| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|---|---|--|---|---------------------------|
| Staff Demographics/ Language spoken | What language or languages do you speak? ROWS | MARK ALL THAT APPLY 1 ENGLISH 2 SPANISH 3 CREOLE 4 MANDARIN 5 CANTONESE 6 JAPANESE 7 VIETNAMESE 8 OTHER (SPECIFY) 9 OTHER (SPECIFY) | Primary Caregiver and Home Visitor CAPI | EHSREP |
| Staff Demographics/ Language spoken | FOR EACH LANGUAGE SELECTED: How fluent are you in this language? COLUMN | Fluent Not fluent but can speak the language Can't speak the language but can understand when someone else is speaking Can neither speak nor understand the language | Primary Caregiver and Home Visitor CAPI | New |
| Staff Demographics/ Languages used in classroom | What languages are used for instruction in your class? | "MARK ALL THAT APPLY 1. ENGLISH 2. SPANISH 3. VIETNAMESE 4. CHINESE 5. JAPANESE 6. KOREAN 7. A FILIPINO LANGUAGE 8. OTHER LANGUAGE (SPECIFY) Please tell me what other languages are used for instruction in this classroom?" | Primary Caregiver and Home Visitor CAPI | FACES 2006 |

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|--------------------|--|--|---|---------------------------|
| Staff Demographics | 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. | MARK ONE 1 Some high school 2 High school graduate or GED 3 Some college courses, but no degree 4 Two year college degree 5 Four year college degree 6 Some graduate school 7 Graduate degree | Primary Caregiver and Home Visitor CAPI | EHSREP |
| Staff Demographics | Have you had any of the following special child care training? | a. A Graduate degree in Early Childhood Education or a related field b. A Baccalaureate degree in Early Childhood Education or a related field c. Associate degree in Early Childhood Education or a related field d. Child Development Associate (CDA) credential e. State-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements | Primary Caregiver and Home Visitor CAPI | SEHSP |

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|--------------------|---|---|---|---------------------------|
| Staff Demographics | Are you currently enrolled in any of the following special child care trainings? | a Currently enrolled in an Early Childhood Education at an accredited institution of higher education b. Currently enrolled in CDA training at an accredited institution of higher education c. Currently enrolled in a course of early childhood training from some other organization (not an accredited college or university) that leads toward a state infant- toddler credential, the CDA, a family child care certificate, or other credential recognized in your state | Primary Caregiver and Home Visitor CAPI | SEHSP |

| PRIMARY CAREGIVER/ HOME VISITOR INTERVIEW |
|---|
|---|

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|------------------------|--|--|---|---------------------------|
| Staff Demographics | Are you of Spanish, Hispanic, or Latino origin? Which one of these best describes you What is your race? You may name more than one if you like. | Yes; No 1 Mexican, Mexican American, Chicano, Puerto Rican, 2 Cuban, or 3 another Spanish/Hispanic/Latino group? (SPECIFY) MARK ALL THAT APPLY 1. WHITE 2. BLACK OR AFRICAN AMERICAN 3. AMERICAN INDIAN OR ALASKA NATIVE (SPECIFY) 4. ASIAN INDIAN 5. CHINESE 6. FILIPINO 7. JAPANESE 8. KOREAN 9. VIETNAMESE 10. ASIAN (NOT FURTHER SPECIFIED) 11. NATIVE HAWAIIAN 12. GUAMANIAN OR CHAMORRO 13. SAMOAN 14. OTHER PACIFIC ISLANDER (SPECIFY) 15. DON'T KNOW 16. REFUSED 17. OTHER (SPECIFY) "Please tell me what is your race?" | Primary Caregiver and Home Visitor CAPI | FACES 2006 |
| Staff Demographics | INTERVIEWER CODE WITHOUT ASKING | Male; Female | Primary Caregiver and Home Visitor CAPI | EHSREP |
| Program Implementation | How many times a year do your managers or staff supervisors conduct staff trainings? | Never; _Times per year | Primary Caregiver and Home Visitor CAPI | SEHSP |

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|------------------------|--|--|---|---------------------------|
| Program Implementation | Does your Early Head Start program or grantee agency provide any of the following: a. Tuition reimbursement for relevant college courses b. Workshop fees or other costs for outside training c. Time during work hours for staff development activities such as attending courses or workshops | Yes; No | Primary Caregiver and Home Visitor CAPI | SEHSP |
| | | Yes; No | | |
| Program Implementation | Do you have an individual development plan? | Yes; No | Primary Caregiver and Home Visitor CAPI | New |
| Program Implementation | Do you have one-on-one supervision meetings, group supervision meetings or both? | One-on-one supervision Group supervision Both | Primary Caregiver CAPI | New |
| Program Implementation | Are supervision meetings scheduled regularly? | Yes; No | Primary Caregiver and Home Visitor CAPI | New |
| Program Implementation | How frequently do you have supervision meetings? | Once a month Once every 1-3 months Once every 4-6 months Once a year Never | Primary Caregiver and Home Visitor CAPI | New |
| Program Implementation | Do you need to submit written lesson plans? IF YES: How often do you submit written lesson plans? | Yes; No 1. Once a month 2. Two times a month 3. Three times a month 4. More than three times a month | Primary Caregiver and Home Visitor CAPI | New |
| Program Implementation | Have you been assigned a mentor? | Yes; No | Primary Caregiver and Home Visitor CAPI | FACES 2006 |

| , , , , , , , , , , , , , , , , , , , | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|---------------------------------------|---|--|---|--|
| | As part of your employment in this Early Head Start program do you have the following? A. Educational stipends to cover workshops? B. Retirement/pension plan? C. Life insurance? D. Paid maternity/paternity leave? E. Paid health insurance? F. Dental insurance? G. Paid sick leave? H. Paid holidays? I. Paid vacations? | Yes; No | Primary Caregiver and Home Visitor CAPI | EHSREP |
| | Please tell me the extent to which you agree or disagree with the following statements: 1. Overall, our Early Head Start program has high morale 2. Our Early Head Start program allows primary caregivers/ home visitors input into planning curriculum. 3. Our Early Head Start program helps primary caregivers/ home visitors to work effectively with children with disabilities. 4. Our Early Head Start program helps primary caregivers/ home visitors to work effectively with children with disabilities. | 1. Strongly disagree, 2. Disagree, 3. Neutral, 4. Agree, 5. Strongly Agree, NA, DK | Primary Caregiver and Home Visitor CAPI | SEHSP Work Climate Survey (Modified) |
| Physical Health | Now, let's talk about your health. Would you say your health in general is | Excellent, very good, good, fair, or poor? | Primary Caregiver and Home Visitor CAPI | FACES 2006/EHS REP |

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|--|---|--|---|---------------------------|
| Physical Health | Do you have any health concerns that interfere with your job? IF YES: What heath concerns interfere with your work? | Yes, specify ; No | Primary Caregiver and Home Visitor CAPI | New |
| Mental Health/ Well Being | CES-D Short Form (20 items) Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1, 385-401 | Rarely or never, some or a little of the time, occasionally or a moderate amount of time, or most or all of the time | | EHSREP |
| Sleep Individualization | During home visits, do encourage parents to provide adequate sleep for their infants/toddlers? | Yes; No | Home Visitor CAPI | New |
| Sleep Individualization (center-based only) | Are there sleep routines in place at your center? | Yes; No | Primary Caregiver CAPI | New |
| Sleep Individualization (center-based only) | IF YES: Do children take naps other than at the routine nap times? | Yes; No | Primary Caregiver CAPI | New |
| | How many naps do the children take in a typical day? | Number | Primary Caregiver CAPI | New |
| Sleep Individualization (center-based only) | How long does a typical nap usually last? | hh:mm, child does not nap | Primary Caregiver CAPI | New |
| Primary Caregiver/ Home | Do you have any parents of current or former Head Start children employed in your center? | Yes; No | Primary Caregiver CAPI | FACES 2006 |
| Visitor Ratings | During this year and the past Early Head Start year, have parent volunteers in your center helped a. as classroom aides, or bus monitors or drivers? b. with screening or child assessment? c. as consultants or workshop leaders? d. home visitors? e. as interpreters for non-English speaking or limited English- speaking families? f. in recruiting families? g. mentor or encourage other families to participate? | Yes; No | Primary Caregiver CAPI | FACES 2006 |

| Survey Section | Question Item | Question Response | Primary Caregiver or Home Visitor PC/HV | Used in prior Study |
|--|---|---|---|---------------------------|
| Visitor Ratings | What percent of the children in your center have parents who participate in any of the following ways? a. As classroom volunteers b. As members of a parent council or other governing bodies c. By doing maintenance, chores, or shopping for the center d. By helping at special events or activities e. By attending special events or activities, such as a children's performance, holiday party, etc | Number- Percentage | Primary Caregiver CAPI | ECLS-B |
| Primary Caregiver/ Home Visitor Ratings | In general, how often do families typically attend home visits as scheduled? Would you say | Often Sometimes Rarely Never | Home Visitor CAPI | New |
| Primary Caregiver/ Home Visitor Ratings | In general, how often do families typically attend center based visits as scheduled? Would you say | 1. Often 2. Sometimes 3. Rarely 4. Never | Primary Caregiver CAPI | New |
| Use of data | Do you have access to a computer? | Yes; No | Primary Caregiver CAPI | New |
| Use of data | Do you have laptops for use during home visits? | Yes; No | Home Visitor CAPI | New |
| Use of data | Does your Early Head Start program have internet access? | Yes; No | Primary Caregiver and Home Visitor CAPI | New |