



National Survey of **Early Care & Education**

*Center-Based Provider
Questionnaire*

CAPI INTRODUCTION:

Hello. My name is _____ and I am from NORC at the University of Chicago. We are conducting a study about the supply of early care and education, including after-school programs, available for children under age 13. It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help governments at all levels better understand and support the child care and early education services most needed in your area.

This interview takes about 35 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

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?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY->GO TO A1
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED->TURN OFF RECORDING FEATURE AND GO TO A1

WEB: Thank you for taking part in this study, which is about the early care and education or after-school programs available for children under age 13. It is funded by the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the governments at all levels better understand and support the child care and early education services that are most needed in your area.

This interview takes about 35 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

1. CONTINUE→GO TO A1

A1. This interview collects data about all of the early care and education and school-age care services for children under age 13 offered by your at this address. We have those listed as: [LIST SERVICES HERE].

We will use the term ‘program’ to refer to these services. [IF K-6 SCHOOL] We will not be asking about regular elementary school (grades k through 6) that you may provide, but we do want to know about pre-kindergarten as well as before and after-school services for school-age children.

First, in what kind of building is **your** program located? Please choose one only for each building your program occupies.

- 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., ORGANIZATION IS THE SOLE OCCUPANT)
 - 9 HOME, APARTMENT, OR OTHER RESIDENTIAL STRUCTURE → A1A.
- What percent of the space is used exclusively by the program?

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 %

- 10 Other, specify _____

99 Don't know/Refused/blank (in web)

A2. Is your program for profit, not for profit, or is it run by a government agency?

- 1 FOR PROFIT (SKIP TO A5)
- 2 NOT FOR PROFIT → A3
- 3 RUN BY A GOVERNMENT AGENCY → A3
- 4 OTHER, SPECIFY: _____ → A3

99 DON'T KNOW/REFUSED/BLANK (IN WEB) → A3

A3. Is your program independent or is it sponsored by another organization? 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 A7)
- 2 SPONSORED (ASK A4)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) → A7

A4. What type of organization sponsors your program? (CAPI: USE OPTIONS TO PROBE AS NEEDED. SELECT ALL THAT APPLY. WEB: SHOW OPTIONS.)

- 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 _____
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB)

[IF A2=1 OR 2 (FOR PROFIT OR NOT FOR PROFIT), ASK A5. ELSE GO TO A7].

A5. Is your organization independently owned & operated, a franchise, or part of a chain,?

- 1 INDEPENDENTLY OWNED & OPERATED (SKIP TO A7)
- 2 FRANCHISE (ASK A6)
- 3 CHAIN (ASK A6)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) (SKIP TO A7)

A6. About how many centers are in the chain you are part of?

- 1. Less than 10
- 2. 10 to 39
- 3. 40 or more

A7. How long has your program been operating in its current location?

Years and Months

A8. What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13.

8A9. Next are a few more questions for each age group you just mentioned. How many children are currently enrolled in [FILL IN AGE GROUP] in your program at this site?

RANGE: 0-999

A10. How many of these children are currently enrolled full time?

RANGE: LESS THAN C1_1 FOR THIS ROW.

A11. At this time, how many *more* children in [FILL IN AGE GROUP] would your program be willing and able to serve? Use the code 999 if your program has no limits on the number of additional children to be served for this age group. RANGE: 0-999

[SHOW GRID ON CAPI AND WEB]

Age Group from A8	A9: Currently Enrolled	A10: Currently Enrolled Full Time	A11. Additional children
1.			
2.			
3.			
4.			
TOTAL (RANGE: 0 TO 999)			

SCHEDULE AND RATES

B1. Please provide the hours that your program was open for children **last week, beginning with last Monday.**

B2. Was there an additional time slot you were open on Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday?

	Start Time		End Time	
Monday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

B3: Were your operating hours last Monday the same as another day last week? CHECK ALL THAT APPLY.

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY

B4: (FOR DAYS NOT SELECTED ON B1_1, ASK:) Please provide the hours that your organization was open last (DAY OF WEEK)?

Start Time	End Time
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DISPLAY CHECK BOX "CLOSED ON THAT DAY"

[ASK B4 UNTIL ALL DAYS OF WEEK ARE ASKED]

B5. Do you have any families that pay for their children to attend this program, or do all children attend this program free of charge?

- 1. SOME OR ALL FAMILIES PAY → ASK B6
- 2. NO FAMILIES PAY → ASK B16
- 3. DK/REF/BLANK → ASK B16

B6. Does your program have a rate that you charge families for full-time care for the following ages?

Infants less than 12 months old?	HAVE A RATE	NO RATE AVAILABLE
2 year olds?	HAVE A RATE	NO RATE AVAILABLE
3 year olds?	HAVE A RATE	NO RATE AVAILABLE
4 year olds?	HAVE A RATE	NO RATE AVAILABLE
School-age children?	HAVE A RATE	NO RATE AVAILABLE

[ASK B7 THROUGH B14 FOR EACH AGE GROUP MARKED 'HAVE A RATE' IN B6.]

B7. What is the highest rate you are currently charging families for **full-time** enrollment for [AGE GROUP FROM B6], without any subsidies ?

\$ _____ per

B7a. Is that per

- 1 hour → ASK B15
- 2 ½ day → ASK B8.
- 3 full day → ASK B8
- 4 week → ASK B9
- 5 month → ASK B10
- 6 term/semester/quarter → ASK B11
- 7 year → ASK B11
- 8 OTHER (PLEASE SPECIFY) _____ → ASK B13.
- 9. DK/REF/BLANK → ASK B15

IF B7A=2 OR 3, ASK B8. ELSE GO TO INSTRUCTION BEFORE B9.

B8. How many hours is that?

IF B7A=4, ASK B9. ELSE GO TO INSTRUCTION BEFORE B10.

B9. How many hours does that cover?

IF B7A=5, ASK B10, ELSE GO TO INSTRUCTION BEFORE B11.

B10. How many hours per week does that cover?

IF B7A=6 OR 7, ASK B11. ELSE GO TO INSTRUCTION BEFORE B13.

B11. How many weeks is that?

B12. How many hours per week does that cover?

IF B7a=8, ASK B13. ELSE GO TO B15.

B13. What is the weekly equivalent of that rate? _

\$ _____

B14. How many hours per week does that cover?

B15. (Does this rate/Do these rates) reflect any large discount or add on? That is, a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)?

1. YES, DISCOUNT
2. YES, ADD-ON
3. NO
4. OTHER (SPECIFY:)
5. DK/REF/BLANK

B16. Does your program charge a penalty if a parent is late to pick up a child after your official closing time?

- 1 YES
- 2 NO
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB)

B17. Does your program permit parents to use your services on schedules that vary from week to week?

- 1 YES → (ASK B18)
- 2 NO → (SKIP TO B19)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) → SKIP TO INSTRUCTION BEFORE B19

B18. How many of the children in your program have schedules that vary from week to week?

Number of children

RANGE: 0-999

IF R DOES NOT CHARGE PARENTS (B5=2 or 3 (NO/DK/REF/BLANK), SKIP TO B21)

B19. Does your program 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
- 3 YES, BEYOND A MINIMUM NUMBER OF HOURS
- 4 NO → (SKIP TO B21)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) → (SKIP TO B21)

B20. How many of the children in your program have variation in the number of paid hours of care each week?

Number of children

RANGE: 0-999

B21. How many weeks per year does your program provide care for children under age 13?

Number of weeks

99 DON'T KNOW/REFUSED/BLANK (IN WEB)

RANGE: 1-52

ENROLLMENT AND REVENUES

C1. Approximately how many children under age 13 attended your program yesterday? If yesterday was not a regular day for your program, please think about the last regular day your program was open.

CHILDREN

RANGE: 0-999

If DK/REF/BLANK, ASK:

C2: What percent of your currently enrolled children were present yesterday or the last regular day your program was open. Your best estimate is fine.

% present

C3. How many of the children currently enrolled in your program have a physical condition that affects the way your program serves them?

Number of children

RANGE: 0-999

C4. How many of the children have IEP/ISFP? (IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services.)

Number of children

RANGE: 0-999

C5. Again thinking about all children currently enrolled, about how many them are of Hispanic or Latino origin?

Number of children

RANGE: 0-999

C6. As far as you know, how many of the children are....

	Category	Number of children
a.	White	<input type="text"/>
b.	Black or African-American	<input type="text"/>
c.	Other	<input type="text"/>

(RANGE: 0-999 FOR ALL SUBITEMS)

C7. How many of the children in your program speak a language other than English at home?

Number of children

RANGE: 0-999

IF DK/REF/BLANK TO C7, THEN ASK:

C8: About what percent of the children in your program speak a language other than English at home?

% of children

C9: What percent of your children currently enrolled have a parent who needs the help of an interpreter or a child to speak with their child's teacher?

% of children

C10. What languages are spoken by your staff when working directly with children? SELECT ALL THAT APPLY.

1 ENGLISH

2 SPANISH

3 OTHER, SPECIFY: _____

C11. These next questions are about sources of revenue for your organization/program. For each source, please indicate whether or not your program receive any revenues from it.

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. (Does your program receive any revenues from this source?)

1 Yes

2 No

b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies). (Does your program receive any revenues from this source?)

1 Yes

2 No

c. Local government (e.g. Pre-K paid by local school board or other local agency, grants from county government). (Does your program receive any revenues from this source?)

1 Yes

2 No

d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program). (Does your program receive any revenues from this source?)

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 earlier). (Does your program receive any revenues from this source?)

1 Yes

2 No

f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events. (Does your program receive any revenues from this source?)

- 1 Yes
- 2 No

g. Is there another source from which your program receives any revenues?

- 1 Yes → g1. What is the additional source from which your program receives any revenues?
- 2 No

C12. Which of these are **the two largest** sources of revenue for your program?

[PROGRAMMER: SHOW CATEGORIES MARKED 'YES' IN C11. IF ONLY 1 OR 2 SOURCES REPORTED, SKIP TO NEXT ITEM.]

C12a. First source reported: _____

C12b. Second source reported: _____

[IF C11B,C,D OR E = 1(YES), THEN ASK C13, ELSE SKIP TO C15.]

C13. How many children in your program are funded by dollars from each of these agencies or government programs?

	# of Children
a. State pre-kindergarten	
b. Head Start	
c. Local Government (e.g, Pre-K funding from local school board or other local agency, grants from city or county government)	
d. Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)	
e. Title I	
f. Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)	
g. Other types of government funded programs including CCAFP	

RANGE: 0-999

C14. Do the government agencies or programs that provide funds for your program

	YES	NO
a. provide a grant to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. provide in-kind support (e.g., free use of building space) to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. contract with you for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. pay you for vouchers or subsidies to specific eligible parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. pay the parents directly	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. have some other payment arrangement	1 <input type="checkbox"/>	2 <input type="checkbox"/>

SPECIFY: _____		
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C15. Does your program provide any transportation services for children coming to or going from your program?

- 1 YES
- 2 NO
- 99 DK/REF/BLANK

C16. Does your program have any formal or informal relationships with other schools or programs to share access to resources or professional development?

- 1 YES
- 2 NO
- 99 DK/REF/BLANK

ADMISSIONS/MARKETING

D1. From October to December of 2011, about how many children did your program stop caring for? Please include children whose parents withdrew their children from care as well as children you didn't want to care for anymore. Your best estimate is fine.

Number of children

RANGE: 0-999

D2. From October to December of 2011, about how many new children did your program start taking care of? Your best estimate is fine.

Number of children

RANGE: 0-999

D3. Does your organization have an overall quality rating (for example, accreditation, tiered reimbursement or some other quality rating system?)

- 1. YES
- 2. NO → SKIP TO D5
- 3. DK/REF/BLANK → SKIP TO D5

D4. What agency or group provided your quality rating?

	Yes	No
a. NAEYC		
b. LOCAL R&R		
c. STATE OR LOCAL CHILD CARE AGENCY		
d. OTHER (SPECIFY: _____)		

D5. 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

D6. In the past three months, have you told a parent that you would not care for a child anymore because of problems with the child's behavior?

1. YES
2. NO
3. DK/REF/BLANK

D7. Children and their families sometimes need other services. In addition to basic early care and education, do you help children and their families get any of these services, either by providing it on-site or by providing referrals?

a. Health screening, such as medical, dental, vision, hearing or speech screening?

1. YES
2. NO
3. DK/REF/BLANK

b. Developmental assessments? (Do you help children and their families get this service, either by providing it on-site or by providing referrals?)

1. YES
2. NO
3. DK/REF/BLANK

c. Therapeutic services, such as speech therapy, occupational therapy or services for children with special needs? (Do you help children and their families get this service, either by providing it on-site or by providing referrals?)

1. YES
2. NO
3. DK/REF/BLANK

d. Counseling services for children or parents? (Do you help children and their families get this service, either by providing it on-site or by providing referrals?)

1. YES
2. NO
3. DK/REF/BLANK

e. Social services to parents such as housing or food assistance, access to medical care, or help getting assistance from government or private programs? (Do you help children and their families get this service, either by providing it on-site or by providing referrals?)

1. YES
2. NO
3. DK/REF/BLANK

[IF YES TO ANY ITEMS D7A TO D7E, ASK D8. ELSE GO TO SECTION E.]

D8. Does your organization pay for any of these services?

1. YES
2. NO
3. DK/REF/BLANK

D9. Does your organization provide verbal or written referrals for any of these services?

1. YES
2. NO
3. DK/REF/BLANK

SECTION E. STAFFING

E1. Next are some questions about staff employed at this site. What is the total number of staff employed at this site to work directly with children under 13? Please include full-time and part-time workers. Please include only staff in the pre-K, before or after-school, or other childcare program we are discussing in this survey.

RANGE: 0-999

E2. Please **only** think about staff who work directly with children under 13 and put them into four categories: aides, assistant teachers, teachers, and specialists. These four categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these four categories.

First, how many aides work in your program?

RANGE: 0-999

[IF E2>0 ASK E3. OTHERWISE GO TO E4.]

E3. How many of these aides are full-time?

RANGE: 0-999

e4. How many assistant teachers work in your program?

RANGE: 0-999

RANGE: 0-99

[IF E4>0, ASK E5. OTHERWISE GO TO E6.]

E5. How many of your assistant teachers are full-time?

RANGE: 0-999

E6. How many of your staff are teachers or lead teachers?

RANGE: 0-999

[IF E6>0, ASK E7. OTHERWISE GO TO E8.]

E7. How many of them are full-time teachers or lead teachers?

RANGE: 0-999

E8. How many specialists work in your program, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?

RANGE: 0-999

[IF E8>0, ASK E9. OTHERWISE GO TO E10.]

E9 How many of these specialists work full-time?

RANGE: 0-999

E10. Again, thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months?

RANGE: 0-99

E11. 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.

RANGE: 0-99

E12. 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 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Paid time off to participate in college courses or off-site training?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Mentors, coaches or consultants who visit and work with staff in their classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

E13. Do you provide any of the following benefits to your teachers, assistant teachers or aides?

a. (Do you provide) reduced tuition at your program (to your teachers, assistant teachers or aides)?

1. Yes
2. No

b. (Do you provide) retirement program such as a retirement annuity, 401(k) or 403(b) plan (to your teachers, assistant teachers or aides)?

1. Yes
2. No

c. (Do you provide) health insurance (to your teachers, assistant teachers or aides)?

1. YES
2. NO

SECTION F. CARE PROVIDED

[PROGRAMMER/INTERVIEWER: IMPORT AGE GROUPS FROM A8 AND RANDOMLY PICK ONE AGE GROUP AND SAVE THE SELECTED AGE GROUP AS F1_AGEGRP.]

F1_INTRO: Next are some detailed questions about one randomly selected group. This helps reduce the number of questions we need to ask you, but still gives us a sense overall of the range of offerings that providers have. For your program, [F1_AGEGRP] is randomly selected.

F1.How many groups or classrooms of children do you have for [F1_AGEGRP] ? Please include all groups in all of the programs or sessions that you offer for children in [F1_AGEGRP]. By group and classroom, 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 RANGE: 0-99
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F2. What are the names of these groups?

F1. [F1_AGEGRP]: [F1] number of groups	
F2: NAME OF GROUP	
1.	2.
3.	4.
5.	6.
7.	8.

PROGRAMMER: RANDOMLY SELECT ONE GROUP FROM THE GROUPS LISTED IN F2

F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.

Group Name

F3. First, how old is the youngest child in []?	_____ Years and _____ Months
F4. How old is the oldest child in []?	_____ Years and _____ Months
F5. IF MAXIMUM AGE IS 6 OR OLDER, ASK F5. OTHERWISE SET F5=2. Is this a school-age classroom?	1. YES 2. NO

F6. How many children are currently enrolled in []? RANGE: 0-99	_____ Number of children
F7. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99. RANGE: 0-99	_____ Number of additional children
F8. During the most recent activity period, how many lead teachers or teachers were there with this group?	_____ Number of teachers
F9. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group?	_____ Number of assistants/aides/helpers
F10. During the most recent activity period, how many children were there in this group?	_____ Number of children
IF C13>=1 (State pre-kindergarten) or C13>=1 (Head Start) AND group includes children under age 6: F11. Does this classroom include children who are enrolled in Head Start or pre-kindergarten?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

F12. Next are some questions about your staff who worked in this classroom last week. Including staff at any level, what are the first names of staff who worked in this classroom last week? If last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.

[RECORD RESPONSES IN THE TABLE ON THE NEXT PAGE. RECORD NAMES FIRST, THEN ASK LOOPS FOR ONE PERSON AT A TIME.]

F13. Which of the following best describes [NAME]'s role in your program: a lead teacher or instructor, a teacher or instructor, an assistant teacher or instructor, or an aide, or something else?

1. LEAD TEACHER/INSTRUCTOR
2. TEACHER/INSTRUCTOR
3. ASSISTANT TEACHER/INSTRUCTOR
4. AIDE
5. OTHER (SPECIFY: _____)

F14. Approximately how many hours per week did [NAME] work that week in this classroom?
RANGE: 0-999

F15. [IF F13=1-4 AND F14 ge 5, ASK:] Does [NAME] have a 2-year college degree, a 4-year college degree, or no college degree?

1. 2-YEAR
2. 4-YEAR
3. NONE

F16.[IF F13=1-4 AND F14 ge 5, ASK:] 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?

1. YES
2. NO

F17.[IF F13=1-4 AND F14 ge 5, ASK:] 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.
_____YEARS

F18. [IF F13=1-4 AND F14 ge 5, ASK:] How much is [NAME] paid?

- \$ _____per
- 1 hour
 - 2 day
 - 3 week
 - 4 month
 - 5 year
 - 6 other

RANGE: 0-99999

ASK F13-F18 FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT FOR THIS GROUP.

F19. Is a specific curriculum used for this group?

- 1 Yes → ASK F20
- 2 No → ASK F21
- 3 DK/REF/BLANK → ASK F21

F20 What is the name of the curriculum used?

[IF F4 LT 36 MONTHS (INFANT/TODDLER CLASSROOM):]

0. A curriculum we developed ourselves
1. The Creative Curriculum for Infants and Toddlers

2. The High/Scope Curriculum for Infants and Toddlers
3. Innovations Series Curriculum
4. Montessori Infant/Toddler Curriculum
5. The Program for Infant/Toddler Caregivers (PITC) Curriculum
6. Other (specify_____)
7. None

[IF 36 MONTHS LE F3B LE 66 MONTHS (PRESCHOOL CLASSROOM)]

0. A curriculum we developed ourselves
1. Bank Street Developmental Interaction Approach
2. The Creative Curriculum for Preschool
3. Galileo
4. The High/ Scope Curriculum for Preschool
5. LearninGames
6. Montessori Preschool Curriculum
7. Opening the World of Learning (OWL)
8. Preschool PATHS
9. Project Approach
10. Reggio Emilia Approach
11. Scholastic Early Childhood Program (SECP)
12. Waldorf Approach
13. Other
14. None

[IF SCHOOL-AGE CLASSROOM:]

0. A curriculum we developed ourselves
1. Afterschool Toolkit
2. Academic Content, Afterschool Style
3. Positive Behavior Interventions and Supports
4. Positive Action
5. Beyond the Bell
6. Other (specify_____)
7. None

F21. The rest of the questions are once again about your program in general, not just about selected classrooms. In the past 12 months, were you visited by any regulatory agency?

- 1▯ YES → (ASK F22a)
- 2▯ NO → (GO TO G1)
- 99▯ DK/REF/BLANK → (GO TO G1)

F22. Was the visit announced or unannounced?

- 1▯ ANNOUNCED
- 2▯ UNANNOUNCED

SECTION G: DEMOGRAPHICS

G1. Now we have a few questions about you. For classification purpose, what is your title?

- 1. Director
- 2. Director/Teacher
- 3. Lead Teacher
- 4. Other (please specify: _____)

G2. In what year were you born?

RANGE: 1900 TO 1982

G3. Approximately how many hours per week do you usually work at this program?

RANGE: 0 TO 99

G4. Are you of Hispanic or Latino origin?

- 1 Yes
- 2 No

G5. Which of the following are you? Please select one or more...

- 1 White
- 2 Black
- 3 Asian
- 4 Native Hawaiian or other Pacific Islander
- 5 American Indian or Alaska Native
- 6 OTHER

[IF R WAS ROSTERED IN THE RANDOMLY SELECTED CLASSROOM, SKIP TO G9]

G6. Do you have a 2-year college degree, or a 4-year college degree?

- 12-YEAR
- 2 4-YEAR
- 3 NO DEGREE

G7. 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

G8. 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

G9. How long have you worked in your program in your current role?

RANGE: 0-99

[IF R WAS ROSTERED IN THE RANDOMLY SELECTED CLASSROOM, SKIP TO G12]

G10. How many years of experience do you have working with children under age 13? Please do not count any experience raising you own children.

RANGE: 0-99

G11. How much are you paid? Your best estimate is fine.

\$ _____

per

1 hour

2 day

3 week

4 month

5 year

6 other

RANGE: 0-99999

G12. H5_Rbenefits

Do you receive health insurance or paid time off, such as sick leave or paid vacation?

1. YES, BOTH

2. ONLY HEALTH INSURANCE

3. ONLY PAID TIME OFF

4. NEITHER

[SELECTION OF STAFF FOR THE WORK FORCE SURVEY]

G13. As you know, attracting and keeping high-quality staff is a major issue for many early care and education programs. As part of this study, we are building the first national description of individuals working in early and school-age care classrooms. In addition to the information you have provided about staff at your program, we have some questions that people can only answer about themselves, such as their motivations for working in this field. This information will help policymakers and practitioners understand the challenges and opportunities for improving the early education workforce and better supporting individuals who want to work with young children. You've indicated that the following individuals worked at least 5 hours last week in the classroom we discussed:

[BRING OVER LIST FROM F12]

G14 Was there someone else who also worked in that classroom for at least 5 hours last week regardless of their role?

YES->ADD TO THE LIST

NO->GO TO G17

DK/REF/BLANK → go to G17

[FOR EACH INDIVIDUAL ADDED AT G14 ASK G15 AND G16:]

G15. Is his/her role more like an aide, assistant teacher, teacher/instructor, lead teacher, or something else?

- Aide
- Assistant teacher
- Teacher or instructor
- Lead Teacher
- Other (specify)

G16. How many hours did he or she work in that classroom last week (or the most recent usual week)?

_____ Hours

[PROGRAMMER: EXCLUDE 'OTHER' JOB CATEGORY AND RANDOMLY SELECT FROM ALL OTHERS WHO WORKED AT LEAST 5 HOURS IN THE REFERENCE WEEK, IN PROPORTION TO THEIR HOURS IN THE CLASSROOM THAT WEEK.]

G17. Xxx is randomly selected to participate in this work force survey. What is his/her full name so that we can contact her?

First Name:

Last Name:

G18. What language(s) does he/she usually speak? Please select all that apply

1. ENGLISH
2. SPANISH
3. OTHER (SPECIFY:_____)

G20. Does she/he have a phone number that we can call him/her at?

PHONE NUMBER:

G21. (FACE-TO-FACE INTERVIEW ONLY:) I would like to meet him/her to and introduce myself and this study.

THANK_END. Those are all of the questions we have for you today. We appreciate your taking the time to complete this survey.