



## Head Start Family and Child Experiences Survey

### Program Director Survey

Spring 2022

Welcome to the Program Director Survey. Please refer to the instructions you received to find your login ID and password. To begin the survey, enter your login ID and password in the fields below, and then the "OK" button. If you do not have your login ID and password, please e-mail us at [FACES@mathematica-mpr.com](mailto:FACES@mathematica-mpr.com).

Login ID: \_\_\_\_\_

Password: \_\_\_\_\_

## SCREENER

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 program 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
- program resources
- 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.

The survey will take about 59 minutes to complete.

### Privacy Statement

- 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 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.**

**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 12/31/2023. The time required to complete this collection of information is estimated to average 59 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.
- If you are returning to finish your saved survey, you will return to the point where you left off. You will not be able to go backward to questions you answered before logging out.
- 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

PROGRAMMER: IF PDisCD=1; DISPLAY AS BANNER ACROSS EACH SCREEN; FOR ITEMS INDICATED AS "SECOND"; **Please answer these questions thinking about [SITE NAME1].**

PROGRAMMER: IF PDismultiCD=1; DISPLAY AS BANNER ACROSS EACH SCREEN FOR ITEMS INDICATED AS "SECOND"; **[IF PDismultiCD=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](mailto:FACES@mathematica-mpr.com).**

**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.**

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 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.

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

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

**DID NOT CONSENT SCREEN**

PROGRAMMER: THIS APPEARS IF A RESPONDENT SELECTS THE "NEXT" BUTTON TWICE WITHOUT GIVING CONSENT.

**Thank you for your interest in this survey. We cannot continue without your consent. If you would like to complete the survey, please click the "Back" button and click the box on the screen.**

**INTRODUCTION**

ALL

**SC0. Are you {Fill ProgramDirectorFirstName ProgramDirectorLastName }?**

Select one only

- Yes.....1 A12h
- 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 “Next” button.**

IF SC0 = 2 or 3

**SC0b. What is your job title or position at this Head Start 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 “Next” 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 and continue. To continue to the next question without providing a response, click the “Next” button.**





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 and continue. To continue to the next question without providing a response, click the "Next" button.**

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



## A. STAFFING AND RECRUITMENT

NO A1-A12g IN THIS VERSION

ALL

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

**In Fall 2021, did your program make more of an effort to recruit or start recruiting the following families?**

*Select all that apply*

- Single parent households..... 1
- Teen parent households..... 2
- Families living in poverty..... 3
- Families experiencing unemployment or underemployment..... 4
- Families struggling with substance misuse..... 5
- Families struggling with mental health problems..... 6
- Families of children with developmental concerns..... 7
- Families experiencing homelessness..... 8
- Families with children in foster care..... 9
- Families eligible for public assistance programs (e.g., TANF or welfare)..... 10
- Other (Specify)..... 99
- (STRING 255)
- None of the above..... 11
- NO RESPONSE..... M

**SOFT CHECK: IF A17=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

**A15. In Fall 2021, was it difficult for your program 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 poverty..... 3
- Families experiencing unemployment or underemployment..... 4
- Families struggling with substance misuse..... 5
- Families struggling with mental health problems..... 6
- Families of children with developmental concerns..... 7
- Families experiencing homelessness..... 8
- Families with children in foster care..... 9
- Families eligible for public assistance programs (e.g., TANF or welfare)..... 10
- Other (Specify)..... 99  
 (STRING 255)
- None of the above..... 11
- NO RESPONSE..... M

**SOFT CHECK: IF A15=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.**

## B. STAFF EDUCATION AND TRAINING

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

ALL

NO B0-B1a IN THIS VERSION

ALL

**B2. Does your program have any supports in place to help program staff get their Associate's (A.A.) or Bachelor's (B.A.) degrees?**

- Yes..... 1
- No..... 0 GO TO B3h
- Not applicable; all staff required to have at least a B.A.....2 GO TO B3h
- NO RESPONSE.....M GO TO B3h

**SOFT CHECK: IF B2=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.**

IF B2=1

**B3. What is your program doing to help program staff get their Associate’s (A.A.) or Bachelor’s (B.A.) degrees?**

Select one per row

	YES	NO
a. Providing tuition assistance.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Giving staff release time.....	1 <input type="radio"/>	0 <input type="radio"/>
c. Providing assistance for course books.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Providing A.A. or B.A. courses onsite.....	1 <input type="radio"/>	0 <input type="radio"/>
e. Other (Specify).....	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/> (STRING 255)		

**SOFT CHECK: IF B3a, 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.**

IF B2=1

**B3f. Who is eligible for assistance to get their Associate’s (A.A.) or Bachelor’s (B.A.) degrees?**  
By “lead teacher” we mean the head or primary teacher in the classroom. If teachers are co-teachers count them as lead teachers.

Select all that apply

- Center-based lead teachers.....1
- Center-based assistant teachers.....2
- Home visitors.....4
- Family child care providers.....8
- Content managers.....9
- Family service workers.....3
- Other (Specify).....5
- (STRING 255)
- NO RESPONSE.....M

**SOFT CHECK: IF B3f=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.**

B3g. NO B3g IN THIS VERSION

ALL

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

*Select one per row*

YES	NO
-----	----

6. Coaching/mentoring..... 1  0

**SOFT CHECK: IF B3h6=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.**

B4-B10a. NO B4-B10a IN THIS VERSION

B11-B26. NO B11-B26 IN THIS VERSION

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH NO MORE THAN FIVE ITEMS ON EACH SCREEN

**B10b. How often have you or other staff in your program 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
1. Early Childhood Learning and Knowledge Center (ECLKC) website.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
2. Office of Head Start National Centers.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
3. Professional organizations.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
4. Private consultants, private organizations, or commercial vendors.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
5. Regional T/TA Specialists.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
6. Office of Head Start webinars.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
11. 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"/>
8. Other (Specify).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

(STRING 255)

**SOFT CHECK: IF B10b\_1, 2, 3, 4, 5, 6, 11, or 8=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.**



IF B3H\_6=1

**B24b-d. How many coaches/mentors are currently working with teaching staff, family child care providers, or home visitors in your program? Please tell us the number in each of the following categories.**

NUMBER OF COACHES/MENTORS

B24b. Employees/staff hired by your program to serve as coaches/mentors and who have coaching/mentoring as their main job responsibility.....  (RANGE 0-50)

B24d. Other program employees/staff who serve as coaches/mentors, but coaching/mentoring is not their main job responsibility.....  (RANGE 0-50)

B24c. Consultants or contractors hired by your program to serve as coaches/mentors. By "consultants or contractors" we mean individuals who are paid to spend time coaching/mentoring staff in your program, but they are not official program employees/staff.....  (RANGE 0-50)

B24e. Individuals from other organizations or agencies that provide free coaching/mentoring services to early childhood programs (for example, a child care resource and referral agency, a quality rating and improvement system, or another type of agency).....  (RANGE 0-50)

NO RESPONSE..... M

**SOFT CHECK: IF B24b, d, c, OR e=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 B24b >10; NUMBER OF COACHES/MENTORS MAY BE TOO HIGH; You have entered [B24b] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**

**SOFT CHECK: IF B24c >10; NUMBER OF COACHES/MENTORS MAY BE TOO HIGH; You have entered [B24c] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**

**SOFT CHECK: IF B24d >10; NUMBER OF COACHES/MENTORS MAY BE TOO HIGH; You have entered [B24d] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**

**SOFT CHECK: IF B24e >10; NUMBER OF COACHES/MENTORS MAY BE TOO HIGH; You have entered [B24e] as the number of mentors/coaches working with teaching staff, family child care providers, or home visitors in your program. Please confirm or correct your response and continue.**

IF B3H\_6=1 AND IF B24B > 0

**B25a1. Thinking of the “employees/staff hired by your program to serve as coaches/mentors and who have coaching/mentoring as their main job responsibility,” on average what percent of their time is spent on activities related to coaching/mentoring teaching staff, family child care providers, or home visitors?**

**For the percentage, please include time spent working directly with teachers, family child care providers, or home visitors, and also the time spent preparing for or following up on coaching/mentoring activities.**

PERCENTAGE OF TIME SPENT ON COACHING/MENTORING

(RANGE 0-100)

NO RESPONSE..... M

**SOFT CHECK: IF B25a1=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 B25a1<50%; Your response indicates that these program staff spend less than half of their time on coaching/mentoring activities. Please confirm or correct your response.**

IF B3H\_6=1 AND IF B24D > 0

**B25a2. Thinking of the “Other program employees/staff who serve as coaches/mentors, but coaching/mentoring is not their main job responsibility,” on average what percent of their time is spent on activities related to coaching/mentoring teaching staff, family child care providers, or home visitors?**

**For the percentage, please include time spent working directly with teachers, family child care providers, or home visitors, and also the time spent preparing for or following up on coaching/mentoring activities.**

PERCENTAGE OF TIME SPENT ON COACHING/MENTORING

(RANGE 0-100)

NO RESPONSE..... M

**SOFT CHECK: IF B25a2=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 B25a2>50%; Your response indicates that these program staff spend more than half of their time on coaching/mentoring activities. Please confirm or correct your response.**

IF B23H\_6=1

**B26a. Do coaches/mentors working in your program use a specific model or approach?**

*Select all that apply*

- Practice-based coaching..... 1
- Coaching/mentoring tied to a specific curriculum (for example, Building Blocks)..... 2
- MyTeachingPartner..... 3
- Relationship-based coaching..... 4
- Other (Specify)..... 99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF B26a=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.**

IF B3H\_6=1

**B26b. Does the coaching/mentoring have a remote or web-based component (that is, does any of the coaching/mentoring happen over the phone, online, or through another type of video conference)?**

- Yes, coaching/mentoring is primarily remote/web-based..... 1
- Yes, there is a remote/web-based supplement to the coaching/mentoring..... 2
- No..... 0
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF B26b=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.**

IF B3H\_6=1

**B26c. Are all of your teaching staff, family child care providers, and home visitors receiving coaching/mentoring?**

Select one only

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

**SOFT CHECK: IF B26c=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.**

IF B3H\_6=1

**B26d. How do you determine who will receive intensive coaching/mentoring?**

Select all that apply

- Conduct classroom observations..... 1
- Review classroom-level assessment data..... 2
- Based on regular performance reviews or evaluations..... 3
- Based on number of years of experience..... 4
- Directly ask the staff if they need or want coaching/mentoring..... 5
- Review child assessment data for classrooms..... 6
- Other (Specify)..... 99
- Don't know..... d
- Staff do not receive intensive coaching/mentoring..... 7 GO TO B28
- NO RESPONSE..... M

(STRING 255)

PROGRAMMER

RESPONSE OPTION d AND 7 ARE EXCLUSIVE

**SOFT CHECK: IF B26d=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.**

IF B3H\_6=1 AND B26D NE 7

**B31. What makes coaching/mentoring more intensive in your program?**

*Select all that apply*

- Coaching/mentoring meetings are longer.....1
- Coaching/mentoring meetings are more frequent.....2
- Coaching/mentoring is planned to take place over a longer period of time (e.g., more months).....3
- Teacher progress is assessed more frequently.....4
- There is more director or administrator involvement in monitoring coaching/mentoring.....5
- Teachers are asked to do more work between coaching/mentoring sessions.....6
- Coaching/mentoring is done individually with teachers.....7
- Other (Specify).....99  
 (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

PROGRAMMER

RESPONSE OPTION d IS EXCLUSIVE

SOFT CHECK: IF B31=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.**

**B28. How do coaches/mentors assess the needs of teachers, family child care providers, or home visitors?**

*Select all that apply*

- Conduct classroom observations..... 1
- Review classroom-level assessment data..... 2
- Based on regular performance reviews or evaluations..... 3
- Based on number of years of experience..... 4
- Directly ask the staff ..... 5
- Review child assessment data..... 6
- Have them complete surveys or questionnaires..... 7
- Other (Specify)..... 99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF B28=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.**

IF B3h\_6=1

**B29. Coaches/mentors have different methods of supporting staff in improving their practice. What methods do coaches/mentors use when working with teachers, family child care providers, or home visitors in your program?**

*Select all that apply*

- Discuss with staff what they observe.....1
- Provide written feedback to staff on what they observe.....2
- Have teachers or FCC providers watch a videotape of themselves teaching.....3
- Have teachers or FCC providers observe another teacher's classroom or watch a video of another teacher.....4
- Model teaching practices.....5
- Suggest trainings for staff to attend.....6
- Provide trainings for staff.....7
- Review child assessment data with staff.....8
- Other (Specify).....99
- (STRING 255)
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF B29=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.**

IF B3h\_6=1

**B30. Do staff in your program receive coaching/mentoring from the same person/people responsible for supervising them?**

- Yes, all staff are coached/mentored by their own supervisor.....1
- Yes, some of the staff are coached/mentored by their own supervisor.....2
- No, none of the staff are coached/mentored by their own supervisor.....0
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF B30=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.**

## 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"/>
NO RESPONSE.....	M			

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



ALL

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.

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

During the past 2 weeks, about how often were you bothered by...	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"/>

NO RESPONSE.....M

**SOFT CHECK: IF C3a,b,c,d,e,f,g =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

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
NO RESPONSE.....						M

SOFT CHECK: IF C4a,b,c,d =NO RESPONSE; **One or more responses are missing. Please provide an answer to this question and continue, or click the “Next” button to move to the next question.**

ALL

**C6. Has your program conducted any of the following activities to address trauma in staff in the past 12 months?**

*Select all that apply.*

- Improve the compensation (including benefits) of educational personnel, family service workers, or child counselors  
.....  
1
- Improve the compensation (including benefits) of staff **other than** educational personnel, family service workers, and child counselors (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers)  
.....  
2
- Support staff training to address trauma and/or mental health concerns for children and families from populations with higher needs  
.....  
3
- Child counseling, mental health consultation, or other services necessary to address trauma and/or mental health concerns for children and families from populations with higher needs  
.....  
4
- Ensure that the physical environments are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities  
.....  
5
- Employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom  
.....  
6
- Employ additional qualified family service workers to reduce the family-to-staff ratio for those workers  
.....  
7
- Ensure that your program has qualified staff who use practices supported by scientifically based reading research  
.....  
8
- Other (Specify)  
.....  
99  
 (STRING 150)
- None of the above  
.....  
9

NO RESPONSE.....M

PROGRAMMER: RESPONSE OPTION 9 IS EXCLUSIVE

SOFT CHECK: IF C6=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.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT “TRAUMA” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION: **SAMHSA describes individual trauma as resulting from ‘an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.**

**E. CURRICULUM AND ASSESSMENT**

The next questions are about curriculum and assessment.

E1-E3. NO E1-E3 IN THIS VERSION

E3a-E3i. NO E3a-E3i IN THIS VERSION

ALL

**E9. What is the main child assessment tool that you use?**

Select one only

- Teaching Strategies GOLD Assessment (formerly known as The Creative Curriculum Developmental Continuum Assessment Toolkit for ages 3-5).....1
- HighScope Child Observation Record (COR).....2
- Galileo.....3
- Ages and Stages Questionnaires: A Parent Completed, Child-Monitoring System.....4
- Desired Results Developmental Profile (DRDP).....5
- Work Sampling System for Head Start.....6
- Learning Accomplishment Profile Screening (LAP including E-LAP, LAP-R and LAP-D).....7
- Hawaii Early Learning Profile (HELP).....8
- Brigance Preschool Screen for three and four year old children.....9
- Assessment designed for this program.....10
- Another state developed assessment (Specify).....11
- (STRING 255)
- Other (Specify).....12

- (STRING 255)
- Do not use a child assessment tool.....13 GO TO SECTION G
- NO RESPONSE.....M

**SOFT CHECK: IF E9=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 E9=11 (IF ANOTHER STATE DEVELOPED ASSESSMENT SPECIFY ANSWER IS SELECTED) AND NOT SPECIFIED; Please provide an answer in the “Another state developed assessment (Specify)” box, or click the “Next” button to move to the next question.**

**SOFT CHECK: IF E9=12 (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.**

E10. NO E10 IN THIS VERSION

E10A-B. NO E10A-B IN THIS VERSION.

E11. NO E11 THIS VERSION

## G. KINDERGARTEN TRANSITION

Next we have some questions about communication with elementary schools that are attended by children from your program when they enter kindergarten.

ALL

**G3. How many different elementary schools does your program feed into for kindergarten? Please think about the number of elementary schools you expect children currently enrolled in your program to attend next year. If you do not have an exact number, please enter your best estimate. If your program does not collect this information, please select “Don’t know”.**

Elementary schools

(RANGE 1-500)

- Don't know.....d
- NO RESPONSE.....M

**SOFT CHECK: IF G3=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 G3>10; NUMBER OF SCHOOLS MAY BE TOO HIGH; You have entered [G4] as the number of elementary schools your program feeds into for kindergarten. Please confirm or correct your response and continue.**

ALL

**G4. How many of the elementary schools that your program feeds into for kindergarten do staff from your program communicate with directly? Please think about communication such as planning and information sharing. Do NOT include activities such as sending records or files for individual children.**

- None of the elementary schools.....1
- Some of the elementary schools.....2
- Most of the elementary schools.....3
- All of the elementary schools.....4
- Don't know.....d
- NO RESPONSE.....M

**SOFT CHECK: IF G4=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.**

ALL

**G5. Does your program share records or files for individual children with the district and/or school they will attend the following year for kindergarten?**

- Yes, we share records for all children..... 1
- Yes, we share records for some children..... 2
- No, we do not share records..... 3
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF G5=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.**

IF G4 = 2,3,4,D

**G8. What are the two topics your program most often discusses with staff at these elementary schools?**

*Select only two*

- Kindergarten entry assessments..... 1
- What children are expected to know at kindergarten entry..... 2
- Joint school/Head Start staff trainings..... 3
- Alignment of curricula..... 4
- Individual children..... 5
- Helping families with transitioning (registering, routines, drop off/pick up, bus routes, etc.)..... 6
- Other (Specify)..... 99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF G8=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 (99) IS SELECTED AND NOT SPECIFIED; Please provide an answer in "Other (Specify)" box, or click the "Next" button to move to the next question.**

IF G4 = 2,3,4,D

**G10. Were any of the discussions with the elementary schools your program communicates with part of a larger district wide effort to support children’s transition to kindergarten?**

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

**SOFT CHECK: IF G10=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.**

ALL

**G11. Have there been any major changes in the way your program helps transition children to kindergarten due to the COVID-19 pandemic? If so, how has the way your program helps children transition to kindergarten changed?**

(STRING (NUM))

**SOFT CHECK: IF G11=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.**



## H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

H1-H4. NO H1-H4 IN THIS VERSION

ALL

**H4a. Which of the following functions do your program’s education coordinator[s] perform for your Head Start program?**

*Select all that apply*

- Support curriculum implementation, lesson planning, and classroom schedules..... 19
- Assist director in program management activities..... 2
- Provide or arrange for staff training/education..... 3
- Arrange for IEPs and special services for children with disabilities..... 4
- Conduct child assessments..... 5
- Arrange or support for administration of local child assessments..... 6
- Provide supervision for classroom staff..... 7
- Provide mentoring/coaching for classroom staff..... 8
- Manage transition to school activities..... 9
- Provide parent education and arrange activities that involve parents..... 20
- Provide outreach, recruitment, and enrollment services..... 11
- Supervise home visitors..... 12
- Arrange for services for children with other community services..... 13
- Encourage parents to supplement classroom learning at home..... 15
- Ensure the center has a culturally and linguistically responsive environment..... 21
- Observe classrooms and provide education staff with feedback..... 22
- Another responsibility (Specify)..... 16  
 (STRING 255)
- Another responsibility (Specify)..... 17  
 (STRING 255)
- Another responsibility (Specify)..... 18  
 (STRING 255)
- NO RESPONSE..... M

**SOFT CHECK: IF H4a.=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 ANOTHER RESPONSIBILITY SPECIFY ANSWER (16; 17; 18) IS SELECTED AND NOT SPECIFIED; Please provide an answer in “Another responsibility (Specify)” box, or click the “Next” button to move to the next question.**

IF MORE THAN 3 SELECTED IN H4A

**H4b. Of those functions you selected, which do you consider the three major responsibilities of your program’s education coordinator[s]?**

**Select up to 3**

**PROGRAMMER NOTE: ONLY FILL WITH ANSWERS PROVIDED IN H4a.**

Support curriculum implementation, lesson planning, and classroom schedules.....	19 <input type="checkbox"/>
Assist director in program management activities.....	2 <input type="checkbox"/>
Provide or arrange for staff training/education.....	3 <input type="checkbox"/>
Arrange for IEPs and special services for children with disabilities	4 <input type="checkbox"/>
Conduct child assessments.....	5 <input type="checkbox"/>
Arrange or support for administration of local child assessments	6 <input type="checkbox"/>
Provide supervision for classroom staff.....	7 <input type="checkbox"/>
Provide mentoring/coaching for classroom staff.....	8 <input type="checkbox"/>
Manage transition to school activities.....	9 <input type="checkbox"/>
Provide parent education and arrange activities that involve parents.....	20 <input type="checkbox"/>
Provide outreach, recruitment, and enrollment services.....	11 <input type="checkbox"/>
Supervise home visitors.....	12 <input type="checkbox"/>
Arrange for services for children with other community services.	13 <input type="checkbox"/>
Encourage parents to supplement classroom learning at home. .	15 <input type="checkbox"/>
Ensure the center has a culturally and linguistically responsive environment.....	21 <input type="checkbox"/>
Observe classrooms and provide education staff with feedback..	22 <input type="checkbox"/>
Another responsibility (FILL FROM H4a).....	16 <input type="checkbox"/>
<input type="text"/>	
Another responsibility (FILL FROM H4a).....	17 <input type="checkbox"/>
<input type="text"/>	
Another responsibility (FILL FROM H4a).....	18 <input type="checkbox"/>
<input type="text"/>	
NO RESPONSE.....	M

**SOFT CHECK: IF H4b = NO RESPONSE; Please provide an answer to this question and continue. To continue to the next question without making changes, click the “Next” button.**

**SOFT CHECK: IF ANOTHER RESPONSIBILITY SPECIFY ANSWER (16; 17; 18) IS SELECTED AND NOT SPECIFIED; Please provide an answer in “Another responsibility (Specify)” box, or click the “Next” button to move to the next question.**

ALL

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH SEVEN AND EIGHT ITEMS ON EACH SCREEN

**H5. You have a lot of different responsibilities as a program 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.**

Select one per row

	A LOT OF MY TIME	SOME OF MY TIME	ONLY A LITTLE OF MY TIME	NONE OF MY TIME
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 program.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Evaluating managers 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"/>
<input type="text" value="(STRING 255)"/>				
n. Other (Specify).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<input type="text" value="(STRING 255)"/>				
o. Other (Specify).....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
<input type="text" value="(STRING 255)"/>				
NO RESPONSE.....				M

**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?

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..... (Click here for "LEADERSHIP INSTITUTE" definition)	1 <input type="radio"/>	0 <input type="radio"/>
NO RESPONSE.....		M

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.**

H7a1- H7g1. NO H7a1-H7g1 IN THIS VERSION

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

*Select up to 3*

- Program improvement planning.....4
- Budgeting..... 5
- Staffing (hiring)..... 6
- Data-driven decision making.....10
- Teacher evaluation.....7
- Evaluation of other program staff.....8
- Teacher professional development (for example, conducting classroom observations)..... 9
- Educational/curriculum leadership.....1
- Creating positive learning environments.....3
- Child assessment.....2
- Working with parents and families.....11
- Working with and partnering in the community.....16
- Assessing community needs.....17
- Responding to diverse cultural/linguistic needs.....18
- Health/safety or related policy guidance.....19
- Preparing for future disasters.....20
- Establishing good relationship with OHS program and/or grant specialist.....15
- NO RESPONSE..... M

**SOFT CHECK: IF H8=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.**

## N. USE OF PROGRAM DATA AND INFORMATION

The next questions are about use of program data and information.

N1-N2. NO N1-N2 IN THIS VERSION

ALL

**N3. Do you use an electronic database to store program data? (Sometimes these databases might be called management information systems or data systems. They might be something set up or managed by an external vendor, or something set up by your own program.)**

- Yes..... 1
- No..... 0 GO TO N5
- NO RESPONSE..... M GO TO N5

**SOFT CHECK: IF N3=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.**

IF N3=1

**N4. Is your management information system(s) something that your program set up, or is it provided and managed by an external vendor?**

*Select one only*

- Set up by our own program..... 1
- External vendor..... 2
- Combination..... 3
- NO RESPONSE..... M

**SOFT CHECK: IF N4=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.**

IF E9 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, OR M

**N5. Does your program's child assessment tool provide a web-based option for storing the information collected by teachers (for example, Teaching Strategies GOLD online or COR Advantage)?**

- Yes..... 1
- No..... 0 GO TO N5c
- NO RESPONSE..... M GO TO N5c

**SOFT CHECK: IF N5=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.**

IF N5=1

**N5a. Does your program use the web-based option?**

- Yes..... 1
- No..... 0 GO TO N5c
- NO RESPONSE..... M GO TO N5c

**SOFT CHECK: IF N5a=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.**

IF N5a=1

**N5b. Does the web-based option provide automated reports that include suggested classroom or family child care activities based on assessment results for any of the following groups?**

*Select all that apply*

- Individual children..... 1
- Small groups..... 2
- Whole classrooms..... 3
- Our child assessment tool does not include this option..... 4
- NO RESPONSE..... M

PROGRAMMER: RESPONSE OPTION 4 IS EXCLUSIVE

**SOFT CHECK: IF N5b=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.**

IF E9 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, OR M

**N5c. Which of the following data and information does your program link electronically to child assessment information? In other words, does the electronic data system that stores child assessment information also include any of these other types of data?**

*Select all that apply*

- Child/family demographics..... 1
- Vision, hearing, developmental, social, emotional, and/or behavioral screenings..... 2
- Child attendance data..... 3
- School readiness goals..... 4
- Family needs..... 5
- Service referrals for families..... 6
- Services received by families..... 7
- Parent/family attendance data..... 8
- Parent/family goals..... 9
- CLASS results or other quality measures..... 10
- Staff/teacher performance evaluations..... 11
- Personnel records..... 12
- None of the above..... 13
- Not applicable. We do not store child assessment information in an electronic data system..... 14
- NO RESPONSE..... M

PROGRAMMER: RESPONSE OPTION 13 AND 14 ARE EXCLUSIVE

**SOFT CHECK: IF N5c=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.**

ALL

**N6. Do you have someone on staff responsible for analyzing or summarizing program data so those data can be used to support decision-making or answer research questions? This person might also support other program staff in summarizing and analyzing data.**

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

**SOFT CHECK: IF N6=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.**



IF N6=1

**N7. Does this person focus only on data analysis tasks?**

- Yes, this person focuses only on these data analysis tasks.....1
- No, this person has other responsibilities.....0
- NO RESPONSE.....M

**SOFT CHECK: IF N7=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.**

IF N6=1

**N8. Has this person ever received any training or taken a course related to data analysis?**

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

**SOFT CHECK: IF N8=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.**

O. SYSTEMS AND RESOURCES

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

ALL

O5. Does the state require that the centers in your program 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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf) . Accessed May 17, 2018.

Select one only

- Yes, all of the centers must have a license to operate.....1 GO TO O6
- Yes, some of the centers must have a license to operate but others are exempt.....2 GO TO O5b
- No, they are all exempt from the licensing requirement.....0 GO TO O5b
- Don't know.....d GO TO O6
- NO RESPONSE.....M

SOFT CHECK: IF O5=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.

IF O5=2,0

**O5b. Why are centers exempt from the state licensing requirement?**

(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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf) . Accessed May 17, 2018.**

Select all that apply

- They are part of a school system..... 1
- They are affiliated with a religious organization..... 2
- They are 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 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.**

IF O5=2,0

**O5c. Do any centers in your program choose to be licensed by the state even if they are not required to have a 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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf) . Accessed May 17, 2018.**

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

**SOFT CHECK: IF O5c=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.**

ALL

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

*Select one only*

- Yes, all centers in the program are part of the QRIS.....1 GOTO O6a
- Yes, some centers in the program are part of the QRIS.....2 GO TO O6a
- No, the program does not participate in the QRIS.....0 GO TO O6b
- Don't know.....d GO TO O1
- NO RESPONSE..... M

**SOFT CHECK: IF O6=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.**

IF O6=1,2

**O6a. What process did the centers in your program go through in order to receive their 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 program went through a full review process.....1
- My program received an automatic rating.....2
- My program 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).....4  

(STRING 255)
- Don't know.....d
- NO RESPONSE.....M

**SOFT CHECK: IF O6a=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.**

IF O6=0

**O6b. Why doesn't your program 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 and continue. To continue to the next question without providing a response, click the "Submit Page and Continue" 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.**

IF O6=2

**O6c. You indicated that only some centers in your program are part of the state or local quality rating and improvement system (QRIS), [NAME OF QUALITY RATING AND IMPROVEMENT SYSTEM]. What are the reasons that other centers in your program do not participate in the QRIS?**

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 O6c=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

**O1. How many children are enrolled in your Head Start program? Here, we are referring to "cumulative enrollment" or all children who have been enrolled in the program and have attended at least one class or, for programs with home-based options, received at least one home visit during the current enrollment/program year. By Head Start we are referring to preschool Head Start, not Early Head Start.**

# OF CHILDREN ENROLLED IN CURRENT PROGRAM YEAR

(RANGE 1-10,000)

NO RESPONSE.....M

SOFT CHECK: IF O1=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 O1 > 500; NUMBER OF CHILDREN MAY BE TOO HIGH; You have entered [O1] as the number of children enrolled in your program. Please confirm or correct your response and continue.

SOFT CHECK: IF O1 < 50; NUMBER OF CHILDREN MAY BE TOO LOW; You have entered [O1] as the number of children enrolled in your program. Please confirm or correct your response and continue.

Many grantees have revenue from sources other than Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

ALL
PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH FOUR AND FIVE ITEMS ON EACH SCREEN

**O2. Does your program receive any revenues from the following sources other than Head Start to serve children and families (that may or may not qualify for Head Start)?**

*Please think about all the funding streams that come into your program, even for centers that do not provide Head Start services.*

Select one per row

	YES	NO	DON'T KNOW
a. Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. State or local Pre-K funds from the state or local government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Other funding from state government (e.g., transportation, grants from state agencies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Other funding from local government (e.g., grants from county government)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Federal government <u>other than Head Start</u> (e.g., Title I, Child and Adult Care Food Program, WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other (Specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value=""/>			

(STRING 255)

NO RESPONSE.....M

SOFT CHECK: IF O2a, b, c, d, e, f, g, h, or i =NO RESPONSE; <b>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.</b>
SOFT CHECK: IF O2g OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED; <b>Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.</b>

IF O2a, O2b, O2c, O2d, O2e, O2f, AND O2g NE 1, GO TO O7.



IF MORE THAN 3 OPTIONS=1 IN O2

**O3. Which of the following are the three largest sources of revenue for your program?**

[PROGRAMMER NOTE: ONLY SHOW OPTIONS THAT = 1 IN O2, ONLY ALLOW UP TO THREE RESPONSES TO BE SELECTED]

Select up to 3

- Head Start..... 8
- Tuitions and fees paid by parents.....1
- State or local Pre-K funds.....9
- Child care subsidy programs.....10
- Other funding from state government.....2
- Other funding from local government.....3
- Federal government other than Head Start.....4
- Revenues from community organizations or other grants.....5
- Revenues from fund raising activities, cash contributions, gifts, bequests, special events.....6
- Other (FILL FROM O2g).....7
- Don't know.....d
- NO RESPONSE.....M

SOFT CHECK: IF O3=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.**

IF O2a, O2b, O2c, O2d, O2e, O2f, O2g, O2h, OR O2i=1

PROGRAMMER NOTE: SPLIT ITEM INTO TWO SCREENS, WITH FOUR ITEMS ON EACH SCREEN

**O4. Please indicate the purpose of all sources of revenue that are not from Head Start.**

Select one per row

	YES	NO	DON'T KNO W
a. Enrollment of additional children.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Make care affordable for children from low-income families.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Other services/supports for enrolled children.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Improve or enhance the current services offered to children or families.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Services/interventions for parents.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Professional development for program staff.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Materials for the program.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Capital improvements.....	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
NO RESPONSE.....			M

**SOFT CHECK: IF O4a, b, c, d, e, f, g or h =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

**O7. Does your program or the agency that operates your program also have an Early Head Start grant?**

Select one only

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

**SOFT CHECK: IF O7=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.**

ALL

**O8. How many Head Start and Early Head Start grants did your program or the agency that operates your program receive?**

O8a.  (RANGE 1-10) HEAD START GRANTS

O8b.  (RANGE 0-10) EARLY HEAD START GRANTS

- Don't know.....d
- NO RESPONSE.....M

**SOFT CHECK: IF O8a=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 O8a > 3; NUMBER OF HEAD START GRANTS MAY BE TOO HIGH; You have entered [O8a] as the number of Head Start grants your program receives. Please confirm or correct your response and continue.**

**SOFT CHECK: IF O8b=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 O8b > 3; NUMBER OF EARLY HEAD START GRANTS MAY BE TOO HIGH; You have entered [O8b] as the number of Early Head Start grants your program receives. Please confirm or correct your response and continue.**

ALL

**O9. How many different centers does your program operate that provide Head Start services? Please think only about Head Start services; do not include centers that provide only Early Head Start.**

(RANGE 1-450) CENTERS

- Don't know.....d
- NO RESPONSE.....M

**SOFT CHECK: IF O9=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 O9 > 25; NUMBER OF HEAD START CENTERS MAY BE TOO HIGH; You have entered [O9] as the number of centers your program operates that provides Head Start services. Please confirm or correct your response and continue.**

ALL

**O10. Does your program also operate centers that do not receive Head Start funds?**

Select one only

- Yes..... 1 GO TO O10a
- No..... 0
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O10=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.**

IF O10=1

**O10a. How many centers does your program operate that do not provide Head Start services?**

(RANGE 1-450) CENTERS

- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O10a=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 O10a > 25; NUMBER OF NON- HEAD START CENTERS MAY BE TOO HIGH; You have entered [O10a] as the number of centers your program operates that do not provides Head Start services. Please confirm or correct your response and continue.**

IF O2H = 1

**O11a. Are any of the children that are supported by Head Start also supported by state or local Pre-K funds?**

Select one only

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

**SOFT CHECK: IF O11a=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.**

IF O2I = 1

**O11b. Are any of the children that are supported by Head Start also supported by child care subsidies (through certificates/vouchers or state contracts)?**

*Select one only*

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

**SOFT CHECK: IF O11b=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.**

IF O2E = 1 OR O2F=1

**O11c. Are any of the children that are supported by Head Start also supported by funds from community organizations, grants, and/or fundraising activities?**

*Select one only*

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

**SOFT CHECK: IF O11c=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.**

IF O2H = 1

**O12a. How do you assign children to classrooms if their enrollment is paid for by Head Start or state or local Pre-K?**

*Select one only*

- Head Start children and state or local Pre-K children are always assigned to different classrooms..... 1
- Head Start children and state or local Pre-K children are sometimes assigned to the same classroom..... 2
- Head Start children and state or local Pre-K children are always assigned to the same classroom..... 3
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O12a=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.**

IF O2I = 1

**O12b. How do you assign children to classrooms if their enrollment is paid for by Head Start or child care subsidies?**

*Select one only*

- Head Start children and children who receive child care subsidies are always assigned to different classrooms..... 1
- Head Start children and children who receive child care subsidies are sometimes assigned to the same classroom..... 2
- Head Start children and children who receive child care subsidies are always assigned to the same classroom..... 3
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O12b=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.**

IF O2A=1

**O12c. How do you assign children to classrooms if their enrollment is paid for by Head Start or by parent tuition?**

*Select one only*

- Head Start children and children whose care is paid for by parent tuition are always assigned to different classrooms..... 1
- Head Start children and children whose care is paid for by parent tuition are sometimes assigned to the same classroom..... 2
- Head Start children and children whose care is paid for by parent tuition are always assigned to the same classroom..... 3
- Not applicable (some parents pay fees to the program, but those fees are not for classroom services)..... 4
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O12c=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.**

ALL

**O13. Other than Head Start, do you receive public funding that requires you to meet specific performance standards or other program guidelines, such as group sizes, ratios, teacher qualifications, or curriculum use?**

*Select one only*

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

**SOFT CHECK: IF O13=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.**

ALL

**O14. Does your program have dedicated financial management or accounting staff? In other words, does your program have one (or more) people on staff who are focused only on financial management/accounting?**

*Select one only*

- Yes.....1 GO TO O14b
- No.....0 GO TO O14a
- Don't know.....d GO TO O14a
- NO RESPONSE.....M

**SOFT CHECK: IF O14=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.**

IF O14=0

**O14a. Who manages your program’s finances? 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
- Other administrative or managerial staff of this program.....2
- An outside contractor or consultant.....3
- Directors or managers at centers that are part of this program.....4
- Other (Specify).....99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O14a=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.**

IF O14=1

**O14b. Who else is involved in managing your program’s finances? In other words, who else is involved in the ongoing work of managing finances and accounting activities such as monitoring revenues and expenditures?**

*Select all that apply*

- I am..... 1
- Other administrative or managerial staff of this program.....2
- An outside contractor or consultant.....3
- Directors or managers at centers that are part of this program.....4
- Other (Specify).....99
- (STRING 255)
- Don't know..... d
- NO RESPONSE..... M

**SOFT CHECK: IF O14b=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.**

O15-O16. NO O15-O16 IN THIS VERSION



## P. PROGRAM COMMUNITY

ALL

**P1. The next questions are about problems you might see in the community your program serves. How much of a problem is each of the following?**

PROGRAMMER BOX P1

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

**By "substance misuse" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

*Select one for each row*

	NOT A PROBLEM	SOMEWHAT OF A PROBLEM	BIG PROBLEM
a. Public drunkenness/people being high or stoned in public.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
b. Opioid use.....	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
c. Other types of substance misuse..... (Click here for "SUBSTANCE MISUSE" definition)	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
d. Lack of resources for treatment of substance misuse	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>
NO RESPONSE.....	M		

**SOFT CHECK: IF P1a, b, c, or d =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.**

IF P1a, b, or c = 1,2

**P2. What supports does your program offer staff for working with families struggling with substance misuse? Please consider supports for the range of staff working with children and families, such as teachers, family services staff, mental health specialists, and others.**

(Click [here](#) for "SUBSTANCE MISUSE" definition)

PROGRAMMER BOX P2

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

**By "substance misuse" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

Select all that apply

- Written information for staff on signs and symptoms of substance misuse.....1
- Written information for staff on where they can direct or refer parents or caregivers for substance misuse treatment in the community.....2
- Support groups for staff to deal with the challenges of supporting families struggling with substance misuse.....3
- Training or peer learning groups for staff to recognize signs and symptoms of substance misuse in parents or caregivers and share strategies for working with parents or caregivers with substance misuse or children exposed to substance misuse.....4
- Training for staff on the effects of substance misuse exposure on children.....5
- Training in how to talk with parents or caregivers about suspected substance misuse.....6
- Training for staff on how to use information that families share in order to help them get the support they need.....7
- Supervision for staff focused specifically on dealing with a family's substance misuse.....8
- Coordination between health services manager/committee or family services staff and teaching staff to address family substance misuse.....9
- Additional classroom staff for working with children to address behavioral and health needs.....10
- More mental health professionals available to work directly with children.....11
- This is an issue in the community but does not affect my program .....12 GO TO IA
- Other (Specify).....99  
 (STRING 255)
- None of the above.....13 GO TO IA
- NO RESPONSE.....M

PROGRAMMER: RESPONSE OPTION 13 AND 12 ARE EXCLUSIVESOFT CHECK: IF P2=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.**

IF P2 = 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, OR 99

**P3. Which of these supports include a specific focus on the opioid epidemic?**

(Click [here](#) for "SUBSTANCE MISUSE" definition)

PROGRAMMER NOTE: FILL WITH ANSWERS PROVIDED IN P2 AND RESPONSE OPTION 99

PROGRAMMER BOX P2

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

**By "substance misuse" we mean the repeated use of alcohol and/or drugs that can cause health problems, disability, and failure to meet major responsibilities at work, school, or home.**

Select all that apply

- Written information for staff on signs and symptoms of substance misuse.....1
  - Written information for staff on where they can direct or refer parents or caregivers for substance misuse treatment in the community.....2
  - Support groups for staff to deal with the challenges of supporting families struggling with substance misuse.....3
  - Training or peer learning groups for staff to recognize signs and symptoms of substance misuse in parents or caregivers and share strategies for working with parents or caregivers with substance misuse or children exposed to substance misuse.....4
  - Training for staff on the effects of substance misuse exposure on children.....5
  - Training in how to talk with parents or caregivers about suspected substance misuse 6.....
  - Training for staff on how to use information that families share in order to help them get the support they need.....7
  - Supervision for staff focused specifically on dealing with a family's substance misuse 8.....
  - Coordination between health services manager/committee or family services staff and teaching staff to address family substance misuse.....9
  - Additional classroom staff for working with children to address behavioral and health needs.....10
  - More mental health professionals available to work directly with children.....11
  - This is an issue in the community but does not affect my program .....12
  - Other (Specify).....99
- (STRING 255)
- None of the above.....13
- PROGRAMMER: RESPONSE OPTION 13 AND 12 ARE EXCLUSIVE
- NO RESPONSE.....M

**SOFT CHECK: IF P3=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.**

**IF PDisCD=1**

**INTRO. Center: [SITE NAME1]**

**We understand that you act as the center director in addition to your role as program director.**

**Please answer these questions thinking about the center [SITE NAME1].**

**IF PDismultiCD=1**

**INTRO. MultiCenter: [SITE NAME1]**

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

**We will first ask you to complete questions about [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.

IF PDISCD=1
SECOND

**C2A0-1. What are the start and end dates of the program year for Head Start funded center-based slots?**

		MONTH	DAY	YEAR								
C2A0-1a.	Start date	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; width: 60px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
C2A0-1b.	End date	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; width: 60px; height: 20px;"><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 C2A0-1a=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 C2A0-1b=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 C2A0-1b ≤ 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.**

IF PDISCD=1
SECOND

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.

**C2A0-2a. 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 C2A0-2a =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.**

IF PDISCD=1
SECOND

**C2A0-5a. 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 C2A0-5a=NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF PDISCD=1 AND MORE THAN ONE RESPONSE SELECTED IN C2A-05A
PROGRAMMER: ONLY FILL WITH ANSWERS 1-5 THAT WERE PROVIDED IN C2A05-a.
SECOND

**C2A0-5b. Which of the schedules for Head Start center-based slots in your program fills up fastest?**

*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 C2A0-5b =NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF PDISCD=1
SECOND

**C2A0-6. 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 C2A0-6 =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A1. 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

**PROGRAMMER: SOFT CHECK: IF C2A1>15; You have entered [C2A1] as the number of lead teachers currently employed in this center. Please confirm or correct your response and continue.**

IF C2A1 EQUALS 0 GO TO C2A4.

**SOFT CHECK: IF C2A1 =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2A1 > 0
SECOND

**C2A2. How many of these lead teachers were new to the center this year?**

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

LEAD TEACHERS  
 (RANGE 0-50)  
 NO RESPONSE.....M

PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; <b>By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.</b>
PROGRAMMER: SOFT CHECK: IF C2A2>0.5*C2A1; <b>You have entered [C2A2] as the number of lead teachers who are new to the center this year. Please confirm or correct your response and continue.</b>
PROGRAMMER: SOFT CHECK: IF C2A2>C2A1; <b>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.</b>

SOFT CHECK: IF C2A2 =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.**

IF PDISCD=1
SECOND

**C2A4. In the past 12 months, how many lead teachers left and had to be replaced?**

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

LEAD TEACHERS  
 (RANGE 0-50)  
 NO RESPONSE.....M

PROGRAMMER: SET UP HYPERLINK FOR TEXT "HERE" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION; <b>By "lead teacher" we mean the head or primary teacher in the classroom. If teachers are co-teachers count them here.</b>
PROGRAMMER: SOFT CHECK: IF C2A4>0.5*C2A1; <b>You have entered [C2A4] 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.</b>
PROGRAMMER: SOFT CHECK: IF C2A4>A1; <b>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.</b>
SOFT CHECK: IF C2A4 =NO RESPONSE; <b>Please provide an answer to this question, or click the "Next" button to move to the next question.</b>



IF PDISCD=1
SECOND
IF C2A4 > 0

**C2A4a. Please select the top *three* reasons that lead teachers left your center.**

*Select up to three reasons*

- Transitioned to another position in your program.....1
  - Pursue their education.....2
  - Higher pay or higher level position at another early childhood program.....3
  - Higher pay or higher level position in K-12 education.....4
  - Better work hours in another job.....5
  - Transportation needs.....6
  - Left early childhood field.....7
  - Family reasons (e.g., new baby or moving).....8
  - Illness or health reasons (not related to COVID-19).....9
  - Concerns around 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).....11
  - Other reason (Specify).....12
- (STRING 255)
- NO RESPONSE.....M

**SOFT CHECK: IF C2A4a= MISSING; Please provide an answer to this question, 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.**

**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 PDISCD=1
SECOND

**C2A18. In the past 12 months, how much of a problem has turnover among educational personnel been for your center in terms of maintaining consistency in center operations and the care of children?**

**Educational personnel include teaching staff, family child care providers, and home visitors.**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A18=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A19. In the past 12 months, how much of a problem has turnover among family service workers and child counselors or therapists been for your center in terms of maintaining consistency in center operations and the care of children?**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A19=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A20. In the past 12 months, how much of a problem has turnover among managers and coordinators been for your center in terms of maintaining consistency in center operations and the care of children?**

**Managers and coordinators include, but are not limited to, education, health, disability, and mental health managers or coordinators.**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A20=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A21. In the past 12 months, how much of a problem has turnover among staff other than educational personnel, family service workers, child counselors, and managers been for your center in terms of maintaining consistency in center operations and the care of children?**

**For example, this includes facilities and support staff, such as custodians, food service workers, office workers, or bus drivers.**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A21=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A22. In the past 12 months, how much of a problem has it been to find classroom coverage for teaching staff in your center? This includes finding substitutes to allow teachers time to prepare, train, and/or plan, to fill in when teachers are absent, or to fill in when a teaching position is not permanently filled.**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A22=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A23. In the past 12 months, how much of a problem has it been to have enough staff to operate your center at full capacity?**

- Not much of a problem.....0
- Somewhat of a problem.....1
- A substantial problem.....2
- NO RESPONSE.....M

**SOFT CHECK: IF C2A23=NO RESPONSE: Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2A12h. Does your center serve any children or families who speak a language other than English at home?**

- Yes..... 1 GO TO C2A12i
- No..... 0 GO TO C2A15
- NO RESPONSE..... M

**SOFT CHECK: IF C2A12h =NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF PDISCD=1 AND C2A12H=1
SECOND

**C2A12i. 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 C2A12i =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 PDISCD=1 AND C2A12H=1
SECOND

**C2A12j. Do you have any lead teachers or assistant teachers who are bilingual?**

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

- Yes..... 1 GO TO C2A12k
- No..... 0 GO TO C2A\_C3j
- NO RESPONSE..... M

PROGRAMMER BOX C2A12J

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.**

**SOFT CHECK: IF C2A12j =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2A12J=1

SECOND

**C2A12k. 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?**

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

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

PROGRAMMER NOTE:  
ONLY FILL WITH ANSWERS THAT WERE PROVIDED IN C2A12i.

PROGRAMMER BOX C2A12K  
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.**

**SOFT CHECK: IF C2A12k =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 PDISCD=1 AND C2A12J=1
SECOND

**C2A12I. 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)

**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)
--------------

NO RESPONSE.....M

PROGRAMMER BOX C2A12I  
 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: 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.**

SOFT CHECK: IF C2A12I =NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2A12H=1
SECOND

**C2A\_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 C2A\_C3j =NO RESPONSE; Please provide an answer to this question, 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.

IF PDISCD=1
SECOND

**C2B3h. 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
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"/>
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"/>
NO RESPONSE.....		M

**PROGRAMMER: SOFT CHECK: IF C2B3h1, 5, 6 OR 14 =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.**

IF PDISCD=1
SECOND

**C2B3h. 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
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)
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NO RESPONSE.....M

**PROGRAMMER: SOFT CHECK: IF C2B3h7, 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.**

**PROGRAMMER: 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 PDISCD=1
SECOND

**C2B4. 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"/>
NO RESPONSE.....	M						

**PROGRAMMER: SOFT CHECK: IF C2B4a1, 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.**

IF PDISCD=1
SECOND

**C2B5. 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 C2B5=NO RESPONSE; <b>Please provide an answer to this question, or click the “Next” button to move to the next question.</b>
SOFT CHECK: IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: <b>Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.</b>

IF PDISCD=1
SECOND

**C2B6. Has your center consulted with a regional T/TA specialist?**

- Yes..... 1
  - No..... 0
- PROGRAMMER: GO TO C2B10b
- NO RESPONSE..... M

**SOFT CHECK: IF C2B6=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1
SECOND

**C2B10b. 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"/>

NO RESPONSE..... M

**SOFT CHECK: IF C2B10b =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 PDISCD=1
SECOND

**C2B10b. 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
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"/>
<input type="text" value="(STRING 255)"/>				
NO RESPONSE.....				M

**SOFT CHECK: IF C2B10b =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 PDISCD=1
SECOND

**C2B20. 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 two years.....3
- Once every three years.....4
- Once every four years or more.....5
- No formal evaluations are conducted.....0
- NO RESPONSE.....M

SOFT CHECK: IF C2B20=NO RESPONSE; <b>Please provide an answer to this question, or click the “Next” button to move to the next question.</b>
--

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

IF PDISCD=1
SECOND

**C2B21. 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.”**

	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"/>
NO RESPONSE.....	M

PROGRAMMER: RANGE FOR GRID IS 0-400 or 999

PROGRAMMER: SOFT CHECK: IF C2B21a, 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.**

PROGRAMMER: SOFT CHECK: IF C2B21a, 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.**



IF PDISCD=1
SECOND

**C2B22. 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)

	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"/>
NO RESPONSE.....	M

PROGRAMMER: RANGE FOR GRID IS 0-400 or 999

PROGRAMMER:  
 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: SOFT CHECK: IF C2B22a, 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.**

PROGRAMMER: SOFT CHECK: IF C2B22a, b, f, OR g>25; **You have entered [C2B22a, 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.**

IF PDISCD=1
SECOND

**C2B24.** 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"/>
NO RESPONSE.....		M

**PROGRAMMER: SOFT CHECK: IF C2B24c, 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.**

IF PDISCD=1
SECOND

**C2B24. 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
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"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(STRING 255)</div>		

NO RESPONSE.....M

<p><b>PROGRAMMER: SOFT CHECK: IF C2B24g, 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.</b></p>
<p><b>PROGRAMMER: 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.</b></p>

## C. STAFF MENTAL HEALTH

IF PDISCD=1

SECOND

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

**C2C5. 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 C2C5=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.**

IF PDISCD=1
SECOND

**C2C8. Does your center offer training to staff on providing trauma-informed care?**

- Yes..... 1
- No..... 0 GO TO C2E15
- NO RESPONSE..... M GOTO C2E15

**SOFT CHECK: IF C2C8=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2C8=1
SECOND

**C2C9. 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 C2C9 =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.

IF PDISCD=1
SECOND

**C2E15. 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; display: inline-block; padding: 2px 10px;">(STRING 255)</div>		
NO RESPONSE.....		M

**PROGRAMMER: SOFT CHECK: IF C2E15a, 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.**

**PROGRAMMER: 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.**

IF PDISCD=1 AND C2A12H=1
SECOND

**C2E11d. 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)

NO RESPONSE.....M

**PROGRAMMER: SOFT CHECK: IF C2E11d1, 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.**

**PROGRAMMER: 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 PDISCD=1 AND C2A12H=1
SECOND

**C2E11e. 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 C2E11e =NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF PDISCD=1
SECOND

**C2E3a. 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    GO TO C2E3b  
 No..... 0    GO TO C2H8  
 NO RESPONSE..... M

**SOFT CHECK: IF C2E3a =NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question.**



IF PDISCD=1 AND C2E3a=1
SECOND

**C2E3b. 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 (HIPPY)..... 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 C2E3b =NO RESPONSE; <b>Please provide an answer to this question, or click the “Next” button to move to the next question.</b>
SOFT CHECK: IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: <b>Please provide an answer in the “Other (Specify)” box, or click the “Next” button to move to the next question.</b>

## H. OVERVIEW OF PROGRAM MANAGEMENT

The next questions are about program management.

IF PDISCD=1

**C2H8. To do your job as a center director more effectively, what additional help do you need? Select the top three.**

*Select up to 3*

- Program improvement planning .....4
- Budgeting ..... 5
- Staffing (hiring) ..... 6
- Data-driven decision making .....10
- Teacher evaluation ..... 7
- Evaluation of other program staff .....8
- Teacher professional development (for example, conducting classroom observations) ..... 9
- Educational/curriculum leadership ..... 1
- Creating positive learning environments .....3
- Child assessment ..... 2
- Working with parents and families..... 11
- Working with and partnering in the community .....16
- Assessing community needs.....17
- Responding to diverse cultural/linguistic needs.....18
- Health/safety or related policy guidance.....19
- Preparing for future disasters.....20
  
- NO RESPONSE..... M

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

**SOFT CHECK: IF C2H8=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.

IF PDISCD=1
SECOND

**C2N1. 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 C2N1=NO RESPONSE; Please provide an answer to this question, or click the “Next” button to move to the next question**

IF PDISCD=1
SECOND

**C2N2. 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 10px; margin-left: 20px;">(STRING 255)</div>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

NO RESPONSE..... M

**PROGRAMMER: SOFT CHECK: IF C2N2a, 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.

IF PDISCD=1

SECOND

### C205. Does your center have a state license to operate?

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

Select one only

- Yes, my center has a state license to operate.....1 GO TO C205a
- No, my center is exempt for the requirement for a state license.....2 GO TO C205b
- No, my center does not have a license for another reason (Specify).....3 GO TO C206
- (STRING 255)
- Don't know.....d
- NO RESPONSE.....M

#### PROGRAMMER

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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf). (Accessed May 17, 2018.)

#### PROGRAMMER

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.**

SOFT CHECK: IF C205=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.**

IF PDISCD=1 AND C2O5=1

SECOND

**C2O5a. 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 and received a license anyway)?**

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

*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

PROGRAMMER

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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf). (Accessed May 17, 2018.)

**SOFT CHECK: IF C2O5a=NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2O5=2
SECOND

**C2O5b. Why is your center exempt from having a state license?**

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

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

PROGRAMMER

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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf). (Accessed May 17, 2018.)**

PROGRAMMER: 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.**

SOFT CHECK: IF C2O5b=NO RESPONSE; **Please provide an answer to this question, or click the "Next" button to move to the next question.**

IF PDISCD=1 AND C2O5=1
SECOND

**C2O5d. 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)

Select one only

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

PROGRAMMER

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](https://childcareta.acf.hhs.gov/sites/default/files/public/center_licensing_trends_brief_2014.pdf). (Accessed May 17, 2018.)

SOFT CHECK: IF C2O5d =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.

IF PDISCD=1
SECOND

**C2O6. 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 C2O6a
- No..... 0 GO TO C2O6b
- Don't know..... d GO TO C2O17
- NO RESPONSE..... M

SOFT CHECK: IF C2O6 =NO RESPONSE; Please provide an answer to this question, or click the "Next" button to move to the next question.

IF PDISCD=1 AND C2O6=0
SECOND

**C2O6b. 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 C2O6b=NO RESPONSE; <b>Please provide an answer to this question, or click the "Next" button to move to the next question.</b>
SOFT CHECK IF OTHER SPECIFY ANSWER IS SELECTED AND NOT SPECIFIED: <b>Please provide an answer in the "Other (Specify)" box, or click the "Next" button to move to the next question.</b>



IF PDISCD=1 AND C2O6=1
SECOND

**C2O6a. 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)

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

PROGRAMMER

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.**

SOFT CHECK: IF C2O6a=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 PDISCD=1 AND C2O6=1
SECOND

**C2O6c. 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 C2O6c=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 PDISCD=1 AND C2O6=1
SECOND

**C2O6d. 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 things .....8
- Don't know.....d
- NO RESPONSE.....M

PROGRAMMER: RESPONSE OPTION 8 IS EXCLUSIVE
SOFT CHECK: IF C2O6d.=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 PDISCD=1
SECOND

**C2017. 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 C2017a
- No.....0 GO TO C2014a
- Don't know.....d GO TO C2014a
- NO RESPONSE.....M

SOFT CHECK: IF C2017=NO RESPONSE; <b>Please provide an answer to this question, or click the "Next" button to move to the next question.</b>
--

IF PDISCD=1 AND C2017=1
SECOND

**C2017a. 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 C2017a =NO RESPONSE; <b>Please provide an answer to this question, or click the "Next" button to move to the next question.</b>
--

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

IF PDISCD=1
SECOND

**C2O14a. 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 C2O14a\_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

PROGRAMMER: 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.**

SOFT CHECK: IF C2O14a =NO RESPONSE; **Please provide an answer to this question, or click the “Next” button to move to the next question.**

IF PDISCD=1 AND C2O14A=2
SECOND

**C2O14a\_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 C2O14a\_1 =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.*

YEARS

I0. In any early childhood program.....  (RANGE 0-70)

I2a. In any Head Start program.....  (RANGE 0-54)

I2b. Of this Head Start program.....  (RANGE 0-54)

[IF PDisCD=1: C2I2b. Of this Head Start center?].....  (RANGE 0-54)

NO RESPONSE..... M

### PROGRAMMER

ismultiCD=1; DISPLAY C2I2B ON SCREEN TWICE (ONCE FOR EACH CENTER) WITH THIS NOTE FOR EACH INSTANCE OF QUESTION C2I2B: **[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 IA=NO RESPONSE; One or more responses are missing. Please provide an answer to this question and continue, or click the "Next" button to move to the next question.**

**SOFT CHECK: IF 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 > 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 > 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.**

**SOFT CHECK: IF C2I2b > 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.**

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 and continue. To continue to the next question without providing a response, click the "Next" button.

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 and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK: IF I2 > 30; NUMBER OF YEARS MAY BE TOO HIGH; 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 and continue. To continue to the next question without providing a response, click the "Next" button.

SOFT CHECK: IF I3 > 40 HOURS; 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 [IF PDisCD=0: program director / IF PDisCD=1: program and 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 and continue. To continue to the next question without providing a response, click the "Next" button. 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-I11. NO I6-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 SEE BOX
- 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, etc.).....13
- NO RESPONSE.....M GO TO I24

PROGRAMMER: IF I12=7 AND PDisCD=1; GO TO C2I15a, IF I12=7 AND PDisCD=0: GO TO I15b.

SOFT CHECK: IF I12=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.**

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 and continue. To continue to the next question without providing a response, click the “Next” button.**

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 PDisCD=1 AND CORE AND I12=7, 8, 9, 10, 11, 12, OR 13

**C2I15a. 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 C2I15a =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.**

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 and continue. To continue to the next question without providing a response, click the “Next” button.**



IF PDisCD=1

**C2I18. Do you have a Child Development Associate (CDA) credential?**

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

**SOFT CHECK: IF C2I18=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.**

IF PDISCD=1

**C2I19. Do you have a state-awarded preschool teaching certificate or license?**

*(Click [here](#) for “TEACHING CERTIFICATE OR LICENSE” definition)*

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

**PROGRAMMER**

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.

**SOFT CHECK: IF C2I19=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.**

IF PDISCD=1

**C2I20. Do you have a state-awarded teaching certificate or license for ages/grades other than preschool?**

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

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

PROGRAMMER

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.

SOFT CHECK: IF C2I20=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.

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 I24b=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

(1914-2000)

NO RESPONSE.....M

SOFT CHECK: IF I25=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 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 "Next" button.

IF I26=1

**I27. Which one 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 and continue. To continue to the next question without providing a response, click the "Next" button.**

**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.**

ALL

**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 and continue. To continue to the next question without providing a response, click the "Submit Page and Continue" button.**

**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 SECTION X
- NO RESPONSE..... M GO TO SECTION X

**SOFT CHECK: IF I29=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.**

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 and continue. To continue to the next question without providing a response, click the "Next" button.**

## X. COVID-19 IMPACT AND EMERGENCY PREPAREDNESS

These next questions are about your program’s emergency preparedness and changes to your program as a result of the COVID-19 pandemic.

ALL
-----

**30. What topics are included in your program’s emergency management/disaster preparedness and response plan?**

*Select all that apply*

- Conducting emergency drills (e.g., fire, evacuation, or shelter-in-place drills)..... 1
- Communicating and coordinating with federal, state, local, and/or non-governmental emergency management organizations.....2
- Communicating with parents and staff during an emergency.....3
- Ensuring continued operations during an emergency (e.g., back-up systems for computer files and plans for temporary relocation of classrooms and other services).....4
- Facility improvements to support continued operations during emergencies.....5
- Designating and maintaining access to critical records during an emergency..... 6
- Staff training on evacuation and emergency protocols.....7
- Staff training on delivering content and services remotely.....8
- Partnerships or agreements with individuals or practices in the medical community..... 9
- Other (Specify).....99  

--

 (STRING 100)
- Our program does not have a plan.....0
- NO RESPONSE.....M

SOFT CHECK: IF 30=NO RESPONSE; <b>Please provide an answer to this question and continue. To continue to the next question without providing a response, click the “Next” button.</b>
---

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

ALL

**31. In the past 12 months, has your program conducted any of the following emergency management and disaster preparedness activities?**

*Select all that apply*

- Conducted emergency drills (e.g., fire, evacuation, or shelter-in-place drills).....1
- Communicated with federal, state, local, and/or non-governmental emergency management organizations about emergency management planning.....2
- Let parents and staff know about how the program will communicate with them during an emergency or natural disaster.....3
- Made improvements to policies or procedures to support continued operations during an emergency (e.g., plans for temporary relocation of classrooms and other services).....4
- Made facility improvements to support continued operations during emergencies (e.g., HVAC system improvements).....5
- Developed or reviewed plans for maintaining access to critical records during an emergency.....6
- Held staff training on evacuation and emergency protocols.....7
- Held staff training on delivering content and services remotely.....8
- Began or maintained partnerships with individuals or practices in the medical community.....9
- Other (Specify).....99  
 (STRING 100)
- We have not conducted any of these activities.....0
- NO RESPONSE.....M

SOFT CHECK: IF 31=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

**29. What is the largest lasting change to your program as a result of COVID-19?**

(STRING (NUM))

NO RESPONSE.....M

IF PDISCD=1

SECOND

**C2X16. What is the largest lasting change to your center as a result of COVID-19?**

(STRING (NUM))

NO RESPONSE.....M

## SECTION Z. STAFF COMPENSATION AND BENEFITS

UNIVERSE: ALL

**Z1a. Which of the following activities or expenses did you implement in the past 12 months?**

**Please indicate whether you implemented the following activities or expenses regardless of whether you used new quality improvement funding to do so.**

*Select one per row.*

	Y E S	N O
a. Increase the wages of educational personnel, family service workers, child counselors, or managers. Do not include standard adjustments to salary your program would typically make such as cost of living increases.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Improve the benefits (for example, sick days, holidays, or health benefits) for educational personnel, family service workers, child counselors, or managers.	1 <input type="radio"/>	0 <input type="radio"/>
c. Increase the wages of staff <b>other than</b> educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers). Do not include standard adjustments to salary your program would typically make such as cost of living increases.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Improve the benefits (for example, sick days, holidays, or health benefits) for staff <b>other than</b> educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers)	1 <input type="radio"/>	0 <input type="radio"/>
e. Hire educational personnel, family service workers, child counselors, or managers	1 <input type="radio"/>	0 <input type="radio"/>
f. Hire staff other than educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers)	1 <input type="radio"/>	0 <input type="radio"/>
g. Support staff training to address <u>trauma</u> or mental health concerns for children and families from <u>populations with higher needs</u> .....	1 <input type="radio"/>	0 <input type="radio"/>
h. Support child counseling, mental health consultation, or other services necessary to address <u>trauma</u> or mental health concerns for children and families from <u>populations with higher needs</u>	1 <input type="radio"/>	0 <input type="radio"/>
i. Ensure that the physical environments are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.....	1 <input type="radio"/>	0 <input type="radio"/>
j. Employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom	1 <input type="radio"/>	0 <input type="radio"/>
k. Employ additional qualified family service workers to reduce the family-to-staff ratio for those workers.....	1 <input type="radio"/>	0 <input type="radio"/>
l. Ensure that your program has qualified staff who use practices supported by scientifically based reading research.....	1 <input type="radio"/>	0 <input type="radio"/>
m. Increase hours of program operation (hours per day, days per week, and/or weeks per year)	1 <input type="radio"/>	0 <input type="radio"/>
n. Improve communitywide strategic planning and needs assessments and collaboration efforts for such programs, including outreach to <u>populations with higher needs</u> .....	1 <input type="radio"/>	0 <input type="radio"/>
o. Transport children safely.....	1 <input type="radio"/>	0 <input type="radio"/>

NO RESPONSE..... M

**SOFT CHECK: 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.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT “TRAUMA” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION: **SAMHSA describes individual trauma as resulting from ‘an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT “POPULATIONS WITH HIGHER NEEDS” THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION: **Populations with higher needs are referred to as “special populations” in the Head Start Act and include those groups listed in Section 640(a)(5)(B)(i) of the Act: children from immigrant, refugee, and asylee families; homeless children; children in foster care; limited English proficient children; children of migrant or seasonal farmworker families; children from families in crisis; children referred to Head Start programs (including Early Head Start programs) by child welfare agencies; and children who are exposed to chronic violence or substance abuse.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT “640(a)(5))” to point to the following site: <https://eclkc.ohs.acf.hhs.gov/policy/sec-640-allotment-funds-limitations-assistance>.

In Fiscal Year 2020 (program year 2019-2020), the U.S. Congress made available \$250 million for programs under the Head Start Act for quality improvement, aligned with Section 640(a)(5) of the Act (except that a program could use any percent of these funds on any of the quality improvement activities specified in 640(a)(5)). Congress also emphasized, though did not require, a focus on trauma-informed care with this funding. The next question asks about your program's use of these funds.

UNIVERSE: Z1A = 1

**Z1b. You indicated that your program implemented the following activities or expenses. Which of the following activities or expenses did you implement with the new quality improvement funding in the first year?**

*We recognize that in the first and second years these activities and expenses could have been impacted by the COVID-19 pandemic. Please tell us about your actual activities or expenditures even if they differed from your original plans.*

Select one per row.

	Y E S	N O
a. Increase the wages of educational personnel, family service workers, child counselors, or managers. Do not include standard adjustments to salary your program would typically make such as cost of living increases.....	1 <input type="radio"/>	0 <input type="radio"/>
b. Improve the benefits (for example, sick days, holidays, or health benefits) for educational personnel, family service workers, child counselors, or managers.	1 <input type="radio"/>	0 <input type="radio"/>
c. Increase the wages of staff <b>other than</b> educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers). Do not include standard adjustments to salary your program would typically make such as cost of living increases.....	1 <input type="radio"/>	0 <input type="radio"/>
d. Improve the benefits (for example, sick days, holidays, or health benefits) for staff <b>other than</b> educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers)	1 <input type="radio"/>	0 <input type="radio"/>
e. Hire educational personnel, family service workers, child counselors, or managers	1 <input type="radio"/>	0 <input type="radio"/>
f. Hire staff other than educational personnel, family service workers, child counselors, and managers (for example, facilities and support staff, such as custodians, food service workers, office staff, or bus drivers)	1 <input type="radio"/>	0 <input type="radio"/>
g. Support staff training to address <u>trauma</u> or mental health concerns for children and families from <u>populations with higher needs</u> .....	1 <input type="radio"/>	0 <input type="radio"/>
h. Support child counseling, mental health consultation, or other services necessary to address <u>trauma</u> or mental health concerns for children and families from <u>populations with higher needs</u>	1 <input type="radio"/>	0 <input type="radio"/>
i. Ensure that the physical environments are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.....	1 <input type="radio"/>	0 <input type="radio"/>
j. Employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom	1 <input type="radio"/>	0 <input type="radio"/>
k. Employ additional qualified family service workers to reduce the family-to-staff ratio for those workers.....	1 <input type="radio"/>	0 <input type="radio"/>
l. Ensure that your program has qualified staff who use practices supported by scientifically based reading research.....	1 <input type="radio"/>	0 <input type="radio"/>
m. Increase hours of program operation (hours per day, days per week, and/or weeks per year)	1 <input type="radio"/>	0 <input type="radio"/>
n. Improve communitywide strategic planning and needs assessments and collaboration efforts for such programs, including outreach to <u>populations with higher needs</u> .....	1 <input type="radio"/>	0 <input type="radio"/>
o. Transport children safely.....	1 <input type="radio"/>	0 <input type="radio"/>

NO RESPONSE.....M

**SOFT CHECK: 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.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT "TRAUMA" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION: **SAMHSA describes individual trauma as resulting from 'an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT "POPULATIONS WITH HIGHER NEEDS" THAT WILL POP UP TO PROVIDE THE FOLLOWING DEFINITION: **Populations with higher needs are referred to as "special populations" in the Head Start Act and include those groups listed in Section 640(a)(5)(B)(i) of the Act: children from immigrant, refugee, and asylee families; homeless children; children in foster care; limited English proficient children; children of migrant or seasonal farmworker families; children from families in crisis; children referred to Head Start programs (including Early Head Start programs) by child welfare agencies; and children who are exposed to chronic violence or substance misuse.**

PROGRAMMER BOX

SET UP HYPERLINK FOR TEXT "640(a)(5))" to point to the following site: <https://eclkc.ohs.acf.hhs.gov/policy/sec-640-allotment-funds-limitations-assistance>.

The next set of questions asks about the staff compensation and benefits in your program.

ALL

**Z4. We are interested in learning about whether your program has increased wages for specific positions in the past 12 months.**

We are **not** interested in whether particular individuals received an increase (for example, due to a promotion) or any other standard adjustments to salary your program would typically make (for example, cost of living increases).

In the past 12 months, were any of the following positions given a wage increase that would have applied to all staff working in that position? Please select “increased wages for this position” if any position within each category was given a wage increase. Please select “position includes contracted staff only” if staff are employed by another organization.

*Select one per row.*

	INCREASED STAFF WAGES FOR THIS POSITION	DID NOT INCREASE STAFF WAGES FOR THIS POSITION	POSITION INCLUDES CONTRACTED STAFF ONLY	NO STAFF IN THIS POSITION
a. Educational personnel, including teaching staff, family child care providers, and home visitors.....	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Family service workers and child counselors or therapists.....	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Managers or coordinators (including, but not limited to, education, health, disability, and mental health managers or coordinators) .....	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Other staff (including, but not limited to, facilities and support staff such as custodians, food service workers, office staff, or bus drivers).....	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
NO RESPONSE.....	M			

**SOFT CHECK: IF Z4a, b, c, or d=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 providing a response, click the “Next” button.**



Z4a=1 or Z4d=1

**Z4b. Prior to the wage increase, were any of the following staff positions paid minimum wage or within two dollars of minimum wage?**

*Select one per row.*

	YES	NO	DID NOT INCREASE STAFF WAGES FOR THIS POSITION	NO STAFF IN THIS POSITION	DON'T KNOW
a. Custodian	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>
b. Food service staff	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>
c. Secretaries and other front office staff	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>
d. Substitute teachers	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>
e. Other staff, including facilities or support staff	1 <input type="radio"/>	0 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	d <input type="radio"/>

(STRING 255)

NO RESPONSE.....M

**SOFT CHECK: IF Z4ba, b, c, or d=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 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

**Z7. Please indicate if your program currently provides the following types of compensation for the following staff positions.**

**Educational personnel include teaching staff, family child care providers, and home visitors.**

**Managers and coordinators include, but are not limited to, education, health, disability, and mental health managers or coordinators.**

**Examples of other staff include as facilities and support staff, such as custodians, food service workers, office staff, or bus drivers.**

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select all that apply

	EDUCATIONAL PERSONNEL	FAMILY SERVICE WORKERS OR CHILD COUNSELORS/THERAPISTS	MANAGERS OR COORDINATORS	OTHER STAFF, SUCH AS FACILITIES OR SUPPORT STAFF	PROGRAM DOES NOT PROVIDE THIS COMPENSATION TO ANY STAFF
a. Paid sick days.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
b. Paid holidays.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
c. Health benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
d. Retirement benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
e. Reduced tuition rates for continuing education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
f. Assistance to complete postsecondary course work.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
g. Support for increased credentials (such as bilingual education or providing services to children with disabilities).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
h. Career development programs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
i. Employee assistance services (e.g., for family matters, financial challenges, mental health)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
j. Other (Specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(STRING 255)</div>					
NO RESPONSE.....					M

**SOFT CHECK: IF Z7a, b, c, d, e, f, g, h, or i=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 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.**

Z7=1, 2, 3 or 4

**Z7b. In the past 12 months, did your program add or increase any of the following types of compensation? If so, which staff positions received the additional or increased compensation?**

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select all that apply

	EDUCATIONAL PERSONNEL	FAMILY SERVICE WORKERS OR CHILD COUNSELORS/THERAPISTS	MANAGERS OR COORDINATORS	OTHER STAFF, SUCH AS FACILITIES OR SUPPORT STAFF	DID NOT ADD OR INCREASE
a. Paid sick days.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
b. Paid holidays.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
c. Health benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
d. Retirement benefits.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
e. Reduced tuition rates for continuing education.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
f. Assistance to complete postsecondary course work.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
g. Support for increased credentials (such as bilingual education or providing services to children with disabilities)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
h. Career development programs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
i. Employee assistance services (e.g., for family matters, financial challenges, mental health).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
j. Other (Specify).....					
<div style="border: 1px solid black; padding: 2px; display: inline-block;">(STRING 255)</div>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>

**SOFT CHECK: IF Z7ba, b, c, d, e, f, g, h, or i=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 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

**Z18. Please indicate if your program currently has the following staff well-being supports in place for the following staff positions.**

**Educational personnel include teaching staff, family child care providers, and home visitors.**

**Managers and coordinators include, but are not limited to, education, health, disability, and mental health managers or coordinators**

**Examples of other staff include as facilities and support staff, such as custodians, food service workers, office staff, or bus drivers.**

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select all that apply.

	EDUCATIONAL PERSONNEL	FAMILY SERVICE WORKERS OR CHILD COUNSELORS/THERAPISTS	MANAGERS OR COORDINATORS	OTHER STAFF, SUCH AS FACILITIES OR SUPPORT STAFF	PROGRAM DOES NOT PROVIDE THIS SUPPORT TO ANY STAFF
a. Regular check-ins with staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
b. Offering professional mental health consultations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
c. Offering virtual or in-person staff social events.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
d. Encouraging personal health and safety (e.g., social distancing, use of masks and gloves).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
e. Resources to support staff physical health (e.g., exercise and nutrition, yoga room).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
i. Offering chances for staff to take breaks during the day (e.g., staff can safely express if they need an unscheduled break during the day).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
j. Training or resources on secondary traumatic stress.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
k. Counseling resources or referrals to Employee Assistance Programs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
l. Monetary or financial incentives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
m. Other (Specify).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>

(STRING 255)

**SOFT CHECK: IF Z18a, b, c, d, e, f, g, h, i, j, k, or l=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 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.**

Z18=1 or 2

**Z18b. In the past 12 months, did your program add or increase any of the following staff well-being supports? If so, which staff positions received the additional or increased supports?**

PROGRAMMER: SHOW AS GRID ON ONE SCREEN.

Select all that apply.

	EDUCATIONAL PERSONNEL	FAMILY SERVICE WORKERS OR CHILD COUNSELORS/THERAPISTS	MANAGERS OR COORDINATORS	OTHER STAFF, SUCH AS FACILITIES OR SUPPORT STAFF	DID NOT ADD OR INCREASE
a. Regular check-ins with staff.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
b. Offering professional mental health consultations.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
c. Offering virtual or in-person staff social events.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
d. Encouraging personal health and safety (e.g., social distancing, use of masks and gloves).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
e. Resources to support staff physical health (e.g., exercise and nutrition, yoga room)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
f. Resources or programs to support self-care (e.g., mindfulness training, workplace self-care groups, dedicated staff break room).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
g. Flexible hours scheduling (e.g., allowing staff to select work schedules that meet their needs).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
i. Offering chances for staff to take breaks during the day (e.g., staff can safely express if they need an unscheduled break during the day).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
j. Training or resources on secondary traumatic stress.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
k. Counseling resources or referrals to Employee Assistance Programs.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>

Select all that apply.

EDUCATIONAL PERSONNEL	FAMILY SERVICE WORKERS OR CHILD COUNSELORS/THERAPISTS	MANAGERS OR COORDINATORS	OTHER STAFF, SUCH AS FACILITIES OR SUPPORT STAFF	DID NOT ADD OR INCREASE
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l. Monetary or financial incentives..... 1  2  3  4  0

m. Other (Specify).....

(STRING 255)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	0 <input type="radio"/>
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SOFT CHECK: IF Z18.ba, b, c, d, e, f, g, h, l, j, k, or l=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 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.**

**ADDITIONAL SCREENS**

TRANSITION TO ADDITIONAL CENTER IF PDismultiCD=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 C2A0-1 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.**