

OMB No.: 0970-0151
Expiration Date: XX/XX/XXXX



Head Start



ces Survey

Welcome to the Center Director login ID and password. To begin, click the "OK" button. If you do not have a login ID, e-mail us at FACES@mathematica-mpr.com



ns you received to find your login ID and password. To begin, click the "OK" button. If you do not have a login ID, e-mail us at FACES@mathematica-mpr.com

Login ID: _____

Password: _____



INTRO1= CONTINUE

Intro2.

SURVEY INFORMATION

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).

To help us understand your center better, we need you to complete this brief survey. It asks about:

- staffing and recruitment;
- staff education and training;
- curriculum and assessment;
- program management;
- use of program data and information
- a few questions about yourself

Some questions will be about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.

Using the Login Identification Number and Password ensures that the information you provide to the study will be protected and will only be seen by selected members of the study team. The next page provides general instructions on how to complete the survey.

Privacy Statement

- Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering.
- Your individual answers will be completely private and will not be shared with parents or other staff in your program, or anybody else not working on this study.
- Please be assured that all information you provide will be kept private to the extent permitted by law. 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.
- Additionally, there are a few questions that you will answer using your own words. The information you 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 you mention will be omitted from study reports.
- The survey will take about 35 minutes to complete.

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

Paperwork Reduction Act Statement: This collection of information is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 0970-0151 which expires 04/30/2022. The time required to complete this collection of information is estimated to average 35 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002, Attention: Lizabeth Malone.

Intro3.

How to Complete the Survey

Thank you for taking the time to complete this survey.

- There are no right or wrong answers.
- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the "Next" button.
- To go back to the previous webpage, click the "Back" button. Please note that this option is only available in certain sections.
- Use the buttons and links on each page to move through the survey. Using "Enter" or your browser's "Back" function may cause errors.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return to complete the survey
- Please answer questions in the order they appear regardless of the question number. Questions will not always be numbered sequentially, and some may be skipped because they do not apply to you.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue the survey, you will need to log in again using your login ID and password.

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

UNIVERSAL PROGRAMMER NOTES

SOME QUESTIONS IN THE SURVEY HAVE DIFFERENT WORDING BASED ON WHETHER A CENTER DIRECTOR IS A CENTER DIRECTOR AT MORE THAN ONE CENTER IN THE STUDY. THIS CENTER FILL IS DETERMINED BY THE ismultiCD=1 VARIABLE IN THE SAMPLE LOAD FILE.

FOR CENTER DIRECTORS WITH AN ADDITIONAL CENTER: ASK QUESTIONS ABOUT FIRST CENTER FIRST AND THEN ASK QUESTIONS ABOUT ADDITIONAL CENTERS AT THE END OF THE SURVEY. REPEAT QUESTIONS WITH UNIVERSAL STATEMENT **SECOND** IF CENTER DIRECTOR HAS AN ADDITIONAL CENTER.

PROGRAMMER: IF ismultiCD=1; DISPLAY AS BANNER ACROSS EACH SCREEN FOR ITEMS INDICATED AS "SECOND"; [IF ismultiCD=1 AND FIRST OF MULTIPLE CENTERS: **Please answer these questions thinking only about [SITE NAME1].**]

[IF ismultiCD=1 AND SECOND OF MULTIPLE CENTERS: **Please answer these questions thinking only about [SITE NAME2].**]

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

Some questions on this survey are about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.

ALL

PROGRAMMER
CHECK BOX TO PRECEDE TEXT

Consent Screen. By clicking this box, I agree that I understand the purpose of this study including privacy assurances, and that my participation is completely voluntary. Additionally, there are a few questions that you will answer using your own words. The information I provide as part of this open-ended question 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.

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

SECOND SOFT CHECK IF CONSENT SCREEN = MISSING; **If you wish to complete the survey, please click the box. Otherwise, please click the “Submit Page and Continue” button to exit the survey.**

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 would like to complete the survey, please click the “Back” button and click the box on the screen.

SCREENER

Introduction

ALL

SC0. Are you {Fill CenterDirectorFirstName CenterDirectorLastName }?

Select one only

- Yes.....1 SC0b
- Yes, but my name is misspelled.....2 SC0a
- No, this is not my name.....3 SC0a
- NO RESPONSE.....M

HARD CHECK: IF SC0=NO RESPONSE: Your response to this question is very important. Please select a response.

IF SC0 = 2 OR 3

SC0a. Please enter the correct spelling of your name.

(STRING 255)

First, Middle, and Last Name

HARD CHECK: IF SC0a=NO RESPONSE: Your response to this question is very important. Please enter the correct spelling of your name and click the "Submit Page and Continue" button.

ALL

SC0b. What is your job title or position at this Head Start center/program?

(STRING 255)

Job title or position

HARD CHECK: IF SC0b=NO RESPONSE: Your response to this question is very important. Please enter your job title or position and click the "Submit Page and Continue" button.

IF SC0 = 2 or 3

SC0c. What is your email address?

(STRING 255)

Email address

SOFT CHECK: IF SC0c=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF SC0 = 2 or 3

SC0d. What is your telephone number?

(STRING 255)

Telephone number

SOFT CHECK: IF SC0d=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

PROGRAMMER BOX

[IF SC0=2 OR 3, ALERT (DETAILING IF NAME MISSPELLED OR WRONG NAME) SENT TO PD/CD SURVEY LEAD]. ALERT SHOULD INCLUDE NEW NAME, JOB TITLE/POSITION, EMAIL ADDRESS, AND TELEPHONE NUMBER.

IF ismultiCD=1

INTRO. Center: [SITE NAME1]

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

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

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

A. STAFFING AND RECRUITMENT

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

ALL

A0-1. What are the start and end dates of the program year for Head Start funded center-based slots?

	MONTH	DAY	YEAR																
A0-1a. Start date	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="width: 80px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
A0-1b. End date	<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="width: 40px; height: 20px; margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>					<table border="1" style="width: 80px; height: 20px; margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>								
	(RANGE 01-12)	(RANGE 01-31)	(RANGE 2021-2022)																
NO RESPONSE.....M																			

SOFT CHECK: IF A0-1a=NO RESPONSE: Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK: IF A0-1b=NO RESPONSE: Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK: IF A0-1b ≤ A0-1a; Your response indicates that the program year ends in the same calendar year or an earlier calendar year than the program year starts. Please confirm or correct your response and continue.

ALL

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

A0-2a. How many days per week do Head Start funded slots in your center receive services?

Select all that apply

4 days per week..... 1

5 days per week..... 2

NO RESPONSE.....M

SOFT CHECK: IF A0-2A=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

A0-5a. Does this center offer any of the following schedules for the Head Start funded slots?

Select all that apply

- 3.5 hours per day..... 1
- More than 3.5 hours and up to 5 hours..... 2
- More than 5 hours and up to 6 hours..... 3
- More than 6 hours and up to 8 hours..... 4
- More than 8 hours..... 5
- NO RESPONSE..... M

SOFT CHECK: IF A0-5a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF MORE THAN ONE RESPONSE SELECTED IN A-05A

A0-5b. Which of the schedules for Head Start center-based slots in your program fills up fastest?

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS 1-5 THAT WERE PROVIDED IN A05-a.

Select one only

- 3.5 hours per day..... 1
- More than 3.5 hours and up to 5 hours..... 2
- More than 5 hours and up to 6 hours..... 3
- More than 6 hours and up to 8 hours..... 4
- More than 8 hours..... 5
- Slots of different lengths fill up equally fast..... 6
- NO RESPONSE..... M

SOFT CHECK: IF A0-5b=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

A0-6. At the beginning of this program year, did you have a waiting list of children whose parents wanted to enroll them in Head Start in this center, but for whom slots were not available?

Select one only

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

ALL

A1. How many lead teachers are currently employed in this center? By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

LEAD TEACHERS

(RANGE 0-50)

NO RESPONSE..... M

SOFT CHECK: IF A1=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

SOFT CHECK: IF A1>15; You have entered [A1] as the number of lead teachers currently employed in this center. Please confirm or correct your response and continue.

IF A1 EQUALS 0 GO TO A4.

IF A1 > 0

A2. How many of these lead teachers were new to the center this year?

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

PROGRAMMER BOX A2

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

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

LEAD TEACHERS

(RANGE 0-50)

NO RESPONSE.....M

SOFT CHECK: IF $A2 > 0.5 * A1$; You have entered [A2] as the number of lead teachers who are new to the center this year. Please confirm or correct your response and continue.

SOFT CHECK: IF $A2 > A1$; You indicated that there are more lead teachers that are new to the center this year than the number of lead teachers you indicated were employed at this center. Please change your answer to this question and continue.

SOFT CHECK: IF $A2 = \text{NO RESPONSE}$: Please provide an answer to this question, or click the "Next" button to move to the next question.

A3. NO A3 IN THIS VERSION

ALL

A4. In the past 12 months, how many lead teachers left and had to be replaced?

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

PROGRAMMER BOX A4

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

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

LEAD TEACHERS

(RANGE 0-50)

NO RESPONSE.....M

SOFT CHECK: IF $A4 > 0.5 * A1$; You have entered [A4] as the number of lead teachers who left and had to be replaced in the past 12 months. Please confirm or correct your response and continue.

SOFT CHECK: IF $A4 > 2 * A1$; You indicated that more lead teachers left and had to be replaced in the past 12 months than currently work at this center. Please confirm your answer to this question and continue.

SOFT CHECK: IF $A4 = \text{NO RESPONSE}$: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF A4 > 0

A4a. Please select the top *three* reasons that lead teachers left your program.

Select up to three reasons

- Transitioned to another position in your program.....1
- Pursue their education.....2
- Higher pay in an equivalent early childhood job at another program.....3
- Higher level early childhood position at another program.....4
- Better work hours in another job.....5
- Transportation needs.....6
- Left early childhood field.....7
- Personal reasons.....8
- Illness or health reasons.....9
- Concerns about personal health and safety due to COVID-19.....10
- Other reason due to COVID-19 (Specify).....11
 (STRING 255)
- Other reason (Specify).....12
 (STRING 255)
- NO RESPONSE.....M

SOFT CHECK: IF A4a= MISSING; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

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

A5-A12G. NO A5-A12G IN THIS VERSION

ALL

A12h. Does your center serve any children or families who speak a language other than English at home?

- Yes.....1
- No.....0 GO TO A15
- NO RESPONSE.....M GO TO A15

SOFT CHECK: IF A12h=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF A12H=1

A12i. Other than English, what languages are spoken by the children and families who are part of your center?

Select all that apply

- Spanish..... 12
 - Arabic..... 20
 - Cambodian (Khmer)..... 13
 - Chinese..... 14
 - French..... 11
 - Haitian Creole..... 15
 - Hmong..... 16
 - Japanese..... 17
 - Korean..... 18
 - Vietnamese..... 19
 - Other (Specify)..... 21
- (STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF A12i=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

IF A12H=1

A12j. Do you have any lead teachers or assistant teachers who are bilingual?

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

PROGRAMMER BOX A12J

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

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

- Yes..... 1
- No..... 0 GO TO A_C3j
- NO RESPONSE..... M GO TO A_C3j

SOFT CHECK: IF A12j=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF A12J=1

A12k. Other than English, which of the languages that are spoken by the children and families in your center are also spoken by any lead teachers or assistant teachers in your center?

PROGRAMMER NOTE: ONLY FILL WITH ANSWERS THAT WERE PROVIDED IN A12i.

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

PROGRAMMER BOX A12K

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

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

Select all that apply

- Spanish..... 12
 - Arabic.....20
 - Cambodian (Khmer)..... 13
 - Chinese..... 14
 - French..... 11
 - Haitian Creole..... 15
 - Hmong..... 16
 - Japanese..... 17
 - Korean..... 18
 - Vietnamese..... 19
 - Other (Specify).....21
- (STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF A12k=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

IF A12J=1

A12I. How do you determine the language proficiency of bilingual lead teachers and assistant teachers in the language(s) other than English that they speak?

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

PROGRAMMER BOX A12I
SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION:
By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.

Do you . . .

Select one per row

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

(STRING 255)

SOFT CHECK: IF A12I1, 2, 3, or 4 =NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

A12m-A12n. NO A12m-A12n IN THIS VERSION

IF A12H=1

A_C3j. Are you unable to provide interpreters or translate written materials in any of the languages spoken by children and families that are part of your center because you do not have staff members that speak those languages?

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

SOFT CHECK: IF A_C3j=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

A13-A14. NO A13-A14 IN THIS VERSION

ALL

A15. In Fall 2021, was it difficult for your center to recruit any of the following families in your community?

Select all that apply

- Single parent households..... 1
- Teen parent households..... 2
- Families living in deep poverty..... 3
- Families experiencing unemployment or underemployment..... 4
- Families with substance use issues..... 5
- Families with mental health issues..... 6
- Children with developmental concerns..... 7
- Other families (Specify)..... 99

(STRING 255)

NO RESPONSE..... M

SOFT CHECK: IF A15=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

ALL

A16. In Fall 2021, did your center make an effort to recruit different families compared to prior years due to the COVID-19 pandemic?

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

NO RESPONSE..... M

SOFT CHECK: IF A16=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

A16=1

A17. Please think about families your center made an effort to recruit in Fall 2021, compared to prior years.

Due to the COVID-19 pandemic, did your center make more of an effort to recruit the following families?

Select all that apply

- Single parent households.....1
- Teen parent households.....2
- Families living in deep poverty.....3
- Families experiencing unemployment or underemployment.....4
- Families with substance use issues.....5
- Families with mental health issues.....6
- Other families (Specify).....99

(STRING 255)

NO RESPONSE.....M

SOFT CHECK: IF A17=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

B. STAFF EDUCATION AND TRAINING

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

B0. NO B0 IN THIS VERSION

B1-B1a. NO B1-B1a IN THIS VERSION

B2. NO B2 IN THIS VERSION

B3a-g. NO B3a-g IN THIS VERSION

ALL
PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS: 1, 14, 5, AND 6 ON ONE SCREEN AND 7, 8, 9, 10, 11, 12, 13, AND 99 ON ANOTHER SCREEN.

B3h. Programs and centers can support staff’s professional development in a lot of different ways. Does your program or center offer the following to teachers, family child care providers, or home visitors?

Select one per row

	YES	NO
1. Other types of consultants hired to work directly with staff to address a specific issue or concern.....	1 <input type="radio"/>	0 <input type="radio"/>
14. In-person or virtual attendance at regional, state, or national conferences.	1 <input type="radio"/>	0 <input type="radio"/>
5. Paid substitutes to allow teachers time to prepare, train, and/or plan.....	1 <input type="radio"/>	0 <input type="radio"/>
6. Coaching/mentoring.....	1 <input type="radio"/>	0 <input type="radio"/>
7. Workshops/trainings sponsored by the program.....	1 <input type="radio"/>	0 <input type="radio"/>
8. Workshops/trainings provided by other organizations.....	1 <input type="radio"/>	0 <input type="radio"/>
9. A community of learners, also called a peer learning group (PLG) or professional learning community (PLC), facilitated by an expert.....	1 <input type="radio"/>	0 <input type="radio"/>
10. Time during the regular work day to participate in Office of Head Start T/TA webinars.....	1 <input type="radio"/>	0 <input type="radio"/>
11. Tuition assistance for Associate’s or Bachelors’ courses.....	1 <input type="radio"/>	0 <input type="radio"/>
12. Onsite Associate’s or Bachelor’s courses.....	1 <input type="radio"/>	0 <input type="radio"/>
13. Tuition assistance for courses toward getting a credential.....	1 <input type="radio"/>	0 <input type="radio"/>
99. Other (Specify).....	1 <input type="radio"/>	0 <input type="radio"/>

(STRING 255)

PROGRAMMER: SOFT CHECK: IF B3h1, 14, 5, OR 6 =NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.
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PROGRAMMER: SOFT CHECK: IF B3h7, 8, 9, 10, 11, 12, OR 13 =NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.
--

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

ALL

B4. How often do the following staff typically participate in professional development activities? Is it every week, 2 or 3 times a month, monthly, once every few months, or once a year or less?

Select one per row

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

SOFT CHECK: IF B4a1, a2, b, c, d, or e=NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

B4c. NO B4c IN THIS VERSION

ALL

B5. Who conducts the professional development activities?

Select all that apply

- Center or grantee staff..... 1
- Community resources..... 2
- Consultants..... 3
- National Head Start Association..... 5
- State conferences..... 10
- Regional conferences..... 11
- National conferences..... 12
- Private companies or organizations..... 7
- OHS Regional T/TA Providers..... 13
- OHS National Centers..... 14
- Other (Specify)..... 8
- (STRING 255)
- Do not have professional development activities..... 9
- NO RESPONSE..... M

PROGRAMMER: RESPONSE OPTION 9 IS EXCLUSIVE

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

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

B5c. NO B5c IN THIS VERSION

ALL

B6. Has your center consulted with a regional T/TA specialist?

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

SOFT CHECK: IF B6=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

B7-B10a. NO B7-B10a IN THIS VERSION

ALL

PROGRAMMER NOTE: split item into two screens: a-e on one screen and f- j on another screen.

B10b. How often have you or other staff in your center used or accessed information or resources provided by or through each of the following? Would you say never, rarely, sometimes, or often?

Select one per row

	NEVER	RARELY	SOMETIMES	OFTEN
a. Early Childhood Learning and Knowledge Center (ECLKC) website.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Office of Head Start National Centers.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Professional organizations.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Private consultants, private organizations, or commercial vendors.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. Regional T/TA specialists.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Office of Head Start webinars.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. In-person or virtual regional, state, or national conferences.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Other (Specify).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> (STRING 255) </div>				

SOFT CHECK: IF B10b=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

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

- B11-B12. NO B11-B12 IN THIS VERSION
- B12c. NO B12c IN THIS VERSION
- B13-B14. NO B13-14 IN THIS VERSION
- B14e-B14f. NO B14e-B14f IN THIS VERSION
- B15-B19. NO B15-B19 IN THIS VERSION

ALL

B20. How often are teachers given a formal performance evaluation?

Select one only

- Two or more times per year.....1
- Once a year.....2
- Once every 2 years.....3
- Once every 3 years.....4
- Once every 4 years or more.....5
- No formal evaluations are conducted.....0
- NO RESPONSE.....M

SOFT CHECK: IF B20=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

B21c-e. NO B21c THROUGH B21e IN THIS VERSION.

ALL

B21. How many hours of training or support related to curriculum are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record “999” for not applicable.”

PROGRAMMER: RANGE FOR GRID IS 0-400 OR 999

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

SOFT CHECK: IF B21a, b, f, or g=NO RESPONSE: **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.**

SOFT CHECK: IF B21a, b, f, OR g>25; **You have entered more than 10 hours as the number of hours of training or support related to curriculum offered to staff in a typical year. Please confirm or correct your response and continue.**

B22c-e. NO B22c THROUGH B22e IN THIS VERSION.

ALL

B22. How many hours of training or support related to your assessment tool(s) and ongoing child assessments are offered to the following staff in a typical year (that is, the total number of hours offered even if not all staff are able to attend some trainings)? If none, please record 0. If you do not have one of the types of staff listed below at your center, please record “999” for not applicable.”

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

PROGRAMMER BOX B22

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

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

PROGRAMMER: RANGE FOR GRID IS 0-400

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

SOFT CHECK: IF B22a, b, f, or g=NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

SOFT CHECK: IF B22a, b, f, OR g>25; You have entered [B22a, b, c, f, g] as the number of hours of training or support related to your assessment tool(s) and ongoing child assessments offered in a typical year. Please confirm or correct your response and continue.

B23. NO B23 IN THIS VERSION

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO PAGES: C-F ON ONE PAGE AND G-J ON ANOTHER.

B24. There are many different ways that centers can support curriculum implementation and monitor implementation fidelity (in other words, monitor whether the curriculum is being implemented as intended by the people who created it). We are interested in learning about what your center is doing. Is your center currently doing any of the following?

Select one per row

	YES	NO
c. Have teachers complete fidelity checklists available from the developer.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Have a coach observe teachers <i>using the curriculum developer's fidelity checklist</i>	1 <input type="radio"/>	0 <input type="radio"/>
e. Have someone else observe teachers <i>using the curriculum developer's fidelity checklist</i>	1 <input type="radio"/>	0 <input type="radio"/>
f. Have a coach observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist).....	1 <input type="radio"/>	0 <input type="radio"/>
g. Have someone else observe teachers implementing the curriculum and provide feedback (not using a fidelity checklist).....	1 <input type="radio"/>	0 <input type="radio"/>
h. Have coaches focus on curriculum implementation when working with teachers.....	1 <input type="radio"/>	0 <input type="radio"/>
i. Administrators/coaches/specialists/others participate in a curriculum developer training on supporting and/or monitoring fidelity.....	1 <input type="radio"/>	0 <input type="radio"/>
j. Use other implementation support or fidelity monitoring tools (not including CLASS or other quality observations) (Specify).....	1 <input type="radio"/>	0 <input type="radio"/>

(STRING 255)

SOFT CHECK: IF B24c, d, e, OR f, =NO RESPONSE: **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.**

SOFT CHECK: IF B24g, h, i, or j=NO RESPONSE: **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.**

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

C. STAFF MENTAL HEALTH

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
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"/>
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"/>
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"/>
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"/>
e. Depressed.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. That everything you did was an effort...	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Fearful.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Your sleep was restless.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. You talked less than usual.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. Lonely.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. Sad.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. You could not get “going”.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

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.

ALL

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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.

Select one per row

During the past 2 weeks, about how often were you bothered by...	NEARLY EVERY DAY IN THE PAST 2 WEEKS	MORE THAN HALF THE DAYS IN THE PAST 2 WEEKS	SEVERAL DAYS IN THE PAST 2 WEEKS	NOT AT ALL IN THE PAST 2 WEEKS
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"/>

SOFT CHECK: IF C3 a-g =NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

C4. To what extent do you agree with each of the following statements about your *current* job-related stress due to COVID-19?

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

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 <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

SOFT CHECK: IF C4 a, b, c, or d =NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

The next questions are supports for staff mental health available in your program.

C5. Does your center offer services or supports to support staff wellness and overall well-being? Examples of these services and supports include resources to support physical health (e.g., exercise and nutrition, yoga room), self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room), counseling resources or referrals to Employee Assistance Programs, and monetary incentives.

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select one per row.

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

SOFT CHECK: IF C5=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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.

ALL

C8. Does your center offer training to staff on providing trauma-informed care?

- Yes..... 1
- No..... 0 GO TO E1
- NO RESPONSE..... M GO TO E1

SOFT CHECK: IF C8=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF C8=1

C9. You indicated that your center offers training to staff on providing trauma-informed care. Who conducts the training on providing trauma-informed care?

Select all that apply

- Mental health consultants/specialists..... 1
- Counselors or therapists..... 2
- Behavior specialists..... 3
- Other center or grantee staff..... 4
- Other (Specify)..... 99
- (STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF C9=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

E. CURRICULUM AND ASSESSMENT

The next questions are about curriculum and assessment.

E1. NO E1 IN THIS VERSION

E2. NO E2 IN THIS VERSION

ALL

E15. We are interested in learning about your use of other activities and tools related to curriculum. Is your center regularly doing any of the following activities or regularly using any of the following tools?

Select one per row

	YES	NO
a. Making and using adaptations to your curriculum/parts of your curriculum (for example, to respond to different learning needs).....	1 <input type="radio"/>	0 <input type="radio"/>
b. Using a subject matter (for example, math, science, social/emotional, literacy) curriculum in addition to other curriculum/curricula.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Using the online components of the curriculum package.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Using the assessment system that accompanies your curriculum.....	1 <input type="radio"/>	0 <input type="radio"/>
e. Using online components of the assessment that accompanies your curriculum.....	1 <input type="radio"/>	0 <input type="radio"/>
f. Using other activities/tools related to curriculum (Specify).....	1 <input type="radio"/>	0 <input type="radio"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(STRING 255)</div>		

SOFT CHECK: IF E15a, b, c, d, e, or f=NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.

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

E3d—E3g. NO E3d THROUGH E3g IN THIS VERSION

E4-E8. NO E4-E8 IN THIS VERSION

E9-E9a. NO E9-E9a IN THIS VERSION

E10. NO E10 IN THIS VERSION

E11. NO E11 IN THIS VERSION

IF A12H=1

E11d. Now we would like to ask you about strategies your program or center might use to assess the English language abilities of children who speak a language other than English. How often do you use any of the following strategies to assess their English language skills?

Select one per row

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

(STRING 255)

SOFT CHECK: IF E11d1, 2, 3, 4, or 5 =NO RESPONSE: **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the "Next" button.**

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

IF A12H=1

E11e. Does your center assess children's abilities in their home language? Home language refers to the language (other than English) spoken to the child at home.

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

SOFT CHECK: IF E11e=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

ALL

E3a. Does your center use a particular parent education, parent support, or parenting curriculum?

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

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

SOFT CHECK: IF E3a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF E3a=1

E3b. What parenting curriculum/curricula do you use?

Select all that apply

- Second Step..... 1
- Parents as Teachers (PAT)..... 2
- Systematic Training for Effective Parenting (STEP)..... 3
- Home Instruction for Parents of Preschool Youngsters (HIPPI)..... 5
- Growing Great Kids, Inc..... 6
- Positive Solutions for Families (Center on the Social Emotional Foundations for Early Learning)..... 7
- Second Time Around: Grandparents Raising Grandchildren..... 8
- Practical Parent Education..... 9
- Improving Parent-Child Relationships..... 10
- Parenting Now! Curriculum..... 11
- Other (Specify)..... 12
- (STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF E3b=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

E3c. NO E3c IN THIS VERSION.

NO E12-14 IN THIS VERSION

H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

H1-H4. NO H1-H4 IN THIS VERSION

ALL
PROGRAMMER NOTES: SPLIT ITEM INTO TWO PAGES: A-G ON PAGE ONE AND H-O ON SECOND PAGE

H5. You have a lot of different responsibilities as a center director, many of which you share with other program and center staff. Please indicate how much of your time is needed for each of the following responsibilities in the course of the year—a lot of your time, some of your time, only a little of your time, or none of your time. If you feel any critical responsibilities have been left out, please specify them in the space provided.

		A LOT OF MY TIME	SOME OF MY TIME	ONLY A LITTLE OF MY TIME	NONE OF MY TIME AT ALL
a. Monitoring progress toward school readiness goals.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
b. Establishing and maintaining partnerships with other organizations in the community.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. Completing the program self-assessment.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
d. Dealing with human resources issues.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
e. Ensuring compliance with federal standards for Head Start programs.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
f. Designing the training and technical assistance plan for this center.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
g. Evaluating teachers and other staff.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
h. Providing educational leadership/establishing the curriculum.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
i. Strategic planning.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
j. Promoting parent and family engagement.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
k. Fiscal management.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
l. Addressing facilities, equipment, and transportation issues.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
m. Other (Specify).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
(STRING (255))					
n. Other (Specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
(STRING (255))					
o. Other (Specify)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
(STRING (255))					

SOFT CHECK: IF H5a, b, c, d, e, f, g, h, i, j, k, l, m, n, or o=NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the

“Next” button.

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

H6. NO H6 IN THIS VERSION.

ALL

H9. In the past 12 months, have you participated in the following kinds of professional development?

(Click [here](#) for “LEADERSHIP INSTITUTE” definition)

Select one per row

	YES	NO
a. A network or community of early care and education center directors or managers, sometimes called a peer learning group (PLG) or professional learning community (PLC).....	1 <input type="radio"/>	0 <input type="radio"/>
b. A leadership institute, course, coaching, or other leadership development program.....	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER BOX H9

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

A leadership institute is a type of conference or workshop that provides an opportunity to learn new skills or discuss important issues related to leadership. Sometimes leadership institutes are specifically for staff who have named leadership roles in their centers or programs (like directors or managers), but leadership institutes can also include other types of staff who want to learn about leadership issues.

SOFT CHECK: IF H9a or b=NO RESPONSE: **You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next button.**

ALL

H8. To do your job as a center director more effectively, what additional help do you need? Select the top three.

PROGRAMMER NOTE: Allow 0, 1, 2, or 3 responses. Do not allow more than 3 responses.

Select up to 3

- Program improvement planning4
- Budgeting.....5
- Staffing (hiring)6
- Data-driven decision making10
- Teacher evaluation7
- Evaluation of other program staff8
- Teacher professional development (for example, conducting classroom observations).....9
- Educational/curriculum leadership1
- Creating positive learning environments3
- Child assessment2
- Working with parents and families11
- Working with and partnering in the community16
- Assessing community needs.....17
- Responding to diverse cultural/linguistic needs.....18
- Health/safety or policy guidance.....19
- Preparing for future disasters.....20
- NO RESPONSE.....M

SOFT CHECK: IF H8=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question

N. USE OF PROGRAM DATA AND INFORMATION

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

ALL

N1. Do supervisors, coaches/mentors, or other specialists share or review individual children’s data in one-on-one meetings with teachers or in team meetings?

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

SOFT CHECK: IF N1=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

ALL

N2. Please indicate how much the following areas are barriers to teachers using child-level data to guide and individualize instruction:

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

Select one per row

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

SOFT CHECK: IF N2a, b, c, d, or e=NO RESPONSE: You may have missed a question or two on this page. Please review your answers below, provide the missing response(s), and continue. To continue to the next question without making changes, click the “Next” button.

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

O. SYSTEMS AND RESOURCES

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

ALL

O5. Does your center have a state license to operate?

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

PROGRAMMER BOX O5

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

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration". Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

- Yes, my center has a state license to operate.....1 GO TO O5a
- No, my center is exempt for the requirement for a state license.....2 GO TO O5b
- No, my center does not have a license for another reason (Specify).....3 GO TO O6
- (STRING 255)
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O5=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

IF O5=1

O5a. Sometimes centers have a state license even if they are exempt from the requirement to have one. Is your center required to have a state license, or is your center exempt (but the center applied for a received a license anyway)?

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

PROGRAMMER BOX O5A

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

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration". Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

- My center is required to have a state license to operate.....1
- My center is exempt from the state license requirement, but we have one anyway.....2
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O5a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF O5=2

O5b. Why is your center exempt from having a state license?

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

PROGRAMMER BOX O5A

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

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

- My center is part of a school system.....1
- My center is affiliated with a religious organization.....2
- My center is open only a few hours per day or days per week.....3
- Another reason (Specify).....99
 (STRING 255)
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O5b=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

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

IF O5=1

O5d. Has your center received any technical assistance from the licensing agency to help with improving the facilities and/or to meet licensing requirements?

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

PROGRAMMER BOX O18

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

As described by the National Center on Early Childhood Quality Assurance: "Licensing is a process administered by State and Territory governments that sets a baseline of requirements below which it is illegal for facilities to operate. States have regulations that facilities must comply with and policies to support the enforcement of those regulations. Some States may call their regulatory processes "certification" or "registration." Additional information on licensing can be found in: National Center on Child Care Quality Improvement and the National Association for Regulatory Administration. "Research Brief #1: Trends in Child Care Center Licensing Regulations and Policies for 2014." November 2015. Available at https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf . (Accessed May 17, 2018.)

Select one only

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

SOFT CHECK: IF O5d=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

O6. Does your center participate in your state or local quality rating and improvement system (QRIS), [NAME OF QUALITY RATING AND IMPROVEMENT SYSTEM]?

Select one only

- Yes..... 1 GO TO O6a
- No..... 0 GO TO O6b
- Don't know..... d GO TO O17

SOFT CHECK: IF O6=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF O6=0

O6b. Why doesn't your center participate in your state or local quality rating and improvement system (QRIS), [NAME OF QUALITY RATING AND IMPROVEMENT SYSTEM]?

Select all that apply

- Too much time/too burdensome to enroll.....1
 - The QRIS does not accept Head Start monitoring data to document quality indicators included in the state's QRIS.....2
 - Too expensive to meet standards.....3
 - Not an effective marketing tool to attract applicants.....4
 - Not a good measure of program quality.....5
 - We plan to join, but we haven't joined it yet.....6
 - QRIS does not allow or encourage Head Start programs to participate.....7
 - Other (Specify)8
- (STRING 255)
- Don't know.....d
 - NO RESPONSE.....M

SOFT CHECK: IF O6b=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

IF O6=1

O6a. What process did your center go through in order to receive your initial rating under the current QRIS?

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

PROGRAMMER BOX O6A

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

Some state or local quality rating and improvement systems (QRIS) do not require programs to go through a full application or review process if the program meets quality standards external to the QRIS (for example, Head Start, state-funded pre-K, and NAEYC-accredited programs).

Automatic ratings award a program a higher rating level without going through the QRIS application or review process, because the program already meets quality standards external to the QRIS. Alternative pathways award a program automatic credit for some (but not all) of the quality components in the QRIS, because the program already meets quality standards external to the QRIS. However, for other quality components the program still has to go through a rating process to receive a higher rating level.

Select one only

- My center went through a full review process.....1
- My center received an automatic rating.....2
- My center received a rating through an alternative pathway (received automatic credit for some standards but was rated through the QRIS process for others).....3
- Other (Specify).....99
 (STRING 255)
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O6a=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

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

IF O6=1

O6c. Has your center’s rating gone up since joining the QRIS, [NAME OF QUALITY RATING AND IMPROVEMENT SYSTEM]?

Select one only

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

SOFT CHECK: IF O6c=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

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

IF O6=1

O6d. Have you received any of the following from your QRIS?

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

- Coaching/technical assistance for me or other center administrative staff.....1
- Coaching/technical assistance for teachers.....2
- Trainings or workshops.....3
- Grants or financial incentives such as direct funding for quality improvements.....4
- Higher reimbursements for child care subsidies from the state due to a higher quality rating (if applicable).....5
- Information or scores from the QRIS review process, including scores on observation measures such as the ECERS or CLASS.....6
- Other (Specify)7
 (STRING 255)
- None of these things8
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O6d=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

PROGRAMMER: RESPONSE OPTION 8 IS EXCLUSIVE

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

O2-O4. NO O2-O4 IN THIS VERSION

O11a-O11c. NO O11a-O11c IN THIS VERSION

O12a-O12c. NO O12a-O12c IN THIS VERSION

O13. NO O13 IN THIS VERSION

ALL

O17. In the past 12 months, were you inspected by an agency or did someone come to monitor the quality of services in your program?

Select one only

- Yes..... 1 GO TO 017a
- No..... 0 GO TO O14a
- Don't know..... d GO TO O14a
- NO RESPONSE..... M

SOFT CHECK: IF O17=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

IF O17=1

O17a. In the past 12 months, which agencies came to inspect your center or to monitor the quality of services?

Select all that apply

- Health Department..... 1
- Child and Adult Care Food Program..... 2
- Licensing Agency..... 3
- QRIS..... 4
- Head Start..... 5
- State or local Pre-K..... 6
- Other (Specify)..... 7
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

SOFT CHECK: IF O17a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

ALL

O14a. Who manages the finances/does accounting for your center? In other words, who is involved in the ongoing work of managing finances and accounting activities such as monitoring revenues and expenditures?

Select all that apply

- I do..... 1
- Someone else on the staff of this center.....2 GO TO O14a_1
- Someone on the staff of the program/larger organization this center is part of....3
- An outside consultant or contractor.....4
- Someone else (Specify).....99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

SOFT CHECK: IF O14a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

IF O14A=2

O14a_1 Thinking of the other center staff person who manages finances/does accounting, is this person/these people's primary responsibility managing your center's finances?

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

Select one only

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

SOFT CHECK: IF O14a1=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

O15. Do you have any training in financial management?

Select one only

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

SOFT CHECK: IF O15=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

I. EMPLOYMENT AND EDUCATIONAL BACKGROUND

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

ALL

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

Please round your response to the nearest whole year.

I0. In any early childhood program? YEARS

(RANGE 0-70)

I2a. In any Head Start program? YEARS

(RANGE 0-54)

I2b. Of this Head Start center? YEARS

(RANGE 0-54)

NO RESPONSE.....M

PROGRAMMER: ismultiCD=1; DISPLAY I2B ON SCREEN TWICE (ONCE FOR EACH CENTER) WITH THIS NOTE FOR EACH INSTANCE OF QUESTION I2B: [IF ismultiCD=1 AND FIRST OF MULTIPLE CENTERS: Of [SITE NAME1]?]

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

SOFT CHECK: IF I0=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF I0 > 50; NUMBER OF YEARS DIRECTING MAY BE TOO HIGH: **You have entered [I0] as the number of years you have been a director in any early childhood program. Please confirm or correct your response and continue.**

SOFT CHECK: IF I2a=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF I2a > 30; NUMBER OF YEARS MAY BE TOO HIGH: **You have entered [I2a] as the number of years prior to this program year that you served as director in any Head Start program. Please confirm or correct your response and continue.**

HARD CHECK: IF I0 < I2a; **You indicated that you have been a director in any Head Start program for more years (I2a) than you have served as director in any early childhood center (I0). Please change your answer to this question and continue.**

SOFT CHECK: IF I2b=NO RESPONSE: **Please provide an answer to this question, or click the "Next" button to move to the next question.**

SOFT CHECK: IF I2b > 30; NUMBER OF YEARS MAY BE TOO HIGH: **You have entered [I2b] as the number of years prior to this program year that you served as director of this Head Start center. Please confirm or correct your response and continue.**

HARD CHECK: IF I2b > I2a; **You indicated that you have been a director in this Head Start program for more years (I2b) than you have served as a director in any Head Start center (I2a). Please change your answer to this question and continue.**

ALL

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

MONTH YEAR (01-12) (1965-2022) NO RESPONSE.....M

SOFT CHECK: IF I1=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question. HARD CHECK: IF I1 > CURRENT DATE; The date you entered occurs in the future. Please correct your response and continue.

ALL

12. In total, how many years have you worked with any Head Start or Early Head Start Program? Please round your response to the nearest whole year. Note, Head Start has been in existence for 54 years.

YEARS (RANGE 0-54) NO RESPONSE.....M

SOFT CHECK: IF I2=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question. SOFT CHECK: IF I2>30; You have entered [I2] as the number of years you have worked with any Head Start or Early Head Start program. Please confirm or correct your response and continue.

ALL

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

HOURS (RANGE 0-100) NO RESPONSE.....M

SOFT CHECK: IF I3=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question. SOFT CHECK: IF I3>40; You have entered [I3] as the number of hours per week your salary covers. Please confirm or correct your response and continue.

I4-I5. NO I4-I5 IN THIS VERSION

ALL

I23. What is your total annual salary (before taxes) as a center director for the current program year?

DOLLARS PER YEAR

(RANGE 0-999,999)

NO RESPONSE.....M

SOFT CHECK: IF I23=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question. When entering a number, please enter numbers only without punctuation or special characters.
SOFT CHECK: IF I23 > 250,000; You have entered [I23] as your total annual salary (before taxes). Please confirm or correct your response and continue.

I6. NO I6 IN THIS VERSION

I7-I11. NO I7-I11 IN THIS VERSION

ALL

I12. What is the highest grade or year of school that you completed?

Select one only

- Up to 8th grade.....1 GO TO I15b
- 9th to 11th grade.....2 GO TO I15b
- 12th grade, but no diploma.....3 GO TO I15b
- High School Diploma/Equivalent.....4 GO TO I15b
- Vocational/ Technical Program after high school.....5 GO TO I15b
- Some college, but no degree.....7 GO TO I15a
- Associate's degree.....8
- Bachelor's degree.....9
- Graduate or Professional School, but no degree.....10
- Master's degree (MA, MS).....11
- Doctorate degree (Ph.D., Ed.D.).....12
- Professional degree after bachelor's degree (Medicine/MD, Dentistry/ DDS, Law/JD/LLB, etc.).....13
- NO RESPONSE.....M GO TO I18

SOFT CHECK: IF I12=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

I13. In what field did you obtain your highest degree?

Select all that apply

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

SOFT CHECK: IF I13=NO RESPONSE: Please provide an answer to this question, or click the “Next” button to move to the next question.

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

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

I15a. Have you completed an entire course on children who speak a language other than English?

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

SOFT CHECK: IF I15a=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

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

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

SOFT CHECK: IF I15b=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

I16-I17. NO I16-I17 IN THIS VERSION

ALL

I18. Do you have a Child Development Associate (CDA) credential?

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

SOFT CHECK: IF I18=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

I19. Do you have a state-awarded preschool teaching certificate or license?

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

PROGRAMMER BOX I19

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

A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.

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

SOFT CHECK: IF I19=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

ALL

I20. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?

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

PROGRAMMER BOX I20

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

A "teaching certificate or license" is usually granted to a teacher by a state department or agency that has authority over the education and/or early childhood system in that state. The certificate or license is given when the teacher has met certain education or experience requirements that are set by the department or agency. Usually a teacher would have to apply for a certificate or license after meeting those requirements.

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

SOFT CHECK: IF I20=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

I21-I22. NO I21-I22 IN THIS VERSION

ALL

I24r. How do you describe yourself?

SELECT ALL THAT APPLY

Male
.....
1

Female
.....
2

Another gender identity (Specify)
.....
3

(STRING 255)

Prefer not to answer
.....
4

NO RESPONSE.....M

SOFT CHECK: IF I24r=NO RESPONSE: Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Next" button.

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

ALL

I25. In what year were you born?

YEAR
(1914-2002)

NO RESPONSE.....M

SOFT CHECK: IF I25=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

SOFT CHECK: IF I25 < 1927 OR > 1996; You have entered [I25] as the year you were born. Please confirm or correct your response and continue.

ALL

I26. Are you of Spanish, Hispanic, Latino[a/x], or Chicano[a/x] origin?

Yes.....1

No.....0 GO TO I28

NO RESPONSE.....M GO TO I28

SOFT CHECK: IF I26=NO RESPONSE: Please provide an answer to this question and continue. To continue to the next question without providing a response, click the "Submit Page and Continue" button.

IF I26=1

I27. Which of these best describes you? You may select more than one.

Select one or more

- Mexican, Mexican American, or Chicano[a/x].....1
- Puerto Rican.....2
- Cuban.....3
- Another Spanish/Hispanic/Latino[a/x] group (Specify).....4
- (STRING 255)
- NO RESPONSE.....M

SOFT CHECK: IF I27=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.

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

I28. What is your race? Select one or more.

Select one or more

- White..... 11
- Black or African American..... 12
- American Indian or Alaska Native..... 13
- Asian Indian..... 14
- Chinese..... 15
- Filipino..... 16
- Japanese..... 17
- Korean..... 18
- Vietnamese..... 19
- Other Asian..... 20
- Native Hawaiian..... 21
- Guamanian or Chamorro..... 22
- Samoan..... 23
- Other Pacific Islander (Specify)..... 24

(STRING 255)
- Another race (Specify)..... 25

(STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF I28=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

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

ALL

I29. Do you speak a language other than English?

- Yes..... 1
- No..... 0 GO TO X16
- NO RESPONSE..... M GO TO X16

SOFT CHECK: IF I29=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF I29=1

I30. What languages other than English do you speak?

Select all that apply

- Spanish..... 12
 - Arabic..... 20
 - Cambodian (Khmer)..... 13
 - Chinese..... 14
 - French..... 11
 - Haitian Creole..... 15
 - Hmong..... 16
 - Japanese..... 17
 - Korean..... 18
 - Vietnamese..... 19
 - Other (Specify)..... 21
- (STRING 255)
- NO RESPONSE..... M

SOFT CHECK: IF I30=NO RESPONSE: **Please provide an answer to this question, or click the “Next” button to move to the next question.**

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

SECTION X. COVID-19 IMPACT

These next questions are about any changes to your center since the COVID-19 pandemic.

ALL

X16. What is the largest lasting change to your center as a result of COVID-19?

(STRING (NUM))

ADDITIONAL SCREENS

TRANSITION TO ADDITIONAL CENTER IF ismultiCD=1

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

There are fewer questions about your [SITE NAME2].

Please click the “Next” button below to continue.

PROGRAMMER: ROUTE TO [IF CORE:A0-1] AND BEGIN SECOND CENTER SERIES QUESTIONS MARKED WITH “[SECOND](#)”

ALL

END.

Thank you very much for participating in FACES!

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

Some questions on this survey were about the COVID-19 pandemic, mental health, and national events that have potentially caused distress. The National Suicide Prevention Lifeline offers free and confidential support for people in distress and is available 24 hours a day at 1-800-273-8255.