NSECE Center-Based Provider Questionnaire
Revised 01/20/11

INTRODUCTION SCRIPT

My name is _____ and I am from the National Opinion Research Center (NORC) at the University of Chicago. We are conducting a study about the experiences of program providers of children under age 13 with regard to the child care or after-school programs available for these children. We recently sent you a letter which explained the purpose of this study. The study is being paid for by the U.S. Department of Health and Human Services, and is designed to help the government understand how private decisions and public policies affect the supply and demand of child and school-age care in our country.

Taking part in this research is voluntary. The interview takes about 30 minutes to complete and any information you give me will be kept private. We are required by the Federal Privacy Act to develop and follow strict procedures to protect your information and use your answers only for research. You may choose not to answer any questions you don't wish to answer, or end the interview at any time.

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. May I continue with the recording?

R CONSENTS TO PARTICIPATE IN THE SURVEY................................. 1
R CONSENTS TO PARTICIPATE IN THE SURVEY BUT
　　　　　DOES NOT WANT TO BE RECORDED.................................2

[REFER TO FAQs TO ANSWER OTHER RESPONDENT QUESTIONS.]

GENERAL CHARACTERISTICS AND MARKET DEFINITION

A1. 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 A2)

₂ ☐ No ➔ (ASK A1a)

    A1a. (IF A1=NO) What is the correct address where children actually receive services?

    Street address [   ]

    City [   ] State [   ] Zip [   ]

A2. How many different organizations provide childcare services to children under age 13 at this address?

[   ] Number of organizations

A3. What (is that organization/are the names of those organizations)?	A4. What childcare programs does [ORGANIZATION] offer for children under age 13 at this site?	[IF MORE THAN 1 PROGRAM IN A2] A5. What defines each of these programs? a. age of child b. other child characteristic c. hours of service d. funding source e. instructional content f. other	A6. What is the approximate current enrollment of all children under age 13 in that program? IF NECESSARY: Would you say that the total enrollment of that program is:
1.	1._____ – 2._____ – 3._____ –	☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____	☐a less than 12 children ☐b 13 to 25 children ☐c 26 to 50 children ☐d more than 50 children?

A3. What (is that organization/are the names of those organizations)?	A4. What childcare programs does [ORGANIZATION] offer for children under age 13 at this site?	[IF MORE THAN 1 PROGRAM IN A2] A5. What defines each of these programs? a. age of child b. other child characteristic c. hours of service d. funding source e. instructional content f. other	A6. What is the approximate current enrollment of all children under age 13 in that program? IF NECESSARY: Would you say that the total enrollment of that program is:
	4._____ _		
2.	1._____ _ 2._____ _ 3._____ _ 4._____ _	☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____	
3.	1._____ _ 2._____ _ 3._____ _ 4._____ _	☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ _	
4.	1._____ _ 2._____ _	☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____ ☐a ☐b ☐c ☐d ☐e ☐f_____	# Enrolled: _____

A3. What (is that organization/are the names of those organizations)?	A4. What childcare programs does [ORGANIZATION] offer for children under age 13 at this site?	[IF MORE THAN 1 PROGRAM IN A2] A5. What defines each of these programs? a. age of child b. other child characteristic c. hours of service d. funding source e. instructional content f. other	A6. What is the approximate current enrollment of all children under age 13 in that program? IF NECESSARY: Would you say that the total enrollment of that program is:
	3. _____ 4._____ _		

A7. 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 ➔ **A7a.** What percent of the space is used exclusively by the program?
  ☐☐☐ %

- 10 ☐ Other, specify _____

A8A. Is your program for profit, not for profit, or is it run by a government agency?

1 ☐ for profit (SKIP TO A9)

2 ☐ not for profit

3 ☐ run by a government agency

4 ☐ OTHER, SPECIFY: _____

A8B. Is your program independent or is it sponsored by another organization? IF NEEDED: A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.

1 ☐ Independent (SKIP TO A9)

2 ☐ Sponsored (ASK A8C)

3 ☐ DK/Ref (SKIP TO A9)

A8C. What organization sponsors your program? CHECK ALL THAT APPLY, READ CATEGORIES ONLY TO PROBE CORRECTLY.

1 ☐ social service organization or agency

2 ☐ church or religious group

3 ☐ public school/board of education

4 ☐ private school, religious

5 ☐ private school, nonreligious

6 ☐ college or university

7 ☐ private company or individual employer

8 ☐ non-government community organization

9 ☐ state government

10 ☐ local government, not including school district

11 ☐ Federal government or military

12 ☐ other, specify _____

SKIP TO A10.

A9. 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

A10. 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.)*

Age Group

A11. How long has your program been operating in its current location?

[　　] Years and [　　] Months

A12a. About how many of your children travel fewer than 10 minutes to your program?

A12b. About how many of your children travel between 10 and 25 minutes to your program?

A12c. About how many of your children travel more than 25 minutes to your program?

A13. 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.


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A13A. 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 RESPONSE TO A11. IF OPERATING MORE THAN 12 MONTHS, ASK A14. ELSE, SKIP TO A15.

A14. [In the past 5 years/Since you've been operating here], has your program made any of the following changes in service:	**Yes**	**No**
1 Expanded or reduced the ages served	1▢	2▢
2 Increased or decreased the number of children served in an age group	1▢	2▢
3 Changed the hours of operation of the program	1▢	2▢
4 Changed the way you group children by age	1▢	2▢
5 Other changes to the services offered for children under age 13	1▢	2▢

IF YES TO AT LEAST ONE OF A14, ASK A14A-A14D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED. IF NO TO ALL RESPONSES IN A14, SKIP TO A15.

A14a. [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 2☐ Reduced ages served 3☐ Increased slots in age group 4☐ Reduced slots in age group 5☐ Expanded hours 6☐ Reduced hours 7☐ Expanded ages served by one or more groups 8☐ Narrowed ages served by one or more groups 9☐ other change	1☐ Expanded ages served 2☐ Reduced ages served 3☐ Increased slots in age group 4☐ Reduced slots in age group 5☐ Expanded hours 6☐ Reduced hours 7☐ Expanded ages served by one or more groups 8☐ Narrowed ages served by one or more groups 9☐ other change	1☐ Expanded ages served 2☐ Reduced ages served 3☐ Increased slots in age group 4☐ Reduced slots in age group 5☐ Expanded hours 6☐ Reduced hours 7☐ Expanded ages served by one or more groups 8☐ Narrowed ages served by one or more groups 9☐ other change	1☐ Expanded ages served 2☐ Reduced ages served 3☐ Increased slots in age group 4☐ Reduced slots in age group 5☐ Expanded hours 6☐ Reduced hours 7☐ Expanded ages served by one or more groups 8☐ Narrowed ages served by one or more groups 9☐ other change	1☐ Expanded ages served 2☐ Reduced ages served 3☐ Increased slots in age group 4☐ Reduced slots in age group 5☐ Expanded hours 6☐ Reduced hours 7☐ Expanded ages served by one or more groups 8☐ Narrowed ages served by one or more groups 9☐ other change
A14b. For what age groups did you make this change? CODE ALL	1☐ Infant 2☐ Toddler 3☐ Preschool 4☐ School-age	1☐ Infant 2☐ Toddler 3☐ Preschool 4☐ School-age	1☐ Infant 2☐ Toddler 3☐ Preschool 4☐ School-age	1☐ Infant 2☐ Toddler 3☐ Preschool 4☐ School-age	1☐ Infant 2☐ Toddler 3☐ Preschool 4☐ School-age
A14c. What month and year did you make that change in service?	Month ☐ Year ☐	Month ☐ Year ☐	Month ☐ Year ☐	Month ☐ Year ☐	Month ☐ Year ☐
A14d. What was the main reason you made that change in service?					

A15. Does your program charge parents for any of the childcare services that you provide?

1 ☐ YES

2 ☐ NO ➔ (SKIP TO B1 [page 10])

A15A. Think about the last time you changed the standard prices your program charges parents for its program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	Very Important	Somewhat Important	Not Very Important	Not Important	NO STD PRICES
1 Covering increasing costs	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
2 Increasing profitability	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
3 Being affordable to parents	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
4 Matching the competition	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
5 Changes in gov't reimbursement rates	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
6 Other Specify: _____	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SCHEDULE

B1. 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

B2. During this interview, I will sometimes use the term 'services' and sometimes say 'care.' Please include everything your program offers children under age 13 when I use either word.

Does your program charge a penalty if a parent is 20 minutes late to pick up a child after your official closing time?

1 ☐   YES ->SKIP TO B2A

2 ☐   NO ➔ (SKIP TO INSTRUCTION BEFORE B7)

    B2a. If so, how much? _____

[IF R MENTIONED SATURDAY OR SUNDAY CARE ABOVE IN B1, SKIP TO INSTRUCTION BEFORE B4. OTHERWISE ASK B3.]

B3. Does your program ever provide services over the weekend?

1 ☐ Yes

2 ☐ No

[IF R MENTIONED EARLY MORNING OR EVENING CARE ABOVE IN B1, SKIP TO B5. OTHERWISE ASK B4]

B4. Does your program provide services for parents after 7pm or before 6am?

1 ☐ Yes

2 ☐ No

B5. Does your program permit parents to use your services on schedules that vary from week to week?

1 ☐ Yes ➜ (ASK B5a)

2 ☐ No ➜ (SKIP TO B5c)

3 ☐ DK/REF ➜ (SKIP TO B5c)

B5a. How many of the children in your program have schedules that vary from week to week?

☐ Number of children

B5b. 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

IF R DOES NOT CHARGE PARENTS (A15=2 NO), SKIP TO B6

B5c. Does your program permit parents to pay for and use varying numbers of hours of care each week?

    1 ☐   Yes, at their convenience➔ (SKIP TO B5d)

    2 ☐   Yes, from a set of schedule options ➔ (ASK B5c1)

    3 ☐   Yes, beyond a minimum number of hours ➔ (ASK B5c2)

    4 ☐   No ➔ (SKIP TO B6)

    5 ☐   DK/REF ➔ (SKIP TO B6)

B5c1. How many schedule options do you offer? _____ Options

B5c2. What is the minimum number of hours?

	Hours

B5d. How many of the children in your program have variation in the number of paid hours of care each week?

	Number of children

B5e. How far in advance do parents need to let people in your program know when they will be needing services?

	Number of 1 ☐ Hours
	2 ☐ Days
	3 ☐ Weeks

B6. 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 B7)

B6a. Does your program provide any help to parents in getting alternative care for the other weeks?

1 ☐ Yes

2 ☐ No

B7. 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.

		Yes	No
a.	sick care for children who are too sick to attend their regular activities	1 ☐	2 ☐
b.	holiday care when your regular program is not in session	1 ☐	2 ☐
c.	full-day programming for school-age children during the summer	1 ☐	2 ☐

B8. 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.

		Yes	No
a.	sick care for children who are too sick to attend their regular activities	1 ☐	2 ☐
b.	holiday care for children whose schools or other providers are closed	1 ☐	2 ☐
c.	summer hours for school-age children	1 ☐	2 ☐

ENROLLMENT

C1. You mentioned that your program serves the following age groups of children: [LIST AGE GROUPS FROM A10]

How many children do you serve in each of these age groups in your program at this site? INTERVIEWER: FILL IN AGE GROUPS FROM A10.

C1a. [ASK Q FOR EACH AGE GROUP] At this time, how many *more* children in this age group would your program be willing and able to serve? CODE 99 IF PROGRAM HAS NO LIMITS ON ADDITIONAL CHILDREN TO BE SERVED.

Age Group from A10	C1: Currently Enrolled	C1a: Additional Children
1.		
2.		
3.		
4.		
TOTAL		

C1b. That means that your program currently serves [TOTAL FROM C1 NOT INCLUDING CHILDREN 13 OR OLDER] children under age 13. Is that correct?

1 ☐ Yes

2 ☐ No ➔ RETURN TO C1 TOTAL AND CORRECT NUMBERS. IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL HERE:

[   ]

[IF C1 INCLUDES CHILDREN AGE 13 OR OLDER, READ:] This study focuses on care and education for children who are not yet in kindergarten as well as before and after-school programming for school-age children under age 13. In the remainder of this interview, please try to focus on the children under age 13 outside of the regular elementary or middle school day.

C2. Approximately how many children under age 13 attended your program yesterday? IF NEEDED: Please tell me about the last regular school day. IF NEEDED: You can give me the percentage of currently enrolled children who were present. Your best estimate is fine.

[   ] CHILDREN

OR

[   ] % present

C2a. Is this number of children about the usual, higher than usual, or lower than usual?

1 ☐ usual

2 ☐ higher than usual

3 ☐ lower than usual

C3. For these next questions, please think about the [NUMBER FROM C1 or C1b] children that your program regularly provides care for. How many of these children are boys?

| | Boys

C4. How many of the children have a physical condition that affects the way your program serves them?

| | Number of children

C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of the boys?

C5_1. | | Number of girls

C5_2. | | Number of boys

C6. About how many of the children are of Hispanic or Latino origin?

| | Number of children

C7. As far as you know, how many of the children are….

	Category	Number of children
a.	White	
b.	Black or African-American	
c.	Asian	
d.	Native Hawaiian or Other Pacific Islander	
e.	American Indian or Alaska Native	
f.	Of two or more races	

	g.	IF VOLUNTEERED, UNKNOWN:	

C8. Do you have any children that you usually care for…

		Yes	**No**
a.	4 hours or less each week?	1 ☐	2 ☐
b.	5 to 20 hours each week?	1 ☐	2 ☐
c.	21 to 39 hours each week?	1 ☐	2 ☐
d.	40 hours or more each week?	1 ☐	2 ☐

C9. How many hours per week do you consider full-time enrollment in your program?

☐ Number of hours

C10. 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

C10a. Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: For example, are there parents who need the help of an interpreter or a child to speak with their child's teacher?

1 ☐ Yes ➔ (ASK C10b)

2 ☐ No ➔ (SKIP TO C11)

C10b. 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

C10c. What languages do these families speak?

C11. What languages are spoken by your program staff when working directly with children? CODE ALL THAT APPLY.

1 ☐ English

2 ☐ Spanish

3 ☐ Other, specify: _____

C12. Does a federal, state or local agency such as a human services or education agency or department, or a welfare, employment or training program pay part or all of the cost for any of the children you serve?

1 ☐ Yes

2 ☐ No ➔ (SKIP TO D1, PAGE 20)

C12a. For which types of government-funded programs does your program provide care:

	Yes	No
1. State pre-kindergarten	1 ☐	2 ☐
2. Head Start	1 ☐	2 ☐
3. Public School Districts	1 ☐	2 ☐
4. Child Care subsidy programs such as CCDF or TANF	1 ☐	2 ☐
5. Title I	1 ☐	2 ☐
6. Other SPECIFY:_____	1 ☐	2 ☐

C12b. How many children are paid for partially or fully by a government agency or program?

☐☐☐ Number of children

C12c. Do the government agencies or programs that provide funds for your program

	Yes	No
1. provide a grant to support your overall program	1 ☐	2 ☐
2. provide in-kind support (e.g., free use of building space) to support your overall program	1 ☐	2 ☐
3. contract with you for a guaranteed number of slots	1 ☐	2 ☐

4.	pay you for vouchers or certificates given to parents	1 ☐	2 ☐
5.	pay the parents in cash	1 ☐	2 ☐
6.	some other way SPECIFY:_____	1 ☐	2 ☐

C12d. [IF C12c4=1 (YES):] 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 agency and use to pay for their child's care. The program can claim payment based on these certificates.

IF NEEDED: Your best estimate is fine.

☐ Number of children

C12e. [IF C12c3=1 (YES), ASK:] How many children are partially or fully paid for through contracts with governmental agencies?

☐ Number of children

C12f. What agencies do you have contracts with?

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

C13. Do you provide any transportation services for children coming to or going from your program?

1 ☐ Yes
2 ☐ No

C14. Does your program have any formal or informal relationships to coordinate care or share information for children in your program who also have other providers?

1 ☐ Yes ➔ (ASK C14A)
2 ☐ No ➔ (GO TO C15)

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C14a. What relationships does your program have? CODE ALL MENTIONS

    1 ☐   provide transportation to children

    2 ☐   provide access to resources or professional development for other providers

    3 ☐   Help parents find children to care for during hours or days that program does not provide care

    4 ☐   coordinate children's care or educational activities.

    5 ☐   Other (specify) _____

C15. Does your program have any formal or informal relationships with schools or other providers for other reasons?

1 ☐   Yes ➔ (ASK C15A)

2 ☐   No ➔ (GO TO D1)

C15a. What relationships does your program have? CODE ALL MENTIONS

    1 ☐   provide transportation to children

    2 ☐   provide access to resources or professional development for other providers

    3 ☐   Help parents find children to care for during hours or days that program does not provide care

    4 ☐   coordinate children's care or educational activities.

    5 ☐   Other (specify) _____

ADMISSIONS/MARKETING

D1. During January through March of this year, how many children did your program 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.

☐ Number of children

D2. During January through March of this year, how many new children did your program start taking care of?

☐ Number of children

D3. Which of the following do you do to try to find new children to enroll in your program?

		Yes	No
a.	List your services with a resource and referral agency	1 ☐	2 ☐
b.	Ask current or recent families to refer other families looking for care	1 ☐	2 ☐
c.	Answer advertisements or other notices looking for care, including on-line	1 ☐	2 ☐
d.	Post advertisements or flyers announcing openings, including on-line	1 ☐	2 ☐
e.	IF VOLUNTEERED: NEVER HAVE TO ADVERTISE	1 ☐	2 ☐

D4. [IF YES TO D3=1 (YES) FOR MORE THAN ONE SUB-ITEM, ASK:] Which of these methods is the main way that you find new children to enroll? ENTER CATEGORY FROM D3 ABOVE.

☐

D5. Which of the following do you do to help parents understand what kind of services you offer?

		Yes	**No**
a.	Talk with families who are looking for care	1 ☐	2 ☐
b.	Invite families looking for care to visit and observe	1 ☐	2 ☐
c.	Invite families looking for care to bring their children for a visit	1 ☐	2 ☐
d.	Ask current or recent families to provide verbal or written references to families looking for care	1 ☐	2 ☐
e.	Participate in on-line directories or encourage current or recent families to contribute publically available on-line reviews	1 ☐	2 ☐
f.	Apply for an overall rating of quality that parents are told about (for example, accreditation, tiered reimbursement)	1 ☐	2 ☐
g.	Let families looking for care talk with assistants or other people who help me care for children	1 ☐	2 ☐
h.	Other SPECIFY:_____	1 ☐	2 ☐

D6. The last time you had an opening, how long did it take you to find another child to enroll?

☐☐☐☐ Number of   1 ☐ Days ➔ (SKIP TO D7)

2 ☐ Weeks ➔ (SKIP TO D7)

3 ☐ Months ➔ (SKIP TO D7)

4 ☐ STILL HAVE OPENING ➔ (ASK D6a)

5 ☐ CHILD TAKEN FROM WAITING LIST ➔ (SKIP TO D7)

        D6a. How long have you had this opening so far?

        ☐☐☐☐ Number of   1 ☐ Days

2 ☐ Weeks

D7. 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

D8. In the past three months, have you told a parent that you won't care for a child anymore because of…

		Yes	No
a.	problems with the child's behavior	1 ☐	2 ☐
b.	[IF A15=1 (YES), ASK:] problems getting paid	1 ☐	2 ☐
c.	other issues with the parent	1 ☐	2 ☐
d.	you wanted to reduce your program's size	1 ☐	2 ☐

D9. How often in the last three months have you or someone else on your staff raised any of the following with a parent …

		Never	Monthly	Weekly	Daily
1.	parenting issues?	1 ☐	2 ☐	3 ☐	4 ☐
2.	[IF A15=1 (YES), ASK:] payment of program fees?	1 ☐	2 ☐	3 ☐	4 ☐
3.	coming late to pick up a child?	1 ☐	2 ☐	3 ☐	4 ☐
4.	the parents' ideas about how to care for their child?	1 ☐	2 ☐	3 ☐	4 ☐

D10. In the last three months, how often has a parent talked with you or someone else on your staff about any of the following…

		Never	Monthly	Weekly	Daily
1.	Something the child's teacher/caregiver is doing with the child or group	1☐	2☐	3☐	4☐
2.	The child's behavior and how parents can discipline the child at home	1☐	2☐	3☐	4☐
3.	The child's development and health	1☐	2☐	3☐	4☐
4.	How parents can support children's learning at home	1☐	2☐	3☐	4☐
5.	Recent family activities or events	1☐	2☐	3☐	4☐
6.	Stress parents are feeling about work, finances, and other family/partner relationships.	1☐	2☐	3☐	4☐

D11. The following questions are about various services that children and their families might require in addition to your program's basic offerings.

D11a. Are any of the following available to children on-site at your program, including by another organization that is located at your site? 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
D11b. Are development assessments available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	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

D11c. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	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
D11d. Are counseling services for children or parents available on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	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
D11e. 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. IF NEEDED: please include services offered by another organization that is located at your site.	1 ▯ Yes →	D11e_1. Does your program pay for this service? →	1□ Yes
			2 □ No
	2 ▯ No →	D11e_2. Does your program provide referrals to this service? →	1□ Yes
			2 □ No
D11f. [IF YES TO D11e_1 or D11e_2] In the last year, how many parents has your program provided with social services assistance, including referrals?		_____ Number of parents	

[IF R DOES NOT CHARGE PARENTS (i.e., A15=2 [no]), SKIP TO D13]

D12. 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 D12A)

2 ☐   No ➜ (SKIP TO D13)

D12a. About how many families have you done this for?

| | Number of families

STAFFING

E1. What is the total number of staff employed at this site to work in your program directly with children. Please include full-time and part-time workers. IF NEEDED: Please include only staff in the pre-K, before or after-school, or other childcare program we are discussing in this interview.

> [   ]

E2. Thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months?

> [   ]

E3. [IF E2 GREATER THAN 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

E4. 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.

> [   ]

E5. 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?

		Yes	No
a.	Funding to participate in college courses or off-site training?	1 ☐	2 ☐
b.	Paid time off to participate in college courses or off-site training?	1 ☐	2 ☐
c.	College coursework or training opportunities at your child care center?	1 ☐	2 ☐
d.	Mentors, coaches or consultants who visit and work with staff in their classrooms?	1 ☐	2 ☐

CARE PROVIDED

F1. How many groups or classrooms 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.

<table>
<tr><td>

</td><td>Number of groups [IF ONLY ONE GROUP SKIP TO F3]</td></tr>
</table>

*F2. [ASK ABOUT AGE GROUPS FROM A10, AGES OF CHILDREN SERVED.] How many of these groups serve [AGE GROUP FROM A10] children?

Age group from A10

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 ONE GROUP FROM THE GROUPS LISTED. DO NOT LET R SELECT GROUP.]

F3. I'm going to ask you some detailed questions about one randomly selected group. 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 selected groups are not typical of your program.

Group Name [   ]

F3a. How old is the youngest child in []?	_____ Years and _____ Months
F3b. How old is the oldest child in []?	_____ Years and _____ Months
F3c. How many children are currently enrolled in []?	_____ Number of children
F3d. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99.	_____ Number of additional children
F3e. How many hours per day are most of the children in this group at your program?	_____ Hours per day
F3f. During a typical activity period, how many assistant teachers or aides help with this group?	_____ Number of assistants/aides
F3g. During a typical activity period, how many lead	_____ Number of

teachers, other teachers or instructors are with this group?	_____ teachers
F3h. During a typical activity period, how many volunteers help with this group?	_____ Number of volunteers
ASK IF C12a1=1 (State pre-kindergarten) or C12a2=1 (Head Start) AND group includes children under age 6: **F3i.** Does this classroom include children who are enrolled in Head Start or pre-kindergarten	1☐ Yes 2☐ No

F4. Please tell me the names or initials of the lead teachers, other teachers, instructors, assistants or aides who work with this group.

[RECORD RESPONSES IN THE TABLE ON PAGE 31.]

F4a. Is [NAME] a lead teacher, other teacher, assistant teacher or aide?

F4b. Is [NAME] male or female?

F4c. How old is [NAME]? IF NEEDED: your best guess is fine.

F4d. Approximately how many hours per week does [NAME] usually work?

F4e. Is [NAME] of Hispanic or Latino origin?

F4f. Which of the following is [NAME] …SELECT ONE OR MORE.
   1☐ White
   2☐ Black or African American
   3☐ Asian
   4☐ Native Hawaiian or Other Pacific Islander
   5☐ American Indian or Alaska Native
   6☐ (IF VOLUNTEERED) OTHER

F4g. Does [NAME] have a 4-year college degree?

F4h. Does [NAME] have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher?

F4i. Does [NAME] have any training *outside of higher education* in child development or early care and education?

F4j. As far as you know, has [NAME] received any professional development or other training on working with young children in the past 12 months?

F4k. How long has [NAME] worked in your program?

F4l. How many years of experience does [NAME] have working with children under age 13? Please do not count any experience raising (his/her) own children.

F4m. How much is [NAME] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

F4n. Please tell me if [NAME] 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 program such as a retirement annuity, 401(k) or 403(b) plan
- 4 ☐   health insurance
- 5 ☐   paid time off, including sick leave, vacation or other personal time

F4 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
F4a. Role	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other	1☐ Lead 2☐ Tchr/Inst 3☐ Asst 4☐ Aide 5☐ Other
F4b. 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
F4c. Age							
F4d. Hours per week							
F4e. 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
F4f. Race	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) 　OTHER
F4g. 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
F4h. Certification Educ/Child dev	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
F4i. 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
F4j. 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
F4k. Yrs w/pgm							
F4l. Years in field							

Name/initials	1	2	3	4	5	6	7
F4m. 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
F4n. Benefits received	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off

ASK F4A-F4N FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT FOR THIS GROUP.

F5. [IF GROUP IS LESS THAN 6] Please tell me how children spent their day in your program yesterday/the last day your program met. (RECORD VEBATIM AND CODE IN CHART BELOW)

Activity codes:
1 outdoor time
2 physical activity
3 creative activities
4 teacher-directed instruction (such as learning animals, colors, numbers, letters)
5 Other teacher-directed group activities, such as reading aloud or storytelling
6 Activities chosen by child
7 socializing with other children
8 basic needs (sleep, toilet, food)

Start time	Stop time	Activity verbatim	Activity code
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8

F5A. [IF GROUP IS SCHOOL-AGED] Now please tell me how children in [this group] spent their day in your program yesterday/the last day your program met.
(RECORD VEBATIM AND CODE IN CHART BELOW).

Activity codes:
1 academic activities (tutoring, homework help, college prep, etc.)
2 Arts/Cultural enrichment (arts, music, cooking, going to museums, multicultural awareness, etc.)
3 Physical or Athletic activities
4 Social or Recreational activities
5 Community service/civic engagement
6 Technology (computer programming/web site design)
7 socializing with other children
8 Supervised free time

Start time	Stop time	Activity verbatim	Activity code
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8
			1 2 3 4 5 6 7 8

F5B. [FOR EACH AGE GROUP LISTED IN A10:] Indicate the extent to which the management and staff of this program 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:

		Objective Rating				
		Age group1	Age group 2	Age group 3	Age group 4	Age group 5
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: _____					

F6. 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

F7. 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

F8. 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

F8a. Does this program use a curriculum or content standards ?

1 ☐ Yes
2 ☐ No

F9 Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?

1 ☐ Yes ➔ (ASK F9a)
2 ☐ No ➔ (GO TO F11)

F9a. Is this person located at your site or somewhere else in the community?

1 ☐ On-site full-time

       2 ☐   On-site part-time

       3 ☐   Off-site

F10. Do you feel you and your staff have the resources you need to address concerns raised by parents?

   1 ☐   Yes

   2 ☐   No

F11. 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

F12. In the past 12 months, were you visited by any regulatory agency?

   1 ☐   Yes ➔ (ASK F12a)

   2 ☐   No ➔ (GO TO G1)

    F12a. Was the visit announced or unannounced?

       1 ☐   announced

       2 ☐   unannounced

FINANCES

G1. 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, SAY: Please answer the following questions about the calendar year 2010.

G1A. What is the most common full-time enrollment rate charged in your program for each age group? Indicate whether the amount charged is hourly, daily, weekly, or monthly. This must be your usual non-subsidized rate charged to the private sector.
[INTERVIEWER: FILL IN AGE GROUPS FROM A10]

Age Groups from A10	Rate	Per Hour, Day, Week, or Month?
1.	$	H D W M
2.	$	H D W M
3.	$	H D W M
4.	$	H D W M
Special Needs	$	H D W M
Discount for additional children	$	H D W M

G1B. How many different rate structures do you have? (i.e., part-time, full-time, etc.)

_____

G2. For that year, approximately what were the total revenues of your program at this site? Your best guess will be fine.

INTERVIEWER: If R OVERSEES MULTIPLE PROGRAMS (A10 = 2 OR MORE [PAGE 5]) AND IS NOT ABLE TO REPORT ON PROGRAMS TOGETHER, SELECT 1 PROGRAM AND ASK R TO PROVIDE FINANCIAL INFORMATION ON THAT PROGRAM.

Selected Program [   ]

$ [ ][ ][ ] , [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

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 G2A.

G2A. [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

G3. Please tell me your revenues for the year ending (END DATE FROM G1) for your program at this site. Your best guess will be fine. (IF AMOUNT DK/Ref, ASK "Received at all"?)

Revenue Category	Amount [IF DK/REF →]	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
e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned above)	$ ☐☐☐ , ☐☐☐ , ☐☐☐ . ☐☐	1☐ Yes 2☐ No
f. Child and Adult Care Food Program	$ ☐☐☐ , ☐☐☐ , ☐☐☐ . ☐☐	1☐ Yes 2☐ No
g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	$ ☐☐☐ , ☐☐☐ , ☐☐☐ . ☐☐	1☐ Yes 2☐ No
i. Other SPECIFY: _____	$ ☐☐☐ , ☐☐☐ , ☐☐☐ . ☐☐	1☐ Yes 2☐ No

COSTS

H1. 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.

$ [ ][ ][ ] , [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

H2. 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

H3. 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. What are the amounts of the following?	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.)	$ [ ][ ][ ] , [ ][ ][ ] , [ ][ ][ ] . [ ][ ]

H4. 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 the value of donated time & other items.

[ ][ ][ ] %

H5.   May I record your title? _____

Name/initials	
H5a. Are you…?	1☐ Male 2☐ Female
H5b. How old are you?	
H5c. Approximately how many hours per week do you usually work?	
H5d. Are you of Hispanic or Latino origin?	1☐ Yes 2☐ No
H5e. Which of the following are you?	1☐ White 2☐ Black 3☐ Asian 4☐ NHOPI 5☐ AI/AN 6☐ (VOL:) OTHER
H5f. Do you have a 4-year college degree?	1☐ Yes 2☐ No 3☐ DK
H5g. Do you have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher?	1☐ Yes 2☐ No 3☐ DK
H5h. Do you have any training *outside of higher education* in child development or early care and education?	1☐ Yes 2☐ No 3☐ DK
H5i. Have you received any professional development or other training on working with young children in the past 12 months?	1☐ Yes 2☐ No 3☐ DK
H5j. How long have you worked in your program?	
H5k. How many years of experience do you have working with children under age 13? Please do not count any experience raising you own children.	
H5l. How much are you paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED	$ _____ per 1☐ hour 2☐ day 3☐ week 4☐ month 5☐ year 6☐ other
H5m. Please tell me if you receive any of the following benefits: READ ALL CATEGORIES	1☐ reduced tuition 2☐ training funds 3☐ rtrmt 4☐ life insurance 5☐ health insurance 6☐ paid parental leave 7☐ paid time off

Selection of staff for the work force survey

H6. We are also conducting a survey on staff who are in direct contact with children whether or not they are full time or part time. You've indicated that the following teachers or aides work in the classroom we discussed:

[BRING OVER LIST FROM F4]

_____

_____

_____

_____

Is there someone else who also usually work in this classroom whether they work today or not and whether they work full time or as a floater?

YES->ADD TO THE LIST

NO->GO TO H7

H7. Xxx is randomly selected to participate in this work force survey. Is he/she available to talk to me now?

YES➔GO TO WORKFORCE SURVEY

NO➔GO TO H8

H8. Does she/he have a phone number that I can call or can I leave this letter for him/her?

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