ATTACHMENT B

CENTER DIRECTOR SELF ADMINISTERED QUESTIONNAIRE

MATHEMATICA
Policy Research

AFFIX LABEL HERE

ECE-ICHQ Project

Center Director

Self-Administered Questionnaire

Fall 2015

We appreciate your and your center's participation in the Assessing the Implementation and Cost of High Quality Care and Education study (ECE-ICHQ). The Administration for Children and Families within the U.S. Department of Health and Human Services is sponsoring the study to measure the cost of operating quality early education programs. They have contracted with Mathematica Policy Research, an independent research organization, to design and conduct the study.

As part of the study, we are conducting this survey to learn about your organization and what your center does to support the care and development of young children. This survey collects data about all of the early care and education services for children from birth to age 5 offered by your organization at this address.

Who Should Complete this Questionnaire? This questionnaire should be completed by the center director or person in an equivalent position.

How to Complete the Questionnaire? Many questions can be answered by simply placing a check mark or entering a number in the appropriate box. For some questions you will be asked to write in a brief response. For other questions, you will be asked to enter the number of children with particular characteristics who are served by your program. For questions that require a numeric response, you may enter numbers including decimal points, up to two places after the decimal (for example, 1.25). Please fill in all boxes, using a leading zero for numerical answers, if necessary. Please fill it out using a pen. If you make an error, please cross it out and write your intended answer next to it.

The answers you provide are very important, so please make them as complete as possible and take your time to answer each question as best you can. Some questions may not apply to your center and there are no right or wrong answers.

Voluntary Participation. Your participation is important and will help us understand the resources needed to offer quality early care and education. Your participation is voluntary and you may skip any questions you do not want to answer. Information you provide will be treated in a private manner, and the study will not identify individuals or centers in any of its reports.

Please complete this questionnaire within the next 5 days. Once complete, please send it back to [ADDRESS]. It will take approximately 3.5 hours in total to complete. Please record the amount of time you spent to complete this questionnaire in the space provided on the last page. This information will be helpful for planning our future data collection efforts. If you have any questions, please contact your project liaison at [PHONE] or eceichq@mathematica-mpr.com.

Thank you for your cooperation in completing this questionnaire.

A. CENTER CHARACTERISTICS

A1. **Is your center for-profit, not-for-profit, or is it run by a government agency?**

MARK ONE ONLY

₁ ☐ For-profit

₂ ☐ Not-for-profit

₃ ☐ Run by a government agency → GO TO B1

₄ ☐ Other *(specify)* _____

d ☐ Don't know

A2. **Is your center independently owned and operated, a franchise, or part of a chain?**

MARK ONE ONLY

₁ ☐ Independently owned & operated → GO TO B1

₂ ☐ Franchise

₃ ☐ Chain

d ☐ Don't know → GO TO B1

A2a. **About how many centers are in the franchise or chain that you are a part of?**

MARK ONE ONLY

₁ ☐ Fewer than 10

₂ ☐ 10 to 39

₃ ☐ 40 or more

d ☐ Don't know

B. ENROLLMENT

B1. **What is your current enrollment for the following age groups? To calculate full-time equivalent (FTE) enrollment, please assume that a full-time slot consists of 5 full days per week such that one half day = .1 FTE and one full day = .2 FTE.**

Age group	NUMBER OF CHILDREN (HEAD COUNT)	FTE ENROLLMENT
a. Infants (under 24 months)..	|__|__|__|	|__|__|__|
b. Toddlers (24-35 months)...	|__|__|__|	|__|__|__|
c. Preschool (3-5 years)...	|__|__|__|	|__|__|__|

B2. **Does your center serve any children ages 0-5 with special needs? This category includes those children with a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem.**

|__|__|__| NUMBER OF CHILDREN

d ☐ Don't know

B3. **How many of the children ages 0-5 have an IEP/IFSP?** *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

d ☐ Don't know

B4. **How many of the children ages 0-5 currently enrolled in your center speak a language other than English at home?** *Please provide either a number or a percentage.*

|__|__|__| NUMBER OF CHILDREN **OR** |__|__|__| % PERCENT OF CHILDREN

d ☐ Don't know

B5. **In the past 12 months, have you turned away children who wanted to enroll because you did not have an empty slot?**

MARK ONE ONLY

1 ☐ Yes

0 ☐ No

2 ☐ Children are placed on a waiting list

d ☐ Don't know

C. SCHEDULE

C1. **Please provide the hours that your center is typically open.**

	START TIME	CIRCLE ONE	END TIME	CIRCLE ONE	CHECK IF CLOSED ON THAT DAY
a. Monday	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM	1 ☐
b. Tuesday	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM	2 ☐
c. Wednesday	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM	3 ☐
d. Thursday	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM	4 ☐
e. Friday	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM	5 ☐

C2. **Does your center close for more than two consecutive weeks during any part of the year?**

1 ☐ Yes

0 ☐ No ➝ GO TO C3

C2a. **Please list the periods during which your center is closed for more than two consecutive weeks:**

1. _____   3. _____

2. _____   4. _____

C3. **How does your center define:**

	START TIME	CIRCLE ONE	END TIME	CIRCLE ONE
a. A full-day schedule	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM
b. A half-day schedule	|__|__|:|__|__|	AM/PM	|__|__|:|__|__|	AM/PM

C4. **Are children ages 0-5 in your center allowed to have schedules that vary from week to week?**

1 ☐ Yes

0 ☐ No

d ☐ Don't know   GO TO D1

C4a. **How many of the children ages 0-5 in your center have schedules that vary from week to week?**

\|__\|__\|__\| NUMBER OF CHILDREN

d ☐ Don't know

D. ACCREDITATION

D1. **Is your center accredited by the National Association for the Education of Young Children (NAEYC)?**

MARK ONE ONLY

1 ☐ Yes

0 ☐ No

d ☐ Don't know

D2. **Is your center accredited by another accrediting body?**

MARK ONE ONLY

1 ☐ Yes, please specify: _____

0 ☐ No

d ☐ Don't know

E. CARE PROVIDED

E1. Next are some detailed questions about each of the classrooms serving children ages 0-5 in your center. Please answer the questions in the following columns as they pertain to each classroom listed.

Classroom names	E1a. How old is the youngest child?		E1b. How old is the oldest child?		E1c. How many children are currently enrolled in this classroom? Of those, how many are full-day?		E1d. What is the legal licensed capacity for this classroom?	E1e. At this time, how many more children would you be willing and able to accept in this classroom?
	YEARS	MONTHS	YEARS	MONTHS	TOTAL CHILDREN	FULL DAY	NUMBER OF CHILDREN	NUMBER OF CHILDREN
a. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
b. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
c. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
d. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
e. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
f. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
g. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
h. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
i. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
j. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
k. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|
l. _____	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|	|__|__|

E2. Here are some additional detailed questions about the number of paid teaching staff (including teachers, assistant teachers, and aides) and children in each of the classrooms you listed above on a typical day. Please enter the name of each group you listed in column E1b in the left-hand column below and answer the questions in the following columns as they pertain to each group listed.

Classroom in E2	E2a. In the course of a typical day, what are the minimum & maximum number of paid teaching staff in this classroom?		E2b. In the course of a typical day, what are the minimum and maximum number of children in this classroom?		E2c. Does this classroom include children who are enrolled in Head Start or pre-kindergarten?	
	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM	YES	NO
a1._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a2._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a3._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a4._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a5._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a6._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a7._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a8._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a9. _____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a10._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a11._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐
a12._____	|__|__|	|__|__|	|__|__|	|__|__|	1 ☐	0 ☐

F. STAFFING

F1. **Next are questions about staff who work at your center. Categories listed for staff who work directly with children ages 0-5 may not be the terms used in your center. Please do your best to put staff working directly with children into one of the three categories (lead teachers, assistant teachers, and aides). We are also interested in learning about the number of specialists, administrators, and support staff.**

Staff Category	**F1a.** How many of each staff category work in your center?	**F1b.** How many of each staff category are full-time?
a. Lead teachers who work with children ages 0-5.............	|__|__|	|__|__|
b. Assistant teachers who work with children ages 0-5……	|__|__|	|__|__|
c. Aides who work with children ages 0-5..........................	|__|__|	|__|__|
d. Education specialists (staff who focus on development or support of the educational program or curriculum)…..	|__|__|	|__|__|
e. Specialists who work at your center who provide or connect children and their families with services outside of the classroom (such as to assist with nutrition, health, mental health, or support services).....................	|__|__|	|__|__|
f. Staff who focus on administration or management of operations or finances..	|__|__|	|__|__|
g. Staff who do not work directly with children (Include, support staff, clerical staff, drivers, cooks, and anyone else on your center's payroll)...	|__|__|	|__|__|

F2. **What are the minimum education requirements for each type of staff listed below?**

MARK ONE PER ROW

	HIGH SCHOOL GRADUATE	ASSOCIATE'S DEGREE	BACHELOR'S DEGREE	MASTER'S DEGREE OR HIGHER
a. Lead teachers who work with children ages 0-5..	1 ☐	2 ☐	3 ☐	4 ☐
b. Assistant teachers who work with children ages 0-5...	1 ☐	2 ☐	3 ☐	4 ☐
c. Aides who work with children ages 0-5............	1 ☐	2 ☐	3 ☐	4 ☐
d. Education specialists..	1 ☐	2 ☐	3 ☐	4 ☐
e. Center (site) director..	1 ☐	2 ☐	3 ☐	4 ☐

F3. Do you require specialized coursework in early childhood development or related field when hiring each type of staff listed below?

MARK ONE PER ROW

	YES	NO
a. Lead teachers who work with children ages 0-5.............................	$1\ \square$	$0\ \square$
b. Assistant teachers who work with children ages 0-5........................	$1\ \square$	$0\ \square$
c. Aides who work with children ages 0-5..	$1\ \square$	$0\ \square$
d. Education specialist...	$1\ \square$	$0\ \square$
e. Center (site) director...	$1\ \square$	$0\ \square$

F4. What certification or credentialing (such as a Child Development Associate (CDA) credential, or a state credential) if any, do you require for each type of staff listed below?

	SPECIFY REQUIREMENTS
a. Lead teachers who work with children ages 0-5......................... $\square$ NONE	_____ _____ _____
b. Assistant teachers who work with children ages 0-5......................... $\square$ NONE	_____ _____ _____
c. Aides who work with children ages 0-5... $\square$ NONE	_____ _____ _____
d. Education specialist....................... $\square$ NONE	_____ _____ _____
e. Center (site) director..................... $\square$ NONE	_____ _____ _____

F5. **Is there consistency in the education or certification requirements for staff holding the same position, or do the requirements vary?**

MARK ONE PER ROW

	REQUIREMENTS DO NOT DIFFER	REQUIREMENTS DIFFER BY AGE OF CHILDREN IN CLASSROOM	REQUIREMENTS DIFFER BY TYPE OF CLASSROOM (SUCH AS HEAD START, PRE-K)	REQUIREMENTS DIFFER IN SOME OTHER WAY, EXPLAIN IN SPACE PROVIDED
a. Lead teachers who work with children ages 0-5........	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
b. Assistant teachers who work with children ages 0-5	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
c. Aides who work with children ages 0-5..............	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
d. Education specialist...........	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
e. Center (site) director..........	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____

F6. **How much early care or education experience, if any, do you look for in hiring each type of staff?**

	SPECIFY REQUIREMENTS
a. Lead teachers who work with children ages 0-5.......................... ☐ NONE	_____ _____ _____
b. Assistant teachers who work with children ages 0-5.......................... ☐ NONE	_____ _____ _____
c. Aides who work with children ages 0-5.. ☐ NONE	_____ _____ _____
d. Education specialist....................... ☐ NONE	_____ _____ _____
e. Center (site) director.................... ☐ NONE	_____ _____ _____

F7. **Is there consistency in experience required for staff holding the same position, or do the requirements vary?**

MARK ONE PER ROW

	REQUIREMENTS DO NOT DIFFER	REQUIREMENTS DIFFER BY AGE OF CHILDREN IN CLASSROOM	REQUIREMENTS DIFFER BY TYPE OF CLASSROOM (SUCH AS HEAD START, PRE-K)	REQUIREMENTS DIFFER IN SOME OTHER WAY, EXPLAIN IN SPACE PROVIDED
a. Lead teachers who work with children ages 0-5……	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
b. Assistant teachers who work with children ages 0-5..................................	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
c. Aides who work with children ages 0-5..............	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
d. Education specialist………	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____

F8. **What additional skills, abilities, or other qualifications do you look for in hiring each type of staff?**

	SPECIFY REQUIREMENTS
a. Lead teachers who work with children ages 0-5.......................... ☐ NONE	_____ _____ _____
b. Assistant teachers who work with children ages 0-5.......................... ☐ NONE	_____ _____ _____
c. Aides who work with children ages 0-5.. ☐ NONE	_____ _____ _____
d. Education specialist...................... ☐ NONE	_____ _____ _____
e. Center (site) director.................... ☐ NONE	_____ _____ _____

F9. **Is there consistency in these other qualifications for staff holding the same position, or do the requirements vary?**

MARK ONE PER ROW

	REQUIREMENTS DO NOT DIFFER	REQUIREMENTS DIFFER BY AGE OF CHILDREN IN CLASSROOM	REQUIREMENTS DIFFER BY TYPE OF CLASSROOM (SUCH AS HEAD START, PRE-K)	REQUIREMENTS DIFFER IN SOME OTHER WAY, EXPLAIN IN SPACE PROVIDED
a. Lead teachers who work with children ages 0-5........	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
b. Assistant teachers who work with children ages 0-5	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
c. Aides who work with children ages 0-5	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____
d. Education specialist............	1 ☐	2 ☐	3 ☐	4 ☐ _____ _____ _____

F10. **How many current staff meet the education requirements, degree of experience, and other qualifications just described for their position?**

ENTER A NUMBER IN EACH COLUMN

	MEET IN FULL	MEET EDUCATION REQUIREMENTS ONLY	MEET EXPERIENCE OR OTHER QUALIFICATIONS ONLY	DO NOT MEET EITHER EDUCATION, EXPERIENCE, OR OTHER QUALIFICATIONS
a. Lead teachers who work with children ages 0-5	|___|___|	|___|___|	|___|___|	|___|___|
b. Assistant teachers who work with children ages 0-5	|___|___|	|___|___|	|___|___|	|___|___|
c. Aides who work with children ages 0-5	|___|___|	|___|___|	|___|___|	|___|___|
d. Education specialist................	|___|___|	|___|___|	|___|___|	|___|___|
e. Center (site) director...............	|___|___|	|___|___|	|___|___|	|___|___|

F11. What informed the education requirements, level of experience, or other qualifications you look for in each type of staff listed below?

MARK ALL THAT APPLY FOR EACH ROW

	LICENSING STANDARDS	STANDARDS SET BY FUNDING SOURCE (FOR EXAMPLE, HEAD START PROGRAM PERFORMANCE STANDARDS, STATE PRE-K STANDARDS, OR PRIVATE FUNDER)	STANDARDS SET BY PARTICIPATION IN A QUALITY RATING AND IMPROVEMENT SYSTEM	STANDARDS SET TO ACHIEVE CHILD CARE ACCREDITATION BY A LOCAL, STATE, OR NATIONAL ACCREDITING ENTITY	STANDARDS SET BY SPONSORING ORGANIZATION (FOR EXAMPLE, PUBLIC SCHOOL OR OVERSIGHT ENTITY SUCH AS AN UMBRELLA ORGANIZATION)	INTERNAL BACKGROUND, TRAINING, OR PERFORMANCE ASSESSMENT INFORMATION ON SUCCESSFUL STAFF	Other, specify
a. Lead teachers who work with children ages 0-5....................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ _____
b. Assistant teachers who work with children ages 0-5.......	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ _____
c. Aides who work with children ages 0-5.......	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ _____
d. Education specialist....................	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ _____
e. Center (site) director..	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐ _____

F12. **How long have you been the center director or site administrator?**

Please enter a number indicating the length of tenure and then select the time period. For example for 18 months, enter the number 18 and select option 2 indicating months.

|___|___| ENTER NUMBER FOR TENURE OF CURRENT CENTER DIRECTOR OR SITE ADMINISTRATOR

SELECT TIME PERIOD

- $_1$ ☐ Days
- $_2$ ☐ Months
- $_3$ ☐ Years → IF MORE THAN 2 YEARS, SKIP TO QUESTION F14.
  IF LESS THAN 2 YEARS, GO TO NEXT QUESTION F13.

F13. **How many center directors have there been within the past two years?**

|___|___| NUMBER OF SITE OR CENTER DIRECTORS

F14. **How many individuals who work directly with children ages 0-5 have left the center by their own decision in the past 12 months?** *Do not include staff who have been terminated.*

|___|___| ENTER NUMBER OF LEAD TEACHERS

|___|___| ENTER NUMBER OF ASSISTANTS AND AIDES

F15. **How many individuals who work directly with children ages 0-5 have been terminated during the past 12 months?**

|___|___| ENTER NUMBER OF LEAD TEACHERS

|___|___| ENTER NUMBER OF ASSISTANTS AND AIDES

F16. **When turnover has occurred among the types of staff listed below, how long has it typically taken to fill an open position?** *Complete the table below.*

	ENTER NUMBER	DAYS OR MONTHS?	NOT APPLICABLE
a. Lead teachers who work with children ages 0-5............	|___|___|	$_1$ ☐ Days $_2$ ☐ Months	$_n$ ☐
b. Assistants/aides who work with children ages 0-5........	|___|___|	$_1$ ☐ Days $_2$ ☐ Months	$_n$ ☐
c. Education specialist..	|___|___|	$_1$ ☐ Days $_2$ ☐ Months	$_n$ ☐
d. Center director or site administrator.............................	|___|___|	$_1$ ☐ Days $_2$ ☐ Months	$_n$ ☐

G. INSTRUCTION AND CHILD ASSESSMENT

G1. **What, if any, curriculum is currently used for infants and toddlers (less than 36 months) in this center?**

FOR EACH CURRICULUM, COMPLETE A COLUMN IN THE TABLE BELOW

na ☐ CHECK HERE IF THERE IS NO CURRICULUM AND GO TO G2

	CURRICULUM 1	CURRICULUM 2	CURRICULUM 3
a. Name of curriculum.............	_____	_____	_____
b. Please describe the curriculum source................	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____
c. Is this curriculum used within all rooms serving infants and toddlers (children less than 36 months old)?..........	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
d. How long has this curriculum been used?.........	|__|__| 1 ☐ Months 2 ☐ Years	|__|__| 1 ☐ Months 2 ☐ Years	|__|__| 1 ☐ Months 2 ☐ Years

G2. **Centers screen and assess children for a range of purposes, for example, screening for developmental delays or assessing children's progress to help teachers individualize instruction and children's experiences. We are interested in learning about the full range of tools or processes used by staff to inform the care and instruction of infants and toddlers (less than 36 months) in your center.**

FOR EACH TOOL/PROCESS, COMPLETE A COLUMN IN THE TABLE BELOW.

na ☐ CHECK HERE IF THERE ARE NO TOOLS/PROCESSES AND GO TO G3

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
a. Name of tool/process.....................	_____	_____	_____
b. Primary purpose of the tool/process...............	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____
c. Is this tool/process used within all rooms serving infants and toddlers (children less than 36 months old)?...............	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
d. Please describe the source.............................	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____
e. Method...........................	*Select all that apply* 1 ☐ Observation/anecdotes	*Select all that apply* 1 ☐ Observation/anecdotes	*Select all that apply* 1 ☐ Observation/anecdotes 2 ☐ Assessment tasks 3 ☐ Work samples/portfolios

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
	2 ☐ Assessment tasks 3 ☐ Work samples/portfolios 4 ☐ Checklists 5 ☐ Other *(specify)* _____	2 ☐ Assessment tasks 3 ☐ Work samples/portfolios 4 ☐ Checklists 5 ☐ Other *(specify)* _____	4 ☐ Checklists 5 ☐ Other *(specify)* _____
f. Frequency for a single child......................	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____
g. Method of scoring or tracking information.........	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____

G3. **What, if any, curriculum is currently used for preschool children (ages 3-5) in this center?**

FOR EACH CURRICULUM, COMPLETE A COLUMN IN THE TABLE BELOW

na ☐ CHECK HERE IF THERE IS NO CURRICULUM AND GO TO G4

	CURRICULUM 1	CURRICULUM 2	CURRICULUM 3
a. Name of curriculum...............	_____	_____	_____
b. Please describe the curriculum source...................	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____
c. Is this curriculum used within all rooms serving preschoolers (children ages 3-5)?............................	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
d. How long has this curriculum been used?..........	|___|___|	|___|___|	|___|___|

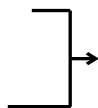|		
1 ☐ Months	1 ☐ Months	1 ☐ Months
2 ☐ Years	2 ☐ Years	2 ☐ Years

G4. **Centers screen and assess children for a range of purposes, for example, screening for developmental delays or assessing children's progress to help teachers individualize instruction and children's experiences. We are interested in learning about the full range of tools or processes used by staff to inform the care and instruction of preschool children (ages 3-5) in your center.**

FOR EACH TOOL/PROCESS, COMPLETE A COLUMN IN THE TABLE BELOW.

na ☐ CHECK HERE IF THERE ARE NO TOOLS/PROCESSES AND GO TO H1

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
a. Name of tool/process.....................	_____	_____	_____
b. Primary purpose of the tool/process...............	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____	*Select one* 1 ☐ Screening children for developmental delays 2 ☐ Assessing children to determine qualification for special services 3 ☐ Measuring performance during classroom activities to individualize instruction (for example, a curriculum-embedded assessment) 4 ☐ Measuring the rate of child growth (for example, a generalized outcomes measure such as the Individual Growth and Development Indicators [IGDIs]) 5 ☐ Other *(specify)* _____
c. Is this tool/process used within all rooms serving preschool children (ages 3-5)?.....................	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No	1 ☐ Yes 0 ☐ No
d. Please describe the source.............................	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____	*Select one* 1 ☐ We developed ourselves 2 ☐ Commercially developed 3 ☐ Other *(specify)* _____
e. Method............................	*Select all that apply* 1 ☐ Observation/anecdotes	*Select all that apply* 1 ☐ Observation/anecdotes	*Select all that apply* 1 ☐ Observation/anecdotes 2 ☐ Assessment tasks 3 ☐ Work samples/portfolios

	TOOL/PROCESS 1	TOOL/PROCESS 2	TOOL/PROCESS 3
	2 ☐ Assessment tasks 3 ☐ Work samples/portfolios 4 ☐ Checklists 5 ☐ Other *(specify)* _____	2 ☐ Assessment tasks 3 ☐ Work samples/portfolios 4 ☐ Checklists 5 ☐ Other *(specify)*y _____	4 ☐ Checklists 5 ☐ Other *(specify)* _____
f. Frequency for a single child........................	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____	*Select one* 1 ☐ Daily 2 ☐ Weekly 3 ☐ Monthly 4 ☐ Other *(specify)* _____
g. Method of scoring or tracking information.........	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____	*Select one* 1 ☐ An electronic system is used 2 ☐ A non-electronic standard form is used 3 ☐ Other *(specify)* _____ _____ _____ _____

H. PROGRAM ADMINISTRATION

H1. **Does your center have written information for staff about topics such as benefits or performance appraisal (for example, a staff handbook)?**

- 1 ☐ Yes
- 0 ☐ No → GO TO H2

H1a. **What does it include?**

MARK ALL THAT APPLY

- 1 ☐ Expectations for staff (such as hours and conduct)
- 2 ☐ Benefits for staff (such as health insurance and paid time off)
- 3 ☐ Policies or procedures for staff development and performance appraisal
- 4 ☐ Other *(specify)* _____

H1b. **How often is this information distributed to staff?**

MARK ALL THAT APPLY

- 1 ☐ At time of hire
- 2 ☐ Annually
- 3 ☐ Made available upon request
- 4 ☐ Other *(specify)* _____

H1c. **How often is this information updated?**

MARK ONE ONLY

- 1 ☐ Annually
- 2 ☐ Every other year
- 3 ☐ As needed
- 4 ☐ Other *(specify)* _____

H2. **Does your center have written operating procedures?**

- 1 ☐ Yes
- 0 ☐ No → GO TO H3

H2a. **What are the main topics included?**

MARK ALL THAT APPLY

- 1 ☐ Hours of operation
- 2 ☐ Child to staff ratios and group size limits
- 3 ☐ Health and safety procedures
- 4 ☐ Other *(specify)* _____

H2b. **How often is this information distributed to staff?**
MARK ALL THAT APPLY

    ₁ ☐ At time of hire

    ₂ ☐ Annually

    ₃ ☐ Made available upon request

    ₄ ☐ Other *(specify)* _____

H2c. **To which staff is information on operating procedures distributed?**
MARK ALL THAT APPLY

    ₁ ☐ Administrators / managers / supervisors

    ₂ ☐ Staff who work directly with children ages 0-5

    ₃ ☐ Specialists

    ₄ ☐ Other *(specify)* _____

H2d. **How often is this information updated?**
MARK ONE ONLY

    ₁ ☐ Annually

    ₂ ☐ Every other year

    ₃ ☐ As needed

    ₄ ☐ Other *(specify)* _____

H3. **Does this center have a written purpose or mission statement?**

    ₁ ☐ Yes

    ₀ ☐ No → GO TO H4
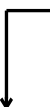
H3a. **Which staff in this center have received a copy of the mission statement?**
MARK ALL THAT APPLY

    ₁ ☐ Administrators

    ₂ ☐ Lead Teachers

    ₃ ☐ Assistant teachers

    ₄ ☐ Aides

    ₅ ☐ Specialists

H3b. **How is the statement shared with staff?**
MARK ALL THAT APPLY

    ₁ ☐ Posted somewhere visible

    ₂ ☐ Written in staff or center handbook

    ₃ ☐ Discussed during staff meetings

    ₄ ☐ Other *(specify)* _____

H3c. **How often is this document updated?**

MARK ONE ONLY

    ₁ ☐ Annually

    ₂ ☐ Every other year

    ₃ ☐ As needed

    ₄ ☐ Other *(specify)* _____

H4. **Does your center have staff meetings that include staff who work directly with children ages 0-5?**

    ₁ ☐ Yes

    ₀ ☐ No → GO TO I1

H4a. **Are staff meetings mandatory?**

MARK ONE ONLY

    ₁ ☐ Mandatory for all staff

    ₂ ☐ Mandatory for some staff *(specify for which staff they are mandatory)*

    _____

    ₃ ☐ Not mandatory

H4b. **What proportion of the staff who work directly with children ages 0-5 typically attend?**

MARK ONE ONLY

    ₁ ☐ Less than 25%

    ₂ ☐ Between 25 to 50%

    ₃ ☐ Between 50 to 75%

    ₄ ☐ More than 75% but not quite all

    ₅ ☐ All staff

H4c. **What is the frequency of these meetings?**

MARK ONE ONLY

    ₁ ☐ Weekly

    ₂ ☐ Bi-weekly

    ₃ ☐ Monthly

    ₄ ☐ Quarterly

    ₅ ☐ Other *(specify)* _____

I. ADDITIONAL SERVICES

Children and their families sometimes need other services in addition to basic early care and education. We are interested in learning about the types of services that children and their families can access through your center.

I1. **Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?**

MARK ALL THAT APPLY

- 1 ☐ Health screening, such as medical, dental, vision, hearing or speech screening?
- 2 ☐ Therapeutic service, such as speech therapy, occupational therapy, or services for children with special needs?
- 3 ☐ Counseling service for children or parents?
- 4 ☐ Social service to parents, such as housing or food assistance, access to medical care, or help getting assistance from government or private programs?
- 5 ☐ Other *(specify)* _____
- 0 ☐ None ➝ GO TO SECTION J

PLEASE COMPLETE ITEMS I2-I10 FOR EACH TYPE OF SERVICE MARKED IN RESPONSE TO I1 USING ADDITIONAL SHEETS IF NECESSARY.

ENTER TYPE OF SERVICE FROM I1 _____

I2. **Is the support or service available to all children or is it based on some criteria**

MARK ONE ONLY

- 1 ☐ Available to all children
- 2 ☐ Based on age
- 3 ☐ Based on family income
- 4 ☐ Based on specific screener
- 5 ☐ Based on some other criteria *(specify)*_____

I3. **What proportion of infants and toddlers (children less than 36 months) received this support or service in the past 12 months?**

|__|__|__| %

I4. **What proportion of preschool children (ages 3-5) received this support or service in the past 12 months?**

|__|__|__| %

I5. **How is this service primarily provided?**

MARK ONE ONLY

- 1 ☐ Provide on-site inside classroom
- 2 ☐ Provide on-site outside classroom
- 3 ☐ Provide referrals to a different location ➝ GO TO I9

I6. **Who provides this service?**

MARK ALL THAT APPLY

1 ☐ Staff employed by the center

2 ☐ External consultants paid for by the center

3 ☐ External consultants provided without cost to the center (such as through Head Start)

4 ☐ Other *(specify)*

_____

I7. **How long has this support or service been provided at this center?**

|__|__| ENTER NUMBER

SPECIFY TIME PERIOD

1 ☐ Weeks

2 ☐ Months

3 ☐ Years

I8. **How is the support or service for children tracked?**

MARK ONE ONLY

1 ☐ An electronic system

2 ☐ Specific form

3 ☐ Some other way *(specify)*

_____

END HERE FOR SERVICES PROVIDED ON-SITE. COMPLETE ITEMS I2-I10 FOR THE NEXT SERVICE OR GO TO J1.

I9. **For referred services, is there a mechanism to track whether the connection to the service was made and the child and family receive the support or service?**

1 ☐ Yes   GO TO I10

0 ☐ No

I10. **How is the support or service for children tracked?**

MARK ONE ONLY

1 ☐ An electronic system

2 ☐ Specific form

3 ☐ Some other way *(specify)*

_____

COMPLETE ITEMS I2-I10 FOR THE NEXT SERVICE OR GO TO J1.

J. INFORMATION SYSTEMS AND USE OF TECHNOLOGY

These next questions are about the type of information systems and technology that are used in your center/site.

	J1a. How many computers or electronic devices such as tablets are available for use by these staff?	J1b. How many of these computers or devices have Internet access?
	ENTER NUMBER	ENTER NUMBER
a. Administrators...	|__|__|	|__|__|
b. Education specialists.......................................	|__|__|	|__|__|
c. Staff who work directly with children ages 0-5...............	|__|__|	|__|__|

J2. **Do staff have their own email accounts for work purposes?**

₁ ☐ Yes

₀ ☐ No

J3. **Do you use any software programs or other tools to support financial management?**

₁ ☐ Yes

₀ ☐ No → GO TO J4

J3a. **Name of software or other tool:**

_____

J3b. **How long has it been in place?**

\|__\|__\| ENTER NUMBER

SELECT TIME PERIOD

₁ ☐ Days

₂ ☐ Months

₃ ☐ Years

J4. **Does your center make use of a professional development registry to identify, track, or report on professional development and training for teaching staff?**

₁ ☐ Yes

₀ ☐ No

K. STAFF ORIENTATION AND TRAINING

K1. **Is there a standard process to orient new staff to the center and to general procedures?**

   ₁ ☐ Yes

   ₀ ☐ No → GO TO K2

K1a. **How long does the orientation process typically take for the majority of new staff?**

|__|__|

SELECT TIME PERIOD

   ₁ ☐ Hour/s

   ₂ ☐ Day/s

   ₃ ☐ Week/s

   ₄ ☐ Other *(specify)* _____

K1b. **How long has this process been in place?**

|__|__|

SELECT TIME PERIOD

   ₁ ☐ Month/s

   ₂ ☐ Year/s

   ₃ ☐ Other *(specify)* _____

K2. **Are there initiatives or practices for which new staff who work directly with children ages 0-5 must be formally trained prior to or soon after the start of working with children at your center?**

   ₁ ☐ Yes

   ₀ ☐ No → GO TO K3

COMPLETE ITEMS K2A-K2F FOR EACH INITIATIVE OR PRACTICE, USING ADDITIONAL SHEETS IF NECESSARY.

K2a. **What initiative or practice must all new staff be trained on?**

_____

K2b. **How long has this initiative or practice been in place?**

|__|__|

SELECT TIME PERIOD

   ₁ ☐ Week/s

   ₂ ☐ Month/s

   ₃ ☐ Year/s

   ₄ ☐ Other *(specify)* _____

K2c. **How is this training conducted?**

MARK ALL THAT APPLY

₁ ☐ In-person, on-site

₂ ☐ In-person, off-site

₃ ☐ Online, non-interactive (such as a self-paced training module)

₄ ☐ Online, interactive (such as via webinar)

₅ ☐ Other *(specify)* _____

K2d. **Who conducts the training?**

_____

K2e. **How long does the training last?**

|__|__|

SELECT TIME PERIOD

₁ ☐ Day/s

₂ ☐ Week/s

₃ ☐ Month/s

₄ ☐ Other *(specify)* _____

K2f. **Does the training include any of the following?**

MARK ALL THAT APPLY

₁ ☐ Trainers discussed the theory, philosophy, and values behind the skills or practices

₂ ☐ Trainers demonstrated key skills

₃ ☐ Trainees participated in behavioral rehearsals to practice new skills

₄ ☐ Trainees are observed using new skills in the classroom setting

₅ ☐ Trainees are required to meet a specific goal or benchmark indicating skill knowledge or acquisition

K2g. **Is a pre- and post-test of knowledge and skills conducted in connection with the training?**

₁ ☐ Yes

₀ ☐ No

K3. **Over the past 12 months, have there been any training sessions, workshops, or other professional development activities for management, supervisory staff, or staff who work directly with children ages 0-5?**

    1 ☐ Yes

    0 ☐ No → GO TO K4

COPY AND COMPLETE ITEMS K3A-K3N FOR EACH TYPE OF TRAINING HELD, USING ADDITIONAL SHEETS IF NECESSARY.

K3a. **How was this training conducted?**

    1 ☐ Online

    2 ☐ In-person, on-site

    3 ☐ In-person, off-site

    4 ☐ Online, interactive (such as via webinar)

    5 ☐ Other *(specify)* _____

K3b. **What was the main topic of the training?**

MARK ALL THAT APPLY

    1 ☐ Health and safety in the classroom

    2 ☐ General child development (including cognitive development such as early reading or mathematics; social, emotional, and behavioral growth; behavior; and physical development and health)

    3 ☐ Assessment of children's development or progress monitoring

    4 ☐ How to work with families

    5 ☐ Serving children with special physical, emotional, or behavioral needs

    6 ☐ Working with children who speak more than one language

    7 ☐ Planning activities that meet the needs of the whole class

    8 ☐ Learning about a specific curriculum

    9 ☐ Leadership and management

    10 ☐ Other *(specify)* _____

K3c. **What was the impetus of the training?**

MARK ALL THAT APPLY

    1 ☐ In response to training plan

    2 ☐ To respond to a program deficiency

    3 ☐ To support a new initiative or practice

    4 ☐ Ongoing skill development

    5 ☐ Other *(specify)* _____

K3d. **Which staff participated in the training?**

MARK ONE ONLY

1 ☐ All staff

2 ☐ All administrators

3 ☐ All education specialists

4 ☐ All teaching staff

5 ☐ A subset of staff *(specify)* _____

K3e. **What was the format?**

MARK ONE ONLY

1 ☐ Group

2 ☐ Individual

3 ☐ Other *(specify)* _____

K3f. **Who provided the training?**

MARK ONE ONLY

1 ☐ Staff employed by the center

2 ☐ External trainer paid for by the center *(specify)*

_____

3 ☐ External trainer provided without cost to the center (such as through Head Start), specify

_____

4 ☐ Other *(specify)* _____

K3g. **What was the cost of this training to the center, if any?**

$ |__|__| , |__|__|__| COST

K3h. **What types of costs did the center cover?**

MARK ALL THAT APPLY

1 ☐ Payment to training provider

2 ☐ Registration fees for staff

3 ☐ Materials

4 ☐ Staff time

5 ☐ Additional staff coverage for classroom

6 ☐ Other *(specify)* _____

K3i. **How many sessions were included in the training?**

|__|__| NUMBER OF SESSIONS

K3j. **What was the total number of training hours required?**

|__|__| HOURS OF TRAINING

K3k. **Has it been completed or is it ongoing?**
MARK ONE ONLY

    1 ☐ Completed

    2 ☐ Ongoing

K3l. **Did the training include any of the following?**
MARK ALL THAT APPLY

    1 ☐ Trainers discussed the theory, philosophy, and values behind the skills or practices

    2 ☐ Trainers demonstrated key skills

    3 ☐ Trainees created a plan for conducting the new practice in their classroom/program

    4 ☐ Trainees participated in behavioral rehearsals to practice new skills

    5 ☐ Trainees were observed using new skills in the classroom setting

    6 ☐ Trainees were required to meet a specific goal or benchmark indicating skill knowledge or acquisition

    7 ☐ Training was completed before the teacher was required to implement a new initiative or practice

K3m. **What, if any, follow-up activities were conducted after the training?**

List activities:

_____

_____

_____

_____

K3n. **Is a pre- and post-test of knowledge and skills conducted in connection with the training?**

    1 ☐ Yes

    0 ☐ No

K3o. **Do you track any other indicators to gauge the success of training?**

    1 ☐ Yes *(specify what is tracked)*

        _____

    0 ☐ No

K3p. **Are staff asked to evaluate the training?**

    1 ☐ Yes

    0 ☐ No

IF TRAINING INCLUDED STAFF WHO WORK WITH CHILDREN AGES 0-5 CONTINUE TO K4.

IF TRAINING DID NOT INCLUDE STAFF WHO WORK WITH CHILDREN AGES 0-5 GO TO L1.

K4. **Did staff who work with children ages 0-5 receive assistance with direct costs of training or education, such as tuition or registration fees?**

    ₁ ☐ Yes

    ₀ ☐ No ⟶ GO TO K5

K4a. **What is the source of the assistance?**

    SELECT ONE

    ₁ ☐ Center or affiliated organization

    ₂ ☐ Local or state agency

    ₃ ☐ Private funding source

    ₄ ☐ College or university

    ₅ ☐ Other *(specify)* _____

K5. **Did staff who work with children ages 0-5 receive help with other costs of training or education, such as travel or child care?**

    ₁ ☐ Yes *(specify)*

    ⟶ _____

    ₀ ☐ No   **GO TO L1**

K5a. **What is the source of the assistance?**

    SELECT ONE

    ₁ ☐ Center or affiliated organization

    ₂ ☐ Local or state agency

    ₃ ☐ Private funding source

    ₄ ☐ College or university

    ₅ ☐ Other *(specify)* _____

L. PROFESSIONAL ACTIVITIES

L1. **How many of each type of staff have a membership in professional associations focused on caring for children (such as the National Association for the Education of Young Children, National Head Start Association, a religiously identified child care organization, or a similar organization) among the following staff in your center?**

SELECT ONE RESPONSE PER ROW

	ALL	MOST	FEW	NONE	DON'T KNOW
a. Administrators...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
b. Education specialists...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
c. Lead teachers who work directly with children ages 0-5..............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
d. Assistant teachers who work directly with children ages 0-5........................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
e. Aides who work directly with children ages 0-5.............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

L1a. **Please list some of the professional associations of which staff are members:**

L1b. **Does the center (or larger organization with which the center is affiliated) pay for these memberships?**

1 ☐ Yes

0 ☐ No

L2. **How many of each type of staff have a membership in a union (such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters)?**

SELECT ONE RESPONSE PER ROW

	ALL	MOST	FEW	NONE	DON'T KNOW
a. Administrators...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
b. Education specialists...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
c. Lead teachers who work directly with children ages 0-5..............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
d. Assistant teachers who work directly with children ages 0-5........................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
e. Aides who work directly with children ages 0-5.............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

L2a. **Please list some of the unions of which staff are members:**

L3. Over the <u>past 12 months</u>, how frequently have the following staff attended a national-level meeting or conference of a professional organization (such as ZERO TO THREE, National Association for the Education of Young Children)?

SELECT ONE RESPONSE PER ROW

	NEVER	ONE TIME	TWO TIMES	THREE OR MORE TIMES	DON'T KNOW
a. Administrators..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
b. Education specialists...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
c. Lead teachers who work directly with children ages 0-5............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
d. Assistant teachers who work directly with children ages 0-5........................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
e. Aides who work directly with children ages 0-5..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

L3a. Please provide some examples of the organizations that sponsored these meetings:

L3b. Were these meetings attended during work hours?

1 ☐ Yes

0 ☐ No

L3c. Were staff compensated for their time and travel (when applicable)?

1 ☐ Yes

0 ☐ No

na ☐ Not applicable, staff attended voluntarily on their own time

L4. Over the <u>past 12 months</u>, how frequently have the following staff attended a meeting or conference sponsored by a local or state entity that focused on any aspect of quality education and care for young children? *[Note: this may include state or local-level meetings organized by chapters of national organizations]*

SELECT ONE RESPONSE PER ROW

	NEVER	ONE TIME	TWO TIMES	THREE OR MORE TIMES	DON'T KNOW
a. Administrators..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
b. Education specialists...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
c. Lead teachers who work directly with children ages 0-5............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
d. Assistant teachers who work directly with children ages 0-5........................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
e. Aides who work directly with children ages 0-5..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

L4a. Please provide some examples of these meetings or conferences:

L4b. Were these meetings attended during work hours?

    1 ☐ Yes

    0 ☐ No

L4c. Were staff compensated for their time and travel (when applicable)?

MARK ONE ONLY

    1 ☐ Yes

    0 ☐ No

    na ☐ Not applicable, staff attended voluntarily on their own time

L5. Over the <u>past 12 months</u>, how frequently have the following staff attended a meeting of a local service or professional organization to discuss community issues or to network with colleagues in similar positions?

SELECT ONE RESPONSE PER ROW

	NEVER	ONE TIME	TWO TIMES	THREE OR MORE TIMES	DON'T KNOW
a. Administrators..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
b. Education specialists..	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
c. Lead teachers who work directly with children ages 0-5............................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
d. Assistant teachers who work directly with children ages 0-5......................	1 ☐	2 ☐	3 ☐	4 ☐	d ☐
e. Aides who work directly with children ages 0-5...	1 ☐	2 ☐	3 ☐	4 ☐	d ☐

L5a. Please provide some examples of these meetings or conferences:

L5b. Were these meetings attended during work hours?

    1 ☐ Yes

    0 ☐ No

L5c. Were staff compensated for their time and travel (when applicable)?

    1 ☐ Yes

    0 ☐ No

na ☐ Not applicable, staff attended voluntarily on their own time

M. COACHING AND TECHNICAL ASSISTANCE

M1. **In the past 12 months, have you or your staff members who work directly with children ages 0-5 participated in coaching, mentoring, or ongoing consultation with a specialist in order to improve skills or gain new skills in working with children or make other quality improvements?**

    1 ☐ Yes

    0 ☐ No → **GO TO SECTION N**

COPY AND COMPLETE ITEMS M1A-M1P FOR EACH TYPE OF ON-SITE TRAINING HELD, USING ADDITIONAL SHEETS IF NECESSARY.

M1a. **On what topics is/was this assistance focused? (for example, improving instructional practice, child assessment, or the use of learning materials)**

M1b. **How was the assistance initiated?**

    1 ☐ By the center based on an identified need

    2 ☐ As part of a specific program (such as through Head Start) *(specify program)*

    _____

    3 ☐ Based on participation in a Quality Rating and Improvement System

    4 ☐ Other *(specify)* _____

The next questions are about who received this coaching or technical assistance.

M2. **Did lead teachers receive this coaching or technical assistance?**

    1 ☐ YES, ALL lead teachers → GO TO M3

    2 ☐ YES, SOME lead teachers

    0 ☐ NONE of the lead teachers → GO TO M3

M2a. **How were lead teachers chosen to receive coaching or technical assistance?**

M3. **Did assistant teachers receive this coaching or technical assistance?**

    1 ☐ YES, ALL assistant teachers → GO TO M4

    2 ☐ YES, SOME assistant teachers

    0 ☐ NONE of the assistant teachers → GO TO M4

M3a. **How were assistant teachers chosen to receive coaching or technical assistance?**

M4. Did <u>aides</u> receive this coaching or technical assistance?

    ₁ ☐ YES, ALL aides   GO TO M5

    ₂ ☐ YES, SOME aides

    ₀ ☐ NONE of the aides   GO TO M5

M4a. How were aides chosen to receive coaching or technical assistance?

M5. Did <u>education specialists</u> receive this coaching or technical assistance?

    ₁ ☐ YES, ALL education specialists   GO TO M6

    ₂ ☐ YES, SOME education specialists

    ₀ ☐ NONE of the education specialists   GO TO M6

M5a. How were education specialists chosen to receive coaching or technical assistance?

M6. Did any <u>administrators or management team members</u> receive this coaching or technical assistance?

    ₁ ☐ YES, ALL administrators or management team members   GO TO M7

    ₂ ☐ YES, SOME administrators or management team members

    ₀ ☐ NONE of the administrators or management team members   GO TO M7

M6a. How were administrators or management team members chosen to receive coaching or technical assistance?

M7. Who provides this coaching or technical assistance?

MARK ONE ONLY

    ₁ ☐ Coach/TA from a specific program or quality initiative (for example, Head Start or QRIS) at no cost to center. *(specify source)*

    _____

    ₂ ☐ External coach/independent consultant paid or contractor *(specify)*

    _____

    ₃ ☐ Internal coach employed by the center

    ₄ ☐ Other *(specify)* _____

M8. How is this coaching or technical assistance funded or paid for?

MARK ONE ONLY

    ₁ ☐ Funded through a program or quality initiative and free to center (for example, Head Start or QRIS

    ₂ ☐ Paid for by the center (including compensation for external coaches/independent consultants or internal coaches employed by the center)

    ₃ ☐ Other *(specify)*

M9. **If the center paid for the assistance, what was the cost to the center? Please include costs for contracted providers or consultants, materials, and other resources. Do not include the cost of compensation for center staff providing or receiving the assistance.**

$ |__|__| , |__|__|__| COST

M10. **How was this coaching or technical assistance delivered?**

MARK ALL THAT APPLY

₁ ☐ Individualized

    a ☐ Electronic (email or online)

    b ☐ Telephone

    c ☐ In-person consultation

    d ☐ Coaching in the classroom

    e ☐ Direct observation and feedback

    f ☐ Other *(specify)* _____

₂ ☐ Group

    a ☐ Email

    b ☐ Conference calls

    c ☐ Webinars

    d ☐ Online and regional trainings

    e ☐ In-person

    f ☐ Other *(specify)* _____

M11. **When did this assistance begin and for how long did/will it occur?**

Start Date: |__|__| / |__|__| / |__|__|__|__|
Month   Day   Year

End Date: |__|__| / |__|__| / |__|__|__|__|
Month   Day   Year

M12. **Did this coaching or technical assistance include any of the following?**

MARK ALL THAT APPLY

₁ ☐ Coach or TA discussed the theory, philosophy, and values behind the skills or practices

₂ ☐ Coach or TA demonstrated key skills

₃ ☐ Trainees created a plan for conducting the new practice in their classroom/program

₄ ☐ Trainees participated in behavioral rehearsals to practice new skills

₅ ☐ Trainees were observed using new skills in the classroom setting

₆ ☐ Trainees were required to meet a specific goal or benchmark indicating skill knowledge or acquisition

₇ ☐ Coaching or TA was completed before the teacher was required to implement the new initiative or practice

₈ ☐ Coaching or TA was linked to a prior training or professional development session

M13. **What was the total number of hours of this coaching or technical assistance?**

|__|__| HOURS OF ASSISTANCE

M14. **Did this coaching or technical assistance typically occur during the normal work day?**

₁ ☐ Yes

₀ ☐ No ⟶ GO TO M16

M15. **Are accommodations made to allow teaching staff time during normal working hours to receive assistance or feedback that may be necessary outside of the classroom?**

₁ ☐ Was another caregiver required?

    ₁ ☐ Yes
    How was that arranged?

    _____

    ₀ ☐ No

₂ ☐ Was that an added cost?

    ₁ ☐ Yes
    How was that paid for?

    _____

    ₀ ☐ No

M16. **If not during normal work hours, when did it happen?**

How was that time arranged?

Were staff compensated for their time?

₁ ☐ Yes

₀ ☐ No

M17. **What, if any, follow-up activities were conducted after this coaching or technical assistance was received?**

LIST ACTIVITIES

M18. **Do you track any indicators to gauge the success of this coaching or technical assistance?**

    1 ☐   Yes

    (specify what is tracked)

    0 ☐   No

M19. **Are staff asked to evaluate the assistance?**

    1 ☐   Yes

    0 ☐   No

N. WORKFORCE DEVELOPMENT

N1. **Who supervises lead teachers?**

N2. **Who supervises aides or assistants?**

N3. **What is the typical number of staff that a supervisor is responsible for?**

|___|___| NUMBER OF STAFF

N4. **Does supervision occur through:**

MARK ONE ONLY

    1 ☐ One-on-one meetings

    2 ☐ Group meetings

    3 ☐ Both

Our next questions are about the expectations for the frequency of supervisory activities with staff who work directly with children ages 0-5.

N5a. **Are supervisory activities conducted on:**

MARK ONE ONLY

    1 ☐ A regular basis,

    2 ☐ An as needed basis, or

    3 ☐ Other *(specify)* _____

N5b. **What is the frequency of supervisory activities?**
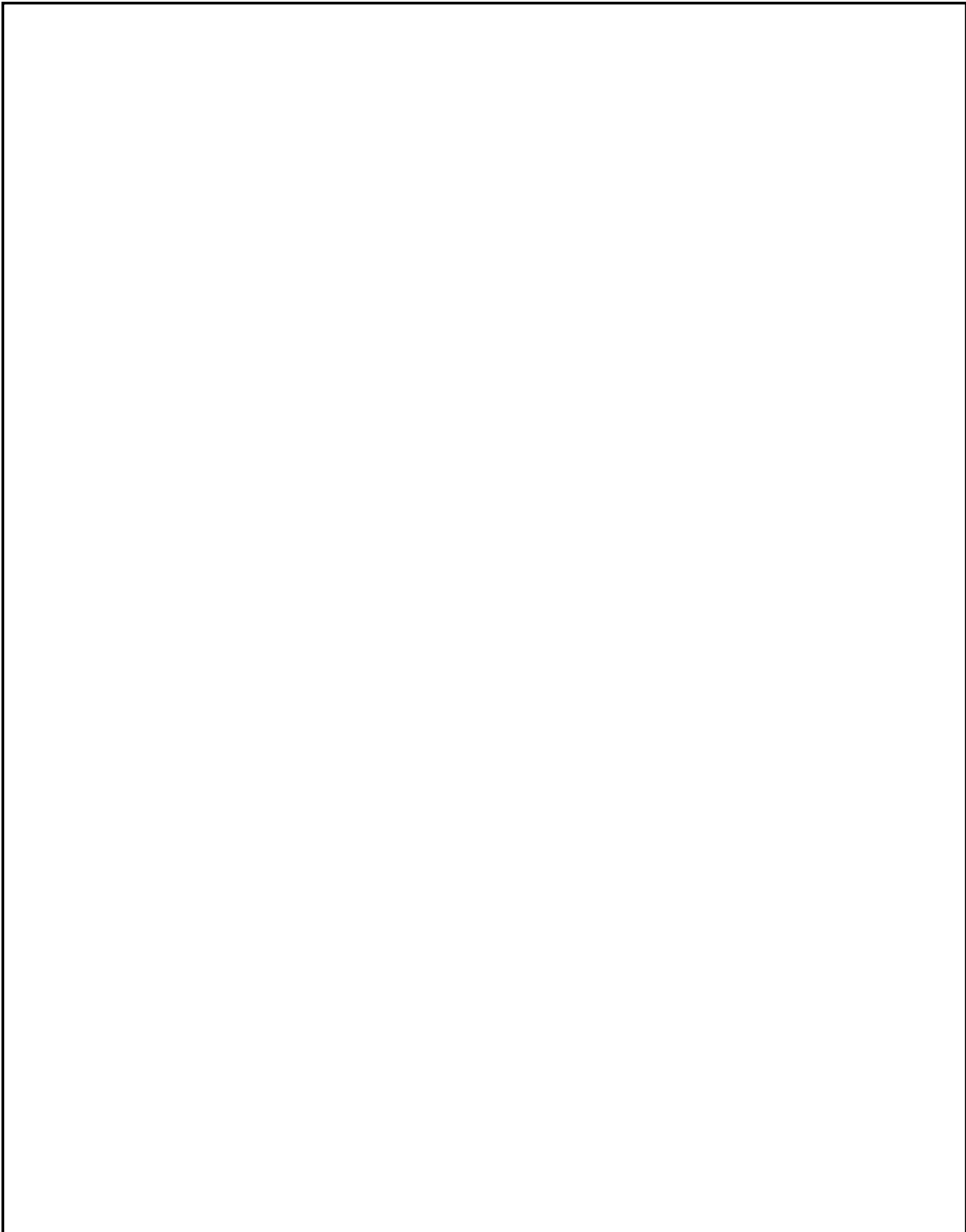
|___|___| TIMES

    1 ☐ Per day

    2 ☐ Per month

    3 ☐ Per year

N5c. **Do supervisory activities occur with the frequency expected?**

MARK ONE ONLY

    1 ☐ All of the time

    2 ☐ Most of the time

    3 ☐ About half the time

    4 ☐ Less than half the time

    5 ☐ Rarely

Please answer the questions below about how the performance of staff who work directly with children ages 0-5 is evaluated at the center.

N6. **How does performance appraisal occur?**

 MARK ONE ONLY

    1 ☐ Through a formal process on a regular schedule

    2 ☐ Through informal feedback as needed

    3 ☐ Combination of formal and informal

    4 ☐ Other *(specify)* _____

N6a. **Is the frequency of performance appraisal the same for all staff who work directly with children ages 0-5?**

    1 ☐ Yes

    0 ☐ No → GO TO N6b1

N6b. **How often does performance appraisal occur?**

|__|__| TIMES

    1 ☐ Per day

    2 ☐ Per month

    3 ☐ Per year

N6b1. **How often does performance appraisal occur for lead teachers?**

GO TO N6c

|__|__| TIMES

    1 ☐ Per day

    2 ☐ Per month

    3 ☐ Per year

N6b2. **How often does performance appraisal occur for assistants or aides?**

|__|__| TIMES

    1 ☐ Per day

    2 ☐ Per month

    3 ☐ Per year

N6c. **Does the performance appraisal process include annual goal setting?**

    1 ☐ Yes

    0 ☐ No → GO TO N7

N6d. **Are the stated goals linked to provision of training or professional development during the year?**

    1 ☐ Yes

    0 ☐ No

N7. **Are observations of staff who work directly with children ages 0-5 conducted?**

    1 ☐ Yes

    0 ☐ No → GO TO END

N7a. **For what purpose are the observations conducted?**

    MARK ALL THAT APPLY

    1 ☐ To provide supervision

    2 ☐ To provide feedback on a specific practice

    3 ☐ As part of the overall performance assessment process

    4 ☐ Some other reason *(specify)* _____

N7b. **What is the frequency of observation?**

|__|__| TIMES

SELECT TIME PERIOD

    1 ☐ Per week

    2 ☐ Per month

    3 ☐ Per year

    4 ☐ Other *(specify)* _____

N7c. **What tool is used to conduct the observations?**

MARK ONE ONLY

    1 ☐ Commercially developed and standardized tool (such as the CLASS or ERS), specify

    _____

    2 ☐ Tool developed by the center or program

    3 ☐ Other *(specify)* _____

N8. **Do staff who work with children ages 0-5 participate in peer learning communities or communities of practice? These are defined as a group of educators that meets regularly, shares expertise, and works collaboratively to improve teaching skills. These are different from group supervision because facilitation is usually conducted by peers rather than by a supervisor.**

    1 ☐ Yes

    1 ☐ No

Please record the time you spent to complete the questionnaire in the following table. We have provided multiple rows in case you complete the questionnaire over multiple occasions:

DATE	START TIME	END TIME
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM
	|__|__|:|__|__| AM/PM	|__|__|:|__|__| AM/PM

Thank you for your participation in the ECE-ICHQ Project!