



Mathematica



**American Indian and  
Alaska Native**

*family and child experiences survey*

**AI/AN FACES 2019**

**Experiences in Head Start**

**American Indian and Alaska Native Head Start Family and Child  
Experiences Survey 2019 (AI/AN FACES 2019)**

Center Director Survey

*Spring 2020*

**AFFIX LABEL HERE**

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20002, Attention: Lizabeth Malone.

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## Introduction

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey 2019 (AI/AN 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 AI/AN 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 center better, we need you to complete this brief survey. It asks about staffing and recruitment; Native culture and language; staff education and training; curriculum and assessment; physical activity and nutrition; program management; and a few questions about yourself your center and staff as well as your thoughts about program management and your background. Please be assured that all information you provide will be kept private to the extent permitted by law.

Thank you for taking the time to complete this survey. Questions are not always numbered sequentially, so please answer questions in the order they appear, regardless of the question number. Additionally, you may be told to skip some questions because they do not apply to you.

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will not be shared with other staff at your center, or anybody else not working on this study. Please be assured that all information you provide will be kept private to the extent permitted by law. The information you provide to the study will be protected and will only be seen by selected members of the study team. The survey will take about 30 minutes of your time to complete.

## AB. NATIVE CULTURE/LANGUAGE AT CENTER

The first questions are about use of Native culture and language at your center.

**Does your center have a cultural/language elder or specialist?**

*By cultural/language elder or specialist we mean someone that you may rely on or consult with in regards to culture or language. Though culture and language are interrelated, sometimes an elder or specialist might only be consulted on one or the other, and not both.*

- <sub>1</sub> Yes  
<sub>0</sub> No **GO TO AB3**

**Who is your cultural/language elder or specialist?**

**MARK ONE OR MORE BOXES**

- <sub>1</sub> A spiritual leader  
<sub>2</sub> An influential member of the tribal or cultural community  
<sub>3</sub> A member of the tribal or cultural community  
<sub>4</sub> Other – *Specify*

**Do children at your center receive Native language lessons?**

- <sub>1</sub> Yes  
<sub>0</sub> No **GO TO AB13, PAGE 4**

**What languages are they taught through Native language lessons? Please list all Native languages taught:**

1

2

3

4

5

### Who teaches the Native language lessons?

MARK ONE OR MORE BOXES

- <sub>1</sub> Lead classroom teacher
- <sub>2</sub> Assistant classroom teacher
- <sub>3</sub> Paid aides
- <sub>4</sub> Cultural/language elder or specialist
- <sub>5</sub> Other – *Specify*

### In what ways does your center support parent engagement in children's Native language learning?

MARK ONE OR MORE BOXES

- <sub>1</sub> Offering language lessons to parents
- <sub>2</sub> Sending home flyers about the words and phrases children are learning
- <sub>3</sub> Sending home language curriculum materials (e.g. curriculum manuals)
- <sub>4</sub> Offering single events or workshops about the Native language and Native language learning (e.g. family nights)
- <sub>5</sub> Sharing multimedia such as CDs or videos with language resources (e.g., audio or video of the language being spoken)
- <sub>6</sub> Language communities
- <sub>7</sub> Other – *Specify*

**During this program year, how often have children in your center done the following as part of their Head Start activities?**

**MARK ONE FOR EACH ROW**

		DAILY	WEEKLY	MONTHLY	YEARLY	NEVER	NOT APPROPRIATE IN OUR COMMUNITY
a.	Listened to Elders or cultural knowledge holders tell traditional stories.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
b.	Participated in traditional activities such as gathering/preparing food, hunting, fishing, planting, harvesting, or other traditional activities.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
c.	Observed or listened to presentations about gathering/preparing food, hunting, fishing, planting, harvesting, or other traditional activities.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
d.	Participated in some aspect of a community's social dancing, singing, or drumming traditions during the Head Start day.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
e.	Participated in a program event outside the Head Start day that included traditional dancing, singing or drumming.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
f.	Participated in traditional craft making activities, (for example: beading, weaving, making pottery, jewelry, or dance regalia) .	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>6</sub>
g.	Had the opportunity to observe or participate in a						

**What percentage of center administrative staff and teachers are AI/AN members?**

*Include both staff who come from the same or different tribes as the children and families served.*

PERCENT OF TEACHERS OR ASSISTANT TEACHERS

PERCENT OF ADMINISTRATIVE STAFF

## A. Staffing and Recruitment

Next, 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.

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

	MONTH	YEAR
A0-1a. Start date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
A0-1b. End date	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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.

How many days per week do Head Start funded slots in your center receive services?

MARK ONE OR MORE BOXES

- <sub>1</sub> 4 days per week  
 <sub>2</sub> 5 days per week

How many hours a day is this program available to Head Start funded center-based slots?

*Please consider the working hours for this center, rather than the individual child or classroom.*

NUMBER OF HOURS

Is this program considered a full-day program or half-day program?

MARK ONE ONLY

- <sub>1</sub> Full-day  
 <sub>2</sub> Half-day  
 <sub>3</sub> A combination of both

**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

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

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

LEAD TEACHERS

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

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

LEAD TEACHERS

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

- Yes  
 No **GO TO SECTION B, PAGE 8**

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

**MARK ONE OR MORE BOXES**

<sub>35</sub> Native language(s) – *Specify*

<sub>12</sub> Spanish

<sub>21</sub> Other – *Specify*

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

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

- <sub>1</sub> Yes  
 <sub>0</sub> No **GO TO A\_C3j, PAGE 7**

**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?**

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

**MARK ONE OR MORE BOXES**

<sub>35</sub> Native language(s) – *Specify*

<sub>12</sub> Spanish

<sub>21</sub> Other – *Specify*

**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?**

<sub>1</sub> Yes

<sub>0</sub> No



## B. Staff Education and Training

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

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?

		MARK ONE FOR EACH ROW	
		YES	NO
14.	Support/funding to attend Tribal, regional, state, or national early childhood conferences.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
5.	Paid substitutes to allow teachers time to prepare, train, and/or plan.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
6.	Coaching/mentoring.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1.	Other types of consultants hired to work directly with staff to address a specific issue or concern.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
7.	Workshops/trainings sponsored by the program.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
8.	Workshops/trainings provided by other organizations...	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
9.	A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1	Time during the regular work day to participate in Office of	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
0.	Head Start T/TA webinars.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1	Tuition assistance for Associate's or Bachelors' courses.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1.		<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1	Onsite Associate's or Bachelor's courses.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
2.		<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
1	Tuition assistance for courses toward getting a credential....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
3.		<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
9	Other – <i>Specify</i>	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>
9.		<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>0</sub>

**How often do the following staff typically participate in training and technical assistance activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?**

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

**MARK ONE FOR EACH ROW**

	WEEKLY	2 OR 3 TIMES PER MONTH	MONTHLY	ONCE EVERY FEW MONTHS	ONCE A YEAR OR LESS	DON'T KNOW
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.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>d</sub>
a2 Assistant teachers.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>d</sub>
b. Family service workers.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>	<input type="radio"/> <sub>d</sub>

**Who conducts the professional development activities?**

**MARK ONE OR MORE BOXES**

- <sub>1</sub> Center or grantee staff
- <sub>2</sub> Community resources
- <sub>3</sub> Consultants
- <sub>11</sub> AI/AN T/TA provider
- <sub>5</sub> National Head Start Association
- <sub>10</sub> State conferences
- <sub>15</sub> Regional conferences
- <sub>16</sub> National conferences
- <sub>17</sub> Tribal conferences
- <sub>7</sub> Private companies or organizations
- <sub>13</sub> OHS Regional T/TA Providers
- <sub>14</sub> OHS National Centers
- <sub>12</sub> Cultural/language elder or specialist
- <sub>8</sub> Other – *Specify*

- <sub>9</sub> Do not have professional development activities

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

- <sub>1</sub> Yes  
<sub>0</sub> No

**Has your center consulted with AI/AN T/TA specialists, either early childhood education (ECE) specialists or grantee specialists?**

- <sub>1</sub> Yes  
<sub>0</sub> No

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

**MARK ONE ONLY**

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

## E. Curriculum and Assessment

The next questions are about curriculum and assessment.

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

MARK ONE FOR EACH ROW

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

Does your center use a particular parent education or parent support curriculum?

*A parent education or support 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.*

<sub>1</sub> Yes

<sub>0</sub> No      **GO TO SECTION K, PAGE 12**

## K. Physical Activity and Nutrition

The next questions are about physical activity and nutrition in your program.

**Does your center have a policy stating the amount of gross motor activity time children should receive each day?**

*Gross motor activity for children includes activities where the children use their large muscles for running, walking, dancing, kicking, keeping their balance, jumping, throwing, catching, and other types of active play. Questions in this part of the survey are about how children spend their active play time inside and outside, the ways in which you encourage activities, and communication with parents about the importance of gross motor activity.*

<sub>1</sub> Yes

<sub>0</sub> No **GO TO K3**

**On a typical day, how much time does your policy state the children should spend doing gross motor activity outdoors and indoors?**

|     MINUTES |

**Have you talked with any of your teachers about children's weight?**

<sub>1</sub> Yes

<sub>0</sub> No

**Have you talked with any of your teachers about how to talk to parents about children's weight?**

<sub>1</sub> Yes

<sub>0</sub> No

**How often do you do any of the following?**

**MARK ONE FOR EACH ROW**

		NEVER	ABOUT ONCE OR TWICE A YEAR	A FEW TIMES A YEAR	ABOUT ONCE A MONTH	MORE FREQUENTLY THAN ONCE A MONTH
a.	Send information about physical activity home to parents.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
b.	Invite parents to participate in program education activities about physical activity.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
c.	Share information with parents about programs that can help foster physical activity outside of the classroom such as programs at a local community center.....	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>4</sub>	<input type="radio"/> <sub>5</sub>
d.	Invite parents to participate in					

## H. Overview of Program Management

The next questions are about program management.

In the past 12 months, have you participated in the following kinds of professional development?

MARK ONE FOR EACH 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 specific license, certificate, or other type of credential).....  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| b. | Visits to other Head Start or early childhood programs to improve your own work as a center director.....   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| c. | Formal coaching/mentoring that is provided by your program.....   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| d. | 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.....   | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| e. | A leadership institute offered by Head Start.....<br><i>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.</i> | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| f. | A leadership institute offered by an organization other than Head Start.....  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |
| g. | Trainings related to your role as a manager or leader (for example: NIHSDA Management Training Conference, Native American Child and Family Conference, Head Start governance training, CLASS training).....  | <input type="radio"/> <sub>1</sub> | <input type="radio"/> <sub>0</sub> |

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

**MARK UP TO THREE (3) BOXES**

- <sub>4</sub> Program improvement planning
- <sub>5</sub> Budgeting
- <sub>6</sub> Staffing (hiring)
- <sub>10</sub> Data-driven decision making
- <sub>15</sub> Establishing good relationship with OHS, program and/or grant specialist
- <sub>13</sub> Leadership skills (for example, diplomacy skills, coaching skills)
- <sub>7</sub> Teacher evaluation
- <sub>8</sub> Evaluation of other program staff
- <sub>9</sub> Teacher professional development (for example, conducting classroom observations)
- <sub>1</sub> Educational/curriculum leadership
- <sub>12</sub> Integrating Native culture and language into the curriculum
- <sub>3</sub> Creating positive learning environments
- <sub>2</sub> Child assessment
- <sub>11</sub> Working with parents, extended family and community caregivers
- <sub>14</sub> Building relationships with Tribal leadership
- <sub>16</sub> Working with and partnering in the community
- <sub>17</sub> Assessing community needs



## I. Employment and Educational Background

Now, we'd like to ask you some questions about your professional background and your job with Head Start.

**In total, how many years have you been a director...**

*Please round your response to the nearest whole year.*

NUMBER OF YEARS

10. In any early childhood program.....

--	--

12a. In any Head Start program.....

--	--

12b. Of this Head Start center.....

--	--

**In total, how many years have you worked...**

*Please round your response to the nearest whole year.*

NUMBER OF YEARS

12. With any Head Start program.....

--	--

12c. As part of any Head Start program's management team. .

--	--

12d. As a teacher or home visitor in any Head Start program...

--	--

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

MONTH

YEAR

**How many hours per week are you paid to work for Head Start?**

HOURS

**What is your total annual salary (before taxes) as a center director for the current program year?**

\$  ,  . 0 0 DOLLARS PER YEAR

**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?**

		<b>MARK ONE FOR EACH ROW</b>		
		<b>GREAT DEAL HARDER</b>	<b>SOMEWHAT HARDER</b>	<b>NOT AT ALL HARDER</b>
a.	Time constraints (not enough hours in the day).....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
b.	Too many conflicting demands.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
c.	Not a high enough salary for the job demands.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
d.	Lack of support staff.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
e.	Not enough training and technical assistance for professional development.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
f.	Not enough support and communication from administration.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
g.	Not enough funds for supplies and activities. .	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
h.	Dealing with a challenging population.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
i.	Staff turnover.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
j.	Lack of parent support.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
k.	Lack of qualified teaching staff.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
o.	Tribal leadership changes.....	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
l.	Anything else? <i>Specify</i>	<input type="radio"/> <sub>3</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>1</sub>
<input style="width: 400px; height: 20px;" type="text"/>				

**What is the highest grade or year of school that you completed?**

**MARK ONE ONLY**

- <sub>1</sub> Up to 8th Grade
- <sub>2</sub> 9th to 11th Grade
- <sub>3</sub> 12th Grade, but No Diploma
- <sub>4</sub> High School Diploma/Equivalent
- <sub>5</sub> Vocational/Technical Program after High School
- <sub>7</sub> Some College, but No Degree **GO TO I14, PAGE 19**
- <sub>8</sub> Associate's Degree
- <sub>9</sub> Bachelor's Degree
- <sub>10</sub> Graduate or Professional School, but No Degree
- <sub>11</sub> Master's Degree (MA, MS)
- <sub>12</sub> Doctorate Degree (Ph.D., Ed.D.)
- <sub>13</sub> Professional Degree after Bachelor's Degree (Medicine/ MD, Dentistry/ DDS, Law/JD, etc.)

**In what field did you obtain your highest degree?**

**MARK ONE ONLY**

- <sub>1</sub> Child Development or Developmental Psychology
- <sub>2</sub> Early Childhood Education
- <sub>3</sub> Elementary Education
- <sub>4</sub> Special Education
- <sub>11</sub> Education Administration/Management & Supervision
- <sub>12</sub> Business Administration/Management & Supervision
- <sub>5</sub> Other field – *Specify*

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

<sub>1</sub> Yes **GO TO I15b**

<sub>0</sub> No **IF YOU COMPLETED SOME COLLEGE, BUT DO NOT HAVE A DEGREE, GO TO I15b, OTHERWISE GO TO I15**

**Have you completed 6 or more college courses in early childhood education or child development since you finished your degree?**

<sub>1</sub> Yes

<sub>0</sub> No

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

<sub>1</sub> Yes

<sub>0</sub> No

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

<sub>1</sub> Yes

<sub>0</sub> No

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

*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.*

<sub>1</sub> Yes

<sub>0</sub> No

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

*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.*

<sub>1</sub> Yes

<sub>0</sub> No

**Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education?**

- <sub>1</sub> Yes  
 <sub>0</sub> No

**What kind of training or education program are you enrolled in?**

MARK ONE or more boxes  <sub>1</sub> Child Development Associate (CDA) Degree Program

<sub>2</sub> Teaching Certificate Program

<sub>3</sub> Special Education Teaching Degree Program

<sub>4</sub> Associate's Degree Program

<sub>5</sub> Bachelor's Degree Program

<sub>6</sub> Graduate Degree Program (MA, MS, PH.D. or Ed.D.)

<sub>7</sub> License, certificate and/or credential in administration of early childhood/ child development programs or schools

<sub>8</sub> Continuing Education Units (CEUs)

<sub>9</sub> Other – *Specify*

**What is your sex?**

- <sub>1</sub> Male  
 <sub>2</sub> Female  
 <sub>3</sub> Prefer not to answer

**In what year were you born?**

 YEAR

**Are you of Spanish, Hispanic, or Latino origin?**

- <sub>1</sub> Yes  
 <sub>0</sub> No

**What is your race?**

**MARK ONE OR MORE BOXES**

- <sub>11</sub> White
- <sub>12</sub> Black or African American
- <sub>13</sub> American Indian or Alaska Native
- <sub>27</sub> Asian
- <sub>26</sub> Native Hawaiian, or other Pacific Islander
- <sub>25</sub> Another race – *Specify*

**Do you speak a language other than English**

- <sub>1</sub> Yes
- <sub>0</sub> No **GO TO SECTION X, PAGE 22**

**What languages other than English do you speak?**

**MARK ONE OR MORE BOXES**

- <sub>33</sub> Your Native language – *Specify*

- <sub>34</sub> Other Native language(s)– *Specify*

- <sub>12</sub> Spanish
- <sub>21</sub> Other – *Specify*

## <sup>1</sup>SECTION 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. To what extent has COVID-19 impacted the health of the staff and families in your community?**

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

ALL

### **2. To what extent has COVID-19 impacted the employment status among the families in your community?**

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

ALL

**3. Did your center *physically* close 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 your center but have re-opened to allow children to attend and families to visit.**

<sup>1</sup> Note: the formatting changes because there is no paper version for these added questions.

- Yes  
.....  
1
- No  
.....  
2

Q3=1

**4. On what date did your center physically close?**

Date center closed

(RANGE: 2/1/20 to ONE DAY BEFORE SURVEY FIELDDED)

Q3=1

**5. Has your center re-opened to allow children to attend in-person?**

- Yes  
.....  
1
- No  
.....  
2

•

Q5=1

**6. On what date did your center re-open to allow children to attend in-person?**

Date center re-opened

(RANGE: Q4+1 DAY to TODAY'S DATE)

Q5=1

**7. Which of the following describes center operating hours once re-opened?**

- Open for reduced hours  
.....  
1
- No change to operating hours  
.....  
2



Q5=1

**8. Which of the following describes center operations once re-opened?**

- Open for children of essential workers only  
.....  
1
- Open for essential and nonessential workers, but a limited number of children allowed  
.....  
2
- No change to the number or eligibility of children attending  
.....  
3

**Next, we have some questions about the ways you are currently communicating with families and changes in your approach to delivering services during the COVID-19 pandemic.**

ALL

**9. Which of the following strategies have center staff used when you want to reach out to enrolled families as a group during the COVID-19 pandemic?**

***For example, a single email directed to all families.***

*Select all that apply*

*(PROGRAMMER DO NOT ALLOW RESPONSE OF 0 IF ANY OTHER RESPONSE SELECTED)*

- Program website.....1
- Program social media accounts such as Facebook, Twitter, or YouTube.....2
- Streaming social media (e.g., Facebook Live).....3
- Video chat and conferencing platforms (e.g., FaceTime, Google Chat, Skype, Zoom, or other conferencing site).....4
- Classroom communication tool such as Google Classroom, ClassDojo, or Bloomz.....5
- Telephone calls.....6
- E-messaging such as text messages, Facebook Messenger, or WhatsApp.....7
- Mail.....8

- Physical delivery or pick-up location.....9
  - Other (SPECIFY).....99
- Specify  (STRING 100)

10. Which of the following strategies have center staff used to reach out to individual families during the COVID-19 pandemic?

*For example, a personal email directed to a single family*

*Select all that apply*

*(PROGRAMMER DO NOT ALLOW RESPONSE OF 0 IF ANY OTHER RESPONSE SELECTED)*

- Video chat and conferencing platforms (e.g., FaceTime, Google Chat, Skype, Zoom, or other conferencing site).....4
- Classroom communication tool such as Google Classroom, ClassDojo, or Bloomz..... 5
- Telephone calls.....6
- E-messaging, such as text messages, Facebook Messenger, or WhatsApp.....7
- Mail.....8
- Physical delivery or pick-up location.....9
- Other (SPECIFY).....99

Specify  (STRING 100)

The next three questions ask about services you may have added or changed because of the COVID-19 pandemic. The first question asks about the needs of enrolled families, the second question asks about services provided and, and the third question asks about changes to services.

ALL

**11. To what extent have enrolled families expressed need in the following areas specifically because of the COVID-19 pandemic?**

	Not at all	To a small extent	To a moderate extent	alto a great extent
a. Educational activities to support children's learning at home	1 <input type="radio"/>	0 <input type="radio"/>	3 <input type="radio"/>	4 <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"/>	0 <input type="radio"/>	3 <input type="radio"/>	4 <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"/>	4 <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"/>	4 <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"/>	4 <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"/>	4 <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"/>	4 <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"/>	4 <input type="radio"/>
i. Referral to services for drug or alcohol misuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Services/referrals for dual language learners	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Mental health services/referrals for children and families	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. In-person home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. In-person socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Virtual home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Virtual socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Disability services/referrals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Specify

(STRING 100)

•

**12. Which of the following supports for families are you able to provide during the COVID-19 pandemic, including virtually? Please select yes if your program provides supports, direct services, and/or referrals for services.**

(PROGRAMMER DO NOT ALLOW RESPONSE OF 0 IF ANY OTHER RESPONSE SELECTED)

	Yes	No
a. Educational activities to support children's learning at home	1 <input type="radio"/>	2 <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"/>
c. Food and nutrition (e.g., providing meals to families)	1 <input type="radio"/>	2 <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"/>
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"/>
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"/>
g. Employment assistance <i>not</i> related to COVID-19 (e.g., job training)		
h. Employment assistance related to COVID-19 (e.g., unemployment claims/benefits)	1 <input type="radio"/>	2 <input type="radio"/>
i. Referral to services for drug or alcohol misuse	1 <input type="radio"/>	2 <input type="radio"/>
j. Services/referrals for dual language learners	1 <input type="radio"/>	2 <input type="radio"/>
k. Mental health services/referrals for children and families	1 <input type="radio"/>	2 <input type="radio"/>
l. In-person home visits	1 <input type="radio"/>	2 <input type="radio"/>
m. In-person socializations	1 <input type="radio"/>	2 <input type="radio"/>
n. Virtual home visits	1 <input type="radio"/>	2 <input type="radio"/>
o. Virtual socializations	1 <input type="radio"/>	2 <input type="radio"/>
p. Disability services/referrals	1 <input type="radio"/>	2 <input type="radio"/>
q. Other (SPECIFY)	1 <input type="radio"/>	2 <input type="radio"/>

Specify  (STRING 100)

•

**13. 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"/>
l. In-person socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Virtual home visits	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Virtual socializations	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Disability services/referrals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Other [PROGRAMMER FILL FROM Q12]	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

ALL

**14. What strategies is your center 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

ALL

**15. What have been the largest changes you have made in providing services to families and continuing operations during the pandemic?**

- (STRING 500)

**End**

**Thank you very much for participating in AI/AN FACES 2019!**