

NSCCSD Design Phase Feasibility Test
Center-based Provider Questionnaire – REVISED 12/17/08

General Characteristics and Market Definition

M1. I'd like to confirm the location of your program for children under age 13. I have the address (ADDRESS). Is that the address where children actually receive your services?

- 1 Yes (SKIP TO M2)
- 2 No (ASK M1a)

M1a. (IF M1=NO) What is the correct address where children actually receive services?

Street address _____
City _____ State _____ Zip _____

M2. In what kind of building is your program located? CODE ALL THAT APPLY FOR MULTIPLE BUILDINGS, BUT CODE ONE ONLY PER BUILDING.

- 1 Religious building
- 2 Public School
- 3 Private School
- 4 University or College
- 5 Work Place
- 6 Community Center or Municipal Building
- 7 Commercial Structure
- 8 Independent Structure (i.e., program is the sole occupant)
- 9 Home, apartment, or other residential structure → M2a. What percent of the space is used exclusively by the program? _____ %
- 10 Other (specify _____)

M3a. Is your program for profit, not for profit, or is it run by a government agency?

1. for profit (ask M4)
2. not for profit
3. run by a government agency
- 4 OTHER (SPECIFY: _____)

M3b. Is your program independent or is it sponsored by another organization?

- 1 Independent (SKIP TO M5)
- 2 Sponsored (ask M3c)
- 3 DK/Ref (SKIP TO M5)

M3c. What organization sponsors your program? CIRCLE ALL THAT APPLY, READ CATEGORIES ONLY TO PROBE CORRECTLY.

- 1 Head Start
- 2 social service organization or agency
- 3 church or religious group
- 4 public school/board of education
- 5 private school, religious
- 6 private school, nonreligious
- 7 college or university

- 8 private company or individual employer
- 9 non-government community organization
- 10 state government
- 11 local government, not including school district
- 12 Federal government or military
- 13 other (specify _____)

SKIP TO M5.

M4. Is your program part of a local chain, a national chain, or is it independently owned and operated?

- 1 Local chain
- 2 National chain
- 3 Independent

M5. What age groups of children participate in your program at this site? (1) IF R GIVES AGE GROUP NAME (E.G., TODDLER), ASK FOR APPROXIMATE AGES IN MONTHS. (2) IF R PROVIDES BROAD RANGE (E.G., UNDER AGE 12), ASK IF PROGRAM CLASSIFIES CHILDREN IN FINER AGE GROUPINGS. (3) IF R MENTIONS SCHOOL-AGE CHILDREN AGE 13 OR OLDER, SAY, "This study focuses on children under age 13, so I am going to ask you to separate that age group from any children age 13 or older whom you may also serve.

Age group (e.g., 18-35 months, 36-59 months, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

M6. How long has your program been operating in its current location?

_____ Years and _____ Months

M7. About how far do most of the children in your program travel to come to your program? IF NEEDED: ABOUT HOW LONG DOES IT TAKE TO GET FROM THE CHILDREN'S HOME TO YOUR LOCATION?

_____ miles
 _____ minutes of travel time

M8. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, or any providers that may have stopped or reduced the care they were providing.

M8a. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own:

Name: _____ Location: _____
 Name: _____ Location: _____
 Name: _____ Location: _____

SEE M6. IF OPERATING MORE THAN 12 MONTHS, ASK M9. ELSE, SKIP TO M10.

M9. [In the past 5 years/Since you've been operating here], have you made any of the following changes in service:

- | | | |
|---|---|---|
| 1 Expanded or reduced the ages served | Y | N |
| 2 Increased or decreased the slots served in an age group | Y | N |
| 3 Changed the hours of operation of the program | Y | N |
| 4 Changed the way you group children by age | Y | N |
| 5 Other changes to the services offered for children under age 13 | Y | N |

IF YES TO AT LEAST ONE OF M9, ASK M9A-M9D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED.

M9a. [Beginning with the most recent change,] what was the [first/next] change your program made in services offered? RECORD VERBATIM AND CODE.	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served	1 Expanded ages served
	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served	2 Reduced ages served
	3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group	3 Increased slots in age group
	4 Reduced slots in age group	4 Reduced slots in age group	4 Reduced slots in age group	4 Reduced slots in age group	4 Reduced slots in age group
	5 Expanded hours	5 Expanded hours	5 Expanded hours	5 Expanded hours	5 Expanded hours
	6 Reduced hours	6 Reduced hours	6 Reduced hours	6 Reduced hours	6 Reduced hours
	7 Expanded ages served by one or more groups	7 Expanded ages served by one or more groups	7 Expanded ages served by one or more groups	7 Expanded ages served by one or more groups	7 Expanded ages served by one or more groups
8 Narrowed ages served by one or more groups	8 Narrowed ages served by one or more groups	8 Narrowed ages served by one or more groups	8 Narrowed ages served by one or more groups	8 Narrowed ages served by one or more groups	
9 other change	9 other change	9 other change	9 other change	9 other change	
M9b. For what age groups did you make this change? CODE ALL/	1 Infant 2 Toddler 3 Preschool 4 School-age				

M9c. What month and year did you make that change in service?	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____	Month ____ Year _____
M9d. What was the main reason you made that change in service?					

M10. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	VImp	SWIm	NVImp	NotImp
1 Covering increasing costs	1	2	3	4
2 Increasing profitability	1	2	3	4
3 Being affordable to parents	1	2	3	4
4 Matching the competition	1	2	3	4
5 Changes in gov't reimbursement rates	1	2	3	4
6 Other (_____)	1	2	3	4

Schedule

S1. Beginning with Sunday, please tell me the hours that your program was open for children last week.

	Start Time	End Time
Sunday	_____ AM/PM	_____ AM/PM
Sunday	_____ AM/PM	_____ AM/PM
Monday	_____ AM/PM	_____ AM/PM
Monday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Tuesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Wednesday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Thursday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Friday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM
Saturday	_____ AM/PM	_____ AM/PM

S2. QUESTION OMITTED.

S3. What is your program's policy for parents who pick up children after your official closing time?

S4. (If no policy or no penalties in S3, skip to S5) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never

S5. How often do parents request additional hours or days outside of what your program usually provides?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (skip to S8)

S6. Does your program ever make exceptions for parents based on these requests?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never (SKIP TO S8)

S7. Do parents pay extra for these exceptions?

- 1 Yes
- 2 No

S8. [if r mentioned Saturday or Sunday care above in S1, skip to S9] Does your program ever provide weekend care?

- 1 Yes
- 2 No

S9. [if R mentioned early morning or evening care above in S1, skip to S10] Does your program provide care for parents after 7pm or before 6am?

- 1 Yes
- 2 No

S10. Do you permit parents to use care on schedules that vary from week to week?

- 1 Yes (ask S10a)
- 2 No (Skip to S10c)
- 3 DK/REF (skip to S10c)

S10a. How many of the children in your program have schedules that vary from week to week?

_____ Number of children

S10b. How far in advance do parents need to let you know when they will be needing care?

_____ Number of 1 Hours
 2 Days
 3 Weeks

S10c. Do you permit parents to pay for and use varying numbers of hours of care each week?

- 1 Yes, at their convenience
- 2 Yes, from a set of schedule options (ASK S10C1)
- 3 Yes, beyond a minimum number of hours (ASK s10c2)
- 4 No (Skip to S11)
- 5 DK/REF (skip to S11)

S10c1. How many schedule options do you offer? _____ Options (skip to s10d)

S10c2. What is the minimum number of hours? _____ Hours

S10d. How many of the children in your program have variation in the number of paid hours of care each week?

_____ Number of children

S10e. How far in advance do parents need to let you know when they will be needing care?

_____ Number of 1 Hours
 2 Days
 3 Weeks

S11. How many weeks per year does your program provide care for children under age 13? IF NEEDED: Does your program provide care all 52 weeks of the year?

_____ Number of weeks (if 52, skip to S12)

S11a. Does your program provide any help to parents in getting alternative care for those weeks?

- 1 Yes
- 2 No

S12. In the past 12 months, has your program provided any of the following types of care for children who were already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.

- a. sick care for children who are too sick to attend their regular activities Y N
- b. holiday care when your regular program is not in session Y N
- c. full-day programming for school-age children during the summer Y N

S13. In the past 12 months, has your program provided any of the following types of care for children who were not already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.

- a. sick care for children who are too sick to attend their regular activities Y N
- b. holiday care for children whose schools or other providers are closed Y N
- c. summer hours for school-age children Y N

Enrollment

E1. You mentioned that your program serves the following age groups of children. How many children do you serve in each of these age groups in your program at this site?

INTERVIEWER: FILL IN AGE GROUPS FROM M5.

E1a. At this time, how many *more* children in this age group would you be willing and able to serve?

Age group from M5	Currently enrolled	Add'l children
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

E1b. That means that your program currently serves [TOTAL FROM E1A NOT INCLUDING CHILDREN 13 OR OLDER] children under age 13. Is that correct?

1 yes

2 no → RETURN TO E1A AND CORRECT NUMBERS. IF CORRECTION

NOT POSSIBLE, RECORD CORRECT TOTAL HERE: _____

[If E1a includes children age 13 or older, read:] This study focuses on child care and after-school care for children under age 13. As much as possible, please focus on the children under age 13 for the remainder of this questionnaire.

E2. Approximately how many of children under age 13 were absent yesterday? IF NEEDED: Please tell me about the last regular school day. IF NEEDED: You can give me the percentage who were absent. Your best estimate is fine.

_____ CHILDREN or _____ % absent

d. Is this rate of absence about the usual, higher than usual, or lower than usual?

1 usual

2 higher than usual

3 lower than usual

E3. For these next questions, please think about the [NUMBER from E1b] children that your program regularly provides care for. How many of these children are boys?

_____ Boys

E4. Question omitted.

E5. How many of the children have a physical condition that affects the way you provide care for them?

_____ Number of children

E6. How many of the girls have an emotional, developmental or behavioral condition that affects the way you provide care for them? And of the boys?

E6_1. _____ Number of girls

E6_2. _____ Number of boys

E7. About how many of the children are of Hispanic or Latino origin?

_____ Number of children

E8. As far as you know, how many of the children are....

a. White _____ Number of children

b. Black or African-American _____ Number of children

c. Asian _____ Number of children

d. Native Hawaiian or Other
Pacific Islander _____ Number of children

e. American Indian or Alaska
Native _____ Number of children

f. IF VOLUNTEERED: MIXED
RACE _____ Number of children

g. OTHER: _____ Number of children

E9. Do you have any children that you usually care for...

a. 4 hours or less each week? Y N

b. 5 to 20 hours each week? Y N

c. 21 to 39 hours each week? Y N

d. 40 hours or more each week? Y N

E9e. How many hours per week do you consider full-time enrollment in your program?

_____ Number of hours

E10. How many of your children do not speak English at home? IF NEEDED: What percent of your children do not speak English at home?

_____ Number of children

OR _____% of children

E10a. Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?

1 Yes (ask E10b)

2 No (skip to E11)

E10b. How many of your families have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.

_____ Number of families
_____ % of children

E10c. What languages do these families speak?

E11. What languages are spoken by your program staff when working directly with children? CODE ALL THAT APPLY.

1 English

2 Spanish

3 Other (specify: _____)

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK E11A.

E11a. What percentage of the time is English spoken? _____ %

E12. Does a federal, state or local agency such as a human services agency, an education department, welfare or an employment or training program pay part or all of the cost for any of the children you care for?

1 Yes

2 No (go to E15)

E12a. How many children are paid for partially or fully by a government agency?

_____ Number of children

E12b. Do the agencies pay you....

1. directly for slots Y N

2. pay you for vouchers or certificate received from parents Y N

3. pay the parents in cash Y N

4. some other way (_____)

E12c. For how many of the children in your program do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service or educational agency to give to a program so that the program can receive payment for care from the agency. The program may also provide attendance records or other information in order to receive payment. IF NEEDED: Your best estimate is fine.

_____ Number of children.

E12d. Some agencies contract directly with providers to provide subsidized care or 'slots' to needy families. Do you have a contract with a federal, state or local agency to provide a certain number of slots for subsidized care for low-income families?

1 Yes

2 No (go to E13)

E12e. How many children are partially or fully paid for through contracts with governmental agencies?

_____ Number of children

E12f. What agencies do you have contracts with? RECORD NAME & CODE.

-
- 1 Federal
 - 2 State
 - 3 Local, other than public school districts
 - 4 Local public school district

E13. Do you provide any transportation services to children for coming to or going from your program?

- 1 Yes
- 2 No

E14. Do you have any formal or informal relationships with schools or other providers used by children in your program?

- 1 Yes (ASK E14A)
- 2 No (GO TO E15)

E14a. What relationships do you have? CODE ALL THAT APPLY

- 1 provide transportation to children
- 2 provide access to resources or professional development for other providers
- 3 help parents seek providers for hours or days that program does not provide care
- 4 Other (specify) _____

E15. Are you comfortable with these questions about enrollment and subsidy receipt, or is there someone in your program who would be more knowledgeable about this information?

- 1 R is comfortable
- 2 Someone else is more knowledgeable
→ What is that person's title? _____

Admissions/Marketing

A1. During January through March of this year, how many children did you stop caring for? IF NEEDED: Include children whose parents withdrew their children from care as well as children you didn't want to care for anymore.

A2. During January through March of this year, how many new children did you start taking care of?

A3. Which of the following do you do to try to find new children to care for?

- | | | |
|--|---|---|
| a. List your services with a resource and referral agency | Y | N |
| b. Ask friends and family to refer other families looking for care | Y | N |
| c. Ask current or recent families to refer other families looking for care | Y | N |
| d. Answer advertisements or other notices looking for care | Y | N |
| e. Post advertisements or flyers announcing openings | Y | N |
| Y | N | |
| f. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE | Y | N |

A4. Which of these methods is the main way that you find new children to care for?
ENTER CATEGORY FROM A3 ABOVE.

A5. Which of the following do you do to help parents understand what kind of care you offer?

- | | | |
|--|---|---|
| a. Talk with families who are looking for care | Y | N |
| b. Invite families looking for care to visit and observe | Y | N |
| c. Invite families looking for care to bring their children for a visit | Y | N |
| d. Ask current or recent families to provide verbal or written references to families looking for care | Y | N |
| e. Participate in on-line directories or encourage current or recent families to contribute publically available on-line reviews | Y | N |
| f. Apply for an overall rating of quality that parents are told about (for example, accreditation, tiered reimbursement) | Y | N |
| g. Let families looking for care talk with assistants or other people who help me care for children | Y | N |
| h. Other (specify _____) | Y | N |

A6. The last time you had an opening, how long did it take you to find another child to care for?

- _____ Number of
- 1 Days (skip to A7)
 - 2 Weeks (skip to A7)
 - 3 Months (skip to A7)
 - 4 STILL HAVE OPENING (ask A6a)

5 CHILD TAKEN FROM WAITING LIST (skip to A7)

A6a. How long have you had this opening so far?

- _____ Number of 1 Days
2 Weeks
3 Months

A7. In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

- 1 yes
2 no

3 CHILDREN ARE PLACED ON A WAITING LIST

A7_. In the past three months, have you told a parent that you won't care for a child anymore because of...

- | | | |
|---|-----|----|
| a. problems with the child's behavior | Yes | No |
| b. problems getting paid | Yes | No |
| c. other issues with the parent | Yes | No |
| d. you wanted to reduce your program's size | Yes | No |

A8a. How often in the last three months have you or someone else on your staff raised any of the following with a parent ...

- | | | | | |
|------------------------------------|-------|---------|--------|-------|
| 1. parenting issues? | Never | Monthly | Weekly | Daily |
| 2. payment of program fees? | Never | Monthly | Weekly | Daily |
| 3. coming late to pick up a child? | Never | Monthly | Weekly | Daily |

A8b. In the last three months, how often has a parent talked with you or someone else on your staff about any of the following...

- | | | | | |
|---|-------|---------|--------|-------|
| 1. Something the child's teacher/caregiver is doing with the child or group | Never | Monthly | Weekly | Daily |
| 2. The child's behavior | Never | Monthly | Weekly | Daily |
| 3. The child's development | Never | Monthly | Weekly | Daily |
| 4. The child's health | Never | Monthly | Weekly | Daily |
| 5. How parents can support children's learning at home | Never | Monthly | Weekly | Daily |
| 6. How parents can discipline the child at home | Never | Monthly | Weekly | Daily |
| 7. Recent family activities or events | Never | Monthly | Weekly | Daily |

A9. How important is it to you that your lead teachers:

- a. Value their relationships with parents?
1 Very Important

- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

b. Understand what parents' schedules are like?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

c. Are flexible in working with parents' schedules?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

d. Pay attention to suggestions parents make about caring for their children?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

A10. The care that a child receives can vary for many reasons. The environment they're in, the money and other resources available to the person providing care, the how the parent works with the care provider, etc.

IF R CARES FOR CHILDREN UNDER AGE 3, ASK:

A10a. If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate the care **you provide to children under age 3.**

In terms of:

- | | | |
|---|-------|-----|
| a. having a safe environment | _____ | N/A |
| b. being warm and nurturing | _____ | N/A |
| c. helping them learn so they can do well in school | _____ | N/A |
| d. helping them learn how to get along with others | _____ | N/A |
| e. helping them with their physical skills | _____ | N/A |
| f. teaching them your program's values | _____ | N/A |

IF R CARES FOR CHILDREN AGE 3 TO 5, ASK:

A10b. [If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate/How about] the care **you provide to children aged 3 to 5.**

In terms of:

- | | | |
|---|-------|-----|
| a. having a safe environment | _____ | N/A |
| b. being warm and nurturing | _____ | N/A |
| c. helping them learn so they can do well in school | _____ | N/A |
| d. helping them learn how to get along with others | _____ | N/A |
| e. helping them with their physical skills | _____ | N/A |
| f. teaching them your program's values | _____ | N/A |

IF R CARES FOR SCHOOL-AGE CHILDREN, ASK:

A10c. . If 1 means ‘the best possible care there is’ and 5 means ‘not as good as I’d like it to be,’ please tell me how you would rate the care **you provide to school-age children**.

In terms of:

- | | | |
|---|-------|-----|
| a. having a safe environment | _____ | N/A |
| b. being warm and nurturing | _____ | N/A |
| c. helping them learn so they can do well in school | _____ | N/A |
| d. helping them learn how to get along with others | _____ | N/A |
| e. helping them with their physical skills | _____ | N/A |
| f. teaching them your program’s values | _____ | N/A |

A11. The following questions are about various services that children and their families might require outside of the child-care setting.

- a. Are any of the following available to children on-site at your program? Health screening; medical, dental, vision, hearing, or speech?
1 Yes → Does your program pay for this service? 1 Yes 2 No
2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- b. Are development assessments available to children on-site at your program?
1 Yes → Does your program pay for this service? 1 Yes 2 No
2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- c. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program?
1 Yes → Does your program pay for this service? 1 Yes 2 No
2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- d. Are counseling services for children or parents available on-site at your program?
1 Yes → Does your program pay for this service? 1 Yes 2 No
2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- e. Are any of the following available to children on-site at your program? Social services to parents such as housing assistance, food stamps, financial aid, or medical care.
1 Yes → Does your program pay for this service? 1 Yes 2 No
2 No -> Does your program provide referrals to this service? 1 Yes 2 No

A11e. [if yes to A11e1 or A11e2] In the last year, how many parents have you provided with social services assistance, including referrals?

_____ Number of parents

A12. In the past 3 months, have you provided financial aid or reduced the fees that you charge a family because of a *change* in their personal circumstances?

- 1 Yes (ask A12a)
2 No (skip to A13)

A12a. About how many families have you done this for?

_____ Number of families

A13. Are you comfortable with these questions about your admissions process and services you offer, or is there someone in your program who would be more knowledgeable about this information?

- 1 R is comfortable
2 Someone else is more knowledgeable
→ What is that person’s title? _____

Staffing

T1. What is the total number of staff employed by your program at this site who work directly with children. Please include full-time and part-time workers.

T2. Thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months?

T2a. [if T2>0] In the last year, have you asked a staff member who worked directly with children to leave your program because of concerns about that person’s caregiving or instructional quality?

- 1 Yes
- 2 No

T3. What is the total number of staff who do not work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks, and anyone else on your program’s payroll at this site.

T4. Some programs provide support for staff seeking training or professional development opportunities. Do you provide any of the following for your teachers, assistant teachers, or aides?

- a. Funding to participate in college courses or off-site training? Y N
- b. Paid time off to participate in college courses or off-site training? Y N
- c. College coursework or training opportunities at your child care center? Y N
- d. Mentors, coaches or consultants who visit and work with staff in their classrooms? Y N

T5. These next questions are about supervision in your program.

- a. In the past year have you or someone else observed each of the groups in your program? Y N
- b. Was feedback provided to the staff observed based on these observation(s)? Y N
- c. Do salary decisions take into account what is observed or how staff respond to feedback provided? Y N

Care Provided

C1. How many groups of children do you have? Please include all groups in all of the programs or sessions that you offer for children under age 13. IF NEEDED: By group, we mean children who are together for most of the [day/session] with an assigned staff member or group of staff members. If children change groups frequently during the day, please tell me about your groups during a typical activity period.

_____ Number of groups [if only one group, skip to C3]

C2. [ASK ABOUT AGE GROUPS FROM M5, AGES OF CHILDREN SERVED.]

How many of these groups serve [AGE GROUP FROM M5] children?

Age group from M5

1. _____ number of groups

a1. what are the names of these groups?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

2. _____ number of groups

a1. what are the names of these groups?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

3. _____ number of groups

a1. what are the names of these groups?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

4. _____ number of groups

a1. what are the names of these groups?

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

[RANDOMLY SELECT TWO GROUPS. DO NOT LET R SELECT GROUP.]

C3. I'm going to ask you some detailed questions about two of your groups. This helps reduce the number of questions I need to ask you, but still gives us a sense overall of the range of offerings that providers have. Please do not worry if the groups I select are not typical of your program.

[First,] let's talk about [FIRST/SECOND SELECTED GROUP]. ASK C3A THROUGH C7 FOR FIRST GROUP, THEN ASK ENTIRE SET FOR GROUP FROM NEXT AGE CATEGORY UNTIL ALL AGE CATEGORIES ARE COMPLETE.

INFANT-TODDLER

C3a. How old is the youngest child in []?
_____ Years and _____ Months

C3b. How old is the oldest child in []?
_____ Years and _____ Months

C3c. How many children are currently enrolled in []? _____ Number of children

C3d. How many more children would you be able and willing to accept in this group?
_____ Number of additional children

C3e. How many hours per day are most of the children in this group at your program?
_____ Hours per day

C3f. During a typical activity period, how many assistant teachers or aides help with this group?
_____ Number of assistants/aides

C3g. During a typical activity period, how many lead teachers and other teachers are with this group?
_____ Number of teachers

C3h. During a typical activity period, how many volunteers help with this group?
_____ Number of volunteers

C4. Please tell me the names or initials of the lead teachers, other teachers, assistants or aides who work with this group.

C4a. Is [NAME] a lead teacher, other teacher, assistant teacher or aide?

C4b. Is [] male or female?

C4c. How old is []? IF NEEDED: your best guess is fine.

C4d. Approximately how many hours per week does [] usually work?

C4e. Is [] of Hispanic or Latino origin?

C4f. Which of the following is []...READ CATEGORIES?

C4g. Does [] have a 4-year college degree?

C4g1. Does [] have some form of certification to teach young children, or as a special education or elementary school teacher?

C4h. Does [] have any training *outside of higher education* in child development or early care and education?

C4i. As far as you know, has [] received any professional development or other training on working with young children in the past 12 months?

C4j. How long has [] worked in your program?

C4k. How many years of experience does [] have working with children under age 13? Please do not count any experience raising (his/her) own children.

C4l. How much is [] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

C4m. Please tell me if [] receives any of the following benefits: READ ALL CATEGORIES

1 reduced tuition _____ at your program 2 funds for (him/her) to receive training

3 retirement/IRA/SEP/Keogh _____ 4 life or disability insurance

5 health insurance _____ 6 paid parental leave

7 other paid time off _____

C4 Please tell me the names or initials of the lead teachers, other teachers, assistants or aides who work with this group.

Name/initials	1	2	3	4	5	6	7
C4a. Role	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other
C4b. Gender	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female
C4c. Age							
C4d. Hours per week							
C4e. Hispanic/Latino	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
C4f. Race	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER
C4g. College Degree	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4h. Education or Child Dev Training	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4i. Prof Dev past 12 months	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4j. Yrs w/pgm							
C4k. Years in field							
C4l. Wage rate	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other
C4m. Benefits received	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave

	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off
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ASK 4A-M FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT FOR THIS GROUP.

C5. [IF group is younger than school-age] Thinking about a typical day for children in this group, what percentage of time do children spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity.

- a. Physical activities led by an adult. _____ % or minutes
- b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play. _____ % or minutes
- c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics] _____ % or minutes
- d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion] _____ % or minutes
- e. Activities chosen by the child. _____ % or minutes

C5a. [IF GROUP IS SCHOOL-AGE] Next, I'll ask you about how children in this group spend a typical day. I'll ask about academic activities, arts or cultural enrichment, recreational activities, social activities, community service, technology, or supervised free time. What percentage of time do children spend on...? IF NEEDED: Just tell me the typical amount of time on this activity.

Activity	Time	% /minutes
Academic activities (tutoring, homework help, college prep, etc.)		
Arts/Cultural enrichment (arts, music, cooking, going to museums, multicultural awareness, etc.)		
Physical or Athletic activities (sports, free swimming, active play, etc.)		
Social or Recreational activities (focused on behavioral and interpersonal skills)		
Community service/civic engagement		
Technology (computer programming/web site design)		
Supervised free time		

C5b. [IF GROUP IS SCHOOL-AGED] 1. Indicate the extent to which the management and staff of this Center consider each of the following to be an objective or goal of their program. Indicate whether each is (1) a major objective, (2) a minor objective, or (3) not an objective of this Center:

- A ___ Provide a safe environment for kids after school
- B ___ Help kids to improve academic performance (e.g., grades, test scores)
- C ___ Help kids to develop socially
- D ___ Provide cultural opportunities for kids
- E ___ Provide physical or recreational activities for kids
- F ___ Prevent risky behavior
- G ___ Other (describe)

C6. How often do children in this group watch **educational** programs on television or DVDs?

- 1 every day
- 2 2-3 times per week

- 3 2-4 times per month
- 4 very rarely
- 5 never

C6. How often do children in this group watch other programming?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

C7. How often do children in this group use computers?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

END REPRESENTATIVE GROUP QUESTIONS.

C12. As part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues?

- Parents' worries about getting or keeping a job
- Parents' ability to meet their children's basic needs (food, shelter, health care)
- Stress parents are feeling
- Problems parents are having in their relationships with partners or family members

Response Options: Daily, 3-4 times/week, 1-2 times/week, 1-2 times/month, every few months

C9. Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?

- 1 Yes (ASK c9A)
- 2 No (SKIP TO C10)

C9A. Is this person located at your site or somewhere else in the community?
On-site full-time/On-site part-time/Off-site

C10. Do you feel you and your staff have the resources you need to address concerns raised by parents? Yes/No

C11. Would you say that you and your staff feel overwhelmed by the concerns parents share with you...?

- 1 Often
- 2 Occasionally
- 3 Rarely
- 4 Never?

C12. Are you comfortable with these questions about staff qualifications and activities of specific groups or classrooms, or is there someone in your program who would be more knowledgeable about this information?

- 1 R is comfortable
- 2 Someone else is more knowledgeable
 → What is that person's title? _____

Finances

F1. Now I will be asking you some questions about your program's finances for the last completed financial reporting year.

What would be the starting and ending dates of that financial reporting year?

Start Date _____

End Date _____ (END DATE MUST PRECEDE INTERVIEW DATE)

IF NO FORMAL FINANCIAL REPORTING YEAR. Please answer the following questions about the calendar year 2008.

F2. For that year, approximately what were the total revenues of your at this site? Your best guess will be fine. INTERVIEWER: IF R IS ABLE, PLEASE COLLECT NUMBERS FOR PROGRAMS FOR CHILDREN UNDER AGE 13 ONLY. ELSE, COLLECT NUMBERS FOR ENTIRE PROGRAM AND INDICATE INCLUSION OF CHILDREN OVER AGE 13 IN ITEM F2A.

\$ _____

F2A. [if r provides care for children age 13 or older, ask] Just to confirm, do the total revenues you reported to me include revenues from children age 13 or older as well as those under age 13?

- 1 Yes
- 2 No

F3. Please tell me your revenues for the year ending (END DATE) for your program at this site. Your best guess will be fine.

Revenue Category	Amount (If Amount DK/Ref, ask rec'd)	Received at all?
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.		1 Yes 2 No
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)		1 Yes 2 No
c. Local government (e.g. Pre-K paid by local school board or other local agency, grants from county government)		1 Yes 2 No
d. Federal government(e.g., Head Start, Title I)		1 Yes 2 No
d2. Community organizations (e.g., United Way, local charities, or other service organizations)		1 Yes 2 No

e. Grant revenues (not including anything you've mentioned above)		1 Yes 2 No
f. Child and Adult Care Food Program		1 Yes 2 No
g. Investment income		1 Yes
h. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.		1 Yes 2 No
i. Other (please specify: _____)		1 Yes 2 No

F3k. [if r provides care to children age 5 or under AND receives government money (F3b or F3c or F3d greater than 0 or marked 'yes' in the received column)]:

Does your program receive funds from:

- | | | |
|---|---|---|
| 1. Head Start, Early Head Start, or
a partnership with a Head Start program? | Y | N |
| 2. a state or local pre-kindergarten program? | Y | N |
| 3. Title I | Y | N |

Costs

F4. What would you estimate was the total cost of running your program during your last financial year? Please do not include the value of donated services, space, or materials. Again, your best guess will be fine.
\$ _____

F5. Altogether, did your program's revenues exceed expenses, expenses exceed revenues, or did you break even during the last financial reporting year
1 REVENUES EXCEEDED EXPENSES
2 EXPENSES EXCEEDED REVENUES
3 BROKE EVEN

F6. First, I will ask you about labor costs, then about other costs. Then I will ask you about in-kind donations your program may receive.

Labor Costs Please include all people who work in this child care program at this site, either full or part time.	Amount last year
a. Salaries and wages for all staff (not just teachers). (Put taxes in b.)	
b. Fringe benefits and payroll taxes (incl. FICA, unemployment, health insurance benefits)	
c. Total Labor Costs (sum of a. and b.)	

F7. What proportion of your total direct costs is made up of labor costs, including wages and fringe benefits? By total direct costs I mean labor costs, other direct costs, excluding facility costs & the value of donated time & other items. _____ %

F8. Other than labor, what would you say are your three largest expenses? Please provide the amount of these expenses for your last financial reporting year if you have that information available. CODE BASED ON VERBATIM RESPONSE, READ CATEGORIES ONLY TO PROBE INTO CORRECT CATEGORY.

- 0. Facility costs, including utilities and insurance for the facility
 - 1. Costs of food and related goods for meals & snacks served to children (not cook's wages)
 - 2. Educational materials & expenditures, program supplies (e.g. books, supplies, field trips), program equipment including program equipment depreciation.
 - 3. Office supplies and office equipment, postage, office equipment depreciation
 - 4. Telephone, printing, copying, duplicating, advertising, recruiting
 - 5. Liability insurance
 - 6. Other insurance (DO NOT INCLUDE HEALTH INSURANCE FOR EMPLOYEES OR FACILITY-RELATED INSURANCE)
 - 7. Transportation of children: vehicle expenses, gas and drivers if not listed with labor costs above.
 - 8. Subcontractors (fees for professional services, e.g. accountants, consultants, attorneys, auditing, payroll services; other services paid via contract, e.g. janitorial services, etc.)
 - 9. Training / Professional development expenses (e.g., trainer coming to program, fees for staff to attend courses, conferences)
 - 10. Staff mileage or travel
 - 11. Supplemental services for children (e.g., health screenings, speech therapy)
 - 12. Administrative Allocation, Overhead, Indirect Costs (paid to sponsoring agency or parent organization). (This is only relevant for programs that have a parent/sponsoring agency, or are part of a larger organization, not a single stand-alone business.)
 - 13. Miscellaneous/other

	Category of Expense	Dollar Cost in 2008/Last Year
F8a. LARGEST NON-LABOR EXPENSE:		
F8b. 2 nd LARGEST NON-LABOR EXPENSE		
F8c. 3 rd LARGEST NON-LABOR EXPENSE		

F9. These next questions are about in-kind services or goods your program may have received last year. First, please tell me if your program received any of the following **services** free or at reduced cost [that year/during 2008]? [IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION, READ: You might have received some of these services from your network or sponsoring organization.]

a. Volunteers working with the children in the classroom, on field trips, or in the playground	1 Yes 2 No
b. Accounting/bookkeeping	1 Yes 2 No
c. Legal services	1 Yes 2 No
d. Special learning activities provided: music, art, sports, etc.	1 Yes 2 No
e. Repairs/maintenance (labor and parts)	1 Yes 2 No
f. Clerical	1 Yes 2 No
g. Grant writer	1 Yes 2 No
h. Administrative, professional, contractual & support services provided	1 Yes 2 No
i. Professional development provided (e.g., trainer provides services at no cost or reduced cost to your program)	1 Yes 2 No
j. Supplemental services provided (speech & language therapist, physical therapist, health services)	1 Yes 2 No
k. "Other" in-kind services donated free or at a reduced rate	1 Yes 2 No

F10. During the last financial year, did you receive any in-kind donations?

1 Yes (ask F10a)

2 No (F11)

F10a. What was the most important donation you received, and what would you estimate as its market value?

a. Reduced or no rent/no fee for classroom(s), administrative space, outdoor space
b. Utilities free or at reduced rate
c. Donated food for children.
d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)
e. Financial aid, scholarships for children provided by a group or individual other than your program.
f. Office supplies and office equipment provided
g. Telephone, printing, copying, advertising
h. Liability and/or other insurance provided
i. Professional development provided (e.g., fees for staff to attend courses)
j. Transportation for children provided
k. "Other" in-kind goods donated free or at a reduced rate

Most important donation received:

Category _____

Estimated market value: _____

F11. Are you comfortable with these questions about finances and in-kind donations, or is there someone in your program who would be more knowledgeable about this information?

1 R is comfortable

2 Someone else is more knowledgeable

→ What is that person's title? _____

F12. And may I record your title? _____

F13. I have two questions that will help me know if you might appear on publicly available lists of child-care providers that we are using for this study.

a. Are you listed with a local resources and referral agency? Y N

b. Is your program licensed for child care by the State? Y N

F14. Finally, if you could make one suggestion for how to improve the care received by children under 13 today, what would it be?

Those are all of the questions I have for you today. We appreciate your taking the time to talk with us about your program.