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MATHEMATICA
Policy Research, Inc.

Baby FACES

*Caregiver (Teacher)/Home
Visitor Interview*

**Documentation – with
Variable Names**
April 6, 2010

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Items E1 A-L. CES-D. Ross, C.E., Mirowsky, J., & Huber, J. (1983). Dividing work, sharing work, and in between: Marriage patterns and depression. *American Sociological Review*, 48, 809-823.

INTRODUCTION

Thank you for taking the time to let us speak with you today. This survey is part of the Baby FACES study, which aims to learn more about the experiences of families and children served by the Early Head Start (EHS) program. 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.

Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. Your answers will be completely confidential and will not be shared with parents or other staff in your program, or anybody else not working on this study. The survey will take about 30 minutes of your time to complete.

I1. Is this an Early Head Start center or a community child care center? (*Caregiver Interview Only*)

SnI01 EARLY HEAD START1 → GO TO A1
COMMUNITY CHILD CARE CENTER2 → GO TO A3age (A4*)
DON'T KNOWd

I2. Are you employed by Early Head Start?

SnI02 YES.....1 → GO TO A1
NO0 → GO TO A3age (A4*)

****A4 was used in 2009 version only***

SECTION A: FAMILY PARTICIPATION AND ROUTINES

My first questions are about how the families you serve participate in your Early Head Start program.

A1. During this and the past Early Head Start year, have parents volunteered in your center (T)/ program (HV) in any of the following ways?

Have parents helped . . .	CIRCLE ONE PER ROW				
	YES	NO	DON'T KNOW	REFUSED	N/A
SnA01a					
a. As classroom aides, or bus monitors, or drivers?	1	0	d	r	n (HV)
b. With screening or child assessment? SnA01b	1	0	d	r	
c. As consultants or workshop leaders? SnA01c	1	0	d	r	
d. As home visitors? SnA01d	1	0	d	r	
e. As interpreters for non-English speaking or limited English-speaking families? SnA01e	1	0	d	r	
f. In recruiting families? SnA01f	1	0	d	r	
g. Mentor or encourage other families to participate?	1	0	d	r	
SnA01g					

A2. What percentage of the children in your classroom/caseload have parents who participate in Early Head Start in any of the following ways?

What percentage participate . . .

	CIRCLE ONE PER ROW						
	0%	1% - 25%	26% - 75%	76% - 100%	DON'T KNOW	REFUSED	N/A
a. As members of a parent council or other governing bodies? SnA02a	0	1	2	3	d	r	
b. As classroom volunteers? SnA02b	0	1	2	3	d	r	n (HV)
c. By doing maintenance, chores, or shopping for the program? ... SnA02c	0	1	2	3	d	r	n (HV)
d. By helping at special events or activities? SnA02d	0	1	2	3	d	r	
e. By attending special events or activities, such as a children's performance, or a holiday party, etc.? SnA02e	0	1	2	3	d	r	
f. By attending parent education or group activities? SnA02f	0	1	2	3	d	r	

A3. In general, how often do families typically attend home visits as scheduled? Would you say often, sometimes, rarely, or never? *(Home Visitor Only)*

SnA03	OFTEN.....	1
	SOMETIMES.....	2
	RARELY.....	3
	NEVER.....	4
	DON'T KNOW	d
	REFUSED	r
	NOT APPLICABLE (for Caregiver Interviews)	n

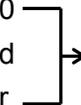
A3age. Does your classroom consist of ... *(Caregiver Interview Only, not in 2009 version)*

SnA03age	Primarily one year olds,.....	1
	Primarily two year olds,	2
	Or a combination that includes both one and two year olds?..	3
	CLASSROOM HAS NO ONE OR TWO YEAR OLDS	4
	DON'T KNOW	d
	REFUSED	r

The next questions are about sleep routines in your classroom.

A4. Are there regular nap times in your classroom? *(Caregiver Interview Only)*

SnA04	YES.....	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
	NOT APPLICABLE (for Home Visitor Interviews)	n



A5. Do you talk with parents about sleep practices during home visits? *(Home Visitor Only)*

SnA05	YES.....	1
	NO	0
	DON'T KNOW	d
	REFUSED	r
	NOT APPLICABLE (for Caregiver Interviews)	n

A6. Do children take naps other than at the routine nap times? *(Caregiver Interview Only)*

- SnA06 YES.....1
 NO0
 DON'T KNOWd
 REFUSEDr
 NOT APPLICABLE (for Home Visitor Interviews)n

A6a.1. How many naps are there in a typical day? *(2009 Caregiver Interview Only)*

- SnA06a1 |__|__| NUMBER OF NAPS
 DON'T KNOWd
 REFUSEDr
 NOT APPLICABLE (for Home Visitor Interviews)n

A6a. How many naps are there in a typical day? *(Caregiver Interview Only, not in 2009 version)*

IF A3age = 1, FILL IN A6a.1.

IF A3age = 2, FILL IN A6a.2.

IF A3age = 3, ENTER NUMBER OF NAPS FOR BOTH A6a.1 AND A6a.2.

MARK ONE PER ROW			
	NUMBER OF NAPS	DON'T KNOW	REFUSED
SnA06a1	A6a.1. ONE YEAR OLDS	__ __ d	r
SnA06a2	A6a.2. TWO YEAR OLDS.....	__ __ d	r

IF A3age = PRIMARILY ONE YEAR OLDS, ASK A7.1 THEN GO TO A8.1, PAGE 5.

IF A3age = PRIMARILY TWO YEAR OLDS, SKIP A7.1 AND ASK A7.2.

IF A3age = COMBINATION, READ TEXT IN PARENTHESES AND ASK BOTH A7.1 AND A7.2.

ALL OTHERS SKIP TO A10, PAGE 7.

A7.1. (Thinking first about one year olds, *(Caregiver Interview Only, not in 2009 version)*)
 Please tell me the extent to which you disagree or agree with the following statements.

READ STATEMENT a - d: Do you strongly disagree, disagree, agree or strongly agree?
(Caregiver Interview Only)

TnA07box		CIRCLE ONE PER ROW						
IF RESPONDENT TEACHES AN INFANT CLASS (LESS THAN ONE YEAR OLDS) CHECK THIS BOX AND SKIP TO A10. <input type="checkbox"/>		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED	NOT IN VERSION
a.1. The one-year-olds in my classroom would nap more frequently if the schedule allowed for it.....SnA07a1.....		1	2	3	4	d	r	<i>n (HV)</i>
b.1. The one-year-olds in my classroom would take longer naps if the schedule allowed for it.....SnA07b1.....		1	2	3	4	d	r	<i>n (HV)</i>
c.1. The one-year-olds in my classroom are put down to nap even if they are not tired SnA07c1		1	2	3	4	d	r	<i>n (HV)</i>
d.1. The one-year-olds in my classroom don't often get tired other than at routine nap timesSnA07d1.....		1	2	3	4	d	r	<i>n (HV)</i>

IF PRIMARILY ONE YEAR OLDS, GO TO A8.1. IF COMBINATION, READ TEXT IN PARENTHESES AND ASK A7.2. *(Caregiver Interview only, not in 2009 version)*

A7.2 (And what about the two year olds in your classroom,) Please tell me the extent to which you disagree or agree with the following statements. (*Caregiver Interview Only, not in 2009 version*).

READ STATEMENT a - d: Do you strongly disagree, disagree, agree or strongly agree?

SHOWCARD
A7

IF RESPONDENT TEACHES AN INFANT CLASS (LESS THAN ONE YEAR OLDS) CHECK THIS BOX AND SKIP TO A10. SnA07box

CIRCLE ONE PER ROW						
STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED	
1	2	3	4	d	r	
1	2	3	4	d	r	
1	2	3	4	d	r	
1	2	3	4	d	r	

IF A3age = PRIMARILY ONE YEAR OLDS, ASK A8.1, THEN GO TO A9.1.

IF A3age = PRIMARILY TWO YEAR OLDS, SKIP A8.1 AND ASK A8.2.

IF A3age = COMBINATION, READ TEXT IN PARENTHESES AND ASK BOTH A8.1 AND A8.2.

A8.1. In general, how many naps do you think a one-year-old **needs** on a typical day?

SnA08_1	ONE	1
	TWO.....	2
	MORE THAN TWO	3
	DEPENDS ON THE CHILD.....	4
	DON'T KNOW	d
	REFUSED	r

A8.2 (And what about two year olds), In general, how many naps do you think a two-year-old **needs** on a typical day? *(Not in 2009 version)*

SnA08_2	ONE	1
	TWO.....	2
	MORE THAN TWO	3
	DEPENDS ON THE CHILD.....	4
	DON'T KNOW	d
	REFUSED	r

IF A3age = PRIMARILY ONE YEAR OLDS, ASK A9.1, THEN GO TO A10, PAGE 7.

IF A3age = PRIMARILY TWO YEAR OLDS, SKIP A9.1 AND ASK A9.2.

IF A3age = COMBINATION, READ TEXT IN PARENTHESES AND ASK BOTH A9.1 AND A9.2.

A9.1. And how many **hours** do you think a one-year-old needs to nap on a typical day?

SnA09_1	1 HOUR OR LESS	1
	1-2 HOURS	2
	2-3 HOURS	3
	MORE THAN 3 HOURS	4
	DEPENDS ON THE CHILD.....	5
	DON'T KNOW	d
	REFUSED	r

A9.2 (And what about two year olds) How many **hours** do you think a two-year-old needs to nap on a typical day? *(Not in 2009 version)*

- SnA09_2 1 HOUR OR LESS 1
 1-2 HOURS 2
 2-3 HOURS 3
 MORE THAN 3 HOURS 4
 DEPENDS ON THE CHILD 5
 DON'T KNOW d
 REFUSED r

A10. What techniques do you use to aid children in falling asleep? *(Caregiver Interview Only)*

INTERVIEWER: DO NOT READ RESPONSES. CIRCLE ALL THAT APPLY AS TEACHER ANSWERS. IF NOT ON LIST, RECORD VERBATIM ON LINES BELOW.

CIRCLE ALL THAT APPLY

- DARKEN ROOM SnA10_01 1
 PAT THEIR BACK SnA10_02 2
 ROCK CHILD SnA10_03 3
 PLAY SOFT MUSIC SnA10_04 4
 GIVE FAVORITE TOY OR BLANKET SnA10_05 5
 PACIFIER SnA10_06 6

SnA10_07-20*

- NONE/NOTHING SnA10_none 77
 DON'T KNOW d
 REFUSED r
 NOT APPLICABLE (Home Visitor Version) n

**Verbatim responses were organized into ten additional variables: SING/TALK SOFTLY (SnA10_07), SIT WITH THEM/BE CLOSE/QUIET ROOM (SnA10_08), GIVE BOTTLE/FOOD (SnA10_09), READ BOOK TO THEM (SnA10_10), BUGGY RIDE (SnA10_11), MIMIC THEIR LANGUAGE (SnA10_12), COMFY CLOTHES/SWADDLE (SnA10_13), PLAY WITH THEM (SnA10_14), SEND THEM HOME (SnA10_16), and ROUTINE/ROUTINE CHANGE (SnA10_17).*

A11. What do you do if a child is not able to sleep? (*Caregiver Interview Only*)

INTERVIEWER: DO NOT READ RESPONSES. CIRCLE ALL THAT APPLY AS TEACHER ANSWERS. IF NOT ON LIST, RECORD VERBATIM ON LINES BELOW.

CIRCLE ALL THAT APPLY

GIVE SEPARATE QUIET ACTIVITY SnA11_01 1
PAT THEIR BACK..... SnA11_02 2
REMOVE CHILD FROM ROOM..... SnA11_03 3
PACIFIER SnA11_04 4

_____ SnA11_05-SnA11_20*

NONE/NOTHING SnA11_none 77
DON'T KNOW d
REFUSED r
NOT APPLICABLE (Home Visitor Version) n

**Verbatim responses were organized into 16 additional variables: GIVE FAVORITE TOY/BLANKET (SnA11_05), LET THEM PLAY (SnA11_06), SING/SOFT MUSIC/TALK SOFTLY (SnA11_07), SIT WITH THEM/ BE CLOSE (SnA11_08), GIVE BOTTLE/FOOD/EAT (SnA11_09), READ BOOK TO THEM (SnA11_10), BUGGY RIDE (SnA11_11), WALK (SnA11_12), CHANGE DIAPER (SnA11_13), ROCK CHILD TO SLEEP (SnA11_14), CHECK IF CHILD IS SICK (SnA11_15), SEND THEM HOME (SnA11_16), ROUTINE/ROUTINE CHANGE (SnA11_17), NAP ON DEMAND (SnA11_18), PLAY WITH THEM (SnA11_19), and CHECK IF ALL NEEDS ARE MET (SnA11_20).*

Now, we will ask some questions about your classroom.

A12. What is the maximum number of children who could be enrolled in this classroom? (*Caregiver Interview Only*)

SnA12 |__|__| MAXIMUM NUMBER OF CHILDREN
DON'T KNOW d
REFUSED r
NOT APPLICABLE (Home Visitor Version) n

A13. How many children are currently enrolled in this classroom? (*Caregiver Interview Only*)

SnA13 |__|__| NUMBER OF CHILDREN ENROLLED
 DON'T KNOWd
 REFUSEDr
 NOT APPLICABLE (Home Visitor Version)n

A14. What is the age of the youngest child in this classroom? (*Caregiver Interview Only*)

SnA14 |__|__| YOUNGEST CHILD'S AGE IN MONTHS
 DON'T KNOWd
 REFUSEDr
 NOT APPLICABLE (Home Visitor Version)n

A15. What is the age of the oldest child in this classroom? (*Caregiver Interview Only*)

SnA15 |__|__| OLDEST CHILD'S AGE IN MONTHS
 DON'T KNOWd
 REFUSEDr
 NOT APPLICABLE (Home Visitor Version)n

A16. Of the adults who regularly work with or provide care for the children in this classroom, how many are . . . (*Caregiver Interview Only*)

READ IF NECESSARY: Do not include yourself as lead teacher in counts.

CIRCLE ONE PER ROW				
	NUMBER	DON'T KNOW	REFUSED	NOT APPLICABLE
a. Assistant Teachers? SnA16a	__ __	d	r	n
b. Classroom Aides? SnA16b	__ __	d	r	n
c. Volunteers or non-staff? SnA16c	__ __	d	r	n

SECTION B: STAFF DEVELOPMENT AND SUPERVISION

The next questions are about the supervision and training provided by your program.

B1. How many hours a year do you attend staff trainings?

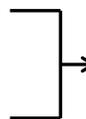
SnB01 |__|__| NUMBER OF HOURS
 NEVER/NONE0
 DON'T KNOWd
 REFUSEDr

B2. Do you have an individual career or professional development plan?

SnB02 YES.....1
 NO0
 DON'T KNOWd
 REFUSEDr

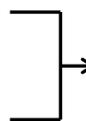
B3. Do you have one-on-one supervision meetings, group supervision meetings, or both?

SnB03 ONE-ON-ONE SUPERVISION.....1
 GROUP SUPERVISION.....2
 BOTH.....3
 NONE.....0
 DON'T KNOWd
 REFUSEDr



B4. Are supervision meetings scheduled regularly?

SnB04 YES.....1
 NO0
 DON'T KNOWd
 REFUSEDr



B5. How frequently do you have supervision meetings?

- SnB05 ONCE A MONTH/OR MORE OFTEN.....1
- ONCE EVERY 1-3 MONTHS2
- ONCE EVERY 4-6 MONTHS3
- ONCE A YEAR.....4
- NEVER.....5
- DON'T KNOWd
- REFUSEDr

B6. Do you currently have a mentor or coach assigned to you by your program?

- SnB06 YES.....1
 - NO0
 - DON'T KNOWd
 - REFUSEDr
- } → GO TO B7

B6a. How often do you meet with your mentor? Would you say . . .

- SnB06a DAILY.....1
- WEEKLY2
- A FEW TIMES A MONTH.....3
- ONCE A MONTH4
- MORE THAN ONCE A YEAR.....5
- ONCE A YEAR.....6
- NEVER.....7
- DON'T KNOWd
- REFUSEDr

B7. Are you required to submit written lesson plans (or home visit plans)?

- SnB07 YES.....1
 - NO0 → GO TO B9, PAGE 9
 - NOT REQUIRED BUT DOES SUBMIT LESSON PLANS.....2
 - DON'T KNOWd
 - REFUSEDr
- } → GO TO B9, PAGE 9

B7a. Do you use a curriculum to prepare your lesson plans?

- SnB07a YES.....1
- NO0
- DON'T KNOWd
- REFUSEDr

B8. How often do you submit written lesson plans?

- SnB08 LESS THAN ONCE A MONTH.....1
- ONCE A MONTH2
- TWO TIMES A MONTH.....3
- THREE TIMES A MONTH.....4
- MORE THAN THREE TIMES A MONTH/WEEKLY5
- DON'T KNOWd
- REFUSEDr

B9. Do you have access to a computer at your center/ office?

- SnB09 YES.....1
- NO0
- DON'T KNOWd
- REFUSEDr

} → **GO TO B12, PAGE 10**

B10. Do you have laptops for use during home visits? (*Home Visitor Only*)

- SnB10 YES.....1
- NO0
- DON'T KNOWd
- REFUSEDr
- NOT IN VERSION.....n

B11. Does your center/office have Internet access available to you?

- SnB11 YES.....1
- NO0
- DON'T KNOWd
- REFUSEDr

B12. Does your center (T)/ Early Head Start program or grantee agency (HV) provide any of the following?

		CIRCLE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
SnB12a	a. Tuition reimbursement for relevant college courses?.....	1	0	d	r
SnB12b	b. Reimbursement for workshop fees or other costs for outside training?.....	1	0	d	r
SnB12c	c. Time during work hours for staff development activities such as attending courses or workshops?.....	1	0	d	r

B13. As part of your employment in this center (T)/ Early Head Start program (HV) do you receive any of the following?

		CIRCLE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
	a. Educational stipends to cover workshops? SnB13a	1	0	d	r
	b. Retirement/pension plan? SnB13b	1	0	d	r
	c. Life insurance? SnB13c	1	0	d	r
	d. Paid maternity leave? SnB13d	1	0	d	r
	e. Paid health insurance? SnB13e	1	0	d	r
	f. Dental insurance? SnB13f	1	0	d	r
	g. Paid sick leave? SnB13g	1	0	d	r
	h. Paid holidays? SnB13h	1	0	d	r
	i. Paid vacations? SnB13i	1	0	d	r
	j. Anything else? (SPECIFY)* SnB13j	1	0	d	r
	_____ SnB13j_Oth				

*Specific responses to this item were organized into four additional variables: Personal/bonus days (SnB13k), Bereavement/family leave (SnB13l), Mileage (SnB13m), and Vision care (SnB13n).

B14. Please tell me the extent to which you disagree or agree with the following statements.

READ STATEMENT a - d: Do you strongly disagree, disagree, agree or strongly agree?

SHOWCARD
B14

		CIRCLE ONE PER ROW					
		STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE	DON'T KNOW	REFUSED
SnB14a	a. Overall, this * has high morale.....	1	2	3	4	d	r
SnB14b	b. This * allows ** input into planning the curriculum.....	1	2	3	4	d	r
SnB14c	c. This * helps ** to work effectively with children with disabilities.....	1	2	3	4	d	r
SnB14d	d. This * helps ** to work effectively with families from different cultural groups.....	1	2	3	4	d	r

*In text above, replace * with "center" and ** with "teachers" for the Caregiver Interview, and replace * with "Early Head Start program" and ** with "home visitors" for the Home Visitor Interview.*

SECTION C: LANGUAGE

Next, we are going to talk about the languages you and your families speak.

C1. Do you speak any language other than English, *either in the classroom or outside of the classroom such as at home?* (*Italics in Caregiver Interview Only*)

SnC01	YES.....	1	} → GO TO C3, PAGE 14
	NO	0	
	DON'T KNOW	d	
	REFUSED	r	

C2. What languages?

PROBE: Any other languages?

CODE ALL LANGUAGES FIRST GOING DOWN THE TABLE BY WRITING IN THE LANGUAGE ON THE LINES AND ENTERING THE 3 DIGIT LANGUAGE CODE. IF SPANISH, CHECK THE BOX. THEN, FOR THE FIRST LANGUAGE CODED, ASK ALL C2a – C2d. THEN ASK ALL C2a – C2d FOR THE NEXT LANGUAGE.

SHOWCARDS
C2 AND C2a-d

	C2.	C2a – C2d. How well do you . . .			
		CIRCLE ONE PER ROW			
	LANGUAGE USED 3 DIGIT LANGUAGE CODE	C2a. Understand (FILL LANGUAGE)? Would you say . . .	C2b. Speak (FILL LANGUAGE)? Would you say . . .	C2c. Read (FILL LANGUAGE)? Would you say . . .	C2d. Write (FILL LANGUAGE)? Would you say . . .
a. SPANISH Question C2a-C2d variables for this row are SnC02a0-SnC02d0	1 1 1 SnC02_0_box <input type="checkbox"/> MARK HERE IF SPANISH	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r
b. OTHER SPECIFY 1 SnC02_1Oth Question C2a-C2d variables for this row are SnC02a1-SnC02d1	SnC02_1 	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r
c. OTHER SPECIFY 2 SnC02_2Oth Question C2a-C2d variables for this row are SnC02a2-SnC02d2	SnC02_2 	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r	Not at all, 1 Not well, 2 Well, or 3 Very well? 4 DON'T KNOW d REFUSED r

C3. How do you communicate with families who speak a language you do not speak?
Do you . . .

		CIRCLE ONE PER ROW				
		YES	NO	DON'T KNOW	REFUSED	N/A (Not in 2009 version)
SnC03a	a. Communicate only in English?	1	0	d	r	n
SnC03b	b. Use an informal interpreter?	1	0	d	r	n
SnC03c	c. Use physical cues or hand gestures?	1	0	d	r	n
SnC03d	d. Use any other ways? (SPECIFY*)	1	0	d	r	n
	_____ SnC03d_Oth					

**Specific responses to this item were organized into four additional variables: Bilingual newsletters/fliers/handouts (SnC03e), Books/dictionary (SnC03f), Pictures/draw pictures (SnC03g), and Write it down (SnC03h).*

C4. How many families of children in your classroom/caseload speak . . .

		CIRCLE ONE PER ROW		
		NUMBER OF FAMILIES	DON'T KNOW	REFUSED
SnC04a	a. English only ?.....	_ _	d	r
SnC04b	b. English and another language?	_ _	d	r
SnC04c	c. Only another language? OTHER THAN ENGLISH	_ _	d	r

(Not in 2009 version) **INTERVIEWER: IF BOTH C4b AND C4c = 0, GO TO C7, PAGE 18.**

C5. Among families speaking languages other than English, do any speak . . .

INTERVIEWER: USE SHOWCARD TO ENTER OTHER LANGUAGES IN J, K, AND L. RECORD LANGUAGE AND ENTER 3 DIGIT LANGUAGE CODE.

FOR ALL LANGUAGES IN C5 (a-l) THAT = YES, ASK C5a.

C5a. How many families speak (INSERT LANGUAGE FROM C5)?

SHOWCARD
C5a

		LANGUAGES SPOKEN				C5a.
		C5.				
		CIRCLE ONE PER ROW				
		YES	NO	DON'T KNOW	REFUSED	# OF FAMILIES
a. Spanish?	SnC05_a	1	0	d	r	___
b. French?	SnC05_b	1	0	d	r	___
c. Haitian Creole?.....	SnC05_c	1	0	d	r	___
d. Arabic?	SnC05_d	1	0	d	r	___
e. Chinese (Cantonese, Mandarin)?.....	SnC05_e	1	0	d	r	___
f. Vietnamese?	SnC05_f	1	0	d	r	___
g. Khmer (Cambodian)?	SnC05_g	1	0	d	r	___
h. An American Indian language (Navajo, Lakota, Yupik)? (Not in 2009 version)	SnC05_h					___
i. American Sign Language or other sign languages? (Not in 2009 version)	SnC05_i	1	0	d	r	___
j. Any other language? (SPECIFY)	SnC05_j	1	0	d	r	___
_____ SnC05_j_Oth SnC05_j_cod	_____ ___					
k. Any other language? (SPECIFY)	SnC05_k	1	0	d	r	___
_____ SnC05_k_Oth SnC05_k_cod	_____ ___					
l. Any other language? (SPECIFY)	SnC05_l	1	0	d	r	___
_____ SnC05_l_Oth SnC05_l_cod	_____ ___					

Note: In 2009, Hmong, Japanese, and Korean were also included as options, but either had no responses or were combined into another category.

C6. What languages are **used for communication** during your home visits? (*Home Visitor Only*)

IF ENGLISH AND SPANISH, CIRCLE 101 AND/OR 111. IF ANY OTHER, RECORD LANGUAGE FROM CARD, WRITE IN 3 DIGIT LANGUAGE CODE, AND CIRCLE "YES".

SHOWCARD
C6

		ENTER CODE AND CIRCLE YES	
		LANGUAGE USED	IF LANGUAGE SPOKEN, CIRCLE "YES"
SnC06a	a. ENGLISH	1 0 1	YES SnC06y_a
SnC06b	b. SPANISH	1 1 1	YES SnC06y_b
SnC06c	c. OTHER LANGUAGE 1 (SPECIFY) SnC06c_Oth	_ _ _	YES SnC06y_c
SnC06d	d. OTHER LANGUAGE 2 (SPECIFY) SnC06d_Oth	_ _ _	YES SnC06y_d
SnC06e	e. OTHER LANGUAGE 3 (SPECIFY) SnC06e_Oth	_ _ _	YES SnC06y_e
SnC06f	f. OTHER LANGUAGE 4 (SPECIFY) SnC06f_Oth	_ _ _	YES SnC06y_f
SnC06g	g. OTHER LANGUAGE 5 (SPECIFY) SnC06g_Oth	_ _ _	YES SnC06y_g

C7. What languages are spoken in your classroom either by you or any other adult?
(Caregiver Interview Only)

INTERVIEWER: FOR ALL LANGUAGES SPOKEN, WRITE THE LANGUAGE ON THE LINES, ENTER THE 3 DIGIT CODE, AND CIRCLE “YES”. IF ENGLISH OR SPANISH, CIRCLE “YES”. FOR ALL LANGUAGES CIRCLED “YES” IN C7, ASK C7a.

C7a. Who speaks (FILL LANGUAGE) Is it you, the assistant teacher, a classroom aide or a volunteer? (Caregiver Interview Only)

SHOWCARD
C7

	C7.		C7a.			
	<u>ENTER CODE AND CIRCLE YES</u>		<u>CIRCLE ALL THAT APPLY</u>			
	SnC07_* LANGUAGE USED	SnC07y_* IF LANGUAGE SPOKEN, CIRCLE “YES”	SnC07a1* LEAD TEACHER	SnC07a2* ASSISTANT TEACHER	SnC07a3* CLASSRM AIDE	SnC07a4* VOLUNTEER/ NON STAFF
a. ENGLISH	1 0 1	YES	1	2	3	4
b. SPANISH	1 1 1	YES	1	2	3	4
c. OTHER LANGUAGE 1 (SPECIFY) SnC07_c_Oth	_ _ _	YES	1	2	3	4
d. OTHER LANGUAGE 2 (SPECIFY) SnC07_d_Oth	_ _ _	YES	1	2	3	4
e. OTHER LANGUAGE 3 (SPECIFY) SnC07_e_Oth	_ _ _	YES	1	2	3	4
f. OTHER LANGUAGE 4 (SPECIFY) SnC07_f_Oth	_ _ _	YES	1	2	3	4
g. OTHER LANGUAGE 5 (SPECIFY) SnC07_g_Oth	_ _ _	YES	1	2	3	4

For all entries, * corresponds to lower case letter of the language row on the left-hand side of the grid.

i.e: For the Spanish row, variables are labeled as follows, from left to right:

Language Used: SnC07_b

If Spoken circle yes: SnC07y_b

Lead Teacher speaks language: SnC07a1b

Assistant Teacher speaks language: SnC07a2b

Classroom Aide: SnC07a3b

Volunteer/Non Staff: SnC07a4b

C8. What language do you use most often when you read to children in your classroom?
(Caregiver Interview Only)

SHOWCARD
C8

INTERVIEWER: IF OTHER THAN ENGLISH OR SPANISH, RECORD LANGUAGE FROM SHOWCARD, ENTER THREE DIGIT CODE, AND CIRCLE 3.

SnC08 ~~EN~~ ENGLISH 1
 SPANISH 2
 OTHER (SPECIFY) _____ SnC08Oth |__|__|__| 3
 DON'T KNOW d
 REFUSED r
 NOT APPLICABLE (Home Visitor Only) n

C8a. Are there any other languages you use when you read to children in your class?
(Caregiver Interview Only)

SnC08a YES 1
 NO 0
 DON'T KNOW d
 REFUSED r
 NOT APPLICABLE (Home Visitor Only) n

→ **GO TO C9,
PAGE 18**

C8b. What other languages are used? *(Caregiver Interview Only)*

SHOWCARD
C8b

INTERVIEWER: RECORD LANGUAGE FROM SHOWCARD AND ENTER THREE DIGIT CODE.

OTHER SPECIFY 1 _____ SnC08b1_Oth |__|__|__| SnC08b1
 OTHER SPECIFY 2 _____ SnC08b2_Oth |__|__|__| SnC08b2
 OTHER SPECIFY 3 _____ SnC08b3_Oth |__|__|__| SnC08b3
 OTHER SPECIFY 4 _____ SnC08b4_Oth |__|__|__| SnC08b4
 DON'T KNOW d
 REFUSED r
 NOT APPLICABLE (Home Visitor Only) n

C9. Are there any children in your classroom/caseload of the following races and ethnicities?

	CIRCLE ONE PER ROW				NOT APPLICABLE
	YES	NO	DON'T KNOW	REFUSED	
a. Asian? SnC09a	1	0	d	r	
b. Native Hawaiian or Pacific Islander? SnC09b	1	0	d	r	
c. Hispanic, regardless of race? SnC09c	1	0	d	r	
d. Black, not of Hispanic origin? SnC09d	1	0	d	r	
e. White, not of Hispanic origin? SnC09e	1	0	d	r	
f. American Indian or Native Alaskan? .. SnC09f	1	0	d	r	
g. Mixed race/biracial?..... SnC09g	1	0	d	r	n (HV)
h. Some other race (SPECIFY)? SnC09h*	1	0	d	r	
_____ SnC09h_Oth					

* In Home Visitor version, this variable is drawn from question C9, part g.

SECTION D: DEMOGRAPHICS

The next questions are about you.

D1. Are you of Spanish, Hispanic, or Latino origin?

SnD01	YES.....	1	} → GO TO D3, PAGE 20
	NO	0	
	DON'T KNOW	d	
	REFUSED	r	

D2. Which one of these best describes you . . .

SnD02	Mexican, Mexican American, Chicano,.....	1
	Puerto Rican,	2
	Cuban, or	3
	Another Spanish/Hispanic/Latino group? (SPECIFY)	4
<hr/>		
	DON'T KNOW	d
	REFUSED	r

D5. Do you have . . .

		CIRCLE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
SnD05a	a. A Child Development Associate (CDA) credential ...	1	0	d	r
SnD05b	b. A state-awarded preschool, infant/toddler, family child care or home-based certification, or licensure that meets or exceeds CDA requirements	1	0	d	r
SnD05c	c. An Associate degree in Early Childhood Education or a related field?	1	0	d	r
SnD05d	d. A Baccalaureate degree in Early Childhood Education or a related field, or.....	1	0	d	r
SnD05e	e. A Graduate degree in Early Childhood Education or a related field?.....	1	0	d	r

D6. Are you currently enrolled in any special child care trainings? Are you . . .

		CIRCLE ONE PER ROW			
		YES	NO	DON'T KNOW	REFUSED
	a. Currently enrolled in a degree program in Early Childhood Education or a related field?..... SnD06a	1	0	d	r
	b. Currently enrolled in CDA training at an accredited institution of higher education?..... SnD06b	1	0	d	r
	c. Currently enrolled in a course of early childhood training from some other organization that leads toward a state infant-toddler credential, a family child care certificate, or other credential recognized in your state?..... SnD06c	1	0	d	r
	d. A class or classes in early childhood education?..... SnD06d	1	0	d	r

D7. How many years have you taught infants and toddlers?

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

SnD07 |__| NUMBER OF YEARS

DON'T KNOWd

REFUSEDr

D8. In total, how many years have you been working in Early Head Start?

IF LESS THAN ONE YEAR, CODE ZERO. ROUND TO WHOLE NUMBERS

SnD08 |__|__| NUMBER OF YEARS

DON'T KNOWd

REFUSEDr

D9. How likely are you to continue working for Early Head Start or in some other early childhood education program this next year? Would you say you are . . .

SnD09 Very likely, 1

Somewhat likely, 2

Somewhat unlikely, or 3

Very unlikely? 4

DON'T KNOWd

REFUSEDr

D10. **INTERVIEWER: CODE WITHOUT ASKING**

SnD10 MALE 1

FEMALE 2

DON'T KNOWd (2009 only)

REFUSEDr (2009 only)

SECTION E: HEALTH

Next, I am going to ask you some questions about how you've been feeling recently. Remember everything you tell me is confidential and won't be shared with anyone in your program.

E1. I am going to read a list of ways you may have felt or behaved. Please tell me how **often** you have felt this way during the **past week**.

How often during the **past week** have you felt [FILL ITEM a-l]—would you say: rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time?

PROBE: During the last 7 days.

CODE ONLY ONE RESPONSE FOR EACH STATEMENT.

SHOWCARD E1	CIRCLE ONE PER ROW					
	RARELY OR NEVER (LESS THAN 1 DAY)	SOME OR A LITTLE (1-2 DAYS)	OCCASIONALLY OR MODERATE (3-4 DAYS)	MOST OR ALL (5-7 DAYS)	DON'T KNOW	REFUSED
a. Bothered by things that usually bother you SnE01a	1	2	3	4	d	r
b. You did not feel like eating; your appetite was poor SnE01b	1	2	3	4	d	r
c. That you could not shake off the blues, even with help from family and friends SnE01c	1	2	3	4	d	r
d. You had trouble keeping your mind on what you were doing SnE01d	1	2	3	4	d	r
e. Depressed SnE01e	1	2	3	4	d	r
f. That everything you did was an effort SnE01f	1	2	3	4	d	r
g. Fearful SnE01g	1	2	3	4	d	r
h. Your sleep was restless SnE01h	1	2	3	4	d	r
i. You talked less than usual SnE01i	1	2	3	4	d	r
j. Lonely SnE01j	1	2	3	4	d	r
k. Sad SnE01k	1	2	3	4	d	r
l. You could not get "going" SnE01l	1	2	3	4	d	r

E2. In the last 30 days, did you smoke tobacco such as cigarettes or cigars? *(Not in 2009 version)*

YES.....1
NO0
DON'T KNOWd
REFUSEDr

INTERVIEWER: ONLY READ (YOU OR) IF E2 = YES.

E3. Do (you or) other household members smoke anywhere inside your home? *(Not in 2009 version)*

SnE03 YES.....1
NO0
DON'T KNOWd
REFUSEDr

E4. *(E2 in 2009)* Do you have any health concerns that interfere with your job?

SnE04 YES (SPECIFY)1

NO0
DON'T KNOWd
REFUSEDr