

**To:** Josh Brammer,

Office of Information and Regulatory Affairs (OIRA)

Office of Management and Budget (OMB)

**From:** Amy Madigan

Office of Planning, Research and Evaluation (OPRE)

Administration for Children and Families (ACF)

**Date:** March 2, 2020

**Subject:** NonSubstantive Change Request – Early Head Start Family and Child Experiences Survey (Baby FACES 2020) (OMB #0970-0354)

This memo requests approval of nonsubstantive changes to the approved information collection, Early Head Start Family and Child Experiences Survey (Baby FACES 2020) (OMB #0970-0354).

***Background***

Information collection for BabyFACES 2020 was approved in October 2019. During programming of the approved instruments, the study team found some typographical errors and places where instructions to respondents on web-based instruments were written using language appropriate for interviewer administered surveys. These types of issues occurred across all instruments.

Additionally, the consent form omitted brackets to indicate language that would be present only on forms for families in the home-based option. We believe that these changes are minor and non-substantive.

***Overview of Requested Changes***

We adjusted the instruments and consent form and have included these updated materials with this request.

The following table describes changes we would like to make that impact the parent consent letter and consent form.

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
| --- | --- | --- |
| Parent Consent | | |
| Final paragraph of center-based letter:  ***We hope you will agree to help us with this with this important project. Please sign the enclosed consent form and return it to your child’s teacher right away or complete the consent form at www.XXXXXXXX.XXX and let your home visitor know that you have provided consent online. Thank you!*** | ***We hope you will agree to help us with this with this important project. Please sign the enclosed consent form and return it to your child’s teacher right away or complete the consent form at www.XXXXXXXX.XXX and let your teacher know that you have provided consent online. Thank you!*** | This change corrects a reference to home visitor on the center-based version of the letter. |
| Parent Consent Form | | |
| I have read this consent form and understand what I am being asked to do. I understand that my child and I will take part in this study. I also agree to have Baby FACES researchers collect some information from my child’s Early Head Start teacher or home visitor. I also agree to participate in the study by 1) completing a survey and a parent-child report and 2) permitting Baby FACES researchers to visit me in my home to video record an activity I conduct with my child and observe and audio record a home visit. I understand that I may withdraw this consent at any time without penalty. | I have read this consent form and understand what I am being asked to do. I understand that my child and I will take part in this study. I also agree to have Baby FACES researchers collect some information from my child’s Early Head Start teacher or home visitor. I also agree to participate in the study by [1)] completing a survey and a parent-child report[ and 2) permitting Baby FACES researchers to visit me in my home to video record an activity I conduct with my child and observe and audio record a home visit]. I understand that I may withdraw this consent at any time without penalty. | This change corrects the omission of the brackets to indicated that the materials within the brackets should only be printed on the home visitor version of the consent form. |

The following table describes general changes we would like to make that impact multiple items in the Center and Program Director surveys.

| Impacted Questions | Requested Change | Rationale |
| --- | --- | --- |
| Center Director Survey | | |
| A7, A11a, B3, B5, B7, B9, B10, B12, C1, C8, C9, C11, E2, E3 | Revise instructions that currently read “Code all that apply” to read “Select all that apply.” | This change will replace language used for interviewers with language meant for respondents in a web-based survey. |
| B1, D12 | Revise instructions that currently read “Mark all that apply” to read “Select all that apply.” | This change will replace language used for interviewers with language meant for respondents in a web-based survey. |
| B14, B15, C12, E5 | Revise instructions that currently read “Code one per row” to read “Select one per row.” | This change will replace language used for interviewers with language meant for respondents in a web-based survey. |
| A2, A3, A4, A5, A6, A8, A9, A12, A13, A14, C7, D2, D5, D6, E1, E4 | Remove “Code one only” instructions. | This change will remove instructions meant for interviewers. |
| Program Director Survey | | |
| C2, C3, C7, C8, C12, C13, C17, D10, D12, D15, F2, F3 | Revise instructions that currently read “Code all that apply” to read “Select all that apply.” | This change will replace language used for interviewers with language meant for respondents in a web-based survey. |
| A3.1, A4, A10, A16, A18, A20, A21, A23, A24, A26, D1, D7, D13, E8, E9 | Revise instructions that currently read “Mark all that apply” to read “Select all that apply.” | This change will replace language used for self-administered hard copy surveys with language meant for respondents in a web-based survey. |
| A20, A21 | Revise instructions that currently read “Mark only one per row” to read “Select only one per row.” | This change will replace language used for self-administered hard copy surveys with language meant for respondents in a web-based survey. |
| A2, A5, A6, A7, A8, C1, C6, C11, D11, E10, F1, F4 | Remove “Code one only” instructions. | This change will remove instructions meant for interviewers. |

The following table details the changes we would like to make to each item. It displays the original item approved in the OMB package, our requested changes, and the rationale behind the requested changes.

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
| --- | --- | --- |
| Center Director Survey | | |
| **A2. Does your center have a state license to operate?**  *(Click here for “LICENSING” definition)*  Yes, my center has a state license to operate  No, my center is exempt for the requirement for a state license  No, my center does not have a license for another reason (Specify)  Don’t know  NO RESPONSE | **A2. Does your center have a state license to operate?**  *(Click here for “LICENSING” definition)*  Yes, my center has a state license to operate  No, my center is exempt from the requirement for a state license  No, my center does not have a license for another reason (Specify)  Don’t know  NO RESPONSE | This change corrects a typo in the response option. |
| **B1.IMP Which do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | a. Language or cultural background | 1 🔾 | 1 🔾 | | b. Family circumstances or specific needs | 2 🔾 | 2 🔾 | | c. Parent choice or preference | 3 🔾 | 3 🔾 | | d. Child age, health, or development | 4 🔾 | 4 🔾 | | e. Results of screening or assessment | 5 🔾 | 5 🔾 | | f. Family’s existing relationship with teachers | 6 🔾 | 6 🔾 | | g. Availability of space in a given classroom | 7 🔾 | 7 🔾 | | h. Neighborhood or geographic location | 8 🔾 | 8 🔾 | | g. Other (Specify) | 9 🔾 | 9 🔾 | |  | d  Don’t know which is most important | d  Don’t know which is 2nd most important | | **B1.IMP Which do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | a. Language or cultural background | 1 🔾 | 1 🔾 | | b. Family circumstances or specific needs | 2 🔾 | 2 🔾 | | c. Parent choice or preference | 3 🔾 | 3 🔾 | | d. Child age, health, or development | 4 🔾 | 4 🔾 | | e. Results of screening or assessment | 5 🔾 | 5 🔾 | | f. Family’s existing relationship with teachers | 6 🔾 | 6 🔾 | | g. Availability of space in a given classroom | 7 🔾 | 7 🔾 | | h. Neighborhood or geographic location | 8 🔾 | 8 🔾 | | g. Other (Specify) | 9 🔾 | 9 🔾 | |  | d  Don’t know ~~which is most important~~ | d  Don’t know ~~which is 2nd most important~~ | | This change reflects a limitation in the programming of the web-based survey. We are not able to create two separate “don’t know” response options in a table. |
| **B8. Many Early Head Start programs have a specific curriculum that they use in classrooms. Early Head Start programs also have the flexibility to make adaptations to the curriculum to meet the needs of their program. By adaptations, we mean significant, global changes that would be program wide, as opposed to accommodations made for individual children or situations.**  **Has your program made any adaptations to the curricula used in EHS classrooms? If you don’t have a specific curriculum for EHS classrooms please tell me that as well.**  Yes  No  Not applicable – no curriculum for teachers  NO RESPONSE | **B8. Many Early Head Start programs have a specific curriculum that they use in classrooms. Early Head Start programs also have the flexibility to make adaptations to the curriculum to meet the needs of their program. By adaptations, we mean significant, global changes that would be program wide, as opposed to accommodations made for individual children or situations.**  **Has your program made any adaptations to the curricula used in EHS classrooms? If you don’t have a specific curriculum for EHS classrooms please indicate that as well.**  Yes  No  Not applicable – no curriculum for teachers  NO RESPONSE | This change corrects interviewer language in the stem to be appropriate for a web-based survey. |
| **B9. Please tell me if each of the following was a reason you adapted the curriculum used in EHS classrooms, or not.**   |  |  | | --- | --- | |  | *Code all that apply* | | a. Accommodating culture or language of your population | 1 🞏 | | b. Accommodating age or developmental needs of your population | 2 🞏 | | c. Better aligning with abilities or preferences of teachers. | 3 🞏 | | d. Logistical issues (such as to fit with program schedule, facilities, or available materials) | 4 🞏 | | None of the above were reasons for adapting the curriculum | D 🔾 | | **B9. Please indicate for each of the following if this was a reason you adapted the curriculum used in EHS classrooms, or not.**   |  |  | | --- | --- | |  | *Select all that apply* | | a. Accommodating culture or language of your population | 1 🞏 | | b. Accommodating age or developmental needs of your population | 2 🞏 | | c. Better aligning with abilities or preferences of teachers~~.~~ | 3 🞏 | | d. Logistical issues (such as to fit with program schedule, facilities, or available materials) | 4 🞏 | | None of the above were reasons for adapting the curriculum | D 🔾 | | This change corrects interviewer language in the stem to be appropriate for a web-based survey. |
| **B13. As part of establishing family partnership agreements, do you use a standard tool or assessment for screening center-based families in each of the following areas? By standard tool or assessment we mean a tool, quastionnaire or screener develop by your program of by someone else that you use in a consistent way.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Code one per row* | | | | | |  | Yes for all families | Yes for some families | No | Don’t know | | a. Depression or mental health concerns? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | b. Intimate partner violence? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | c. Child abuse/neglect? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | d. Economic hardship? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | e. Food insecurity? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | f. Alcohol misuse? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | g. Opioid misuse? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | h. Other drug use? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | i. Homelessness or housing insecurity? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | j. Child welfare involvement? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | k. Incarcerated parent? | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | Other (Specify) | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | **B13. As part of establishing family partnership agreements, do you use a standard tool or assessment for screening center-based families in each of the following areas? By standard tool or assessment we mean a tool, questionnaire or screener developed by your program or by someone else that you use in a consistent way.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | *Select one per row* | | | | | |  | Yes for all families | Yes for some families | No | Don’t know | | a. Depression or mental health concerns~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | b. Intimate partner violence~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | c. Child abuse/neglect~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | d. Economic hardship~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | e. Food insecurity~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | f. Alcohol misuse~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | g. Opioid misuse~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | h. Other drug use~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | i. Homelessness or housing insecurity~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | j. Child welfare involvement~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | k. Incarcerated parent~~?~~ | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | Other (Specify) | 2 🔾 | 1 🔾 | 0 🔾 | d 🔾 | | This change corrects typos in the question stem and removes question marks to be consistent with other questions. |
| **C12. Next I would like to ask your opinion about your program director and how often he or she interacts with you and other teachers at this center. Please focus on the director or person above you who oversees EHS operations for the entire EHS program or organization. For each of the following, please tell me if it occurs rarely, sometimes, often, or very frequently.**  *Code one per row*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Rarely Occurs | Sometimes Occurs | Often Occurs | Very Frequently Occurs | Don’t Know | | a. The program director goes out of his/her way to help center staff. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | b. The program director uses constructive criticism. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | c. The program director explains his/her reasons for criticism to center staff. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | d. The program director listens to and accepts center staffs’ suggestions. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | e. The program director looks out for the personal welfare of center staff. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | f. The program director treats center staff as equals. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | g. The program director compliments center staff. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | h. The program director is easy to understand. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | i. The program director goes out of his/her way to show appreciation to center staff. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | d 🔾 | | **C12. Next we would like to ask your opinion about your program director and how often he or she interacts with you and other teachers at this center. Please focus on the director or person above you who oversees EHS operations for the entire EHS program or organization. For each of the following, please indicate if it occurs rarely, sometimes, often, or very frequently.**  *Select one per row*   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Rarely Occurs | Sometimes Occurs | Often Occurs | Very Frequently Occurs | Don’t Know | | a. The program director goes out of his/her way to help center staff. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | b. The program director uses constructive criticism. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | c. The program director explains his/her reasons for criticism to center staff. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | d. The program director listens to and accepts center staffs’ suggestions. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | e. The program director looks out for the personal welfare of center staff. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | f. The program director treats center staff as equals. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | g. The program director compliments center staff. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | h. The program director is easy to understand. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | i. The program director goes out of his/her way to show appreciation to center staff. | 1 🔾 | 2 🔾 | 3🔾 | 4 🔾 | d🔾 | | This change corrects interviewer language in the stem to be appropriate for a web-based survey. |

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
| --- | --- | --- |
| Program Director Survey | | |
| **A3.1.IMP Which of these do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | | a. Language or cultural background | 1 🔾 | 1 🔾 | | | b. Availability of slots | 2 🔾 | 2 🔾 | | | c. Parent/Family choice or preference | 3 🔾 | 3 🔾 | | | d. Availability of transportation | 4 🔾 | 4 🔾 | | | e. Employment status | 5 🔾 | 5 🔾 | | | f. Where the family lives – distance from services | 6 🔾 | 6 🔾 | | | g. Location/geography | 7 🔾 | 7 🔾 | | |  | d  Don’t know which is most important | d  Don’t know which is 2nd most important | | | **A3.1.IMP Which of these do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | a. Language or cultural background | 1 🔾 | 1 🔾 | | b. Availability of slots | 2 🔾 | 2 🔾 | | c. Parent/Family choice or preference | 3 🔾 | 3 🔾 | | d. Availability of transportation | 4 🔾 | 4 🔾 | | e. Employment status | 5 🔾 | 5 🔾 | | f. Where the family lives – distance from services | 6 🔾 | 6 🔾 | | g. Location/geography | 7 🔾 | 7 🔾 | |  | d  Don’t know ~~which is most important~~ | d  Don’t know ~~which is 2nd most important~~ | | This change reflects a limitation in the programming of the web-based survey. We are not able to create two separate “don’t know” response options in a table. |
| **A4.IMP Which of these do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | a. Language or cultural background | 1 🔾 | 1 🔾 | | b. Family circumstances or specific needs | 2 🔾 | 2 🔾 | | c. Parent choice or preference | 3 🔾 | 3 🔾 | | d. Child age, health, or development | 4 🔾 | 4 🔾 | | e. Results of screening or assessment | 5 🔾 | 5 🔾 | | f. Family’s existing relationship with home visitor | 6 🔾 | 6 🔾 | | g. Location/geography | 7 🔾 | 7 🔾 | | h. Availability on a given home visitor’s caseload | 8 🔾 | 8 🔾 | |  | d  Don’t know which is most important | d  Don’t know which is 2nd most important | | **A4.IMP Which of these do you consider to be the most and second most important factors?**   |  |  |  | | --- | --- | --- | |  | *Select one per column* | | |  | Most Important | 2nd Most Important | | a. Language or cultural background | 1 🔾 | 1 🔾 | | b. Family circumstances or specific needs | 2 🔾 | 2 🔾 | | c. Parent choice or preference | 3 🔾 | 3 🔾 | | d. Child age, health, or development | 4 🔾 | 4 🔾 | | e. Results of screening or assessment | 5 🔾 | 5 🔾 | | f. Family’s existing relationship with home visitor | 6 🔾 | 6 🔾 | | g. Location/geography | 7 🔾 | 7 🔾 | | h. Availability on a given home visitor’s caseload | 8 🔾 | 8 🔾 | |  | d  Don’t know ~~which is most important~~ | d  Don’t know ~~which is 2nd most important~~ | | This change reflects a limitation in the programming of the web-based survey. We are not able to create two separate “don’t know” response options in a table. |
| **A5. Not including pregnant women, which of the following best describes how long EHS families typically work with the same home visitor? (Excluding situations when a home visitor leaves the program or moves to a different role).**  Families typically work with the same home visitors…  For the entire time they are enrolled in the home based  Until the end of the program year  Until the child reaches a certain age or milestone  Not applicable, program only offers home based services to pregnant women  NO RESPONSE | **A5. Not including pregnant women, which of the following best describes how long EHS families typically work with the same home visitor? (Excluding situations when a home visitor leaves the program or moves to a different role).**  Families typically work with the same home visitors…  For the entire time they are enrolled in the home based option  Until the end of the program year  Until the child reaches a certain age or milestone  Not applicable, program only offers home based services to pregnant women  NO RESPONSE | This change corrects a typo in a response option. |
| **The next question is about child care partnerships you may have. These can be either through an EHS-CCP grant or your EHS grant. Please think about the child care centers, FCC providers, umbrella organizations or networks, or other entities with whom you have a formal agreement to provide child care services to enrolled infants and toddlers that meet the Head Start program performance standards. If you don’t have a partner, please enter “0”.**  **A9. How many child care partner centers do you have? And how many FCC partners? Your best estimate is fine.**  *NUMBER OF CENTER PARTNERS*  None  1 child care partner  2 to 5 child care partners  6 to 10 child care partners  More than 10 child care partners  Don’t know how many child care partners  *NUMBER OF FCC PARTNERS*  None  1 FCC partner  2 to 5 FCC partners  6 to 10 FCC partners  More than 10 FCC partners  Don’t know how many FCC partners  NO RESPONSE | **The next question is about child care partnerships you may have. These can be either through an EHS-CCP grant or your EHS grant. Please think about the child care centers, FCC providers, umbrella organizations or networks, or other entities with whom you have a formal agreement to provide child care services to enrolled infants and toddlers that meet the Head Start program performance standards. If you don’t have a partner, please select “none.”**  **A9. How many child care partner centers do you have? And how many FCC partners? Your best estimate is fine.**  *NUMBER OF CENTER PARTNERS*  None  1 child care partner  2 to 5 child care partners  6 to 10 child care partners  More than 10 child care partners  Don’t know how many child care partners  *NUMBER OF FCC PARTNERS*  None  1 FCC partner  2 to 5 FCC partners  6 to 10 FCC partners  More than 10 FCC partners  Don’t know how many FCC partners  NO RESPONSE | This change corrects an error in the question instructions. |
| **A23. Please tell me which, if any of the following was a reason you adapted the curriculum.**   |  |  | | --- | --- | |  | *Mark all that apply* | | a. Accommodating culture or language of your population | 1 🞏 | | b. Accommodating age or developmental needs of your population | 2 🞏 | | c. Better aligning with abilities or preferences of teachers | 3 🞏 | | d. Logistical issues (such as to fit with program schedule, facilities, or available materials) | 4 🞏 | | None of the above were reasons for adapting the curriculum | D 🔾 | | **A23. Please indicate for which, if any of the following was a reason you adapted the curriculum.**   |  |  | | --- | --- | |  | *Select all that apply* | | a. Accommodating culture or language of your population | 1 🞏 | | b. Accommodating age or developmental needs of your population | 2 🞏 | | c. Better aligning with abilities or preferences of teachers | 3 🞏 | | d. Logistical issues (such as to fit with program schedule, facilities, or available materials) | 4 🞏 | | None of the above were reasons for adapting the curriculum | D 🔾 | | This change corrects interviewer language in the stem to be appropriate for a web-based survey. |
| **C1. Does your EHS program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between parents and infants and toddlers? If your program does not have goals related to responsive relationships between parents and children, please let me know.**  Yes, have a written plan  No, don’t have a written plan  Not applicable, have no goals related to responsive relationships between parents and children  NO RESPONSE | **C1. Does your EHS program have a written plan that spells out specific steps or activities to achieve your goals related to responsive relationships between parents and infants and toddlers? If your program does not have goals related to responsive relationships between parents and children, please select “Not applicable.”**  Yes, have a written plan  No, don’t have a written plan  Not applicable, have no goals related to responsive relationships between parents and children  NO RESPONSE | This change corrects interviewer language in the stem to be appropriate for a web-based survey. |
| **D11. Is each Early Head Start home visitor formally assigned a coach?**  Yes, all home visitors are assigned a coach who is different from their supervisor GO TO D13  Some home visitors are assigned a coach who is different from their supervisor GO TO D12  Supervisors of home visitors serve as coaches GO TO E1  No, we don’t have coaches for our home visitors GO TO E1  NO RESPONSE | **D11. Is each Early Head Start home visitor formally assigned a coach?**  Yes, all home visitors are assigned a coach who is different from their supervisor GO TO D13  Some home visitors are assigned a coach who is different from their supervisor GO TO D12  Supervisors of home visitors serve as coaches GO TO D16  No, we don’t have coaches for our home visitors GO TO D16  NO RESPONSE | This change corrects an error in skip logic so that all respondents with the center-based option will be asked D16. |

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
| --- | --- | --- |
| Parent Survey | | |
| **A14d. How did [PROGRAM] Early Head Start help you find a job? Did they…**  **a. Offer career counseling?**  **b. Assist with job application?**  **c. Help find or apply for a job training program?**  **d. Help prepare for interview?**  **e. Connect you with other community organization that offered support for finding a job?**  **f. Assist with child care during interview or while working?**  **g. Assist with transportation to interview or the job?** | **A14d. How did [PROGRAM] Early Head Start help you find a job? Did they…**  **a. Offer career counseling?**  **b. Assist with a job application?**  **c. Help find or apply for a job training program?**  **d. Help prepare for an interview?**  **e. Connect you with another community organization that offered support for finding a job?**  **f. Assist with child care during an interview or while working?**  **g. Assist with transportation to an interview or the job?** | This change corrects typos in the question text and ensures proper flow when the item is read aloud. |
| NA | **G3. Is [CHILD] receiving Early Head Start child care at a [PROGRAM] center?**  INSTRUCTION: THIS DOES NOT INCLUDE GROUP SOCIALIZATIONS AT A CENTER | Item G3 was asked on the Baby FACES 2018 parent survey but was not included in the approved OMB package. Without this item, we cannot ask GV3 (a check to ensure families who say they are in center-based or combination program options do attend a center). Additionally, this item is used for routing cases to follow-up questions about the number of days per week and hours per day the child attends the center. |
|  | Parent Child Report |  |
| **B1. Below is a list of typical words in young children’s vocabularies. We are interested specifically in the words your child understands or says in English.**  **For words your child does not yet understand, mark the first column (does not understand). For words your child understands but does not yet say, mark the second column (understands). For words your child understands and also says, mark the third column (understands and says). If your child uses a different pronunciation of a word (for example, “raffe” for “giraffe” or “sketti” for “spaghetti”) mark the word anyway. For each item, please mark only one response.**  **Remember, this is a catalogue” of words that are used by many different children. Don’t worry if your child knows only a few right now.** | **B1. Below is a list of typical words in young children’s vocabularies. We are interested specifically in the words your child understands or says in English.**  **For words your child does not yet understand, mark the first column (does not understand). For words your child understands but does not yet say on his/her own, mark the second column (understands). For words your child understands and also says on his/her own, mark the third column (understands and says). If your child uses a different pronunciation of a word or another word with the same meaning (for example, “raffe” for “giraffe” or “nana” for “grandma”) mark the word anyway. For each item, please mark only one response.**  **Remember, this is a “catalogue” of words that are used by many different children. Don’t worry if your child knows only a few right now.** | This is the introduction to the MacArthur-Bates Communicative Development Inventories (CDI) word checklist. These changes are based on an updated version of the form received from the developer when securing instrument permissions after OMB submission. |

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| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
|  | From Staff Child Report-Teacher |  |
| **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 English.**  **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.** | **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 English.**  **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 on his/her own, select the second option (understands). For words he/she understands and also says on his/her own, select the third option (understands and says). If this child uses a different pronunciation of a word or another word with the same meaning (for example, “raffe” for “giraffe” or “nana” for “grandma”), 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.** | This is the introduction to the MacArthur-Bates Communicative Development Inventories (CDI) word checklist. These changes are based on an updated version of the form received from the developer when securing instrument permissions after OMB submission. |
| **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.**  **Response scale: 0 to 3, where 0 = “not true”; 1 = “a little bit true”; 2 = “somewhat true”; and 3 = “very true”** | **F1. This next section includes statements about the way you and this child’s parent work together. For each item, select how true you feel the statement is, where 0 is “not true” and 6 is “very true.” You may pick any number between 0 and 6. Please only think about the parent you interact with most often.**  **Response scale = 0 to 6, with anchors only at the 0 (Not true) and 6 (Very true) option.** | This is the Cocaring Relationship Questionnaire. We used an adapted version of the original response scale in Baby FACES 2018 for parents and teachers, but found there to be limited variability. For Baby FACES 2020, we reverted to the original 7-point response format of the measure in the parent survey. However, we inadvertently forgot to document this change in the SCR-Teacher. |

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
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|  | Staff Child Report-Home Visitor |  |
| **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 say in English.**  **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.** | **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 say in English.**  **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 on his/her own, select the second option (understands). For words he/she understands and also says on his/her own, select the third option (understands and says). If this child uses a different pronunciation of a word or another word with the same meaning (for example, “raffe” for “giraffe” or “nana” for “grandma”), 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.** | This is the introduction to the MacArthur-Bates Communicative Development Inventories (CDI) word checklist. These changes are based on an updated version of the form received from the developer when securing instrument permissions after OMB submission. |

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
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|  | Staff Survey-Teacher |  |
| **B16a. In the past year, have you or anyone else used a tool or checklist to assess how you use the curriculum? Which of the following best describes how you have used the tool or checklist? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**  I completed a tool or checklist about how I use the curriculum……1,  Someone else completed a tool or checklist about how I use the curriculum…….2,  Neither me nor anyone else used a tool or checklist to assess how I use the curriculum…….3,  DON’T KNOW/REFUSED……4 | **B16a. In the past year, have you or anyone else used a tool or checklist to assess how you use the curriculum? Which of the following describes how you have used the tool or checklist? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**  INTERVIEWER: OPTION 3 CAN NEVER BE USED IN CONJUNCTION WITH ANY OTHER OPTION.  **I completed a tool or checklist about how I use the curriculum……1,**  **Someone else completed a tool or checklist about how I use the curriculum…….2,**  **Neither me nor anyone else used a tool or checklist to assess how I use the curriculum…….3,**  DON’T KNOW/REFUSED……4 | This mode change removes the word “best” from the question to align with the coding option (code all that apply). An interview note was also added to indicate that option 3 cannot be chosen in conjunction with any other option to avoid coding error. |
| Source: Adapted from Baby FACES 2009 Program Director Survey  **B19. Since September, have you used any assessments to gather information on children’s development or progress?** | My next questions are about child assessments.  Source: Adapted from Baby FACES 2009 Program Director Survey  **B19. Since September, have you used any assessments to gather information on children’s development or progress?** | This change adds transitionary language after questions related to curricula and before questions related to child assessments for added clarity and flow during transition of topic. |
| **D3. What languages?**  PROBE: **Any other languages?**  WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D2.  SPANISH…..1  ENGLISH….2  OTHER (SPECIFY)….3 | **D3. What languages?**  PROBE: **Any other languages?**  CIRCLE ALL THAT APPLY  SPANISH…..1  ENGLISH….2  OTHER (SPECIFY)….3  OTHER (SPECIFY)….4 | This change removes text that was a remnant from the 2018 version and no longer applies: “WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D2.” This change also adds an additional “OTHER (SPECIFY)” option to match with the home visitor survey and a “CIRCLE ALL THAT APPLY” instruction to ensure correct coding. |
| **F3. What is the highest level of school you have completed?**  **If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**  ASSOCIATE’S DEGREE…6 GO TO 4A  BACHELOR’S DEGREE…7 GO TO 4A  GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE…8 GO TO 4A  MASTER’S DEGREE (M.A., M.S.) …9 GO TO 4A  DOCTORATE DEGREE (PH.D., ED.D.) …10 GO TO 4A  PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) …11 GO TO 4A | **F3. What is the highest level of school you have completed?**  **If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**  ASSOCIATE’S DEGREE…6 GO TO 4B  BACHELOR’S DEGREE…7 GO TO 4B  GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE…8 GO TO 4B  MASTER’S DEGREE (M.A., M.S.) …9 GO TO 4B  DOCTORATE DEGREE (PH.D., ED.D.) …10 GO TO 4B  PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) …11 GO TO 4B | This change corrects a skip pattern instruction error on 6 response options to ensure interviewer skips to correct question based on response selected |

| Item approved in OMB package | Requested change (highlighted in yellow) | Rationale |
| --- | --- | --- |
| Staff Survey-Home Visitor | | |
| **B16a. In the past year, have you or anyone else used a tool or checklist to assess how you use the curriculum? Which of the following best describes how you have used the tool or checklist? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**  I completed a tool or checklist about how I use the curriculum……1,  Someone else completed a tool or checklist about how I use the curriculum…….2,  Neither me nor anyone else used a tool or checklist to assess how I use the curriculum…….3,  DON’T KNOW/REFUSED……4 | **B16a. In the past year, have you or anyone else used a tool or checklist to assess how you use the curriculum? Which of the following describes how you have used the tool or checklist? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**  INTERVIEWER: OPTION 3 CAN NEVER BE USED IN CONJUNCTION WITH ANY OTHER OPTION.  **I completed a tool or checklist about how I use the curriculum……1,**  **Someone else completed a tool or checklist about how I use the curriculum…….2,**  **Neither me nor anyone else used a tool or checklist to assess how I use the curriculum…….3,**  DON’T KNOW/REFUSED……4 | This mode change removes the word “best” from the question to align with the coding option (code all that apply). An interview note was also added to indicate that option 3 cannot be chosen in conjunction with any other option to avoid coding error. |
| Source: Adapted from Baby FACES 2009 Program Director Survey  **B19. Since September, have you used any assessments to gather information on children’s development or progress?** | **My next questions are about child assessments.**  Source: Adapted from Baby FACES 2009 Program Director Survey  **Since September, have you used any assessments to gather information on children’s development or progress** | This change adds transitionary language after questions related to curricula and before questions related to child assessments for added clarity and flow during transition of topic. |
| **B21. What child assessments have you used since September this year?**  INTERVIEWER PROBE: Any others? | **What child assessments and/or screeners have you used since September this year?**   | INTERVIEWER PROBE: Any others? | | --- | | This change adds text to make this question consistent with the teacher survey version. |
| **D2. Do you speak any language other than [PRIMARY LANGUAGE FROM D1]?**  YES….1  NO….0 GO TO E1  DON’T KNOW/REFUSED….d GO TO E1 | **D2. Do you speak any language other than [PRIMARY LANGUAGE FROM D1]?**  YES….1  NO….0 GO TO F1  DON’T KNOW/REFUSED….d GO TO F1 | This change corrects an error in the pathing skip such that respondents go to section on demographics rather than skipping over to CESD-R |
| **D3. What languages?**  PROBE: **Any other languages?**  WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D2.  SPANISH…..1  ENGLISH….2  OTHER (SPECIFY)….3 | **D3. What languages?**  PROBE: **Any other languages?**  CIRCLE ALL THAT APPLY  SPANISH…..1  ENGLISH….2  OTHER (SPECIFY)….3 | This change removes text that was a remnant from the 2018 version and no longer applies: “WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D2.” This change also adds a “CIRCLE ALL THAT APPLY” instruction to ensure correct coding. |
| **F3. What is the highest level of school you have completed?**  **If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**  ASSOCIATE’S DEGREE…6 GO TO 4A  BACHELOR’S DEGREE…7 GO TO 4A  GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE…8 GO TO 4A  MASTER’S DEGREE (M.A., M.S.) …9 GO TO 4A  DOCTORATE DEGREE (PH.D., ED.D.) …10 GO TO 4A  PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) …11 GO TO 4A | **F3. What is the highest level of school you have completed?**  **If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**  ASSOCIATE’S DEGREE…6 GO TO 4B  BACHELOR’S DEGREE…7 GO TO 4B  GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE…8 GO TO 4B  MASTER’S DEGREE (M.A., M.S.) …9 GO TO 4B  DOCTORATE DEGREE (PH.D., ED.D.) …10 GO TO 4B  PROFESSIONAL DEGREE AFTER BACHELOR’S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.) …11 GO TO 4B | This change corrects a pathing instruction error on 6 response options to ensure interviewer skips to correct question based on response selected |