baby FACES

Staff Child Report – Teachers
Programming Specifications

Draft for OMB (Redacted)

October 2019

ABOUT THIS SURVEY

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO1. 'WELCOME' LINE BELOW SHOULD APPEAR BOLD IN CONFIRMIT.

Welcome to the Baby FACES Staff Child Report for Teachers

- **The questions in this survey are about [CHILD FIRST NAME] [CHILD LAST NAME].** PROGRAMMER: FULL NAME SHOULD APPEAR IN BOLD.

- **Throughout this survey, we will be asking you to respond to questions about your interactions with this child's parent. This can include the child's mother or a guardian who serves as the child's primary caregiver. When responding to these questions, please think about the parent who you interact with most often, unless otherwise noted.**

- **The survey will take about 15 minutes to complete. The questions in this survey can be answered by selecting the box next to your response. For a few questions, you will be asked to type in a brief response.**

- **If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.**

- **If you begin the survey and need to complete it at a later time, all of your responses will be saved. After logging back in, you will be directed to the item where you last left off.**

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO2

- **Your participation in the study is voluntary. All information you provide will be kept private to the extent permitted by law. Neither your name nor the child's name will be attached to any information you give us; and it will not be shared with others at your Early Head Start program.**

- **If you have any questions, please contact the Baby FACES team at Mathematica Policy Research at 1-833-763-2178, or email us at BabyFACES@mathematica-mpr.com.**

- **This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970–0354 and the expiration date is X/XX/XXXX.**

PROGRAMMER: DISPLAY BELOW TEXT ON INTRO3.

- **This survey works best on computers and tablets. We do not recommend you complete the survey on a smartphone, as it may take longer and will require scrolling throughout.**

- **Do not use your browser's back and forward buttons. Instead, use the "Back" and "Next" buttons on the bottom of each screen to move through the survey.**

SECTION A. BACKGROUND

A1. **Are you currently the Early Head Start teacher for this child?**

1 ☐ Yes

2 ☐ Not currently, but I was this child's teacher within the past 2 months

0 ☐ No

PROGRAMMER: IF A1=1, 2, OR MISSING
PROGRAMMER: IF A1=1 OR MISSING, FILL WITH "**have you been**". IF A1=2, FILL WITH "**were you**"

A1a. **For how many months (have you been / were you) this child's teacher?**

If you (have been/were) this child's teacher for less than 1 month, please enter 1.
PROGRAMMER: IF A1=1, FILL WITH "**have been**". IF A1=2, FILL WITH "**were**"

|___|___| MONTH(S)   (RANGE 1-40)

SOFT CHECK: RESPONSE CANNOT BE GREATER THAN CHILD'S CHRONOLOGICAL AGE (BASED ON PROJECTED CHILD AGE IN MOS AT TIME OF SITE VISIT); **You have entered [FILL A1a] month(s), but this is greater than the child's current age based on our records. Please confirm your response.**

PROGRAMMER: IF A1=1, 2, OR MISSING
PROGRAMMER: IF A1=1 OR MISSING, FILL "**Are**" and "**do**" and **"serves"**. IF A1=2, FILL "**Were**" and "**did**" and **"served"**.
Source: New Item

A1b. **(Are/Were) you this child's "primary" teacher? That is, (do/did) you have primary responsibility for this child's care and instruction during the day?**

1 ☐ Yes

2 ☐ No, someone else in the classroom (serves/served) as the child's primary teacher

3 ☐ No, children are not assigned a primary teacher

SURVEY NOTE: AFTER A1B, INSTRUMENT VERSION 1 PROCEEDS TO D1. VERSION 2 PROCEEDS TO SECTION B1 IF CHILD PROJECTED AGE IN MOS AT TIME OF SITE VISIT IS AT LEAST 12 MOS; VERSION 2 PROCEEDS TO SECTION C1 IF CHILD PROJECTED AGE IN MOS AT TIME OF SITE VISIT IS 8-11 MOS. VERSIONS 3 AND 4 PROCEED TO B1. PROGRAMMER, THESE SPECS ARE PROVIDED BELOW.

PROGRAMMER: IF A1=0

A2. **What is the main reason you are no longer this child's teacher?**

PROGRAMMER: MARK ONE ONLY

1 ☐ Child moved to another class in the same center

2 ☐ Child moved from center- to home-based care in this program

3 ☐ Child moved to another center in this program

4 ☐ Child left this Early Head Start program

$_5$ ☐ Child aged out of Early Head Start

PROGRAMMER: IF A2 = 1 OR 2

A3.   What is the name of this child's current Early Head Start teacher or home visitor?

Name:_____

PROGRAMMER: IF A1 = 0

A4.   Please record the last date you had this child in your class.

|___|___| / |___|___| / |___|___|___|___|
  MONTH   DAY   YEAR

SOFT CHECK: DATE CANNOT BE IN THE FUTURE. **You have entered [FILL A4], which is in the future. Please check and confirm your entry.**

PROGRAMMER: VALID YEAR RANGES ARE 2017 TO 2020.

PROGRAMMER: IF A1 = 0

A_end. You have reached the end of this survey.

If you would like to go back to any question, use the "Back" button to navigate back through the survey.

Please click "Next" to submit your completed survey.

PROGRAMMER: CLICKING NEXT WILL BRING THE RESPONDENT TO A NEW SCREEN.

Your survey has been submitted. Thank you for your participation in Baby FACES!

PROGRAMMER: RE-DIRECT RESPONDENT TO THE BABY FACES PAGE ON MATHEMATICA'S EXTERNAL SITE: https://www.mathematica-mpr.com/our-publications-and-findings/projects/baby-faces-2018

PROGRAMMER: IF A2 = 1 OR 2, WE WILL ATTEMPT TO FIND THE BEST RESPONDENT FOR COMPLETING THE TCR FOR THIS CHILD. IN THIS SCENARIO, THE SURVEY TEAM NEEDS TO BE ALERTED ABOUT THIS CASE. IF A2 = 3 OR 4, WE WILL FINAL STATUS.

SECTION B. SOCIAL SKILLS

B1. **The first set of questions contains statements about 1- to 3-year-old children. Many statements describe normal feelings and behaviors, but some describe things that can be problems. Some may seem too young or too old for this child. Please do your best to answer every question.**

For each statement, please select the answer that best describes this child <u>in the past month</u>.

B2. The following questions are about feelings and behaviors that can be problems for young children. Some of the questions may be a bit hard to understand, especially if you have not seen them in a child. Please do your best to answer them anyway.

For each statement, please select the answer that best describes this child <u>in the past month</u>.

Items B2a to B2h are protected under copyright and have been redacted from this instrument.

Source: Briggs-Gowan, M.J., and A.S. Carter. The Brief Infant–Toddler Social and Emotional Assessment (BITSEA). San Antonio, TX: Harcourt Assessment, 2006.

SECTION C. LANGUAGE AND COMMUNICATION

RELEVANT AGE FORM. THESE AGE-BASED VOCABULARY LISTS INCLUDE APPROXIMATELY 100 WORDS EACH AND ARE APPENDED AT THE END OF THIS DOCUMENT.

C1. **The following is a list of typical words in young children's vocabularies. We are interested specifically in the words this child understands or says in <u>English</u>. We will ask parents about the child's home language.**

For words this child does not yet understand, select the first option (does not understand). For words he/she understands but does not yet say, select the second option (understands). For words he/she understands and also says, select the third option (understands and says). If this child uses a different pronunciation of a word (for example, "raffe" for "giraffe" or "sketti" for "spaghetti"), select the word anyway. For each item, select only one response.

Remember, this is a "catalogue" of words that are used by many different children. Don't worry if this child knows only a few right now.

> **These items are protected under copyright and have been redacted from this instrument.**
>
> **Source: MacArthur-Bates Communicative Development Inventories.**

C2.1. When infants are first learning to communicate, they often use gestures to make their wishes known. For each item below, select the response that describes this child's actions right now.

C2.2. This item is protected under copyright and has been redacted from this instrument.

Source: MacArthur-Bates Communicative Development Inventories

C2.3.   **For each pair of sentences below, select the one that sounds <u>most</u> like the way this child talks at the moment. If this child is saying sentences even more complicated than the two provided, select the second one.**

C2.4. These next questions are about how this child uses language to communicate in <u>English</u>. For each item, select only one response.

SECTION D. CHILD DEVELOPMENT

D1. <u>Since September,</u> **has this child been given a developmental screening?**

- 1 ☐ Yes
- 0 ☐ No

D3. **Since September, have you had any concerns about the child's development?**

- 1 ☐ Yes
- 0 ☐ No   **GO TO E1**

PROGRAMMER: IF D3 = MISSING, GO TO D3a

PROGRAMMER: IF D3=1 OR MISSING

Source: New Item

D3a. <u>Since September,</u> **has this child been referred by anyone in your program to any of the following?**

PROGRAMMER: MARK ALL THAT APPLY. IF OPTION 7 IS ENDORSED, NO OTHER OPTION CAN BE SELECTED.

- 1 ☐ Health care provider
- 3 ☐ Mental health care provider
- 4 ☐ Part C or Part B or other disabilities services provider
- 5 ☐ Child care partner or other child care provider
- 7 ☐ NO REFERRALS MADE SINCE SEPTEMBER

PROGRAMMER: IF D3a=1, 3, or 4

D5. **What was the reason for the referral?**

PROGRAMMER: MARK ALL THAT APPLY

- 1 ☐ Behavior problem
- 2 ☐ Emotional problem
- 3 ☐ Attention problem
- 4 ☐ Developmental or cognitive delay
- 5 ☐ Problems with the use of arms or legs
- 6 ☐ Speech problem
- 7 ☐ Hearing problem
- 8 ☐ Vision problem
- 9 ☐ Something else *(Please specify)*

_____

SOFT CHECK: IF D5_9 IS ENDORSED BUT SPECIFY IS LEFT BLANK: **Please specify the reason for the child's referral**

SECTION E. RELATIONSHIP WITH THIS CHILD

E1. **For the next items, please think about the degree to which each currently applies to your relationship with this child. For each statement, please select only one response.**

E1A AND E1B SHOULD APPEAR ON SAME SCREEN AS ABOVE INTRO. FOR ITEMS E1C ONWARD, DISPLAY 2 ITEMS PER PAGE, AND AT TOP OF PAGE SHOW: **How much does this currently apply to your relationship with this child?**

PROGRAMMER: DO NOT DISPLAY ITEMS G AND O FOR VERSIONS 1 (NEWBORN-7 MOS) AND 2 (8-16 MOS) FOR ALL ITEMS, RESPONSE OPTIONS SHOULD APPEAR VERTICALLY RATHER THAN IN GRID FORMAT.

PROGRAMMER: SINCE ITEMS ARE NOT SHOWN AS A GRID, DISPLAY ANSWER SCALES IN SENTENCE CASE.

PROGRAMMER: MARK ONE PER ROW

	DEFINITELY DOES NOT APPLY	NOT REALLY	NEUTRAL /NOT SURE	APPLIES SOMEWHAT	DEFINITELY APPLIES
a. **I share an affectionate, warm relationship with this child**............	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. **This child and I always seem to be struggling with each other**..........................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. **If upset, this child will seek comfort from me**.................................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d. **This child is uncomfortable with physical affection or touch from me**............................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
e. **This child values his/her relationship with me**..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
f. **When I praise this child, he/she beams with pride**..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
g. **This child spontaneously shares information about himself/herself**................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
h. **This child easily becomes angry with me**.....	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
i. **It is easy to be in tune with what this child is feeling**................................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
j. **This child remains angry or is resistant after being disciplined**............................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
k. **Dealing with this child drains my energy**......	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
l. **When this child is in a bad mood, I know we're in for a long and difficult day**..............	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
m. **This child's feelings toward me can be unpredictable or can change suddenly**.........	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
n. **This child is sneaky or manipulative with me**..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

PROGRAMMER: DO NOT DISPLAY ITEMS G
AND O FOR VERSIONS 1 (NEWBORN-7 MOS)
AND 2 (8-16 MOS) FOR ALL ITEMS,
RESPONSE OPTIONS SHOULD APPEAR
VERTICALLY RATHER THAN IN GRID
FORMAT.

PROGRAMMER: SINCE ITEMS ARE NOT SHOWN AS
A GRID, DISPLAY ANSWER SCALES IN SENTENCE
CASE

PROGRAMMER: MARK ONE PER ROW

	DEFINITELY DOES NOT APPLY	NOT REALLY	NEUTRAL /NOT SURE	APPLIES SOMEWHAT	DEFINITELY APPLIES
and experiences with me	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SECTION F. PARENT-CAREGIVER RELATIONSHIP

F1. **For each item in this next section, please select the response that best describes the way you and this child's parent work together. Please only think about the parent you interact with most often.**

PROGRAMMER: DISPLAY PARAGRAPH ABOVE AS INTRO SCREEN FOR THIS SECTION.

PROGRAMMER: FOR ITEMS F1A TO F1R, DISPLAY 6 ITEMS PER SCREEN. DISPLAY AT THE TOP OF EACH SCREEN: **Which response best describes the way you and this child's parent work together?**

PROGRAMMER: MARK ONE PER ROW

	NOT TRUE	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
a. **I believe this child's parent is a good parent**	0 ☐	1 ☐	2 ☐	3 ☐
b. **This parent asks for my opinion on issues related to caring for his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
c. **This parent pays a great deal of attention to his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
d. **This parent and I have the same goals for his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
e. **This parent and I have different ideas about how to raise his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
f. **This parent tells me I am doing a good job or otherwise lets me know I am being a good teacher**	0 ☐	1 ☐	2 ☐	3 ☐
g. **This parent and I have different ideas regarding his/her child's eating, sleeping, potty, and/or other routines**	0 ☐	1 ☐	2 ☐	3 ☐
h. **This parent does not trust my abilities as a teacher**	0 ☐	1 ☐	2 ☐	3 ☐
i. **This parent and I have different standards for his/her child's behavior**	0 ☐	1 ☐	2 ☐	3 ☐
j. **This parent tries to show that she or he is better than me at caring for his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
k. **This parent has a lot of patience with his/her child**	0 ☐	1 ☐	2 ☐	3 ☐
l. **We often discuss the best way to meet his/her child's**	0	1 ☐	2 ☐	3 ☐

	NOT TRUE	A LITTLE BIT TRUE	SOMEWHAT TRUE	VERY TRUE
needs..	0 ☐			
m. **When we are together, this parent sometimes competes with me for his/her child's attention**...........................	0 ☐	1 ☐	2 ☐	3 ☐
n. **This parent is willing to make personal sacrifices to help take care of his/her child**...................................	0 ☐	1 ☐	2 ☐	3 ☐
o. **This parent appreciates how hard I work at being a good teacher**...	0 ☐	1 ☐	2 ☐	3 ☐
p. **This parent makes me feel like I'm the best possible teacher for his/her child**.......................................	0 ☐	1 ☐	2 ☐	3 ☐
q. **This parent doesn't like to be bothered by his/her child**......	0 ☐	1 ☐	2 ☐	3 ☐
r. **When this parent picks up or drops off, I feel uncomfortable or tense in his/her presence**.........................	0 ☐	1 ☐	2 ☐	3 ☐

SECTION G. PARENT ENGAGEMENT

G1. **In which of the following ways has this child's parents participated in Early Head Start <u>since September</u>? If both parents are involved, please answer the questions concerning both parents.**

PROGRAMMER: MARK ONE PER ROW

	YES	NO	NOT SURE
a. **As members of a parent council or other governing bodies?**.......	1 ☐	0 ☐	D ☐
b. **As classroom volunteers?**..	1 ☐	0 ☐	D ☐
c. **By doing maintenance, chores, or shopping for the program?**….	1 ☐	0 ☐	D ☐
d. **By helping at special events or activities?**................................	1 ☐	0 ☐	D ☐
e. **By attending special events or activities, such as a children's performance, or a holiday party?**.......................................…	1 ☐	0 ☐	D ☐
f. **By attending parent workshops?**....................................	1 ☐	0 ☐	D ☐

PROGRAMMER: DISPLAY G1A TO G1F ON SAME SCREEN AND ALLOW FOR DON'T KNOW OPTION. REQUIRE RESPONSE FOR EACH ITEM: **Please provide a response for each of these activities.**

PROGRAMMER: FOR ITEMS G2A TO G2D, DISPLAY 2 ITEMS PER SCREEN. DISPLAY INTRO WITH G2A/B.

G2. **For each of the following, please select the response that best describes how engaged this child's parents have been in the program <u>since September</u>.**

    a. **Thinking first about appointments, would you say…**

        1 ☐ Parent kept most appointments scheduled since September

        2 ☐ Parent kept some appointments, but cancelled others

        3 ☐ Parent missed or cancelled most appointments

        4 ☐ Parent had no scheduled appointments since September

    b. **Which best describes this child's attendance in class? Would you say that since September, child attended class…**

        1 ☐ Nearly all of the time

        2 ☐ Most of the time

        3 ☐ Some of the time

        4 ☐ Only a little of the time

    c. **Now thinking about this parent's participation in activities offered by the program, would you say parent participated in…**

        1 ☐ Many activities offered by the program since September

        2 ☐ Some activities, but passed on others

        3 ☐ Only a few activities offered by the program

        4 ☐ No activities since September

d. **Which best describes this parent's attitude and receptivity to the program? Would you say this parent was…**

$_1\square$ Very engaged (asked questions, was willing to try new things)

$_2\square$ Somewhat engaged (asked a few questions, was hesitant to try a few new things)

$_3\square$ Not engaged (didn't ask many questions, little interest in new things)

G_name.

PROGRAMMER: PLEASE SHOW APPROPRIATE TEXT BASED ON INSTRUMENT MODE. FOR WEB AND DE VERSIONS, PREFILL STAFF FIRST AND LAST NAME FROM PRELOAD.

TEXT TO APPEAR IN DE VERSION: **Please compare the first and last names recorded by the respondent in item G3n of the survey and below, and indicate your response.**

TEXT TO APPEAR IN WEB VERSION: **Thank you for responding to this survey. Please confirm your first and last names for your thank-you check, and record the appropriate response below. If you need to make a correction to your name, you will be able to do so on the next screen. We will mail the check directly to the Baby FACES coordinator at your program; he/she will then deliver it to you.**

[FIRST NAME] [LAST NAME]
PROGRAMMER: FOR WEB VERSION, DISPLAY FIRST OPTION; FOR DE VERSION, DISPLAY SECTION OPTION

$_0\square$ The name as displayed is correct / Both names match

$_1\square$ This is me; but I need to make a spelling correction / The names are the almost the same, but differ in spelling

$_2\square$ The name shown is someone other than me / The names appear to be two different people

PROGRAMMER: FOR WEB AND DE VERSIONS, IF G_NAME = 1, 2, OR MISSING, GO TO G_NAMEFIX. FOR WEB VERSION, IF G_NAME = 0, GO TO G_END. FOR DE VERSION, IF G_NAME = 0, GO TO G3.

G_namefix.
TEXT TO APPEAR IN DE VERSION: **Enter the names as recorded by the respondent in item G3n of the survey.**
TEXT TO APPEAR IN WEB VERSION: **Please enter your complete first and last names for your thank-you check.**

PROGRAMMER: PLEASE ALLOW ENTRY OF 'FIRST NAME' AND 'LAST NAME' IN TWO SEPARATE FIELDS THAT ARE CLEARLY LABELED AS SUCH.

First name: _____

Last name: _____

PROGRAMMER: FOR WEB VERSION, GO TO G_END. FOR DE VERSION, GO TO G3.

G3. Please enter the date recorded by the respondent in item G3 of the survey. This should indicate the date they completed the survey.

|___|___| / |___|___| / |___|___|___|___|
   MONTH   DAY   YEAR

G_end.   You have reached the end of this survey.

If you would like to go back to any question, use the "Back" button to navigate back through the survey.

Please click "Next" to submit your completed survey.

PROGRAMMER: CLICKING NEXT WILL BRING THE RESPONDENT TO A NEW SCREEN.

Your survey has been submitted. Thank you for your participation in Baby FACES!

PROGRAMMER: RE-DIRECT RESPONDENT TO THE BABY FACES PAGE ON MATHEMATICA'S EXTERNAL SITE: https://www.mathematica-mpr.com/our-publications-and-findings/projects/baby-faces-2018