



**American Indian and
Alaska Native**

family and child experiences survey

AIAN FACES 2019

Experiences in Head Start

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

Fall 2021 Special Head Start Teacher Survey

Web Instrument Specifications

PRELOAD VARIABLES

| VARIABLE | VALUE AND DESCRIPTION |
|----------------|------------------------------------|
| SURVEY_VERSION | 1=FACES; 2= AIAN FACES |
| SEASON | 1=Spring; 2=Fall |
| TEACHERFNAME | Teacher's first name (i.e. Carol) |
| TEACHERLNAME | Teacher's last name (i.e. Danvers) |
| PAYMENT_FLAG | 0=Not a pay site; 1=Pay site |
| CENTERNAME | Name of center |

UNIVERSAL PROGRAMMER NOTES

UNIVERSAL SOFT CHECK IF NO RESPONSE (NON-GRID QUESTIONS). Please provide an answer to this question, or click the "Next" button to move to the next question.

UNIVERSAL SOFT CHECK IF NO RESPONSE (GRID QUESTIONS). 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.

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

THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN: If you have any questions, please call xxx-xxx-xxxx or send an e-mail to AIANFACES@mathematica-mpr.com.

UNDERLINED TEXT SHOULD APPEAR IN ITALICS.

DRAFT

**LOGIN SCREEN
(BY-PASSED BY RESPONDENTS ACCESSING SURVEY VIA E-MAIL
NOTIFICATIONS)**



Mathematica

OMB # 0970-0151
Expiration: XX/XX/XXXX

American Indian and Alaska Native Head Start Family and Child Experiences Survey

Teacher Survey

Welcome to the Teacher Website! Please refer to the instructions you received to find your login ID and password. To begin, enter your login ID and password in the fields below, and then click the "OK" button. If you do not have your login ID and password, please e-mail us at AIANFACES@mathematica-mpr.com.

Login ID:

Password:

IF SURVEY IS COMPLETE MESSAGE:

Our records indicate that your Teacher Survey is already completed. You can check the status of your Teacher Child Reports (TCRs) by clicking [here](#). Please call xxx-xxx-xxxx if you believe you are receiving this message in error.

SURVEY INFORMATION SCREEN



American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES)

Mathematica is conducting the American Indian and Alaska Native Head Start Family and Child Experiences Survey (AIAN FACES) under contract with the Administration for Children and Families (ACF) of the U. S. Department of Health and Human Services (DHHS).

We need for you to complete a brief Teacher Survey. The Teacher Survey asks you about your teaching position, your well-being, and your education and experience.

Thank you for taking the time to complete the survey. There are no right or wrong answers to the questions. The Teacher Survey will take about 10 minutes of your time to complete.

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your individual answers will not be shared with parents, other staff, or your supervisors in 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. In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) may be securely shared with qualified individuals for additional learning purposes to better understand the strengths and needs of children and families in Head Start and the programs that serve them.

Using the login ID 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 you with general instructions on how to complete the survey.

Please click the "Next" button below to continue, or close this webpage to exit.

The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to provide descriptive information about Head Start programs and the families they serve. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0151, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Lizabeth Malone, Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002.

INSTRUCTIONS SCREEN

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.
- 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.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue, you will need to log in again using your login ID and password.

Please click the "Next" button below to begin, or close this webpage to exit.

CONSENT SCREEN

The Teacher Survey asks you about your teaching position, your well-being, and your education and experience.

- By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. Additionally, there are a few open-ended questions in this survey. The information I provide as part of those open-ended questions may be directly quoted in order to illustrate a point, but any specific names or places (or any other information that could identify an individual, program, or community) that I mention will be omitted from study reports. I may withdraw this consent at any time without penalty.

PROGRAMMER: HARD CHECK IF CONSENT SCREEN BOX=MISSING; If you wish to complete the survey, please click the box. Otherwise, please click the "Next" button to exit.

PROGRAMMER: SECOND HARD CHECK IF CONSENT SCREEN BOX=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.

SCREENER
(SECTION HEADERS SHOULD NOT BE PROGRAMMED IN THE WEB SURVEY)

UNIVERSE: ALL

SC0. Are you [TEACHERFNAME TEACHERLNAME]?

Yes

.....
1 GO TO INTRO1

Yes, but my name is misspelled

.....
2 GO TO SC0A

No, this is not my name

.....
3 GO TO SC0A

PROGRAMMER: HARD CHECK IF NO RESPONSE; Your response to this question is very important. Please enter a response.

PROGRAMMER: ALERT SENT TO XXXXX IF SC0=2 OR 3.

UNIVERSE: IF SC0=2 OR 3

SC0a. Please enter the correct spelling of your name.

(STRING 150)

First Middle and Last Name

PROGRAMMER: HARD CHECK IF NO RESPONSE; Your response to this question is very important. Please enter a response.

PROGRAMMER: SKIP LOGIC IF SC0=2, GO TO INTRO1, IF SC0=3 CONTINUE TO SC0B.

UNIVERSE: IF SC0=3

SC0b. Please call xxx-xxx-xxxx after noon on the next business day to receive a new login ID and password.

Thank you very much for your interest in participating in AIAN FACES data collection!

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

PROGRAMMER: END SURVEY

INTRO1. Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]

In this survey, the term “classroom” or “class” refers to all of the children in your caseload.

When answering questions that ask about “current” activities or activities “as of today’s date,” if your program or center is temporarily closed, please reference the period when you were last teaching this classroom.

S1c. What is your current mode of working with children?

- In person only
.....
1
- Virtual or remote only
.....
2
- Both in person and virtual, sometimes referred to as a “hybrid” approach
.....
3
- Other (specify- STRING 150)
.....
4
- NO RESPONSE.....M

S1c: HELP TEXT BOX

PROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:

In-person: instruction taking place face-to-face with children and providers. Please select this response if that is the usual mode of instruction for children, even if children are receiving virtual instruction temporarily due to COVID-19 exposure.

Virtual or remote: children do not meet with a teacher or home visitor in person and instead receive instruction in real time via a web-based video platform such as Zoom, or complete assignments on children/family’s own time on platforms such as Class Dojo or Ready Rosie, or on paper with instructional materials sent home.

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.

S3. Before you became the teacher of this classroom, were you teaching in Head Start?

- Yes
.....
1

.....
GO TO S4

No

.....
0

.....
GO TO C1_1*

NO RESPONSE.....M GO TO C1_1*

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

***PROGRAMMER: SKIP LOGIC; GO TO C1_1**

DRAFT

S4. Where were you teaching before you came to this classroom?

- In the same classroom as an assistant teacher
.....
1
.....
- In a different classroom at the same Head Start center
.....
2
.....
- At a different Head Start center operated by the same program
.....
3
.....
- At a Head Start center operated by a different program
.....
4
.....
- Somewhere else (specify- STRING 150)
.....
5
.....
- NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

SECTION C. YOUR EMOTIONS, FEELINGS, AND EXPERIENCES

UNIVERSE: ALL

The next set of questions asks about your feelings, your work, and your home life. There are no right or wrong answers.

C1_1. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the *past week*.

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select one per row.

| | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL OF THE TIME | NO RESPONSE |
|--|-------------------------|-------------------------|----------------------------|-------------------------|-------------|
| a. Bothered by things that usually don't bother you | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| b. You did not feel like eating, your appetite was poor | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| c. That you could not <u>shake off the blues</u> , even with help from your family and friends | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| d. You had trouble keeping your mind on what you were doing | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| e. Depressed | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| f. That everything you did was an effort | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |

PROGRAMMER: SET UP HYPERLINK FOR TEXT "SHAKE OFF THE BLUES" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; Not being able to "shake off the blues" refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

C1_2. Please select if you felt this way rarely or never, some or a little, occasionally or a moderate amount of time, or most or all of the time in the past week.

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select one per row.

| | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL OF THE TIME | NO RESPONSE |
|-------------------------------|-------------------------|-------------------------|----------------------------------|-------------------------------|----------------|
| g. Fearful | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| h. Your sleep was restless | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| i. You talked less than usual | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| j. Lonely | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| k. Sad | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |
| l. You could not get "going" | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | M |

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

C2. Please indicate if you felt this way at work in the past week. There are no right or wrong answers.

SELECT ONE PER ROW

| | RARELY OR NEVER | SOME OR A LITTLE | OCCASIONALLY OR MODERATELY | MOST OR ALL THE TIME |
|------------------------------------|-------------------------|-------------------------|----------------------------------|----------------------------|
| a. Overwhelmed | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Frustrated | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Not feeling valued or supported | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

UNIVERSE: ALL

C3. Over the *last 2 weeks*, how often have you been bothered by any of the following problems? For each question, please check the number that best describes how often you had this feeling.

| During the past two weeks, about how often were you bothered by... | NOT AT ALL | SEVERAL DAYS | MORE THAN HALF THE DAYS | NEARLY EVERY DAY |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Feeling nervous, anxious or on edge? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Not being able to stop or control worrying? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. Worrying too much about different things? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. Trouble relaxing? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. Being so restless that it is hard to sit still? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| f. Becoming easily annoyed or irritable? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. Feeling afraid as if something awful might happen? | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

PROGRAMMER BOX C3

Please display the following text with item C3: The GAD-7 was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

UNIVERSE: ALL

C4. The next questions are about your current job-related stress due to COVID-19. Please indicate how much you agree with each of the following statements.

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

| | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE | NO RESPONSE |
|---|-------------------------|-------------------------|----------------------------|-------------------------|-------------------------|-------------|
| a. You worry about your own potential exposure to COVID-19 while at work. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | M |
| b. COVID-19 safety rules and regulations are stressful for you and other staff members. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | M |
| c. You cannot meet performance expectations due to COVID-19. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | M |
| d. You feel more stress at work now than you did before COVID-19 began. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> | M |

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

C5. Do you have children at home for whom you are a primary caregiver?

Yes

1

GO TO C6

No

0

GO TO C12*

NO RESPONSE.....M GO TO C12*

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

***PROGRAMMER: SKIP LOGIC; GO TO C12**

UNIVERSE: IF C5=1

The next questions are about your own experience as a parent or caregiver for children in your home.

C6. Since March 2020, many families have experienced stress due to the COVID-19 pandemic and current events related to racial injustice in the country. Since March 2020, would you say your current level of stress or anxiety as a parent or caregiver is:

- Much lower
.....
1
- Somewhat lower
.....
2
- About the same
.....
3
- Somewhat higher
.....
4
- Much higher
.....
5
- NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: IF C5=1

C7. The following statements describe how some parents may behave or feel. For each statement, please choose ONE answer that best fits you.

| | RARELY OR NEVER | A LITTLE OF THE TIME | SOME OF THE TIME | A GOOD PART OF THE TIME | ALWAYS OR MOST OF THE TIME |
|--|-------------------------|----------------------------|-------------------------|-------------------------------|-------------------------------------|
| a. I have a plan for my child or children's behavior management. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. My child or children frustrate me. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. I feel confident in my parenting. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Parenting involves more work than I am able to manage. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. I feel that I am meeting my child or children's needs. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. I have time to myself to relax, think, plan. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

DRAFT

C8. What did your child or children’s school(s), school district(s), or child care provider(s) decide regarding in-person instruction at the beginning of the 2021-2022 school or program year?

Select all that apply.

- Opened completely in-person
.....
1
- Offered virtually only
.....
2
- A hybrid of in-person on some days and virtually on other days
.....
3
- Ability for parent to choose between in-person or virtually
.....
4
- Not applicable (e.g., homeschooled)
.....
5
- NO RESPONSE.....M

C8: HELP TEXT BOX

PROGRAMMER: MAKE TEXT AVAILABLE ON HELP SCREEN THAT OPENS IN SEPARATE WINDOW:

In-person: instruction taking place face-to-face with children and providers. Please select this response if that is the usual mode of instruction for the child, even if the child is receiving virtual instruction temporarily due to COVID-19 exposure.

Virtual or remote: a child does not meet with a teacher or home visitor in person and instead receives instruction in real time via a web-based video platform such as Zoom, or completes assignments on the child/family’s own time on platforms such as Class Dojo or Ready Rosie, or on paper with instructional materials sent home.

Hybrid: child receives a combination of in-person and virtual instruction.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

C9. Since the beginning of the 2021-2022 school or program year, have your child or children’s school(s), school district(s) or child care provider(s) changed these plans, either temporarily or long term?

- Yes
.....
1

No

.....

2

NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

DRAFT

UNIVERSE: IF C5=1

C11. With changes in work and school operations since COVID-19, parents and caregivers sometimes have child care needs outside of their regular child care arrangements.

For each of the following strategies, indicate if you use it to meet those needs.

Select one per row

| | YES | NO |
|--|-------------------------|-------------------------|
| a. Family or friends are sometimes providing child care | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Older siblings are sometimes providing child care | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. I or another guardian is reducing work hours | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. I or another guardian is working different hours than usual | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. I or another guardian is taking child to work | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Other (specify – STRING 150) | 1 <input type="radio"/> | 0 <input type="radio"/> |

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

C12. In general, would you say your health is...?

- Excellent
.....
1
- Very Good
.....
2
- Good
.....
3
- Fair
.....
4
- Poor
.....
5
- DON'T KNOW
.....
d
- REFUSED
.....
r

SECTION D. BACKGROUND INFORMATION

UNIVERSE: ALL

D1. The last set of questions is about your education and experience.

In total, how many years have you been teaching (including all grades, preschool, or infant and toddler care)? Please round up to the nearest year.

YEARS (RANGE 0-70)

NO RESPONSE

.....

M

PROGRAMMER: SOFT CHECK IF D1 > 50; You have entered [D1] as the number of years you have been teaching all grades. Is that correct?

PROGRAMMER: RANGE HARD CHECK; Please enter a value less than 70.

PROGRAMMER: DECIMAL HARD CHECK; No decimals allowed, please round to the nearest whole number. Please review. **COMMA HARD CHECK;** Please enter a number.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D2. How many of those years have you been teaching or a home visitor for Head Start or Early Head Start?

Please count time spent as either a lead or assistant teacher. Lead teachers are the head or primary teachers in the classroom.

YEARS (RANGE 0-50)

NO RESPONSE

.....

M

PROGRAMMER: SOFT CHECK IF D2 > 30; You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?

PROGRAMMER: SOFT CHECK IF D2 > D1; You indicated that you have been teaching at Head Start for more years ([D2]) than total years you have been teaching ([D1]). If you would like to change your answer to the prior question, click the "Back" button, or change your answer to this question, and click the "Next" button.

PROGRAMMER: RANGE HARD CHECK; Please enter a value less than 50.

PROGRAMMER: DECIMAL HARD CHECK; No decimals allowed, please round to the nearest whole number. **COMMA HARD CHECK;** Please enter a number.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

DRAFT

UNIVERSE: ALL

D2a. In what month and year did you start working for this Head Start program?

MONTH
(01-12)

YEAR
(1965-2022)

NO RESPONSE

.....
M

PROGRAMMER: SOFT CHECK IF MONTH/YEAR COMBINATION ENTERED IS LATER THAN CURRENT MONTH/YEAR; You entered a date in the future. Please enter the correct date to continue.

PROGRAMMER: SOFT CHECK IF NO RESPONSE; Please enter Month and Year to continue.

UNIVERSE: ALL

D5. What is the highest grade or year of school that you completed?

Up to 8th grade

.....
1 GO TO D11

9th to 11th grade

.....
2 GO TO D11

12th grade, but no diploma

.....
3 GO TO D11

High school diploma/equivalent

.....
4 GO TO D11

Vocational/technical program after high school but no diploma

.....
5 GO TO D11

Vocational/technical diploma after high school

.....
6 GO TO D11

Some college, but no degree

.....
7 GO TO D7

Associate's degree

.....
8 GO TO D6

Bachelor's degree

.....
9 GO TO D6
.....

- Graduate or professional school, but no degree

.....
10 GO TO D6
.....

- Master's degree (MA, MS)

.....
11 GO TO D6
.....

- Doctorate degree (Ph.D, Ed.D)

.....
12 GO TO D6
.....

- Professional degree after Bachelor's degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

.....
13 GO TO D6
.....

.....
NO RESPONSE
.....

M GO TO D11
.....

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

D6. In what field did you obtain your highest degree?

- Child Development or Developmental Psychology
.....
1
.....
- Early Childhood Education
.....
2
.....
- Elementary Education
.....
3
.....
- Special Education
.....
4
.....
- Curriculum Development
.....
6
.....
- Administration
.....
7
.....
- Bilingual Education
.....
8
.....
- Reading or Literacy
.....
9
.....
- Psychology, Counseling, Social Work
.....
10
.....
- Other (specify- STRING 150)
.....
5
.....
- NO RESPONSE
.....
M

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: IF D5=7, 8, 9, 10, 11, 12, OR 13

D7. Did your schooling include 6 or more college courses in early childhood education or child development?

- Yes
.....
1 GO TO D11
- No
.....
0 GO TO D8
NO RESPONSE
.....
M GO TO D8

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

PROGRAMMER: SKIP LOGIC IF D7=1 GO TO D8A

UNIVERSE: IF D7=0 OR M

D8. 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

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D11. Do you have a Child Development Associate (CDA) credential?

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

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D12r. Do you have a state-awarded preschool 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.

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

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D13r. 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.

- Yes

.....
1
.....

- No.....0
- Don't know.....D
- NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

DRAFT

UNIVERSE: ALL

D19r. How do you describe yourself?

Select all that apply

- Male..... 1
- Female..... 2
- Another gender identity (specify – STRING 255)..... 3
- Prefer not to answer..... 4
- NO RESPONSE..... M

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D20. In what year were you born?

YEAR (DROP DOWN RANGE 1914-2004)

NO RESPONSE..... M

PROGRAMMER: SOFT CHECK IF D20 <1927 OR >2000; You have entered [D20] as the year you were born. Is that correct?

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D21. Are you of Spanish, Hispanic, or Latino/a/x, or Chicano/a/x origin?

- Yes
.....
1 GO TO D22
.....
- No
.....
0 GO TO D23
NO RESPONSE..... M GO TO D23

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

PROGRAMMER: SKIP LOGIC; IF D21=1 CONTINUE TO D22; IF (D21=0 OR M) GO TO D23

UNIVERSE: IF SURVEY_VERSION=1 AND D21=1

D22. Which do you describe yourself as?

Select one or more

- Mexican, Mexican American, Chicano/a/x
.....
1
.....
- Puerto Rican
.....
2
.....
- Cuban
.....
3
.....
- Another Spanish/Hispanic/Latino/a/x group (specify- STRING 150)
.....
4
.....
- NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

UNIVERSE: ALL

D23. 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
.....
- SURVEY_VERSION=1: Asian Indian
.....
14
.....
- SURVEY_VERSION=1: Chinese

.....
15
.....

- SURVEY_VERSION=1: Filipino

.....
16
.....

- SURVEY_VERSION=1: Japanese

.....
17
.....

- SURVEY_VERSION=1: Korean

.....
18
.....

- SURVEY_VERSION=1: Vietnamese

.....
19
.....

- SURVEY_VERSION=1: Other Asian

.....
20
.....

- SURVEY_VERSION=1: Native Hawaiian

.....
21
.....

- SURVEY_VERSION=1: Guamanian or Chamorro

.....
22
.....

- SURVEY_VERSION=1: Samoan

.....
23
.....

- SURVEY_VERSION=1: Other Pacific Islander (specify- STRING 150)

.....
24
.....

- Another race (specify- STRING 150)

.....
25
.....

NO RESPONSE.....M

PROGRAMMER: SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

DRAFT

SECTION E. COVID-19 IMPACT

The COVID-19 pandemic has been a time of enormous loss and challenges. The next questions ask about challenges you have faced and supports you have found helpful during these challenging times.

UNIVERSE: ALL

- E1. What have been the biggest challenges for you and your family during the COVID-19 pandemic?**
(STRING 400)

UNIVERSE: ALL

- E2. What have been the biggest challenges for you as a teacher during the COVID-19 pandemic?**
(STRING 400)

UNIVERSE: ALL

- E3. What supports from Head Start have been most helpful during the pandemic? These could be supports for your own well-being, or to support your teaching during the pandemic. They might have been provided by your program directly or offered through ECLKC or your regional TA provider.** (STRING 400)