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**MATHEMATICA**  
Policy Research

# Assess the Implementation and Cost of High Quality Early Care and Education (ECE-ICHQ)

*Date*

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## **INTRODUCTION**

### **Introduction:**

My name is [NAME], I work at Mathematica Policy Research. Mathematica has contracted with the U.S. Department of Health and Human Services, Administration for Children and Families to conduct this study to Assess the Implementation and Cost of High Quality Early Care Education (ECE-ICHQ). Thank you for agreeing to participate in our study. This study will produce measures of implementation and costs that help us better understand how early childhood programs use their resources to make a difference for children's early childhood experiences and outcomes. This interview collects information on what your center is doing to provide quality early care and education services for children ages 0-5.

Do you have any questions for me before we get started?

We have several questions for you about:

1. Center resources
2. Child and family support
3. Instructional planning, coordination, and child assessment
4. Instruction and caregiving
5. Workforce development, leadership activities, and program planning; and
6. Center administration

We have scheduled this interview in two, one and a half hour sessions. We expect that it will take 3 hours to complete this interview.

This interview is completely voluntary. The information we gather through this interview will be used to help estimate the implementation activities that a center does to support quality. All data will be treated in a private manner to the extent permitted by the law. Only members of the research team will have access to your responses. The study team will report estimates of the overall costs and the costs of different program activities and components at an aggregate level. The names of individual programs will not be linked with implementation activities in reports.

Is it okay with you if I record this conversation to ensure that I capture your response accurately?

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-XXXX and the expiration date is XX/XX/XXXX.

INTERVIEWER: IF YOU HAVE NOT GOTTEN THROUGH SECTION N. STAFFING AT 1 HOUR AND 10 MINUTES INTO THE FIRST INTERVIEW CALL, PLEASE SKIP AHEAD TO THAT SECTION OF QUESTIONS. IF THE RESPONDENT IS NOT ABLE TO ANSWER THE QUESTIONS ABOUT STAFF QUALIFICATIONS DURING THE CALL, IT WILL BE NECESSARY TO FOLLOW-UP WITH AN EMAIL (AFTER THE FIRST INTERVIEW AND BEFORE THE SECOND) TO COLLECT THIS INFORMATION.

## SECTION A: CENTER RESOURCES\*

First, we would like information on the resources available to the center that may affect the center's operating costs. This includes use and purpose of volunteers, use of donated or subsidized space, and sources of financial support.

### A1. How often does your center make use of volunteers?

SELECT ONE

- 0  Never GO TO A4
- 1  Less than monthly
- 2  A few times a month, but not every week
- 3  At least once a week
- 4  More than a couple times per week
- 5  Just about every day

### A2. Why do you make use of volunteers?

SELECT ALL THAT APPLY

- 1  To help us enhance things we already do
  - 2  To help us do things we could not do otherwise
  - 3  To meet requirements for specific programs or funders (WRITE IN REQUIREMENTS)
- 

- 4  To promote parent involvement
  - 5  Other (WRITE IN OTHER)
- 

### A3. Would you hire additional staff if you did not have volunteer support?

SELECT ONE

- 1  No, without volunteers we could still provide services similar to those we currently offer
- 2  No, we do not have the resources to hire more staff but without volunteers it would be difficult to provide similar services
- 3  Yes, we would have to hire staff to provide services similar to those we currently offer

**A4. Does your center operate in space that is donated, subsidized, or that is not directly paid for by the center, that is, the space is paid for by the larger organization within which the center operates or another entity?**

**SELECT ONE**

- 1  No, the center pays for all its space
- 2  Yes, some of the space is donated. (WRITE IN SOURCE)  
\_\_\_\_\_
- 3  Yes, all of the space is donated. (WRITE IN SOURCE)  
\_\_\_\_\_
- 4  Yes, the rent is subsidized or we pay lower than full market rate. (WRITE IN SOURCE)  
\_\_\_\_\_
- 5  Yes, the space is paid for by the larger organization that we are a part of. (WRITE IN SOURCE)  
\_\_\_\_\_

**A5. We are interested in learning about all the various sources of financial support to your center.**

INTERVIEWER: NOTE THAT INFORMATION IN THE NEXT QUESTION (A5a) WAS COLLECTED DURING CENTER RECRUITMENT TO ASSESS CENTER CHARACTERISTICS PRIOR TO DATA COLLECTION. REVIEW THIS INFORMATION PRIOR TO THE CALL AND DOUBLE CHECK IT WITH THE RESPONDENT DURING THE CALL. THIS WILL ALSO HELP TO GENERATE DISCUSSION ABOUT CENTER FUNDING ASKED IN QUESTIONS A5b AND A5c.

**A5a. Which of the following public programs provide tuition funding support for your center?**

**SELECT ALL THAT APPLY**

- 1  CCDF (Child Care Development Fund)
- 2  Head Start/Early Head Start
- 3  State pre-kindergarten program
- 0  NO GOVERNMENT FUNDING

**A5b. Does your center receive funds from any of the other following sources?**

INTERVIEWER: OKAY TO READ OFF ALL ANSWER CATEGORIES

**SELECT ALL THAT APPLY**

- 1  Private tuition
- 2  Local government such as preK funding from local school board or other local agency, grants from city or county government
- 3  Child care subsidy programs other than CCDF such as TANF or any other federal, state, or local child care subsidies
- 4  Community organizations such as the United Way, local charities or other service organizations
- 5  Other types of government funded programs such as the Child and Adult Care Food Program or Title I
- 6  Donations from fundraisers or charitable contributions

**A5c. What are the two largest sources of financial support for your center?**

A5c1. \_\_\_\_\_

A5c2. \_\_\_\_\_

**A6. Does your center use accounting software to track expenditures and manage finances?**

Yes (WRITE IN NAME OF ACCOUNTING SOFTWARE)

\_\_\_\_\_

No

## B. STAFFING STRUCTURE

Now, we would like information on all staff located within the center’s physical location, by job title and role. This information will help us understand how the center’s staffing structure might affect the services provided to children and their families and operating costs.

**B1a.** Please list each type of staff position, by job title, that you currently have working at your center in this location. We are interested in the positions that work with or support activities for children ages 0-5 excluding staff who focus only on kindergarten, school-aged child care, or summer camps for older children, for example.

**B1b.** What are the responsibilities of this position? SELECT ALL THAT APPLY PER ROLE, AND WRITE IN BRIEF DESCRIPTION IF A ROLE IS NOT CLEAR FROM THE JOB TITLE AND RESPONSIBILITIES SELECTED. (FOR EXAMPLE, “COACH” IS GIVEN AS JOB TITLE, AND IS SOMEONE WHO PROVIDES SPECIAL SERVICES; DETAIL ABOUT THE SERVICES IS NECESSARY, SUCH AS “COACHES ON PRACTICES RELATED TO MENTAL HEALTH AND SCHOOL READINESS.”)

**PROBES:** Administration over center operations includes planning and managing staff and resources to provide early care and education, including general management, human resources, financial management, marketing and enrollment, and information technology.

Administration over educational program includes managing the aspects of the center that specifically focus on child development, curriculum development, and instructional planning.

Operations support includes responsibilities related to food, transportation, maintenance, laundry, and others that support the center’s infrastructure.

Special services includes:

Specialized services to children (such as health screening, therapeutic services, mental health services; any non-academic or non-instructional services provided to children).

Support services for families (that occur outside of instruction and caregiving, such as social services, adult education programs).

		B1b. SELECT ALL THAT APPLY PER ROW						
		A	B	C	D	E	F	
JOB TITLE	# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAMS	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES	DESCRIPTION OF POSITION (IF NECESSARY)
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

	B1a.	B1b. SELECT ALL THAT APPLY PER ROW						B1c.
		A	B	C	D	E	F	
JOB TITLE	# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAMS	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES	DESCRIPTION OF POSITION (IF NECESSARY)
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
					4 <input type="checkbox"/>			
		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	5 <input type="checkbox"/> LEAD TEACHER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

INTERVIEWER: USE THE FOLLOWING PROBES TO CHECK THAT ALL POSITIONS ARE LISTED IF THEY ARE NOT SPECIFICALLY MENTIONED IN THE DISCUSSION. ASK THE SPECIFIC QUESTIONS (A – C) AS NEEDED TO COMPLETE THE DETAILS IN THE TABLE.

**Does your center have a *dedicated position(s) in charge of the educational program (or curriculum) that is a distinct position from the center director?***

**If yes, what is the job title of this position? [Ask questions B1a-C.]**

**Does your center *have a finance manager or a person in charge of maintaining the financial records?***

**If yes, what is the job title of this position? [Ask questions a-c.]**

**Does your center have *administrative staff* who hold positions that focus on or support the management or operations of the center but who do not have classroom responsibilities on a regular basis?**

**If yes, what are the job titles of these positions? [Ask questions a-c.]**

**Does your center have other *professional staff or specialists 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)?***

**If yes, what is the job title of these positions? [Ask questions a-c.]**

**Does your center have any *other staff not yet listed who do not work directly with children* such as, support staff, clerical staff, drivers, cooks, and anyone else on your center's payroll?**

**If yes, what are the job titles of these positions? [Ask questions a-c.]**



**DIRECTIONS FOR COMPLETING THE STAFFING STRUCTURE PART 2 RUBRIC:**

**INTERVIEWER:** Confirm the numbers of staff (in the center's physical location) who are primarily teachers or caregivers for children ages 0-5.

**LEAD TEACHERS**

**B2a. Please confirm the number of lead teachers who work with children ages 0-5. WRITE IN TOTAL NUMBER**

**PROBE: Teachers who are in charge of a group or classroom of children, often with staff supervisory responsibilities.**

\_\_\_\_\_

**B2a.1. Please confirm the job title for these teachers.**

\_\_\_\_\_

**B2a.2. Now, I would like to know the number of [lead teachers] working with each age group of children in the classroom.**

**How many [lead teachers] work in classrooms with infants?**

1. \_\_\_\_\_

**How many work in toddler classrooms?**

2. \_\_\_\_\_

**How many in preschool classrooms?**

3. \_\_\_\_\_

**ASSISTANT TEACHERS**

**B2b. Please confirm the number of assistant teachers who work with children ages 0-5. WRITE IN TOTAL NUMBER OR MARK NONE**

**PROBE: Teachers who work under the supervision of a teacher, and may or may not lead certain activities (such as art projects, or story time), but who do not have sole responsibility for the classroom and do not have staff supervisory responsibilities.**

\_\_\_\_\_

NONE      GO TO B2c

**B2b.1. Please confirm the job title for these teachers.**

\_\_\_\_\_

**B2b.2. Now, I would like to know the number of [assistant teachers] working with each age group of children in the classroom.**

**How many [assistant teachers] work in classrooms with infants?**

B2b.2a. \_\_\_\_\_

**How many work in toddler classrooms?**

B2b.2b. \_\_\_\_\_

**How many in preschool classrooms?**

B2b.2c. \_\_\_\_\_

**AIDES OR TEACHING ASSISTANTS.**

**B2c. How many aides or teaching assistants who work with children ages 0-5 and are not considered assistant teachers do you have in the center? WRITE IN TOTAL NUMBER OR MARK NONE**

**PROBE: Staff who work under the supervision of a teacher, but who are not included in meeting licensing requirements for teacher/child ratios.**

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NONE GO TO B2D

**B2c.1. What is the job title for this position?**

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**FLOATERS OR SUBSTITUTES.**

**B2d. How many floaters or consistent substitute teachers who work with children ages 0-5 do you have in the center? WRITE IN TOTAL NUMBER OR MARK NONE**

**PROBE: That is regular paid staff who are not regularly assigned to a particular room, but fill in different positions as necessary to help meet teacher/child ratios.**

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NONE GO TO B3

**B2d.1. What is the job title for this position?**

FOR CENTERS EMBEDDED WITHIN LARGER ORGANIZATIONS ONLY

**B3. Are there staff that support the operations or services of your center but who do not work within the center's physical location? If yes, what types of support or services do they provide?**

	SELECT ONE PER ROW		WRITE IN SPECIFIC JOB TITLES OR PROGRAM UNITS
	YES	NO	
<b>EDUCATIONAL, CHILD AND FAMILY SERVICES</b>			
a. Educational program or curriculum development and support (that occurs as part of instructional planning).	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Academic or instructional related screening, diagnostic, and assessment services (such as developmental screening to identify children's special needs, or readiness assessments to develop children's learning needs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Specialized services to children (such as health screening, therapeutic services, mental health services; any non-academic or non-instructional services provided to children)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
d. Support services for families (that occur outside of instruction and caregiving, such as social services, adult education programs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
<b>ADMINISTRATION AND MANAGEMENT</b>			
e. General management	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
f. Human resources	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
g. Financial management	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
h. Marketing and enrollment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
i. Information and technology services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
<b>OPERATIONS SUPPORT</b>			
j. Food	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
k. Transportation	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
l. Maintenance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
m. Other ( <i>Specify</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

## C. CHILD AND FAMILY SUPPORT\*

The next section of questions are about Child and Family Support services, which include services that the center supports access to, or provides to children and families that occur beyond instruction and caregiving. Note, these questions refer to non-academic or non-instructional activities that the center engages in to support children and their families.

INTERVIEWER: FOR EACH SERVICE, WRITE IN ANY SUBSTANTIAL CHANGES THAT OCCURRED OVER THE YEAR THAT MIGHT HAVE INFLUENCED THE CONSISTENCY WITH WHICH SERVICES WERE PROVIDED AND THEREFORE COULD HAVE COST IMPLICATIONS.

**C1. Does the center support access to or provide health screenings? If yes, what types of health screening does the center support access to or provide?**

**PROBE:** Health Screening refers to simple tests to identify children (or family members) who may need dental or vision care, or to identify other health risk factors, such as lead exposure.

**SELECT ALL THAT APPLY**

- 0  NONE GO TO C7
  - 1  Dental
  - 2  Vision
  - 3  Hearing
  - 4  Medical
  - 5  Other (*Specify*)
-

**DENTAL**

<p><b>C2.</b> For children in the center, is there a process for deciding if they need to be screened? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C3.</b> Who decides that children or families need to be screened? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C4. How does the center help children and families access screening?</b></p> <p><b>C4a.</b> Does the center support access to screening? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p>	<p><b>C4b.</b> Does the center provide screening? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p>	<p><b>C5.</b> How does the center track if the screening was received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C6. Over the past year, have there been any substantial changes to how dental screening is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**VISION**

<p><b>C2.</b> For children in the center, is there a process for deciding if they need to be screened? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C3.</b> Who decides that children or families need to be screened? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C4. How does the center help children and families access screening?</b></p> <p><b>C4a.</b> Does the center support access to screening? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p>	<p><b>C4b.</b> Does the center provide screening? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p>	<p><b>C5.</b> How does the center track if the screening was received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C6. Over the past year, have there been any substantial changes to how vision screening is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center?** WRITE IN SUBSTANTIAL CHANGES

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**HEARING**

<p><b>C2.</b> For children in the center, is there a process for deciding if they need to be screened? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C3.</b> Who decides that children or families need to be screened? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C4. How does the center help children and families access screening?</b></p> <p><b>C4a.</b> Does the center support access to screening? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p>	<p><b>C4b.</b> Does the center provide screening? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p>	<p><b>C5.</b> How does the center track if the screening received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C6. Over the past year, have there been any substantial changes to how hearing screening is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**MEDICAL**

<p><b>C2.</b> For children in the center, is there a process for deciding if they need to be screened? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C3.</b> Who decides that children or families need to be screened? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C4. How does the center help children and families access screening?</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>C4a.</b> Does the center support access to screening? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>C4b.</b> Does the center provide screening? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p> </td> </tr> </table>		<p><b>C4a.</b> Does the center support access to screening? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p>	<p><b>C4b.</b> Does the center provide screening? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p>
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		<p><b>C5.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>			

**C6. Over the past year, have there been any substantial changes to how medical screening is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**OTHER**

<p><b>C2.</b> For children in the center, is there a process for deciding if they need to be screened? <b>Select one</b></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C3.</b> Who decides that children or families need to be screened? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C4. How does the center help children and families access screening?</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>C4a.</b> Does the center support access to screening? <b>Select one</b></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>C4b.</b> Does the center provide screening? <b>Select one for outside/center provides</b> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p> </td> </tr> </table>		<p><b>C4a.</b> Does the center support access to screening? <b>Select one</b></p> <p>1 <input type="checkbox"/> Center provides information to families about screening (or refers child/family to screening services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the screening and makes the appointment for child/family to receive service</p>	<p><b>C4b.</b> Does the center provide screening? <b>Select one for outside/center provides</b> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides screening at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the screening and the center covers the cost IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SCREENING IN THE PAST YEAR</p> <p>C4b2a. I/T <b>DROP DOWN</b></p> <p>C4b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the screening</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the screening</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the screening</p>
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		<p><b>C5.</b> How does the center track if the screening was received? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>			

**C6. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**Therapeutic services**

INTERVIEWER: FOR EACH SERVICE, WRITE IN ANY SUBSTANTIAL CHANGES THAT OCCURRED OVER THE YEAR THAT MIGHT HAVE INFLUENCED THE CONSISTENCY WITH WHICH SERVICES WERE PROVIDED AND THEREFORE COULD HAVE COST IMPLICATIONS.

**C7. Does the center support access to or provide therapeutic services? If yes, what types of therapeutic services does the center support access to or provide?**

**PROBES (IF NEEDED):**

**Therapeutic services refers to services provided to children (or family members) ho have a diagnosed condition, often arising as a barrier to a child’s (or family member’s) development.**

**Speech and language or auditory therapy services are focused on improving speech, communication, processing of language, and feeding skills.**

**Occupational therapy (OT) services are focused on promoting normal development and (age-appropriate) daily living skills. OT involves interventions to address delays or difficulties with motor skills, play skills, and sensory processing skills, attention, or behavior.**

**Physical therapy (PT) services are focused on restoring mobility, promoting function and healing, and providing education and consultation to children and families. PT focuses on improving gross motor skills.**

**Cognitive and/or behavioral therapy services are designed for children with autism or conditions that affect their behavior (OCD, ADHD). These services may include Cognitive Behavioral Therapy (CBT) and Applied Behavioral Analysis (ABA).**

**Nutrition involves dieticians counseling children and their families on a variety of nutritional issues, such as failure to thrive, feeding tube adjustments, weight management, food allergies, and therapeutic diets.**

**SELECT ALL THAT APPLY**

- 0  NONE GO TO C14
  - 1  Speech and language or auditory therapy
  - 2  Occupational therapy (OT)
  - 3  Physical therapy (PT)
  - 4  Cognitive and/or behavioral therapy
  - 5  Nutrition
  - 6  Other (*Specify*)
-

**SPEECH AND LANGUAGE OR AUDITORY THERAPY**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need speech and language or auditory therapy? <b>Select one</b></p> <p>0 <input type="checkbox"/> No process 1 <input type="checkbox"/> No, all children are screened for service 2 <input type="checkbox"/> Yes, informal 3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need this service? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Family 2 <input type="checkbox"/> Teacher (not trained) 3 <input type="checkbox"/> Trained teacher 4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity) 5 <input type="checkbox"/> Administrator 6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access speech and language or auditory therapy services?</b></p> <p><b>C10a.</b> Does the center support access to this service? <b>Select one</b></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment) 2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide this services? <b>Select one for outside/center provides</b> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center 2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service 4 <input type="checkbox"/> Trained teachers employed by the center provide the service 5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <b>Select one</b></p> <p>1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Varies across children and families 3 <input type="checkbox"/> Once or twice 4 <input type="checkbox"/> Multiple times 5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Not tracked 2 <input type="checkbox"/> Paper-based tracking system 3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C13. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**OCCUPATIONAL THERAPY (OT)**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need occupational therapy? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened for service</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access occupational therapy services?</b></p> <p><b>C10a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p> <p>_____</p>
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**PHYSICAL THERAPY (PT)**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need physical therapy services? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened for service</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access physical therapy services?</b></p> <p><b>C10a.</b> Does the center support access to screening services? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide this services? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**COGNITIVE AND/OR BEHAVIORAL THERAPY**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need to cognitive and/or behavioral therapy services? <b>Select one</b></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened for service</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need this service? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access cognitive and/or behavioral therapy services?</b></p> <p><b>C10a.</b> Does the center support access to screening services? <b>Select one</b></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide this service? <b>Select one for outside/center provides</b> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <b>Select one</b></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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<sup>1</sup> INTERVIEWER: IF NECCESARY CLARIFY THAT TRACKING MEANS KEEPING A RECORD OF WHETHER THE CONNECTION TO THE SUPPORT OR SERVICE WAS MADE AND THE CHILD/FAMILY RECEIVE(S) THE SERVICE.

**NUTRITION**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need nutrition services? <i>Select one</i></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened for service</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access nutrition services?</b></p> <p><b>C10a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide nutrition services? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C13. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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<sup>1</sup> INTERVIEWER: IF NECESSARY CLARIFY THAT TRACKING MEANS KEEPING A RECORD OF WHETHER THE CONNECTION TO THE SUPPORT OR SERVICE WAS MADE AND THE CHILD/FAMILY RECEIVE(S) THE SERVICE.

**OTHER THERAPEUTIC SERVICE**

<p><b>C8.</b> For children in the center, is there a process for deciding if they need [other therapeutic] service? <b>Select one</b></p> <p>0 <input type="checkbox"/> No process</p> <p>1 <input type="checkbox"/> No, all children are screened for service</p> <p>2 <input type="checkbox"/> Yes, informal</p> <p>3 <input type="checkbox"/> Yes, formal</p>	<p><b>C9.</b> Who decides that children or families need [other therapeutic] service? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C10. How does the center help children and families access [other therapeutic] services?</b></p> <p><b>C10a.</b> Does the center support access to this service? <b>Select one</b></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C10b.</b> Does the center provide the service? <b>Select one for outside/center provides</b> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides the service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C10b2a. I/T <b>DROP DOWN</b> C10b2b. Preschool <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C11.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <b>Select one</b></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C12.</b> How does the center track if the service was (partially or fully) received? <b>Select all that apply</b></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C13. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**C14. Does the center support access to or provide counseling services?**

**PROBES:** Counseling services refers to services provided by a mental health practitioner, and include play therapy, family therapy, group therapy, psychotherapy, parent counseling, psychiatry, or a combination of these methods.

- 0  NONE GO TO C21
- 1  Counseling services

**COUNSELING SERVICE**

C15. For children in the center, is there a process for deciding if they need counseling? <i>Select one</i>	C16. Who decides that children or families need this service? <i>Select all that apply</i>	C17. How does the center help children and families access counseling services?  C17a. Does the center support access to this service? <i>Select one</i>	C17b. Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN	C18. How often does the center track receipt of this service when provided to children or families? <sup>1</sup> <i>Select one</i>	C19. How does the center track if the service was (partially or fully) received? <i>Select all that apply</i>
0 <input type="checkbox"/> No process	1 <input type="checkbox"/> Family	1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)	1 <input type="checkbox"/> Outside entity provides service at no cost to the center	1 <input type="checkbox"/> Not at all	1 <input type="checkbox"/> Not tracked
1 <input type="checkbox"/> No, all children are screened for service	2 <input type="checkbox"/> Teacher (not trained)	2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service	2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost	2 <input type="checkbox"/> Varies across children and families	2 <input type="checkbox"/> Paper-based tracking system
2 <input type="checkbox"/> Yes, informal	3 <input type="checkbox"/> Trained teacher		IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C17b2a. I/T <b>DROP DOWN</b> C17b2b. Preschool: <b>DROP DOWN</b>	3 <input type="checkbox"/> Once or twice	3 <input type="checkbox"/> Electronic tracking system
3 <input type="checkbox"/> Yes, formal	4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)			4 <input type="checkbox"/> Multiple times	WRITE IN NAME OF TRACKING SYSTEM _____
	5 <input type="checkbox"/> Administrator			5 <input type="checkbox"/> Until the services are fully received	
	6 <input type="checkbox"/> Requirement WRITE IN _____				

**C20. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**C21. Does the center support access to or provide social services to families? If yes, what social services?**

**PROBE: Social services refers to services, often government services, provided for the benefit of the community and aim to promote the welfare of children and their families.**

**SELECT ALL THAT APPLY**

- 0  NO SOCIAL SERVICES      GO TO C28
  - 1  Housing
  - 2  Food assistance
  - 3  Substance abuse
  - 4  Domestic violence
  - 5  Other (*specify*)
-

**HOUSING - SOCIAL SERVICES**

<p><b>C22.</b> For children/families in the center, is there a process for deciding if they need this service? <i>Select one</i></p> <p>0 <input type="checkbox"/> No GO TO C24</p> <p>1 <input type="checkbox"/> Yes, informal</p> <p>2 <input type="checkbox"/> Yes, formal</p>	<p><b>C23.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C24. How does the center help children and families access this service?</b></p> <p><b>C24a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C24b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR:</p> <p>C24b2a. I/T: <b>DROP DOWN</b></p> <p>C24b2b. Preschool: <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C25.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C26.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C27. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**FOOD ASSISTANCE - SOCIAL SERVICES**

<p><b>C22.</b> For children/families in the center, is there a process for deciding if they need this service? <i>Select one</i></p> <p>0 <input type="checkbox"/> No GO TO C24</p> <p>1 <input type="checkbox"/> Yes, informal</p> <p>2 <input type="checkbox"/> Yes, formal</p>	<p><b>C23.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C24. How does the center help children and families access this service?</b></p> <p><b>C24a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C24b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR:</p> <p>C24b2a. I/T: <b>DROP DOWN</b></p> <p>C24b2b. Preschool: <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C25.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C26.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C27. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**SUBSTANCE ABUSE - SOCIAL SERVICES**

<p><b>C22.</b> For children/families in the center, is there a process for deciding if they need this service? <i>Select one</i></p> <p>0 <input type="checkbox"/> No GO TO C24</p> <p>1 <input type="checkbox"/> Yes, informal</p> <p>2 <input type="checkbox"/> Yes, formal</p>	<p><b>C23.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C24. How does the center help children and families access this service?</b></p> <p><b>C24a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C24b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR:</p> <p>C24b2a. I/T: <b>DROP DOWN</b></p> <p>C24b2b. Preschool: <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C25.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C26.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C27. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**DOMESTIC VIOLENCE - SOCIAL SERVICES**

<p><b>C22.</b> For children/families in the center, is there a process for deciding if they need this service? <i>Select one</i></p> <p>0 <input type="checkbox"/> No GO TO C24</p> <p>1 <input type="checkbox"/> Yes, informal</p> <p>2 <input type="checkbox"/> Yes, formal</p>	<p><b>C23.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family</p> <p>2 <input type="checkbox"/> Teacher (not trained)</p> <p>3 <input type="checkbox"/> Trained teacher</p> <p>4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity)</p> <p>5 <input type="checkbox"/> Administrator</p> <p>6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C24. How does the center help children and families access this service?</b></p> <p><b>C24a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment)</p> <p>2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C24b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides service at no cost to the center</p> <p>2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR:</p> <p>C24b2a. I/T: <b>DROP DOWN</b></p> <p>C24b2b. Preschool: <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service</p> <p>4 <input type="checkbox"/> Trained teachers employed by the center provide the service</p> <p>5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C25.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all</p> <p>2 <input type="checkbox"/> Varies across children and families</p> <p>3 <input type="checkbox"/> Once or twice</p> <p>4 <input type="checkbox"/> Multiple times</p> <p>5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C26.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked</p> <p>2 <input type="checkbox"/> Paper-based tracking system</p> <p>3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C27. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

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**OTHER SOCIAL SERVICES**

WRITE IN SERVICE PROVIDED:

<p><b>C22.</b> For children/families in the center, is there a process for deciding if they need this service? <i>Select one</i></p> <p>0 <input type="checkbox"/> No GO TO C24 1 <input type="checkbox"/> Yes, informal 2 <input type="checkbox"/> Yes, formal</p>	<p><b>C23.</b> Who decides that children or families need this service? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Family 2 <input type="checkbox"/> Teacher (not trained) 3 <input type="checkbox"/> Trained teacher 4 <input type="checkbox"/> Trained specialist (either on staff or from outside entity) 5 <input type="checkbox"/> Administrator 6 <input type="checkbox"/> Requirement</p> <p>WRITE IN _____</p>	<p><b>C24. How does the center help children and families access this service?</b></p> <p><b>C24a.</b> Does the center support access to this service? <i>Select one</i></p> <p>1 <input type="checkbox"/> Center provides information to families about service (or refers child/family to services, but does not make appointment) 2 <input type="checkbox"/> Center provides information to families about the service and makes the appointment for child/family to receive service</p>	<p><b>C24b.</b> Does the center provide this service? <i>Select one for outside/center provides</i> SELECT ONE FOR COST IF OUTSIDE WRITE IN PROPORTION OF CHILDREN</p> <p>1 <input type="checkbox"/> Outside entity provides service at no cost to the center 2 <input type="checkbox"/> Outside entity provides the service and the center covers the cost</p> <p>IF 2, WRITE IN THE APPROXIMATE PROPORTION OF CHILDREN WHO RECEIVED THIS SERVICE IN THE PAST YEAR: C24b2a. I/T: <b>DROP DOWN</b> C24b2b. Preschool: <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Untrained teachers employed by the center provide the service 4 <input type="checkbox"/> Trained teachers employed by the center provide the service 5 <input type="checkbox"/> Trained specialists employed by the center provide the service</p>	<p><b>C25.</b> How often does the center track receipt of this service when provided to children or families?<sup>1</sup> <i>Select one</i></p> <p>1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> Varies across children and families 3 <input type="checkbox"/> Once or twice 4 <input type="checkbox"/> Multiple times 5 <input type="checkbox"/> Until the services are fully received</p>	<p><b>C26.</b> How does the center track if the service was (partially or fully) received? <i>Select all that apply</i></p> <p>1 <input type="checkbox"/> Not tracked 2 <input type="checkbox"/> Paper-based tracking system 3 <input type="checkbox"/> Electronic tracking system</p> <p>WRITE IN NAME OF TRACKING SYSTEM _____</p>
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**C27. Over the past year, have there been any substantial changes to how this support/service is provided that might influence the consistency with which the support/service is provided or that might have cost implications for the center? WRITE IN SUBSTANTIAL CHANGES**

\_\_\_\_\_

\_\_\_\_\_

<sup>1</sup> INTERVIEWER: IF NECCESARY CLARIFY THAT TRACKING MEANS KEEPING A RECORD OF WHETHER THE CONNECTION TO THE SUPPORT OR SERVICE WAS MADE AND THE CHILD/FAMILY RECEIVE(S) THE SERVICE.

**C28. Does the center support access to or provide adult education programs to parents and families? If yes, what types of adult education programs?**

**PROBE: Adult education programs refers to services provided to parents or caregivers.**

**SELECT ALL THAT APPLY**

- 0  NO ADULT EDUCATION PROGRAM SERVICES      GO TO D1
  - 1  Parent education
  - 2  Fatherhood programs
  - 3  Job training
  - 4  GED
  - 5  ESL
  - 6  Couples relationship programs
  - 7  Other (*specify*)
-



**FATHERHOOD PROGRAMS - PARENT EDUCATION**

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**JOB TRAINING - PARENT EDUCATION**

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**GED - PARENT EDUCATION**

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**ESL - PARENT EDUCATION**

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**COUPLES RELATIONSHIP PROGRAMS - PARENT EDUCATION**

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**OTHER PARENT EDUCATION**

WRITE IN OTHER PARENT EDUCATION PROGRAM

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## D. CHILD CHARACTERISTICS

### DROP DOWN FOR D1-D3

D1. Approximately what percentage of children (ages 0-5) with special needs does your center serve?

PROBE: We are asking about “special needs” broadly, including children with a diagnosis as well as children who have physical, social-emotional, behavioral, or cognitive needs that require additional support.

---

D2. Approximately what percentage of children (ages 0-5) enrolled in your center have an IEP/IFSP? Probe if necessary, 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.

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D3. Approximately what percentage of children (ages 0-5) enrolled in your center speak a language other than English at home?

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## **E. INSTRUCTIONAL PLANNING\***

The next section of questions is focused on instructional planning and tools and resources the center uses to support instructional planning.

**E1a. To what extent does the center use child standards such as State early learning guidelines to inform instruction?**

**SELECT ONE**

- 1  Not used
- 2  Used as a general guide
- 3  Specifically follow standards

**E1b. To what extent does the center use program standards such as QRIS standards to inform instruction?**

**SELECT ONE**

- 1  Not used
- 2  Used as a general guide
- 3  Specifically follow standards



INTERVIEWER: FOR EACH CURRICULUM SELECTED, ASK E3 AND E4

<b>E2.</b> <b>What type of curriculum is used?</b>  <input type="checkbox"/> NO CURRICULUM – GO TO E5	<b>E3.</b> <b>How long has this curriculum been used?</b>			<b>E4.</b> <b>How was this curriculum selected or developed?</b>			
	SELECT ONE RESPONSE PER ROW			SELECT ALL THAT APPLY			
	0-2 YEARS	3-5 YEARS	MORE THAN 5 YEARS	BASED ON ALIGNMENT WITH CENTER PHILOSOPHY OR GOALS	TO MEET CERTAIN PROGRAM REQUIREMENTS OR STANDARDS	BASED ON EVIDENCE OF EFFECTIVENESS	DON'T KNOW
COMMERCIAL (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
COMMERCIAL (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
COMMERCIAL (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
COMMERCIAL (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
CENTER DEVELOPED (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>
STATE DEVELOPED (WRITE IN CURRICULUM) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <input type="checkbox"/>



E5. What other resources are provided to teachers to support instructional planning?	E5a. Does center have resource ?		E6. How long has resource been used?		
	SELECT ONE		SELECT ONE RESPONSE PER ROW		
	Y e s	N o	0-2 YEAR S	3-5 YEAR S	MORE THAN 5 YEARS
a. Resource books	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Other resources, paper or online	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Center-developed activities	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Child portfolios	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Information from peers	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Tools from coaches	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Materials from professional development sessions	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other resources ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Other resources ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

## F. CURRICULUM TRAINING

INTERVIEWER: IF NO CURRICULUM, CHECK HERE  AND GO TO G1

### F1. Who is trained on the curriculum?

**SELECT ALL THAT APPLY**

- 1  Center director/ assistant director
- 2  Education specialist/ Program director
- 3  Staff from larger organization
- 4  All lead teachers
- 5  Some lead teachers

**DROP DOWN**

- 6  All assistant teachers
- 7  Some assistant teachers

**DROP DOWN**

- 8  Other (*specify*)
- 

### F2. How are center directors or program administrators trained on the curriculum?

**SELECT ALL THAT APPLY**

- 1  No curriculum or no training is provided
  - 2  Online
  - 3  In-person by curriculum developer or external certified trainer
  - 4  Other (*specify*)
- 

### F3. Over the course of a year, about how much time do center directors and/or program administrators spend in curriculum training?

**SELECT ONE**

- 1  None
- 2  One day or less
- 3  2-4 days
- 4  5 or more days

**F4. How are teaching staff trained on the curriculum?**

**SELECT ALL THAT APPLY**

- 1  No curriculum or no training is provided
  - 2  Online
  - 3  A curriculum book (written materials) are provided and teaching staff are expected to review
  - 4  By program director, education specialist, or center director during staff meetings
  - 5  By program director, education specialist, or center director through one-on-one training
  - 6  By program director, education specialist, or center director in sessions dedicated to curriculum e.g., during PD days or in-service training time
  - 7  By curriculum developer or external certified trainer
  - 8  Other (*specify*)
- 

**F5. Over the course of a year, about how much time do individual teaching staff (lead, aide, and assistant teachers) spend in curriculum training?**

- 1  None
- 2  One day or less
- 3  2-4 days
- 4  5 or more days

**F6. How often are teaching staff trained on the curriculum?**

**SELECT ALL THAT APPLY**

- 1  No curriculum or no training is provided
- 2  Upon initial curriculum implementation
- 3  During new staff orientation
- 4  Once a year
- 5  Monthly
- 6  As needed

## G. INSTRUCTIONAL COORDINATION

**G1. Which staff get paid planning time, during which the teaching staff has no responsibility for child supervision?**

**SELECT ALL THAT APPLY**

- 1  No paid time or coverage
- 2  Aides
- 3  Assistant teachers
- 4  Lead teachers
- 5  Specialists
- 6  Center directors/Assistant director

**G2. How much paid planning time do teaching staff have, during which they have no responsibility for child supervision?**

**SELECT ONE**

- 1  None
  - 2  About 1/2 hour per month
  - 3  About 1 hour per month
  - 4  About 1/2 hour per week
  - 5  About 1 hour per week
  - 6  About 1/2 hour per day
  - 7  About 1 hour per day
  - 8  Other (*specify*)
- 

**G3. Which staff work together to plan or coordinate instruction? That this can be face-to-face, or virtual.**

**SELECT ALL THAT APPLY**

- 1  No planning and coordination
  - 2  Classroom teams (lead and assistant teachers)
  - 3  Lead teachers and center directors
  - 4  Lead teachers and specialists
  - 5  Grade- and/or age-level teams
  - 6  Other (*specify*)
-

**G4. When teaching staff plan instruction on what topics do staff coordinate?**

**SELECT ALL THAT APPLY**

- 1  No planning and coordination
  - 2  Planning instruction
  - 3  Planning assessments
  - 4  Classroom management, such as discipline, daily routines, classroom set-up, and supplies
  - 5  Transitions between classrooms
  - 6  Special events such as parent conferences, holiday celebrations, field trips
  - 7  Other (*specify*)
- 

**G5. What is the format of meetings for planning and coordination?**

**SELECT ALL THAT APPLY**

- 1  No planning and coordination meetings
- 2  Virtual meetings of center staff
- 3  In-person meetings of center staff
- 4  Virtual meetings with peers internal or external to the center focused on peer learning (online communities of practice intended to enrich professional practice, this is a strategy recommended by QRIS)

## H. SCREENING TO PLAN INSTRUCTION OR DETERMINE FURTHER ASSESSMENT NEEDS

H1. Does the center screen or diagnose children to determine whether they need further development assessment or services?

**PROBE:** By screen or diagnose, we mean a do you have a procedure or tool that you use to determine if any children need further assessment or a referral for further evaluation. This includes screening such as developmental screening, screening for English Language Learner (ELL) needs or for auditory processing deficits.

INTERVIEWER: IF THE CENTER SCREENS CHILDREN ON-SITE TO DETERMINE IF FURTHER ASSESSMENT OR SERVICES ARE NEEDED, WRITE IN THE NAME(S) OF THE TOOL(S) AND MARK THE SOURCE OF SCREENING (CENTER-DEVELOPED OR COMMERCIAL).

### SELECT ONE

- 0  No screening GO TO I1
- 1  No screening done by center staff but screening is provided by non-center staff
- 2  Yes. Screen on site (WRITE IN THE SCREENING TOOL(S))

Tool 1 \_\_\_\_\_

Tool 2 \_\_\_\_\_



**FIRST SCREENING/DIAGNOSTIC TOOL**

<p><b>H1a.</b> Is the screening/diagnostic tool center-developed or commercial? <i>Select one</i></p>	<p><b>H2.</b> Who administers the screening/ diagnostic tool? <i>Select all that apply</i></p>	<p><b>H3.</b> How long has the screening/ diagnostic tool been used in the center? <i>Select one</i></p>	<p><b>H4.</b> How often is the screening/ diagnostic tool administered in the center? <i>Select one</i></p>	<p><b>H5.</b> How was the screening/ diagnostic tool selected? <i>Select all that apply</i></p>	<p><b>H6.</b> How is the screening/diagnostic information used in the center? <i>Select all that apply</i></p>
<p>1 <input type="checkbox"/> Center 2 <input type="checkbox"/> Commercial</p>	<p>1 <input type="checkbox"/> Trained classroom teacher 2 <input type="checkbox"/> Untrained classroom teacher 3 <input type="checkbox"/> Trained administrator or specialist on site 4 <input type="checkbox"/> Untrained administrator or specialist on site 5 <input type="checkbox"/> Outside specialist <u>not</u> paid for by the center 6 <input type="checkbox"/> Outside specialist paid for by the center</p>	<p>1 <input type="checkbox"/> 1-2 years 2 <input type="checkbox"/> 3-5 years 3 <input type="checkbox"/> More than 5 years</p>	<p>1 <input type="checkbox"/> Once a year 2 <input type="checkbox"/> 2-4 times a year 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/>	<p>1 <input type="checkbox"/> Based on ease of use/ experience with tool 2 <input type="checkbox"/> Based on connection to selected curriculum 3 <input type="checkbox"/> Based on evidence of effectiveness 4 <input type="checkbox"/> Based on state or QRIS standards 5 <input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/>	<p>1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Used for further assessment paid for by center 3 <input checked="" type="checkbox"/> Used for further assessment <u>not</u> paid for by center 4 <input type="checkbox"/> Used to guide instruction, such as individualized instruction 5 <input type="checkbox"/> Used by a specialist not paid for by the center 6 <input checked="" type="checkbox"/> Used by the teacher</p>

**SECOND SCREENING/DIAGNOSTIC TOOL**

<p><b>H1a.</b> Is the screening/diagnostic tool center-developed or commercial? <i>Select one</i></p>	<p><b>H2.</b> Who administers the screening/ diagnostic tool? <i>Select all that apply</i></p>	<p><b>H3.</b> How long has the screening/ diagnostic tool been used in the center? <i>Select one</i></p>	<p><b>H4.</b> How often is the screening/ diagnostic tool administered in the center? <i>Select one</i></p>	<p><b>H5.</b> How was the screening/ diagnostic tool selected? <i>Select all that apply</i></p>	<p><b>H6.</b> How is the screening/diagnostic information used in the center? <i>Select all that apply</i></p>
<p>1 <input type="checkbox"/> Center 2 <input type="checkbox"/> Commercial</p>	<p>1 <input type="checkbox"/> Trained classroom teacher 2 <input type="checkbox"/> Untrained classroom teacher 3 <input type="checkbox"/> Trained administrator or specialist on site 4 <input type="checkbox"/> Untrained administrator or specialist on site 5 <input type="checkbox"/> Outside specialist <u>not</u> paid for by the center 6 <input type="checkbox"/> Outside specialist paid for by the center</p>	<p>1 <input type="checkbox"/> 1-2 years 2 <input type="checkbox"/> 3-5 years 3 <input type="checkbox"/> More than 5 years</p>	<p>1 <input type="checkbox"/> Once a year 2 <input type="checkbox"/> 2-4 times a year 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/>	<p>1 <input type="checkbox"/> Based on ease of use/ experience with tool 2 <input type="checkbox"/> Based on connection to selected curriculum 3 <input type="checkbox"/> Based on evidence of effectiveness 4 <input type="checkbox"/> Based on state or QRIS standards 5 <input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/>	<p>1 <input type="checkbox"/> Not used 2 <input type="checkbox"/> Used for further assessment paid for by center 3 <input type="checkbox"/> Used for further assessment <u>not</u> paid for by center 4 <input type="checkbox"/> Used to guide instruction, such as individualized instruction 5 <input type="checkbox"/> Used by a specialist not paid for by the center 6 <input type="checkbox"/> Used by the teacher</p>

## I. CHILD PRELIMINARY ASSESSMENT TO PLAN INSTRUCTION

**I1. Does the center conduct preliminary assessments to determine children’s needs and plan instruction?**

**PROBE:** By preliminary assessment we mean do you have a tool or procedure that you use to determine a child’s learning needs and to plan instruction. For example, reading readiness assessments, vocabulary.

**SELECT ONE**

- 1  No preliminary assessment done by center staff. The center refers children out. GO TO I2e
- 2  Yes. Preliminary assessments are done on site (WRITE IN THE ASSESSMENT TOOL(S))

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### FIRST ASSESSMENT TOOL

I1a. Is this assessment tool center developed or commercial? <i>Select one</i>	I1b. Is there a cost to the center for the commercial assessment tool? <i>Select one</i>	I2a. How long has the assessment tool been used in the center? <i>Select one</i>	I2b. Who administers the assessment tool in the center? <i>Select all that apply</i>	I2c. How often is the assessment tool used in the center? <i>Select one</i>	I2d. How was the preliminary assessment tool selected? <i>Select all that apply</i>	I2e. How does the center track the child’s learning needs? <i>Select one</i>
1 <input type="checkbox"/> Center GO TO I2a 2 <input type="checkbox"/> Commercial	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No	1 <input type="checkbox"/> 0-2 years 2 <input type="checkbox"/> 3-5 years 3 <input type="checkbox"/> More than 5 years	1 <input type="checkbox"/> Classroom teacher or aide 2 <input type="checkbox"/> Administrator or staff specialist 3 <input type="checkbox"/> Outside specialist paid for by the center 4 <input type="checkbox"/> Outside specialist <u>not</u> paid for by the center	1 <input type="checkbox"/> Less than quarterly 2 <input type="checkbox"/> About quarterly 3 <input type="checkbox"/> About monthly 4 <input type="checkbox"/> At least weekly	1 <input type="checkbox"/> Based on ease of use/ experience with tool 2 <input type="checkbox"/> Based on connection to curriculum 3 <input type="checkbox"/> Based on evidence of effectiveness 4 <input type="checkbox"/> Based on state or QRIS standards 5 <input type="checkbox"/> Other ( <i>Specify</i> )	1 <input type="checkbox"/> Not tracked 2 <input type="checkbox"/> Paper based system 3 <input type="checkbox"/> Electronic tracking system

**SECOND ASSESSMENT TOOL**

<p><b>I1a.</b> Is this assessment tool center developed or commercial? <i>Select one</i></p>	<p><b>I1b.</b> Is there a cost to the center for the commercial assessment tool? <i>Select one</i></p>	<p><b>I2a.</b> How long has the assessment tool been used in the center? <i>Select one</i></p>	<p><b>I2b.</b> Who administers the assessment tool in the center <i>Select all that apply</i></p>	<p><b>I2c.</b> How often is the assessment tool used in the center? <i>Select one</i></p>	<p><b>I2d.</b> How was the preliminary assessment tool selected? <i>Select all that apply</i></p>	<p><b>I2e.</b> How does the center track the child's learning needs? <i>Select one</i></p>
<p>1 <input type="checkbox"/> Center GO TO I2a 2 <input type="checkbox"/> Commercial</p>	<p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No</p>	<p>1 <input type="checkbox"/> 0-2 years 2 <input type="checkbox"/> 3-5 years 3 <input type="checkbox"/> More than 5 years</p>	<p>1 <input type="checkbox"/> Classroom teacher or aide 2 <input type="checkbox"/> Administrator or staff specialist 3 <input type="checkbox"/> Outside specialist paid for by the center 4 <input type="checkbox"/> Outside specialist <u>not</u> paid for by the center</p>	<p>1 <input type="checkbox"/> Less than quarterly 2 <input type="checkbox"/> About quarterly 3 <input type="checkbox"/> About monthly 4 <input type="checkbox"/> At least weekly</p>	<p>1 <input type="checkbox"/> Based on ease of use/ experience with tool 2 <input type="checkbox"/> Based on connection to curriculum 3 <input type="checkbox"/> Based on evidence of effectiveness 4 <input type="checkbox"/> Based on state or QRIS standards 5 <input type="checkbox"/> Other (<i>Specify</i>)</p> <hr/>	<p>1 <input type="checkbox"/> Not tracked 2 <input type="checkbox"/> Paper based system 3 <input type="checkbox"/> Electronic tracking system</p>

## J. FORMATIVE AND SUMMATIVE CHILD ASSESSMENT

INTERVIEWER: THESE QUESTIONS ARE ABOUT FORMATIVE ASSESSMENT TO INFORM INSTRUCTION DURING CLASSROOM ACTIVITIES. THERE MAY BE MORE THAN ONE TOOL USED.

**J1. Does the center measure development and learning (performance) during classroom activities on an ongoing basis?**

**PROBE:** By measure development and learning performance, we mean do you have a tool or procedure that you use to monitor children's progress and to assess their learning needs. *These assessments tend to provide more qualitative feedback and are often used by educators to guide teaching or differentiate instruction appropriately.*

**SELECT ONE**

- 1  No, the center does not measure development and learning (or performance) GO TO J7
- 2  Yes. The center measures development and learning (or performance) WRITE IN NAME OF TOOL(S)

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**FIRST (FORMATIVE) ASSESSMENT TOOL**

<b>J1a.</b> Is the measurement tool center developed or commercial? <i>Select one</i>	<b>J2.</b> Is there a cost to the center for the measurement tool? <i>Select one</i>	<b>J2a.</b> How often is the tool used? <i>Select one</i>	<b>J3.</b> How long has the measurement tool been used? <i>Select one</i>	<b>J4.</b> How was the measurement tool selected? <i>Select all that apply</i>	<b>J5.</b> How do teachers use measurement information on development and learning (performance) to guide instruction? <i>Select all that apply</i>	<b>J6.</b> How does the center track the child's instructional assessments? <i>Select one</i>
1 <input type="checkbox"/> Center GO TO J3  2 <input type="checkbox"/>  Commercial	1 <input type="checkbox"/>  Yes  0 <input type="checkbox"/> No	1 <input type="checkbox"/> Less than once per week  2 <input type="checkbox"/> More than once per week	1 <input type="checkbox"/> 0-2 years  2 <input type="checkbox"/> 3-5 years  3 <input type="checkbox"/> More than 5 years	1 <input type="checkbox"/> Based on ease of use/ experience with tool  2 <input type="checkbox"/> Based on connection to curriculum  3 <input type="checkbox"/> Based on the needs of the child  4 <input type="checkbox"/> Based on evidence of effectiveness (evidence based practice)  5 <input type="checkbox"/> Based on conventional best practice (no evidence)  6 <input type="checkbox"/> Based on requirement (WRITE IN)  <hr/> -	0 <input type="checkbox"/> Do not use  1 <input type="checkbox"/> In whole class instruction with no supports  2 <input type="checkbox"/> In whole class instruction with supports such as professional development coaching, peer collaboration, tracking systems  3 <input type="checkbox"/> In individual instruction with no supports  4 <input type="checkbox"/> In individual instruction with supports such as professional development coaching, peer collaboration, tracking system  5 <input type="checkbox"/> Other ( <i>Specify</i> )  <hr/>	1 <input type="checkbox"/> Not tracked  2 <input type="checkbox"/> Paper based system  3 <input type="checkbox"/> Electronic tracking system

**SECOND (FORMATIVE) ASSESSMENT TOOL**

<b>J1a.</b> Is the measurement tool center developed or commercial? <i>Select one</i>	<b>J2.</b> Is there a cost to the center for the measurement tool? <i>Select one</i>	<b>J2a.</b> How often is the tool used? <i>Select one</i>	<b>J3.</b> How long has the measurement tool been used? <i>Select one</i>	<b>J4.</b> How was the measurement tool selected? <i>Select all that apply</i>	<b>J5.</b> How do teachers use measurement information on development and learning (performance) to guide instruction? <i>Select all that apply</i>	<b>J6.</b> How does the center track the child's instructional assessments? <i>Select one</i>
1 <input type="checkbox"/> Center GO TO J3  2 <input type="checkbox"/>  Commercial	1 <input type="checkbox"/>  Yes  0 <input type="checkbox"/> No	1 <input type="checkbox"/> Less than once per week  2 <input type="checkbox"/> More than once per week	1 <input type="checkbox"/> 0-2 years  2 <input type="checkbox"/> 3-5 years  3 <input type="checkbox"/> More than 5 years	1 <input type="checkbox"/> Based on ease of use/ experience with tool  2 <input type="checkbox"/> Based on connection to curriculum  3 <input type="checkbox"/> Based on the needs of the child  4 <input type="checkbox"/> Based on evidence of effectiveness (evidence based practice)  5 <input type="checkbox"/> Based on conventional best practice (no evidence)  6 <input type="checkbox"/> Based on requirement (WRITE IN)  <hr/> —	0 <input type="checkbox"/> Do not use  1 <input type="checkbox"/> In whole class instruction with no supports  2 <input type="checkbox"/> In whole class instruction with supports such as professional development coaching, peer collaboration, tracking systems  3 <input type="checkbox"/> In individual instruction with no supports  4 <input type="checkbox"/> In individual instruction with supports such as professional development coaching, peer collaboration, tracking system  5 <input type="checkbox"/> Other ( <i>Specify</i> )  <hr/> —	1 <input type="checkbox"/> Not tracked  2 <input type="checkbox"/> Paper based system  3 <input type="checkbox"/> Electronic tracking system

INTERVIEWER: THESE NEXT QUESTIONS ARE ABOUT SUMMATIVE ASSESSMENT TO TRACK CHILD PROGRESS OR DEVELOPMENT GROWTH OVER TIME. THERE MAY BE MORE THAN ONE TOOL USED.

**J7. Does the center measure and track child progress or summarize developmental growth overtime?**

**PROBE:** By measure and track child progress or summarize development growth overtime, we mean do you use a tool or procedure that you use to evaluate student achievement. Summative assessments are often administered at the end of an instructional unit and compare student learning against relevant standards or benchmarks.

**SELECT ONE**

- 1  No, the center does not measure development and learning (or performance) GO TO K1
- 2  Yes. The center measures development and learning (or performance) WRITE IN THE NAME OF THE TOOL(S)

---

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**FIRST (SUMMATIVE) MEASUREMENT TOOL**

**J7a.**  
Is the measurement tool center developed or commercial?  
*Select one*

**J8**  
· List here a cost to the center for the measurement tool?  
**S**

**J8a.**  
How often is the tool used?  
*Select one*

**J9**  
· How long has the measurement tool been used?  
*Select one*

**J10.**  
How was the measurement tool selected?  
*Select all that apply*

**J11.**  
How does the center use information about children's progress?  
*Select all that apply*

**J12.**  
How does the center track the child's instructional assessments?  
*Select one*



## SECOND (SUMMATIVE) MEASUREMENT TOOL

**J7a.**  
Is the measurement tool center developed or commercial?  
*Select one*

**J8**  
· List here a cost to the center for the measurement tool?  
**S**

**J8a.**  
How often is the tool used?  
*Select one*

**J9**  
· How long has the measurement tool been used?  
*Select one*

**J10.**  
How was the measurement tool selected?  
*Select all that apply*

**J11.**  
How does the center use information about children's progress?  
*Select all that apply*

**J12.**  
How does the center track the child's instructional assessments?  
*Select one*



## K. TRAINING ON ASSESSMENT TOOL(S)

### K1. Who is trained on the assessment tool(s)?

SELECT ALL THAT APPLY

- 1  Center director/ assistant director
- 2  Education specialist/ Program director
- 3  Staff from larger organization
- 4  All lead teachers
- 5  Some lead teachers

DROP DOWN

- 6  All assistant teachers
- 7  Some assistant teachers

DROP DOWN

- 8  Other (*specify*)
- 

### K2. How are center directors or program administrators trained on the assessment tool?

SELECT ALL THAT APPLY

- 1  No assessment tool or no training is provided
  - 2  Online
  - 3  In-person by curriculum developer or external certified trainer
  - 4  Other (*specify*)
- 

### K3. Over the course of a year, about how much time do center directors and/or program administrators spend in assessment tool training?

SELECT ONE

- 1  None
- 2  One day or less
- 3  2-4 days
- 4  5 or more days

**K4. How are teaching staff trained on the assessment tool(s)?**

**SELECT ALL THAT APPLY**

- 1  No assessment tool or no training is provided
  - 2  Online
  - 3  A curriculum/assessment book (written materials) are provided and teaching staff are expected to review
  - 4  By program director, education specialist, or center director during staff meetings
  - 5  By program director, education specialist, or center director through one-on-one training
  - 6  By program director, education specialist, or center director in sessions dedicated to curriculum/assessment e.g., during PD days or in-service training time
  - 7  In-person by assessment developer or external certified trainer
  - 8  Other (*specify*)
- 

**K5. Over the course of a year, about how much time do individual teaching staff (lead, aide, and assistant teachers) spend in assessment tool training?**

**SELECT ONE**

- 1  None
- 2  One day or less
- 3  2-4 days
- 4  5 or more days

**K6. How often are teaching staff trained on the assessment tool?**

**SELECT ALL THAT APPLY**

- 1  No assessment tool or no training is provided
- 2  Upon initial assessment tool implementation
- 3  Once during new staff orientation
- 4  Once a year
- 5  Monthly
- 6  As needed



## L. CHILD ASSESSMENT FOR PROVIDING INFORMATION TO FAMILIES

The next questions are about how the center provides information to parents on instructional and developmental assessments.

	A			B	
	How often does center provide information?			Is this information provided formally or informally?	
	SELECT ONE RESPONSE PER ROW			SELECT ALL THAT APPLY	
	Less than once per month	At least once per month	At least one per week	FORMALLY	INFORMALLY
L1. How often does the center provide <b>descriptive information</b> to parents, such as what the child is able to do?	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
L2. How often does the center provide <b>diagnostic information</b> to parents, such as what the child struggles with?	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
L3. How often does the center provide <b>developmental and learning (performance) information</b> to parents such as the child's progress in learning the curriculum?	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
L4. How often does the center provide <b>information to parents on how their child compares to other children?</b>	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>	<sup>3</sup> <input type="checkbox"/>	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>

L5. If the center schedules parent-teacher conferences, for how long are they usually scheduled? WRITE IN OTHER OCCURRENCES OF PARENT-TEACHER CONFERENCES BELOW.

**SELECT ONE**

- 1  No parent-teacher conferences
- 2  Monthly for 1/2 hour
- 3  Monthly for 1 hour
- 4  Quarterly for 1/2 hour
- 5  Quarterly for 1 hour
- 6  Twice a year for 1/2 hour
- 7  Twice a year for 1 hour
- 8  Once a year for 1/2 hour
- 9  Once a year for 1 hour
- 10  Other (*specify*)

The next section of questions is about aspects of the center that support instruction and caregiving. This includes classroom and center resources (space and physical set-up, and materials and equipment), and staffing – center resources that support teachers as they provide instruction, and may also have cost implications for the center.

### M. CLASSROOM AND CENTER RESOURCES

INTERVIEWER: FOR M1a-M2c: IF THE CENTER MEETS LOWER TARGETS THAN THOSE SET BY LICENSING, WRITE IN THE STANDARDS THAT THEY FOLLOW (FOR EXAMPLE, ACCREDITATION, HEAD START, QRIS, STATE PREKINDERGARTEN). NOTE: THE “EXCEED TARGETS” CELL SHOULD ONLY BE CHECKED IF THE RESPONSE ABOVE IS CHECKED AND THE STANDARDS ARE SPECIFIED.

#### CLASSROOM SPACE

M1. Does the center have enough classroom space to meet age based group size targets in all the ...

SELECT ONE RESPONSE PER ROW

	STRUGGLE TO MEET LICENSING REQUIREMENTS	NO PROBLEM MEETING LICENSING REQUIREMENTS	MEET STANDARDS WITH LOWER GROUP SIZE TARGETS (THAN LICENSING) (WRITE IN STANDARDS)	EXCEED TARGETS SET BY OTHER STANDARDS
a. infant classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> _____	4 <input type="checkbox"/>
b. toddlers classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> _____	4 <input type="checkbox"/>
c. preschool classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/> _____	4 <input type="checkbox"/>

**TEACHING STAFF**

**M2. Does the center have enough teaching staff to meet age-based teacher/child ratio targets in all the...**

SELECT ONE RESPONSE PER ROW

	STRUGGLE TO MEET LICENSING REQUIREMENTS	NO PROBLEM MEETING LICENSING REQUIREMENTS	MEET STANDARDS WITH LOWER GROUP SIZE TARGETS (THAN LICENSING) (WRITE IN STANDARDS)	EXCEED TARGETS SET BY OTHER STANDARDS
a. infant classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. toddlers classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. preschool classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**MATERIALS AND EQUIPMENT**

**M3. Do the classrooms have adequate equipment to support caregiving?**

**PROBE: Equipment includes center supplies that generally do not need to be replaced each year and are generally more expensive than materials, such as furniture.**

SELECT ONE

- 1  No. Need more equipment
- 2  No. Staff, families, and other entities contribute equipment
- 3  Yes, but could use more equipment
- 4  Yes. Well supplied

**M4. Do the classrooms have adequate materials to support instruction?**

**PROBE: Materials include consumables that are generally replenished frequently, such as art supplies and diapers.**

SELECT ONE

- 1  No. Need more materials
- 2  No. Staff, families, and other entities contribute materials
- 3  Yes. Staff, families, and other entities contribute materials
- 3  Yes, but could use more materials
- 4  Yes. Well supplied

**M5. Does the center have an adequate outdoor play area?**

SELECT ONE

- 1  No access to play area
- 2  No. Limited access to nearby play area
- 3  Yes. Minimal play area
- 4  Yes. Excellent play area

**M6. Does your center currently have facility acquisition, construction, or renovation needs?**

**SELECT ALL THAT APPLY**

- 1  Need to upgrade the space or make repairs to address health and safety concerns such as lead paint, mold, electrical upgrades, etc.
- 2  Need to improve the capacity of the facilities such as to improve group size targets, create more space to serve a waiting list for additional children, or to add or enlarge outdoor play area
- 3  Need to improve the quality of the facilities such as having bathrooms adjacent to classrooms, making cubbies accessible, having child-sized sinks, counters, furnishings and fixtures
- 4  No facility needs

## N. STAFFING

**N1a. What informs the qualifications you look for when hiring staff in the classroom?**

**SELECT ALL THAT APPLY**

- 1  None
  - 2  Licensing standards
  - 3  Background, training, or staff performance assessments
  - 4  Specialized coursework
  - 5  Standards set by larger organization
  - 6  Standards set by funding sources
  - 7  Standards set by QRIS
  - 8  Standards set by local, state, or national accrediting entity
  - 9  Other (*specify*)
- 

**N1a1. Which of those qualifications is the most important?**

**DROP DOWN**

**N1b. What informs the qualifications you look for when hiring staff who are not in the classroom such as specialists and directors?**

**SELECT ALL THAT APPLY**

- 1  None
  - 2  Licensing standards
  - 3  Background, training, or staff performance assessments
  - 4  Specialized coursework
  - 5  Standards set by larger organization
  - 6  Standards set by funding sources
  - 7  Standards set by QRIS
  - 8  Standards set by local, state, or national accrediting entity
  - 9  Other (*specify*)
- 

**N1b1. Which of those qualifications is the most important?**

**DROP DOWN**

**CATEGORIES OF QUALIFICATIONS OF STAFF IN CLASSROOM AT THE CENTER.**

	<p align="center"><b>N2.</b></p> <p align="center"><b>What is the approximate proportion of [staff] at each qualification level?</b></p> <p>(1-5) EACH STAFF MEMBER SHOULD ONLY BE INCLUDED IN THE EDUCATION CATEGORY REFLECTING THEIR HIGHEST LEVEL OF EDUCATION</p> <p>(6) ALL STAFF MEMBERS WITH CERTIFICATION SHOULD BE INCLUDED IN THIS PROPORTION</p>	<p align="center"><b>N3.</b></p> <p align="center"><b>What is the approximate proportion of [staff] at each level of experience?</b></p>	<p align="center"><b>N4.</b></p> <p align="center"><b>What is the center's overall ability to meet targeted qualifications?</b></p>
<p>a. Lead teachers</p>	<p>1 <input type="checkbox"/> High school degree <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> Associates degree <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Bachelor's degree <b>DROP DOWN</b></p> <p>4 <input type="checkbox"/> Master's degree <b>DROP DOWN</b></p> <p>5 <input type="checkbox"/> 18 hours or more of ECE coursework <b>DROP DOWN</b></p> <p>6 <input type="checkbox"/> Certification <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> None <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> 1-2 years <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> More than 2 years <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> Struggling</p> <p>2 <input type="checkbox"/> Nearly meet</p> <p>3 <input type="checkbox"/> Meet in full</p> <p>4 <input type="checkbox"/> Exceed</p>
<p>b. Assistant teachers or aides</p>	<p>1 <input type="checkbox"/> High school degree <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> Associates degree <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Bachelor's degree <b>DROP DOWN</b></p> <p>4 <input type="checkbox"/> Master's degree <b>DROP DOWN</b></p> <p>5 <input type="checkbox"/> 18 hours or more of ECE coursework <b>DROP DOWN</b></p> <p>6 <input type="checkbox"/> Certification <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> None <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> 1-2 years <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> More than 2 years <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> Struggling</p> <p>2 <input type="checkbox"/> Nearly meet</p> <p>3 <input type="checkbox"/> Meet in full</p> <p>4 <input type="checkbox"/> Exceed</p>

**CATEGORIES OF QUALIFICATIONS OF STAFF IN CLASSROOM AT THE CENTER.**

	<p align="center"><b>N2.</b></p> <p align="center"><b>What is the approximate proportion of [staff] at each qualification level?</b></p> <p align="center">(1-5) EACH STAFF MEMBER SHOULD ONLY BE INCLUDED IN THE EDUCATION CATEGORY REFLECTING THEIR HIGHEST LEVEL OF EDUCATION</p> <p align="center">(6) ALL STAFF MEMBERS WITH CERTIFICATION SHOULD BE INCLUDED IN THIS PROPORTION</p>	<p align="center"><b>N3.</b></p> <p align="center"><b>What is the approximate proportion of [staff] at each level of experience?</b></p>	<p align="center"><b>N4.</b></p> <p align="center"><b>What is the center's overall ability to meet targeted qualifications?</b></p>
<p>c. Education coordinator or curriculum specialist</p> <p>PROBE: People who oversee the development and support of the education program of the center</p>	<p>1 <input type="checkbox"/> High school degree <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> Associates degree <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Bachelor's degree <b>DROP DOWN</b></p> <p>4 <input type="checkbox"/> Master's degree <b>DROP DOWN</b></p> <p>5 <input type="checkbox"/> 18 hours or more of ECE coursework <b>DROP DOWN</b></p> <p>6 <input type="checkbox"/> Certification <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> None <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> 1-2 years <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> More than 2 years <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> Struggling</p> <p>2 <input type="checkbox"/> Nearly meet</p> <p>3 <input type="checkbox"/> Meet in full</p> <p>4 <input type="checkbox"/> Exceed</p>
<p>d. Center director or site administrator</p>	<p>1 <input type="checkbox"/> High school degree <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> Associates degree <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> Bachelor's degree <b>DROP DOWN</b></p> <p>4 <input type="checkbox"/> Master's degree <b>DROP DOWN</b></p> <p>5 <input type="checkbox"/> 18 hours or more of ECE coursework <b>DROP DOWN</b></p> <p>6 <input type="checkbox"/> Certification <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> None <b>DROP DOWN</b></p> <p>2 <input type="checkbox"/> 1-2 years <b>DROP DOWN</b></p> <p>3 <input type="checkbox"/> More than 2 years <b>DROP DOWN</b></p>	<p>1 <input type="checkbox"/> Struggling</p> <p>2 <input type="checkbox"/> Nearly meet</p> <p>3 <input type="checkbox"/> Meet in full</p> <p>4 <input type="checkbox"/> Exceed</p>

**N5. Does the center have access to additional expert or specialized staff who support instruction?**

	N 5.	N6. How is the cost of this staff covered?		
		SELECT ONE PER ROW		
		N O C O S T T O C E N T E R	C E N T E R	S P O N S O R I N G O R G A N I Z A T I O N
a. Disability specialist	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Health or nutrition specialist	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Art, music, dance or physical education specialist	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Social emotional or behavior management specialist	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Literacy or Math specialist	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Other ( <i>Specify</i> ) _____	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



## O. BARRIERS AND FACILITATORS TO INSTRUCTION AND CAREGIVING

**O1.** In the past two years, how many staff have left or been terminated? ENTER NUMBER FOR EACH CATEGORY OF STAFF.

- 0  None
- 1  Lead teachers (*Enter number*) \_\_\_\_\_
- 2  Assistant teachers (*Enter number*) \_\_\_\_\_
- 3  Education specialists/program director (*Enter number*) \_\_\_\_\_
- 4  Center director/assistant director (*Enter number*) \_\_\_\_\_
- 5  Other Staff (*Enter number*) \_\_\_\_\_

**O2.** In the past two years, which type of teaching staff has been more difficult to retain?

**SELECT ONE**

- 0  Not difficult to retain
  - 1  Lead teachers
  - 2  Assistant teachers
  - 3  Other Staff (*Specify*)
- 

**O3.** When turnover occurs, how does it affect the daily operations of the center?

INTERVIEWER: SELECT ONE, OR WHEN BOTH OTHER CENTER STAFF AND FLOATERS/SUBSTITUTES PROVIDE COVERAGE SELECT ONE RESPONSE WITHIN EACH PAIR. 'OTHER CENTER STAFF' REFERS TO CENTER LEADERSHIP, SUPPORT STAFF, AND TEACHING STAFF.

**SELECT ALL THAT APPLY**

- 1  Other center staff cover, but this is stressful
- 2  Other center staff cover, and this is not stressful
- 3  Floaters/substitutes cover, but this is stressful
- 4  Floaters/substitutes cover, and this is not stressful

**O4a.** What are the main factors that influence lead teachers to stay at the center?

**SELECT ALL THAT APPLY**

- 1  Center has a culture of teamwork
  - 2  Commitment to children and families
  - 3  Opportunities for professional development
  - 4  Employee benefits
  - 5  Other (*specify*)
- 

**O4a1.** Which factor is most important in influencing lead teachers to stay at the center?

**DROP DOWN**

**O4b. What are the main factors that influence assistant teachers or aides to stay at the center?**

**SELECT ALL THAT APPLY**

- 1  Center has a culture of teamwork
  - 2  Commitment to children and families
  - 3  Opportunities for professional development
  - 4  Employee benefits
  - 5  Other (*specify*)
- 

**O4b1. Which factor is most important in influencing assistant teachers or aides to stay at the center?**

**DROP DOWN**

**O5a. What are the main factors that influence lead teachers to leave the center?**

**SELECT ALL THAT APPLY**

- 1  Better pay or career opportunity
  - 2  Prefer to work for a school district
  - 3  Personal reasons, such as relocating
  - 4  Burnout
  - 5  Other (*specify*)
- 

**O5a1. Which factor is most important?**

**DROP DOWN**

**O5b. What are the main factors that influence assistant teachers or aides to leave the center?**

**SELECT ALL THAT APPLY**

- 1  Better pay or career opportunity
  - 2  Prefer to work for a school district
  - 3  Personal reasons, such as relocating
  - 4  Burnout
  - 5  Other (*specify*)
- 

**O5b1. Which factor is most important?**

**DROP DOWN**

**O6. Is the center able to retain staff after they have increased the staff's qualifications, such as teachers who have obtained a higher degree or credential?**

- 1  Yes
- 0  No
- 2  Sometimes

Now, we have some questions about workforce development, which includes recruiting, hiring, training, coaching, supervising staff, and professional development.

## P. RECRUITING AND HIRING PROCESS

**P1. How does the center recruit potential candidates for open teaching (in classroom) positions?**

**SELECT ALL THAT APPLY**

**FORMAL RECRUITMENT METHODS**

- 1  Post job description on center's website
  - 2  Post job description on employment website (e.g., Craigslist, Indeed)
  
  - 3  Job fairs
  - 4  Community and state agencies
  - 5  Teaching degree or certificate programs
  - 6  Other formal method (WRITE IN)
- 

**INFORMAL RECRUITMENT METHODS**

- 7  Post job description on Facebook
  - 8  Post fliers locally
  - 9  Hiring from within the center
  - 10  Referrals from center staff
  - 11  Referrals from parents
  - 12  Other informal method (*Specify*)
- 

**P1a. Which recruitment method was used most frequently in the past year, either formal or informal?**

INTERVIEWER: WRITE IN NUMBER

**DROP DOWN**

---

**P2. Who is involved in recruiting for open teaching (in classroom) positions and screening potential candidates?**

**SELECT ALL THAT APPLY**

- 1  Center leadership (includes center director, assistant director, and education coordinator)
  - 2  Teaching staff at the center
  - 3  Staff from larger organization (such as human resources)
  - 4  Other (*Specify*)
-

**P3. Who is involved in interviewing potential teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Center leadership (includes center director, assistant director, and education coordinator)
  - 2  Teaching staff at the center
  - 3  Staff from larger organization (such as human resources)
  - 4  Other (*Specify*)
- 

**P4a. What activities occur during the interview process for lead teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Discuss what quality education and care means with candidates
  - 2  Discuss candidate's approach to teamwork
  - 3  Discuss scenarios of classroom situations with candidates
  - 4  Have candidates prepare a lesson or age-appropriate activity for discussion during interview
  - 5  Have candidates prepare a lesson or age-appropriate activity for presentation in classroom
  - 6  Other (*Specify*)
- 

**P4b. What activities occur during the interview process for assistant teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Discuss what quality education and care means with candidates
  - 2  Discuss candidate's approach to teamwork
  - 3  Discuss scenarios of classroom situations with candidates
  - 4  Have candidates prepare a lesson or age-appropriate activity for discussion during interview
  - 5  Have candidates prepare a lesson or age-appropriate activity for presentation in classroom
  - 6  Other (*Specify*)
- 

**P5. Who is involved in making the final hiring decision for teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Center leadership (includes center director, assistant director, and education coordinator)
  - 2  Teaching staff at the center
  - 3  Staff from larger organization (such as human resources)
  - 4  Other (*Specify*)
-

**P6a. Is the interview process standard for all lead teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Standard process for all candidates
- 2  Varies based on candidate's experience
- 3  Varies based on time available in the center

**P6b. Is the interview process standard for all assistant teacher candidates?**

**SELECT ALL THAT APPLY**

- 1  Standard process for all candidates
- 2  Varies based on candidate's experience
- 3  Varies based on time available in the center

**P7. Is there anything else that the center has in place to support recruiting and hiring teaching staff?**

---

---

## Q. FACILITATORS AND CHALLENGES TO RECRUITING AND HIRING

**Q1. How much staff time was needed in the past year to recruit and screen candidates?**

SELECT ONE RESPONSE PER ROW AND WRITE IN APPROXIMATE DAYS PER MONTH

	M O R E				
	T H A N				
	T H E				
	C E N T E R				
	W O U L D	M A N A G E	M I N I M U M	N O N E	WRITE IN THE APPROXIMATE DAYS OF STAFF TIME NEEDED PER MONTH, OR IF LESS THAN ONE DAY PER MONTH WAS NEEDED
a. Lead teachers	1	2	3	4	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Assistant teachers	1	2	3	4	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Q2. How much staff time was needed in the past year to interview and evaluate candidates?**

SELECT ONE RESPONSE PER ROW AND WRITE IN APPROXIMATE DAYS PER MONTH

	M O R E	M A N A G E R S	M I N I M U M	N O N E	WRITE IN THE APPROXIMATE DAYS OF STAFF TIME NEEDED PER MONTH, OR IF LESS THAN ONE DAY PER MONTH WAS NEEDED
	T				

	H A N  T H E  C E N T E R  W O U L D  L I K E				
		B L E	M		
a. Lead teachers	1	2	3	4	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Assistant teachers	1	2	3	4	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Q3a. How easy or difficult was it for the center to recruit qualified Lead teachers candidates in the past year?**

**SELECT ONE**

- 1  Very difficult. Center did not receive enough qualified applicants and did extra outreach to recruit qualified applicants.
- 2  Semi-difficult. Center received some qualified applicants, but would have preferred more to choose from.
- 3  Manageable. Center usually received multiple qualified applicants.
- 4  Easy. Center had ready access to qualified job candidates

**Q3b. How easy or difficult was it for the center to recruit qualified assistant teachers candidates in the past year?**

**SELECT ONE**

- 1  Very difficult. Center did not receive enough qualified applicants and did extra outreach to recruit qualified applicants.
- 2  Semi-difficult. Center received some qualified applicants, but would have preferred more to choose from.
- 3  Manageable. Center usually received multiple qualified applicants.
- 4  Easy. Center had ready access to qualified job candidates



**Q4. What is the biggest challenge the center faces in filling vacant positions for teaching staff?**

**SELECT ALL THAT APPLY**

- 1  Recruiting qualified candidates
  - 2  Paying staff competitive salaries
  - 3  Other (*specify*)
- 

## **R. SETTING PRIORITIES AND DETERMINING NEEDS FOR TRAINING AND PROFESSIONAL DEVELOPMENT**

**In this section, we have questions about professional development, which includes activities intended to improve one's credentials, certification, or general education. These questions are focused only on teaching staff who work with children in the classroom.**

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ONLY ON TEACHING STAFF WHO WORK WITH CHILDREN IN THE CLASSROOM.

**R1. How does the center determine priorities for training and professional development of teaching staff, as a whole?**

**SELECT ALL THAT APPLY**

- 1  No priorities
  - 2  Based on parent feedback or community needs
  - 3  Based on staff needs identified through informal mechanisms, such as discussions, staff meetings
  - 4  Based on staff needs identified through formal mechanisms, such as surveys, performance reviews, observation
  - 5  Based on new initiatives or activities in the classroom (e.g. curricula)
  - 6  Based on assessments to determine children's needs such as meeting the needs of children with disabilities or English language learners
  - 7  Based on meeting requirements (WRITE IN REQUIREMENTS)
- 

- 8  Based on scores on observational measures (e.g., CLASS, ERS) (WRITE IN MEASURES BELOW)
- 

- 9  Other (*specify*)
- 

**R1a. Which has the highest priority for determining training and professional development needs for teaching staff as a whole?**

**DROP DOWN**

**R2. What are the center’s priorities for training and professional development of teaching staff?**

**SELECT ALL THAT APPLY**

- 1  No priorities GO TO R3
  - 2  Leadership/supervisory training
  - 3  Training on pyramid model (social-emotional development)
  - 4  Training specific to classroom content or achievement (curriculum, math, literacy, etc.)
  - 5  Training on method/approach/pedagogy
  - 6  Training to meet the needs of individual children
  - 7  Training to meet requirements (such as Head Start or licensing requirements) (WRITE IN REQUIREMENTS)
- 
- 8  Training that includes ECE credits
  - 9  Other (*specify*)
- 

**R2b. What is the center’s highest priority for training and professional development of teaching staff?**

**DROP DOWN**

**R3. Who determines the training and professional development needs of teaching staff?**

**SELECT ALL THAT APPLY**

- 1  No needs determined
- 2  Center leadership or parent company (top-down)
- 3  Teaching staff (bottom-up)
- 4  Committee comprised of a range of center staff; may include parents or board members

**R4. How do staff contribute to determining their individual training and professional development needs?**

**SELECT ALL THAT APPLY**

- 1  Staff do not contribute
  - 2  Direct feedback to center director
  - 3  Staff meetings
  - 4  Staff surveys or evaluation forms
  - 5  Individual staff training plans established on QRIS registry
  - 6  Individual staff training plans established by State standards or State licensing requirements
  - 7  Individual staff training plans established as part of performance review
  - 8  Other (*specify*)
-

**R5. How does the center develop, maintain, and track training and professional development for individual teachers?**

**SELECT ALL THAT APPLY**

- 1  No individual plans
  - 2  Teachers use a training or professional development registry (such as QRIS)
  - 3  Center director or administrator uses a training registry (such as QRIS)
  - 4  Center director or administrator reviews performance with individual teacher
  - 5  Other (*specify*)
- 

**R6. How does the center determine whether training meets center goals and staff needs?**

**SELECT ALL THAT APPLY**

- 1  Not determined
  - 2  Staff self-report
  - 3  Observations, informal
  - 4  Observations, formal
  - 5  Assessments or other outcome data
  - 6  Staff annual review
  - 7  Center annual plan
  - 8  Other (*Specify*)
-

## S. PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT TO TEACHING STAFF

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ONLY ON TEACHING STAFF WHO WORK WITH CHILDREN IN THE CLASSROOM.

**S1. Does the center provide training for teaching staff to meet licensing requirements or standards beyond licensing requirements? If yes, how many hours of training is provided to meet licensing requirements and/or standards beyond licensing? WRITE IN NUMBER OF HOURS AND REQUIREMENTS OR STANDARDS**

**SELECT ALL THAT APPLY**

- 1  No training is provided by the center GO TO T1
- 2  Some training is provided to meet licensing requirements
- 3  All training is provided to meet licensing requirements

WRITE IN NUMBER OF HOURS OF TRAINING REQUIRED FOR LICENSING

---

- 4  Some training is provided to meet standards beyond licensing
- 5  All training is provided to meet other standards beyond licensing

WRITE IN STANDARDS

S1.5a \_\_\_\_\_

WRITE IN THE NUMBER OF HOURS REQUIRED

S1.5b \_\_\_\_\_

- 6  Some training is provided to assist staff in acquiring credentials
- 7  All training is provided to assist staff in acquiring credentials

WRITE IN TYPE OF CREDENTIAL

S1.7a \_\_\_\_\_

WRITE IN THE NUMBER OF HOURS REQUIRED

S1.7b \_\_\_\_\_

**S2. How often is training provided by the center?**

**SELECT ALL THAT APPLY**

- 1  During some staff meetings. WRITE IN FREQUENCY OF TRAINING OCCURRING DURING STAFF MEETINGS:

---

- 2  During (most to) all staff meetings. WRITE IN FREQUENCY OF STAFF MEETINGS:

---

- 3  During 2 to 4 in-service or professional development days each year
- 4  During 5 to 10 in-service or professional development days each year
- 5  Other (*Specify*)

---

**S2b. What is the approximate number of total training hours provided by the center each year each year?**  
WRITE IN THE APPROXIMATE NUMBER OF TRAINING HOURS.

---

**S3. Do all teaching staff attend the training provided by the center? If not, how does it vary?**

**SELECT ALL THAT APPLY**

- 1  No, teachers attend training provided by the center based on individual teacher needs
- 2  No, only lead teachers attend training provided by the center
- 3  No, certain teachers receive training through other programs (e.g., HS or state PreK program)
- 4  No, all teaching staff are expected to attend but they don't for various reasons
- 5  Yes, all teaching staff attend training provided by the center

**S4. How is training provided and paid for by the center?**

**SELECT ALL THAT APPLY**

- 1  Training resources developed by the center are provided to staff, but staff are not given paid time to review resources
- 2  Training resources developed by the center are provided to staff and staff are given paid time to review resources
- 3  In-person training is paid for by the center (both at the center and off-site) but, staff time is not paid for
- 4  In-person, off-site training and staff time is paid for by the center
- 5  In-person, at the center training and staff time is paid for by the center

**S5. Who conducts the training provided by the center?**

**SELECT ALL THAT APPLY**

- 1  Center leadership or staff
- 2  Staff from larger organization
- 3  External experts or specialists paid for by the center
- 4  External experts or specialists provided at no cost to the center.

WRITE IN THE EXTERNAL ENTITIES THAT COVER THE COSTS

S5.4a. \_\_\_\_\_

WRITE IN THE PROPORTION OF TRAINING COVERED BY EACH ENTITY

S5.4b. \_\_\_\_\_

**S6. What activities are conducted after training to assess knowledge acquisition or skill development?**

**SELECT ALL THAT APPLY**

- 1  None
- 2  Post-test on knowledge acquisition
- 3  Teacher written reports on practice changes in the classroom
- 4  Observations to assess adoption of skills or practices in the classroom
- 5  Coaching or mentoring to support ongoing skill development
- 6  Other (*Specify*)



## T. SUPPORT FOR TRAINING AND PROFESSIONAL DEVELOPMENT FOR TEACHING STAFF

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ONLY ON TEACHING STAFF WHO WORK WITH CHILDREN IN THE CLASSROOM.

### T1. How are staff informed of additional training opportunities beyond what the center provides?

SELECT ALL THAT APPLY

- 1  Staff do not pursue training on their own
- 2  Center staff distributes information such as center director, training coordinator, educational specialist, or other staff
- 3  Professional development registry
- 4  Through a specific initiative or program

WRITE IN PROGRAM (SUCH AS QRIS, HS, OR STATE PREK):

---

- 5  Other (*Specify*)

---

### T2. In the past year, how did the center provide assistance to teaching staff to support additional training or education, such as tuition, registration fees, travel, or costs of required materials?

SELECT ALL THAT APPLY

- 1  None
- 2  Center helps staff access supplemental assistance e.g., through T.E.A.C.H., QRIS, or HS programs

WRITE IN SOURCE OF SUPPLEMENTAL ASSISTANCE:

---

- 3  Center provides assistance on a case by case basis
- 4  Center provides up to a specific dollar amount per staff member

WRITE IN AMOUNT AVAILABLE PER STAFF MEMBER:

---

- 5  Other (*Specify*)

---

**T3. Does the center pay staff for time spent attending outside training?** SELECT ONE OF FIRST FOUR OPTIONS. WRITE IN IF TEACHING STAFF ARE GIVEN A CERTAIN AMOUNT OF PAID TIME TO ATTEND TRAINING (E.G. 10 HOURS, 3 DAYS, ETC.)

**SELECT ONE**

- 1  No
- 2  Yes, but very limited
- 3  Yes, staff are paid for time in training that occurs during work hours
- 4  Yes, staff are paid for time in training during or outside of work hours
- 5  Yes, staff are given a certain amount of time to pursue training.

WRITE IN AMOUNT OF TIME (HOURS OR DAYS):

---

**T4. Does the center provide classroom coverage when teaching staff attend training during work hours?**

**SELECT ONE**

- 1  No
- 2  Yes, but very limited
- 3  Yes, but it's a hardship to arrange coverage (by other staff or substitutes)
- 4  Yes, coverage is provided by floaters or substitutes who are on staff



## U. TEACHER/CLASSROOM OBSERVATIONS

**U1. What are the goals of classroom observations? For each goal, how often are classroom observations conducted for an individual classroom/teacher?**

**PROBE:** By observation we mean, when someone (such as a lead teacher, education specialist, center administrator, or external consultant) watches a teacher during classroom activities, either to see a particular aspect of his/her teaching or on an ongoing basis.

**SELECT ALL THAT APPLY**

- 1  No observations conducted in center GO TO V1
  - 2  To monitor and supervise teaching staff performance **DROP DOWN**
  - 3  To provide individualized coaching on specific skill or practice **DROP DOWN**
  - 4  To identify professional development needs **DROP DOWN**
  - 5  To measure quality of environment or teacher/ child interactions **DROP DOWN**
  - 6  Other (*Specify*) **DROP DOWN**
- 

**U1b. What is the primary goal of classroom observations?**

**DROP DOWN**

**U2. Who conducts the classroom observations? SELECT ALL THAT APPLY ACROSS THE VARIOUS PURPOSES FOR OBSERVATIONS (IDENTIFIED IN RESPONSE TO QUESTION U1).**

**SELECT ALL THAT APPLY**

- 1  Lead teacher
- 2  Center director/ assistant director
- 3  Education specialist
- 4  External consultant paid for by the center
- 5  External consultant paid for by a specific program or quality initiative

**U3. Are observations conducted with similar frequency across all classrooms/ teachers?**

- 1  Yes
  - 0  No WRITE IN REASON FOR VARIATION
- 

**U4. What are the approximate number of hours of classroom observations per year provided by the center? WRITE IN APPROXIMATE NUMBER OF HOURS**

---

**U5. Is a tool used to conduct observations?**

**SELECT ALL THAT APPLY**

- 1  No tool used
  - 2  Commercially developed tool    WRITE IN NAME OF TOOL:
- 

- 3  Center-developed tool

**U6. What follow-up activities are conducted after an observation?**

**SELECT ALL THAT APPLY**

- 1  None
  - 2  Feedback to teacher on strengths and areas for improvement
  - 3  Develop action plan for improvement
  - 4  Follow-up observations
  - 5  Other (*Specify*)
- 

**U7. Do teaching staff visit other classrooms to observe practice? If so, where?**

**SELECT ALL THAT APPLY**

- 1  No        GO TO V1
- 2  Yes, classrooms within the same center
- 3  Yes, classrooms in another center within the same program
- 4  Yes, classrooms in another center outside of the program

**U7a. What is the approximate number of total hours staff have spent observing other classrooms in the past year? WRITE IN THE APPROXIMATE NUMBER OF HOURS.**

---

**U8. What happened after the observations? WRITE IN OTHER FOLLOW-UP ACTIVITIES THAT OCCUR AFTER AN OBSERVATION.**

**SELECT ALL THAT APPLY**

- 1  Nothing
  - 2  Discussed how to apply what was observed in practice with coach or supervisor
  - 3  Developed plan to apply new knowledge and skills (stand-alone or as part of coaching or performance review)
  - 4  Observed in the classroom to assess degree of skill application
  - 5  Other (*Specify*)
-

## V. PROVIDING INDIVIDUALIZED COACHING TO CLASSROOM STAFF TO SUPPORT IMPROVING SKILLS IN WORKING WITH CHILDREN

In this section, we have questions about providing individualized coaching to classroom staff to support improving their skills in working with children.

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ON TEACHING STAFF AND EDUCATION SPECIALISTS.

### V1. Does the center provide individualized coaching to teaching staff?

**PROBE:** We define coaching as one-on-one support focused on improving teaching staffs' skills in working with children (this includes informal mentoring).

#### SELECT ONE

- 1  No individualized coaching is provided **GO TO** W1
- 2  Yes, individualized coaching is provided to some staff

WRITE IN BELOW:

STAFF WHO RECEIVE COACHING

V1.2a. \_\_\_\_\_

WHY THOSE STAFF RECEIVE COACHING

V1.2b. \_\_\_\_\_

THE PROPORTION OF TOTAL STAFF WHO RECEIVE COACHING

V1.2c. \_\_\_\_\_

- 3  Yes, individualized coaching is provided to all staff

WRITE IN BELOW WHY ALL STAFF RECEIVE COACHING

---

### V2. What is the focus of individualized coaching in the center?

#### SELECT ALL THAT APPLY

- 1  Varies based on staff needs
- 2  Monitoring and supervising staff
- 3  Improving instruction
- 4  Implementing curriculum
- 5  Interacting with children (including meeting the needs of children with disabilities or English language learners)
- 6  Meeting requirements WRITE IN SOURCE OF REQUIREMENTS:
- 

### V2a. What is the primary focus of individualized coaching?

**DROP DOWN**

**V3. Who provides the individualized coaching?**

WRITE IN OTHER STAKEHOLDERS WHO PROVIDE INDIVIDUALIZED COACHING

**SELECT ALL THAT APPLY**

- 1  Peers (such as lead or master teachers)
  - 2  Center director/ assistant director
  - 3  Internal coach employed by the center, including program director or education specialist
  - 4  External coach paid for by a specific program or quality initiative, at no cost to the center
  - 5  External coach, paid for by the center
  - 6  Other (*Specify*)
- 

**V4. How often is individualized coaching provided by the center?**

WRITE IN THE REQUIREMENT OR INITIATIVE TO WHICH THE COACHING IS LINKED, IF APPLICABLE.

**SELECT ONE**

- 1  As needed WRITE IN REQUIREMENT OR INITIATIVE:
- 

- 2  Weekly WRITE IN REQUIREMENT OR INITIATIVE:
- 

- 3  Monthly WRITE IN REQUIREMENT OR INITIATIVE:
- 

- 4  Quarterly WRITE IN REQUIREMENT OR INITIATIVE:
- 

- 5  Other time range WRITE IN TIME RANGE AND REQUIREMENT OR INITIATIVE:
- 

**V4c. What is the approximate number of hours of coaching provided by the center each year, for all teachers total? WRITE IN THE APPROXIMATE NUMBER OF HOURS PER YEAR:**

---

**V5. What activities occur as part of individualized coaching? WRITE IN OTHER ACTIVITIES THAT OCCUR AS PART OF INDIVIDUALIZED COACHING**

**SELECT ALL THAT APPLY**

- 1  Formal meeting to discuss feedback and develop an action plan for implementing new skill in classroom
  - 2  The center's training priorities are assessed and adjusted, if necessary
  - 3  Staff participate in behavioral rehearsals to practice new skills
  - 4  Staff are observed using new skills in the classroom setting
  - 5  Staff observe the coach modeling new skills
  - 6  Staff are required to meet a specific goal or benchmark indicating skill or knowledge acquisition
  - 7  Other (*Specify*)
- 

**V6. How does the center develop and maintain coaching plans for individual teachers? WRITE IN OTHER WAYS THE CENTER DEVELOPS AND MAINTAINS COACHING PLANS**

**SELECT ALL THAT APPLY**

- 1  No individual plans
  - 2  The plan is developed as part of the teacher's professional development plan
  - 3  The plan is developed and maintained by the coach (or education specialist or program director) in consultation with the teacher
  - 4  The plan is developed and maintained by the coach (or education specialist or program director) without consultation with the teacher
  - 5  The plan is developed and maintained by the center director
  - 6  The plan is aligned with the teacher's performance review
  - 7  Other (*Specify*)
- 

**V7. How does the center determine whether coaching meets center goals and staff needs? WRITE IN OTHER WAYS THE CENTER DEVELOPS AND MAINTAINS COACHING PLANS**

**SELECT ALL THAT APPLY**

- 1  Not determined
  - 2  Teacher self-report
  - 3  Observations of teachers, informal
  - 4  Observations of teachers, formal
  - 5  Assessments or other child outcome data
  - 6  Staff performance reviews
  - 7  Other (*Specify*)
-

## W. MONITORING AND EVALUATING PERFORMANCE OF TEACHING STAFF

**W1. What expectations of knowledge, skills and abilities are included in job descriptions for teachers?**  
WRITE IN OTHER EXPECTATIONS OF KNOWLEDGE AND SKILLS INCLUDED IN JOB DESCRIPTIONS.

INTERVIEWER: SUGGEST THAT THE RESPONDENT MAY WANT TO REFER TO JOB DESCRIPTIONS OR THE STAFF HANDBOOK

**SELECT ALL THAT APPLY**

1  Licensing and accreditation requirements (State, City, QRIS) WRITE IN SOURCE OF REQUIREMENTS:

---

2  Program requirements (HS, Pre-K) WRITE IN SOURCE OF REQUIREMENTS:

---

3  Personnel competencies (NAEYC/DEC). WRITE IN SOURCE OF REQUIREMENTS:

---

4  Education requirements or CDA

5  Implementing a curriculum

6  Screening and assessment

7  Classroom environment

8  Health and safety standards

9  Positive interactions with children

10  Positive interactions with families

11  Planning lessons and activities

12  Areas of child development (physical, language, cognitive, social-emotional)

13  Documentation and record keeping

14  Supervision (lead teachers)

15  Other (*Specify*)

---

**W2. What types of individual performance goals does the center typically set for teaching staff?** WRITE IN OTHER WAYS IN WHICH STAFF PERFORMANCE GOALS ARE SET.

**SELECT ALL THAT APPLY**

1  No individual performance goals

2  Professional development

3  Classroom instruction or care

4  Interpersonal (e.g., relating to other staff or parents)

5  Varies by teacher

6  Other (*Specify*)

---

**W3. How are individual performance goals determined for teaching staff? WRITE IN OTHER WAYS IN WHICH INDIVIDUAL PERFORMANCE GOALS ARE DETERMINED FOR STAFF.**

**SELECT ALL THAT APPLY**

- 1  Based on a deficiency in performance, based on job expectations
  - 2  Based on a need for training for professional development in a new area or center-identified need (not based on job expectations)
  - 3  Based on interactions with children
  - 4  Based on interactions with peers
  - 5  Based on goals identified by the teacher
  - 6  Other (*Specify*)
- 

**W4. How does the center monitor and evaluate staff performance of teaching staff? WRITE IN OTHER WAYS IN WHICH THE CENTER MONITORS AND EVALUATES STAFF PERFORMANCE.**

**SELECT ALL THAT APPLY**

- 1  Use specific expectations and responsibilities outlined in job descriptions
  - 2  Meet with staff annually to set performance goals for the year
  - 3  Meet with staff during the year to review progress toward performance goals
  - 4  Observe staff in the classroom and provide feedback
  - 5  Provide informal feedback as needed
  - 6  Receive staff self-assessments
  - 7  Other (*Specify*)
- 

**W5. Does the center have a standardized process for monitoring and evaluating the performance of teaching staff? WRITE IN THE REASON WHY PERFORMANCE EVALUATION VARIES BY INDIVIDUAL TEACHER.**

**SELECT ALL THAT APPLY**

- 1  Yes, performance evaluation is standardized for all teachers
  - 2  Performance evaluation varies throughout the year, but the annual reviews are standardized
  - 3  No, performance evaluation varies by individual teacher based on experience
  - 4  No, performance evaluation varies by individual teacher based on tenure
  - 5  No, performance evaluation varies by individual teacher based on position – lead or assistant
  - 6  No, performance evaluation varies by individual teacher based on identified needs or deficiencies
  - 7  No, performance evaluation varies by individual teacher based on something else (*Specify*)
- 

**W5a. Approximately how much time is spent for evaluating each teacher per year? This includes soliciting input, writing, and sharing with the teacher. WRITE IN THE NUMBER OF APPROXIMATE HOURS**

---

**W6. How are teaching staff recognized or rewarded for strong performance? WRITE IN OTHER WAYS IN WHICH STAFF ARE RECOGNIZED OR REWARDED FOR STRONG PERFORMANCE.**

**SELECT ALL THAT APPLY**

- 1  Informally (e.g., lunches, cake)
  - 2  Formally (e.g., recognition during staff meetings or in newsletter)
  - 3  Promotion or new job title
  - 4  Bonus or raise
  - 5  Other (*Specify*)
- 

**W7. Who has input into teaching staff performance? WRITE IN OTHERS WHO HAVE INPUT INTO TEACHING STAFF PERFORMANCE**

**SELECT ALL THAT APPLY**

- 1  Center director/ assistant director
  - 2  Supervisor
  - 3  Other teaching staff
  - 4  Parents
  - 5  Coach (if other than supervisor)
  - 6  Other (*Specify*)
-



## X. CENTER PLANNING AND GOAL SETTING PROCESS

### X1. How do you assess center progress toward meeting the goals of the center?

INTERVIEWER: NOTE THAT WE DEVELOPED ANSWER CATEGORIES TO UNDERSTAND THE LEVEL OF FORMALITY AROUND CENTER PLANNING AND GOAL SETTING, AND TO DISTINGUISH BETWEEN STRATEGIC PLANNING, QUALITY IMPROVEMENT, AND PROGRAM EVALUATION:

#### SELECT ALL THAT APPLY

- 1  Discuss at meetings how the center is functioning overall, but not with specific goals in mind. THIS ANSWER SHOULD BE SELECTED IF PLANNING DISCUSSIONS OCCUR, BUT THE CENTER DOES NOT SET GOALS. THIS REFLECTS NO INTENTIONALITY IN CENTER PLANNING AND GOAL SETTING.
- 2  Hold regular meetings to reflect on center's progress toward meeting goals. THIS ANSWER SHOULD BE SELECTED IF PLANNING DISCUSSIONS OCCUR AND GOALS ARE ESTABLISHED, BUT THE CENTER DOES NOT TRACK PROGRESS TOWARD MEETING THE GOALS. THIS REFLECTS LOW INTENTIONALITY IN CENTER PLANNING AND GOALS SETTING.
- 3  Make decisions about allocating resources to pursue broad, strategic goals and tracking progress toward meeting these goals. (STRATEGIC PLANNING). THIS ANSWER SHOULD BE SELECTED IF THE CENTER HAS A FORMAL PROCESS FOR ESTABLISHING STRATEGIC PLANS FOR THE CENTER AND MAKING DECISIONS ABOUT ALLOCATING RESOURCES TO PURSUE THE STRATEGIC PLANS. THIS REFLECTS INTENTIONALITY, FORMAL DISCUSSIONS, GOALS SETTING, AND TRACKING.
- 4  identify areas in need of improvement and specific actions for making improvements and tracking progress toward meeting these improvement goals. (QUALITY IMPROVEMENT). THIS INCLUDES QUALITY IMPROVEMENT (QI) PLANS FOR QRIS. THIS CATEGORY SHOULD BE CIRCLED IF THE CENTER HAS A FORMAL PROCESS FOR SYSTEMAITCALLY ASSESSING CENTER PERFORMANCE AND TESTING CHANGES TO IMPROVE PERFORMANCE. THIS REFLECTS INTENTIONALITY IN FORMAL DISCUSSIONS, GOALS SETTING, AND TRACKING
- 5  Overall evaluation of the center and the services it provides to children. WE INCLUDED THIS CATEGORY IN CASE THE RESPONDENT IS MORE FAMILIAR WITH THE TERM "PROGRAM EVALUATION." THIS ANSWER SHOULD BE SELECTED IF THE CENTER HAS A FORMAL PROCESS FOR PROGRAM EVALUATION. THIS REFLECTS INTENTIONALITY IN FORMAL DISCUSSIONS, GOALS, AND TRACKING.
- 6  Goals or evaluation plan are documented

**X2. Who is involved in developing goals and reviewing progress toward meeting those goals?**

**X2a. Please select the planning processes in which each stakeholder is involved: strategic planning, quality improvement, or program evaluation, if applicable.**

PROBES: Strategic planning: The center has a formal process for establishing strategic plans for the center and making decisions about allocating resources to pursue the strategic plans. This type of planning reflects intentionality, formal discussions, goals setting, and tracking.

Quality improvement: The center has a formal process for systematically assessing center performance and testing changes to improve performance. This type of planning reflects intentionality in formal discussions, goals setting, and tracking.

Program evaluation: The center is intentional in formal discussions about goals and tracking goals.

	<b>X 2</b>	<b>X2a.</b>		
	M A R K I F Y E S	SELECT ONE PER ROW		
		St ra te gi c pl a n n i n g	Q u a l i t y  i m p r o v e m e n t	Pr og ra m ev al ua tio n
a. Center leadership	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Leadership from larger organization	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Board of directors	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

d. Program leadership such as HS director	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Teaching staff	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Parents/families	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Community partners	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Other ( <i>Specify</i> )	1 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
_____				

**X3. What types of goals are established? WRITE IN OTHER GOALS. WRITE IN PRIORITY GOAL(S).**

**SELECT ALL THAT APPLY**

- 1  Recruiting or retaining staff
  - 2  Training and staff development
  - 3  Changing the curriculum or improving its use
  - 4  Changing the assessment tool or improving its use
  - 5  Providing support to or engaging families
  - 6  Increasing (or decreasing) enrollment
  - 7  Upgrading facilities
  - 8  Student performance
  - 9  Parent satisfaction
  - 10  Licensing or accreditation requirements (*Specify source*)
- 

**X3a. What goals are prioritized?**

**DROP DOWN**

**X4. About how often does the center review progress toward meeting its goals?**

**SELECT ONE**

- 1  Do not review progress toward goals
- 2  As needed
- 3  Annual review
- 4  Bi-annual review (twice a year)
- 5  Quarterly review
- 6  Monthly review

**X5a. What information or data do you review to determine if the center is making progress toward meeting the goals? WRITE IN OTHER INFORMATION OR DATA REVIEWED TO DETERMINE CENTER PROGRESS TOWARD GOALS**

**SELECT ALL THAT APPLY**

- 1  Do not review information or data
  - 2  Anecdotal information collected from staff (ad hoc conversations and meetings)
  - 3  Data collected from staff through surveys or during performance assessment
  - 4  Anecdotal information collected from parents
  - 5  Data collected from parents through surveys or a parent committee that meets at least monthly
  - 6  Data collection by the center to track goals (checklist or documentation)
  - 7  Center's administrative records (finances, enrollment, staff retention)
  - 8  Data collected for licensing, accreditation, or program requirements (State or District, ECERS, QRIS)
  - 9  Student assessment data (diagnostic, progress, performance, or growth)
  - 10  Other (*Specify*)
- 

**X5b. Is there any information or data that the center would like access to that it does not already collect?**

**DROP DOWN**

WRITE IN OTHER: \_\_\_\_\_

**X5c. Why would this information or data be beneficial to the center? WRITE IN**

\_\_\_\_\_

**X6. After reviewing progress towards goals, what happens next?**

**SELECT ALL THAT APPLY**

- 1  No change (business as usual)
- 2  Progress toward goals is communicated to teachers and staff
- 3  Progress toward goals is communicated to parents and families
- 4  Goals are revised and updated as necessary
- 5  Action plans are created or revised to ensure goals are met

**X7. How does the center promote a shared understanding among staff of the center's goals and expectations?**

\_\_\_\_\_

## Y. CENTER PROCESSES TO PROMOTE THE GOALS AND MISSION (I.E., QUALITY)

**Y1. Does the center have a mission? If yes, how does the center engage teaching staff in the mission?** WRITE IN OTHER WAYS IN WHICH THE CENTER ENGAGES TEACHING STAFF IN THE MISSION.

**SELECT ALL THAT APPLY**

- 1  No mission statement GO TO Y3
  - 2  The mission is posted in the center
  - 3  The mission is discussed with teaching staff during hiring and/or orientation
  - 4  Center leadership maintain consistent messaging about the mission on a regular basis (e.g., staff meetings, training)
  - 5  Center leadership convey the mission through communication related to accreditation and licensing standards
  - 6  Center leadership involve teaching staff in the development of the mission statement
  - 7  Other (*Specify*)
- 

**Y2. What concepts does the mission emphasize?** WRITE IN OTHER CONCEPTS EMPHASIZED IN THE MISSION.

**SELECT ALL THAT APPLY**

- 1  Child development (includes school readiness)
  - 2  Child-centered care
  - 3  Quality of care
  - 4  Meeting the needs of families
  - 5  Family engagement
  - 6  Community engagement
  - 7  School readiness
  - 8  Other (*Specify*)
- 

**Y3. How does communication occur in the center (between leadership and teaching staff) to promote the center's goals and mission?** WRITE IN OTHER WAYS IN WHICH COMMUNICATION OCCURS IN THE CENTER TO PROMOTE THE CENTER'S GOALS AND MISSION.

**SELECT ALL THAT APPLY**

- 1  Infrequent, ad-hoc communication between teaching staff and center director
- 2  Frequent, ad-hoc communication between teaching staff and center director
- 3  Annual performance review for teaching staff
- 4  Monthly meetings between classroom teaching teams and center leadership
- 5  Bi-weekly meetings between classroom teaching teams and center leadership
- 6  Weekly meetings between classroom teaching teams and center leadership
- 7  Monthly all staff meetings
- 8  Biweekly all staff meetings
- 9  Weekly all staff meetings
- 10  Other (*Specify*)

**Y4. What topics are on a typical staff meeting agenda? WRITE IN OTHER TOPICS THAT ARE ON A TYPICAL STAFF MEETING AGENDA**

**SELECT ALL THAT APPLY**

- 1  Center-wide activities and upcoming events (e.g., field trips)
- 2  Highlights/good performance in the center or individual classrooms
- 3  Challenges in the center or individual classrooms
- 4  Curriculum and lesson planning
- 5  Enrollment
- 6  The center's mission and goals
- 7  Other (*Specify*)

**Y4a. (Based on the response above) What are the priority topics most often on the agenda? (IF MORE THAN ONE PRIORITY TOPIC IS PROVIDED, PROBE FOR THE TWO MOST IMPORTANT TOPICS)**

**DROP DOWN**

**DROP DOWN**

**Y5. The next questions are about when staff meetings are scheduled and whether or not staff are paid for attending staff meetings.**

	Y5. When do staff meetings occur? SELECT ALL THAT APPLY WRITE IN OTHER OCCURENCES OF STAFF MEETINGS	Y5a. Are staff paid for attending staff meetings? SELECT ONE	
		YES	NO
a. As needed	1 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. During the day, during naptime	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. During the day, before children arrive or after they leave	3 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Evenings	4 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Saturdays	5 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. During the day, during planning time	6 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Other ( <i>Specify</i> )	7 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**Y6. What is the typical length of a staff meeting? WRITE IN OTHER LENGTHS OF STAFF MEETINGS**

**SELECT ONE**

- 1  Varies, as needed
  - 2  15 minutes
  - 3  30 minutes
  - 4  45 minutes
  - 5  1 hour
  - 6  Other (*Specify*)
- 

**Y7a. What proportion of teaching staff typically attend staff meetings?**

**SELECT ONE**

- 1  Less than 25%
- 2  Between 25% and 50%
- 3  Between 50% and 75%
- 4  More than 75% of teaching staff, but not all
- 5  All teaching staff

**Y7b. (IF LESS THAN 75%, ASK) Why do less than 75% of teaching staff attend staff meetings?  
WRITE IN WHY**

---

**Y8. How are teaching staff involved in resolving day-to-day issues that have effects on the center and the care it provides to children?**

**SELECT ALL THAT APPLY**

- 1  Teaching staff are expected to resolve issues as they arise in their classroom
  - 2  Teaching staff raise issues with the center director, as needed
  - 3  Teaching staff raise issues with the center director, during staff meetings
  - 4  Teaching staff raise issues during in-service days
  - 5  Teaching staff are on committees that meet and debrief throughout the year
  - 6  Other (*Specify*)
-



## Z. FACILITATORS AND BARRIERS TO CENTER PLANNING AND GOAL SETTING:

Z1. How flexible is the center in changing policies and procedures or making improvements?

SELECT ONE

- 1  Not flexible
- 2  Generally not flexible
- 3  Somewhat not flexible
- 4  Somewhat flexible
- 5  Generally flexible
- 6  Very flexible

Z2. What types of challenges does the center face in changing policies and procedures or making improvements? WRITE IN OTHER CHALLENGES TO CHANGE

PROBE: What makes the center inflexible to change?

SELECT ALL THAT APPLY

- 1  Difficult to get staff buy-in
  - 2  Limited resources
  - 3  Limited space
  - 4  Limited time
  - 5  The center is part of a larger organization that must approve change
  - 6  Other (*Specify*)
- 

Z3. What makes it possible for the center to change policies and procedures or making improvements? WRITE IN OTHER FACILITATORS OF CHANGE

PROBE: What helps the center achieve change?

SELECT ALL THAT APPLY

- 1  The quality of the staff
  - 2  Center leadership listen to staff
  - 3  Available resources
  - 4  Good management of change
  - 5  The center director has independence to lead change
  - 6  Other (*Specify*)
-

## AA. CENTER OVERSIGHT AND COMMUNITY INVOLVEMENT

**AA1. Does the center have an oversight board (or board of directors or governing body)? If yes, how often does the board meet? WRITE IN OTHER OCCURENCES OF BOARD MEETINGS**

**SELECT ONE**

- 1  No oversight board      GO TO AA 4
  - 2  As needed
  - 3  Less than annually
  - 4  Annually
  - 5  Quarterly
  - 6  Bi-monthly
  - 7  Monthly
  - 8  Other (*Specify*)
- 

**AA2. What is the focus of the board's oversight of the center? Select if a community partner is a member of the board or not. WRITE IN OTHER FOCI OF THE BOARD'S OVERSIGHT OF THE CENTER**

**SELECT ALL THAT APPLY**

- 1  Fulfilling the mission or the larger organization
  - 2  Strategic planning
  - 3  Staffing
  - 4  Training
  - 5  Enrollment
  - 6  Licensing and compliance
  - 7  Policies and procedures
  - 8  School readiness
  - 9  Financials
  - 10  Grants and fundraising
  - 11  Community involvement      - Community partners are not members of the board
  - 12  Community involvement      - Community partners are members of the board
  - 13  Other (*Specify*)
- 

**AA3. How involved is the oversight board in the operation of the center?**

**SELECT ONE**

- 1  Board provides oversight with little involvement in the operations of the center
- 2  Board is involved as necessary, depending on current issues
- 3  Board is active in the center's operations and makes concrete contributions to the operations of the center

**AA4. If the center is part of a larger organization, does the center director have a role within that larger organization?**

**SELECT ONE**

- 1  No larger organization
- 2  No, the center director is not involved in the larger organization
- 3  The center director attends meetings, sponsored by the larger organization
- 4  The center director is a member of a board sponsored by a larger organization

**AA5. Does the center have a parent policy council or parent governing board? If yes, how often does the council meet? WRITE IN OTHER OCCURENCES OF PARENT COUNCIL MEETINGS**

**SELECT ONE**

- 1  No parent council      GO TO AA 8
  - 2  As needed
  - 3  Less than annually
  - 4  Annually
  - 5  Quarterly
  - 6  Bi-monthly
  - 7  Monthly
  - 8  Other (*Specify*)
- 

**AA6. What is the focus of the parent group's oversight of the center? WRITE IN cross-memberships with the oversight board and the topics on which oversight is coordinated.**

**SELECT ALL THAT APPLY**

- 1  Training
  - 2  Staffing
  - 3  Enrollment
  - 4  Licensing and compliance
  - 5  School readiness
  - 6  Financials
  - 7  Grants and fundraising
  - 8  Teacher appreciation
  - 9  Parent education
  - 10  Community involvement
  - 11  Other (*Specify*)
-

**AA7. How involved is the parent council in the operation of the center?**

**SELECT ONE**

- 1  Council provides oversight with little involvement in the operations of the center
- 2  Council is involved as necessary, depending on current issues
- 3  Council is active in the center's operations and makes concrete contributions to the operations of the center

**AA8. Does the center director have a role on community boards/councils?**

**SELECT ONE**

- 1  No, the center director is not involved on community boards
- 2  The center director attends community meetings, sponsored by private or government entities
- 3  The center director is a member of a board sponsored by a local or state entity that is focused on early care and education
- 4  Center director is on the board of other community service agencies or early care and education programs.

Center Administration includes compliance with regulations, such as licensing and QRIS, Head Start program performance standards monitoring, and the accreditation process; fiscal management, marketing, and public relations; and facilities management and maintenance.

## AB. POLICIES AND PROCEDURES

**AB1. Does your center have an employee handbook, or a document that includes human resources policies? (such as benefits or performance appraisal) If yes, how often is this information updated? SELECT ONE, OR WRITE IN OTHER INSTANCES IN WHICH THE [EMPLOYEE HANDBOOK] IS UPDATED.**

**SELECT ONE**

- 1  No [employee handbook] GO TO AB3:8
  - 2  Yes, updated as needed
  - 3  Yes, updated annually
  - 4  Other (*Specify*)
- 

**AB2. What information does the [employee handbook] include? WRITE IN OTHER INFORMATION INCLUDED IN THE [EMPLOYEE HANDBOOK].**

**SELECT ALL THAT APPLY**

- 1  Expectations for staff (e.g., hours, conduct, supervision policies)
  - 2  Benefits for staff (e.g., health insurance, paid time off)
  - 3  Policies or procedures for staff development and performance appraisal
  - 4  Purpose or mission statement
  - 5  Other (*Specify*)
- 

**AB3. How is information in the [employee handbook] communicated to teaching staff? WRITE IN OTHER WAYS IN WHICH INFORMATION IN THE [EMPLOYEE HANDBOOK] IS COMMUNICATED TO TEACHING STAFF. IF NO [EMPLOYEE HANDBOOK] WRITE IN HOW THIS INFORMATION IS COMMUNICATED TO TEACHING STAFF.**

**SELECT ALL THAT APPLY**

- 1  The [employee handbook] is given to staff at the time of hire.
  - 2  The [employee handbook] is reviewed with staff at the time of hire.
  - 3  Updates to the [employee handbook] are distributed to staff as they are made.
  - 4  Updates to the [employee handbook] are reviewed with staff as they are made.
  - 5  The [employee handbook] is distributed to staff annually.
  - 6  The [employee handbook] is reviewed with staff annually
  - 7  Other (*Specify*)
- 

- 8  NO HANDBOOK. ASK, **How is information that is typically included in an employee handbook communicated to teaching staff?** REFER TO AB2 FOR INFORMATION TYPICALLY INCLUDED IN EMPLOYEE HANDBOOK. WRITE IN HOW THIS INFORMATION IS TYPICALLY COMMUNICATED TO STAFF
-

**AB4. Does your center have an operating procedures manual, separate from the employee handbook? If yes, how often is this document updated?**

**SELECT ALL THAT APPLY**

- 1  No operating procedures manual GO TO AB6:8
  - 2  Yes, updated as needed
  - 3  Yes, updated annually
  - 4  Other (*Specify*)
- 

**AB5. What information does the [operating procedures manual] include?**

**SELECT ALL THAT APPLY**

- 1  Hours of operation
  - 2  Child to staff ratios and group size limits
  - 3  Health and safety procedures
  - 4  Other standards that the center must meet or follow
  - 5  Other (*Specify*)
- 

**AB6. How is information in the [operating procedures manual] communicated to teaching staff? WRITE IN OTHER WAYS IN WHICH INFORMATION IN THE [OPERATING PROCEDURES MANUAL] IS COMMUNICATED TO TEACHING STAFF. IF NO [OPERATING PROCEDURES MANUAL] WRITE IN HOW THIS INFORMATION IS TYPICALLY COMMUNICATED TO TEACHING STAFF.**

**SELECT ALL THAT APPLY**

- 1  The [operating procedures manual] is given to staff at the time of hire.
  - 2  The [operating procedures manual] is reviewed with staff at the time of hire.
  - 3  Updates to the [operating procedures manual] are distributed to staff as they are made.
  - 4  Updates to the [operating procedures manual] are reviewed with staff as they are made.
  - 5  The [operating procedures manual] is distributed to staff annually
  - 6  The [operating procedures manual] is reviewed with staff annually.
  - 7  Other (*Specify*)
- 

- 8  NO OPERATING PROCEDURES MANUAL. ASK, **How is information that is typically included in an operating procedures manual typically communicated to teaching staff?** REFER TO AB5 FOR INFORMATION TYPICALLY INCLUDED IN OPERATING PROCEDURES MANUAL. WRITE IN HOW THIS INFORMATION IS TYPICALLY COMMUNICATED TO STAFF
-

## AC. COMPLIANCE WITH REQUIREMENTS AND STANDARDS

**AC1. How are teaching staff made aware of requirements for licensing (such as child care licensing) or standards that the center must follow (such as for accreditation, QRIS, or that govern particular programs such as Head Start or a state prekindergarten program)? WRITE IN OTHER WAYS IN WHICH TEACHING STAFF ARE MADE AWARE OF REQUIREMENTS AND STANDARDS THAT THE CENTER MUST MEET OR FOLLOW.**

**SELECT ALL THAT APPLY**

- 1  Requirements or standards are not reviewed with teaching staff
  - 2  The center is exempt from licensing requirements (e.g., faith-based institutions or university programs)
  - 3  Requirements or standards are detailed in the center's operating procedures manual which is given to or accessible to staff for reference
  - 4  Requirements or standards are reviewed with teaching staff as needed
  - 5  Requirements or standards are reviewed with staff at the time of hire (during orientation)
  - 6  Requirements or standards are reviewed with staff annually
  - 7  Requirements or standards are reviewed with staff about quarterly
  - 8  Requirements or standards are regularly reviewed with staff during staff meetings
  - 9  Other (*Specify*)
- 

**AC2. How does the center monitor compliance with requirements and standards that it must follow? WRITE IN OTHER WAYS THE CENTER MONITORS THIS COMPLIANCE.**

**SELECT ALL THAT APPLY**

- 1  Teaching staff report concerns to center leadership
  - 2  Center leadership monitors informally (e.g., in the course of regular activities)
  - 3  Center leadership monitors formally (e.g., using specified observations or checklists)
  - 4  Administrator from larger organization conducts regular compliance checks
  - 5  Other (*Specify*)
- 

**AC3. How much of a concern is compliance with requirements and standards in the center?**

**SELECT ONE**

- 1  A major concern; it is difficult to meet many of the requirements and standards
- 2  Somewhat of a concern; struggle with meeting some requirements and standards
- 3  Not much of a concern; able to meet all requirements and standards
- 4  Not a concern at all; can readily meet all requirements and standards

**AC3a. What requirements or standards are the hardest to meet and why? WRITE IN ANSWER**

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**AC3b. What requirements or standards are the easiest to meet and why? WRITE IN ANSWER**

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**AC4. Is monitoring compliance with requirements or standards helpful to the center?**

**SELECT ONE**

- 1  Monitoring compliance is not helpful
- 2  Monitoring compliance is somewhat helpful
- 3  Monitoring compliance is very helpful

**AC4a. What requirements or standards are least helpful to the center and why? WRITE IN ANSWER**

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**AC4b. What requirements or standards are most helpful to the center and why? WRITE IN ANSWER**

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**AC5a. How much of the center's resources (staff time) were needed in the past year to monitor and maintain compliance with requirements and standards that the center must meet or follow?**

**SELECT ONE**

- 1  A lot of time and more than the center would like
- 2  Manageable
- 3  Minimal
- 4  None

**AC5b. Approximately how many days of staff time are needed to monitor and maintain compliance with requirements and standards? WRITE IN IF MORE THAN 5 DAYS**

**DROP DOWN**

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**AC6. What types of technical assistance or support does the center director or leadership team receive?**

**SELECT ALL THAT APPLY**

- 0  No TA or support
  - 1  Support with compliance and requirements
  - 2  Support with managing enrollment or finances
  - 3  Support with managing center operations
  - 4  Support with leadership or board management
  - 5  Other (*Specify*)
-



**AC7. If technical assistance is received, what entities provide program-level support? WRITE IN IF OTHER STATE OR FEDERAL QI INITIATIVE, OR OTHER ENTITIES**

**SELECT ALL THAT APPLY**

- 1  Licensing entity
  - 2  Accrediting body
  - 3  State QRIS
  - 4  Other State or Federal QI initiative (*Specify*)
- 

- 5  Local child care resource and referral agency (CCR&R)
  - 6  Local child care association or network
  - 7  Other (*Specify*)
- 

**AC7a. What is the approximate number of total hours of program-level TA the center received in the past year? WRITE IN THE APPROXIMATE NUMBER OF HOURS**

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