

APPENDIX G  
SCREEN SHOTS

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**MATHEMATICA**  
Policy Research

## Early Head Start Family and Child Experiences



### Teacher and Home Visitor Website

Welcome to the Early Head Start Family and Child Experiences Survey (Baby FACES) Teacher and Home Visitor Website. Please 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 1-888-XXX-XXXX or email us at xxxxxx@mathematica-mpr.com.

Login ID:

Password:

**Next**

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to learn about Early Head Start program services and the delivery of services to children and families. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0354, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Mathematica Policy Research, 955 Massachusetts Avenue, Suite 801, Cambridge, MA 02139, Attention: Laura Kolb."



## About This Survey

- The questions in this survey are about the selected Baby FACES child. This survey has been specifically designed to help the Administration for Children and Families (ACF) gain a better understanding of young children's early language and social skills, parents' involvement in Early Head Start programs, and the relationships that support children's development and learning.
- 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 questions, please think about the parent who you interact with most often, unless otherwise noted.
- If you are unsure how to answer a question, please give the best answer you can rather than leaving it blank.
- Information you provide will be kept private to the extent allowable 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 [INSERT TOLL-FREE NUMBER].
- By continuing, 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.

[Click here to review letter](#)

[Email the Baby FACES team](#)

**Please click on one of the buttons below to begin or exit the survey.**

Consent and Begin Survey

Exit Survey



Welcome to the Baby FACES teacher and home visitor website.

Center: [CENTER] Classroom: [CLASSROOM]

Teacher/Home Visitor: [T/HV NAME]

Select child

Child 1

Child 2

Click on the next button to continue the survey.

Next



## SECTION A. About Your Child

A1. Are you currently the **Early Head Start** teacher for the child listed on the cover page of this form?

- Yes  
 NO

[Next](#)[Back](#)



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## Early Head Start Family and Child Experiences



### Program Director Survey

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Login ID:

Password:

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to learn about Early Head Start program services and the delivery of services to children and families. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0354, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Mathematica Policy Research, 955 Massachusetts Avenue, Suite 801, Cambridge, MA 02139, Attention: Laura Kolb."



## About This Survey

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- Information you provide will be kept private to the extent allowable by law. Your name will not 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 [insert toll-free number].
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[Click here to review letter](#)

[Email the Baby FACES team](#)

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Consent and Begin Survey

Exit Survey





To begin, we'd like to ask you some questions about the characteristics of your program.

**A1. Please confirm that you exclusively offer center-based services (not a home-based option).**

- Yes, we offer center only (if offer 2 home visits a year is still center)
- No, we offer home-based only
- No, we offer both center and home

[Next](#)[Back](#)



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## Early Head Start Family and Child Experiences



### Center Director Survey

Welcome to the Early Head Start Family and Child Experiences Survey (Baby FACES) Center Director Survey. Please 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 1-888-XXX-XXXX or email us at xxxxxx@mathematica-mpr.com.

Login ID: Password: 

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to learn about Early Head Start program services and the delivery of services to children and families. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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 and expiration date for this collection are OMB #: 0970-0354, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Mathematica Policy Research, 955 Massachusetts Avenue, Suite 801, Cambridge, MA 02139, Attention: Laura Kolb."



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Consent and Begin Survey

Exit Survey



A1. How many staff do you have in each of the following job roles at your center?

	Number of staff
a. Teachers	<input type="text"/>
b. Assistant Teachers	<input type="text"/>
c. Classroom Aides	<input type="text"/>
d. Classroom volunteers	<input type="text"/>

Next

Back