

OMB No.: 0970-0151
Expiration Date: 04/30/2025



Head Start Family and Child Experiences Survey

Program Director Website

Welcome to the Program Director Website. 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 the "OK" button. If you do not have your login ID and password, please e-mail us at FACES2019@mathematica-mpr.com.

Login ID: _____

Password: _____

SCREENER

INTRO1= CONTINUE

Intro2.

SURVEY INFORMATION

Mathematica 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).

The Administration for Children and Families (ACF) has decided to conduct FACES 2019 remotely via the web. We will continue with plans to collect surveys of program directors and center directors.

Given these extraordinary circumstances, please consider the *typical* dates and times of operations and those initially planned for the 2019-2020 program year when answering question in this survey.

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 40 minutes to complete.

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

Paperwork Reduction Act Statement: This collection of information is voluntary. 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 valid OMB control number for this information collection is 0970-0151 which expires 04/30/2022. The time required to complete this collection of information is estimated to average 40 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

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.
- 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.

UNIVERSAL PROGRAMMER NOTES

PROGRAMMER: IF PDisCD=1; DISPLAY AS BANNER ACROSS EACH SCREEN; FOR ITEMS INDICATED AS "SECOND"; **Please answer these questions thinking about [SITE NAME1].**

PROGRAMMER: IF PDismultiCD=1; DISPLAY AS BANNER ACROSS EACH SCREEN FOR ITEMS INDICATED AS "SECOND"; **[IF PDismultiCD=1 AND SECOND OF MULTIPLE CENTERS: Please answer these questions thinking only about [SITE NAME2].]**

THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN: **If you have any questions regarding FACES 2019, please call Felicia Parks at 1-855-714-8192 or send an e-mail to FACES2019@mathematica-mpr.com.**

ALL

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; **If you wish to complete the survey, please click the box. Otherwise, please click the “Next” button to exit.**

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

DID NOT CONSENT SCREEN

PROGRAMMER: THIS APPEARS IF A RESPONDENT SELECTS THE “NEXT” BUTTON TWICE WITHOUT GIVING CONSENT.

Thank you for your interest in this survey. We cannot continue without your consent.

Introduction

ALL

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 "Next" 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 "Next" 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 "Next" button.

IF SC0 = 2 or 3

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 "Next" 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 "Next" button.

SOFT CHECK IF SOMEONE ELSE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED:
Please provide an answer in the "Someone else (Specify)" box, or click the "Next" button to move to the next question.

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 "Next" button.

IF B2=1

B3. What is your program doing to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

Select one per row

	YES	NO
a. Providing tuition assistance	1 <input type="radio"/>	0 <input type="radio"/>
b. Giving staff release time	1 <input type="radio"/>	0 <input type="radio"/>
c. Providing assistance for course books	1 <input type="radio"/>	0 <input type="radio"/>
d. Providing A.A. or B.A. courses onsite	1 <input type="radio"/>	0 <input type="radio"/>
e. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text" value=""/> (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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B2=1

B3f. Who is eligible for assistance to get their Associate's (A.A.) or Bachelor's (B.A.) degrees?

By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them as lead teachers here.

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

B3g. NO B3g IN THIS VERSION

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH SIX ITEMS ON EACH SCREEN

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 <input type="radio"/>	0 <input type="radio"/>
3. Attendance at state conferences	1 <input type="radio"/>	0 <input type="radio"/>
4. Attendance at national conferences	1 <input type="radio"/>	0 <input type="radio"/>
5. Paid substitutes to allow teachers time to prepare, train, and/or plan	1 <input type="radio"/>	0 <input type="radio"/>
6. Coaching/mentoring	1 <input type="radio"/>	0 <input type="radio"/>
1. Other types of consultants hired to work directly with staff to address a specific issue or concern	1 <input type="radio"/>	0 <input type="radio"/>
7. Workshops/trainings sponsored by the program	1 <input type="radio"/>	0 <input type="radio"/>
8. Workshops/trainings provided by other organizations	1 <input type="radio"/>	0 <input type="radio"/>
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert	1 <input type="radio"/>	0 <input type="radio"/>
10. Time during the regular work day to participate in Office of Head Start T/TA webinars	1 <input type="radio"/>	0 <input type="radio"/>
13. Tuition assistance for courses toward getting a credential	1 <input type="radio"/>	0 <input type="radio"/>
99. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>

(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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

B4-B10a. NO B4-B10a IN THIS VERSION

B11-B26. NO B11-B26 IN THIS VERSION

ALL

B27b_r. 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 Associate's (A.A.) or Bachelor's (B.A.) courses.....11
 - Onsite Associate's (A.A.) or Bachelor's (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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH FIVE ITEMS ON EACH SCREEN

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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. Office of Head Start National Centers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. Professional organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. Private consultants, private organizations, or commercial vendors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. Regional T/TA Specialists	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. Office of Head Start webinars	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
7. Regional conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
8. State conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
9. National conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
10. Other Specify <input type="text"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

(STRING 255)

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

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B3H_6=1

B24b-d. How many coaches/mentors are currently working with teaching staff, family child care providers, or home visitors 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 “Next” 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 “Next” 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 “Next” 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 “Next” 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 “Next” 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.

IF B23H_6=1

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B3H_6=1

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 "Next" button.

IF B3H_6=1

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 "Next"

button.

IF B3H_6=1

B26d. How do you determine who will receive intensive 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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B3H_6=1

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B3h_6=1

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 "Next" button.**

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF B3h_6=1

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 "Next" 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 "Next" button.**

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 old 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 G
- 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 "Next" button.

SOFT CHECK IF ANOTHER STATE DEVELOPED ASSESSMENT SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Another state developed assessment (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 “Next” 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.

ALL

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
- 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 "Next" button.

ALL

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 "Next" button.

IF G4 = 2,3,4,D

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF G4 = 2,3,4,D

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 "Next" button.

IF G5 = 2,3,4,D

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 "Next" button.

IF G4 = 2,3,4,D

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.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 “Next” button.

SOFT CHECK IF ANOTHER RESPONSIBILITY SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in “Another responsibility (Specify)” box, or click the “Next” button to move to the next question.

IF MORE THAN 3 SELECTED IN H4A

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 <input type="checkbox"/> |
| Assist director in program management activities | 2 <input type="checkbox"/> |
| Provide or arrange for staff training/education | 3 <input type="checkbox"/> |
| Arrange for IEPs and special services for children with disabilities | 4 <input type="checkbox"/> |
| Conduct child assessments | 5 <input type="checkbox"/> |
| Arrange or support for administration of local child assessments | 6 <input type="checkbox"/> |
| Provide supervision for classroom staff | 7 <input type="checkbox"/> |
| Provide mentoring for classroom staff | 8 <input type="checkbox"/> |
| Manage transition to school activities | 9 <input type="checkbox"/> |
| Provide parent education | 10 <input type="checkbox"/> |
| Provide outreach, recruitment, and enrollment services | 11 <input type="checkbox"/> |
| Supervise home visitors | 12 <input type="checkbox"/> |
| Arrange for services for children with other community services | 13 <input type="checkbox"/> |
| Arrange activities that involve parents | 14 <input type="checkbox"/> |
| Encourage parents to supplement classroom learning at home | 15 <input type="checkbox"/> |
| Another responsibility (FILL FROM H4a) | 16 <input type="checkbox"/> |
| <input type="text"/> | |
| Another responsibility (FILL FROM H4a) | 17 <input type="checkbox"/> |
| <input type="text"/> | |
| Another responsibility (FILL FROM H4a) | 18 <input type="checkbox"/> |
| <input type="text"/> | |

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 "Next" button.

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH SEVEN AND EIGHT ITEMS ON EACH SCREEN

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 your time is needed for each of the following responsibilities in the course of the year—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.

Select one per row

	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 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Establishing and maintaining partnerships with other organizations in the community	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Completing the program self-assessment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Dealing with human resources issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Ensuring compliance with federal standards for Head Start programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Designing the training and technical assistance plan for this program	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Evaluating managers and other staff	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Providing educational leadership/establishing the curriculum	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Strategic planning	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Promoting parent and family engagement	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Fiscal management	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Addressing facilities, equipment, and transportation issues	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. Other (specify) <input type="text"/> (STRING 255)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Other (specify) <input type="text"/> (STRING 255)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Other (specify) <input type="text"/> (STRING 255)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide

an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

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 license, certificate, or other type of credential)	1 <input type="radio"/>	0 <input type="radio"/>
b. Visits to other Head Start or early childhood programs to improve your own work as a program director	1 <input type="radio"/>	0 <input type="radio"/>
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 <input type="radio"/>	0 <input type="radio"/>
C2H7_c. [IF PDisCD=1: Formal coaching/mentoring that is provided by your program]	1 <input type="radio"/>	0 <input type="radio"/>
d. A leadership institute offered by Head Start <i>(Click here for "LEADERSHIP INSTITUTE" definition)</i>	1 <input type="radio"/>	0 <input type="radio"/>
e. A leadership institute offered by an organization other than Head Start <i>(Click here for "LEADERSHIP INSTITUTE" definition)</i>	1 <input type="radio"/>	0 <input type="radio"/>
f. Trainings related to your role as a manager or leader (for example, Head Start governance training, CLASS training)	1 <input type="radio"/>	0 <input type="radio"/>

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, C2H7_c, 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 "Next" button.

IF H7a=M, 0

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 “Next” button.

IF H7e=M, 0

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 “Next” button.

IF H7f=M, 0

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 "Next" button.

IF H7g=M, 0

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 "Next" 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 (for example, conducting classroom observations)..... 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 “Next” 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 "Next" 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 "Next" 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 "Next" button.

IF N5=1

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 "Next" button.

IF N5a=1

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 "Next" 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.

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

N5c. Which of the following data and information does your program link electronically 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 “Next” 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.

ALL

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 “Next” button.

IF N6=1

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 “Nexte” button.

IF N6=1

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 “Next” 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 O5b
- No, they are all exempt from the licensing requirement.....0 GO TO O5b
- 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 “Next” 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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 "Next" button.

ALL

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 "Next" button.

IF O6=1,2

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 “Next” button.

O6b. Why doesn't 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 knowd
 - 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.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF O6=2

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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

ALL

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. By Head Start we are referring to preschool Head Start, not Early Head Start.

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 "Next" 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
PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH FOUR AND FIVE ITEMS ON EACH SCREEN

O2. Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for 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 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. State or local Pre-K funds from the state or local government	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
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 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Other funding from state government (e.g., transportation, grants from state agencies)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Other funding from local government (e.g., grants from county government)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Federal government <u>other than Head Start</u> (e.g., Title I, Child and Adult Care Food Program, WIC)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
<input style="width: 100%; height: 20px;" type="text"/> (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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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

IF MORE THAN 3 OPTIONS SELECTED IN O2

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 other than Head Start.....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 "Next" button.

IF O2a, O2b, O2c, O2d, O2e, O2f, O2g, O2h, OR O2i=1

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH FOUR ITEMS ON EACH SCREEN

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 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Make care affordable for children from low-income families	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Other services/supports for enrolled children	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Improve or enhance the current services offered to children or families	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Services/interventions for parents	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Professional development for program staff	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Materials for the program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Capital improvements	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

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 "Next" 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 "Next" button.

ALL

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 "Next" 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 receives. 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 "Next" 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 receives. Please confirm or correct your response and continue.

ALL

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 "Next" 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.

ALL

O10. Does your program also operate centers that do not 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 "Next" button.

IF O10=1

O10a. How many centers does your program operate that do not 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 "Next" 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 "Next" button.

IF O2I = 1

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 "Next" button.

IF O2E = 1 OR O2F=1

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 "Next" button.

IF O2H = 1

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

Select one only

- 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 "Next" button.

IF O2I = 1

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

Select one only

- 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 "Next" button.

IF O2A=1

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

Select one only

- 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 "Next" button.

ALL

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 "Next" button.

ALL

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 GO TO O14a
- 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 "Next" button.

IF O14=0

O14a. Who manages your program's finances? In other words, who is involved in the ongoing 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 "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF O14=1

O14b. Who else is involved in managing your program’s finances? In other words, who else is involved in the ongoing 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 “Next” button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

ALL

O15. Do you have any training in financial management?

Select one only

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

SOFT CHECK: IF O15=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

ALL

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 "Next" 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.

Select one for each row

	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a. Public drunkenness/people being high or stoned in public	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Opioid use	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Other types of substance use problems (Click here for "SUBSTANCE USE PROBLEMS" definition)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Lack of resources for treatment of substance use	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>

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 "Next" button.

IF P1a, b, or c = 1,2

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 program12 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 "Next" 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.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF P2 = 1,2, 3, 4, 5, 6, 7, 8, 9, 10, 11, OR 99

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 program12
 - 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 "Next" 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.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF PDisCD=1

INTRO. Center: [SITE NAME1]

We understand that you act as the center director in addition to your role as program director.

Please answer these questions thinking about the center [SITE NAME1].

IF PDismultiCD=1

INTRO. MultiCenter: [SITE NAME1]

We understand that you act as the center director for multiple centers.

We will first ask you to complete questions about [SITE NAME1], then you will be asked a few further questions about [SITE NAME2].

The survey will display a banner indicating which center you should think about when answering a given question.

A. STAFFING AND RECRUITMENT

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

IF PDISCD=1
SECOND

C2A0-1. What are the start and end dates of the program year for Head Start funded center-based slots?

		MONTH	DAY	YEAR								
C2A0-1a.	Start date	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 80px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
C2A0-1b.	End date	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 80px; height: 20px; margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
		(RANGE 01-12)	(RANGE 01-31)	(RANGE 2019-2020)								

PROGRAMMER: SOFT CHECK: IF C2A0-1b ≤ C2A0-1a; Your response indicates that the program year ends in the same calendar year or an earlier calendar year than the program year starts. Please confirm or correct your response and continue.

SOFT CHECK: IF C2A0-1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1
SECOND

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

C2A0-2a. How many days per week do Head Start funded slots in your center receive services?

Select all that apply

- 4 days per week..... 1
- 5 days per week..... 2

SOFT CHECK: IF C2A0-2a =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1
SECOND

C2A0-5a. Does this center offer any of the following schedules for the Head Start funded slots?

Select all that apply

- 3.5 hours per day..... 1
- More than 3.5 hours and up to 5 hours..... 2
- More than 5 hours and up to 6 hours..... 3
- More than 6 hours and up to 8 hours..... 4
- More than 8 hours..... 5

SOFT CHECK: IF C2A0-5a=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1 AND MORE THAN ONE RESPONSE SELECTED IN C2A-05A
PROGRAMMER: ONLY FILL WITH ANSWERS 1-5 THAT WERE PROVIDED IN C2A05-a.
SECOND

C2A0-5b. Which of the schedules for Head Start center-based slots in your program fills up fastest?

Select one only

- 3.5 hours per day..... 1
- More than 3.5 hours and up to 5 hours..... 2
- More than 5 hours and up to 6 hours..... 3
- More than 6 hours and up to 8 hours..... 4
- More than 8 hours..... 5
- Slots of different lengths fill up equally fast..... 6

SOFT CHECK: IF C2A0-5b =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1
SECOND

C2A0-6. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in Head Start in this center, but for whom slots were not available?

Select one only

- Yes..... 1
- No..... 0
- Don't know..... d

SOFT CHECK: IF C2A0-6 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1
SECOND

C2A1. How many lead teachers are currently employed in this center? By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

LEAD TEACHERS

(RANGE 0-50)

PROGRAMMER: SOFT CHECK: IF C2A1>15; You have entered [C2A1] as the number of lead teachers currently employed in this center. Please confirm or correct your response and continue.

IF C2A1 EQUALS 0 GO TO C2A4

SOFT CHECK: IF C2A1 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2A1 > 0

SECOND

C2A2. How many of these lead teachers were new to the center this year?

(Click [here](#) for "LEAD TEACHER" definition)

LEAD TEACHERS

(RANGE 0-50)

PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

PROGRAMMER: SOFT CHECK: IF $C2A2 > 0.5 * C2A1$; You have entered [C2A2] as the number of lead teachers who are new to the center this year. Please confirm or correct your response and continue.

PROGRAMMER: SOFT CHECK: IF $C2A2 > C2A1$; You indicated that there are more lead teachers that are new to the center this year than the number of lead teachers you indicated were employed at this center. Please change your answer to this question and continue.

SOFT CHECK: IF C2A2 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1
SECOND

C2A4. In the past 12 months, how many lead teachers left and had to be replaced?

(Click [here](#) for "LEAD TEACHER" definition)

	LEAD TEACHERS
	(RANGE 0-50)

PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

PROGRAMMER: SOFT CHECK: IF C2A4>0.5*C2A1; You have entered [C2A4] as the number of lead teachers who left and had to be replaced in the past 12 months. Please confirm or correct your response and continue.

PROGRAMMER: SOFT CHECK: IF C2A4>A1; You indicated that more lead teachers left and had to be replaced in the past 12 months than currently work at this center. Please confirm your answer to this question and continue.

SOFT CHECK: IF C2A4 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1
SECOND

C2A12h. Does your center serve any children or families who speak a language other than English at home?

- Yes.....1 GO TO C2A12i
- No.....0 GO TO C2B0

SOFT CHECK: IF C2A12h =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2A12H=1

SECOND

C2A12i. Other than English, what languages are spoken by the children and families who are part of your center?

Select all that apply

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

Specify (STRING 255)

SOFT CHECK: IF C2A12i =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2A12H=1

SECOND

C2A12j. Do you have any lead teachers or assistant teachers who are bilingual?

(Click [here](#) for "LEAD TEACHER" definition)

- Yes.....1 GO TO C2A12k
 - No.....0 GO TO C2A_C3j
- PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

SOFT CHECK: IF C2A12j =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2A12J=1
SECOND

C2A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any lead teachers or assistant teachers in your center?

(Click [here](#) for “LEAD TEACHER” definition)

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)

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS THAT WERE PROVIDED IN C2A12i.

PROGRAMMER: SET UP HYPERLINK FOR TEXT “HERE” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By “lead teacher” we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

SOFT CHECK: IF C2A12k =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1 AND C2A12J=1

SECOND

C2A12I. How do you determine the language proficiency of bilingual lead teachers and assistant teachers in the language(s) other than English that they speak?

(Click [here](#) for "LEAD TEACHER" definition)

Do you . . .

Select one per row

	YES	NO
1. Give language proficiency tests?	1 <input type="radio"/>	0 <input type="radio"/>
2. Have other staff interview them in their language?	1 <input type="radio"/>	0 <input type="radio"/>
3. Request documentation for language courses they may have taken?	1 <input type="radio"/>	0 <input type="radio"/>
4. Do anything else? (Specify)	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

PROGRAMMER: SOFT CHECK IF DO ANYTHING ELSE? SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Do anything else? (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK: IF C2A12I =NO RESPONSE; One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.

IF PDISCD=1 AND C2A12H=1
SECOND

C2A_C3j. Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?

- Yes..... 1
- No..... 0

SOFT CHECK: IF C2A_C3j =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

B. STAFF EDUCATION AND TRAINING

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

IF PDISCD=1
SECOND

C2B0. Who generally participates in creating the training and technical assistance plan for your center?

Select all that apply

- Head Start program director/program management team.....1
- Individual center directors.....2
- Education managers/coordinators.....3
- Specialists/other coordinators.....4
- Individual teachers.....5
- Someone else (Specify).....6

Specify (STRING 255)

PROGRAMMER: SOFT CHECK IF SOMEONE ELSE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Someone else (Specify)” box, or click the “Next” button to move to the next question.

SOFT CHECK: IF C2B0=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1
SECOND

C2B3h. Programs and centers can support staff’s professional development in a lot of different ways. Does your program or center offer the following to teachers, family child care providers, or home visitors?

Select one per row

	YES	NO
2. Attendance at regional conferences	1 <input type="radio"/>	0 <input type="radio"/>
3. Attendance at state conferences	1 <input type="radio"/>	0 <input type="radio"/>
4. Attendance at national conferences	1 <input type="radio"/>	0 <input type="radio"/>
5. Paid substitutes to allow teachers time to prepare, train, and/or plan	1 <input type="radio"/>	0 <input type="radio"/>
6. Coaching/mentoring	1 <input type="radio"/>	0 <input type="radio"/>
1. Other types of consultants hired to work directly with staff to address a specific issue or concern	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2B3h1, 2, 3, 4, 5, OR 14 =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 “Next” button.

IF PDISCD=1
SECOND

C2B3h. Programs and centers can support staff’s professional development in a lot of different ways. Does your program or center offer the following to teachers, family child care providers, or home visitors?

Select one per row

	YES	NO
7. Workshops/trainings sponsored by the program	1 <input type="radio"/>	0 <input type="radio"/>
8. Workshops/trainings provided by other organizations	1 <input type="radio"/>	0 <input type="radio"/>
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert	1 <input type="radio"/>	0 <input type="radio"/>
10. Time during the regular work day to participate in Office of Head Start T/TA webinars	1 <input type="radio"/>	0 <input type="radio"/>
11. Tuition assistance for Associate’s or Bachelors’ courses	1 <input type="radio"/>	0 <input type="radio"/>
12. Onsite Associate’s or Bachelor’s courses	1 <input type="radio"/>	0 <input type="radio"/>
13. Tuition assistance for courses toward getting a credential	1 <input type="radio"/>	0 <input type="radio"/>
99. Other (Specify)	1 <input type="radio"/>	0 <input type="radio"/>

(STRING 255)

PROGRAMMER: SOFT CHECK: IF C2B3h7, 8, 9, 10, 11, 12, OR 13 =NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

IF PDISCD=1
SECOND

C2B4. How often do the following staff typically participate in professional development activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?

Select one per row

	WEEKL Y	2 OR 3 TIMES PER MONTH	MONTHL Y	ONCE EVERY FEW MONTH S	ONCE A YEAR OR LESS	NOT APPLICABL E	DON' T KNO W
a1. Center-based lead teachers, by "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>
a2. Center-based assistant teachers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>
b. Family service workers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>
c. Home visitors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>
d. Family child care providers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>
e. Content managers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	d <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2B4a1, a2, b, c, d, or e=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

IF PDISCD=1
SECOND

C2B5. Who conducts the professional development activities?

Select all that apply

- Center or grantee staff..... 1
 - Community resources..... 2
 - Consultants..... 3
 - National Head Start Association..... 5
 - State conferences..... 10
 - Regional conferences..... 11
 - National conferences..... 12
 - Private companies or organizations..... 7
 - OHS Regional T/TA Providers..... 13
 - OHS National Centers..... 14
 - Other (Specify)..... 8
- Specify (STRING 255)
- Do not have professional development activities..... 9

PROGRAMMER: HARD CHECK: IF C2B5 = 9 AND B5 = 1, 2, 3, 5, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17; You selected both “do not have professional development activities” as well as one or more other response options. Please choose either “do not have professional development activities ” or who conducts the training.

PROGRAMMER: RESPONSE OPTION 9 IS EXCLUSIVE

SOFT CHECK: IF C2B5=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.
SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

IF PDISCD=1
SECOND

C2B6. Has your center consulted with a regional T/TA specialist?

- Yes..... 1
- No..... 0

PROGRAMMER: GO TO C2B10b

SOFT CHECK: IF C2B6=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1
SECOND

C2B10b. How often have you or other staff in your center used or accessed information or resources provided by or through each of the following? Would you say never, rarely, sometimes, or often?

Select one per row

	NEVER	RARELY	SOMETIMES	OFTEN
a. Early Childhood Learning and Knowledge Center (ECLKC) website	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Office of Head Start National Centers	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Professional organizations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Private consultants, private organizations, or commercial vendors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Regional T/TA specialists	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SOFT CHECK: IF C2B10b =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1
SECOND

C2B10b. **How often have you or other staff in your center used or accessed information or resources provided by or through each of the following? Would you say never, rarely, sometimes, or often?**

Select one per row

	NEVER	RARELY	SOMETIMES	OFTEN
f. Office of Head Start webinars	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Regional conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. State conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. National conferences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Other				
Specify <input type="text"/> (STRING 255)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

SOFT CHECK: IF C2B10b =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.
SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

IF PDISCD=1
SECOND

C2B20. **How often are teachers given a formal performance evaluation?**

Select one only

- Two or more times per year.....1
- Once a year.....2
- Once every two years.....3
- Once every three years.....4
- Once every four years or more.....5
- No formal evaluations are conducted.....0

SOFT CHECK: IF C2B20=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.
--

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

IF PDISCD=1
SECOND

C2B21. How many hours of training or support related to curriculum are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record “999” for not applicable.”

	NUMBER OF HOURS
a. Lead teachers, by “lead teacher” we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.	<input type="text"/>
b. Assistant teachers	<input type="text"/>
f. Home visitors	<input type="text"/>
g. Family child care providers	<input type="text"/>

PROGRAMMER: RANGE FOR GRID IS 0-400 or 999

PROGRAMMER: SOFT CHECK: IF C2B21a, b, f, or g=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

PROGRAMMER: SOFT CHECK: IF C2B21a, b, f, OR g>25; You have entered more than 10 hours as the number of hours of training or support related to curriculum offered to staff in a typical year. Please confirm or correct your response and continue.

SOFT CHECK: IF C2B21=NO RESPONSE; One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.
--

IF PDISCD=1
SECOND

C2B22. How many hours of training or support related to your assessment tool(s) and ongoing child assessments are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record “999” for not applicable.”

(Click [here](#) for “LEAD TEACHER” definition)

	NUMBER OF HOURS
a. Lead teachers	<input type="text"/>
b. Assistant teachers	<input type="text"/>
f. Home visitors	<input type="text"/>
g. Family child care providers	<input type="text"/>

PROGRAMMER: RANGE FOR GRID IS 0-400 or 999

PROGRAMMER: SET UP HYPERLINK FOR TEXT “HERE” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; By “lead teacher” we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

PROGRAMMER: SOFT CHECK: IF C2B22a, b, f, or g=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

PROGRAMMER: SOFT CHECK: IF C2B22a, b, f, OR g>25; You have entered [C2B22a, b, c, f, g] as the number of hours of training or support related to your assessment tool(s) and ongoing child assessments offered in a typical year. Please confirm or correct your response and continue.

SOFT CHECK: IF C2B22=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.**

IF PDISCD=1
SECOND

C2B24. There are many different ways that centers can support curriculum implementation and monitor implementation fidelity (in other words, monitor whether the curriculum is being implemented as intended by the people who created it). We are interested in learning about what your center is doing. Is your center currently doing any of the following?

Select one per row

	YES	NO
c. Have teachers complete fidelity checklists available from the developer	1 <input type="radio"/>	0 <input type="radio"/>
d. Have a coach observe teachers <i>using the curriculum developer's fidelity checklist</i>	1 <input type="radio"/>	0 <input type="radio"/>
e. Have someone else observe teachers <i>using the curriculum developer's fidelity checklist</i>	1 <input type="radio"/>	0 <input type="radio"/>
f. Have a coach observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist)	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2B24c, 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 "Next" button.

IF PDISCD=1
SECOND

C2B24. There are many different ways that centers can support curriculum implementation and monitor implementation fidelity (in other words, monitor whether the curriculum is being implemented as intended by the people who created it). We are interested in learning about what your center is doing. Is your center currently doing any of the following?

Select one per row

	YES	NO
g. Have someone else observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist)	1 <input type="radio"/>	0 <input type="radio"/>
h. Have coaches focus on curriculum implementation when working with teachers	1 <input type="radio"/>	0 <input type="radio"/>
i. Administrators/coaches/specialists/others participate in a curriculum developer training on supporting and/or monitoring fidelity	1 <input type="radio"/>	0 <input type="radio"/>
j. Use other implementation support or fidelity monitoring tools (Specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text" value=""/>		

(STRING 255)

PROGRAMMER: SOFT CHECK: IF C2B24g, h, i, or j=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

PROGRAMMER: SOFT CHECK IF USE OTHER IMPLEMENTATION SUPPORT OR FIDELITY MONITORING TOOLS SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Use other implementation support or fidelity monitoring tools (Specify)” box, or click the “Next” button to move to the next question.

E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

IF PDISCD=1
SECOND

C2E15. We are interested in learning about your use of other activities and tools related to curriculum. Is your center regularly doing any of the following activities or regularly using any of the following tools?

Select one per row

	YES	NO
a. Making and using adaptations to your curriculum/parts of your curriculum (for example, to respond to different learning needs)	1 <input type="radio"/>	0 <input type="radio"/>
b. Using a subject matter (for example, math, science, social/emotional, literacy) curriculum in addition to other curriculum/curricula	1 <input type="radio"/>	0 <input type="radio"/>
c. Using the online components of the curriculum package	1 <input type="radio"/>	0 <input type="radio"/>
d. Using the assessment system that accompanies your curriculum	1 <input type="radio"/>	0 <input type="radio"/>
e. Using online components of the assessment that accompanies your curriculum	1 <input type="radio"/>	0 <input type="radio"/>
f. Using other activities/tools related to curriculum (Specify)	1 <input type="radio"/>	0 <input type="radio"/>
(STRING 255)		

PROGRAMMER: SOFT CHECK: IF C2E15a, 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 "Next" button.

PROGRAMMER: SOFT CHECK IF USING OTHER ACTIVITIES/TOOLS RELATED TO CURRICULUM SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Using other activities/tools related to curriculum (Specify)" box, or click the "Next" button to move to the next question.

IF PDISCD=1
SECOND

C2E11. How often are each child's assessment results reported to the following people?

Select one per row

	NEVER	ONCE AT BEGINNING OF YEAR	ONCE AT END OF YEAR	BEGINNING AND END OF YEAR	MORE OFTEN THAN TWICE PER YEAR
a. Reported to parents	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Reported to program administrators	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Recorded in child's record	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2E11a, b, or c=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

IF PDISCD=1 AND C2A12H=1
SECOND

C2E11d. Now we would like to ask you about strategies your program or center might use to assess the English language abilities of children who speak a language other than English. How often do you use any of the following strategies to assess their English language skills?

Select one per row

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

(STRING 255)

PROGRAMMER: SOFT CHECK: IF C2E11d1, 2, 3, or 4 =NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

PROGRAMMER: SOFT CHECK IF SOMETHING ELSE? SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Something else? (Specify)" box, or click the "Next" button to move to the next question.

IF PDISCD=1 AND C2A12H=1
SECOND

C2E11e. Does your center assess children’s abilities in their home language? Home language refers to the language (other than English) spoken to the child at home.

Yes..... 1

No..... 0

IF PDISCD=1
SECOND

C2E3a. Does your center use a particular parent education, parent support, or parenting curriculum?

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

Yes..... 1 GO TO C2E3b

No..... 0 GO TO C2H5

SOFT CHECK: IF C2E3a =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1 AND C2E3a=1

SECOND

C2E3b. What parenting curriculum/curricula do you use?

Select all that apply

- Second Step.....1
- Parents as Teachers (PAT).....2
- Systematic Training for Effective Parenting (STEP).....3
- 21st Century Exploring Parenting (Exploring Parenting).....4
- Home Instruction for Parents of Preschool Youngsters (HIPPY).....5
- Growing Great Kids, Inc.....6
- Positive Solutions for Families (Center on the Social Emotional Foundations for Early Learning).....7
- Second Time Around: Grandparents Raising Grandchildren.....8
- Practical Parent Education.....9
- Improving Parent-Child Relationships.....10
- Parenting Now! Curriculum.....11
- Other (Specify).....12

Specify (STRING 255)

SOFT CHECK: IF C2E3b =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

IF PDISCD=1

C2H8. To do your job as a center director more effectively, what additional help do you need? Select the top three.

Select up to 3

- Program improvement planning4
- Budgeting 5
- Staffing (hiring) 6
- Data-driven decision making10
- Teacher evaluation 7
- Evaluation of other program staff 8
- Teacher professional development (for example, conducting classroom observations) 9
- Educational/curriculum leadership1
- Creating positive learning environments3
- Child assessment2
- Working with parents and families.....11
- Building relationships with Tribal leadership.....14
- Working with and partnering in the community16
- Assessing community needs.....17
- Responding to diverse cultural/linguistic needs.....18

PROGRAMMER: ALLOW FOR UP TO 3 RESPONSES. DO NOT ALLOW MORE THAN 3 RESPONSES.

SOFT CHECK: IF C2H8=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

N. USE OF PROGRAM DATA AND INFORMATION

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

IF PDISCD=1
SECOND

C2N1. Do supervisors, coaches/mentors, or other specialists share or review individual children’s data in one-on-one meetings with teachers or in team meetings?

- Yes..... 1
- No..... 0

SOFT CHECK: IF C2N1=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.**

IF PDISCD=1
SECOND

C2N2. Please indicate how much the following areas are barriers to teachers using child-level data to guide and individualize instruction:

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

Select one per row

	NOT A BARRIER	A LITTLE BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a. Lack of understanding what the child-level data mean (data literacy)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Not enough time to use the child-level data to guide instruction	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Inadequate technology resources to track and analyze child data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Lack of staff buy-in to value of data	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Other (Specify) Specify <input style="width: 100px;" type="text"/> (STRING 255)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2N2a, 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 “Next” button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

O. SYSTEMS AND RESOURCES

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

IF PDISCD=1

SECOND

C205. Does your center have a state license to operate?

(Click [here](#) for "LICENSE" definition)

Select one only

- Yes, my center has a state license to operate.....1 GO TO C205a
 - No, my center is exempt for the requirement for a state license.....2 GO TO C205b
 - No, my center does not have a license for another reason (Specify).....3 GO TO C206
- Specify (STRING 255)
- Don't know.....d

PROGRAMMER: 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.)

PROGRAMMER: SOFT CHECK IF NO, MY CENTER DOES NOT HAVE A LICENSE FOR ANOTHER REASON SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "No, my center does not have a license for another reason (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK: IF C205=NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.**

IF PDISCD=1 AND C2O5=1

SECOND

C2O5a. Sometimes centers have a state license even if they are exempt from the requirement to have one. Is your center required to have a state license, or is your center exempt (but the center applied for and received a license anyway)?

(Click [here](#) for "LICENSING" definition)

Select one only

- My center is required to have a state license to operate.....1
- My center is exempt from the state license requirement, but we have one anyway..... 2
- Don't know..... d

PROGRAMMER: 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.)

SOFT CHECK: IF C2O5a=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O5=2
SECOND

C2O5b. Why is your center exempt from having a state license?

(Click [here](#) for "LICENSING" definition)

Select one only

- My center is part of a school system.....1
- My center is affiliated with a religious organization.....2
- My center is open only a few hours per day or days per week.....3
- Other reason (Specify).....99
Specify (STRING 255)
- Don't know.....d

PROGRAMMER: 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.)

PROGRAMMER: SOFT CHECK IF OTHER REASON SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Another reason (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK: IF C2O5b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O5=1
SECOND

C2O5d. Has your center received any technical assistance from the licensing agency to help with improving the facilities and/or to meet licensing requirements?

(Click [here](#) for "LICENSING" definition)

Select one only

- Yes..... 1
- No..... 0
- Don't know..... d

PROGRAMMER: 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.)

SOFT CHECK: IF C2O5d =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.**

IF PDISCD=1
SECOND

C2O6. Does your center participate in your state or local quality rating and improvement system (QRIS)?

Select one only

- Yes..... 1 GO TO C2O6a
- No..... 0 GO TO C2O6b
- Don't know..... d GO TO C2O2

SOFT CHECK: IF C2O6 =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.**

IF PDISCD=1 AND C2O6=0

SECOND

C2O6b. Why doesn't your center participate in your state or local quality rating and improvement system (QRIS)?

Select all that apply

- Too much time/too burdensome to enroll.....1
 - The QRIS does not accept Head Start monitoring data to document quality indicators included in the state's QRIS.....2
 - Too expensive to meet standards.....3
 - Not an effective marketing tool to attract applicants.....4
 - Not a good measure of program quality.....5
 - We plan to join, but we haven't joined it yet.....6
 - QRIS does not allow or encourage Head Start programs to participate.....7
 - Other (Specify)8
- Specify (STRING 255)
- Don't know.....d

SOFT CHECK: IF C2O6b.=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O6=1
SECOND

C2O6a. What process did your center go through in order to receive your initial rating under the current QRIS?

(Click [here](#) for “Automatic rating” and “Alternative pathway” definition)

Select one only

- My center went through a full review process.....1
- My center received an automatic rating.....2
- My center received a rating through an alternative pathway (received automatic credit for some standards but was rated through the QRIS process for others).....3
- Other (Specify).....99
Specify (STRING 255)
- Don't know.....d

PROGRAMMER: 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.

SOFT CHECK: IF C2O6a.=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.
SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

IF PDISCD=1 AND C2O6=1

SECOND

C2O6c. Has your center’s rating gone up since joining the QRIS?

Select one only

- Yes, the rating has gone up.....1
- No, the rating has not gone up.....0
- Not applicable, the center was rated at the highest level when it first joined.....2
- Other (Specify)99
Specify (STRING 255)
- Don't know.....d

SOFT CHECK: IF C2O6c.=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.

IF PDISCD=1 AND C2O6=1

SECOND

C2O6d. Have you received any of the following from your QRIS?

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

- Coaching/technical assistance for me or other center administrative staff.....1
 - Coaching/technical assistance for teachers.....2
 - Trainings or workshops.....3
 - Grants or financial incentives such as direct funding for quality improvements.....4
 - Higher reimbursements for child care subsidies from the state due to a higher quality rating (if applicable).....5
 - Information or scores from the QRIS review process, including scores on observation measures such as the ECERS or CLASS.....6
 - Other (Specify)7
- Specify (STRING 255)
- None of these things8
 - Don't know.....d

PROGRAMMER: HARD CHECK: IF C2O6d = 8 AND C2O6d = 1, 2, 3, 4, 5, 6 or 7; You selected both "none of of these things" as well as one or more other response options. Please choose either "none of these things" or the things you have recieved from your QRIS.

PROGRAMMER: RESPONSE OPTION 8 IS EXCLUSIVE

SOFT CHECK: IF C2O6d.=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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

IF PDISCD=1
SECOND

C202. Does your center receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)? Please think about all the funding streams that come into your center.

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. State or local Pre-K funds from the state or local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other funding from state government (e.g., transportation, grants from state agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other funding from local government (e.g., grants from county government)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C202a, b, c, 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 "Next" button.

IF PDISCD=1
SECOND

C202. Does your center receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)? Please think about all the funding streams that come into your center.

Select one per row

	YES	NO	DON'T KNOW
d. Federal government other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/> (STRING 255)			

PROGRAMMER: SOFT CHECK: IF C202d, e, f, or g=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF PDISCD=1 AND C2O2a-g selection total GT 3

SECOND

C2O3. Which of the following are the three largest sources of revenue for your center?

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 government3
- Federal government other than Head Start.....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

PROGRAMMER: ONLY SHOW OPTION 8 AND OPTIONS THAT = 1 IN C2O2

PROGRAMMER: ALLOW FOR UP TO 3 RESPONSES. DO NOT ALLOW MORE THAN 3 RESPONSES.

PROGRAMMER: HARD CHECK IF MORE THAN 3 RESPONSES: Please select **no more than three** responses. Please review your answers below and continue. To continue to the next question without making changes, click the "Next" button.

PROGRAMMER: SOFT CHECK IF LESS THAN 3 RESPONSES: Fewer than **three** responses are selected. Please review your answers below and continue. To continue to the next question without making changes, click the "Next" button.

SOFT CHECK: IF C2O3=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND [C2O2a, C2O2b, C2O2c, C2O2d, C2O2e, C2O2f, C2O2g, C2O2h OR C2O2i=1]
SECOND

C2O4. Are any of the following paid for by sources of revenue that are not from Head Start?

Select one per row

	YES	NO	DON'T KNOW
a. Enrollment of additional children	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Make care affordable for children from low-income families	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Other services/supports for enrolled children	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Services/interventions for parents	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2O4a, b, c, d, or g=NO RESPONSE; You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

IF PDISCD=1 AND [C2O2a, C2O2b, C2O2c, C2O2d, C2O2e, C2O2f, C2O2g, C2O2h OR C2O2i=1]
SECOND

C2O4. Are any of the following paid for by sources of revenue that are not from Head Start?

Select one per row

	YES	NO	DON'T KNOW
d. Professional development for program staff	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Materials for the program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Capital improvements	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Improve or enhance the current services offered to children or families	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

PROGRAMMER: SOFT CHECK: IF C2O4d, e, f, 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 "Next" button.

IF PDISCD=1 AND C2O2H = 1
SECOND

C2O11a. 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

SOFT CHECK: IF C2O11a =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O2I = 1
SECOND

C2O11b. 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

SOFT CHECK: IF C2O11b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O2E = 1 OR C2O2F=1
SECOND

C2O11c. 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

SOFT CHECK: IF C2O11c=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O2H = 1
SECOND

C2O12a. How do you assign children to classrooms if their enrollment is paid for by Head Start or state or local Pre-K?

Select one only

- 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

SOFT CHECK: IF C2O12a =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O2I = 1
SECOND

C2O12b. How do you assign children to classrooms if their enrollment is paid for by Head Start or child care subsidies?

Select one only

- Head Start children and children who receive child care subsidies are always assigned to different classrooms..... 1
- Head Start children and children who receive child care subsidies are sometimes assigned to the same classroom..... 2
- Head Start children and children who receive child care subsidies are always assigned to the same classrooms..... 3
- Don't know..... d

SOFT CHECK: IF C2O12b =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2O2A=1
SECOND

C2O12c. How do you assign children to classrooms if their enrollment is paid for by Head Start or by parent tuition?

Select one only

- Head Start children and children whose care is paid for by parent tuition are always assigned to different classrooms.....1
- Head Start children and children whose care is paid for by parent tuition are sometimes assigned to the same classroom.....2
- Head Start children and children whose care is paid for by parent tuition are always assigned to the same classrooms.....3
- Not Applicable (some parents pay fees to the program, but those fees are not for classroom services).....4
- Don't know.....d

SOFT CHECK: IF C2O12c =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1
SECOND

C2O13. 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

SOFT CHECK: IF C2O13 =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1
SECOND

C2017. In the past 12 months, were you inspected by an agency or did someone come to monitor the quality of services in your program?

Select one only

- Yes.....1 GO TO C2017a
- No.....0 GO TO C2014a
- Don't know.....d GO TO C2014a

SOFT CHECK: IF C2017=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

IF PDISCD=1 AND C2017=1
SECOND

C2017a. In the past 12 months, which agencies came to inspect your center or to monitor the quality of services?

Select all that apply

- Health Department.....1
 - Child and Adult Care Food Program.....2
 - Licensing Agency.....3
 - QRIS.....4
 - Head Start.....5
 - State or local Pre-K.....6
 - Other (Specify).....7
- Specify (STRING 255)
- Don't know.....d

SOFT CHECK: IF C2017a =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

IF PDISCD=1
SECOND

C2O14a. Who manages the finances/does accounting for your center? In other words, who is involved in the ongoing work of managing finances and accounting activities such as monitoring revenues and expenditures?

Select all that apply

- I do..... 1
 - Someone else on the staff of this center.....2 GO TO C2O14a_1
 - Someone on the staff of the program/larger organization this center is part of..... 3
 - An outside consultant or contractor.....4
 - Someone else (Specify).....99
- Specify (STRING 255)
- Don't know..... d

PROGRAMMER: SOFT CHECK IF SOMEONE ELSE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Someone else (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK: IF C2O14a =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.**

IF PDISCD=1 AND C2O14A=2
SECOND

C2O14a_1 Thinking of the other center staff person who manages finances/does accounting, is this person/these people's primary responsibility managing your center's finances?

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

Select one only

- Yes..... 1
- No..... 0
- Don't know..... d

SOFT CHECK: IF C2O14a_1 =NO RESPONSE; **Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.**

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 <u>any</u> early childhood program	<input style="width: 50px; height: 20px;" type="text"/> <small>(RANGE 0-70)</small>
I2a. In <u>any</u> Head Start program	<input style="width: 50px; height: 20px;" type="text"/> <small>(RANGE 0-54)</small>
I2b. Of <u>this</u> Head Start program	<input style="width: 50px; height: 20px;" type="text"/> <small>(RANGE 0-54)</small>
[IF PDisCD=1: C2I2b. Of this Head Start center?]	<input style="width: 50px; height: 20px;" type="text"/> <small>(RANGE 0-54)</small>

NO RESPONSE..... M

PROGRAMMER: ismultiCD=1; DISPLAY C2I2B ON SCREEN TWICE (ONCE FOR EACH CENTER) WITH THIS NOTE FOR EACH INSTANCE OF QUESTION C2I2B: **[IF ismultiCD=1 AND FIRST OF MULTIPLE CENTERS: Of [SITE NAME1]?]**

[IF ismultiCD=1 AND SECOND OF MULTIPLE CENTERS: Of [SITE NAME2]?]

SOFT CHECK: IF IA=NO RESPONSE; One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.
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 > 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 > 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</u> Head Start 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.
SOFT CHECK: IF C2I2b > 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.

ALL

11. In what month and year did you start working for this Head Start program?

MONTH YEAR
(01-12) (1965-2020)

NO RESPONSE.....M

SOFT CHECK: IF I1=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

HARD CHECK: IF I1 > CURRENT DATE; The date you entered occurs in the future. Please correct your response and continue.

ALL

12. In total, how many years have you worked with any Head Start or Early Head Start Program?

Please round your response to the nearest whole year. Note, Head Start has been in existence for 54 years.

YEARS
(RANGE 0-54)

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 "Next" 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.

ALL

13. 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 "Next" 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

ALL

I23. What is your total annual salary (before taxes) as a [IF PDisCD=0: program director / IF PDisCD=1: program and center director] for the current program year?

DOLLARS PER YEAR

(RANGE 0-999,999)

NO RESPONSE.....M

SOFT CHECK: IF I23=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button. When entering a number, please enter numbers only without punctuation or special characters.

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.

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH SIX ITEMS ON EACH SCREEN

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

(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 "Next" button.**

SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.

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 "Next" button.

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

113. In what field did you obtain your highest degree?

Select one only

- Child Development or Developmental Psychology.....1
 - Early Childhood Education.....2
 - Elementary Education.....3
 - Special Education.....4
 - Education Administration/Management & Supervision.....11
 - Business Administration/Management & Supervision.....12
 - Other Field (Specify).....5
- Specify (STRING 255)
- NO RESPONSE.....M

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

SOFT CHECK IF OTHER FIELD SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other Field (Specify)" box, or click the "Next" button to move to the next question.

IF I12 = 7, 8, 9, 10, 11, 12, OR 13

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

- Yes..... 1 SEE BOX
BELOW
- No..... 0
- NO RESPONSE..... M

PROGRAMMER: IF PDisCD=1; GO TO C2I15a, IF PDisCD=0: GO TO I15b

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 "Next" button.

IF (I14 = 0 OR MISSING) AND IF I12 = 8, 9, 10, 11, 12, OR 13

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 "Next" button.

I15a. NO I15a IN THIS VERSION.

IF PDisCD=1 AND CORE AND I12=7, 8, 9, 10, 11, 12, OR 13

C2I15a. Have you completed an entire course on children who speak a language other than English?

- Yes..... 1
- No..... 0

SOFT CHECK: IF C2I15a =NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

ALL

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

- Yes..... 1
- No..... 0
- NO RESPONSE..... M

SOFT CHECK: IF I15b=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

I16-I22. NO I16-I22 THIS VERSION.

IF PDisCD=1

C2I18. Do you have a Child Development Associate (CDA) credential?

- Yes..... 1
- No..... 0

SOFT CHECK: IF C2I18=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1

C2I19. Do you have a state-awarded preschool teaching certificate or license?

(Click [here](#) for “TEACHING CERTIFICATE OR LICENSE” definition)

- Yes..... 1
- No..... 0

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

SOFT CHECK: IF C2I19=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.

IF PDISCD=1

C2I20. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?

(Click [here](#) for "TEACHING CERTIFICATE OR LICENSE" definition)

- Yes..... 1
- No..... 0

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

SOFT CHECK: IF C2I20=NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

ALL

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 “Next” 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 “Next” 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 “Next” button.

IF I26=1

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 "Next" button.

SOFT CHECK IF ANOTHER SPANISH/HISPANIC/LATINO GROUP SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Another Spanish/Hispanic/Latino group (Specify)" box, or click the "Next" button to move to the next question.

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.

SOFT CHECK IF OTHER PACIFIC ISLANDER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other Pacific Islander (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK IF ANOTHER RACE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Another race (Specify)" box, or click the "Next" button to move to the next question.

ALL

I29. Do you speak a language other than English?

- Yes..... 1
- No..... 0 GO TO SECTION X
- NO RESPONSE..... M GO TO SECTION X

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 "Next" 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 "Next" button.

SOFT CHECK IF YOUR NATIVE LANGUAGE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Your Native language (Specify)" box, or click the "Next" button to move to the next question.

SOFT CHECK IF OTHER NATIVE LANGUAGE SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: Please provide an answer in the "Other Native language (Specify)" box, or click the "Next" button to move to the next question.

X. COVID-19 IMPACT

These next questions are about any changes to how you provide services and communicate with families and staff during the COVID-19 pandemic.

ALL

1. Did your program have a program-wide policy to *physically* close all center buildings so that children could not attend in-person due to the COVID-19 pandemic? Please select “yes” even if your program offered services remotely or had specific sites for distribution of services (like meal or supply pick-up). Also please select “yes” if you closed center buildings but have re-opened to allow children to attend and families to visit.

Yes

.....
1

No

.....
2

ALL

2. To what extent have you been able to make contact with enrolled families during the COVID-19 pandemic?

Not at all

.....
1

To a small extent

.....
2

To a moderate extent

.....
3

To a great extent

.....
4

ALL

3. To what extent have you been able to provide services to enrolled families during the COVID-19 pandemic?

Not at all

.....
1

To a small extent

.....
2

- To a moderate extent

.....
3

- To a great extent

.....
4

ALL

4. To what extent have the following been barriers to making contact with or providing services to enrolled families during the COVID-19 pandemic?

Select one per row

	Not at all	To a small extent	To a moderate extent	To a great extent
a. Families have limited hardware to connect to the internet (e.g., lack of computer, tablet, or smartphone)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Families have limited internet access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Families have limited telephone access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Families have reduced availability to engage given other demands (e.g., caring for children, obtaining food, dealing with illness or mental health concerns)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Families unable to travel to pick up materials program providing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Staff have limited hardware to connect to the internet (e.g., lack of computer, tablet, or smartphone)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Staff have limited internet access	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Staff have reduced availability to engage given other demands(e.g., caring for children, obtaining food, dealing with illness or mental health concerns)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. Staff are unable to travel to pick up or provide program materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

ALL

5. How have you *changed* services or referrals for families specifically because of the COVID-19 pandemic?

If you provided a service before the pandemic and are still providing it now, please select “unchanged.”

If you did not provided a service before the pandemic and are still not providing it, please select “unchanged.”

Select one per row

	Stopped or Reduced	Unchanged	Added or increased
a. Educational activities to support children’s learning at home	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Child care services to allow parents to work or provide care to other community or family members	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Food and nutrition (e.g., providing meals to families)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Housing or transportation assistance (e.g., securing housing or transportation, assistance with rent payments or deferment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Health care <i>not</i> related to COVID-19 (e.g., access to services, obtaining health insurance, assistance with medical bill payment or deferment)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Health care related to COVID-19 (e.g., access to testing or personal protective equipment such as masks)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Employment assistance <i>not</i> related to COVID-19 (e.g., job training)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Employment assistance related to COVID-19 (e.g., unemployment claims/benefits)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Referral to services for drug or alcohol misuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Services/referrals for dual language learners	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Mental health services/referrals for children and families	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. In-person home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. In-person socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Virtual home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Virtual socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Disability services/referrals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
q. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Specify

(STRING 100)

ALL

6. What new strategies is your program using to provide services to children and families during the COVID-19 pandemic?

Select all that apply

- Applying for exemptions or waivers to provide services more flexibly (e.g., applying for CACFP waivers).....1
 - Partnering with other local entities (e.g., schools or local education agency, [IF AIAN FACES=tribal programs,] Internet providers, food banks, hospitals) to deliver services.....2
 - Providing remote learning opportunities for children.....3
 - Providing remote supports for parents.....4
 - Dropping off or establishing family pick-up sites for distribution of materials, food, and supplies.....5
 - Supporting families' access to technology (for example, facilitating internet access, supplying Chromebooks/laptops).....6
 - Other (SPECIFY).....99
- Specify (STRING 100)
- We are not doing any of these.....0

Next, we have some questions about the ways you are working with staff during the COVID-19 pandemic.

ALL

7. To what extent have you been able to make contact and communicate with staff during the COVID-19 pandemic?

- Not at all
.....
1
- To a small extent
.....
2
- To a moderate extent
.....
3
- To a great extent
.....
4

ALL

8. Since the onset of the COVID-19 pandemic, has there been a change in the number of staff working at your program?

- Yes, number of staff has increased
1
- Yes, number of staff has decreased
2
- No change in number of staff
3

ALL

9. How concerned are you about the effect of the COVID-19 pandemic on the number of families enrolled in your program?

- Very concerned
.....
1
- Somewhat concerned
.....
2
- Not at all concerned

.....
3

ALL

10. What, if anything, are you doing to maintain enrollment of families during the COVID-19 pandemic?

(STRING 500)

ALL

11. What supports for professional development and day-to-day operations are you encouraging for staff during the COVID-19 pandemic? Please do not select an activity that was already being done before the pandemic.

Select all that apply

- Professional development (e.g., ECLKC) including on distance learning and virtual teaching strategies.....1
- Use of video platforms for communication.....2
- OHS MyPeers virtual learning network community.....3
- Technological support or equipment.....4
- Other (SPECIFY).....99

Specify (STRING 100)

- We have not added any of these as new activities.....0

ALL

12. What new or increased supports for staff well-being are you encouraging during the COVID-19 pandemic?

Select all that apply

- Checking in with/connecting with staff more frequently.....1
- Offering professional mental health consultations.....2
- Providing informational resources for staff (e.g., links to coping with stress, employee resource programs, emergency assistance programs).....3
- Offering virtual staff social events.....4
- Encouraging personal health and safety (e.g., social distancing, use of masks and gloves).....5
- Other (SPECIFY).....99

Specify (STRING 100)

- We have not added any of these as new activities.....0

13. What new or increased supports for staff retention are you providing during the COVID-19 pandemic?

Select all that apply

- More flexible hours.....1
 - Administrative leave.....2
 - Part-time/reduced work schedule.....3
 - Pay reduction to avoid lay-offs4
 - Revised sick leave policy.....5
 - Other (SPECIFY).....99
- Specify (STRING 100)
- We have not added any of these as new activities.....0

ALL

14. For each of the following supports, indicate whether the support was already in place before the COVID-19 pandemic, was put in place in response to the COVID-19 pandemic, or is not in place.

	Already in place	Put in place in response to COVID-19 pandemic	Not in place
a. Trainings for staff to deliver content and services remotely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Ability to use Head Start funds more flexibly in times of emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Aid in developing relationships with local entities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Guidance to create a plan for continuing operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Specify (STRING 100)

DISPLAY ITEMS FROM Q14 WHERE RESPONSE IS 1 OR 2, INCLUDING VERBATIM FROM OTHER SPECIFY

15. To what extent have these supports been helpful for your program?

	Not at all	To a small extent	To a moderate extent	To a great extent
a. Trainings for staff to deliver content and services remotely	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Ability to use Head Start funds more flexibly in times of emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Aid in developing relationships with local entities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Guidance to create a plan for continuing operations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. [FILL FROM Q14g]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

In response to the COVID-19 pandemic the government passed the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The CARES Act makes available \$750 million for programs under the Head Start Act, which includes funding for Head Start supplemental summer programs this year. The next set of questions are about your plans to operate a supplemental summer program this year, if applicable.

ALL

16. Did your program intend to or apply for funding to operate a supplemental summer program?

Yes

.....
1 GO TO Q18

No

.....
2 GO TO Q17

ASK IF Q16=NO

17. Why didn't your program apply for funding to operate a supplemental summer program?

Select all that apply

Do not anticipate sufficient staff will be available due to COVID-19.....1

Do not anticipate enough children will attend due to COVID-19.....2

Regardless of whether staff or children would participate, do not feel it is safe enough to operate during the summer due to COVID-19.....3

Do not anticipate sufficient staff will be available because they have alternative summer plans (e.g., vacation plans; alternative employment).....4

Cannot access facilities over the summer.....5

Do not have necessary partnerships in place to operate over the summer.....6

Other (SPECIFY).....99

Specify (STRING 500)

ALL

18. Are you currently planning to operate a supplemental summer program?

Yes

.....
1

No

.....
2

IF Q18=NO
IF Q16=NO AND Q18=NO, SKIP TO Q25

19. Why don't you plan to operate a supplemental summer program]?

- Do not anticipate sufficient staff will be available due to COVID-19.....1
- Do not anticipate enough children will attend due to COVID-19.....2
- Regardless of whether staff or children would participate, do not feel it is safe enough to operate during the summer due to COVID-19.....3
- Do not anticipate sufficient staff will be available because they have alternative summer plans (e.g., vacation plans; alternative employment).....4
- Cannot access facilities over the summer.....5
- Do not have necessary partnerships in place to operate over the summer.....6
- Other (SPECIFY)..... 99
Specify (STRING 500)

IF Q18=NO, SKIP TO Q25
IF Q18=YES

20. For how many total weeks do you plan to operate a supplemental summer program?

Your best guess is fine.

<input type="text"/>	<input type="text"/>	0-20
----------------------	----------------------	------

IF Q18=YES

21. For how many total days per week and hours per day do you plan to operate a supplemental summer program?

Your best guess is fine.

Note: If you plan to provide part day services or part week services to multiple different groups of enrolled children (such as one group of children served in the morning and another group served in the afternoon), please think about a single group of children and the amount of summer services they will receive when answering the questions below.

<input type="text"/>	<input type="text"/>	Days per week: 1-7
<input type="text"/>	<input type="text"/>	Hours per day (on average): 1-12

IF Q18=YES

22. How many Head Start enrolled children do you plan to serve this summer?

Your best guess is fine.

<input type="text"/>	<input type="text"/>	1-10,000
----------------------	----------------------	----------

IF Q18=YES

23. Approximately what percentage of those [READ-IN NUMBER FROM Q22, BLANK IF Q22 IS BLANK] Head Start enrolled children are children who will attend kindergarten in fall 2020?

Your best guess is fine.

0-100

IF Q18=YES

24. Approximately what percentage of those the [READ-IN NUMBER FROM Q22, BLANK IF Q22=DK] Head Start enrolled children have an Individualized Education Program (IEP)?

Your best guess is fine.

0-100

25. How do you plan to deliver services to children during your supplemental summer program?

Select one

- Mostly or all in-person services for children (similar to your regular program year)..... 1
- Mostly or all virtual services for children..... 2
- A combination of in-person and virtual services for children (i.e. more virtual aspects of service delivery for children than you normally include during the program year)..... 3

Unfortunately, COVID-19 is not the last crisis we will face and there is even a possibility that there will be a resurgence of COVID-19. For the last few questions, we would like you to think about what was most helpful to your program during the COVID-19 pandemic, so that we can plan for future emergencies.

ALL

26. Of the supports *your program put in place or is planning to put in place to respond to* the COVID-19 pandemic, what do you think was or will be the most helpful for families enrolled in the program? Please be as specific as possible.

(STRING 500)

ALL

27. Of the supports *your program received* from the Office of Head Start during the COVID-19 pandemic, which supports were the most helpful. This could be financial or technical assistance or something else.. Please be as specific as possible.

(STRING 500)

ALL

28. What supports do you hope to have in place to prepare for future emergencies?

Select all that apply

- Trainings for family services staff to deliver content and services remotely.....1
- Trainings for home visitor staff to deliver content and services remotely.....1
- Trainings for other staff to deliver content and services remotely.....1
- Ability to use Head Start funds more flexibly in times of emergency.....2
- Supports to help families more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....3
- Supports to help staff more easily access the Internet (e.g., hardware such as Smartphones or Chromebooks/laptops, MiFi/hotspots).....4
- Aid in developing relationships with local entities.....5
- Guidance to create a plan for continuing operations.....6
- Other (SPECIFY)..... 99
Specify (STRING 100)
- We do not need additional supports for future emergencies.....0

ADDITIONAL SCREENS

TRANSITION TO ADDITIONAL CENTER IF PDismultiCD=1

Now, please answer some questions about [SITE NAME2].

There are fewer questions about your [SITE NAME2].

Please click the “Next” button below to continue.

PROGRAMMER: ROUTE TO C2A0-1 AND BEGIN SECOND CENTER SERIES QUESTIONS MARKED WITH “[SECOND](#)”]

ALL

END. Thank you very much for participating in FACES 2019!

Your answers have been submitted and you may close this window.