

## Workforce Provider Questionnaire

Revised 01/20/11

### Introduction

Hello, my name is [NAME] and I am from NORC at the University of Chicago. We are conducting a study about the experiences of people who provide care for children under age 13. This study is sponsored 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. The interview takes about 20 minutes to complete and any information you provide will be kept confidential and only be used for research purposes.

Taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. 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. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

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

## A. Characteristics of the ECE and School-age Program Workforce

### I. Demographic Characteristics:

[CB-provider Quex items]

**A1a.** Are you a lead teacher, other teacher, assistant teacher or aide?

**A1b.** Are you a male or female?

**A1c.** How old are you?

**A1e.** Are you of Hispanic or Latino descent?

**A1f.** Which of the following are you? Please 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

**A2.** What language do you feel most comfortable speaking?

- 1  English
- 2  Spanish
- 3  Other: \_\_\_\_\_

**A2a.** Do you speak any other languages?

- 1  Yes
- 2  No

**A2b.** What else do you speak?

- 1  English
- 2  Spanish
- 3  Other: \_\_\_\_\_

**A3.** In what country were you born?

**A3a.** (IF BORN OUTSIDE OF THE U.S.) In what year did you move to the U.S. to stay?

**A4.** What is your current marital status?

- 1  Never married
- 2  Married
- 3  Separated
- 4  Divorced
- 5  Widowed

**A5.** [Question about household composition]

**A6.** Approximately what was your total household income in 2008? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

 Dollars

IF DK/REF, ASK J23b.

**A6a.** Was that before or after taxes and deductions?

- 1  before taxes or deductions
- 2  after taxes or deductions

**A6b.** I understand that it can be difficult to remember or report these numbers. I wonder if you can tell me an approximate range. Please stop me when I read the category that you think best describes your total household income in 2008 before taxes or deductions.

- 1  0 to \$7,500
- 2  \$7,501 to \$15,000
- 3  \$15,001 to \$22,500
- 4  \$22,501 to \$30,000
- 5  \$30,001 to \$45,000
- 6  \$45,001 or more

**A6c.** Approximately how much of your household income in 2008 came from your work taking care of children?

- 1  Almost all
- 2  More than half
- 3  About half
- 4  Less than half
- 5  Very little

## **II. Qualifications:**

**A7a.** Do you have a 4-year college degree?

**A7b.** 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?

**A7c.** Do you have any training *outside of higher education* in child development or early care and education?

**A7d.** Have you received any professional development or other training on working with young children in the past 12 months?

**A7e.** How long have you worked in your program?

**A7f.** How many years of experience do you have working with children under age 13?  
Please do not count any experience raising your own children.

**A8.** What is the highest grade or level of schooling that you have ever completed?  
(READ IF NECESSARY)

- 1  8th GRADE OR LESS
- 2  9th-12th GRADE NO DIPLOMA
- 3  HIGH SCHOOL GRADUATE OR GED COMPLETED
- 4  SOME COLLEGE CREDIT BUT NO DEGREE
- 5  ASSOCIATE DEGREE (AA, AS)
- 6  BACHELOR'S DEGREE (BA, BS, AB)
- 7  GRADUATE OR PROFESSIONAL DEGREE

**A9.** Are you currently enrolled in a degree program?

- 1  Yes
- 2  No

**A10.** [IF A8 GREATER THAN OR EQUAL TO 4 (some college credit but no degree) **OR** A9=1 YES, ASK A10a-c] Do you have a degree in...

	Yes	No
<b>a.</b> child development or early care and education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b.</b> special education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>c.</b> elementary education?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A11.** [IF A8 GREATER THAN OR EQUAL TO 4 (some college)] In the past 12 months, how many credits have you earned for college coursework focusing on child development, education or early childhood?

Number of credits

**A12.** Do you have some form of certification to teach young children?

1  Yes

2  No

**A13.** Do you have some form of certification as a special education teacher or elementary school teacher?

1  Yes

2  No

**A14.** [Additional question about training or certification for specific groups of children (special needs, English Language Learners, etc.)]

**A15.** Do you have any training *outside of higher education* in child development or early care and education?

1  Yes

2  No → (SKIP TO J13)

**A16.** In the past 12 months, how many total hours would you say you've spent learning more about caring for children? In your total, include all sources of training. These range from videotapes, the internet, and study materials to study groups, professional meetings, and conferences. Please answer in terms of actual hours of time spent.

Number of hours

**A17.** How long have you been caring for children under age 13, not including raising any of your own children?

Years and  Months

**A17a.** How many of those years did you care for children under age 13 as an employee of a center or other organization serving children?

Years and  Months

**A18.** Have you participated in any of the following types of early childhood training activities during the past 6 months? Please circle *Yes* or *No* and check the content area of training.

[Type of training (have you experienced this type of training?)]

- a. Workshops (Yes/No)
- b. Ongoing consultation from a specialist (Yes/No)
- c. Visits to other child care classes (Yes/No)
- d. Professional Organization Meetings (Yes/No)
- e. Courses at high school (Yes/No)
- f. Courses at a community college or four-year college (Yes/No)

[For each of the above “yes” responses] **Which of these content areas were covered in this type of training? (Check all that apply)**

- child development (language, motor, cognitive, social, and emotional development)
- behavior management
- health and safety (CPR, nutrition)
- child care environment
- serving children who have disabilities
- working with families and other professionals
- planning individual and group activities
- other (please list) \_\_\_\_\_

**A19.** [Question about participation in professional registries]

**A20.** [Question about professional associations]

**A21.** [Question about union participation and perceived benefits and costs of such participation]

**A22.** [Question about supervision and support from provider leadership]

### **III. Compensation and employment status:**

**A23.** [Question about years of general work experience]

**A24.** Approximately how many hours per week do you usually work?

**A24a.** [Question, if part-time, about whether from PT from preference or employment availability]

**A24b.** [Question about frequency of reduced or increased hours]

**A25.** [Question about supervisory experience – ECE and other ; age group(s) of children for whom they are responsible]

**A26.** How much are you paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

**A27.** Please tell me if you receive 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

**B. Activities and passive pursuits: amount and percent of time spent on:**

**B1.** 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

**B1a.** [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

**B2.** 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

**B3.** 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

**B4.** 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

## **C. Staff attitudes and orientation to caregiving:**

### **I. Perception of caregiving role**

#### **C1. How often do the following things happen at work?**

(Response options: Rarely, sometimes, most of the time)

- C1a.** Parents come late to pick up their children
- C1b.** Parents blame their child's bad behavior on day care
- C1c.** Children with behavior problems are hard to deal with
- C1d.** I know the children are happy with me
- C1e.** I have one-on-one time with the children
- C1f.** There are major sources of stress in the children's lives that I can't do anything about
- C1g.** I have to work long hours
- C1h.** All the children need attention at the same time
- C1i.** I know that I am appreciated by the parents
- C1j.** I feel respected for the work that I do
- C1k.** I have to provide coverage for other teacher's classrooms
- C1l.** There are enough adults in my classroom to give me help
- C1m.** I have enough help from childhood consultants

#### **C2. How much control do you have over the following things at work?**

(Response options: Rarely, sometimes, most of the time)

- C2a.** The types of daily activities you do
- C2b.** Getting children to do what you want
- C2c.** Getting the parents to be consistent with you in how to deal with a child
- C2d.** Taking time off from work when you need it
- C2e.** Taking time by yourself during the workday

#### **C3. Please share with us your beliefs about children's early**

**learning:** (Response options: Disagree, Neither agree nor Disagree, Agree)

- C3a.** Basic skills (such as learning letters and numbers) should be the teachers top priority
- C3b.** Teachers should not emphasize right and wrong answer
- C3c.** Children best learn through active, self-initiated exploration
- C3d.** It is important for children to follow the teacher's plan of activities

**C4. Please share with us your beliefs about children’s behavior:**

(Disagree, Neither agree nor Disagree, Agree)

- C4a.** Sometimes one child with a lot of problems can be very disruptive to the class
- C4b.** I often feel that I do not have control over the classroom
- C4c.** My classroom becomes so noisy that I feel very irritated
- C4d.** I am confident about other teachers’ skills in managing my classroom
- C4e.** Sometime a child will deliberately misbehave to get me upset
- C4f.** Some children do things that I do not know how to handle
- C4g.** Sometimes I feel hopeless about certain children in the group
- C4h.** I sometimes have to send a child to the director’s office
- C4i.** My children know how to follow classroom rules and routines

**C5.** [FOR EACH AGE GROUP LISTED IN A10:] Indicate the extent to which the you consider each of the following to be an objective or goal of your 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
<b>a.</b>	Provide a safe environment for kids after school	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>b.</b>	Help kids to improve academic performance (e.g., grades, test scores)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>c.</b>	Help kids to develop socially	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>d.</b>	Provide cultural opportunities for kids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>e.</b>	Provide physical or recreational activities for kids	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>f.</b>	Prevent risky behavior	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>g.</b>	Other DESCRIBE: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## II. Teacher-parent relationships, sensitivity to parent needs, family support

C6. [Question about how active parents are and should be in ECE and school-age programs]

C7. How important are the following to you:

	Very Important	Somewhat Important	Not very Important	Not at all Important
a. Your relationships with parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Understanding what parents' schedules are like?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Flexibility in working with parents' schedules?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Paying attention to suggestions parents make about caring for their children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

C8. [READ] 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, how the parent works with the care provider, etc.

**C8a.** 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 **your program provides to children [under age 3/aged 3 to 5/school-age]**. In terms of:

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

**C9.** How often in the last three months have you raised any of the following with a parent ...

	<b>Never</b>	<b>Monthly</b>	<b>Weekly</b>	<b>Daily</b>
<b>1.</b> parenting issues?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>2.</b> [IF A20=1 (YES), ASK: ] payment of program fees?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>3.</b> coming late to pick up a child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>4.</b> the parents' ideas about how to care for their child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**C10.** In the last three months, how often has a parent talked with you about any of the following...

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

**C11.** The following questions are about various services that children and their families might require in addition to your program’s basic offerings.

<b>C11a.</b> 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 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
<b>C11b.</b> 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 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
<b>C11c.</b> 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 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
<b>C11d.</b> 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 <input type="checkbox"/> Yes →	Does your program pay for this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No
			1 <input type="checkbox"/> Yes

<b>C11e.</b> 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 <input type="checkbox"/> Yes →	Does your program pay for this service? →	2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No →	Does your program provide referrals to this service? →	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>C11f.</b> [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?		<input type="text"/> Number of parents	

**C12.** [Question about the importance of consistent learning and discipline styles between home and ECE and school-age programs]

[IF R DOES NOT CHARGE PARENTS, SKIP TO C14]

**C13.** 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)

**C13a.** About how many families have you done this for?

Number of families

### III. Job satisfaction, morale, perception of management, staff emotional status/depression

**C14** Do you have access to a family support resource/mental health consultant/guidance counselor?

- 1  Yes → (ASK C14a)
- 2  No → (GO TO C16)

**C14a.** 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

**C15.** Do you feel you have the resources you need to address concerns raised by parents?

- 1  Yes
- 2  No

**C16.** Would you say that you feel overwhelmed by the concerns parents share with you...?

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

**C17.** The care that a child receives can vary for many reasons. The environment they're in, the money and resources available to the person providing care, the child's own behavior, etc.

**C17a.** What is the main reason that you care for children? RECORD VERBATIM AND CODE

- 1  To earn money
- 2  To have a job that lets me work from home
- 3  To help children's parents
- 4  To help children

**C17b.** What do you see as your main responsibility when caring for children? RECORD VERBATIM AND CODE

- 1  Help their development
- 2  Keep them safe/ out of trouble
- 3  Provide them love and nurturing
- 4  Teach them values
- 4  Help them learn so they can do well in school

**C18.** [Question about desired attributes of employment (wages/benefits, stability, professional growth, respect, collegiality, location, hours) and the degree to with those desired attributes are met]



- C19.** [Question about perceptions of management (how supportive, respectful, collaborative, well-organized, flexible, positive feedback)]
- C20.** [Question about aspects of job liked most vs. aspects that are most difficult or troubling]

**IV. Knowledge and perception of quality improvement initiatives (QII)**

**C21.** [Question about awareness of QII in state/community; awareness of participation by employing facility/program]

**C22.** [Question about the value of employing-facility participation, such as the value of coaching, mentoring, and consultation]

**C23.** [Question about the desirability of QII]

**C24.** [Question about the perceived opportunities for professional growth offered]

**C25.** Some programs provide support for staff seeking training or professional development opportunities. Does your program provide any of the following for your teachers, assistant teachers, or aides?

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

**C26.** [Question about perceived opportunities for increased compensation offered]

**C27.** [Question about other potential benefits and potential threats or costs from QII]

**C28.** These next questions are about supervision in your program.

	Yes	No
<b>a.</b> In the past year have you or someone else observed each of the groups in your program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<b>b.</b> Was feedback provided to the staff observed based on these observation(s)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

<b>c.</b> Do salary decisions take into account what is observed or how staff respond to feedback provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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**D. Relationship of staff characteristics, activities, and attitudes to organizational and community attributes:**

[many of these items are already asked in the center-based provider quex and may be unnecessary to duplicate here.]

**I. Provider organization**

**D1a.** Is your program for profit, not for profit, or is it run by a government agency?

- 1  for profit (SKIP TO D2)
- 2  not for profit
- 3  run by a government agency
- 4  OTHER, SPECIFY: \_\_\_\_\_

**D1b.** 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 D2)
- 2  Sponsored (ASK D9c)
- 3  DK/Ref (SKIP TO D2)

**D1c.** 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.

**D2.** 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

**a. Children in Care**

**D3.** 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

**D4.** [Question about SES of children in program]

**D5.** How many of the children have a physical condition that affects the way your program serves them?

Number of children

**D6.** How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of the boys?

**D6a.**  Number of girls

**D6b.**  Number of boys

**D7.** 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

**D7a.** 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 D7b)

2  No → (SKIP TO D8)

**D7b.** 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

**D7c.** What languages do these families speak?

**D8.** What languages are spoken by your program staff when working directly with children?  
CODE ALL THAT APPLY.

1  English

2  Spanish

3  Other, specify: \_\_\_\_\_

**D9.** You mentioned that your program serves the following age groups of children: [LIST AGE GROUPS FROM D3]

How many children do you serve in each of these age groups in your program at this site?  
INTERVIEWER: FILL IN AGE GROUPS FROM D3.

**D9a.** [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 D3	D9a_1: Currently Enrolled	D9a_2: Additional Children
1.		
2.		
3.		
4.		
TOTAL		

**D9b.** 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 D9a\_1 TOTAL AND CORRECT NUMBERS. IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL HERE:

**b. Community characteristics**

**D10a.** 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 D3]

Age Groups from D3	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

**D10b.** How many different rate structures do you have? (i.e., part-time, full-time, etc.)

**D11.** 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 D12)