

OMB No.: 0970-0515  
Expiration Date: 07/31/2022



**Study of Coaching Practices in Early Care and Education Settings 2021: Follow-up**

Center Director Survey  
Spring 2021

PROGRAMMER NOTES:

Preload from SMS:

1. CENTER NAME
2. QRIS\_NAME
3. SMS\_LARGERORG

**[Include the following soft check for any nonresponse to a question:** Your responses are very important. Please provide an answer to the question or click "Next" to go to the next question.]

**All "Other, specify" responses should be STRING 500.**

Welcome to the 2021 Center Director survey. This survey is part of the Study of Coaching Practices in Early Care and Education Settings 2021: Follow-up (SCOPE), a study being conducted for the Administration for Children and Families (ACF) at the U.S. Department of Health and Human Services (HHS) by Mathematica.

You may remember completing a center director survey for this study in 2019. This is a follow-up survey that will ask about your experience working as a center director within an early care and education (ECE) setting since COVID-19 began in early 2020. Even if you are no longer the center director, we would still like you to answer a few questions. When we refer to coaching or coaches in this survey, we mean individuals who work with teachers one-on-one or with their teaching team on a regular basis to provide feedback and guidance to help them improve their practices. The coaches may be working remotely, in-person or both. In addition, the teachers the coaches are working with could be teaching children remotely, in-person or both. You may use terms other than “coaches”, such as mentors, mentor-coaches, or consultants. When we refer to teaching staff in this survey, we mean staff who work directly with preschool-age children in classrooms in your center.

When responding to questions in this survey, please think only about coaching provided directly to teaching staff in one-on-one or teaching team settings, and not about any coaching that happens at the center level.

If

you have any questions about the study or your participation, please email us at CoachSCOPE@mathematica-mpr.com.

**We would like you to know that:**

- The survey takes about 20 minutes to complete. All eligible study participants who complete this survey will receive \$20 as a thank you.
- The information in this study will be used only for research purposes and in ways that will not reveal who you are. We will not provide information that identifies you to anyone outside the study team, except as required by law. You will not be identified in any publication from this study. Data from this study will be transmitted to the Child & Family Data Archive or a similar data archive at the end of the study so it can be used by other researchers. No personal information that could identify you will remain in the files that will be shared with the data archive.
- This survey is voluntary, but your response is critical for producing valid and reliable data. You may skip any questions you do not wish to answer; however, we hope that you answer as many questions as you can. If you have any questions about your rights as a research volunteer, contact Caroline Lauver toll free at 1-844-SCOPE18 (1-844-726-7318). If you would like a copy of this disclosure statement, please email us at CoachSCOPE@mathematica-mpr.com or call us toll free at 1-844-SCOPE18 (1-844-726-7318).

Thank you very much for your participation in this survey!

Paperwork Reduction Act Statement: The referenced 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 0970-0515 which expires 07/31/2022. The time required to complete this collection of information is estimated to average 20 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: Emily Moiduddin.

## 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, press 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.
- If you need to stop before you have finished, please exit your browser. The data you provide is securely stored between each question and is available when you return to complete the survey.
- 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 the link to the survey we sent you.

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

Begin your survey (Button)

EXIT BUTTON

## **SC. Screener Questions**

First, we would like to ask you some questions about your position as center director and changes at your center, [CENTER NAME], that may have occurred since COVID-19 began in early 2020.

[ALL]

**SC1. What is your current job status at the center? Mark one only**

- <sup>1</sup>I am still working in my job as a center director.
- <sup>2</sup>I am still working at the center but have a different role.
- <sup>3</sup>I was laid off from my job as a center director.
- <sup>4</sup>I resigned from my job as a center director.
- <sup>5</sup>I retired from my job as a center director.

[END SURVEY IF SC1=3, 4 OR 5]

[IF SC1=2]

**SC1a. What is the name and email address of the current center director of [CENTER NAME]?**

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

[END SURVEY IF SC1=2]

[ALL]

**SC1b. How long have you been the center director of [CENTER NAME]? Mark one only**

- <sup>1</sup>Less than one month
- <sup>2</sup>One to three months
- <sup>3</sup>Four to six months
- <sup>4</sup>Seven to 11 months
- <sup>5</sup>12 months to 17 months
- <sup>6</sup>18 months to 23 months
- <sup>7</sup>24 months or more

[END SURVEY IF SC1b=1 OR 2]

[IF SC1=1]

**SC2. Thinking about the average number of hours you work at this center now (including both paid and unpaid time) compared to before COVID-19 began in early 2020, are you working more hours, fewer hours, or about the same number of hours per week? Mark one only**

- <sup>1</sup>More hours
- <sup>2</sup>Fewer hours
- <sup>3</sup>About the same number of hours

[IF SC2=1 or 2]

**SC2a. Was this change in hours related in any way to the COVID-19 pandemic? Mark one only**

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

[IF SC1=1]

**SC3. What is the current operating status of your center? If your center is currently closed for a usual summer break, please select the option that matches what you plan to offer when the summer break ends. Mark one only**

- <sup>1</sup>We are providing in-person services only.
- <sup>2</sup>We are providing both in-person and virtual services.
- <sup>3</sup>Our building is closed to children and we are providing virtual services only.
- <sup>4</sup>Our center is entirely closed and we are not providing any in-person or virtual services.

[IF SC3=4]

**SC4. Why is your center currently closed and not providing any services? Mark yes or no for each item**

- |  |   |  |
|--|---|--|
| A. Chose to close for COVID-19 health and safety precautions.          | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |
| B. Required to close due to state or local health and safety mandates. | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |
| C. Financial problems related to COVID-19.                             | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |
| D. Staff shortages related to COVID-19.                                | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |
| E. Low family enrollment   | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |
| F. Other reasons ( <i>specify</i> ): _____                             | <input type="checkbox"/> <sup>1</sup> YES | <input type="checkbox"/> <sup>0</sup> NO |

[IF SC3=4]

**SC4a. Is your current closure a temporary closure or a permanent closure? Mark one only**

- <sup>1</sup>It is a temporary closure.
- <sup>2</sup>It is a permanent closure.
- <sup>3</sup>Don't know

[IF SC3=4]

**SC4b. When did your center close? Please provide the month and the year.**

\_\_\_\_\_Month \_\_\_\_\_Year → END SURVEY IF SC4a=2 OR if SC4a=1 AND SC5b>3 MONTHS

[IF SC3=1 OR 2]

**SC5. Since COVID-19 began in early 2020, did your center ever... Mark all that apply**

- <sup>1</sup>Provide only virtual services
- <sup>2</sup>Provide a mix of virtual and in-person services
- <sup>3</sup>Close entirely and not offer virtual or in-person services (excluding planned breaks, vacations, or holidays)

[IF SC5=1]

**SC6. What is the total amount of time your center offered virtual services only (no in-person services) between when COVID-19 began and today? If your center stopped in-person services more than once, please add up the total time across all instances. Mark one only**

- <sup>1</sup>Less than one month
- <sup>2</sup>One month to less than two months
- <sup>3</sup>Two months to less than three months
- <sup>4</sup>Three months to less than four months
- <sup>5</sup>Four months to less than five months
- <sup>6</sup>Five months to less than six months
- <sup>7</sup>Six months or more

[IF SC5=3]

**SC7. What is the total amount of time your center was entirely closed (no in-person or virtual services) between when COVID-19 began in early 2020 and today? If your center was entirely closed more than once, please add up the total time across all closures. Please do not include time closed for planned breaks, vacations, or holidays. Mark one only**

- <sup>1</sup>Less than one month
- <sup>2</sup>One month to less than two months
- <sup>3</sup>Two months to less than three months
- <sup>4</sup>Three months to less than four months
- <sup>5</sup>Four months to less than five months
- <sup>6</sup>Five months to less than six months
- <sup>7</sup>Six months or more

[IF SC5=3]

**SC8. During the time(s) your center was entirely closed, did teachers or other staff have contact with families in any of the following ways? Mark yes or no for each item**

- a. Checked in with the families to let them know we were thinking about them. <sup>1</sup>YES <sup>0</sup>NO
- b. Suggested resources families could use to support their children’s learning and well-being. <sup>1</sup>YES <sup>0</sup>NO
- c. Sent information to families about other services in the community. <sup>1</sup>YES <sup>0</sup>NO
- d. Sent materials to families to support their children’s learning. <sup>1</sup>YES <sup>0</sup>NO
- e. Communicated reopening plans. <sup>1</sup>YES <sup>0</sup>NO
- f. Center served as a pickup location for meals for children/their families. <sup>1</sup>YES <sup>0</sup>NO
- g. Contacted them for other reasons (*please specify*): \_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[SC3=1, 2 OR 3]

**SC9. On a scale of 1 to 5, how problematic were any financial issues your center experienced since early 2020 as a result of COVID-19? Mark one only**

- |                 |                      |             |                  |                       |
|-----------------|----------------------|-------------|------------------|-----------------------|
| 1               | 2                    | 3           | 4                | 5                     |
| Not problematic | A little problematic | Problematic | Very problematic | Extremely Problematic |

- <sup>99</sup>Not applicable – did not experience any financial issues as a result of COVID-19.

[SC3=1,2 OR 3]

**SC10. On a scale of 1 to 5, how problematic were any staff shortages your center experienced since early 2020 as a result of COVID-19? Mark one only**

1	2	3	4	5
Not problematic	A little problematic	Problematic	Very problematic	Extremely Problematic

- <sup>99</sup>Not applicable – did not experience any staff shortages as a result of COVID-19

**The following questions are about the children your center serves and the staff who work at your center.**

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC11. What age groups does your center currently serve? Mark yes or no to each item**

- A. Infants (0-17 months old) <sup>1</sup>YES <sup>0</sup>NO
- B. Toddlers (18 – 35 months old) <sup>1</sup>YES <sup>0</sup>NO
- C. Preschool age (3 – 5 years old and not yet in kindergarten) <sup>1</sup>YES <sup>0</sup>NO
- D. School age (5 years and older (kindergarten and above)) <sup>1</sup>YES <sup>0</sup>NO

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC11a. Compared to before COVID-19 began in early 2020, is your center currently serving more, fewer, or approximately the same number of preschoolers? Mark one only**

- <sup>1</sup>More preschoolers
- <sup>2</sup>Fewer preschoolers
- <sup>3</sup>Approximately same number of preschoolers

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC11b. Compared to before COVID-19 began in early 2020, is your center currently serving more, fewer, or approximately the same number of school age children? Mark one only**

- <sup>1</sup>More school age children
- <sup>2</sup>Fewer school age children
- <sup>3</sup>Approximately same number of school age children

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]



**SC12. Approximately how many children do you currently serve between the ages of birth to five years? Please include children in AM, PM, and full-day [programs/care]. Count both full-time and part-time children, but count each child only once.**

\_\_\_\_\_ children

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC13. Please tell us the number of lead teachers who are currently working with preschool-aged children at this center. By preschool-aged children, we mean children who are 3, 4, or 5 years old but not yet in kindergarten.**

- Number of lead teachers currently working: \_\_\_\_\_

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC14. Please tell us the number of assistant teachers who are currently working with preschool-aged children at this center. By preschool-aged children, we mean children who are 3, 4, or 5 years old but not yet in kindergarten.**

- Number of assistant teachers currently working: \_\_\_\_\_

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC15. Are any teachers of preschool-aged children in your center currently working with a coach? If your center was closed for a planned break or took a break from coaching in summer 2021 and teachers received coaching during the last three months of the 2020-2021 program year, please answer “yes” to this question.**

*Mark one only*

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

[IF SC15=0]

**SC16. When was the last time any teachers of preschool-aged children in your center worked with a coach? Please note the month and year.**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

[IF SC15=0]

**SC17. What are the reason(s) coaching stopped for teachers of preschool-aged children in your center? Mark yes or no for each item**

- A. Teachers did not have time to participate in coaching <sup>1</sup>YES <sup>0</sup>NO
- B. Insufficient funding to support coaching <sup>1</sup>YES <sup>0</sup>NO
- C. Health and safety precautions or mandates <sup>1</sup>YES <sup>0</sup>NO
- D. The organization that provided coaching no longer provided coaches to the center <sup>1</sup>YES <sup>0</sup>NO <sup>99</sup>NOT APPLICABLE
- E. Unable to find/hire qualified coaches <sup>1</sup>YES <sup>0</sup>NO
- F. The coach(es) have been doing other kinds of work at the

- center (instead of coaching) <sup>1</sup>YES <sup>0</sup>NO <sup>99</sup>NOT APPLICABLE
- G. Other (*specify*): \_\_\_\_\_ <sup>1</sup>YES <sup>0</sup>NO

[PROGRAMMING NOTE: IF SC16=WITHIN THE PAST 3 MONTHS, USE PAST TENSE IN QUESTIONS WHEN APPLICABLE]

[IF SC15=1 OR SC16<3 MONTHS]

**SC18. How many lead and assistant teachers working with preschool-aged children in your center [are currently receiving coaching/were receiving coaching before it ceased]? If your center was closed for the summer in 2021 and has not yet started up coaching for this program year, please answer based on the coaching provided before the summer break.**

\_\_\_ \_\_\_ Lead Teachers

\_\_\_ \_\_\_ Assistant Teachers

[IF SC15=1]

**SC19. In all, how many coaches are currently working with teachers of preschool-age children in your center? If your center was closed for the summer in 2021 and has not yet started up coaching for this program year, please answer based on the coaching provided before the summer break.**

\_\_\_\_\_ Total number of coaches

[PROGRAMMING NOTE: IF SC19 > 1 USE PLURAL WHEN APPLICABLE]

[IF SC15=1]

**SC20. [Is the coach/are these coaches] on the staff of your center (or the larger organization your center is a part of), or from outside of your organization? If your center was closed for the summer in 2021 and has not yet started up coaching for this program year, please answer based on the coaching provided before the summer break. *Mark all that apply***

- <sup>1</sup>On the staff of this center (or the larger organization this center is a part of)
- <sup>2</sup>From [QRIS\_NAME]
- <sup>3</sup>From another outside organization that charges fees to ECE programs for coaching services
- <sup>4</sup>From another outside organization that provides coaching at no cost to ECE programs
- <sup>5</sup>Independent consultant or contractor
- <sup>6</sup>I (the center director) provide coaching

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**SC21. Since COVID-19 began in early 2020, have any of the following been consistent challenges for your center? By consistent, we mean something that is encountered on an ongoing basis. *Mark all that apply***

- <sub>1</sub>a. Lack of qualified teachers and/or assistant teachers
- <sub>2</sub>b. Substitute shortages

- 3c. Teacher-assistant teacher discord/conflict
- 4d. Insufficient resources to support professional development
- 5e. Low staff morale
- 6f. Teachers leaving the center
- 7g. Teachers needing to be moved to different classrooms
- 8h. Meeting health and safety requirements related to COVID-19
- 9i. Teacher stress (personal or professional)
- 10j. Meeting the needs of children and/or their families
- 11k. Enrolling families/keeping families enrolled
- 12l. Communication with families
- 13m. Challenges with family-staff conflict
- 14n. Financial challenges
- 15m. My center has never or seldom encountered these challenges
- 99l. Other (*please specify*): \_\_\_\_\_

**PROGRAMMER: If 15 is selected, no other options should be able to be checked.**

Source: Adapted from Head Start CARES End-of-Year Reflections

[PROGRAMMING NOTE - IF COACHING STOPPED MORE THAN THREE MONTHS AGO (SC16), RESPONDENT SHOULD GO TO SECTION A AND THEN END THE SURVEY (GO TO SECTION D) AFTER SECTION A.]

## A. Professional Development Currently Available to Center Staff

Next, we would like to learn more about the range of professional development activities available to teaching staff of preschool-aged children at your center. Please answer the following questions with teachers of preschool-aged children in mind.

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**A1. Since the onset of COVID-19 in early 2020, have teachers at your center participated in any of the following types of professional development activities? These activities could take place virtually or in-person. Mark yes or no for each item**

- |  |                  |                 |
|--|------------------|-----------------|
| - a. One-time workshops or trainings   | <sup>1</sup> YES | <sup>0</sup> NO |
| - b. Workshops or trainings that are part of a larger series or have multiple sessions                                 | <sup>1</sup> YES | <sup>0</sup> NO |
| - c. College courses   | <sup>1</sup> YES | <sup>0</sup> NO |
| - d. Mental health consultation  | <sup>1</sup> YES | <sup>0</sup> NO |
| - e. A community of learners (may also be called a peer learning group (PLG) or professional learning community (PLC)) | <sup>1</sup> YES | <sup>0</sup> NO |
| - f. Membership in professional organizations at center expense  | <sup>1</sup> YES | <sup>0</sup> NO |
| - g. Attendance at conferences   | <sup>1</sup> YES | <sup>0</sup> NO |
| - h. Received other types of support for earning an AA or BA degree (such as tuition support)                          | <sup>1</sup> YES | <sup>0</sup> NO |
| - i. Other ( <i>please specify</i> ): _____  | <sup>1</sup> YES | <sup>0</sup> NO |

[IF ANY A1\_A - A1\_i=1; ONLY SHOW THE FOLLOWING SELECTED OPTIONS FROM A1]

**A2. Since the onset of COVID-19 in early 2020, have teachers participated in this professional development virtually (that is, by phone call, text, or through video conference), in-person, or both?**

Topic	Virtually	In-person	Both virtually and in-person
a. One-time workshops or trainings	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
b. Workshops or trainings that are part of a larger series or have multiple sessions	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
c. College courses	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
d. Mental health consultation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
e. A community of learners (may also be called a peer learning group (PLG) or professional learning community (PLC))	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
g. Attendance at conferences	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>
i. Other ( <i>specify</i> ): _____	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>3</sub>

PROGRAMMING NOTE: EVEN IF SELECTED IN A1, DO NOT SHOW A1\_F; A1\_H

[IF ANY A1\_A - A1\_I=1]

**A3. Since the onset of COVID-19 in early 2020, which of the following topics have been a focus of the coaching or professional development for teachers from your center? Mark whether each topic has been a focus of coaching and/or PD or if it has not been covered by either.**

[IF SC15=0 USE THIS LANGUAGE; ONLY SHOW COLUMNS FOR PD AND NA]: **Since the onset of COVID-19 in early 2020, which of the following topics have been a focus of the professional development for teachers from your center? Mark whether each topic has been a focus of PD or if it has not been covered by PD**

Topic	How topic is addressed		
	Focus of coaching	Focus of other PD (not coaching) [IF SC15=0] FOCUS OF PD	Not applicable - topic was not covered
a. Culture, diversity and equity	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
b. Behavior management/guidance	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
c. Teacher-child interactions (individual or small group)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
d. Family engagement	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
e. Children's learning/academic development (literacy, math, curriculum, etc)	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
f. Children's social-emotional development and well-being	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
g. Child trauma, stress, and coping	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
h. Staff stress and coping	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
i. Ways to address family stress and coping	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
j. Child health and safety	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
k. Staff health and safety	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
l. Remote learning	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
m. Ways to provide virtual services	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
n. Emergency preparation	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
o. COVID-19 related procedures for centers	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>
p. Other (specify): _____	<input type="radio"/> <sub>1</sub>	<input type="radio"/> <sub>2</sub>	<input type="radio"/> <sub>0</sub>

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**A4. Does your center (or the larger organization your center is part of) plan to have any teachers participate in any type of professional development activity (e.g., workshops, trainings, coaching, conferences, etc.) within the next six months? Mark one only**

- <sup>1</sup>Yes
- <sup>0</sup>No
- <sup>99</sup>Don't know

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**A5. Early care and education center directors must manage numerous priorities. For your center, please rank the following program priorities in order of importance, with 1 being the most important and 9 being the least.**

- \_\_\_ A. Family recruitment and retention
- \_\_\_ B. Staff management and supervision
- \_\_\_ C. Staff training and professional development
- \_\_\_ D. Staff retention
- \_\_\_ E. Building facilities/maintenance
- \_\_\_ F. The education program (including curriculum and assessment)
- \_\_\_ G. Community assessment and/or engagement
- \_\_\_ H. Cultural responsiveness
- \_\_\_ I. Other (*specify*):\_\_\_\_\_

SOFT CHECK: IF NOT ALL 9 ITEMS ARE RANKED

[IF SC3=1,2, 3 OR SC4a=1 AND SC4b<3 MONTHS]

**A6. On a scale of 1 to 5, how easy or difficult has it been to provide professional development opportunities to teachers since COVID-19 began in early 2020?**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Very easy</b>	<b>Easy</b>	<b>Neutral</b>	<b>Difficult</b>	<b>Very difficult</b>

**END SURVEY IF SC15=0 AND SC16=stopped coaching more than three months earlier**

## **B. Coaching at Your Center**

[IF SC16=WITHIN THE PAST 3 MONTHS, USE PAST TENSE]

[IF SC19 > 1 USE PLURAL]

**Our next questions focus on the coaching that [currently takes place/took place] in your center for teaching staff of preschool-aged children at your center. Please answer the following questions with teachers of preschool-aged children in mind.**

**[ADD AS A BANNER FOR ITEMS IN THIS SECTION AT THE TOP OF EACH ITEM SCREEN: "If your center was closed for the summer in 2021 and has not yet started up coaching for this program year, please answer based on the coaching provided before the summer break."]**

[IF SC15=1 OR SC16<3 MONTHS]

**B1. What information [is used/was used] to determine which teaching staff in your center [will/would] receive coaching? *Mark all that apply***

- <sub>1</sub>All teachers receive coaching
- <sub>2</sub>Classroom observation
- <sub>3</sub>Regular performance reviews or evaluations
- <sub>4</sub>Number of years of experience
- <sub>5</sub>Directly ask the staff if they need or want coaching/teachers volunteer
- <sub>6</sub>Child assessment data for classrooms
- <sub>7</sub>QRIS requirements
- <sub>8</sub>Direct assessment of teachers' needs
- <sub>9</sub>Coach availability
- <sub>10</sub>Other (*specify*): \_\_\_\_\_

Source: Adapted from FACES 2014 Program Director Survey

[IF SC15=1 OR SC16<3 MONTHS]

**B2. [Are/Were] the [coach/coaches] who [serve/served] your center holding regularly-scheduled meetings with teachers only remotely (that is, by phone calls, texting, online or through video conference), only in-person, or a mix of both remote and in-person? *Mark one only***

- <sub>1</sub>a. All remote
- <sub>2</sub>b. All in-person
- <sub>3</sub>c. Mix of both remote and in-person

[If B2=3]

**B3. How much of the coaching at your center [is currently/was] done remotely? *Mark one only***

- <sub>1</sub>Most
- <sub>2</sub>At least half
- <sub>3</sub>Some
- <sub>4</sub>None

[IF B2=1 or 3]

**B4. How effective [is/was] remote coaching for improving teacher practices? Mark one only**

- <sup>1</sup>Not at all effective
- <sup>2</sup>Somewhat effective
- <sup>3</sup>Effective
- <sup>99</sup>Not sure

[IF B3=1 or 3]

**B5. [Do/Did] any of the following technical issues cause consistent challenges for conducting remote coaching at your center? Please mark yes or no for each item**

**[IF B2=2 ASK] Are any of the following technical issues reasons why your center did not pursue remote coaching opportunities? Please mark yes or no for each item**

- A. Lack of computer equipment <sup>1</sup>YES    <sup>0</sup>NO
- B. Lack of equipment for video conferencing/video calls <sup>1</sup>YES    <sup>0</sup>NO
- C. Lack of equipment for recording teacher practice <sup>1</sup>YES    <sup>0</sup>NO
- D. Lack of email access <sup>1</sup>YES    <sup>0</sup>NO
- E. A lack of sufficiently fast internet or cellular service <sup>1</sup>YES    <sup>0</sup>NO
- F. The expense of sufficiently fast internet or cellular data plans <sup>1</sup>YES    <sup>0</sup>NO

[IF SC15=1 OR SC16<3 MONTHS]

**B6. How often [does the coach currently/do coaches currently] [did the coach/ did coaches] in your center...**

	Always	Frequently	Sometimes	Seldom	Never	Don't Know
A. Coach teachers one-on-one?	<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>99</sub>
B. Coach teaching teams together (such as a teacher with an assistant teacher)?	<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>99</sub>



## C. Challenges to Coaching at Your Center

The following are questions about challenges to providing coaching to teaching staff of preschool-aged children at your center, particularly after COVID-19 began in early 2020. Please answer the following questions with teachers of preschool-aged children in mind.

[IF SC15=1 OR SC16<3 MONTHS]

**C1. Since COVID-19 began in early 2020, to what extent were any of the following factors a challenge to coaching?**

		SELECT ONE FOR EACH ROW					
		Never or hardly ever challenging	Sometimes challenging	Often challenging	Always challenging	Don't know	Not Applicable
A	Qualifications, skills, and abilities of coaches	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
B	Staff/coach ratio (too many teachers and too few coaches)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
C	Lack of coach time for coach-teacher meetings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
D	Lack of teacher time for coach-teacher meetings	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
E	Availability of additional training for the coach	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
F	Teacher turnover	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
G	Teacher resistance to the coaching process	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
H	Teacher-coach communication challenges (including language barriers) - NOT technology issues	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
I	Teacher personal crises, stress or mental health issues	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
J	Cost or available funding	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
K	Coaches and teachers building or maintaining relationships	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99
L	Coaches being able to provide teachers with the emotional support they need	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 99

Source: Adapted from ELMC Coach Survey

[IF SC15=1 OR SC16<3 MONTHS]

**C2. On a scale of 1 to 5, how easy or difficult [has it been/was it] to maintain coaching for teachers at your center since COVID-19 began in early 2020? *Mark one only***

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Very easy</b>	<b>Easy</b>	<b>Neutral</b>	<b>Difficult</b>	<b>Very difficult</b>

## **D. Conclusion**

[ALL]

**D1. Thank you for your participation in this survey. Please provide the mailing address to where we should send your \$20 thank-you gift card.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address Line 1: \_\_\_\_\_

Street Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

a. I do not wish to receive a gift card.

**Please note that we may reach out to you to invite you to participate in a 45-minute telephone interview so we can learn more about your experiences. Participation in such an interview would be completely voluntary.**

[ALL]

**D2. Are you available at the email that received this survey link over the summer if we want to contact you for an interview?**

Yes

No

[IF D2 = 0]

**D3. Can you please provide an email or phone number we could use during the summer?**

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Thank you for completing the SCOPE Center Director Survey!**