Mathematica
Progress Together

FACES
Experiences in Head Start

**Head Start
Family and Child Experiences Survey
(FACES)**

Teacher Survey

Spring 2022

Web Instrument Specifications

PRELOAD VARIABLES

VARIABLE	VALUE AND DESCRIPTION
SURVEY_VERSION	1=FACES; 2= AIAN FACES
SEASON	1=Spring; 2=Fall
ChildLevelDC	1=Yes; 0=No
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

Head Start Family and Child Experiences Survey

Teacher Survey

Welcome to the Teacher Website! Please refer to the hard-copy 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 FACES@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 833-961-2895 if you believe you are receiving this message in error.

Head Start Family and Child Experiences Survey (FACES)

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

We need for you to complete a brief Teacher Survey. The Teacher Survey asks you about your classroom and your background, as well as your thoughts about teaching and your Head Start program.

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 40 minutes to complete.

A few things you should know about the survey:

- **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, 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 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 website to exit.

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 option 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 the survey, 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 classroom and your background, as well as your thoughts about teaching and your Head Start program.

Consent Screen. By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. I may withdraw this consent at any time without penalty.

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.**
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. If you wish to complete the survey, please click the box. Otherwise, you may exit the survey.

ALL

SC0. **Are you {Fill TeacherName}?**

❍ Yes..1   GO TO INTRO1 OR INTRO2

❍ Yes, but my name is misspelled...2   GO TO SC0a

❍ No, this is not my name..3   GO TO SC0a

HARD CHECK: IF SC0=NO RESPONSE**; Your response to this question is very important. Please enter a response.**
PROGRAMMER: ALERT SENT TO DILETTA MITTONE, COLE GARVEY, MAYA REID IF SC0=2 OR 3.

IF SC0 = 2 OR 3

SC0a. **Please enter the correct spelling of your name.**

	(STRING 150)

First, Middle, and Last Name

HARD CHECK: IF SC0a=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.

IF SC0 = 3

SC0b. **Please call 833-961-2895 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 FACES!

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

PROGRAMMER: AFTER SC0b GO TO END3

PROGRAMMER NOTES

PROGRAMMER NOTE FOR TEACHERS WITH SECOND CLASS: ASK QUESTIONS ABOUT FIRST CLASS FIRST AND THEN ASK QUESTIONS ABOUT SECOND CLASS AT THE END OF THE SURVEY.

PROGRAMMER NOTE FOR CLASS FILL:
(ONE CLASS) your classroom/(MORNING CLASS) your morning class/(AFTERNOON CLASS) your afternoon class).

REVISE FILL USING FullPart (1=AM, 2=PM, 3=FD, 4=HV) SUCH THAT
(FullPart = 3, 4) your classroom/(FullPart=1) your morning class/(FullPart=2) your afternoon class).

If OneOrTwo=2 AND ONE OF THE SESSIONS IS 4 (HOME VISITOR), FullPart=4 SHOULD BE ABOUT FIRST CLASS AND THEN SECOND CLASS IS XFullPart=1 or 2.

If OneOrTwo=2 AND NO SESSION IS 4 (HOME VISITOR), FULLPART =1 SHOULD BE ABOUT THE FIRST CLASS AND THEN SECOND CLASS IS XFULLPART=2.

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

THE FOLLOWING FOOTNOTE SHOULD APPEAR ON EVERY SCREEN: If you have any questions regarding FACES, please call 833-961-2895 or send an e-mail to FACES@mathematica-mpr.com.

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.

UNDERLINED TEXT SHOULD APPEAR IN ITALICS.

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

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term "classroom" or "class" refers to all of the children in your caseload.

Please answer these questions thinking only about [CLASSROOM1] class.

INTRO2. **Center: [CENTERNAME], Teacher: [TEACHERFNAME TEACHERLNAME]**

[IF FULLPART=4 OR XFULLPART=4]: In this survey, the term "classroom" or "class" refers to all of the children in your caseload.

You have two classes selected for this study.

Class 1: [CLASSROOM1]

Class 2: [CLASSROOM2]

Please answer these questions thinking only about [CLASSROOM1].

After you complete the survey for [CLASSROOM1], you will be asked a few further questions about [CLASSROOM2].

S1b. **When did you become the teacher of this [(ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class] <u>for this program year</u>?**

If you have been the teacher of this class for longer than this program year, please enter the date the program year began.

MONTH   DAY   YEAR

  (1-12)   (1-31)   (2021-2022)

NO RESPONSE...M

SOFT CHECK: IF S1b=NO RESPONSE; **Please enter Day, Month, Year to continue.**
SOFT CHECK: IF DATE ENTERED IS EARLIER THAN 07/01/2021: **Please enter the date you became the teacher for this (ONE CLASS) classroom/(MORNING CLASS) morning class/(AFTERNOON CLASS) afternoon class), for this program year. If you have been the teacher of this class for longer than this program year, please enter the date the program year began. Is this date [DISPLAY MONTH DAY YEAR] correct?**
HARD CHECK: IF DATE ENTERED IS LATER THAN CURRENT DATE; **You entered a date in the future. Please enter the correct date to continue.**
SOFT CHECK: IF NO RESPONSE; **Please enter Day, Month, Year to continue.**

S3. **Before you became the teacher of [(ONE CLASS) this classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class], were you teaching in Head Start?**

○ Yes...1
....GO
TO S4

○ No...0
....GO
TO AA1

NO RESPONSE..M
....GO
TO AA1

SOFT CHECK: IF S3=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

S4. **Where were you teaching before you came to this [(ONE CLASS) classroom/(MORNING CLASS) this morning class/(AFTERNOON CLASS) this afternoon class]?**

❍ 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

SOFT CHECK: IF S4=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF S4Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

AA. CLASSROOM SESSION TYPE

AA1. **First, please answer some questions about all of the classes you teach at this program. Only include information about classes with Head Start children enrolled.**

Do you currently work with Head Start children as a home visitor?

Although Head Start teachers may perform home visits from time to time, this does not qualify them as a home visitor. A home visitor interacts with children on a weekly basis at the family's home, not in a classroom setting.

○ Yes..1 ....GO TO AA2

○ No..0 ....GO TO AA3

NO RESPONSE..M ....GO TO AA3

SOFT CHECK: IF AA1=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

AA2. **Aside from your home visitor caseload, do you also teach a class with Head Start children at this program?**

○ Yes..1 ....GO TO AA3

○ No..0 ....GO TO A0-1Intro

NO RESPONSE..M ....GO TO A0-1Intro

SOFT CHECK: IF AA2=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

AA3. **Do you teach . . .**

○ A full-day class...1

○ A morning class only...2

○ An afternoon class only..3

○ Both a morning and afternoon class..4

NO RESPONSE...M

SOFT CHECK: IF AA3=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A. CLASSROOM ACTIVITIES

ALL

A0-1Intro. The next questions are about your classroom activities and the children in [(ONE CLASS) **your classroom/**(MORNING CLASS) **your morning class/**(AFTERNOON CLASS) **your afternoon class].**

[IF ONEORTWO=2 AND FIRST_SECOND=1: Please answer these questions thinking only about [Classroom1] class.]

[IF ONEORTWO=2 AND FIRST_SECOND=2: Please answer these questions thinking only about [Classroom2] class.]

ALL

A0-1.   How many children are enrolled in this [(ONE CLASS) **classroom/**(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class]?**

CHILDREN ENROLLED

(RANGE 1-50)

NO RESPONSE..M

SOFT CHECK: IF =NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF A0-1>20; **You have entered [A0-1] as the number of children in your class. Is that correct?**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 50.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

A0-1x. **As of today's date, how many children in this [**(ONE CLASS) **classroom/**(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class] are each of the following ages?**

If there are no children of a particular age in this class, please enter 0.

PROGRAMMER: RANGE FOR GRID IS 0-50

	NUMBER OF CHILDREN
a. 3 years old (or younger)………………	
b. 4 years old……………………………..	
c. 5 years old (or older)…………………	

NO RESPONSE...M

SOFT CHECK: IF A0-1a,b,OR c = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**
HARD CHECK: IF A0-1 DOES NOT EQUAL A0-1a+ A0-1b + A0-1c **You have entered [A0-1] as the number of children enrolled in your class, but with [A0-1a] 3-year-old(s), [A0-1b] 4-year-old(s), and [A0-1c] 5-year-old(s) that is [A0-1a+A0-1b+A0-1c] children total. If [A0-1] is correct, please fix the number of children in each age group. If [A0-1] is not correct, please click the "Back" button to return to the previous question to fix your answer choice.**
RANGE HARD CHECK; **[A/B/C] in column NUMBER OF CHILDREN is outside the valid range for this question. Please enter a value equal or less than 50.**
DECIMAL HARD CHECK; **The answer to [A/B/C] in column NUMBER OF CHILDREN has too many decimals. Please review.**
COMMA HARD CHECK; **Please enter a number for [A/B/C] in column NUMBER OF CHILDREN.**

A01d. As of today's date, how many children in this [(ONE CLASS) **classroom/**(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class] are…**

If there are no children of a particular group in this class, please enter 0.

PROGRAMMER: RANGE FOR GRID IS 0-50

	NUMBER OF CHILDREN
1. American Indian or Alaska Native………..	
2. Asian or Pacific Islander…………………….	
3. Black, non-Hispanic………………………...	
4. Hispanic……………………………………....	
5. White, non-Hispanic………………………...	

NO RESPONSE...M

SOFT CHECK: IF A01d 1,2,3,4, OR 5=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question. If there are no children of a particular group in this class, please enter 0.**
RANGE HARD CHECK; **[1/2/3/4/5/6/7] in column NUMBER OF CHILDREN is outside the valid range for this question. Please enter a value equal or less than 50.**
DECIMAL HARD CHECK; **The answer to [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN has too many decimals. Please review.**
COMMA HARD CHECK; **Please enter a number for [1/2/3/4/5/6/7] in column NUMBER OF CHILDREN.**

A0-x. **How many of each of the following staff are usually with this [**(ONE CLASS)
classroom/(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class]?**

If no staff currently work in the position, please enter 0.

PROGRAMMER: RANGE FOR GRID IS 0-10

	NUMBER OF STAFF
2. Lead teachers *(Lead teachers are the head or primary teachers in the classroom. If teachers are co-teachers count them here.)* ……………………….	
3. Assistant teachers……………………………………...	
4. Paid aides…………………………………………………..	

NO RESPONSE………………………………………...…….M

SOFT CHECK: IF A01-x2,3, OR 4=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question. If no staff currently work in the position, please enter 0.**
SOFT CHECK: IF A01-x = 0 OR >5, **You have entered [A0-2] as the number of lead teachers in your class. Is that correct?**
RANGE HARD CHECK; **[2/3/4] in column NUMBER OF STAFF is outside the valid range for this question. Please enter a value equal or less than 10.**
DECIMAL HARD CHECK; **The answer to [2/3/4] in column NUMBER OF STAFF has too many decimals. Please review.**
COMMA HARD CHECK; **Please enter a number for [2/3/4] in column NUMBER OF STAFF.**

A0-5. **How many days a week does this [**(ONE CLASS) **classroom/**(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class] meet?**

DAYS PER WEEK

(RANGE 1-7)

NO RESPONSE...M

SOFT CHECK: IF A0-5=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF IFA0-5 > 5; **You have entered [A0-5] as the number of days a week this class meets. Is that correct?**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 7.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

ALL
SECOND

A0-6. **How many hours a week does this [**(ONE CLASS) **classroom/**(MORNING CLASS) **morning class/**(AFTERNOON CLASS) **afternoon class] meet?**

HOURS PER WEEK

(RANGE 1-168)

NO RESPONSE...M

SOFT CHECK: IF A0-6 =NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A0-6<5 OR >40; **You have entered [A0-6] as the number of hours a week this class meets. Is that correct?**

RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 168.**

DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

ALL
SECOND

A1. **Please describe how a <u>typical day</u> is spent in [**(ONE CLASS) **your classroom/**(MORNING CLASS) **your morning class/**(AFTERNOON CLASS) **your afternoon class]. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NO TIME	HALF HOUR OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE
a. Teacher-directed whole class activities…………	1 ○	2 ○	3 ○	4 ○	5 ○
b. Teacher-directed small group activities………..	1 ○	2 ○	3 ○	4 ○	5 ○
c. Teacher-directed individual activities……	1 ○	2 ○	3 ○	4 ○	5 ○
d. Child-selected activities	1 ○	2 ○	3 ○	4 ○	5 ○

SOFT CHECK: IF A1a,b,c,OR d=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next**

question.

IF A1(b) = 2, 3, 4, or 5
SECOND

A1a. **You indicated that children work in small groups. How do you determine group membership?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ Child interests...1

☐ Ability level..2

☐ Based on assessment data...3

☐ Age..4

☐ Behavior..5

☐ Other *(specify- STRING 150)*..6

NO RESPONSE...M

SOFT CHECK: IF A1a = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A1aSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF A1(c) = 2, 3, 4, or 5
SECOND

A1b. **You indicated that children work in teacher-directed individual activities. How do you determine what activities to work on?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ Child interests...1

☐ Ability level..2

☐ Based on assessment data...3

☐ Age..4

☐ Other *(specify- STRING 150)*..5

NO RESPONSE...M

SOFT CHECK: IF A1b = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A1bSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A1e. **How often in a typical week do children in [**(ONE CLASS) **your classroom/(**MORNING CLASS) **your morning class**/(AFTERNOON CLASS) **your afternoon class] usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?**

> PROGRAMMER BOX A1E: SET UP HOVER FOR TEXT "ARTS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **Arts includes all creative types of activities such as dance, painting, and drama.**
>
> SET UP HOVER FOR TEXT "SOCIAL AND EMOTIONAL" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **Explicit instruction about feelings, recognizing emotions, and emotional regulation.**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	NEVER	LESS THAN ONCE A WEEK	1-2 TIMES A WEEK	3-4 TIMES A WEEK	DAILY
1. Language Arts and Literacy....	1 〇	2 〇	3 〇	4 〇	5 〇
2. Mathematics…………….…....	1 〇	2 〇	3 〇	4 〇	5 〇
3. Social Studies.........................	1 〇	2 〇	3 〇	4 〇	5 〇
4. Science...................................	1 〇	2 〇	3 〇	4 〇	5 〇
5. Arts..	1 〇	2 〇	3 〇	4 〇	5 〇
6. Social and Emotional...............	1 〇	2 〇	3 〇	4 〇	5 〇

> SOFT CHECK: IF A1e1,2,3,4, 5, OR 6=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

A2. **How often do children in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] do each of the following reading and language activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH 6 STATEMENTS ON EACH SCREEN

Select one per row

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Work on learning the names of letters…	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. Practice writing the letters of the alphabet...	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. Discuss new words................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. Dictate stories to a teacher, aide, or volunteer...	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
f. Listen to a teacher, aide, or volunteer read stories where they see the print (e.g., Big Books).....................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g. Listen to a teacher, aide, or volunteer read stories but they don't see the print	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h. Retell stories..	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i. Learn about conventions of print (such as left to right orientation, book holding, pointing to individual word).......	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
j. Write their own name.............................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
k. Learn about rhyming words or word families..	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
l. Learn about common prepositions, such as over and under, up and down…	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
n. Work on letter-sound relationships..........	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

SOFT CHECK: IF A2a,b,c,d, f,g,h,i,j,k,l,OR n = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

A3. **How often do children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] do each of the following math activities?**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO TWO SCREENS; A-D,G,H ON SCREEN ONE AND I-M ON SCREEN TWO

Select one per row

	NEVER	ONCE A MONTH OR LESS	TWO OR THREE TIMES A MONTH	ONCE OR TWICE A WEEK	THREE OR FOUR TIMES A WEEK	EVERY DAY
a. Count out loud...............................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
b. Work with geometric manipulatives (for example, pattern, tangrams, unit, or parquetry blocks or shape puzzles)...	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
c. Work with counting manipulatives (things for children to count) to learn basic operations (for example, adding or subtracting).....	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
d. Play math-related games...............	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
g. Work with rulers, measuring cups, spoons, or other measuring instruments....................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
h. Engage in calendar-related activities..	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
i. Engage in activities related to telling time.....................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
j. Engage in activities that involve shapes and patterns......................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
k. Work on comparing quantities (least, most, less, more).................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
l. Work on ordinal numbers (first, second, third).................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○
m. Use 10 frames to help teach math concepts.......................................	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○

SOFT CHECK: IF A3a,b,c,d,g,h,i,j,k,l, OR m = NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

A3k. **What proportion of children in [your (**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] are meeting developmental expectations for each of the following areas, compared to other preschoolers?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

	LESS THAN ¼ OF CHILDREN	ABOUT ¼ OF CHILDREN	ABOUT ½ OF CHILDREN	ABOUT ¾ OF CHILDREN	MORE THAN ¾ OF CHILDREN
1. Language and literacy skills.....	1 ○	2 ○	3 ○	4 ○	5 ○
3. Mathematical skills...................	1 ○	2 ○	3 ○	4 ○	5 ○
2. Social Studies..........................	1 ○	2 ○	3 ○	4 ○	5 ○
4. Science....................................	1 ○	2 ○	3 ○	4 ○	5 ○
5. Social and emotional development............................	1 ○	2 ○	3 ○	4 ○	5 ○
6. Perceptual, motor, and physical development..............	1 ○	2 ○	3 ○	4 ○	5 ○

SOFT CHECK: IF A3k1,2,3,4,5,6=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

Next, please answer some questions about the languages you and others may speak.

ALL

A3a_r. **Do you personally speak any language other than English in the classroom?**

❍ Yes

....

1   GO TO A3b_r

❍ No

....

0   GO TO A3e

NO RESPONSE

....

M   GO TO A3e

SOFT CHECK: IF A3a_r = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A3a_r = 1

A3b_r. **What languages, other than English, do you personally speak in the classroom?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐   Spanish..2

☐   Arabic..11

☐   Cambodian (Khmer)...12

☐   Chinese..4

☐   A Filipino language...7

☐   French..13

☐   Haitian Creole...14

☐   Hmong..15

☐   Japanese..5

☐   Korean..6

☐   Vietnamese...3

☐   Sign langauge...10

☐   Other language *(specify- STRING 150)* 8

☐   Other language *(specify- STRING 150)* 9

NO RESPONSE..M

SOFT CHECK: IF A3b_r = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A3BSpecify_r = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A3e. **How many children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(AFTERNOON CLASS) your afternoon class] speak a language other than English?**

(Click here for "SPEAK A LANGUAGE OTHER THAN ENGLISH" definition)

PROGRAMMER BOX A3E

SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).

	CHILDREN

(RANGE 0-50)

○ Don't know...D

NO RESPONSE ....M

SOFT CHECK: IF A3e = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

HARD CHECK: IF A3e > A0-1; **You have entered [A0-1] as the number of children enrolled in your class, but entered [A3e] as the number of children in [(ONE CLASS) your classroom/(MORNING CLASS) your morning classroom/(AFTERNOON CLASS) your afternoon classroom] who speak a language other than English. Please fix your answer of [A3e] children to this question to continue.**

RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 50.**

DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

VERSION BOX A3E

IF A3E > 0, CONTINUE TO A3F.

IF A3E = 0, D OR M, GO TO A4.

A3f. **Thinking about all [FILL A0-1; IF A0-1=M FILL WITH "the"] children in [(**ONE CLASS**) your classroom/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class], what languages do children enrolled in the class currently speak, including English?**

This would include any use of the language(s) in or out of the classroom.

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ English...1

☐ Spanish..2

☐ Arabic...11

☐ Cambodian (Khmer)..12

☐ Chinese..4

☐ A Filipino language...7

☐ French..13

☐ Haitian Creole..14

☐ Hmong...15

☐ Japanese...5

☐ Korean...6

☐ Vietnamese...3

☐ Sign langauge..10

☐ Other language *(*specify- STRING 150*)*...8

☐ Other language *(*specify- STRING 150*)*...9

    NO RESPONSE...M   GO TO A4

SOFT CHECK: IF A3f = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A3fSpecify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A3g. **Approximately what percent of children speak (FILL WITH LANGUAGE(S) CODED IN A3F)?**

PROGRAMMER: RANGE FOR GRID IS 0-100

PERCENT OF CHILDREN

(RANGE 0-100)

NO RESPONSE... M

PROGRAMMER FILL INSTRUCTIONS FOR A3G: FOR SURVEY_VERSION=1, IF A3F=8: FILL WITH A3F(8) SPECIFY/ IF A3F=8 AND A3F(8) SPECIFY=M: FILL WITH "first other language"/ IF A3F=9: FILL WITH A3F(9) SPECIFY/ IF A3F=9 AND A3F(9) SPECIFY=M: FILL WITH "second other language"

SOFT CHECK: IF A3g = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 100.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

A4. **What languages are used for instruction in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class] by you or another adult, NOT including language lessons?**

PROGRAMMER: CODE ALL SELECTED.

Select all that apply

☐ English...1

☐ Spanish..2

☐ Arabic...11

☐ Cambodian (Khmer)..12

☐ Chinese..4

☐ A Filipino language...7

☐ French..13

☐ Haitian Creole..14

☐ Hmong..15

☐ Japanese..5

☐ Korean...6

☐ Vietnamese..3

☐ Sign language..10

☐ Other language *(*specify- STRING 150*)*...8

☐ Other language *(*specify- STRING 150*)*...9

    NO RESPONSE..M   GO TO A5g

SOFT CHECK: IF A4 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF A4Specify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A4a. **Who speaks (FILL WITH LANGUAGE(S) CODED IN A4)?**

Select all that apply

☐ You/Lead teacher...1

☐ Assistant teacher...2

☐ Classroom aide..3

☐ Volunteer/Non staff..4

SOFT CHECK: IF A4a = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

PROGRAMMER FILL INSTRUCTIONS FOR A4: FOR SURVEY_VERSION=1, IF A4=8: FILL WITH A4(8) SPECIFY/ IF A4=8 AND A4(8) SPECIFY=M: FILL WITH "first other language"/ IF A4=9: FILL WITH A4(9) SPECIFY/ IF A4=9 AND A4(9) SPECIFY=M: FILL WITH "second other language"

A5g. **In what languages are printed materials like children's books available in [(**ONE CLASS**) your class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class]?**

PROGRAMMER: CODE ALL LANGUAGES SELECTED

Select all that apply

☐ English...1

☐ Spanish..2

☐ Arabic..11

☐ Cambodian (Khmer)...12

☐ Chinese..4

☐ A Filipino language...7

☐ French..13

☐ Haitian Creole..14

☐ Hmong..15

☐ Japanese..5

☐ Korean..6

☐ Vietnamese...3

☐ Sign language...10

☐ Other language *(*specify- STRING 150*)*...8

☐ Other language *(*specify- STRING 150*)*...9

    NO RESPONSE..M

SOFT CHECK: IF A5g=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A5gSpecify = NO RESPONSE for either 8 and/or 9; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

The next questions are about the curriculum you use in your classroom.

A6. **Is a specific curriculum or combination of curricula used in your program?**

❍ Yes, specific curriculum

....
1
....

❍ Yes, combination

....
2
....

❍ No curriculum

....
3

....
   GO TO A21

○ Don't know

....
D

....
   GO TO A21

NO RESPONSE

....
M

....
   GO TO A21

SOFT CHECK: IF A6 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A7. **What curriculum do you use? You may select more than one.**

PROGRAMMER CODE ALL SELECTED

Select all that apply

☐ Creative Curriculum *(Teaching Strategies)*..11
☐ Building Blocks math curriculum *(McGraw-Hill)*...25
....
☐ Creating Child Centered Classrooms – Step By Step...17
☐ DLM Early Childhood Express *(McGraw-Hill)*...26
....
☐ Everyday Mathematics *(McGraw-Hill)*...27
....
☐ Frog Street...24
....
☐ Fundations *(Wilson Language Training)*...28
....
☐ Handwriting without Tears...29
....
☐ HighScope..12
☐ Learn Every Day..30
....
☐ Let's Begin with the Letter People *(Abrams Learning Trends)*............................14
☐ Montessori...15
☐ Number Worlds *(McGraw-Hill)*..31
....
☐ Open Circle..32
....
☐ Opening the World of Learning (OWL) *(Pearson)*...33
....
☐ Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing
Bete Company)*...34
....
☐ Pyramid Model for Supporting Social Emotional Competence..............................35
....
☐ Scholastic Curriculum..18
☐ Second Step...36
....
☐ Tools of the Mind..37
....
☐ Zoophonics...38
....
☐ Locally designed curriculum...19
☐ First other curriculum *(*specify- STRING 150*)*..21
....
☐ Second other curriculum *(*specify- STRING 150*)*...22
◯ Don't know..D
NO RESPONSE...M

SOFT CHECK: IF A7 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK IF A7 HAS >1 RESPONSE, BUT A6=1; **In the previous question you indicated you use a specific curriculum, but here you selected more than one curriculum. Is this correct? Please click the "Back" button to change your answer to the previous question or click the "Next" button to continue.**
SOFT CHECK: IF A7Specify = NO RESPONSE for either 21 and/or 22; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A7a. **What curriculum do you use to teach math?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ Creative Curriculum (*Teaching Strategies*)..11
☐ Building Blocks math curriculum *(McGraw-Hill)*..25
....
☐ Creating Child Centered Classrooms – Step By Step...17
☐ DLM Early Childhood Express *(McGraw-Hill)*..26
....
☐ Everyday Mathematics *(McGraw-Hill)*...27
....
☐ Frog Street..24
☐ Fundations *(Wilson Language Training)*...28
....
☐ Handwriting without Tears...29
....
☐ HighScope...12
☐ Learn Every Day..30
....
☐ Let's Begin with the Letter People (*Abrams Learning Trends*).............................14
☐ Montessori...15
☐ Number Worlds *(McGraw-Hill)*..31
....
☐ Open Circle...32
....
☐ Opening the World of Learning (OWL) *(Pearson)*...33
....
☐ Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)*..34
....
☐ Pyramid Model for Supporting Social Emotional Competence...............................35
....
☐ Scholastic Curriculum..18
☐ Second Step..36
....
☐ Tools of the Mind...37
....
☐ Zoophonics..38
....
☐ Locally designed curriculum...19
☐ (FILL WITH A7Specify, IF A7Specify = M, FILL WITH "FIRST OTHER CURRICULUM")...21
☐ (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER CURRICULUM")...22
○ No math curriculum..0
○ Don't know...D

NO RESPONSE...M

SOFT CHECK: IF A7a = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
HARD CHECK: IF A7a ANSWER WAS NOT SELECTED AT A7; **You selected (FILL RESPONSE TO A7A) as the curriculum/curricula you use for math, but you did not indicate you use this curriculum/curricula. Is this correct? If you use this curriculum/curricula, please click the "Back" button to select this curriculum/curricula in the previous question.**

A7b. **What curriculum do you use to teach literacy?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ Creative Curriculum (*Teaching Strategies*)...11

☐ Building Blocks math curriculum *(McGraw-Hill)*...25
....

☐ Creating Child Centered Classrooms – Step By Step...17

☐ DLM Early Childhood Express *(McGraw-Hill)*...26
....

☐ Everyday Mathematics *(McGraw-Hill)*...27
....

☐ Frog Street.. 24

☐ Fundations *(Wilson Language Training)*..28
....

☐ Handwriting without Tears...29
....

☐ HighScope.. 12

☐ Learn Every Day..30
....

☐ Let's Begin with the Letter People (*Abrams Learning Trends*).............................14

☐ Montessori...15

☐ Number Worlds *(McGraw-Hill)*...31
....

☐ Open Circle..32
....

☐ Opening the World of Learning (OWL) *(Pearson)*..33
....

☐ Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing
Bete Company)*...34
....

☐ Pyramid Model for Supporting Social Emotional Competence..............................35
....

☐ Scholastic Curriculum..18

☐ Second Step..36
....

☐ Tools of the Mind...37
....

☐ Zoophonics..38
....

☐ Locally designed curriculum..19

☐ (FILL WITH A7Specify, IF A7Specify = M, FILL WITH "FIRST OTHER
CURRICULUM")...21

☐ (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER
CURRICULUM")...22

○ No literacy curriculum..0

○ Don't know...D

NO RESPONSE...M

PROGRAMMER FILL INSTRUCTIONS FOR A7C:

IF A7=21, FILL WITH A7(21) SPECIFY/ IF A7=21 AND A7(21) SPECIFY=M, FILL WITH "first other curriculum"/ IF A7=22, FILL WITH A7(22) SPECIFY/ IF A7=22 AND A7(22) SPECIFY=M, FILL WITH "second other curriculum"/ IF A7=M, FILL WITH "your curriculum"

IF A7 NE NO RESPONSE

A7c. **How often do you typically use [FILL WITH CURRICULUM/CURRICULA SELECTED IN A7; SEE DETAILS IN FILL BOX ABOVE]?**

❍ Once a month or less
....
1
....

❍ Two or three times a month
....
2
....

❍ Once or twice a week
....
3

❍ Three or four times a week
....
4

❍ Every day
....
5

NO RESPONSE
....
M

A8. **What is your <u>main</u> curriculum?**

PROGRAMMER: ONLY SHOW ITEMS SELECTED AT A7 AND IN THE SAME ORDER AS THEY APPEAR IN A7.

○ Creative Curriculum (*Teaching Strategies*)...11

○ Building Blocks math curriculum *(McGraw-Hill)*..25
....

○ Creating Child Centered Classrooms – Step By Step...17

○ DLM Early Childhood Express *(McGraw-Hill)*..26
....

○ Everyday Mathematics *(McGraw-Hill)*..27
....

○ Frog Street...24

○ Fundations *(Wilson Language Training)*..28
....

○ Handwriting without Tears...29
....

○ HighScope...12

○ Learn Every Day..30
....

○ Let's Begin with the Letter People (*Abrams Learning Trends*).............................14

○ Montessori...15

○ Number Worlds *(McGraw-Hill)*...31
....

○ Open Circle..32
....

○ Opening the World of Learning (OWL) *(Pearson)*..33
....

○ Preschool PATHS (Promoting Alternative Thinking Strategies) *(Channing Bete Company)*...34
....

○ Pyramid Model for Supporting Social Emotional Competence..............................35
....

○ Scholastic Curriculum..18

○ Second Step...36
....

○ Tools of the Mind...37
....

○ Zoophonics...38
....

○ Locally designed curriculum...19

○ (FILL WITH A7Specify, IF A7Specify = M, FILL WITH "FIRST OTHER CURRICULUM")..21

○ (FILL WITH A7Specify, IF A7Specify2 = M, FILL WITH "SECOND OTHER CURRICULUM")...22

○ Use more than one curriculum equally..23

○ Don't know...D

NO RESPONSE...M

SOFT CHECK: IF A8 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A10r_r. How many hours of training in (LOOP WITH EACH CURRICULUM CODED IN A8, A7a, and A7b/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW) have you had in the past 12 months?

If you have received less than 1 hour of training, enter 0. If you have not received training in the past 12 months, enter 0.

| | HOURS |

(RANGE 0-299)

○ Don't know

....
D

NO RESPONSE

....
M

....

PROGRAMMER FILL INSTRUCTIONS FOR A10r_r FOR SURVEY_VERSION=1:
IF (A8=23, D, OR M): FILL A8 WITH "your main curriculum"; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL A8 WITH "first other curriculum" or "second other curriculum" respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH "your main curriculum"; IF (A7a=D, OR M): FILL A7a WITH "your math curriculum"; IF (A7b=D, OR M): FILL A7b WITH "your literacy curriculum"

SOFT CHECK: IF A10R_R=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A10R_R > 80; **You entered that you received more than 2 weeks of training on this curriculum. Is that correct?**

RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 299.**

DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**

COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

IF A6 = 1,2 AND A10r_r = D OR A10r_r > 0

A11. **What type of staff provided you with the <u>most</u> training on the curriculum/curricula you use?**

❍ Mentor or master teacher..8
....

❍ Other Head Start teachers in program...9
....

❍ Supervisor/education coordinator...10

❍ Staff from another Head Start Program..2

❍ Staff or consultant(s) from curriculum developers/certified trainers (e.g., HighScope, Teaching Strategies, Montessori, etc.)...3

❍ Professors or instructors from a school of education at a college or university..4

❍ Professors or instructors from a school <u>other than</u> a school of education at a college or university...7
....

❍ Head Start state training and technical assistance provider................................5
....

❍ Other *(specify- STRING 150)*...6
....

NO RESPONSE..M

SOFT CHECK: IF A11 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A11Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ALL

A12a_r.To what extent do you agree with the statement, I have received the training and support I need to use (LOOP WITH EACH CURRICULUM CODED IN A8, A7a, and A7b/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW)?

❍ Strongly agree..1

❍ Agree..2

❍ Disagree..3

❍ Strongly disagree...4

NO RESPONSE..M

PROGRAMMER FILL INSTRUCTIONS FOR A12a_r FOR SURVEY_VERSION=1:

IF (A8=23, D, OR M): FILL A8 WITH "your main curriculum"; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL A8 WITH "first other curriculum" or "second other curriculum" respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH "your main curriculum"; IF (A7a=D, OR M): FILL A7a WITH "your math curriculum"; IF (A7b=D, OR M): FILL A7b WITH "your literacy curriculum"

SOFT CHECK: IF A12a_r=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A6 = 1 OR 2

A12b_r.In the past year, have you or anyone else used a tool or checklist to assess how you use (FILL WITH CURRICULUM CODED IN A8/SEE ADDITIONAL FILL DETAILS IN PROGRAMMER BOX BELOW)? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐   Yes, I completed a checklist about how I use the curriculum...............................1

☐   Yes, someone else completed a checklist about how I use the curriculum..........2

☐   No, neither me nor anyone else used a checklist to assess how I use the
      curriculum..3
      ....

◌   Don't know...D
      ....

      NO RESPONSE..M

PROGRAMMER FILL INSTRUCTIONS FOR A12b_r FOR SURVEY_VERSION=1:

IF (A8=23, D, OR M): FILL WITH "your main curriculum"; IF EITHER CODES 21 OR 22 ARE SELECTED AT A8 BUT SPECIFY=M FROM A7, FILL WITH "first other curriculum" or "second other curriculum" respectively; IF ONLY ONE RESPONSE SELECTED AT A7 AND A8 IS NOT ASKED FILL WITH "your main curriculum".

SOFT CHECK: IF A12b_r=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

These next questions are about the primary assessment tool you use in your classroom.

A21. **What is the <u>main</u> child assessment tool that you use?**

○ Teaching Strategies GOLD assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5)
....
1

○ HighScope Child Observation Record (COR)
....
2
....

○ Galileo
....
3
....

○ Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System
....
4
....

○ Desired Results Developmental Profile (DRDP)
....
5
....

○ Work Sampling System for Head Start
....
6
....

○ Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D)
....
7
....

○ Hawaii Early Learning Profile (HELP)
....
8
....

○ Brigance Preschool Screen for three and four year old children
....
9
....

○ Assessment designed for this program
....
10
....

○ State developed tools (e.g., CIRCLE)

....
14

....

❍ Other *(specify- STRING 150)*...12

❍ Do not use a child assessment tool...13   GO TO A25a_r

NO RESPONSE..M   GO TO A25a_r

....

SOFT CHECK: IF A21=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF A21Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A23. **How do you use the information from those assessments in planning for each child?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ To identify child's developmental level...1

☐ To individualize activities for child..2

☐ To determine if child needs referral for disability services....................................3

☐ To determine child's strengths and weaknesses..4

☐ To identify activities for parents to do with child at home....................................5

☐ Other *(*specify- STRING 150*)*...6

　　NO RESPONSE..M

SOFT CHECK: IF A23 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A23SPECIFY = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A25a_r. The next questions are about professional development. Programs can support teachers' professional development in a lot of different ways. In the past year, have you participated in or received the following professional development supports?

Some of these supports might have been virtual or in-person.

PROGRAMMER: CODE ONE PER ROW; SPLIT BETWEEN TWO SCREENS WITH 1,16, 3-6 APPEARS ON THE FIRST SCREEN AND 7,8 13, 14, 15, 10 APPEARING ON THE SECOND SCREEN

Select one per row

	YES	NO	DON'T KNOW
1. Regular meetings with supervisors to talk with them about my work and progress..	1 ○	0 ○	D ○
16. In-person or virtual attendance at regional, state, or national conferences..	1 ○	0 ○	D ○
3. Paid substitutes to allow you time to prepare, train, and/or plan..	1 ○	0 ○	D ○
4. Mentoring or coaching..	1 ○	0 ○	D ○
5. Workshops/trainings sponsored by the program.................	1 ○	0 ○	D ○
6. Workshops/trainings provided by other organizations.........	1 ○	0 ○	D ○
7. Visits to other classrooms or centers..................................	1 ○	0 ○	D ○
8. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert..	1 ○	0 ○	D ○
13. Time during the regular work day to participate in Office of Head Start T/TA webinars......................................	1 ○	0 ○	D ○
14. Tuition assistance...	1 ○	0 ○	D ○
15. Onsite Associate or Bachelor's courses...............................	1 ○	0 ○	D ○
10. Other (specify- STRING 150)..	1 ○	0 ○	D ○

SOFT CHECK: IF A25a_r=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**
SOFT CHECK: IF A25aSpecify_r = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A26. **The next questions are about mentoring. Is there someone who mentors or coaches you in your classroom, that is, someone who observes your teaching on a regular basis and provides feedback, guidance, and training?**

❍ Yes

....

1

....

❍ No

....

0 GO TO A31

NO RESPONSE

....

M GO TO A31

SOFT CHECK: IF A26=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A26 = 1

A26a. **Is this mentoring or coaching relationship a formal or informal one?**

Formal means that a person was assigned to you.

❍ Formal..1

❍ Informal..2

NO RESPONSE..M

SOFT CHECK: IF A26a=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF A26 = 1

A27. **Who is the mentor or coach who usually comes to your classroom?**

❍ Another teacher..1

❍ Education coordinator/specialist..2

❍ The center director/manager...3

❍ The program director...6

❍ Program or center staff person who is a full-time mentor or coach......................7

❍ Another specialist on the program or center staff...8

❍ Someone from outside the program...4

❍ Other (specify- STRING 150) 5

NO RESPONSE..M

SOFT CHECK: IF A27=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A27Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

A27a. **Is your mentor or coach also your supervisor?**

◯ Yes..1

◯ No..0

NO RESPONSE...M

SOFT CHECK: IF A27a=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A29. **How often does your mentor or coach come to your classroom?**

◯ Once a week or more..1

◯ Once every 2 weeks...2

◯ Once a month..3

◯ Less than once a month...4

NO RESPONSE...M

SOFT CHECK: IF A29=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A31. **Have you acted as a mentor or coach for other Head Start teachers or teacher trainees?**

◯ Yes..1

◯ No..0

NO RESPONSE...M

SOFT CHECK: IF A31=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A31c. **Supervisors, mentors, or coaches at your program may have different approaches or ways of supporting you in improving your practice. What methods have been used by these staff to support you?**

PROGRAMMER: CODE ALL THAT APPLY

Select all that apply

☐ Had a discussion with me about what they have observed..................................1

☐ Provided written feedback to me on what they have observed............................2

☐ Had me watch a videotape of myself teaching..3

☐ Had me observe another teacher's classroom or watch a video of another teacher..4

☐ Modeled teaching practices for me...5

☐ Suggested trainings for me to attend...6

☐ Provided trainings for me...7

☐ Worked on setting goals or reviewing progress toward goals.............................9

☐ Discussed plans for next steps for meeting goals..10

☐ Other *(specify- STRING 150)*..8

   NO RESPONSE...M

SOFT CHECK: IF A31c=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF A31cSpecify=NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

The next questions are about meeting with parents of children in your class(es). Please think about all of the classes that you teach.

A44. **How often do you meet with the parents to discuss the progress or status of a child <u>with developmental concerns?</u>**

❍ Never..0

❍ Once every 6 months or less often..2

❍ Once every 2 to 6 months...3

❍ Once a month..4

❍ More than once a month..5

❍ I don't have any concerns with any children in the class 1

   NO RESPONSE...M

SOFT CHECK: IF A44=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A44a. **How often do you meet with the parents to discuss the progress or status of a child <u>without</u> developmental concerns?**

❍ Never..0

❍ Once every 6 months or less often..1

❍ Once every 2 to 6 months..2

❍ Once a month...3

❍ More than once a month...4

NO RESPONSE...M

SOFT CHECK: IF A44a=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A46. **The next question is about communicating with families. How do you communicate with families who speak a language other than you speak?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

		YES	NO
a.	Communicate only in English...	1 ❍	0 ❍
b.	Use an informal interpreter or a formal translator, like a staff member or parent...	1 ❍	0 ❍
c.	Use physical cues or hand gestures...	1 ❍	0 ❍
d.	Use translated materials...	1 ❍	0 ❍
f.	Use a translation app...	1 ❍	0 ❍
e.	Use any other ways (specify- STRING 150)..	1 ❍	0 ❍

SOFT CHECK: IF A46=NO RESPONSE; **You may have missed a question or two on this page. Please review your answers below and provide the missing responses. Then click "next" to proceed to the next question. *To continue to the next question without making changes, click the "Next" button.***

SOFT CHECK: IF A46eSpecify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

The next question is about the children in [(ONE CLASS) **this class/**(MORNING CLASS) **your morning class/**(AFTERNOON CLASS) **your afternoon class].**

A35. **At this point in the Head Start year, how would you rate the behavior of children in [(**ONE CLASS**) this class/(**MORNING CLASS**) your morning class/(**AFTERNOON CLASS**) your afternoon class]?**

    ❍ The group misbehaves very frequently and is almost always difficult to handle..1

    ❍ The group misbehaves frequently and is often difficult to handle.........................2

    ❍ The group misbehaves occasionally...3

    ❍ The group behaves well..4

    ❍ The group behaves exceptionally well...5

       NO RESPONSE...M

SOFT CHECK: IF A35=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

B. TEACHER EXPERIENCES

The next questions are about your experiences as a teacher.

B3. **How much do you agree with each of the following statements about teaching?**
PROGRAMMER: CODE ONE PER ROW

Select one per row

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a.	I really enjoy my present teaching job...	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
b.	I am certain I am making a difference in the lives of the children I teach……..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
c.	If I could start over, I would choose teaching again as my career…………..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

SOFT CHECK: IF B3a,b, OR c=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

The next questions are about the level of support for interactions between Head Start staff and parents.

B4. **To what extent do you agree with the following statements about how your Head Start program supports interactions between Head Start staff and parents?**

PROGRAMMER: CODE ONE PER ROW

Select one per row

		STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
n.	Promotes cooperation between Head Start staff and parents……................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
o.	Ensures that parents do not feel isolated…………………………………….. .	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
p.	Encourages parents to supplement classroom learning at home……………	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
q.	Supports staff in their efforts to engage parents……………………………....	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

SOFT CHECK: IF B4n,o,p,OR q=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

B5. **How likely are you to continue working for Head Start through the next Head Start year (through 2022-2023)?**

❍ Very likely..1

❍ Somewhat likely...2

❍ Somewhat unlikely...3

❍ Very unlikely...4

   NO RESPONSE..M

SOFT CHECK: IF B5=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

B6. **The following are statements that some teachers have made about how children in Head Start should be taught and managed. Remember all your responses are private. Please indicate whether each statement agrees or disagrees with <u>your personal beliefs</u> about good teaching practice in Head Start.**

PROGRAMMER: CODE ONE PER ROW; SPLIT INTO THREE SCREENS, SHOWING FIVE STATEMENTS ON EACH SCREEN

Select one per row

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Head Start classroom activities should be responsive to individual differences in development....................................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
b. Each curriculum area should be taught as a separate subject at separate times..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
c. Children should be allowed to select many of their own activities from a variety of learning areas that the teacher has prepared (writing, science center, etc.)...........................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
d. Children should be allowed to cut their own shapes, perform their own steps in an experiment, and plan their own creative drama, art, and writing activities.......................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
e. Children should work silently and alone on seatwork............	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
f. Children in Head Start classrooms should learn through active explorations..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
g. Head Start teachers should use treats, stickers, or stars to encourage appropriate behavior..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
h. Head Start teachers should use punishments or reprimands to encourage appropriate behavior.......................................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
i. Children should be involved in establishing rules for the classroom...	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
j. Children should be instructed in recognizing the single letters of the alphabet, isolated from words...........................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
k. Children should learn to color within predefined lines...........	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
l. Children in Head Start classrooms should learn to form letters correctly on a printed page...	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
m. Children should dictate stories to the teacher.......................	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
n. Children should know their letter sounds before they learn to read..	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯
o. Children should form letters correctly before they are allowed to create a story...	1 ◯	2 ◯	3 ◯	4 ◯	5 ◯

SOFT CHECK: IF B6a,b,c,d,e,f,g,h,i,j,k,l,m,n,o=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

C. YOUR EMOTIONS, FEELINGS, AND EXPERIENCES

The following questions ask about your feelings, including some questions about depression and anxiety. If needed, the National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day. The toll-free telephone number for the National Suicide Prevention Lifeline is 1-800-273-8255.

ALL

C1. **The next questions are about how you have felt about yourself and your life in the past week. There are no right or wrong answers. 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 BOX C1C
>
> 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: CODE ONE PER ROW; SPLIT INTO TWO SCREENS WITH SIX STATEMENTS APPEARING ON EACH SCREEN

Select one per row

	RARELY OR NEVER IN THE PAST WEEK	SOME OR A LITTLE IN THE PAST WEEK	OCCASIONALLY OR MODERATELY IN THE PAST WEEK	MOST OR ALL OF THE TIME IN THE PAST WEEK	NO RESPONSE
a. Bothered by things that usually don't bother you...	1 ◯	2 ◯	3 ◯	4 ◯	M
b. You did not feel like eating, your appetite was poor..	1 ◯	2 ◯	3 ◯	4 ◯	M
c. That you could not shake off the blues, even with help from your family and friends..........	1 ◯	2 ◯	3 ◯	4 ◯	M
d. You had trouble keeping your mind on what you were doing..	1 ◯	2 ◯	3 ◯	4 ◯	M
e. Depressed..	1 ◯	2 ◯	3 ◯	4 ◯	M
f. That everything you did was an effort	1 ◯	2 ◯	3 ◯	4 ◯	M
g. Fearful...	1 ◯	2 ◯	3 ◯	4 ◯	M
h. Your sleep was restless................................	1 ◯	2 ◯	3 ◯	4 ◯	M
i. You talked less than usual............................	1 ◯	2 ◯	3 ◯	4 ◯	M
j. Lonely..	1 ◯	2 ◯	3 ◯	4 ◯	M
k. Sad..	1 ◯	2 ◯	3 ◯	4 ◯	M
l. You could not get "going".............................	1 ◯	2 ◯	3 ◯	4 ◯	M

> SOFT CHECK: IF C1a,b,c,d,e,f,g,h,i,j,k,l=NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

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 2 weeks, about how often were you bothered by…	Not at all over the last 2 weeks	Several days over the last 2 weeks	More than half the days over the last 2 weeks	Nearly every day over the last 2 weeks
a. Feeling nervous, anxious or on edge?..................................	1 ○	2 ○	3 ○	4 ○
b. Not being able to stop or control worrying?...........................	1 ○	2 ○	3 ○	4 ○
c. Worrying too much about different things?............................	1 ○	2 ○	3 ○	4 ○
d. Trouble relaxing?...	1 ○	2 ○	3 ○	4 ○
e. Being so restless that it is hard to sit still?............................	1 ○	2 ○	3 ○	4 ○
f. Becoming easily annoyed or irritable?.................................	1 ○	2 ○	3 ○	4 ○
g. Feeling afraid as if something awful might happen?..............	1 ○	2 ○	3 ○	4 ○

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.

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.

PROGRAMMER: SOFT CHECK IF NO RESPONSE.

Select one per row.	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 ○	2 ○	3 ○	4 ○	5 ○	M
b. COVID-19 safety rules and regulations are stressful for you and other staff members..........	1 ○	2 ○	3 ○	4 ○	5 ○	M
c. You cannot meet performance expectations due to COVID-19.	1 ○	2 ○	3 ○	4 ○	5 ○	M
d. You feel more stress at work now than you did before COVID-19 began......................	1 ○	2 ○	3 ○	4 ○	5 ○	M

Next, we'd like to ask you some questions about supports for staff wellness and overall well-being your program may have offered. Please think about all of the supports for staff wellness and overall well-being your program _offered_ to staff, regardless of whether you received these supports.

ALL

C14. **Please indicate if your program has offered any of the following supports for staff wellness and overall well-being in the past year.**

> PROGRAMMER BOX C14: SET UP HOVER FOR TEXT "SECONDARY TRAUMATIC STRESS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation.

Select one per row.	YES	NO	DON'T KNOW
a. Resources to support your physical health (e.g., exercise and nutrition, yoga room)...	1 ◯	0 ◯	D ◯
b. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)...	1 ◯	0 ◯	D ◯
c. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs)...	1 ◯	0 ◯	D ◯
d. A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership; staff can safely express if they need an unscheduled break during the day)..	1 ◯	0 ◯	D ◯
e. Training or resources on secondary traumatic stress.............	1 ◯	0 ◯	D ◯
f. Counseling resources or referrals to Employee Assistance Programs..	1 ◯	0 ◯	D ◯
g. Additional support staff (e.g., additional floaters or support staff to provide more breaks for staff)....................................	1 ◯	0 ◯	D ◯
h. Permanent wage or salary increase or other employee benefits (e.g., health insurance)...	1 ◯	0 ◯	D ◯
i. Additional paid leave, bonuses, or other monetary incentives	1 ◯	0 ◯	D ◯
j. Other (specify- STRING 150)..	1 ◯	0 ◯	D ◯

C15. **Did you receive this support from your program in the past year?**

PROGRAMMER BOX C15: SET UP HOVER FOR TEXT "SECONDARY TRAUMATIC STRESS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation.

	YES	NO	DON'T KNOW
a. Resources to support your physical health (e.g., exercise and nutrition, yoga room)..	1 ◯	0 ◯	D ◯
b. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room)..	1 ◯	0 ◯	D ◯
c. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs)...	1 ◯	0 ◯	D ◯
d. A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership; staff can safely express if they need an unscheduled break during the day)…	1 ◯	0 ◯	D ◯
e. Training or resources on secondary traumatic stress..............	1 ◯	0 ◯	D ◯
f. Counseling resources or referrals to Employee Assistance Programs..	1 ◯	0 ◯	D ◯
g. Additional support staff (e.g., additional floaters or support staff to provide more breaks for staff)......................................	1 ◯	0 ◯	D ◯
h. Permanent wage or salary increase or other employee benefits (e.g., health insurance)..	1 ◯	0 ◯	D ◯
i. Additional paid leave, bonuses, or other monetary incentives	1 ◯	0 ◯	D ◯
j. [FILL C15j]...	1 ◯	0 ◯	D ◯

C16. **Were the supports for staff wellness and overall well-being offered by your program in the past year offered at a convenient location?**

⦿ Yes..1

⦿ No...0

      NO RESPONSE...M

NOTE TO PROGRAMMER: C16 should only be asked of respondents if C14x=1 for at least one C14x except

In cases where C14c, C14h, and/or C14i=1 <u>and no other C14x=1</u>.

C17. **Were the supports for staff wellness and overall well-being offered by your program in the past year offered at a convenient time?**

⦿ Yes..1

⦿ No...0

      NO RESPONSE...M

NOTE TO PROGRAMMER: C17 should only be asked of respondents if C14x=1 for at least one C14x except

In cases where C14c, C14h, and/or C14i=1 <u>and no other C14x=1</u>.

C18. **Were there supports for staff wellness and overall well-being that would have been useful to you and <u>were not offered</u> by your program in the past year?**

⦿ Yes..1

⦿ No...0

      ....GO

      TO C20..

      NO RESPONSE...M

C19. **Which of the following supports for staff wellness and overall well-being would have been useful to you and <u>were not offered</u> by your program in the past year?**

<div style="border:1px solid black;">

PROGRAMMER BOX C19: SET UP HOVER FOR TEXT "SECONDARY TRAUMATIC STRESS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:

ACF defines secondary traumatic stress, also referred to as compassion fatigue, as a set of observable reactions to working with people who have been traumatized. Symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD), such as feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. It may also be associated with a sense of confusion, helplessness, and a sense of isolation.

</div>

Select all that apply

☐ Resources to support your physical health (e.g., exercise and nutrition, yoga room) 1

☐ Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room) 2

☐ Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs) 3

☐ A physically and mentally safe work environment (e.g., staff feel they can raise concerns such as job stress and safety with program leadership; staff feel their physical and mental health matters to program leadership; staff can safely express if they need an unscheduled break during the day) 5

☐ Training or resources on secondary traumatic stress 6

☐ Counseling resources or referrals to Employee Assistance Programs 7

☐ Additional support staff (e.g., additional floaters or support staff to provide more breaks for staff) 8

☐ Permanent wage or salary increase or other employee benefits (e.g., health insurance) 9

☐ Additional paid leave, bonuses, or other monetary incentives

....
10

☐ Other *(Specify- STRING 150)*

....
99

C20. **To what extent do you agree with the following statement?**

Over the past year, the supports for staff wellness and overall well-being I received from my program met my needs.

❍ Strongly agree...1

❍ Agree..2

❍ Disagree...3

❍ Strongly disagree..4

NO RESPONSE...M

The next questions are about trauma-informed care.

PROGRAMMER BOX

**SET UP HYPERLINK FOR TEXT "TRAUMA-INFORMED CARE"
THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:**
SAMHSA defines a trauma-informed approach—using the 4R's—as one that (1) **realizes** the widespread impact of trauma and pathways to recovery; (2) **recognizes** trauma signs and symptoms; (3) **responds** by integrating awareness about trauma into all facets of the system; (4) **resists** re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers.

C21. **Have you received training on providing trauma-informed care in the past year?**

❍ Yes...1

❍ No..0 GO TO C12

NO RESPONSE...M

C22. **You indicated that you have received training on trauma-informed care. Who provided this training?**

PROGRAMMER: CODE ALL SELECTED

Select all that apply

☐ Mentor or master teacher in your program...1

☐ Other Head Start teachers in your program...2

☐ Your program's health or disability coordinator..3

☐ Staff from another Head Start program..4

☐ Professors or instructors from a college or university...6

☐ Head Start regional training and technical assistance
  provider...7
  ....

☐ Social worker..14

☐ Psychologist..15

☐ LEA special education staff..16

☐ Counselor or therapist..17

☐ Behavior specialist...18

☐ Other *(specify- STRING 150)*...8

  NO RESPONSE...M

The last question in this section asks about your health.

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

D. BACKGROUND INFORMATION

The last set of questions is about you.

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D1. **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

SOFT CHECK: IF D1=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF D1 > 50; **You have entered [D1] as the number of years you have been teaching all grades. Is that correct?**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 70.**
DECIMAL HARD CHECK; **No decimals allowed, please round to the nearest whole number. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D2. **How many of those years have you been teaching or a home visitor for Head Start or Early Head Start? Please round up to the nearest year.**

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

SOFT CHECK: IF D2=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF D2 > 30: **You have entered [D2] as the number of years you have been teaching Head Start. Is that correct?**
HARD CHECK: IF D2 > D1 [SOFT D2] **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.**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 50.**
DECIMAL HARD CHECK; **No decimals allowed, please round to the nearest whole number. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

D2a. **In what month and year did you start working for <u>this</u> Head Start program?**

MONTH   YEAR

(RANGE 01-12) (RANGE 1965-2022)

NO RESPONSE...M

SOFT CHECK: IF D2a=NO RESPONSE FOR MONTH AND/OR YEAR; **Please enter Month and Year to continue.**

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.**

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 degree

....
8
....

❍ Bachelor's degree

....
9
....

❍ Graduate or professional school, but no degree

....
10
....

○ Master's degree (MA, MS)
....
11
....

○ Doctorate degree (Ph.D., Ed.D)
....
12
....

○ Professional degree after Bachelor's degree (Medicine/MD; Dentistry/
DDS; Law/JD, etc.)
....
13
....

NO RESPONSE

M   GO TO D11

SOFT CHECK: IF D5=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

Select one only

   ○ Child Development or Developmental Psychology.............................1

   ○ Early Childhood Education..2

   ○ Elementary Education...3

   ○ Special Education..4

   ○ 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

SOFT CHECK: IF D6=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF D6Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

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

   ○ Yes

   ....

   1   GO TO D8a

   ○ No

   ....

   0   GO TO D8

   NO RESPONSE

   ....

   M   GO TO D8

   ....

SOFT CHECK: IF D7 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

D8. **Have you completed 6 or more college courses in early childhood education or child development since you left school or finished your degree?**

   ○ Yes...1

   ○ No...0

NO RESPONSE..M

> SOFT CHECK: IF D8 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

D8a. **Have you completed an entire course on working with children who speak a language other than English?**

(Click here for "SPEAK A LANGUAGE OTHER THAN ENGLISH" definition)

> PROGRAMMER BOX D8A
>
> SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
>
> **These children may be learning two (or more) languages at the same time, as well as those learning a second language while continuing to develop their first (or home) language. These children are also often referred to as limited English proficient (LEP), dual language learners (DLLs), bilingual, English language learners (ELL), English learners, and children who speak a language other than English (LOTE).**

❍ Yes...1

❍ No...0

NO RESPONSE..M

> SOFT CHECK: IF D8a = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

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

❍ Yes...1

❍ No...0

NO RESPONSE..M

> SOFT CHECK: IF D11 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

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

SOFT CHECK: IF D12= NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

SOFT CHECK: IF D13 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

D17. **What is your total annual salary (before taxes) as a teacher for the current school year? Please do not include commas in your answer.**

[   ]   PER YEAR

(RANGE (0-999,999)

❍ Don't know..D

NO RESPONSE...M

SOFT CHECK: IF D17 = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK IF D17 > $99,999; **You have entered [D17] as your total annual salary. Is that correct?**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 999,999.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

D17a. **How many weeks per year does this salary cover?**

WEEKS PER YEAR

(RANGE (0-52)

○ Don't know...D

NO RESPONSE...M

SOFT CHECK: IF D17a = NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 52.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

D18. **How many hours per week does this salary cover (not including overtime)?**

HOURS PER WEEK

(RANGE 0 to 80)

NO RESPONSE...M

SOFT CHECK: IF D18=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**
SOFT CHECK: IF D18 > 40 HOURS; **You have entered [D18] as the number of hours per week your salary covers. Is that correct?**
RANGE HARD CHECK; **The answer is outside the valid range for this question. Please enter a value equal or less than 80.**
DECIMAL HARD CHECK; **The answer has too many decimals. Please review.**
COMMA HARD CHECK; **You have entered a comma. Please remove the comma from your answer.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

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.

PROGRAMMER: REMOVE OTHER: SPECIFY SOFT CHECK FOR THIS ITEM

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D20. **In what year were you born?**

YEAR

(DROP DOWN RANGE 1914-2004)

NO RESPONSE..M

SOFT CHECK: IF D20=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

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

○ Yes...1

○ No..0

....

....

GO TO D23

NO RESPONSE..M

....

GO TO D23...

SOFT CHECK: IF D21=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0) AND D21=1

D22. **Which do you describe yourself as?**

Select all that apply

☐ 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

SOFT CHECK: IF D22=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF D22Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

IF WAVE=1 OR (WAVE=2 AND PREVINT=0)

D23. **What is your race?**

PROGRAMMER: CODE ALL THAT APPLY

Select all that apply

☐ White..11

☐ Black or African American..12

☐ American Indian or Alaska Native...13

☐ Asian Indian...14

☐ Chinese..15

☐ Filipino...16

☐ Japanese...17

☐ Korean...18

☐ Vietnamese..19

☐ Other Asian..20

☐ Native Hawaiian...21

☐ Guamanian or Chamorro..22

☐ Samoan..23

☐ Other Pacific Islander *(specify- STRING 150)*..24

☐ Another race *(specify- STRING 150)*..25

    NO RESPONSE...M

SOFT CHECK: IF D23=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

CHECK: IF D23Specify = NO RESPONSE; **Please provide an answer in the specify box, or click the "Next" button to move to the next question.**

ADDITIONAL SCREENS

TRANSITION TO SECOND CLASSROOM

Now, please answer some questions about your second class, that is the [FILL SECOND CLASSROOM] class.

There are fewer questions about the second class.

Please click the "Next" button below to continue.

PROGRAMMER: REPEAT QUESTIONS WITH UNIVERSE STATEMENT SECOND IF TEACHER HAS A SECOND CLASS.

FINAL ALL

END3 (RECEIPT PAGE)

Thank you very much for participating in FACES!

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

IF CLICKS ON "CONTACT THE HELPDESK"

HELPDESK SCREEN

If you have any questions regarding the FACES survey, please call 833-961-2895 or send an e-mail to FACES@mathematica-mpr.com.

IF CASE INDICATED AS COMPLETE

COMPLETE CASE SCREEN

Our records indicate that your survey is already completed. Please call [IF SURVEY_VERSION=1: 833-961-2895] if you believe you are receiving this message in error.