

OMB No.: 0970-0354

Expiration Date: XX/XX/20XX

**MATHEMATICA**  
**Policy Research**



**Staff Survey – Teacher**

***Draft for OMB (Redacted)***

***July 2019***

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number and expiration date for this collection are OMB #: 0970-0354, Exp: XX/XX/XXXX.

## INTRODUCTION

Thank you for taking the time to let us speak with you today. This survey is part of the Baby FACES study. We obtained permission from the director of your program to talk with you about your experiences in Early Head Start. We appreciate your time and effort in completing this survey.

This collection of information will be used to describe the characteristics of children and families served by Early Head Start, and the characteristics and features of programs and staff that serve them. Your participation in the study is voluntary. Please be assured that all information you provide will be kept private to the extent permitted by law. The questions I will be asking today have been approved by the Federal Office of Management and Budget, also known as OMB. We are only allowed to ask you these questions and you can only answer them if there is a valid OMB control number. For the questions asked as part of today's discussion, the OMB control number is 0970-0354 and it expires on XX/XX/20XX.

The survey will take about 30 minutes to complete.

## SECTION A. CLASSROOM CHARACTERISTICS AND ROUTINES

**My first questions are about classroom characteristics and routines.**

Source: Adapted from Baby FACES 2009

**A1. How many children are currently enrolled in this classroom?**

|\_|\_| NUMBER OF CHILDREN ENROLLED

DON'T KNOW/REFUSED.....d

Source: Baby FACES 2018

**A2. What is the length of time the average child is in your classroom each day?**

PROBE: Your best guess is fine.

|\_|\_| HOURS

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**A3. Of the adults who regularly work with or provide care for the children in this classroom, how many [READ FIRST ITEM]...are there? Please include yourself as lead teacher in counts. How many [CONTINUE WITH REST OF LIST]...are there?**

	NUMBER	DON'T KNOW/ REFUSED
a. Lead Teachers?	_ _	d
b. Assistant Teachers?	_ _	d
c. Classroom Aides?	_ _	d
d. Volunteers or non-staff?	_ _	d

**A4. INTERVIEWER: INSTRUCT RESPONDENT TO CONSULT SHOW CARD (blue)**

**Please describe how you spend a typical day in your classroom. Not including lunch or nap breaks, how much time do you spend in the following kinds of activities throughout the day? For each item, please tell me if you spend no time, 30 minutes or less, about one hour, about two hours, or three hours or more. [READ FIRST ITEM]. How much time do you spend doing this on a typical day? What about...[CONTINUE WITH REST OF LIST]?**

CODE ONE PER ROW

	NO TIME	30 MINS OR LESS	ABOUT ONE HOUR	ABOUT TWO HOURS	THREE HOURS OR MORE	DON'T KNOW/ REFUSED
a. Teacher-directed whole-class activities	1	2	3	4	5	d
b. Teacher-directed small group activities	1	2	3	4	5	d
c. Teacher-directed one-on-one (individual) activities	1	2	3	4	5	d
d. Child-selected activities	1	2	3	4	5	d
e. Routine care (such as diapering, feeding, and bathroom needs)	1	2	3	4	5	d

**SECTION B. STAFF DEVELOPMENT AND SUPERVISION**

The next questions are about the supervision, coaching, and training provided by your program. The first few questions are about your supervisor.

Source: Adapted from Baby FACES 2009

**B1. Does your supervisor use an individual career or professional development plan to provide you with professional development and training?**

- YES.....1
- NO.....0
- DON'T HAVE A PROFESSIONAL DEVELOPMENT PLAN.....2
- DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**B3. Do you have one-on-one supervision meetings, group supervision meetings, or both?**

CODE ONE ONLY

- ONE-ON-ONE SUPERVISION.....1
- GROUP SUPERVISION.....2 GO TO B5
- BOTH.....3
- NONE.....0 GO TO B6
- DON'T KNOW/REFUSED.....d GO TO B6

Source: Adapted from Baby FACES 2018

IF ONE-ON-ONE SUPERVISION OR BOTH (B3=1 OR B3=3), ASK:

**B4. How many times a year do you typically have one-on-one supervision meetings?**

|\_|\_|\_| TIMES PER YEAR

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2018

IF GROUP SUPERVISION OR BOTH (B3=2 OR B3=3), ASK:

**B5. How many times a year do you typically have group supervision meetings?**

|\_|\_|\_| TIMES PER YEAR

DON'T KNOW/REFUSED.....d

Source: New Item

IF ONE-ON-ONE SUPERVISION OR BOTH (B3=1 OR B3=3), ASK:

**B5c. Does your supervisor conduct formal performance reviews with you?**

YES.....1

NO.....0

Source: New Item

IF B5c=1, ASK:

**B5d. How many times a year does your supervisor conduct a formal performance review with you?**

|\_|\_|\_| TIMES PER YEAR

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2018

**B6. These next questions are about coaching. Some people may think of this as mentoring. A coach is a person, usually someone other than your supervisor, who has expertise in specific areas and provides ongoing professional development, performance feedback, and works with staff to improve practice.**

**Please tell me which of the following statements is the most applicable to you.**

CODE ONE ONLY

I have a coach who is different from my supervisor.....1

My coach is also my supervisor.....2 GO TO B9.1

I don't have a coach.....0 GO TO B9.1

DON'T KNOW/REFUSED.....d GO TO B9

IF RESPONDENT HAS COACH (B6=1), ASK:

Source: Adapted from Baby FACES 2018

**B6a. Is your coach a person whose sole job is coaching (that is, not consultants or staff whose primary role is as a teacher, manager, or director)?**

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2018

IF RESPONDENT HAS COACH (B6=1), ASK:

**B7. How many times a year do you typically meet with your coach?**

|\_|\_|\_| TIMES PER YEAR

DON'T KNOW/REFUSED.....d

ASK BASED ON RESPONSES TO B6 (IF NO COACH, IF COACH AND SUPERVISOR ARE SAME, OR DON'T KNOW/REFUSED)

Source: Adapted from Baby FACES 2018

**B9.1. Supervisors have different approaches or ways of supporting teachers in improving their practice. Please tell me whether your supervisor uses each of the following methods when working with you.**

CODE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Discuss what they observe in your classroom?	1	0	d
b. Provide written feedback on what they observe in your classroom?	1	0	d
c. Have you watch a video tape of yourself teaching?	1	0	d
d. Have you observe another teacher (live or a video)?	1	0	d
e. Model good teaching practices?	1	0	d

f. Suggest trainings for you to attend or certifications for you to obtain?	1	0	d
g. Provide trainings to you?	1	0	d
h. Review child assessment data with you?	1	0	d
i. Provide materials or resources to you?	1	0	d
j. Help you set goals or make plans to improve your practice?	1	0	d
k. Make themselves available or check in with you?	1	0	d
l. Assist you with specific needs or challenges?	1	0	d
m. Help you think about your own practice and problem-solve to address challenges?	1	0	d

ASK BASED ON RESPONSES TO B6 (IF THEY HAVE A COACH WHO IS DIFFERENT FROM THEIR SUPERVISOR)

Source: Adapted from Baby FACES 2018

**B9.2. Coaches and supervisors have different approaches or ways of supporting teachers in improving their practice. For each method used, please tell me who uses the approach: your coach, your supervisor, both, or neither. Does your coach or supervisor...**

PROBE: THE FIRST TIME RESPONDENT SAYS NO, PLEASE CONFIRM THAT NEITHER COACH NOR SUPERVISOR DO THIS.

	COACH	SUPERVISOR	BOT H	NEITHER	DON'T KNOW/ REFUSED
a. Discuss what they observe in your classroom?	1	2	3	0	d
b. Provide written feedback on what they observe in your classroom?	1	2	3	0	d
c. Have you watch a video tape of yourself teaching?	1	2	3	0	d

d. Have you observe another teacher (live or a video)?	1	2	3	0	d
e. Model good teaching practices?	1	2	3	0	d
f. Suggest trainings for you to attend or certifications for you to obtain?	1	2	3	0	d
g. Provide trainings to you?	1	2	3	0	d
h. Review child assessment data with you?	1	2	3	0	d
i. Provide materials or resources to you?	1	2	3	0	d
j. Help you set goals or make plans to improve your practice?	1	2	3	0	d
k. Make themselves available or check in with you?	1	2	3	0	d
l. Assist you with specific needs or challenges?	1	2	3	0	d
m. Help you reflect on your own practice and problem-solve to address challenges?	1	2	3	0	d

INSTRUCT RESPONDENT TO CONSULT SHOW CARD (purple)

Source: Adapted from Baby FACES 2018

**B13. Next, I'd like to ask you about trainings that you may have received from this program since September.**

**This can include one-on-one training, training received through workshops, or training you may have completed online. This can also include on-site or off-site training. For each topic, please tell me whether or not you received the training since September. Then, please indicate the usefulness of the training received. Since September, did you receive training aimed at...**

CODE ONE PER ROW

	<b>A</b>		<b>B</b>			
	Since September, did you receive training aimed at...		[Ask only if A= YES] How useful was this training? Was it...			
	YES	NO	VERY USEFUL	SOMEWHAT USEFUL	NOT TOO USEFUL	NOT AT ALL USEFUL
b. Supporting positive parent-child interactions?	1	0	4	3	2	1
c. Supporting positive teacher-child interactions?	1	0	4	3	2	1
e. Engaging parents and families in program activities and in children's learning?	1	0	4	3	2	1
f. Supporting children who are dual language learners and their families?	1	0	4	3	2	1
m. Culturally responsive strategies and working with diverse families?	1	0	4	3	2	1
n. Supporting learning in math or science for infants and toddlers?	1	0	4	3	2	1
o. Supporting language and literacy development for infants and toddlers?	1	0	4	3	2	1
p. Supporting social-emotional development for infants and toddlers?	1	0	4	3	2	1

**Turning next to curricula and assessments...**

Source: Adapted from Baby FACES 2009

**B15. Do you follow any specific curriculum in your classroom?**

CODE ONE ONLY

YES, SPECIFIC CURRICULUM.....1

YES, COMBINATION.....2

NO.....0 GO TO B18a

DON'T KNOW/REFUSED.....d GO TO B18a

INTERVIEWER: INSTRUCT RESPONDENT TO CONSULT SHOW CARD (white)

IF TEACHER USES SPECIFIC CURRICULUM OR A COMBINATION OF CURRICULA (B15=1 OR 2), HAND SHOW CARD AND ASK:

Source: Adapted from Baby FACES 2018

**B16. What curricula or curriculum do you use in your classroom? Please just tell me the name or names. CODE ALL THAT APPLY IN COLUMN A**

IF MORE THAN ONE MENTIONED, ASK: **Which of these that you mentioned do you consider the main curriculum? CODE ONE ONLY IN COLUMN B**

	<u>CODE ALL THAT APPLY</u>	<u>CODE ONE ONLY</u>
	A. CURRICULA USED	B. MAIN CURRICULUM
a. AGENCY-CREATED CURRICULUM	1	1
b. ASSESSMENT, EVALUATION AND PROGRAMMING SYSTEM (AEPS)	2	2
c. BABY TALK	33	33
d. BEAUTIFUL BEGINNINGS	3	3
e. CONSCIOUS DISCIPLINE (BABY DOLL CIRCLE TIME)	30	30
f. CREATIVE CURRICULUM/TEACHING STRATEGIES	4	4
g. FROG STREET	6	6
i. HAWAII EARLY LEARNING PROFILE (HELP)	10	10
j. HIGH/SCOPE	13	13
k. LEARNING ACTIVITIES FOR INFANTS(MAGDA GERBER, RIE)	14	14
l. ONES AND TWOS (Parenting: The First Three Years curriculum)	15	15
m. PARENTS AS TEACHERS (PAT)	16	16
p. PLAYTIME LEARNING GAMES FOR YOUNG CHILDREN	18	18
q. PROGRAM FOR INFANT-TODDLER CARE (PITC)	19	19
r. REGGIO EMILIA	20	20
s. OTHER (SPECIFY)  _____	28	28
t.		NO MAIN CURRICULUM
u.	DON'T KNOW/REFUSE D	DON'T KNOW/REFUSE D

IF SPECIFIC CURRICULUM USED

Source: Adapted from FACES 2014 teacher survey

**B16a. In the past year, have you or anyone else used a tool or checklist to assess how you use the curriculum? Which of the following best describes how you have used the tool or checklist? Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.**

CODE ALL THAT APPLY

- I completed a tool or checklist about how I use the curriculum.....1
- Someone else completed a tool or checklist about how I use the curriculum.....2
- Neither me nor anyone else used a tool or checklist to assess how I use the curriculum..... 3
- DON'T KNOW/REFUSED.....d

IF SPECIFIC CURRICULUM USED

Source: Adapted from FACES 2014 teacher survey

**B16b. Which types of support have you received to help you use the main curriculum? Have you received...**

CODE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Help understanding the curriculum?	1	0	d
b. Opportunities to observe someone implementing the curriculum?	1	0	d
c. Refresher training on the curriculum?	1	0	d
d. Help implementing the curriculum?	1	0	d
e. Help planning curriculum-based activities?	1	0	d
f. Help individualizing the curriculum for children?	1	0	d
g. Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities?	1	0	d
h. Help implementing the curriculum for children with special needs?	1	0	d
j. Feedback on implementing the curriculum?	1	0	d
k. Feedback about the results of a checklist about how you use the curriculum?	1	0	d

Source: New item

**B17a. Do you individualize the main curriculum for children in your classroom?**

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

ASK IF B17A=1

Source: New Item

**B17b. What are the tools or resources that you use to individualize the main curriculum for children in your classroom? Do you use...**

CODE ONE PER ROW

	YES	NO	DON'T KNOW/ REFUSED
a. Child assessment data	1	0	d
b. Data related to family needs	1	0	d
c. Classroom observation data	1	0	d
e. Curriculum developer's guidance on individualizing the curriculum	1	0	d

Source: Adapted from Baby FACES 2009 Program Director Survey

**B19. Since September, have you used any assessments to gather information on children's development or progress?**

YES.....1

NO.....0 GO TO C1

DON'T KNOW/REFUSED.....d GO TO C1

INTERVIEWER: INSTRUCT RESPONDENT TO CONSULT SHOW CARD (yellow)

IF CHILD ASSESSMENT TOOLS USED (B19=1), HAND SHOW CARD AND ASK:

Source: Adapted from Baby FACES 2009 Program Director Survey

**B21. What child assessments and/or screeners have you used since September this year?**

INTERVIEWER PROBE: **Any others?**

SCREENERS	CODE ALL THAT APPLY
	ASSESSMENT USED
a. AGENCY-CREATED SCREENING ASSESSMENT	1
b. AGES AND STAGES QUESTIONNAIRE (ASQ)	2
y. ASQ: SOCIAL-EMOTIONAL	27
aa. BRIEF INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (BITSEA)	26
bb. BRIGANCE SCREENER	28
h. DENVER DEVELOPMENTAL SCREENING TEST	8
<b>ASSESSMENTS</b>	
cc. BRIGANCE ASSESSMENT	28
f. CREATIVE CURRICULUM TOOLS (MAY ALSO BE KNOWN AS TEACHING STRATEGIES GOLD)	6
g. DESIRED RESULTS DEVELOPMENTAL PROFILES-R (DRDP)	7
i. DEVEREUX EARLY CHILDHOOD ASSESSMENT (DECA)	9
j. EARLY LEARNING ACCOMPLISHMENT PROFILE	10
m. HIGH SCOPE CHILD OBSERVATION RECORD (COR)	13
n. INFANT-TODDLER DEVELOPMENTAL ASSESSMENT (IDA)	14
o. INFANT TODDLER SOCIAL EMOTIONAL ASSESSMENT (ITSEA)	15
p. OTHER (SPECIFY)	22

IF CHILD ASSESSMENT TOOLS USED (B19=1), ASK:

Source: Baby FACES 2018

**B26. Please tell me whether you feel each of the following are challenges to using child assessment data for individualizing instruction and/or lesson planning.**

**[READ ITEM]...Would you say this is a challenge or not a challenge?**

CODE ONE PER ROW

	YES, THIS IS A CHALLENGE	NO, THIS IS NOT A CHALLENGE	DON'T KNOW/ REFUSED
a. Not having the technology I need to collect and work with child assessment data?	1	2	d
b. Not having enough time to collect the child assessment data I need?	1	2	d
c. Not knowing how to accurately collect child assessment data?	1	2	d
d. Not knowing how I can use child assessment data to individualize instruction or improve the strategies I use in my classroom?	1	2	d
e. Lack of understanding of what the child assessment data mean?	1	2	d

## SECTION C. ORGANIZATIONAL CLIMATE

**This next section is about your work environment and the people you work with.**

Source: Adapted from TCU- Survey of Organizational Functioning

**C1. INTERVIEWER: INSTRUCT RESPONDENT TO CONSULT SHOW CARD (green)**

**Please tell me the extent to which you disagree or agree with the following statements about your Early Head Start center. For each statement, please tell me whether you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree. (READ FIRST ITEM) How strongly do you disagree or agree with this statement? What about... [CONTINUE WITH REST OF LIST]?**

CODE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
a. Staff at this center get along very well .	1	2	3	4	5	d
b. There is too much friction among staff members.	1	2	3	4	5	d
c. The staff at this center always work together as a team.	1	2	3	4	5	d
d. Staff at this center are always quick to help one another when needed.	1	2	3	4	5	d
e. Mutual trust and cooperation among staff at this center are strong.	1	2	3	4	5	d
f. Everybody at this center does their fair share of work.	1	2	3	4	5	d
g. Ideas and suggestions from staff get fair consideration by management.	1	2	3	4	5	d
h. The formal and informal communication channels at this center work very well.	1	2	3	4	5	d
i. Center staff are always kept well informed.	1	2	3	4	5	d
i. More open discussions about issues affecting our center are needed at this center.	1	2	3	4	5	d
k. Staff members always feel free to ask questions and express concerns at this center.	1	2	3	4	5	d
l. You are under too many pressures to do your job effectively.	1	2	3	4	5	d

CODE ONE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE	DON'T KNOW/ REFUSED
m. Staff members often show signs of stress and strain.	1	2	3	4	5	d
n. The heavy workload at this center reduces effectiveness.	1	2	3	4	5	d
o. Staff frustration is common at this center.	1	2	3	4	5	d
p. You are satisfied with your present job.	1	2	3	4	5	d
q. You feel appreciated for the job you do.	1	2	3	4	5	d
r. You like the people you work with.	1	2	3	4	5	d
s. You give high value to the work you do at this center.	1	2	3	4	5	d
t. You are proud to tell others where you work.	1	2	3	4	5	d
u. You would like to find a job somewhere else.	1	2	3	4	5	d

**C2. INTERVIEWER: INSTRUCT RESPONDENT TO CONSULT SHOW CARD (pink)**

**Next, I would like to ask your opinion about your center director and how often he or she interacts with you and other teachers at this center. Please tell me how often the following occurs in your center. For each statement, please tell me whether this occurs rarely, sometimes, often, or very frequently. (READ FIRST ITEM). How frequently does this occur? What about...[CONTINUE WITH REST OF LIST]?**

CODE ONE PER ROW

	RARELY	SOMETIMES	OFTEN	VERY FREQUENTLY	DON'T KNOW/ REFUSED
a. The center director goes out of his/her way to help teachers.	1	2	3	4	d
b. The center director uses constructive criticism.	1	2	3	4	d
c. The center director explains his/her reasons for criticism to teachers.	1	2	3	4	d
d. The center director listens to and accepts teachers' suggestions.	1	2	3	4	d
e. The center director looks out for the personal welfare of teachers.	1	2	3	4	d
f. The center director treats teachers as equals.	1	2	3	4	d
g. The center director compliments teachers.	1	2	3	4	d
h. The center director is easy to understand.	1	2	3	4	d
i. The center director goes out of his/her way to show appreciation to teachers.	1	2	3	4	d

## SECTION D. LANGUAGE

**Next, we are going to talk about the languages you and children you teach and their families speak.**

Source: Baby FACES 2018

**D1. What is your primary language? This is the language that you feel most comfortable communicating in.**

CODE ONE ONLY

ENGLISH.....1

SPANISH.....2

OTHER (SPECIFY).....3

\_\_\_\_\_

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**D2. Do you speak any language other than [PRIMARY LANGUAGE FROM D1], either in the classroom or outside of the classroom, such as at home?**

YES.....1

NO.....0 GO TO D4

DON'T KNOW/REFUSED.....d GO TO D4

Source: Adapted from Baby FACES 2009

**D3. What languages?**

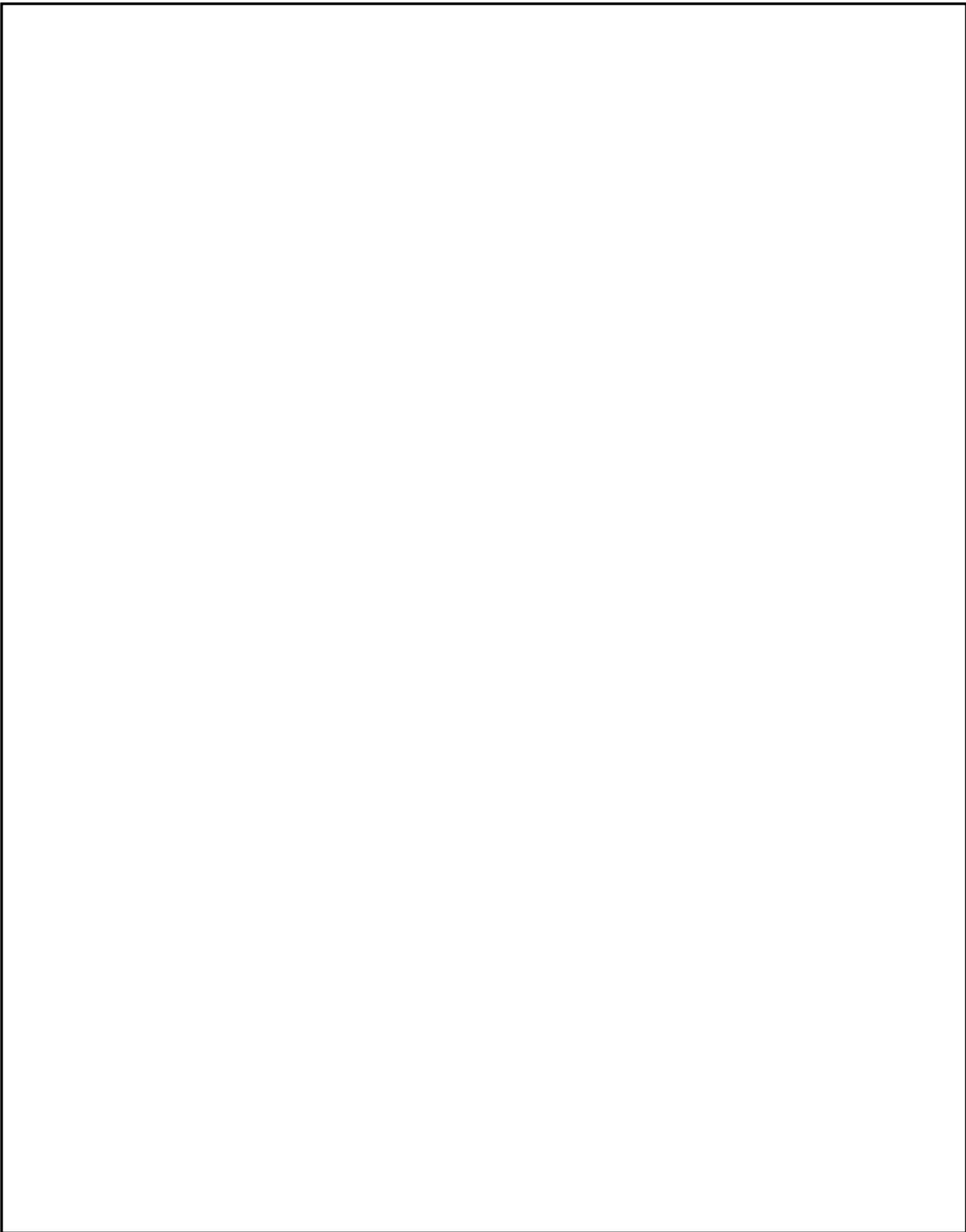
**PROBE: Any other languages?**

WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D2.

SPANISH.....1

ENGLISH.....2

OTHER (SPECIFY).....3



**Now thinking about the classroom as a whole and all the adults who regularly work with or provide care for children in the classroom...**

Source: Adapted from Baby FACES 2009

**D4. What languages are spoken in your classroom either by you or any other adult?**

WRITE IN LANGUAGES OTHER THAN ENGLISH OR SPANISH. THEN CODE EACH LANGUAGE USED IN D4. FOR ALL LANGUAGES CODED IN D4, ASK D4A.

Source: Adapted from Baby FACES 2009

**D4a. Who speaks [FILL LANGUAGE]? Is it you, the assistant teacher, a classroom aide or a volunteer?**

	D4.	D4a.			
		CODE ALL THAT APPLY			
	LANGUAGE USED	LEAD TEACHER	ASSISTANT TEACHER	CLASSROOM AIDE	VOLUNTEER / NON STAFF
a. ENGLISH	1	1	2	3	4
b. SPANISH	2	1	2	3	4
c. OTHER LANGUAGE 1 (SPECIFY)	3	1	2	3	4
d. OTHER LANGUAGE 2 (SPECIFY)	4	1	2	3	4
e. OTHER LANGUAGE 3 (SPECIFY)	5	1	2	3	4

IF ONLY ONE LANGUAGE USED IN D4. DO NOT READ D5.

CODE 1 (IF ENGLISH ONLY) OR CODE 5 (IF SPANISH/ANOTHER LANGUAGE ONLY).

Source: Baby FACES 2009

**D5. What language do adults use to speak with children in this classroom? Would you say...**

CODE ONE ONLY

All English,.....1

More English than [Spanish or another language],.....2

Equal [Spanish or another language] and English,.....3

More [Spanish or another language] than English, or.....4  
All [Spanish or another language]?.....5  
DON'T KNOW/REFUSED.....d

Source: New Item

**D5a. Do you or other adults ever use Spanish when you read to children in the classroom?**

- YES.....1
- NO.....0
- DON'T KNOW/REFUSED.....d

Source: Baby FACES 2009

**D6. And what language do you or other adults use most often when you read to children in the classroom?**

CODE ONE ONLY

- ENGLISH.....1
- SPANISH.....2
- OTHER (SPECIFY) .....3
- \_\_\_\_\_
- DON'T KNOW/REFUSED.....d

Source: Baby FACES 2018

**D7. In what languages are printed materials like children's books available in your classroom?**

CODE ALL THAT APPLY

- ENGLISH.....1
- SPANISH.....2
- OTHER LANGUAGE (SPECIFY).....3
- \_\_\_\_\_
- OTHER LANGUAGE (SPECIFY) .....4
- \_\_\_\_\_
- DON'T KNOW/REFUSED.....d

**SECTION F. DEMOGRAPHICS**

**These last questions are about your background.**

Source: OMB Guidance

**F1. Are you of Hispanic, Latino/a, or Spanish origin? You may choose one or more.**

IF THEY SAY 'YES' WITHOUT ELABORATING, ASK: **Are you... READ ALL YES CHOICES BELOW** (THEY MAY SAY MORE THAN ONE)

CODE ALL THAT APPLY

- NO, NOT OF HISPANIC, LATINA/O OR SPANISH ORIGIN.....1
- (YES) Mexican, Mexican American, Chicano/a.....2
- (YES), Puerto Rican.....3
- (YES), Cuban.....4
- (YES), Another Hispanic, Latino/a, or Spanish origin.....5
- DON'T KNOW/REFUSED.....d

Source: OMB Guidance

**F2. What is your race? You may choose one or more. Is it...**

CODE ALL THAT APPLY

- White.....1
- Black or African American.....2
- American Indian or Alaska Native.....3
- Asian.....4
- Native Hawaiian or Other Pacific Islander.....5
- DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**F3. What is the highest level of school you have completed?**

**If you are still in school or no longer in school, please tell us about the last year of schooling you finished.**

CODE ONE ONLY

LESS THAN A HIGH SCHOOL DIPLOMA.....	1	GO TO F4
HIGH SCHOOL DIPLOMA OR EQUIVALENT.....	2	GO TO F4
SOME VOCATIONAL/TECHNICAL SCHOOL BUT NO DIPLOMA.....	3	GO TO F4
VOCATIONAL/TECHNICAL DIPLOMA.....	4	GO TO F4
SOME COLLEGE COURSES, BUT NO DEGREE .....	5	GO TO F4
ASSOCIATE'S DEGREE.....	6	GO TO F4A
BACHELOR'S DEGREE.....	7	GO TO F4A
GRADUATE OR PROFESSIONAL SCHOOL, BUT NO DEGREE.....	8	GO TO F4A
MASTER'S DEGREE (M.A., M.S.).....	9	GO TO F4A
DOCTORATE DEGREE (PH.D., ED.D.) .....	10	GO TO F4A
PROFESSIONAL DEGREE AFTER BACHELOR'S DEGREE (MEDICINE/MD; DENTISTRY/DDS; LAW/JD/LLB; ETC.).....	11	GO TO F4A
DON'T KNOW/REFUSED.....	d	

ASK FOR RESPONDENTS WHO REPORTED HAVING LESS THAN AN ASSOCIATE'S DEGREE IN F3

Source: Adapted from Baby FACES 2009

**F4. Do you have either of the following credentials or certificates?**

CODE ONE PER ROW

	YES, I HAVE IT	NO, I DON'T HAVE IT	DON'T KNOW/ REFUSED
a. An Infant/Toddler Child Development Associate (CDA) credential	1	0	d

h. Some other kind of CDA credential or state awarded certificate/license

1	0	d
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ASK FOR RESPONDENTS WHO REPORTED HAVING LESS THAN AN ASSOCIATE'S DEGREE IN F3

Source: Adapted from Baby FACES 2018

**F4.1. Are you currently working toward an associate's or a bachelor's degree?**

YES.....1

NO.....0

DON'T KNOW/REFUSED.....d

ASK FOR RESPONDENTS WHO REPORTED HAVING AN ASSOCIATE'S DEGREE OR HIGHER IN F3

Source: Adapted from Baby FACES 2018

**F4.2. Is your degree in Early Childhood Education or a related field?**

- YES.....1
- NO.....0
- DON'T KNOW/REFUSED.....d

ASK FOR RESPONDENTS WHO REPORTED HAVING AN ASSOCIATE'S DEGREE OR HIGHER IN F3

Source: Adapted from Baby FACES 2018

**F4a. Did your degree or graduate work include the study of or a focus on prenatal or infant/toddler development?**

- YES.....1
- NO.....0
- DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2018

**F4b. How many years have you been working in early childhood education (that is, with children aged 0-5 years)?**

IF LESS THAN ONE YEAR, WRITE 0. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

- DON'T KNOW/REFUSED.....d

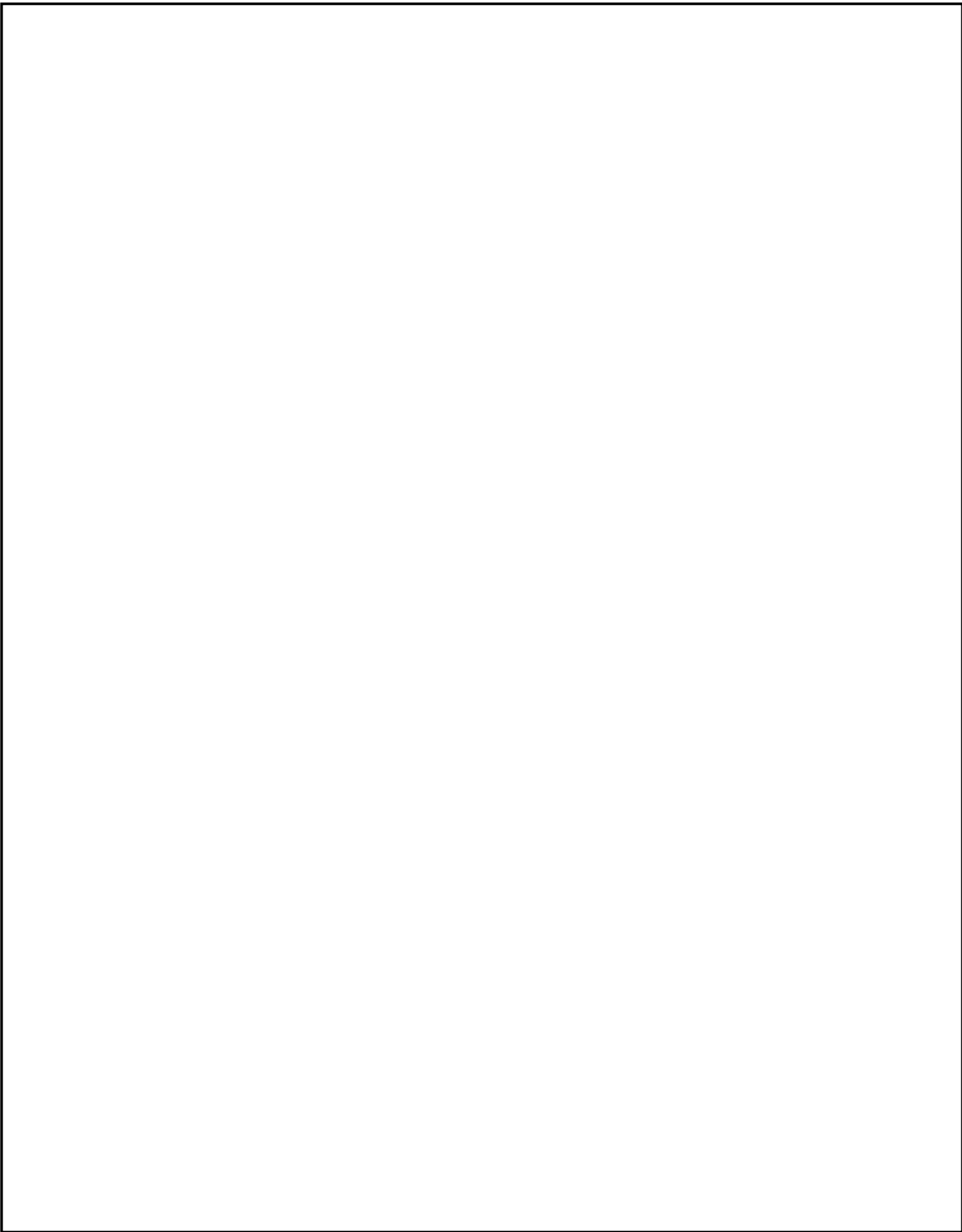
Source: Adapted from Baby FACES 2018

**F5. And for how many of those years did you work with infants and toddlers?**

IF LESS THAN ONE YEAR, WRITE 0. ROUND TO WHOLE NUMBERS

|\_|\_| NUMBER OF YEARS

- DON'T KNOW/REFUSED.....d



Source: Adapted from Baby FACES 2009

**F6. In total, how many years have you been working in Early Head Start?**

IF LESS THAN ONE YEAR, WRITE 0. ROUND TO WHOLE NUMBERS

|\_\_|\_\_| NUMBER OF YEARS

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2018 Center Director survey

**F6b. How many years have you been working at this center?**

IF LESS THAN ONE YEAR, WRITE 0. ROUND TO WHOLE NUMBERS

|\_\_|\_\_| NUMBER OF YEARS

DON'T KNOW/REFUSED.....d

Source: Adapted from Baby FACES 2009

**F7. Are you male or female?**

CODE ONE ONLY

MALE.....1

FEMALE.....2

OTHER.....3

DON'T KNOW/REFUSED.....d

## SECTION E: HEALTH

We are almost done. Now I am going to hand you a page of questions for you to complete on your own. Once you have completed it, please place the survey in this envelope and seal it before returning it to me. Please be assured that your responses to these questions will be kept private.

HAND RESPONDENT PAGE OF QUESTIONS AND ENVELOPE.

**Thank you very much for your participation and cooperation  
in this important study.**

INTERVIEWER, PLEASE INDICATE TODAY'S DATE:

|\_|\_|/|\_|\_|/|\_|\_|\_|\_|

MONTH      DAY              YEAR

Source: The Center for Epidemiologic Studies Depression Scale Revised (CESD-R)

**E1. For each statement below, please indicate how often you have felt this way in the past week or so by circling your response. Please circle only one response for each statement.**

**CIRCLE ONE PER ROW**

	LAST WEEK				NEARLY EVERY DAY FOR 2 WEEKS	DON'T KNOW
	NOT AT ALL OR LESS THAN 1 DAY	1-2 DAYS	3-4 DAYS	5-7 DAYS		
a. My appetite was poor	0	1	2	3	4	d
b. I could not shake off the blues	0	1	2	3	4	d
c. I had trouble keeping my mind on what I was doing	0	1	2	3	4	d
d. I felt depressed	0	1	2	3	4	d
e. My sleep was restless	0	1	2	3	4	d
f. I felt sad	0	1	2	3	4	d
g. I could not get going	0	1	2	3	4	d
h. Nothing made me happy	0	1	2	3	4	d
i. I felt like a bad person	0	1	2	3	4	d
j. I lost interest in my usual activities	0	1	2	3	4	d
k. I slept much more than usual	0	1	2	3	4	d
l. I felt like I was moving too slowly	0	1	2	3	4	d
m. I felt fidgety	0	1	2	3	4	d
n. I wished I were dead	0	1	2	3	4	d
o. I wanted to hurt myself	0	1	2	3	4	d
p. I was tired all the time	0	1	2	3	4	d
q. I did not like myself	0	1	2	3	4	d
r. I lost a lot of weight without trying to	0	1	2	3	4	d
s. I had a lot of trouble getting to sleep	0	1	2	3	4	d
t. I could not focus on important things	0	1	2	3	4	d

**PLEASE PLACE THIS IN ENVELOPE AND RETURN TO INTERVIEWER.**

**INSERT LABEL HERE**