# OMB # 0970-0151

# Expiration: 12/31/2023

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**American Indian and Alaska Native**

**Head Start Family and Child Experiences Survey**

**(AIAN FACES)**

**Teacher Survey**

**Spring 2022**

**AFFIX LABEL HERE**

|  |
| --- |
| The Paperwork Reduction Act Statement: This collection of information is voluntary and will be used to provide descriptive information about Head Start programs and the families they serve. Public reporting burden for this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0151, Exp: 12/31/2023. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Lizabeth Malone, Mathematica, 1100 1st Street, NE, 12th Floor, Washington, DC 20002. |

**INTRODUCTION**

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

**SURVEY INFORMATION**

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

* **Taking** **part is completely voluntary. There are no risks or direct benefits from taking part in the study. If you choose to take part in the study but then decide you want to leave the study at any point, that is okay.**
* **No one outside of the Mathematica study team will be able to connect you to the answers you provide to the survey questions.** **That means other program staff, including your supervisor, will not know how you answered the questions.**
* **Some questions might ask you to answer questions in your own words. We may use statements or parts of statements you make in connection with the study; however, we will not identify you as the source of the statement; we also will not identify your program or community.**
* **We will never identify you or any individual parent, child, or other staff member, in any report; reports will contain only general study results.**
* **All information collected as part of AIAN FACES will be kept private to the extent permitted by law unless we learn that a child has been hurt or is in danger or you tell us that you plan to seriously hurt yourself or someone else – then by law, we must make a report to the appropriate legal authorities.**
* **In the future, survey responses from the study (with nothing identifying individuals, programs, or communities) will be securely shared only with qualified individuals who are studying Head Start children, their families, and programs.**
* **We have a Certificate of Confidentiality from the National Institutes of Health. The Certificate helps us protect your privacy. This strictly limits when the study team can to give out information that identifies you, even in court. However, we may need to share your information if it shows a serious threat to you or to others, including reporting to authorities when required by law. The U.S. Department of Health and Human Services (DHHS) may ask for data for an audit or evaluation. If they do, we will need to provide it. However, only DHHS staff involved in the review will see it.**



OMB Number: 0970-0151

Expiration Date: 12/31/2023

**American Indian and Alaska Native**

**Head Start Family and Child Experiences Survey**

**(AIAN FACES)**

**Teacher Child Report and Teacher Survey Consent Form**

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

**About the Teacher Child Report (TCR) and Teacher Survey:** The TCR asks you to report on the current language, learning, and social skills; classroom conduct; and approaches to learning that you have observed in the children in the study who are from your class. The Teacher Survey asks about your classroom and your background, as well as your thoughts about teaching and your Head Start program.

**Privacy Statement:** All information collected as part of AIAN FACES will be kept private to the extent permitted by law unless we learn that a child has been hurt or is in danger or you tell us that you plan to seriously hurt yourself or someone else – then by law, we must make a report to the appropriate legal authorities.

|  |  |
| --- | --- |
| By signing below, I agree that I understand the purposes of this study, including any privacy assurances, and I understand what I am being asked to do . Some questions might ask me to answer questions in my own words. The study may use statements or parts of statements I make in connection with the study; however, I will not be identified as the source of the statement; the study also will not identify my program or community. If I choose to take part in the study but then decide I want to leave the study at any point, that is okay. | |
| Signature | Date |
| Printed Name |  |

**INTRODUCTION**

SC0. Are you the teacher listed on the front of the survey?

1 □ Yes **GO TO S1b**

2 □ Yes, but my name is misspelled

0 □ No, this is not my name

SC0a. Please enter the correct spelling of your name.

Name:

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

If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey. After you have completed the survey, you will be asked a few additional questions about your second class in the Second Classroom Survey.

S1b. When did you become the teacher of this class for this program year?

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

| | | / | | | / | | | | |

month day year

IF YOU WERE THE TEACHER ON OR BEFORE JULY 1, 2021, SKIP TO AA1INTRO. IF YOU BECAME THE TEACHER AFTER JULY 1, 2021, CONTINUE TO S3.

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

1 □ Yes

0 □ No **GO TO AA1Intro, PAGE 2**

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

*Select one only*

1 □ In the same classroom as an assistant teacher

2 □ In a different classroom at the same Head Start center

3 □ At a different Head Start center operated by the same program

4 □ At a Head Start center operated by a different program

5 □ Somewhere else *(specify)*

**AA. CLASSROOM SESSION TYPE**

AA1Intro: 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.

AA1. 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.*

1 □ Yes

0 □ No **GO TO AA3**

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

1 □ Yes

0 □ No **GO TO AB1, PAGE 4**

AA3. Do you teach . . .

*Select one only*

1 □ A full-day class **GO TO AA4**

2 □ A morning class only **GO TO AA4**

3 □ An afternoon class only **GO TO AA4**

4 □ Multiple classes **GO TO AA5, PAGE 3**

AA4. What is the name of your classroom? If your classroom has a number instead of a name, please enter the classroom number.

Classroom Name:

AA4a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

GO TO AB1, PAGE 4

AA5. What is the name of the classroom you teach earliest each week? For example, if you have a morning class and an afternoon class, please provide the name of your morning class. Or, if you have a class that meets on Monday and Wednesday and a class that meets on Tuesday and Thursday, please provide the name of the Monday/Wednesday class. If this classroom has a number instead of a name, please enter the classroom number.

First Classroom Name:

AA5a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

AA6. Is this class . . .

*Select one only*

1 □ A morning class only

2 □ An afternoon class only

3 □ A full-day class

AA7. What is the name of the other classroom you teach? If this classroom has a number instead of a name, please enter the classroom number.

Second Classroom Name:

AA7a.     What days of the week does this class meet?

*Select all that apply*

  1  □   Monday

  2  □   Tuesday

  3  □   Wednesday

  4  □   Thursday

  5  □   Friday

AA8. Is this class . . .

*Select one only*

1 □ A morning class only

2 □ An afternoon class only

3 □ A full-day class

**AB: NATIVE CULTURE/ LANGUAGE IN CLASSROOM**

These next questions are about use of Native culture and language in the classroom.

If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey.

AB1. Do you have a cultural/language elder or specialist that works in this class with children?

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

1 □ Yes

0 □ No **GO TO AB6**

AB2. Who is your cultural/language elder or specialist?

*Select all that apply*

1 □ A spiritual leader

2 □ An influential member of the tribal or cultural community

3 □ A member of the tribal or cultural community

4 □ Other *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

AB6. Is this class a full immersion classroom?

*A full immersion classroom is one where only Native language is used for all interactions and activities every day, without English or another language being used.*

1 □ Yes **GO TO AB4**

0□ No

AB3. Do children in this class receive Native language lessons?

1 □ Yes

0 □ No **GO TO AB7, PAGE 6**

AB4. What languages are children taught through Native language lessons? Please list all the Native languages taught:

1 □

2 □

3 □

4 □

5 □

AB5. Who teaches the Native language lessons?

*Select all that apply*

1 □ I do

2 □ Assistant classroom teachers

3 □ Paid aides

4 □ Cultural/language elder or specialist

5 □ Other *(specify)*

**STOP**

**CHECK IN HERE**

IF THIS IS A FULL-IMMERSION CLASS, GO TO AB17 ON PAGE 7.

OTHERWISE, CONTINUE TO AB11 BELOW.

AB11. How often do children receive Native language instruction or lessons?

*Select one only*

1 □ Daily

2 □ 3-4 times a week

3 □ 1-2 times a week

4 □ Less than once a week

AB12. When children receive Native language instructions or lessons, how long are those lessons?

*Select one only*

1 □ Less than 5 minutes

2 □ 5-10 minutes

3 □ 11-15 minutes

4 □ 16-20 minutes

5 □ More than 20 minutes

AB7. How do you integrate Native culture and/or language activities into this class, whether as a whole class, in small groups, or in individualized arrangements? I…

*Select all that apply*

1 □ Integrate Native culture/language items and activities throughout the day

2 □ Offer separate Native culture/language activities/areas within the classroom

3 □ Conduct a pull-out program

5 □ No Native culture/language activities offered as part of the classroom day

AB13. How often do children speak a Native language in this class? Please include formal language use (as part of a lesson) and informal use (as part of a conversation).

*Select one only*

1 □ Daily

2 □ 3-4 times a week

3 □ 1-2 times a week

4 □ Less than once a week

AB14. How often do teachers speak a Native language in this class? Please include formal language use (as part of a lesson) and informal use (as part of a conversation).

*Select one only*

1 □ Daily

2 □ 3-4 times a week

3 □ 1-2 times a week

4 □ Less than once a week

AB15. How often do children and teachers converse together in a Native language?

*Select one only*

1 □ Daily

2 □ 3-4 times a week

3 □ 1-2 times a week

4 □ Less than once a week

AB16. How frequently throughout the day do children incorporate Native language words into English language sentences?

*Select one only*

1 □ Never

2 □ Rarely

3 □ Sometimes

4 □ Always

AB17. How frequently throughout the day do children speak full sentences in a Native language?

*Select one only*

1 □ Never

2 □ Rarely

3 □ Sometimes

4 □ Always

AB8. Do you use a cultural curriculum?

1 □ Yes

0 □ No

AB9. Do you use a locally designed tool to assess children’s Native language development specific to your Native language?

1 □ Yes

0 □ No

AB10. Are you receiving any training or technical assistance (T/TA) related to culture from the Administration for Native Americans (ANA) or some other organization?

1 □ Yes

0 □ No

d □ Don’t know

The next question asks about how the COVID-19 pandemic might have continuing effects on children’s experiences in the classroom.

AB18. Has the way that children experience Native language and culture in your classroom changed due to the COVID-19 pandemic?

1 □ Yes

0 □ No **GO TO A0-1Intro, PAGE 8**

d □ Don’t know **GO TO A0-1Intro, PAGE 8**

AB19. How has the way that children experience Native language and culture in your classroom changed due to the COVID-19 pandemic?

**A: CLASSROOM ACTIVITIES**

**A0-1Intro. The next questions are about your classroom activities and the children in your class.**

If you have more than one class selected for this study, please answer these questions thinking only about the class session listed on the label on the front of this survey.

A0-1x. As of today's date, how many children in this class are each of the following ages?

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

*The total number of 3 year olds (or younger), 4 year olds, and 5 year olds (or older) entered here should equal the total number of children enrolled in this class.*

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

A01d. As of today's date, how many children in this class are…

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

|  |  |
| --- | --- |
|  | NUMBER OF CHILDREN |
| 1. American Indian or Alaska Native | | | | |
| 6. Asian | | | | |
| 7. Native Hawaiian, or other Pacific Islander | | | | |
| 3. Black, non-Hispanic | | | | |
| 4. Hispanic | | | | |
| 5. White, non-Hispanic | | | | |

A0-xy. How many of each of the following staff are usually with this class? And how many of these staff members are American Indian or Alaska Native (AIAN)?

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

|  |  |  |
| --- | --- | --- |
|  | NUMBER OF STAFF | NUMBER WHO ARE AIAN |
| 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 | | | | | | | | |

A0-5. How many days a week does this class meet?

| | days per week

A0-6. How many hours a week does this class meet?

| | | hours per week

A1. Please describe how a typical day is spent in your classroom. Not including lunch or nap breaks, how much time do the children spend in the following kinds of activities?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 □ |

A1e. How often in a typical week do children in your class usually work on activities in the following areas, whether as a whole class, in small groups, or in individualized arrangements?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| 2. Mathematics | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| 3. Social Studies | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| 4. Science | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| 5. Arts (e.g., painting with berries, creating dream catchers) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

A2. How often do children in your class do each of the following reading and language activities?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 □ |
| m. Listen to a teacher, aide, volunteer, or Elder tell a story | 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 □ |

IF CHILDREN IN YOUR CLASS NEVER LISTEN TO A TEACHER, AIDE, VOLUNTEER, OR ELDER TELL A STORY, GO TO A3, PAGE 11.

ANSWER A2m1 AND A2m2 BELOW IF CHILDREN IN YOUR CLASS LISTEN TO A TEACHER, AIDE, VOLUNTEER, OR ELDER TELL A STORY.

A2m1. You indicated that children in your class listen to a teacher, aide, volunteer, or Elder tell a story. Is the storytelling following Native oral tradition in a formal (as part of a lesson plan) or informal, occurring spontaneously, way?

*Select all that apply*

1 □ Formal

2 □ Informal

A2m2. What language(s) does the storytelling occur in?

*Select all that apply*

1 □ English

2 □ Native language

3 □ Spanish

4 □ Other language *(specify)*

A3. How often do children in your class do each of the following math activities?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 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 □ |

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

A3a\_r. Do you personally speak any language other than English in the classroom?

1 □ Yes

0 □ No **GO TO A3e, PAGE 12**

A3b\_r. What languages, other than English, do you personally speak in the classroom?

*Select all that apply*

33 □ Your Native language *(specify)*

34 □ Other Native language(s) (*specify*)

2 □ Spanish

9 □ Other language *(specify)*

A3e. How many children in your class speak a language other than English?

*By a language other than English, we mean any language other than English, including Native and non-Native languages.*

*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

d □ Don’t know

**IF THERE ARE NO CHILDREN IN YOUR CLASS WHO SPEAK A LANGUAGE OTHER THAN ENGLISH, GO TO A4, PAGE 14.**

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

|  |  |  |
| --- | --- | --- |
|  | 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 □ |
| e. Use any other ways *(specify)* | 1 □ | 0 □ |

A3f. Thinking about all children in your 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.*

*Select all that apply*

1 □ English

35 □ Native language(s) (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 □ Spanish

9 □ Other language *(specify)*

A3g. Of the languages selected above at A3f, approximately how many children speak these languages?

*You only need to enter a response for the language(s) spoken by children in this class.*

|  |  |
| --- | --- |
|  | NUMBER OF CHILDREN |
| a. English | | | | |
| b. Native language(s) (*specify*) | | | | |
| c. Spanish | | | | |
| d. Other language *(specify)* | | | | |

A4. What languages are used for instruction in your class by you or another adult, not including language lessons?

*Select all that apply*

1 □ English

35 □ Native language(s) (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2 □ Spanish

9 □ Other language *(specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

A4a. Who speaks each language you selected above at A4? Is it you/the lead teacher, an assistant teacher, a classroom aide, a volunteer, or a cultural/language elder or specialist?

*You only need to select a response for the language(s) used for instruction in your class.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ALL THAT APPLY PER ROW | | | | |
|  | YOU/LEAD TEACHER | ASSISTANT TEACHER | CLASSROOM AIDE | VOLUNTEER/ NON STAFF | CULTURAL/ LANGUAGE ELDER OR SPECIALIST |
| a. English | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Native language(s)  (*specify*) | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. Spanish | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Other language *(specify)* | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

A5a. What language do you use most often when you read to children in your class?

*Select one only*

1 □ English

35 □ Native language(s)

2 □ Spanish

9 □ Other language *(specify)*

A5b. Are there any other languages you use when you read to children in your class?

1 □ Yes

0 □ No **GO TO A5d**

A5c. What other languages are used when you read to children in this class?

*Select all that apply*

1 □ English

35 □ Native language(s)

2 □ Spanish

9 □ Other language *(specify)*

A5d. What language do you use most often when you speak to a group of children to present information or give directions in your class?

*Select one only*

1 □ English

35 □ Native language(s)

2 □ Spanish

9 □ Other language *(specify)*

A5e. Are there any other languages you use when you speak to a group of children in your class?

1 □ Yes

0 □ No **GO TO A5g**

A5f. What other languages are used when you speak to a group of children in this class?

*Select all that apply*

1 □ English

35 □ Native language(s)

2 □ Spanish

9 □ Other language *(specify)*

A5g. In what languages are printed materials like children’s books available in your class?

*Select all that apply*

1 □ English

35 □ Native language(s)

2 □ Spanish

9 □ Other language *(specify)*

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

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

1 □ Yes, specific curriculum

2 □ Yes, combination

3 □ No curriculum

**GO TO A21, PAGE 19**

d □ Don’t know

A8. What is your main curriculum?

*Select one only*

11 □ Creative Curriculum *(Teaching Strategies)*

25 □ Building Blocks math curriculum *(McGraw-Hill)*

17 □ Creating Child Centered Classrooms – Step By Step

26 □ DLM Early Childhood Express *(McGraw-Hill)*

27 □ Everyday Mathematics *(McGraw-Hill)*

24 □ Frog Street

28 □ Fundations *(Wilson Language Training)*

29 □ Handwriting without Tears

12 □ HighScope

30 □ Learn Every Day

14 □ Let’s Begin with the Letter People *(Abrams Learning Trends)*

15 □ Montessori

31 □ Number Worlds *(McGraw-Hill)*

32 □ Open Circle

33 □ Opening World of Learning (OWL) *(Pearson)*

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

35 □ Pyramid Model for Supporting Social Emotional Competence

18 □ Scholastic Curriculum

36 □ Second Step

37 □ Tools of the Mind

38 □ Zoophonics

19 □ Locally designed curriculum

21 □ Other *(specify)*

22 □ Other *(specify)*

23 □ Use more than one curriculum equally

d □ Don’t know

A13. Which types of support have you received to help you use your main curriculum? You may select more than one.

*Select all that apply*

1 □ Help understanding the curriculum

**GO TO A14,**

**PAGE 18**

2 □ Opportunities to observe someone implementing the curriculum

3 □ Refresher training on the curriculum

4 □ Help implementing the curriculum

5 □ Help planning curriculum-based activities

6 □ Help individualizing the curriculum for children

7 □ Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities

11 □ Help implementing the curriculum for children with developmental concerns

8 □ Feedback on implementing the curriculum

12 □ Help adapting the curriculum to your cultural context

13 □ Feedback about the results of a checklist about how you use the curriculum

9 □ Other *(specify)*

10 □ No support **GO TO A21, PAGE 19**

A14. From whom did you receive support?

*Select all that apply*

1 □ Mentor or master teacher

2 □ Other Head Start teachers in program

3 □ Supervisor/education coordinator

4 □ Staff from another Head Start Program

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

6 □ Professors or instructors from a school of education at a college or university

13 □ Professors or instructors from a school other than a school of education at a college or university

10 □ Tribal College, university, or community college faculty contributing to early childhood education and programs

7 □ Head Start state training and technical assistance provider

11 □ Head Start AIAN training and technical assistance provider

12 □ Cultural/language elder or specialist

8 □ Other *(specify)*

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

A21. What is the main child assessment tool that you use?

*Select one only*

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

2 □ HighScope Child Observation Record (COR)

3 □ Galileo

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

5 □ Desired Results Developmental Profile (DRDP)

6 □ Work Sampling System for Head Start

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

8 □ Hawaii Early Learning Profile (HELP)

9 □ Brigance Preschool Screen for three and four year old children

10 □ Assessment designed for this program

14 □ State developed tools (e.g., CIRCLE)

12 □ Other *(specify)*

13 □ Do not use a child assessment tool

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.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | 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. Support/funding to attend regional, state, or national early childhood 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 □ |
| 17. Collaboration/joint trainings with other tribal services/offices | 1 □ | 0 □ | d □ |
| 18. Cultural or language training | 1 □ | 0 □ | d □ |
| 10. Other *(specify)* | 1 □ | 0 □ | d □ |

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

1 □ Yes

0 □ No **GO TO A32d, PAGE 22**

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

*Formal means that a person was assigned to you.*

*Select one only*

1 □ Formal

2 □ Informal

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

*Select one only*

1 □ Another teacher

2 □ Education coordinator/specialist

3 □ The center director/manager

6 □ The program director

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

8 □ Another specialist on the program or center staff

4 □ Someone from outside the program

9 □ A cultural/language elder or specialist

5 □ Other *(specify)*

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

*Select one only*

1 □ Once a week or more

2 □ Once every 2 weeks

3 □ Once a month

4 □ Less than once a month

A29a. How long does your mentor or coach stay in your class when he or she visits?

| | | | minutes

d □ Don’t know

A32d. Have you participated in training or technical assistance activities with AIAN T/TA specialists? Training and technical assistance (T/TA) is provided by AIAN TA specialists. These could be either early childhood education (ECE) specialists or grantee specialists.

1 □ Yes

0 □ No

d □ Don’t know

**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 with developmental concerns?

*Select one only*

0 □ Never

2 □ Once every 6 months or less often

3 □ Once every 2 to 6 months

4 □ Once a month

5 □ More than once a month

1 □ I don’t have any concerns with any children in the class

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

*Select one only*

0 □ Never

1 □ Once every 6 months or less often

2 □ Once every 2 to 6 months

3 □ Once a month

4 □ More than once a month

**The next question is about the children in your class listed on the label on the front of this survey.**

A35. At this point in the Head Start year, how would you rate the behavior of children in your class?

*Select one only*

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

2 □ The group misbehaves frequently and is often difficult to handle

3 □ The group misbehaves occasionally

4 □ The group behaves well

5 □ The group behaves exceptionally well

.

**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?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 □ |

B4. The next questions are about the level of support for interactions between Head Start staff and parents.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 □ |

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

*Select one only*

1 □ Very likely

**GO TO B8, PAGE 23**

2 □ Somewhat likely

3 □ Somewhat unlikely

4 □ Very unlikely

**STOP**

**CHECK IN HERE**

IF YOU SAID “SOMEWHAT UNLIKELY” OR “VERY UNLIKELY” ON B5, PLEASE GO TO B7. IF YOU SAID “SOMEWHAT LIKELY” OR “VERY LIKELY” ON B5, PLEASE GO TO B8.

**B7. What are the top 3 reasons that you would leave Head Start before or during the next Head Start year (2022-2023)? Please rank these factors in order of importance, with 1 being the main reason you would leave Head Start.**

*Select up to three reasons*

1 □ Family reasons (e.g., new baby or moving)

2 □ Pay or benefits are too low

3 □ Pursue my education

4 □ No longer wanted to work in early childhood education or f eeling burned out (e.g., feeling worn out, exhausted, or negative about my job)

5 □ Work environment (e.g., relationships with coworkers, flexibility in work hours)

6 □ Transportation needs (e.g., it is difficult for me to get to my job)

7 □ The program’s leadership

8 □ The program’s values or goals did not match mine

9 □ Concerns about vaccine or mask requirements (including reluctance to get vaccinated)

10 □ Concerns about personal health and safety due to COVID-19 (including concern about being around unvaccinated individuals)

99 □ Other reason *(specify)*

**IF YOU COMPLETED B7, SKIP B8 AND GO TO B6, PAGE 25**

**B8. What are the top 3 reasons that you would continue working for Head Start through the next Head Start year (2022-2023)? Please rank these factors in order of importance, with 1 being the main reason you would continue working for Head Start.**

*Select up to three reasons*

1 □ Pay or benefits are sufficient

2 □ Work environment (e.g., relationships with coworkers, flexibility in work hours)

3 □ The program’s leadership

4 □ Head Start’s values or goals match mine

5 □ Do not want to find a new job

99 □ Other reason (specify)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 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 □ |

**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.**

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 THE TIME IN THE PAST WEEK |
| a. Bothered by things that usually don’t bother you | 1 □ | 2 □ | 3 □ | 4 □ |
| b. You did not feel like eating, your appetite was poor | 1 □ | 2 □ | 3 □ | 4 □ |
| c. That you could not shake off the blues, even with help from your family and friends  *Not being able to “shake off the blues” refers to feeling sad, unhappy, miserable, or down in the dumps for short periods.* | 1 □ | 2 □ | 3 □ | 4 □ |
| d. You had trouble keeping your mind on what you were doing | 1 □ | 2 □ | 3 □ | 4 □ |
| e. Depressed | 1 □ | 2 □ | 3 □ | 4 □ |
| f. That everything you did was an effort | 1 □ | 2 □ | 3 □ | 4 □ |
| g. Fearful | 1 □ | 2 □ | 3 □ | 4 □ |
| h. Your sleep was restless | 1 □ | 2 □ | 3 □ | 4 □ |
| i. You talked less than usual | 1 □ | 2 □ | 3 □ | 4 □ |
| j. Lonely | 1 □ | 2 □ | 3 □ | 4 □ |
| k. Sad | 1 □ | 2 □ | 3 □ | 4 □ |
| l. You could not get “going” | 1 □ | 2 □ | 3 □ | 4 □ |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
|  | RARELY OR NEVER IN THE PAST WEEK | SOME OR A LITTLE IN THE PAST WEEK | OCCASIONALLY OR MODERATELY IN THE PAST WEEK | MOST OR ALL THE TIME IN THE PAST WEEK |
| a. Overwhelmed | 1 □ | 2 □ | 3 □ | 4 □ |
| b. Frustrated | 1 □ | 2 □ | 3 □ | 4 □ |
| c. Not feeling valued or supported | 1 □ | 2 □ | 3 □ | 4 □ |

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.\*

*\** *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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | |
| 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 □ |

**C13. To what extent do you agree with each of the following statements about job-related stress at your center?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | | |
|  | STRONGLY DISAGREE | DISAGREE | NEITHER AGREE NOR DISAGREE | AGREE | STRONGLY AGREE |
| a. You are under too many pressures to do your job effectively. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| b. Staff members often show signs of stress and strain. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| c. The heavy workload at this center reduces effectiveness. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |
| d. Staff frustration is common at this center. | 1 □ | 2 □ | 3 □ | 4 □ | 5 □ |

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.

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | |
|  | YES | NO | DON’T KNOW |
| a. Regular check-ins with supervisor, coach/mentor, or center or program leadership | 1 □ | 0 □ | d □ |
| b. Professional mental health consultations | 1 □ | 0 □ | d □ |
| c. Virtual or in-person staff social events | 1 □ | 0 □ | d □ |
| d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves) | 1 □ | 0 □ | d □ |
| e. Resources to support your physical health (e.g., exercise and nutrition, yoga room) | 1 □ | 0 □ | d □ |
| f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room) | 1 □ | 0 □ | d □ |
| g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs) | 1 □ | 0 □ | d □ |
| h. 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) | 1 □ | 0 □ | d □ |
| i. Opportunities to take breaks during the day | 1 □ | 0 □ | d □ |
| j. Training or resources on secondary traumatic stress  *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.* | 1 □ | 0 □ | d □ |
| k. Counseling resources or referrals to Employee Assistance Programs | 1 □ | 0 □ | d □ |
| l. Additional floaters or support staff) | 1 □ | 0 □ | d □ |
| m. Permanent wage or salary increase | 1 □ | 0 □ | d □ |
| n. Additional paid leave | 1 □ | 0 □ | d □ |
| o. Bonuses or other monetary incentives | 1 □ | 0 □ | d □ |
| p. Increase in other employee benefits (e.g., health insurance) | 1 □ | 0 □ | d □ |
| q. Other *(*specify*)* | 1 □ | 0 □ | d □ |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | SELECT ONE PER ROW | | | | |
|  | YES | NO | THIS SUPPORT WAS NOT OFFERED BY MY PROGRAM | DON’T KNOW |
| a. Regular check-ins with supervisor, coach/mentor, or center or program leadership | 1 □ | 0 □ | n □ | d □ |
| b. Professional mental health consultations | 1 □ | 0 □ | n □ | d □ |
| c. Virtual or in-person staff social events | 1 □ | 0 □ | n □ | d □ |
| d. Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves) | 1 □ | 0 □ | n □ | d □ |
| e. Resources to support your physical health (e.g., exercise and nutrition, yoga room) | 1 □ | 0 □ | n □ | d □ |
| f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room) | 1 □ | 0 □ | n □ | d □ |
| g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs) | 1 □ | 0 □ | n □ | d □ |
| h. 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) | 1 □ | 0 □ | n □ | d □ |
| i. Opportunities to take breaks during the day | 1 □ | 0 □ | n □ | d □ |
| j. Training or resources on secondary traumatic stress  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. | 1 □ | 0 □ | n □ | d □ |
| k. Counseling resources or referrals to Employee Assistance Programs | 1 □ | 0 □ | n □ | d □ |
| l. Additional floaters or support staff | 1 □ | 0 □ | n □ | d □ |
| m. Permanent wage or salary increase) | 1 □ | 0 □ | n □ | d □ |
| n. Additional paid leave | 1 □ | 0 □ | n □ | d □ |
| o. Bonuses or other monetary incentives | 1 □ | 0 □ | n □ | d □ |
| p. Increase in other employee benefits (e.g., health insurance) | 1 □ | 0 □ | n □ | d □ |
| q. Other *(*specify*)* | 1 □ | 0 □ | n □ | d □ |

IF YOUR PROGRAM DID NOT OFFER ANY SUPPORTS FOR STAFF WELLNESS AND OVERALL WELL-BEING IN THE PAST YEAR, GO TO C18, PAGE 30.

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

1 □ Yes

0 □ No

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

1 □ Yes

0 □ No

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

1 □ Yes

0 □ No **GO TO C20, PAGE 31**

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

*Select all that apply*

1 □ Regular check-ins with supervisor, coach/mentor, or center or program leadership

2 □ Professional mental health consultations

3 □ Virtual or in-person staff social events

4 □ Resources to support your personal health and safety (e.g., social distancing, use of masks and gloves)

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

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

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

8 □ 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)

9 □ Opportunities to take breaks during the day

10 □ Training or resources on secondary traumatic stress

*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.*

11 □ Counseling resources or referrals to Employee Assistance Programs

12 □ Additional floaters or support staff

13 □ Permanent wage or salary increase

14 □ Additional paid leave

15 □ Bonuses or other monetary incentives

16 □ Increase in other employee benefits (e.g., health insurance)

99 □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

*Select one only*

1 □ Strongly agree

2 □ Agree

3 □ Disagree

4 □ Strongly disagree

5 □ My program did not offer supports for staff wellness and overall well-being.

The next questions are about trauma-informed care.

*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?

1 □ Yes

0 □ No **GO TO C12, PAGE 32**

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

*Select all that apply*

1 □ Mentor or master teacher in your program

2 □ Other Head Start teachers in your program

3 □ Your program’s health or disability coordinator

4 □ Staff from another Head Start program

6 □ Professors or instructors from a college or university

7 □ Head Start regional training and technical assistance provider

14 □ Social worker

15 □ Psychologist

16 □ LEA special education staff

17 □ Counselor or therapist

18 □ Behavior specialist

99 □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The last question in this section asks about your health.

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

1 □ Excellent

2 □ Very good

3 □ Good

4 □ Fair

5 □ Poor

d □ Don’t know

**D. BACKGROUND INFORMATION**

The last set of questions is about you.

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

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

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

| | | month | | | | | year

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

*Select one only*

1 □ Up to 8th Grade

**GO TO D11,**

**PAGE 34**

2 □ 9th to 11th Grade

3 □ 12th Grade, but no diploma

4 □ High school diploma/equivalent

5 □ Vocational/technical program after high school but no diploma

6 □ Vocational/technical program after high school

7 □ Some college, but no degree **GO TO D7, PAGE 34**

8 □ Associate degree

9 □ Bachelor’s degree

10 □ Graduate or professional school, but no degree

11 □ Master’s degree (MA, MS)

12 □ Doctorate degree (Ph.D, Ed.D)

13 □ Professional degree after Bachelor’s degree (Medicine/MD, Dentistry/DDS, Law/JD, etc.)

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

*Select one only*

1 □ Child Development or Developmental Psychology

2 □ Early Childhood Education

3 □ Elementary Education

4 □ Special Education

6 □ Curriculum Development

7 □ Administration

8 □ Bilingual Education

9 □ Reading or Literacy

10 □ Psychology, Counseling, Social Work

5 □ Other *(specify)*

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

1 □ Yes **GO TO D11**

0 □ No

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

1 □ Yes

0 □ No

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

1 □ Yes

0 □ No

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.*

1 □ Yes

0 □ No

d □ Don’t know

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.*

1 □ Yes

0 □ No

d □ Don’t know

D14. Including your post-secondary degree, graduate degree, and certification programs, etc., are you currently enrolled in any additional training or education?

1 □ Yes

0 □ No **GO TO D17**

D15. What kind of training or education program are you enrolled in?

*Select all that apply*

1 □ Child Development Associate (CDA) Degree Program

2 □ Teaching Certificate Program

3 □ Special Education Teaching Degree Program

4 □ Associate Degree Program

5 □ Bachelor’s Degree Program

6 □ Graduate Degree Program (MA, MS, Ph.D, or Ed.D)

7 □ Continuing Education Units (CEUs)

9 □ Other *(specify)*

D17. What is your total annual salary (before taxes) as a teacher for the current school year?

$ | | | , | | | | per year

d □ Don’t know

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

| | | weeks per year

d □ Don’t know

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

| | | hours per week

D19r. How do you describe yourself?

*Select all that apply*

1 □ Male

2 □ Female

3 □ Another gender identity *(specify)*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 □ Prefer not to answer

D20. In what year were you born?

| | | | | year

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

1 □ Yes

0 □ No

D23. What is your race?

*Select all that apply*

11 □ White

12 □ Black or African American

13 □ American Indian or Alaska Native

27 □ Asian

28 □ Native Hawaiian or other Pacific Islander

25 □ Another race (*specify*)

**Thank you for your participation in AIAN FACES!**