that apply

☐ Written information for staff on signs and symptoms of substance use problems……1

☐ Written information for staff on where they can direct or refer parents or caregivers for substance use treatment in the community..2

☐ Support groups for staff to deal with the challenges of supporting families dealing with substance use problems..3

☐ Training or peer learning groups for staff to recognize signs and symptoms of substance use problems in parents or caregivers and share strategies for working with parents or caregivers with substance use problems or children exposed to substance use..4

☐ Training for staff on the effects of substance use exposure on children.....................5

☐ Training in how to talk with parents or caregivers about suspected substance use problems..6

☐ Training for staff on how to use information that families share in order to help them get the support they need..7

☐ Supervision for staff focused specifically on dealing with a family's substance use problems..8

☐ Coordination between health services manager/committee or family services staff and teaching staff to address family substance use problems...........................9

☐ Additional classroom staff for working with children to address behavioral and health needs...10

☐ More mental health professionals available to work directly with children..................11

☐ This is an issue in the community but does not affect my program 12

☐ Other (Specify)..99

Specify [   ]

☐ None of the above..13

　　NO RESPONSE...M

SOFT CHECK: IF P3=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 P3 = 12 (THIS IS AN ISSUE IN MY COMMUNITY BUT DOES NOT AFFECT MY PROGRAM) AND (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR OR 11 OR 99 OR 13);

You have selected "**This is an issue in the community but does not affect my program" as well as one or more other response options. Please choose either "This is an issue in the community but does not affect my program" alone, or choose one or more of the other response options.**

HARD CHECK: IF P3 = 13 (NONE OF THE ABOVE) AND (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 99); **You have selected "None of the above" as well as one or more other response options. Please choose either "None of the above" alone, or choose one or more of the other response options.**

I. DIRECTOR 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.

		YEARS
I0.	In any early childhood program	_____ (RANGE 0-70)
I2a.	In any Head Start program	_____ (RANGE 0-52)
I2b.	Of this Head Start program	_____ (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)	(1965-2017)

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; NUMBER OF YEARS MAY BE TOO HIGH **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 HOURS; **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 program 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, Etc.)..13

   NO RESPONSE...M   GO TO I24

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.

IF I12 = 8, 9, 10, 11, 12, OR 13

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: IFI13=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 I15b

◯ 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.   NO I15a IN THIS VERSION.

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-I22. NO I16-I22 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.*

ALL

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

☐ YEAR

(1914-2000)

  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.**

ALL

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 one 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 [   ]

    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.*

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.***

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

<div align="center">

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!

</div>

IF THE QUIT FOR NOW LINK IS CLICKED

<div align="center">

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!

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