APPENDIX A

SURVEY INSTRUMENTS

# ELD COVID-19 Director/Owner Survey

**1.** **Your Name**:

**a. In which Oregon county do you live?** \_\_\_\_\_\_\_\_\_\_\_\_\_ (choose from drop down list)

**b. What is your zip code?** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

***We are interested in hearing from people who are currently actively working in early childcare and education OR who have worked in early childcare and education in the past.***

**2. What is/was your primary position at your current/most recent program?**

1. Lead/Head teacher (but not owner/director of home/family-based program)
2. Assistant teacher
3. Director
4. Owner (may also be director and/or teacher of a home/family-based program)
5. Assistant/aide
6. Other, please specify:

Thinking about the childcare program at which you are currently working or were most recently employed, please tell us:

**3a. Facility name:**

**3b. Facility Address:**

**3c. Which of the following best describes your workplace? (choose one)**

1. Head Start Program
2. Other Community Based (not Head Start) Child Care Center
3. School Based Child Care Center
4. Family/Home Based Child Care
5. Early Intervention/Early Childhood Special Education Center or Classroom
6. Family Relief Nursery
7. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3d. How long have you been/were you working at this site in your current/most recent position?**

\_\_\_\_\_\_\_\_number of years and/or \_\_\_\_\_\_number of months

**4. As of today, is your program currently open?** 1-Yes, 2-No

1. [If yes]: Are there plans to close your program? 1-Yes, 2-No, 3-Don’t know
2. [If no]: Are there plans to open your program? 1-Yes, 2-No, 3-Don’t know
3. [If yes to either a or b]: **Ideally, when is this change planned to occur**?
4. Within the next month
5. In the next 2-3 months
6. In the next 4-6 months
7. In the next 6-12 months
8. Other: describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * **Why is this an ideal timeframe?** \_\_\_\_\_\_\_\_\_\_\_\_ (open-ended)

**5. Since March 2020, have you lost staff (other than yourself) for any reason or needed to reduce staff hours due to COVID-19 pandemic conditions?**

1. Yes (if yes, GO TO #5a)
2. No (if no, GO To #6)
3. No staff other than myself at this program (if no staff, GO TO #6)

**5a.** *[If yes]:***How many staff:** *(enter zero if none in a category)*

1. Were laid off \_\_\_\_\_
2. Were furloughed \_\_\_\_\_
3. Quit/did not return to position/renew a contract \_\_\_\_\_
4. Had hours reduced \_\_\_\_\_
5. Other (describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_

**6. If your program has closed at any time since March 2020, which of the following best describes the closure(s)?**

1. My program has stayed open continuously since March 2020 1-Yes (If yes, GO TO #7), 2-No
2. Temporary closure only to obtain an Emergency Child Care license 1-Yes, 2-No
3. Temporary closure due to COVID-19 pandemic related conditions for reasons other than to obtain an initial Emergency Child Care license 1-Yes, 2-No
4. Temporary closure due to financial, health, or any other reason 1-Yes, 2-No
5. Temporary closure due to wildfires 1-Yes, 2-No
6. Permanent closure of the program due to COVID-19 pandemic related conditions 1-Yes, 2-No (if yes, GO TO #10)
7. Permanent closure of the program for another reason not related to the COVID-19 pandemic 1-Yes, 2-No (if yes, GO TO #10)
8. Permanent closure due to wildfires 1-Yes, 2-No (if yes, GO TO #10)

**7. If your program licensure has changed at any time since March 2020, which of the following best describes the change(s)?**

1. License status has not changed
2. Opening a new program
3. Change in license type to serve fewer children
4. Change in license type to serve more children
5. Change in license capacity to serve fewer children (but no change in license type)
6. Change in license capacity to serve more children (but no change in license type)
7. Other, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. What is the current desired capacity for your program?** (if none in an age range, please enter zero)

1. Birth to 12 months
2. 13 months – 24 months
3. 25 months – 36 months
4. 3 – 4 years
5. 4 – 5 years

**9. Compared to before March 2020, how has this capacity for the age ranges served in your program changed or shifted?** (select one for each age group)

**My program’s capacity has:**

1. Birth to 12 months: 1-Decreased (now serve fewer children), 2-Increased (now serve more children), 3-Stayed the same, 4-Other, Describe:\_\_\_\_, 5-N/A (no children this age group)
2. 13 months – 24 months: 1-Decreased (now serve fewer children), 2-Increased (now serve more children), 3-Stayed the same, 4-Other, Describe:\_\_\_\_, 5-N/A (no children this age group)
3. 25 months – 36 months: 1-Decreased (now serve fewer children), 2-Increased (now serve more children), 3-Stayed the same, 4-Other, Describe:\_\_\_\_, 5-N/A (no children this age group)
4. 3 – 4 years: 1-Decreased (now serve fewer children), 2-Increased (now serve more children), 3-Stayed the same, 4-Other, Describe:\_\_\_\_, 5-N/A (no children this age group)
5. 4 – 5 years: 1-Decreased (now serve fewer children), 2-Increased (now serve more children), 3-Stayed the same, 4-Other, Describe:\_\_\_\_, 5-N/A (no children this age group)

**10. Between September 2019 and February 2021, were/are any children in your current or former program funded by dollars from the following sources?**

* 1. Oregon PreKindergarten (OPK), 1-Yes, 2-No, 3-Don’t know
  2. Preschool Promise, 1-Yes, 2-No, 3-Don’t know
  3. Baby Promise, 1-Yes, 2-No, 3-Don’t know
  4. Early Head Start or Head Start-Region 10 (federal funds NOT OPK) , 1-Yes, 2-No, 3-Don’t know
  5. Native American/Alaskan Indian-Region 11, 1-Yes, 2-No, 3-Don’t know
  6. Migrant and seasonal EHS –Region 12, 1-Yes, 2-No, 3-Don’t know
  7. Early Learning Hub funds, 1-Yes, 2-No, 3-Don’t know
  8. Local government (e.g., pre-k funding from a city or county government), 1-Yes, 2-No, 3-Don’t know Child care subsidy programs such as CCDF, TANF or ERDC, 1-Yes, 2-No, 3-Don’t know
  9. Title I, 1-Yes, 2-No, 3-Don’t know
  10. Early intervention/early childhood, 1-Yes, 2-No, 3-Don’t know
  11. Private/parent pay, 1-Yes, 2-No, 3-Don’t know
  12. Other types of government funded programs, 1-Yes, 2-No, 3-Don’t know

1. **Has/did your current or former program received any of the following:**
2. Emergency Child Care (ECC) grants from the state’s Oregon Early Learning Division, 1-Yes, 2-No, 3-Don’t know
3. Other COVID-19 pandemic related government funding, such as the Paycheck Protection Program (PPP) , 1-Yes, 2-No, 3-Don’t know
4. Personal Protective Equipment (PPE) through the state’s Oregon Early Learning Division, 1-Yes, 2-No, 3-Don’t know
5. **Since March 2020, has/did your program offered the following to any family in your program:**
6. Extended hours, 1-Yes, 2-No
7. Flexibility to drop off early or pick up late as needed, 1-Yes, 2-No
8. Flexibility in amount or timing of payment, 1-Yes, 2-No
9. Dropping off or having families pick up meals or food, 1-Yes, 2-No
10. Dropping off or having families pick up supplies (such as diapers, wipes, toilet paper, sanitizer), 1-Yes, 2-No
11. Offering information or printed materials about caring for children, 1-Yes, 2-No
12. Zoom, Facebook, or other online classes where a teacher/you are/is live, 1-Yes, 2-No
13. Offering videos that a teacher/you recorded online, 1-Yes, 2-No
14. Dropping off or providing activities and/or worksheets for families to pick up, 1-Yes, 2-No
15. Suggesting special apps with activities/videos/information, 1-Yes, 2-No

**13a. What are the top three things that would help you the most to keep your program open or re-open your program?**

* + - 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13b. If your program is currently closed, what are the top three barriers preventing you from re-opening your program?**

* + - 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section B

***Next there are some questions about you.***

1. **What is your gender?**

1. Female

2. Male

3. Non-binary

4. Prefer not to say

1. **How old are you?**
2. **Which of the following racial or ethnic groups describes your background**? (select all that apply)
   1. **White** 1-Yes, 2-No, If yes, are you:
      * 1. Eastern European
        2. Slavic
        3. Western European
        4. White/Caucasian
        5. Other White
   2. **American Indian or Alaska Native** 1-Yes, 2-No, If yes, are you:
      * 1. American Indian
        2. Alaska Native
        3. Canadian Inuit, Metis, or First Nation
        4. Indigenous Mexican, Central American, or South American
   3. **Hispanic or Latino** 1-Yes, 2-No, If yes, are you:
3. Central American
4. Mexican
5. South American
6. Other Hispanic/Latino
   1. **Asian** 1-Yes, 2-No, If yes, are you:
7. Asian Indian
8. Chinese
9. Filipino/a
10. Hmong
11. Japanese
12. Korean
13. Laotian
14. South Asian
15. Vietnamese
16. Other Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. **Native Hawaiian or Pacific Islander** 1-Yes, 2-No, If yes, are you:
17. Guamian
18. Micronesian
19. Native Hawaiian
20. Samoan
21. Tongan
22. Other Pacific Islander: \_\_\_\_\_\_\_\_\_\_\_
    1. **African American or Black** 1-Yes, 2-No, If yes, are you:
23. African American
24. African
25. Caribbean
26. Other Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. **Middle Eastern or North African** 1-Yes, 2-No, If yes, are you:
27. Northern African
28. Middle Eastern
    1. **Other** 1-Yes, 2-No, Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. **Don’t know / prefer not to answer**
29. **Are you fluent in the following languages?**
30. Chinese 1-Yes, 2-No
31. English 1-Yes, 2-No
32. Russian 1-Yes, 2-No
33. Spanish 1-Yes, 2-No
34. Ukrainian 1-Yes, 2-No
35. Vietnamese 1-Yes, 2-No
36. Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 1-Yes, 2-No
37. **What is the highest level of education that you have completed? (Circle one please.)**
38. 8th grade or less
39. 9-12th grade, no diploma
40. GED or high school equivalency
41. High school graduate
42. Some college credit but no degree
43. Community college certificate
44. Associate degree (AA, AS, etc.)
45. Bachelor’s degree (BA, BS, etc.)
46. Graduate degree
47. **How long have you been an early childhood care and education provider**?

YearsMonths

1. **a. Would you say your total household income in 2020 before taxes or deductions was…** 
   * + 1. less than $15,000
       2. $15,001 to $25,000
       3. $25,001 to $35,000
       4. $35,001 to $40,000
       5. $40,001 to $50,000
       6. $50,001 to $65,000
       7. $65,001 to $80,000
       8. $80,00 or more

**b. Approximately how much of your household income in 2020 came from your work taking care of children?** 1-All 2-Almost all 3-More than half 4-About half 5-Less than half 6-Very Little 7-None

***For the following questions, please think about your current position at this program (or the most recent program where you worked, if you are no longer employed there).***

1. **About how many hours do/did you typically work per week at this facility?**

\_\_\_\_\_\_\_\_\_\_\_ hours per week

1. **Were any of the following benefits offered to you as terms of your employment when you were hired**

**in your current/most recent job?** *(Please answer “yes” if they were offered, even if you chose not to participate in a particular benefit plan.)*

1. Health insurance 1-Yes, 2-No
2. Dental insurance 1-Yes, 2-No
3. Vision insurance 1-Yes, 2-No
4. Paid sick days 1-Yes, 2-No
5. Paid vacation days 1-Yes, 2-No
6. Tuition reimbursement for your education 1-Yes, 2-No
7. Paid professional development 1-Yes, 2-No
8. Paid family leave (e.g., maternity) 1-Yes, 2-No
9. Reduced rate childcare for your own children 1-Yes, 2-No
10. **Do you currently receive any of the following?**
11. Medicaid or Medicare for you 1-Yes, 2-No
12. Medicaid or subsidized health insurance for your children 1-Yes, 2-No
13. WIC (supplemental nutrition) 1-Yes, 2-No
14. Food stamps (SNAP) 1-Yes, 2-No
15. TANF (Temporary Assistance for Needy Families) 1-Yes, 2-No
16. Childcare subsidies or vouchers 1-Yes, 2-No
17. Free or reduced lunches for your children 1-Yes, 2-No
18. Section 8 housing/public housing 1-Yes, 2-No
19. Other public assistance Please specify: 1-Yes, 2-No
20. **Thinking about the next 6 months, how worried are you, if at all, that:**
    1. You or someone in your immediate family or household will get sick from COVID-19? 1-Very worried, 2-Somewhat worried, 3-Not too worried, 4-Not worried at all, 9-Don’t know
    2. You will lose income due to a workplace closure or reduced hours because of the COVID-19 pandemic? 1-Very worried, 2-Somewhat worried, 3-Not too worried, 4-Not worried at all, 9-Don’t know
21. **Have you lost income due to a workplace closure or reduced hours because of COVID-19?** 1-Yes, 2-No

## Section C

***Now we would like to ask you some questions about your current program/group of children or the class/group of children where you most recently worked. If your program is currently open, please answer these questions as of today. If your program is currently temporarily closed, please answer these questions for the last time that the program was open. If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.***

1. **As of today, how many children of each age are currently/were enrolled in your program/group? (If none in an age group, please enter “0”.)**

number of 0–2 year olds

number of 3 year olds

number of 4–5 year olds

number of children over 5

1. **As of today, how many children in each ethnic category below are currently/were enrolled in your class/group? (If none, please enter “0”; if unsure/unknown enter in “Other”.)**

                 African American or Black

                 American Indian/Alaska Native

                 Asian

                 Latino or Hispanic

                 Middle Eastern/North African

                 Pacific Islander/Native Hawaiian

                 White

                 Mixed race/Multiracial:

                 Other:

                 Other:

1. **Do any children in your classroom/group speak any of the following languages?**
   1. **Chinese 1-Yes, 2-No (GO TO 3b)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   2. **English 1-Yes, 2-No (GO TO 3c)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   3. **Russian 1-Yes, 2-No (GO TO 3d)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   4. **Spanish 1-Yes, 2-No (GO TO 3e)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   5. **Ukrainian 1-Yes, 2-No (GO TO 3f)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   6. **Vietnamese 1-Yes, 2-No (GO TO 3g)**
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
   7. **Other, Please specify: \_\_\_\_\_ 1-Yes, 2-No** 
      1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
2. **Do you have a substitute list or additional staff support (e.g., floaters) in order to support lesson planning, sick time, or other activities?**

1-Yes, we have adequate support

2-We have support, but could use more

3-No, we do not have this type of support

1. **How many children are currently on your waitlist for each of the age categories below?** (If none, please enter “0”)

**a.** Birth to 2 years

**b.** 3 – 5 years

## SECTION D

**1. For all of the following practices, please indicate how much additional training you may need to be able to do these systematically in your program:**

1. Leading regular, data-informed processes with your staff (e.g., meetings to review child assessments, class observations, etc.) meant to help improve the quality of teaching and learning, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
2. Creating and implementing effective strategies for supporting family engagement, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
3. Including teachers and families in decision making about children’s needs and goals, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
4. Addressing and ensuring equity and eliminating conscious and unconscious bias (e.g., racial, gender, socioeconomic, cultural), 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
5. **In the past 12 months, have you received training, mentoring, or professional development in any of the following topics:**
6. Managing children with challenging behaviors in a classroom 1-Yes, 2-No
7. Training in better supporting children’s diverse cultural and linguistic needs 1-Yes, 2-No
8. Training in understanding how my implicit bias might influence my practice 1-Yes, 2-No
9. Skills and activities for teaching early literacy and numeracy 1-Yes, 2-No
10. Using or understanding CLASS observation assessment scores 1-Yes, 2-No
11. **How frequently would you say that Professional Development opportunities in general:**
12. are affordable for me, 1-Never, 2-Rarely, 3-Sometimes, 4-Often, 5-Almost Always
13. are accessible for me (e.g., online, within your community, language diversity, etc.) , 1-Never, 2-Rarely, 3-Sometimes, 4-Often, 5-Almost Always
14. are relevant to my job (e.g., help me solving issues in the classroom/facility) , 1-Never, 2-Rarely, 3-Sometimes, 4-Often, 5-Almost Always
15. **Since March 2020, have you had access to or been supported by an early childhood mental health consultant?**

1-yes 2-no 3-not sure

1. **How often do you feel overwhelmed/burdened, like you don't have the skills you need to effectively support or manage children's behavior?**

1-Never 2-Rarely 3-Sometimes 4-Often 5-Almost Always

1. **Would the following be likely to help you support young children’s social-emotional development and address the needs of children with challenging behavior?**
2. Increased access to early childhood mental health specialists who can visit my classroom to develop an individualized, assessment-based support plan and consultation to teachers and families 1-Yes, 2-No
3. Increased opportunities for group training linked to on-site coaching 1-Yes, 2-No
4. Increased support for families such as staff to help families access services that address housing, mental health, substance abuse problems and other challenges 1-Yes, 2-No
5. A curriculum that has a strong focus on children’s social-emotional development 1-Yes, 2-No
6. Additional staff 1-Yes, 2-No
7. Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1-Yes, 2-No
8. **Have any of the following been barriers you have experienced when addressing the needs of children with challenging behavior?**
9. Not enough mental health/behavioral specialists or long wait time to see a specialist 1-Yes, 2-No
10. Lengthy process to get early intervention or preschool special education evaluation/support 1-Yes, 2-No
11. Families had difficulty addressing child's challenging behavior 1-Yes, 2-No
12. Families had difficulty addressing problems at home (e.g., parent mental health, substance abuse, severe financial problems) 1-Yes, 2-No
13. Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1-Yes, 2-No
14. **Since summer 2020 have you individually engaged in any one-on-one coaching/mentoring?** Coaching/mentoring refers to a form of professional development that involves ongoing support from someone who does some or all of the following: demonstrates or models classroom/instructional/leadership skills; does formal (e.g., CLASS, ECERS, etc.) or informal **observations of your program/children and provides feedback to you; works with you to set goals** geared to developing knowledge and skills related to their leadership practice. 1-Yes, 2-No (if no, skip to #10)
15. **Considering the definition of coaching/mentoring above, have any of the following types of person/people provided you individually with this type of ongoing professional development support? This question asks about your own experience with coaching/mentoring.**
16. Someone who supervises you (like grant coordinator) 1-Yes, 2-No
17. A coach/mentor (who is not your supervisor) inside your program 1-Yes, 2-No
18. A coach/mentor from outside your program 1-Yes, 2-No
19. A peer or a peer group/community 1-Yes, 2-No
20. Mental Health Specialist/Consultant 1-Yes, 2-No
21. Quality Improvement Specialist (QIS) 1-Yes, 2-No
22. Other (Please describe all others not listed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1-Yes, 2-No
    1. **How many different people serve/have served in the role of coach for you?**

**i. Thinking about the coaching/mentoring that you received this year, about how often did the coach/mentor typically visit your program or meet with you?**

1. More than once a week
2. On a weekly basis
3. Every few weeks
4. Once a month
5. A few times a year
6. Rarely or never
7. **Thinking about the coaching that you received this year, how often was coaching provided in response to a specific challenging situation (e.g., child behavior) versus supporting your general professional development?**
8. More than once a week
9. On a weekly basis
10. Every few weeks
11. Once a month
12. A few times a year
13. Less often than those listed above
14. Never
15. **How helpful do you feel the coaching you received this year is/was in doing a better job with the children in your program?**
    * + 1. Not at all helpful
        2. Somewhat helpful
        3. Moderately helpful
        4. Very helpful
16. **How much did your coach/mentor work with you on general classroom quality?** 1-Not at all 2-Somewhat 3-Moderately 4-Substantially
17. **In your meetings with the coach, to what degree did the coach help you accomplish your goals for coaching?** 1-Not at all 2-Somewhat 3-Moderately 4-Substantially
18. **Has coaching influenced your thinking about program planning for children?** 1-Not at all 2-Somewhat 3-Moderately 4-Substantially
19. **Some providers/directors have recently been involved in a program called Lead, Learn, Excel. If you were involved, how useful was the Lead, Learn, Excel training?**
20. Have not heard of/used it
21. Not at all useful
22. Somewhat useful
23. Very useful
24. **Some people may be using or receiving training in an online coaching and resources tool called “Coaching Companion”. If you have been involved, how useful is the tool?**
25. Have not heard of/used it
26. Not at all useful
27. Somewhat useful
28. Very useful
29. **RESEARCH BASED CURRICULUM Do you use a primary/main curriculum in your program?** 1-Yes- Name:                       \_\_, 2-No (GO TO #15)
30. **Do you use a social emotional curriculum?** 1- Yes, 2-No, 3-Not sure
31. **In your program are you doing any of the following activities to support the implementation of your main pre-k curriculum?**
32. Have teachers complete fidelity checklists available from the pre-K curriculum developer 1-Yes, 2-No
33. Have a coach observe teachers/your staff using the pre-K curriculum developer’s checklist 1-Yes, 2-No
34. Have a coach observe teachers/your staff implement the curriculum and provide feedback WITHOUT using the pre-K curriculum developer’s checklist 1-Yes, 2-No
35. **Please indicate how often you do the following things in your program:**
36. For children who speak languages or dialects other than English, I use key words in their language so that I am better able to communicate with them. 1-Never, 2-Rarely, 3-Sometimes, 4-Frequently
37. I ensure that toys and other materials are representative of the various cultural and ethnic groups within the local community and the society in general. 1-Never, 2-Rarely, 3-Sometimes, 4-Frequently
38. I seek information from family members or other key community informants that helps me to respond to the needs and preferences of culturally and ethnically diverse children and families. 1-Never, 2-Rarely, 3-Sometimes, 4-Frequently
39. I have designed the learning environment and activities at my program to reflect multiple languages, cultures and abilities. 1-Never, 2-Rarely, 3-Sometimes, 4-Frequently

**CHILD ASSESSMENT**

1. **Does your program have formal processes for collecting child level data on developmental progress/milestones/skills? (e.g., through T.S. GOLD or a similar assessment)**
2. Yes
3. No (GO TO #18)
4. Don’t Know (GO TO #18)
5. Other, please explain:
6. **Is there someone in your program who is responsible for analyzing or summarizing early learning data from your program so those data can be used to support decision-making or answer research questions?** 1-Yes, 2-No
7. **Does your program use a primary published assessment tool for collecting child level data on developmental progress/milestones/skills? (e.g., T.S. GOLD)** 1-Yes Name:                                                                                          , 2-No (GO TO #20)
8. **Are any of the following supports for implementing child-level assessments available to teachers in your program?**
9. Peer learning/teacher collaboration groups 1-Yes, 2-No
10. One-on-one consultation from a trained coach or consultant 1-Yes, 2-No
11. In-class observation and feedback 1-Yes, 2-No
12. Individual/one-on-one coaching with supervisor or coach 1-Yes, 2-No
13. Other, please explain: 1-Yes, 2-No

**CONTINUOUS QUALITY IMPROVEMENT**

1. **Does your program regularly/systematically use data to inform continuous program improvement?**
2. Yes
3. No (GO TO #23)
4. Don’t know(GO TO #23)
5. **For continuous program improvement, how much support would you need for your program to regularly use the following types of data:** 
   1. Student/child level data (e.g., enrollment, attendance, assessments), 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
   2. Student/child level data analyzed by subgroup (e.g., children reflecting different cultural backgrounds, identified special needs, etc.), 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
   3. Classroom observations, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
   4. Teacher professional development data, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
   5. Parent/caregiver feedback, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
   6. Teacher/provider assessment of goals for quality improvement, 1-No additional support needed, 2-Some additional support needed, 3-A lot of additional support needed
6. **Are data used to improve program quality in your program in any of the following ways?**
7. Provide an aggregate report of overall program data to teachers and other staff. 1-Yes, 2-No
8. Provide classroom teachers with reports about their practice. 1-Yes, 2-No
9. Contract with a coach to provide coaching to instructional staff using their classroom’s data. 1-Yes, 2-No
10. Provide in-house coaching to instructional staff using their classroom’s data. 1-Yes, 2-No
11. Since March 2020, have you used Child Care Resource & Referral networks as a resource? 1-Yes, 2-No **(GO TO Section E)**

**If yes, have you used:**

1. Training or workshops 1-Yes, 2-No
2. Technical assistance 1-Yes, 2-No
3. Individual coaching 1-Yes, 2-No

## SECTION E.

1. **Have you ever had students in your current or former program who you ask to leave your care or take a break because you could not meet their needs?**

1-Yes

2-No **(GO TO END)**

1. **Have you ever asked a student to leave care or take a break for the following reasons:**
2. Not able to meet the child’s need for behavioral support 1-Yes, 2-No
3. Not able to meet the child’s physical needs 1-Yes, 2-No
4. Not able to meet the child’s medical needs 1-Yes, 2-No
5. Child was placed in a special education classroom 1-Yes, 2-No
6. Family was no longer able to pay for care 1-Yes, 2-No
7. Program hours did not match the family’s needs 1-Yes, 2-No
8. Other Please specify: 1-Yes, 2-No
9. **How many students did you ask to leave/take a break from care in the past year?**
10. **Do/did you track expulsions/suspensions or children who are at risk for being asked to leave?**

1-Yes

2-No

## **END**

# **ELD COVID-19 Teacher Survey**

**1. Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**a. In which Oregon county do you live?** \_\_\_\_\_\_\_\_\_\_\_\_\_ (choose from drop down list)

**b. What is your zip code?** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

We are interested in hearing from people who are currently actively working in early childcare and education OR who have worked in early childcare and education in the past.

**2. What is/was your primary position at your current/most recent program?**

1. Lead/Head teacher (but not owner/director of home/family-based program)
2. Assistant teacher
3. Director
4. Owner (may also be director and/or teacher of a home/family-based program)
5. Assistant/aide
6. Other, please specify:

**3. Are you currently employed in early childcare and education?**

1. Yes, and actively working (answer #4a-f and then skip to #5)
2. Yes, but not actively working right now
3. No

**4. Since March 2020, for your job in early childcare and education, were/did you ever (even if now not employed):**

1. Laid off or quit as a result of pandemic conditions 1-Yes 2-No
2. Laid off or quit to circumstances not related to the pandemic 1-Yes 2-No
3. Choose not to return to a position/renew a contract 1-Yes 2-No
4. Temporarily furloughed 1-Yes 2-No
5. Fired 1-Yes 2-No
6. Other, (Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) 1-Yes 2-No

{If “yes, actively working” to #3, GO TO #5}

1. **Do you want to or intend to return to work in early childcare and education?**

1-Yes 2-No (GO TO #5) 3-Not Sure

**a. Ideally, when would you want to return to work?**

1. As soon as possible
2. In the next 1-3 months
3. In the next 4-6 months
4. In the next 7-9 months
5. In the next 10-12 months
6. Other (Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
7. I do not want to return to work in early childcare and education

**b. Why is this your ideal timeframe to return to work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**c. When did you stop working at the childcare program at which you were most recently employed?**

Month and Year: \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ (MM/YYYY)

**5. Thinking about the childcare program at which you are currently working or were most recently employed:** (If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.)

a. What is the facility name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. What is the facility address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Which of the following best describes this workplace? (choose one)

1. Head Start Program
2. Other Community Based (not Head Start) Child Care Center
3. School Based Child Care Center
4. Family/Home Based Child Care
5. Early Intervention/Early Childhood Special Education Center or Classroom
6. Family Relief Nursery
7. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**d. How long have you been/were you working at this site in your current/most recent position?**

\_\_\_\_\_\_\_\_number of years and/or \_\_\_\_\_\_number of months

**Section A**

***Next there are some questions about you.***

**1. What is your gender?**

1. Female
2. Male
3. Non-binary
4. Prefer not to say

**2. How old are you? \_\_\_\_\_\_\_\_\_\_\_**

**3. Which of the following racial or ethnic groups describes your background**? (select all that apply)

* 1. **White** 1-Yes, 2-No, If yes, are you:
     + 1. Eastern European
       2. Slavic
       3. Western European
       4. White/Caucasian
       5. Other White
  2. **American Indian or Alaska Native** 1-Yes, 2-No, If yes, are you:
     + 1. American Indian
       2. Alaska Native
       3. Canadian Inuit, Metis, or First Nation
       4. Indigenous Mexican, Central American, or South American
  3. **Hispanic or Latino** 1-Yes, 2-No, If yes, are you:

1. Central American
2. Mexican
3. South American
4. Other Hispanic/Latino
   1. **Asian** 1-Yes, 2-No, If yes, are you:
5. Asian Indian
6. Chinese
7. Filipino/a
8. Hmong
9. Japanese
10. Korean
11. Laotian
12. South Asian
13. Vietnamese
14. Other Asian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. **Native Hawaiian or Pacific Islander** 1-Yes, 2-No, If yes, are you:
15. Guamian
16. Micronesian
17. Native Hawaiian
18. Samoan
19. Tongan
20. Other Pacific Islander: \_\_\_\_\_\_\_\_\_\_\_
    1. **African American or Black** 1-Yes, 2-No, If yes, are you:
21. African American
22. African
23. Caribbean
24. Other Black: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    1. **Middle Eastern or North African** 1-Yes, 2-No, If yes, are you:
25. Northern African
26. Middle Eastern
    1. **Other** 1-Yes, 2-No, Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
    2. **Don’t know / prefer not to answer**

**4. Are you fluent in the following languages?**

1. Chinese 1 - Yes 2 - No
2. English 1 - Yes 2 - No
3. Russian 1 - Yes 2 - No
4. Spanish 1 - Yes 2 - No
5. Ukrainian 1 - Yes 2 - No
6. Vietnamese 1 - Yes 2 - No
7. Other: Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1-Yes 2-No

**5. What is the highest level of education that you have completed? (Circle one please.)**

1. 8th grade or less
2. 9-12th grade, no diploma
3. GED or high school equivalency
4. High school graduate
5. Some college credit but no degree
6. Community college certificate
7. Associate degree (AA, AS, etc.)
8. Bachelor’s degree (BA, BS, etc.)
9. Graduate degree

**6. How long have you been an early childhood care and education provider**?

YearsMonths

**a. Would you say your total household income in 2020 before taxes or deductions was…**

* + - 1. less than $15,000
      2. $15,001 to $25,000
      3. $25,001 to $35,000
      4. $35,001 to $40,000
      5. $40,001 to $50,000
      6. $50,001 to $65,000
      7. $65,001 to $80,000
      8. $80,00 or more

**b. Approximately how much of your household income in 2020 came from your work taking care of children?**

1-All 2-Almost all 3-More than half 4-About half 5-Less than half 6-Very Little 7-None

***For the following questions, please think about your current position at this program (or the most recent program where you worked, if you are no longer employed there).***

**8. About how many hours do/did you typically work per week at this facility?**

\_\_\_\_\_\_\_\_\_\_\_ hours per week

**9. Were any of the following benefits offered to you as terms of your employment when you were hired in your current/most recent job?** *(Please answer “yes” if they were offered, even if you chose not to participate in a particular benefit plan.)*

1. Health insurance 1 - Yes 2- No
2. Dental insurance 1 - Yes 2 - No
3. Vision insurance 1 - Yes 2 - No
4. Paid sick days 1 - Yes 2 - No
5. Paid vacation days 1 - Yes 2 - No
6. Tuition reimbursement for your education 1 - Yes 2 - No
7. Paid professional development 1 - Yes 2 - No
8. Paid family leave (e.g., maternity) 1 - Yes 2 - No
9. Reduced rate childcare for your own children 1 - Yes 2 - No

**10. Do you currently receive any of the following?**

1. Medicaid or Medicare for you 1 - Yes 2 - No
2. Medicaid or subsidized health insurance for your children 1-Yes 2-No
3. WIC (supplemental nutrition) 1 - Yes 2 - No
4. Food stamps (SNAP) 1 - Yes 2 - No
5. TANF (Temporary Assistance for Needy Families) 1 - Yes 2 - No
6. Childcare subsidies or vouchers 1 - Yes 2 - No
7. Free or reduced lunches for your children 1 - Yes 2 - No
8. Section 8 housing/public housing 1 - Yes 2 - No
9. Other public assistance Please specify: 1 - Yes 2 - No

**11. Thinking about the next 6 months, how worried are you, if at all, that:**

1. You or someone in your immediate family or household will get sick from COVID-19? 1-Very worried, 2-Somewhat worried, 3-Not too worried, 4-Not worried at all, 9-Don’t know
2. You will lose income due to a workplace closure or reduced hours because of the COVID-19 pandemic? 1-Very worried, 2-Somewhat worried, 3-Not too worried, 4-Not worried at all, 9-Don’t know

**12. Have you lost income due to a workplace closure or reduced hours because of COVID-19?**

1-Yes 2-No

**13. Since March 2020, have you provided the following to any family in your program:**

1. Zoom, Facebook, or other online classes where a teacher/you are/is live 1-Yes 2-No
2. Offering videos that a teacher/you recorded online 1-Yes 2-No
3. Dropping off or providing activities and/or worksheets for families to pick up 1-Yes 2-No
4. Suggesting special apps with activities/videos/information 1-Yes 2-No

**14. What are the top three things that would help you the most to stay employed or return to work in early childhood care and education?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**15. If you are not currently actively working and employed in early childhood care and education, what are the top three barriers preventing you the most from being actively employed?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section B**

***Now we would like to ask you some questions about your current program/group of children or the class/group of children where you most recently worked. If your program is currently open, please answer these questions as of today. If your program is currently temporarily closed, please answer these questions for the last time that the program was open. If you work/worked at more than one program, please answer these questions about the program at which you work/worked the most hours.***

**1. How many children of each age are currently enrolled in your class/group? (If none in an age group, please enter “0”.)**

*\_\_\_\_\_* number of 0–2 year olds

\_\_\_\_\_ number of 3 year olds

\_\_\_\_\_ number of 4–5 year olds

\_\_\_\_\_ number of children over 5

***2.* How many children in each ethnic category below are currently enrolled in your class/group? (If none, please enter “0”. If unsure/unknown enter in “Other”.)**

\_\_\_\_\_ African American or Black

\_\_\_\_\_ American Indian/Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Latino or Hispanic

\_\_\_\_\_ Middle Eastern/North African

\_\_\_\_\_ Pacific Islander/Native Hawaiian

\_\_\_\_\_ White

\_\_\_\_\_ Mixed race/Multiracial: \_\_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_\_

\_\_\_\_\_\_ Other: \_\_\_\_\_\_

**3. Do any children in your classroom/group speak any of the following languages?**

* 1. **Chinese 1-Yes, 2-No (GO TO 3b)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  2. **English 1-Yes, 2-No (GO TO 3c)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  3. **Russian 1-Yes, 2-No (GO TO 3d)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  4. **Spanish 1-Yes, 2-No (GO TO 3e)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  5. **Ukrainian 1-Yes, 2-No (GO TO 3f)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  6. **Vietnamese 1-Yes, 2-No (GO TO 3g)**
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No
  7. **Other, Please specify: \_\_\_\_\_ 1-Yes, 2-No** 
     1. **If yes:** Is there a staff person in their classroom regularly (such as a teacher) who can speak this language with them? 1-Yes, 2-No

**4. In the past 12 months, have you received training, mentoring, or professional development in any of the following topics:**

1. Managing children with challenging behaviors in a classroom 1-Yes 2-No
2. Training in better supporting children’s diverse cultural and linguistic needs 1-Yes 2-No
3. Training in understanding how my implicit bias might influence my practice 1-Yes 2-No
4. Skills and activities for teaching early literacy and numeracy 1-Yes 2-No
5. Using or understanding CLASS observation assessment scores

**5. How often did you receive lesson planning time during your work hours this school year:**

1. Never
2. Daily
3. Weekly
4. Monthly
5. Quarterly
6. Annually

**6. How frequently would you say that Professional Development opportunities in general:**

1. are affordable for me 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always
2. are accessible for me (e.g. online, within your community, language diversity, etc.) 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always
3. are relevant to my job (e.g., help me solving issues in the classroom/facility) 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always

**7. Since summer 2020, about how much time have you spent engaging in the following types of professional learning:**

1. Formal professional development opportunities (e.g., workshops, webinars, conferences, or classes) 1 - None this year 2 - 1-10 hours 3 - 11-20 hours 4- 21-40 hours 5 – More than 40 hours
2. Collaborative activities with a group of other teachers (e.g., PLCs, grade level teams, childcare network meetings) 1 - None this year 2 - 1-10 hours 3 - 11-20 hours 4- 21-40 hours 5 – More than 40 hours

**8. Since March 2020, have you had access to or been supported by an early childhood mental health consultant?**

1-yes 2-no 3-not sure

**9. How often do you feel overwhelmed/burdened, like you don't have the skills you need to effectively support or manage children's behavior?**

1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always

**10. Would the following be likely to help you support young children’s social-emotional development and address the needs of children with challenging behavior?**

1. Increased access to early childhood mental health specialists who can visit my classroom to develop an individualized, assessment based support plan and consultation to teachers and families 1 - Yes 2 - No
2. Increased opportunities for group training linked to on-site coaching 1 - Yes 2 - No
3. Increased support for families such as staff to help families access services that address housing, mental health, substance abuse problems and other challenges 1 - Yes 2 - No
4. A curriculum that has a strong focus on children’s social-emotional development 1-Yes 2-No
5. Additional staff 1 - Yes 2 - No
6. Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Have any of the following been barriers you have experienced when addressing the needs of children with challenging behavior**

1. Not enough mental health/behavioral specialists or long wait time to see a specialist 1-Yes 2-No
2. Lengthy process to get early intervention or preschool special education evaluation/support 1-Yes 2-No
3. Families had difficulty addressing child's challenging behavior 1-Yes 2-No
4. Families had difficulty addressing problems at home (e.g. parent mental health, substance abuse, severe financial problems) 1-Yes 2-No
5. Other. Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Since summer 2020 have you individually engaged in any one-on-one coaching/mentoring?** Coaching/mentoring refers to a form of professional development that involves ongoing support from someone who does some or all of the following: demonstrates or models classroom/instructional skills; does formal (e.g., CLASS, ECERS, etc.) or informal observations of your classroom/children and provides feedback to you; works with you to set goals geared to developing knowledge and skills related to their instructional practice.

1-Yes 2-no (GO TO #14)

**13. Considering the definition of coaching/mentoring above, have any of the following types of person/people provided you individually with this type of ongoing professional development support? This question asks about your own experience with coaching/mentoring.**

1. Someone who supervises you (like your director/grant coordinator) 1-Yes 2-No
2. A coach/mentor (who is not your supervisor) inside your program 1-Yes 2-No
3. A coach/mentor from outside your program 1-Yes 2-No
4. A peer or a peer group/community 1-Yes 2-No
5. Mental Health Specialist/Consultant 1-Yes 2-No
6. Quality Improvement Specialist (QIS) 1-Yes 2-No
7. Other (Please describe all others not listed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**h. How many different people serve/have served in the role of coach for you? \_\_\_\_\_\_\_\_\_\_**

**I. Thinking about the coaching/mentoring that you received this year, about how often did the coach/mentor typically visit your program or meet with you?**

1. More than once a week
2. On a weekly basis
3. Every few weeks
4. Once a month
5. A few times a year
6. Rarely or never

**j. Thinking about the coaching that you received this year, how often was coaching provided in response to a specific challenging situation (e.g., child behavior) versus supporting your general professional development?**

1. More than once a week
2. On a weekly basis
3. Every few weeks
4. Once a month
5. A few times a year
6. Less often than those listed above
7. Never

**k. How helpful do you feel the coaching you received this year is/was in doing a better job with the children in your program?**

1. Not at all helpful
2. Somewhat helpful
3. Moderately helpful
4. Very helpful

**l. How much did your coach/mentor work with you on general classroom quality?**

1 – not at all 2 – somewhat 3 – moderately 4 – substantially

**m. In your meetings with the coach, to what degree did the coach help you accomplish your goals for coaching?**

1 – not at all 2 – somewhat 3 – moderately 4 – substantially

**n. Has coaching influenced your thinking about program planning for children?**

1 – not at all 2 – somewhat 3 – moderately 4 – substantially

**14. How useful is the online coaching tool called “Coaching Companion”?**

1. Have not heard of/used it
2. Not at all useful
3. Somewhat useful
4. Very Useful

**15. Do you use a primary/main curriculum in your classroom?**

1- Yes- Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2- No (skip to #16)

**Please indicate your level of agreement with each of the following statements about your primary curriculum:**

1. I have received training on how to implement the curriculum. 1 – strongly disagree 2 – disagree 3 – agree 4 – strongly agree
2. I feel knowledgeable about the curriculum I am using. 1 – strongly disagree 2 – disagree 3 – agree 4 – strongly agree

**c. In the past year, how many times have you or anyone else used a tool or checklist to assess how you use your primary curriculum? (Using a tool or checklist to assess how you use the curriculum is sometimes called fidelity of implementation.)**

\_\_\_\_\_\_\_\_\_times (if no one used a tool or checklist to assess how you use your primary curriculum, please enter 0.)

**16. Please indicate how often you do the following things in your classroom:**

1. For children who speak languages or dialects other than English, I use key words in their language so that I am better able to communicate with them. 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always
2. I ensure that toys and other materials are representative of the various cultural and ethnic groups within the local community and the society in general. 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always
3. I seek information from family members or other key community informants that helps me respond to the needs and preferences of culturally and ethnically diverse children and families. 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always
4. I have designed the learning environment and activities at my program to reflect multiple languages, cultures and abilities. 1 - Never 2 - Rarely 3 - Sometimes 4 - Often 5 - Almost Always

**17. How frequently does child assessment data (e.g. Teaching Strategies Gold) inform your planning in each of the following ways?** (Please select N/A for each if you do not use child assessments.)

1. To identify a child's developmental level 1 - Never 2 - Daily 3 -Weekly 4 - Monthly 5 – Quarterly 6- Annually
2. To individualize activities for a child 1 - Never 2 - Daily 3 -Weekly 4 - Monthly 5 – Quarterly 6- Annually
3. To determine if a child needs a referral for special services 1 - Never 2 - Daily 3 -Weekly 4 - Monthly 5 – Quarterly 6- Annually
4. To determine a child's strengths and weaknesses 1 - Never 2 - Daily 3 -Weekly 4 - Monthly 5 – Quarterly 6- Annually
5. To identify activities for parents to do with a child at home 1 - Never 2 - Daily 3 -Weekly 4 - Monthly 5 – Quarterly 6- Annually

**18. Since September 2020, how often have you used the following with families of the children in your classroom, or met or talked with families regarding their child about the following?**

1. Your general expectations for children in your care 1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently
2. Goals you have specifically for their child 1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently
3. Ideas or suggestions about parenting 1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently
4. Feedback about your performance. 1 - Never 2 - Rarely 3 - Sometimes 4 - Frequently

**19. Listed below are some things that families may or may not share with you. Thinking about the children and families in your classroom, for how many children and their families do you know the following? I know….**

1. The parenting and/or disciplinary styles of children’s parents. 1 - None 2 - Some 3 – Most 4 - All
2. The role that faith and religion play in children’s households. 1 - None 2 - Some 3 – Most 4 - All
3. Their culture and values. 1 - None 2 - Some 3 – Most 4 – All

**END**