

Attachment 1

2019 NSECE Center-based Provider Questionnaire Items - Overview and Comparison

August 2018

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Overview of Proposed 2019 NSECE Questionnaire and Changes from 2012 NSECE Questionnaire

2019 Category	2019 Item	Key changes from 2012 to 2019
Section A: Program Level Information	Type of building program located in	<ul style="list-style-type: none"> • Update in response categories of program sponsorship type • Inclusion of item measuring source of funding for center space • Revision of language asking about the vacancies by age group
	Percent of residence used for program	
	Program auspice	
	Program sponsorship	
	Program sponsorship type	
	Program ownership type	
	Number of centers in franchise	
	Length of operation at current location	
	Center space paid by someone else	
	Age groups served	
	Number of children enrolled	
	Number of children enrolled full time	
Number of vacancies by age group		
Section B. Schedule and Rates	Program hours of operation	<ul style="list-style-type: none"> • Exclusion of item measuring a discount or add-on for care • Exclusion of item measuring presence of a penalty for a late pick-up up of a child • Inclusion of item measuring types of help offered to help families pay for care. Includes question on the number of children at the center who are paid for exclusively by parent fees
	Any families pay for child care	
	Any rate charged for full-time care by age group	
	Highest rate charged for full-time care	
	Types of program provided help to afford care	
	Number of children paid for only by parent fees	
	Program permits variation in care schedule	
	Number of children with varying hours of paid care	
Number of weeks program provides care		
Section C: Enrollment	Number of children with physical disability	<ul style="list-style-type: none"> • Restriction of enrollment counts to children age 5 and under, not yet in kindergarten • Exclusion of item measuring the percent of children attending yesterday (or most recent day the program was open)
	Number of children with IEP/ISFP	
	Ethnicity of children in program	
	Race of children in program	
	Number of children experiencing homelessness	

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		<ul style="list-style-type: none"> • Revision to counts of children by ethnicity and race • Exclusion of items referring to languages spoken by children and staff (constructs are measured at classroom level in the Classroom Staff (Workforce) questionnaire) • Addition of item measuring the number of children experiencing homelessness
Section R: Revenues	Number of children funded by agencies/government programs	<ul style="list-style-type: none"> • Substantive expansion of this section to allow identification of blended funding at the level of the center and the level of the child; percentage of funding from public vs. private sources; types of fees paid by parents receiving some form of subsidy • Addition of multiple items related to subsidies, including current and past enrollment of children receiving subsidies; whether there is a limit on enrollment of children with subsidies; whether a family has made a request for the center to accept a subsidy; comparison of experience serving private pay versus subsidy families • Addition of item measuring requirements of center to meet multiple different performance standards or guidelines • Exclusion of item measuring transportation services provided • Addition of item measuring whether the program received free or reduced cost professional development
	Presence of any children with blended, public funding	
	Payment arrangement from agencies/government programs	
	Community organization pays for care	
	Number of children paid for by community organizations	
	Program sources of revenue	
	Largest source of program revenue	
	Second largest source of program revenue	
	Public vs private funding for program	
	Program meets multiple performance standards	
	How program complies with multiple performance standards	
	Fees paid by parents receiving subsidy	
	Any program subsidy enrollment limit	
	Any enrollment supported by subsidy	
	Family requests subsidy to pay for care	
	Comparison of private pay and subsidy - Reliability of payment	
	Comparison of private pay and subsidy - Amount of money received	
	Comparison of private pay and subsidy - Administrative requirements	
Comparison of private pay and subsidy - Ease of filling vacancies		
Provider has access to resources/professional development through schools/other programs		
Any free or reduced cost professional development		
Section D:	Number of children who left program	<ul style="list-style-type: none"> • Wording of some items altered

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<p>Admissions/Marketing</p>	<p>Number of children who entered program</p> <p>Program quality rating</p> <p>Program quality rating improved</p> <p>Children denied due to no vacancies</p> <p>Program unable to care for special needs</p> <p>Early pick up due to behavior problems</p> <p>Care stopped due to child’s behavior</p> <p>Location of children’s physical activity</p> <p>Any snacks or meals provided to children</p> <p>Number of times fruit juice offered to children</p> <p>Program participate in food program</p> <p>Any access to health consultant</p> <p>Comprehensive services – health screenings</p> <p>Comprehensive services – developmental assessments</p> <p>Comprehensive services – therapeutic services</p> <p>Comprehensive services – counseling services</p> <p>Comprehensive services – social services</p>	<p>slightly to change year of reference from 2011 to 2018</p> <ul style="list-style-type: none"> • Addition of item measuring improvement in quality rating • Exclusion of item determining the agency providing quality of rating • Addition of item evaluating whether special needs child was kept from entering the program • Addition of item evaluating whether a child needed to be picked up early due to behavior problems • Addition of item measuring where children participate in physical activity • Addition of item measuring food provided to children in the program • Addition of item measuring number of times fruit juice is provided to children in the program • Addition of item measuring program participation in Child and Adult Care Food Program • Addition of item measuring access to health consultant in the program • Revision to items regarding comprehensive services to distinguish provision of services on-site; payment of services; and referrals
<p>Section E. Staffing</p>	<p>Total number of staff working with children</p> <p>Total number of staff not working with children</p> <p>Number of aides working in program</p> <p>Number of full-time aides and assistants</p> <p>Number of teachers working in program</p> <p>Number of full-time teachers</p> <p>Number of specialists working in program</p> <p>Number of full-time specialists</p> <p>Number of staff who left program</p> <p>Any professional development resources</p>	<ul style="list-style-type: none"> • Restriction of some staff counts to staff working with children age 5 and under, not yet in kindergarten • Item asking about assistants has been combined with the item asking about aides. • Addition of item asking about experience conducting background checks for the program

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	<p>for staff – funding for training</p> <p>Any professional development resources for staff – Paid time off for training</p> <p>Any professional development resources for staff – access to coaches</p> <p>Program benefits for staff – reduced program tuition</p> <p>Program benefits for staff – retirement program</p> <p>Program benefits for staff – health insurance</p> <p>Experience with background checks</p>	
Section F: Care Provided	<p>Selected age group not yet in kindergarten</p> <p>Number of groups for a specific age grouping</p> <p>Names of age groups</p> <p>Youngest child in classroom</p> <p>Oldest child in age classroom</p> <p>Number of children enrolled in classroom</p> <p>Number of vacancies in classroom</p> <p>Number of teachers in classroom</p> <p>Number of assistants/aides in classroom</p> <p>Number of children in classroom</p> <p>Number of children funded by subsidy in classroom</p> <p>Number of children funded by Head Start in classroom</p> <p>Number of children funded by Pre-k in classroom</p> <p>Number of children funded by private payment</p> <p>Names of staff in classroom</p> <p>Role of staff member in classroom</p> <p>Hours worked by staff member in classroom</p> <p>Education attainment of staff member in classroom</p> <p>Wage received by staff member in classroom</p> <p>Agencies that inspected program</p>	<ul style="list-style-type: none"> Item asking about additional child capacity in a group or classroom has been revised to refer to vacancies instead, consistent with revision to vacancies at the center level Expansion of item asking how many children in randomly selected classroom are funded by different funding sources Reduction of information captured about each staff working in selected classroom – exclusion of ECE credentials and years of experience working with children Exclusion of item measuring whether any curriculum is used and name of the curriculum used in the classroom (constructs are measured at classroom level in the Classroom Staff (Workforce) questionnaire) Revision of items regarding visits by regulatory agencies
Section H: Respondent Characteristics and Selection of the	<p>Respondent job title</p> <p>Respondent responsibilities at the program</p>	<ul style="list-style-type: none"> Addition of item to measure job responsibilities in the program

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Workforce	Year of birth	<ul style="list-style-type: none"> • Addition of item measuring weekly hours spent directly caring for children • Revision to items on ethnic and racial identification • Item measuring respondent educational field of study has been changed to measure degree's field of study in greater detail • Training on working directly with children was modified to refer to any training rather than training received in the past year • Addition of two items referring to the receipt of any training on managing ECE programs • Item on health insurance has been altered to ask exclusively about health insurance. It formerly also asked about paid time off. • Item on contacting sampled workforce member has been altered to include request for an e-mail address in addition to a phone number
	Weekly hours worked at program	
	Weekly hours directly caring for children	
	Ethnicity	
	Race	
	Respondent educational attainment	
	Respondent educational field of study	
	Any training on managing an ECE program	
	Any training on working with young children	
	Years worked at program	
	Years of ECE work experience	
	Wages received	
	Health insurance from program	
	Any additional staff in classroom	
	Role of sampled workforce member	
	Hours worked by sampled workforce member	
	Name of sampled workforce member	
Language spoken by sampled workforce member		
Phone number of sampled workforce member		

Item Level Comparison between 2012 NSECE and Proposed 2019 Questionnaire

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Organization operates programs at multiple sites	Item not included in 2012.	<p>Numsite.</p> <p>Does this organization operate programs for early care and education of children under age 13 at any locations other than this site?</p> <p>1 <input type="checkbox"/> Yes, multiple sites _____</p> <p>2 <input type="checkbox"/> No, single site</p>
	Number of sites where organization operates programs	Item not included in 2012.	<p>Numsite_1.</p> <p>At how many total sites does this organization operate programs? _____</p>

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
Section A: Program Level Informati on	Type of building program located in	<p>A7. In what kind of building is your program located? Please choose one only for each building your program occupies.</p> <p>1 <input type="checkbox"/> RELIGIOUS BUILDING</p> <p>2 <input type="checkbox"/> PUBLIC SCHOOL</p> <p>3 <input type="checkbox"/> PRIVATE SCHOOL</p> <p>4 <input type="checkbox"/> UNIVERSITY OR COLLEGE</p> <p>5 <input type="checkbox"/> WORK PLACE</p> <p>6 <input type="checkbox"/> COMMUNITY CENTER OR MUNICIPAL BUILDING</p> <p>7 <input type="checkbox"/> COMMERCIAL STRUCTURE</p> <p>8 <input type="checkbox"/> INDEPENDENT STRUCTURE (I.E., ORGANIZATION IS THE SOLE OCCUPANT)</p> <p>9 <input type="checkbox"/> HOME, APARTMENT, OR OTHER RESIDENTIAL STRUCTURE</p> <p>10 <input type="checkbox"/> Other, specify</p> <p>_____</p>	Center-based item A7 has not changed.
	Percent of residence used for program	<p>A7a. What percent of the space is used exclusively by the program?</p> <p style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> % </p>	Center-based item A7a has not changed.
	Program auspice	<p>A8A. Is your program for profit, not for profit, or is it run by a government agency?</p> <p>1 <input type="checkbox"/> FOR PROFIT</p> <p>2 <input type="checkbox"/> NOT FOR PROFIT</p> <p>3 <input type="checkbox"/> RUN BY A GOVERNMENT AGENCY</p> <p>4 <input type="checkbox"/> OTHER, SPECIFY:</p> <p>_____</p>	Center-based item A8a has not changed.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program sponsorship	<p>A8B.</p> <p>Is your program independent or is it sponsored by another organization? A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.</p> <p>1 <input type="checkbox"/> INDEPENDENT</p> <p>2 <input type="checkbox"/> SPONSORED</p>	Center-based item A8b has not changed.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program sponsorship type	<p>A8C.</p> <p>What type of organization sponsors your program? (CAPI: USE OPTIONS TO PROBE AS NEEDED. SELECT ALL THAT APPLY. WEB: SHOW OPTIONS.)</p> <p>1 <input type="checkbox"/> SOCIAL SERVICE ORGANIZATION OR AGENCY</p> <p>2 <input type="checkbox"/> CHURCH OR RELIGIOUS GROUP</p> <p>3 <input type="checkbox"/> PUBLIC SCHOOL/BOARD OF EDUCATION</p> <p>4 <input type="checkbox"/> PRIVATE SCHOOL, RELIGIOUS</p> <p>5 <input type="checkbox"/> PRIVATE SCHOOL, NONRELIGIOUS</p> <p>6 <input type="checkbox"/> COLLEGE OR UNIVERSITY</p> <p>7 <input type="checkbox"/> PRIVATE COMPANY OR INDIVIDUAL EMPLOYER</p> <p>8 <input type="checkbox"/> NON-GOVERNMENT COMMUNITY ORGANIZATION</p> <p>9 <input type="checkbox"/> STATE GOVERNMENT</p> <p>10 <input type="checkbox"/> LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT</p> <p>11 <input type="checkbox"/> FEDERAL GOVERNMENT OR MILITARY</p> <p>12 <input type="checkbox"/> OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR PROGRAM?</p> <hr/> <p>—</p>	<p>A8C_M.</p> <p>What type of organization sponsors your program?</p> <p>1 <input type="checkbox"/> SOCIAL SERVICE ORGANIZATION OR AGENCY</p> <p>2 <input type="checkbox"/> CHURCH OR RELIGIOUS GROUP</p> <p>3 <input type="checkbox"/> PUBLIC SCHOOL/BOARD OF EDUCATION</p> <p>4 <input type="checkbox"/> PRIVATE SCHOOL, RELIGIOUS</p> <p>5 <input type="checkbox"/> PRIVATE SCHOOL, NONRELIGIOUS</p> <p>6 <input type="checkbox"/> COLLEGE OR UNIVERSITY</p> <p>7 <input type="checkbox"/> PRIVATE COMPANY OR INDIVIDUAL EMPLOYER</p> <p>8 <input type="checkbox"/> NON-GOVERNMENT COMMUNITY ORGANIZATION</p> <p>9 <input type="checkbox"/> STATE GOVERNMENT</p> <p>10 <input type="checkbox"/> LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT</p> <p>11 <input type="checkbox"/> FEDERAL GOVERNMENT OR MILITARY</p> <p>13 <input type="checkbox"/> HOSPITAL</p> <p>14 <input type="checkbox"/> UNSPECIFIED HEAD START GRANTEE</p> <p>15 <input type="checkbox"/> UNSPECIFIED PUBLIC PRE-K SPONSOR</p> <p>12 <input type="checkbox"/> OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR PROGRAM?</p> <hr/>
	Program ownership type	<p>A9.</p> <p>Is your organization independently owned & operated, a franchise, or part of a chain?</p> <p>1 <input type="checkbox"/> INDEPENDENTLY OWNED & OPERATED</p> <p>2 <input type="checkbox"/> FRANCHISE</p> <p>3 <input type="checkbox"/> CHAIN</p>	Center-based item A9 has not changed.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of centers in franchise	A9a. About how many centers are in the chain you are part of? 1. Less than 10 2. 10 to 39 3. 40 or more	Center-based item A9a has not changed.
	Length of operation at current location	A11. How long has your program been operating in its current location? <div style="display: flex; align-items: center; gap: 10px;"> <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> Years and <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> Months </div>	Center-based item A11 has not changed.
	Center space paid by someone else	Item not included in 2012.	A12. Is the program's space at this location subsidized or paid for by another organization such as a sponsor, a school, or someone else? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Age groups served	A10. What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13.	A10_M. What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13. ____ Months to ____ Months

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item															
	Number of children enrolled	C1_1. Next are a few more questions for each age group you just mentioned. How many children are currently enrolled in [FILL IN AGE GROUP] in your program at this site?	Center-based item C1_1 has not changed.															
	Number of children enrolled full time	C1_2. How many of these children are currently enrolled full time?	Center-based item C1_2 has not changed.															
	Number of vacancies by age group	C1a. At this time, how many <i>more</i> children in [FILL IN AGE GROUP] would your program be willing and able to serve? Use the code 999 if your program has no limits on the number of additional children to be served for this age group.	C1a_M. How many vacancies do you currently have in the age group [XX to YY months]?															
Section B: Schedule and Rates	Program hours of operation	B1. Please provide the hours that your program was open for children last week, beginning with last Monday.	Center-based item B1 has not changed.															
	Program hours of operation	B1a. Was there an additional time slot you were open on last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday? <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th>Start Time</th> <th></th> <th>End Time</th> <th></th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>:</td> <td>AM/PM</td> <td>:</td> <td>AM/PM</td> </tr> <tr> <td>Monday</td> <td>:</td> <td>AM/PM</td> <td>:</td> <td>AM/PM</td> </tr> </tbody> </table> <p style="text-align: center;">DISPLAY CHECK BOX "CLOSED ON THAT DAY"</p>		Start Time		End Time		Monday	:	AM/PM	:	AM/PM	Monday	:	AM/PM	:	AM/PM	Center-based item B1a has not changed.
	Start Time		End Time															
Monday	:	AM/PM	:	AM/PM														
Monday	:	AM/PM	:	AM/PM														

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program hours of operation	B1_1: Were your operating hours last Monday the same as another day last week? CHECK ALL THAT APPLY. 1. TUESDAY 2. WEDNESDAY 3. THURSDAY 4. FRIDAY 5. SATURDAY 6. SUNDAY	Center-based item B1_1 has not changed.
	Program hours of operation	B1_2: Please provide the hours that your organization was open last (DAY OF WEEK)? DISPLAY CHECK BOX “CLOSED ON THAT DAY”	Center-based item B1_2 has not changed.
	Any families pay for child care	B1_3. Do you have any families that pay for their children to attend this program, or do all children attend this program free of charge? 1.SOME OR ALL FAMILIES PAY 2. NO FAMILIES PAY 3. DK/REF/BLANK	Center-based item B1_3 has not changed.
	Any rate charged for full-time care by age group	B1_3a. Does your program have a rate that you charge families for full-time care for the following ages Infants less than 12 months old 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Center-based item B1_3a has not changed.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any rate charged for full-time care by age group	B1_3a. Does your program have a rate that you charge families for full-time care for the following ages 2 year olds 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Center-based item B1_3a has not changed.
	Any rate charged for full-time care by age group	B1_3a. Does your program have a rate that you charge families for full-time care for the following ages 3 year olds 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Center-based item B1_3a has not changed.
	Any rate charged for full-time care by age group	B1_3a. Does your program have a rate that you charge families for full-time care for the following ages 4 year olds 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Center-based item B1_3a has not changed.
	Any rate charged for full-time care by age group	B1_3a. Does your program have a rate that you charge families for full-time care for the following ages School-age children 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Highest rate charged for full-time care	B1_5. What is the highest rate you are currently charging families for full-time enrollment for [AGE GROUP FROM B1_3A], without any subsidies? \$ _____ per	Center-based item B1_5 has not changed.
	Highest rate charged for full-time care	B1_5A. Is that per hour ½ day full day week month term/semester/quarter year OTHER (PLEASE SPECIFY) _____	Center-based item B1_5A has not changed.
	Highest rate charged for full-time care	B1_5B. How many hours is that?	Center-based item B1_5B has not changed.
	Highest rate charged for full-time care	B1_5C. How many hours does that cover?	B1_5C_M. How many hours per week does that cover?
	Highest rate charged for full-time care	B1_5D. How many hours per week does that cover?	Center-based item B1_5D has not changed.
	Highest rate charged for full-time care	B1_5E. How many weeks is that?	Center-based item B1_5E has not changed.
	Highest rate charged for full-time care	B1_5F. How many hours per week does that cover?	Center-based item B1_5F has not changed.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Highest rate charged for full-time care	B1_5G. What is the weekly equivalent of that rate? _	Center-based item B1_5G has not changed.
	Highest rate charged for full-time care	B1_5H. How many hours per week does that cover?	Center-based item B1_5H has not changed.
	Any discount or add-on charged for care	B1_6. (Does this rate/Do these rates) reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)? 1. YES, DISCOUNT 2. YES, ADD-ON 3. NO 4. OTHER (SPECIFY:) Please specify what other large discounts or add on you provide.	Item not included in 2019.
	Any penalty for late pick up	B2. Does your program charge a penalty if a parent is late to pick up a child after your official closing time? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	Item not included in 2019.

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Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Types of program provided help to afford care	Item not included in 2012.	<p>B7.</p> <p>Do you have any of the following to help families afford the care you offer...</p> <p>a. Sliding fee scale</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. Scholarships</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>c. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>d. Another arrangement</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
	Types of program provided help to afford care	Item not included in 2012.	<p>B8.</p> <p>IF YES to B7d, how else do you help families afford the care you offer?: _____</p>
	Number of children paid for only by parent fees	Item not included in 2012.	<p>B9.</p> <p>How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?</p> <p>_____ Number of children</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program permits variation in care schedule	B5. Does your program permit parents to use your services on schedules that vary from week to week? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	Center-based item B5 has not changed.
	Number of children with varying schedules	B5a. How many of the children in your program have schedules that vary from week to week? <input type="text"/> Number of children	Center-based item B5a has not changed.
	Program permits varying hours of paid care	B5c. Does your program permit parents to pay for and use varying numbers of hours of care each week? 1 <input type="checkbox"/> YES, AT THEIR CONVENIENCE 2 <input type="checkbox"/> YES, FROM A SET OF SCHEDULE OPTIONS 3 <input type="checkbox"/> YES, BEYOND A MINIMUM NUMBER OF HOURS 4 <input type="checkbox"/> NO	Center-based item B5c has not changed.
	Number of children with varying hours of paid care	B5d. How many of the children in your program have variation in the number of paid hours of care each week? <input type="text"/> Number of children	Center-based item B5d has not changed.
	Number of weeks program provides care	B6. How many weeks per year does your program provide care for children under age 13? <input type="text"/> Number of weeks	Center-based item B6 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
Section C: Enrollment	Total enrollment	C2. Approximately how many children under age 13 attended your program yesterday? If yesterday was not a regular day for your program, please think about the last regular day your program was open. <input type="text"/> CHILDREN	Item not included in 2019.
	Percent of total enrollment that attended yesterday	C2_1: What percent of your currently enrolled children were present yesterday or the last regular day your program was open? Your best estimate is fine. <input type="text"/> <input type="text"/> <input type="text"/> % present	Item not included in 2019.
	Number of children with physical disability	C4. How many of the children currently enrolled in your program have a physical condition that affects the way your program serves them? <input type="text"/> Number of children	C4_M. How many of the young children currently enrolled in your program have a physical condition that affects the way your program serves them? <input type="text"/> Number of children
	Number of children with IEP/ISFP	C5. How many of the children have an IEP/ISFP IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services. <input type="text"/> Number of children	C5_M. How many of the young children have an IEP/ISFP IF NEEDED: An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with disabilities and their families who receive early intervention services. <input type="text"/> Number of children
	Ethnicity of children in program	C6. Again thinking about all children currently enrolled, about how many them are of Hispanic or Latino origin? <input type="text"/> Number of children	C6_M. Again thinking about all the young children currently enrolled, about how many them are of Hispanic or Latino origin? <input type="text"/> Number of children

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item																											
	Race of children in program	<p>C7. As far as you know, how many of the children are....</p> <table border="1" data-bbox="569 337 1167 789"> <thead> <tr> <th></th> <th>Category</th> <th>Number of children</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>White</td> <td><input type="text"/></td> </tr> <tr> <td>b.</td> <td>Black or African-American</td> <td><input type="text"/></td> </tr> <tr> <td>c.</td> <td>Another race</td> <td><input type="text"/></td> </tr> </tbody> </table>		Category	Number of children	a.	White	<input type="text"/>	b.	Black or African-American	<input type="text"/>	c.	Another race	<input type="text"/>	<p>C7_M. As far as you know, how many of the children who are not Hispanic or Latino are....</p> <table border="1" data-bbox="1291 386 1839 1036"> <thead> <tr> <th></th> <th>Category</th> <th>Number of children</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td>White</td> <td><input type="text"/></td> </tr> <tr> <td>b.</td> <td>Black or African-American</td> <td><input type="text"/></td> </tr> <tr> <td>d.</td> <td>Asian</td> <td><input type="text"/></td> </tr> <tr> <td>c.</td> <td>Mixed race, another race, or you are not certain</td> <td><input type="text"/></td> </tr> </tbody> </table>		Category	Number of children	a.	White	<input type="text"/>	b.	Black or African-American	<input type="text"/>	d.	Asian	<input type="text"/>	c.	Mixed race, another race, or you are not certain	<input type="text"/>
	Category	Number of children																												
a.	White	<input type="text"/>																												
b.	Black or African-American	<input type="text"/>																												
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d.	Asian	<input type="text"/>																												
c.	Mixed race, another race, or you are not certain	<input type="text"/>																												
	Number of children speaking a language other than English at home	<p>C10. How many of the children in your program speak a language other than English at home? <input type="text"/> Number of children</p>	Item not included in 2019.																											

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Percent of children speaking a language other than English at home	C10_1: About what percent of the children in your program speak a language other than English at home? <input type="text"/> <input type="text"/> <input type="text"/> % of children	Item not included in 2019.
	Percent of children's families requiring assistance to speak with	C10B_1: What percent of your children currently enrolled have a parent who needs the help of an interpreter or a child to speak with their child's teacher? <input type="text"/> <input type="text"/> <input type="text"/> % of children	Item not included in 2019.
	Languages spoken when working with children	C11. What languages are spoken by your staff when working directly with children? SELECT ALL THAT APPLY. 1 <input type="checkbox"/> ENGLISH 2 <input type="checkbox"/> SPANISH 3 <input type="checkbox"/> OTHER, SPECIFY:	Item not included in 2019.
	Number of children experiencing homelessness	Item not included in 2012.	C15. In the past year, has your program served any young children who were experiencing homelessness, for example, by living in a shelter or because their families did not have a regular place to stay? Please answer to the best of your knowledge. 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
Section R. Revenues	Number of children funded by agencies/government programs	C12a. How many children in your program are funded by dollars from programs or government programs? State pre-kindergarten <input type="text"/> Number of children	C12a_M. How many children in your program are funded by dollars from the following government programs? State pre-kindergarten <input type="text"/> Number of children
	Number of children funded by agencies/government programs	C12a. How many children in your program are funded by dollars from programs or government programs? Head Start <input type="text"/> Number of children	C12a_M. How many children in your program are funded by dollars from the following government programs? Head Start, including Early Head Start Under 3 years ____ 3-5 years, not in kindergarten _____
	Number of children funded by agencies/government programs	C12a. How many children in your program are funded by dollars from programs or government programs? Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government) <input type="text"/> Number of children	C12a_M. How many children in your program are funded by dollars from the following government programs? Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government) <input type="text"/> Number of children

2019 NSECE Center-based Provider Questionnaire Items - Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of children funded by agencies/government programs	<p>C12a. How many children in your program are funded by dollars from programs or government programs?</p> <p>Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)</p> <p><input type="text"/> Number of children</p>	<p>C12a_M. How many children in your program are funded by dollars from the following government programs?</p> <p>Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)</p> <p>Under 3 years ____ 3-5 years, not in kindergarten ____ School-age ____</p>
	Number of children funded by agencies/government programs	<p>C12a. How many children in your program are funded by dollars from programs or government programs?</p> <p>Title I</p> <p><input type="text"/> Number of children</p>	<p>C12a_M. How many children in your program are funded by dollars from the following government programs?</p> <p>Title I</p> <p><input type="text"/> Number of children</p>
	Number of children funded by agencies/government programs	<p>C12a. How many children in your program are funded by dollars from programs or government programs?</p> <p>Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)</p> <p><input type="text"/> Number of children</p>	Item not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of children funded by agencies/government programs	<p>C12a.</p> <p>How many children in your program are funded by dollars from programs or government programs?</p> <p>Other types of government funded programs including Child and Adult Care Food Program</p> <p><input type="text"/> Number of children</p>	<p>C12a_M.</p> <p>How many children in your program are funded by dollars from the following government programs?</p> <p>Other types of government funded programs</p> <p><input type="text"/> Number of children</p>
	Presence of any children with blended, public funding	Item not included in 2019.	<p>R1.</p> <p>Sometimes a single child is funded by multiple public sources, such as a Head Start child supported by child care subsidies beyond the Head Start day. In your program, do any children receive the following combinations of funding?</p> <p>a. Head Start and PK and CCDF</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. Head Start or Early Head Start with CCDF but no PK</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>c. PK with CCDF but no Head Start</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>d. HS with PK with no CCDF</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program provide a grant to support your overall program 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C12c_M. Do any of the government agencies that provide funds for your program provide a grant to support your overall program 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program provide in-kind support (e.g., free use of building space) to support your overall program 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item not included in 2019.
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program contract with you for a guaranteed number of slots 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C12c_M. Do any of the government agencies that provide funds for your program contract with you for a guaranteed number of slots 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program pay you for vouchers or subsidies to specific eligible parents 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C12c_M. Do any of the government agencies that provide funds for your program pay you for vouchers or subsidies for specific eligible children 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program pay the parents directly 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item not included in 2019.
	Payment arrangement from agencies/government programs	C12c. Do the government agencies or programs that provide funds for your program have some other payment arrangement SPECIFY: _____ 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	C12c_M. Do any of the government agencies that provide funds for your program have some other payment arrangement SPECIFY: _____ 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Community organization pays for care	Item not included in 2012.	R2. Do you have any children who are funded by non-government community organizations (e.g., United Way, local charities or other services organizations,)? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Number of children paid for by community organizations	Item not included in 2012.	R3. How many children are funded by non-government community organizations? _____ Under 3 years _____ 3-5 years, not in kindergarten _____ School-age

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item				
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>G3_M. Do you receive revenues from any of the following sources?</p> <table border="1"> <tr> <td>a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Item not included in 2019.		
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Item not included in 2019.		
c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	<input type="checkbox"/> Yes <input type="checkbox"/> No						

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item				
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)</td> <td> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </td> </tr> </table>	d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item not included in 2019.		
d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)</td> <td> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </td> </tr> </table>	e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<p>G3_M. Do you receive revenues from any of the following sources?</p> <table border="1"> <tr> <td>e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)</td> <td> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </td> </tr> </table>	e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1"> <tr> <td>g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.</td> <td> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </td> </tr> </table>	g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<p>G3_M. Do you receive revenues from any of the following sources?</p> <table border="1"> <tr> <td>g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.</td> <td> 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No </td> </tr> </table>	g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						
g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No						

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item																
	Program sources of revenue	<p>G3. These next questions are about sources of revenue for your program.</p> <table border="1" data-bbox="537 337 1203 558"> <tr> <td data-bbox="537 337 1052 391">i. Other</td> <td data-bbox="1052 337 1203 391">1 <input type="checkbox"/> Yes</td> </tr> <tr> <td data-bbox="537 391 1052 444">SPECIFY:</td> <td data-bbox="1052 391 1203 444">2 <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="537 444 1052 558">_____</td> <td data-bbox="1052 444 1203 558"></td> </tr> <tr> <td data-bbox="537 558 1052 558">_____</td> <td data-bbox="1052 558 1203 558"></td> </tr> </table>	i. Other	1 <input type="checkbox"/> Yes	SPECIFY:	2 <input type="checkbox"/> No	_____		_____		<p>G3_M. Do you receive revenues from any of the following sources?</p> <table border="1" data-bbox="1224 302 1904 524"> <tr> <td data-bbox="1224 302 1738 355">i. Other</td> <td data-bbox="1738 302 1904 355">1 <input type="checkbox"/> Yes</td> </tr> <tr> <td data-bbox="1224 355 1738 409">SPECIFY:</td> <td data-bbox="1738 355 1904 409">2 <input type="checkbox"/> No</td> </tr> <tr> <td data-bbox="1224 409 1738 524">_____</td> <td data-bbox="1738 409 1904 524"></td> </tr> <tr> <td data-bbox="1224 524 1738 524">_____</td> <td data-bbox="1738 524 1904 524"></td> </tr> </table>	i. Other	1 <input type="checkbox"/> Yes	SPECIFY:	2 <input type="checkbox"/> No	_____		_____	
i. Other	1 <input type="checkbox"/> Yes																		
SPECIFY:	2 <input type="checkbox"/> No																		

i. Other	1 <input type="checkbox"/> Yes																		
SPECIFY:	2 <input type="checkbox"/> No																		

	Largest source of program revenue	<p>G3a1. (first source) Which of these are the two largest sources of revenue for your program?</p> <p>a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees.</p> <p>b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)</p> <p>c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)</p> <p>d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)</p> <p>e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)</p> <p>g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.</p> <p>i. Other</p>	Center-based item G3a1 has not changed.																

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Second largest source of program revenue	<p>G3a2. (second source) Which of these are the two largest sources of revenue for your program?</p> <ul style="list-style-type: none"> a. Tuitions and fees paid by parents - including parent fees and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees. b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies) c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government) d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program) e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier) g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events. i. Other 	Center-based item G3a2 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Public vs private funding for program	Item not included in 2012.	<p>R4.</p> <p>Thinking about your entire budget for providing early care and education services to children under age 13, which of the categories below best describes your program?</p> <p>1 <input type="checkbox"/> No public dollars received 2 <input type="checkbox"/> Mostly private dollars with less than 33% public dollars 3 <input type="checkbox"/> Private dollars are > 33% and Public dollars are more than > 33% 4 <input type="checkbox"/> Mostly public dollars with less than 33% private dollars 5 <input type="checkbox"/> No private dollars received</p>
	Program meets multiple performance standards	Item not included in 2012.	<p>R5.</p> <p>For your children ages 3 through 5, not in kindergarten, are you required to meet multiple different performance standards or other program guidelines, such as group sizes, ratios, teacher qualifications, or curriculum use?</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items - Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	How program complies with multiple performance standards	Item not included in 2012.	<p>R6. Do you comply with these multiple standards and requirements...</p> <p>a. For only the children to whom each standard applies? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>b. For the classrooms with any children to whom each standard applies? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>c. For all classrooms in that age group? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p>d. Throughout the center? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Fees paid by parents receiving subsidy	Item not included in 2012.	<p>R7.</p> <p>Do parents receiving child care subsidies pay any of the following fees to your program?</p> <p>a. Diaper, snacks or other supplies fees</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. Co-pays</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>c. Tuition for days or hours not covered by subsidy payment</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>d. Fees in addition to co-pays to make up for low subsidy reimbursement rates</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
	Any program subsidy enrollment limit	Item not included in 2012.	<p>R8.</p> <p>Do you limit the number of children with child-care subsidies that you enroll at any one time?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any enrollment supported by subsidy	Item not included in 2012.	R9. In the past year, have you had a child whose enrollment was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Family requests subsidy to pay for care	Item not included in 2012.	R10. In the past year, has a family asked your program to accept child care subsidies to pay for a child's enrollment in your program? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Comparison of private pay and subsidy – Reliability of payment	Item not included in 2012.	R11. How would you compare the experience of serving families who pay your tuition and fees themselves with families who are participating in the subsidy system in terms of... a. Reliability of payment Subsidy much more Subsidy somewhat more Subsidy and private pay about the same Private pay somewhat more Private pay much more

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Comparison of private pay and subsidy – Amount of money received	Item not included in 2012.	<p>R11. How would you compare the experience of serving families who pay your tuition and fees themselves with families who are participating in the subsidy system in terms of...</p> <p>b. Amount of money your program receives for a child</p> <p>Subsidy much more Subsidy somewhat more Subsidy and private pay about the same Private pay somewhat more Private pay much more</p>
	Comparison of private pay and subsidy – Administrative requirements	Item not included in 2012.	<p>R11. How would you compare the experience of serving families who pay your tuition and fees themselves with families who are participating in the subsidy system in terms of...</p> <p>c. Paperwork or other administrative requirements</p> <p>Subsidy much more Subsidy somewhat more Subsidy and private pay about the same Private pay somewhat more Private pay much more</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Comparison of private pay and subsidy – Ease of filling vacancies	Item not included in 2012.	R11. How would you compare the experience of serving families who pay your tuition and fees themselves with families who are participating in the subsidy system in terms of... d. Ease of filling vacancies Subsidy much more Subsidy somewhat more Subsidy and private pay about the same Private pay somewhat more Private pay much more
	Transportation services provided	C13. Does your program provide any transportation services for children coming to or going from your program? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	Item not included in 2019.
	Provider has access to resources/professional development through schools/other programs	C14. Does your program have any formal or informal relationships with other schools or programs to share access to resources or professional development? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	Center-based item C14 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any free or reduced cost professional development	Item not included in 2012.	R12. In 2018, did your program receive any free or reduced cost goods or services related to professional development, for example, a trainer’s services or fees for staff to attend courses? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Section D: Admissions/ Marketing	Number of children who left program	D1. From January to March of 2011, about how many children did your program stop caring for? Please include children whose parents withdrew their children from care as well as children you didn’t want to care for anymore. Your best estimate is fine. <input type="text"/> Number of children	D1_M. From January to March of 2018, how many children age 5 and under, not yet in kindergarten, did your program <u>stop</u> caring for? Please include children whose parents withdrew them from care as well as children you didn’t want to care for anymore. Your best estimate is fine. <input type="text"/> Number of children
	Number of children who entered program	D2. From January to March of 2011, about how many new children did your program start taking care of? Your best estimate is fine. <input type="text"/> Number of children	D2_M. From January to March of 2018, about how many new children did your program <u>start</u> taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine. <input type="text"/> Number of children
	Program quality rating	Item not included in 2012.	D12. Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS; or a QRIS]? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> I don’t know

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program quality rating improved	Item not included in 2012.	D13. In the past two years have you moved from one rating to a better one? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Program quality rating	D5. Does your organization have an overall quality rating (for example, accreditation, tiered reimbursement or some other quality rating system?) 1. YES 2. NO	Item not included in 2019.
	Agency providing quality rating	D5A. What agency or group provided your quality rating? NAEYC LOCAL R&R STATE OR LOCAL CHILD CARE AGENCY OTHER (SPECIFY: _____)	Item not included in 2019.
	Children denied due to no vacancies	D7. In the past year, have you turned away children who wanted to enroll because you did not have an empty slot? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> CHILDREN ARE PLACED ON A WAITING LIST	Center-based item D7 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program unable to care for special needs	Item not included in 2012.	D14. In the past year, did you turn away any parents because they wanted to enroll a child who had special needs that your program wasn't prepared to meet? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Early pick up due to behavior problems	Item not included in 2012.	D15. In the past year, have you asked a parent to pick up a child early because of problems with the child's behavior? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Care stopped due to child's behavior	D8. In the past three months, have you told a parent that you would not care for a child anymore because of problems with the child's behavior? 1. YES 2. NO	Center-based item D8 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Location of children's physical activity	Item not included in 2012.	<p>D16. Where do children participate in vigorous physical activity?</p> <p>a. In the classroom</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. In another inside room for physical activity (e.g., gym)</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>c. In outdoor space reserved for our children</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>d. In nearby public outdoor space (e.g., public park or parking lot)</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
	Any snacks or meals provided to children	Item not included in 2012.	<p>D17. What food do you provide the children in your care?</p> <p>a. Snacks</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>b. Meals such as breakfast, lunch, or dinner</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of times fruit juice offered to children	Item not included in 2012.	<p>D18.</p> <p>During the past 7 days, how many times did the children in care drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit flavored drinks. Was it . . .</p> <p>CODE ONLY ONE</p> <p>1 <input type="checkbox"/> four or more times a day</p> <p>2 <input type="checkbox"/> two to three times a day</p> <p>3 <input type="checkbox"/> once a day</p> <p>4 <input type="checkbox"/> almost every day</p> <p>5 <input type="checkbox"/> 1 to 3 times during the past 7 days, or</p> <p>6 <input type="checkbox"/> they did not drink these beverages?</p>
	Program participate in food program	Item not included in 2012.	<p>D19.</p> <p>[If meals provided:] Does your program participate in the Child and Adult Care Food Program?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Not eligible</p>
	Any access to health consultant	Item not included in 2012.	<p>D20.</p> <p>Does your program have or have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Comprehensive services – health screenings	<p>D11. Children and their families sometimes need other services. In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?</p> <p>a. Health screening, such as medical, dental, vision, hearing or speech screening? YES NO</p>	<p>D11a_M. Are any of the following available to children on-site at your program, including by another organization?</p> <p>Health screening: medical, dental, vision, hearing, or speech?</p> <p>1 <input type="checkbox"/> Yes → Do you pay for this service? Yes/No</p> <p>2 <input type="checkbox"/> No → Do you provide referrals to any of these services? Yes/No</p>
	Comprehensive services – developmental assessments	<p>D11. Children and their families sometimes need other services. In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?</p> <p>b. Developmental assessments? YES NO</p>	<p>D11b_M. Are developmental assessments available to children on-site at your program? These assessments check whether the child is on-track with regard to their physical, emotional or social conditions. Please include services offered by another organization that is located at your site.</p> <p>1 <input type="checkbox"/> Yes → Do you pay for this service? Yes/No</p> <p>2 <input type="checkbox"/> No → Do you provide referrals to any of these services? Yes/No</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Comprehensive services – therapeutic services	<p>D11. Children and their families sometimes need other services In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?</p> <p>c. Therapeutic services, such as speech therapy, occupational therapy or services for children with special needs? YES NO</p>	<p>D11c_M. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program? Please include services offered by another organization that is located at your site.</p> <p>1 <input type="checkbox"/> Yes → Do you pay for this service? Yes/No</p> <p>2 <input type="checkbox"/> No → Do you provide referrals to any of these services? Yes/No</p>
	Comprehensive services – counseling services	<p>D11. Children and their families sometimes need other services In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?</p> <p>d. Counseling services for children or parents? YES NO</p>	<p>D11d_M. Are counseling services for children or parents available on-site at your program? Please include services offered by another organization that is located at your site.</p> <p>1 <input type="checkbox"/> Yes → Do you pay for this service? Yes/No</p> <p>2 <input type="checkbox"/> No → Do you provide referrals to any of these services? Yes/No</p>
	Comprehensive services – social services	<p>D11. Children and their families sometimes need other services In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?</p> <p>e. Social services to parents such as housing or food assistance, access to medical care, or help getting assistance from government or private programs? YES NO</p>	Item not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program pays for comprehensive services	D11G. Does your organization pay for any of these services? 1. YES 2. NO	Item not included in 2019.
	Program provides referrals for comprehensive services	D11H. Does your organization provide verbal or written referrals for any of these services? 1. YES 2. NO	Item not included in 2019.
	Comprehensive services – social services	Item not included in 2012.	D21. Does your program help connect parents with social services such as housing or food assistance, access to medical care, or help getting assistance from government or private programs? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Section E: Staffing	Total number of staff working with children	E1. What is the total number of staff employed at this site in your program who work directly with children under 13? Please include full-time and part-time workers, but only those who work in the early care and education activities we are discussing in this survey. <input type="text"/>	Center-based item E1 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Total number of staff not working with children	E4. What is the total number of staff who do <i>not</i> work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks, and anyone else on your program’s payroll at this site. <input type="text"/>	E4_M. What is the total number of staff who do not work with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks and anyone else who works on your early care and education activities for children up to age 13. <input type="text"/>
	Number of aides working in program	E1A. Next are questions about staff who work directly with children at your center. Please only think about staff who work directly with children under 13 and put them into four categories: aides, assistant teachers, teachers, and specialists. These four categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these four categories. First, how many aides work in your program?	E1A_M. Next are questions about staff who work directly with young children at your center – children age 5 and under, not in kindergarten. Please put your staff working with any young children into four three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These four categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these three categories. First, please think about aides or assistant teachers. How many aides or assistant teachers work with young children in your program? _____ Number of aides or assistant teachers
	Number of full-time aides and assistants	E1a1. How many of these aides are full-time?	E1a1_M. How many of these aides or assistant teachers are full-time?
	Number of assistants working in program	E1b. How many assistant teachers work in your program?	Item not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of full-time assistants	E1b1. How many of your assistant teachers are full-time?	Item not included in 2019.
	Number of teachers working in program	E1c. How many of your staff are teachers or lead teachers?	E1c_M. How many of your staff working with young children are teachers or lead teachers? _____ Number of staff
	Number of full-time teachers	E1c1. How many of them are full-time teachers or lead teachers?	E1c1_M. How many of these teachers or lead teachers are full-time? _____ Number of staff
	Number of specialists working in program	E1d. How many specialists work in your program, including language specialists, or those who take care of children with special needs, or those who teach English as a second language?	E1d_M. How many specialists work in your program with young children, including language specialists, or those who take care of children with special needs, or those who teach English as a second language? _____ Number of specialists
	Number of full-time specialists	E1d1 How many of these specialists work full-time?	Center-based item E1d1 has not changed.
	Number of staff who left program	E2. Again, thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months? <input type="text"/>	E2_M. Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many such individuals have left the program in the last 12 months? <input type="text"/>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any professional development resources for staff – funding for training	E5. Do you provide any of the following for your teachers, assistant teachers, or aides? a. Funding to participate in college courses or off-site training? 1 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No	Center-based item E5 a. has not changed.
	Any professional development resources for staff – Paid time off for training	E5. Do you provide any of the following for your teachers, assistant teachers, or aides? b. Paid time off to participate in college courses or off-site training? 1 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No	Center-based item E5 b. has not changed.
	Any professional development resources for staff – access to coaches	E5. Do you provide any of the following for your teachers, assistant teachers, or aides? d. Mentors, coaches or consultants who visit and work with staff in their classrooms? 1 <input type="checkbox"/> Yes 1 <input type="checkbox"/> No	Center-based item E5 d. has not changed.
	Program benefits for staff – reduced program tuition	E6. Do you provide any of the following benefits to your teachers, assistant teachers or aides? a. reduced tuition at your program? 1. Yes 2. No	Center-based item E6 a. has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Program benefits for staff – retirement program	E6. Do you provide any of the following benefits to your teachers, assistant teachers or aides? b. retirement program such as a retirement annuity, 401(k) or 403(b) plan? Yes No	Center-based item E6 b. has not changed.
	Program benefits for staff – health insurance	E6. Do you provide any of the following benefits to your teachers, assistant teachers or aides? c. health insurance? Yes No	Center-based item E6 c. has not changed.
	Experience with background checks	Item not included in 2012.	E7. We are interested in your experiences conducting background checks for your new or continuing employees. How much do you agree or disagree with the following statements: [Strongly Agree, Agree, Disagree, Strongly Disagree] a. Background checks on staff protect the children I care for. b. Background checks cause delays in my ability to hire new staff. c. Background checks discourage good candidates from applying for or taking jobs with me d. It is easy and inexpensive to get fingerprinted for a background check.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
Section F: Care Provided	Selected age group not yet in kindergarten	Item not included in 2012.	F13. [IF THE SELECTED AGE GROUP HAS A LOWER BOUND AGE OF 60 MONTHS OR MORE, ASK] Does the age group [F1_AGEGRP {low} months to {high} months] include any children who are not yet in kindergarten? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
	Number of groups for a specific age grouping	F1. How many groups or classrooms of children do you have for [F1_AGEGRP] months? Please include all groups in all of the programs or sessions that you offer for children in [F1_AGEGRP] months. By group and classroom, we mean children who are together for most of the [day/session] with an assigned staff member or group of staff members. If children change groups frequently during the day, please tell me about your groups during a typical activity period. <input type="text"/> Number of groups	Center-based item F1 has not changed.
	Names of age groups or classrooms	F2. What are the names of these groups	F2_M. What are the names of these groups or classrooms?
	Youngest child in classroom	F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program. F3a. First, how old is the youngest child in [GROUP]? _____ Years and _____ Months	Center-based item F3a has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Oldest child in age classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3b. How old is the oldest child in [GROUP]? _____ Years and _____ Months</p>	Center-based item F3b has not changed.
	Age group is a school-age classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3b1. Is this a school-age classroom? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	Item not included in 2019.
	Number of children enrolled in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3c. How many children are currently enrolled in [GROUP]? _____ Number of children</p>	Center-based item F3c has not changed.
	Number of vacancies in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3d. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99. _____ Number of additional children</p>	<p>F3. [RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3d_M. How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 99. _____ Number of vacancies</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Number of teachers in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3f. During the most recent activity period, how many lead teachers or teachers were there with this group? _____ Number of teachers</p>	Center-based item F3f has not changed.
	Number of assistants/aides in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group? _____ Number of assistants/aides/helpers</p>	Center-based item F3g has not changed.
	Number of children in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3h. During the most recent activity period, how many children were there in this group? _____ Number of children</p>	Center-based item F3h has not changed.
	Number of children funded by subsidy in classroom	Item not included in 2012.	<p>F3. [RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F14. How many children in this classroom are funded by child care subsidy dollars?</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any children funded by Head Start of Pre-K in classroom	<p>F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F3i. Does this classroom include children who are enrolled in Head Start or pre-kindergarten? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	Item not included in 2019.
	Number of children funded by Head Start in classroom	Item not included in 2012.	<p>F3. [RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F15. How many children in this classroom are funded by Head Start or Early Head Start dollars?</p>
	Number of children funded by Pre-k in classroom	Item not included in 2012.	<p>F3. [RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F16. How many children in this classroom are funded by state or local public pre-kindergarten dollars?</p>
	Number of children funded by private payment	Item not included in 2012.	<p>F3. [RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.</p> <p>F17. How many children in this classroom are funded only from private dollars such as parent payments or funds from community organizations?</p>

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Names of staff in classroom	F4. Next are some questions about your staff who worked in this classroom last week. Including staff at any level, what are the first names of staff who worked in this classroom last week? If last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.	Center-based item F4 has not changed.
	Role of staff member in classroom	F4a. Which of the following best describes [NAME]'s role in your program: a lead teacher or instructor, a teacher or instructor, an assistant teacher or instructor, or an aide, or something else? 1. LEAD TEACHER/INSTRUCTOR 2. TEACHER/INSTRUCTOR 3. ASSISTANT TEACHER/INSTRUCTOR 4. AIDE 5. OTHER (SPECIFY: _____)	Center-based item F4a has not changed.
	Hours worked by staff member in classroom	F4d. Approximately how many hours per week did [NAME] work that week in this classroom	Center-based item F4d has not changed.
	Education attainment of staff member in classroom	F4g. [IF F4A=1-4 AND F4d ge 5, ASK:] Does [NAME] have a 2-year college degree, a 4-year college degree, or no college degree? 1. 2-YEAR 2. 4-YEAR 3. NONE	Center-based item F4g has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any ECE credential for staff member in classroom	F4h. Does [NAME] have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	Item is not included in 2019.
	Years of ECE experience for staff member in classroom	F4l. How many years of experience does [NAME] have working with children under age 13? Please do not count any experience raising (his/her) own children.	Item is not included in 2019.
	Wage received by staff member in classroom	F4m. How much is [NAME] paid? \$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	Center-based item F4m has not changed.
	Any curriculum used	F8a. Is a specific curriculum used for this group? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item is not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Name of curriculum used	<p>F8a</p> <p>What is the name of the curriculum used?</p> <p>IF F3B LT 36 MONTHS (INFANT/TODDLER CLASSROOM):</p> <p>0. A CURRICULUM WE DEVELOPED OURSELVES</p> <p>1. THE CREATIVE CURRICULUM FOR INFANTS AND TODDLERS</p> <p>2. THE HIGH/SCOPE CURRICULUM FOR INFANTS AND TODDLERS</p> <p>3. INNOVATIONS SERIES CURRICULUM</p> <p>4. MONTESSORI INFANT/TODDLER CURRICULUM</p> <p>5. THE PROGRAM FOR INFANT/TODDLER CAREGIVERS (PITC) CURRICULUM</p> <p>6. OTHER (SPECIFY _____)</p> <p>7. NONE</p> <p>IF 36 MONTHS LE F3B LE 66 MONTHS (PRESCHOOL CLASSROOM)</p> <p>0. A CURRICULUM WE DEVELOPED OURSELVES</p> <p>11. BANK STREET DEVELOPMENTAL INTERACTION APPROACH</p> <p>12. THE CREATIVE CURRICULUM FOR PRESCHOOL</p> <p>13. GALILEO</p> <p>14. THE HIGH/ SCOPE CURRICULUM FOR PRESCHOOL</p> <p>15. LEARNINGGAMES</p> <p>16. MONTESSORI PRESCHOOL CURRICULUM</p> <p>17. OPENING THE WORLD OF LEARNING (OWL)</p> <p>18. PRESCHOOL PATHS</p> <p>19. PROJECT APPROACH</p> <p>20. REGGIO EMILIA APPROACH</p> <p>21. SCHOLASTIC EARLY CHILDHOOD PROGRAM (SECP)</p> <p>22. WALDORF APPROACH</p> <p>6. OTHER</p> <p>7. NONE</p>	Item is not included in 2019.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any agency visits	F12. In the past 12 months, were you visited by any regulatory agency? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	Item is not included in 2019.
	Type of agency visit	F12a. Was the visit announced or unannounced? 1 <input type="checkbox"/> announced 2 <input type="checkbox"/> unannounced	Item is not included in 2019.
	Agencies that inspected program	Item not included in 2012.	F18. In the past 12 months, have the following agencies inspected your program or come to monitor the quality of services? a. Health department 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No b. Licensing agency 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
Section H: Respondent Characteristics and Selection of the Workforce	Respondent job title	H5. Now we have a few questions about you. For classification purpose, what is your title? 1. Director 2. Director/Teacher 3. Lead Teacher 4. Other (please specify: _____)	Center-based item H5 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Respondent responsibilities at the program	Item not included in 2012.	H11. Which of the following are you responsible for at this center? 1. Managing staff 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 2. Managing operations or finances 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3. Working with teachers and other staff to improve instruction in their classrooms? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Year of birth	H5b. In what year were you born?	Center-based item H5b has not changed.
	Weekly hours worked at program	H5c. Approximately how many hours per week do you usually work at this program?	Center-based item H5c has not changed.
	Weekly hours directly caring for children	Item not included in 2012.	H12. Approximately how many of those hours per week do you directly care for children?
	Ethnicity	H5d. Are you of Hispanic or Latino origin? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	H5d_M. What is your ethnicity? 1 <input type="checkbox"/> Hispanic or Latino 2 <input type="checkbox"/> Not Hispanic or Latino

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Race	H5e. Which of the following are you? Please select one or more... 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 5 <input type="checkbox"/> American Indian or Alaska Native 6 <input type="checkbox"/> OTHER	H5e_M. What is your race? (Select one or more.) 5 <input type="checkbox"/> American Indian or Alaska Native 3 <input type="checkbox"/> Asian 2 <input type="checkbox"/> Black or African American 4 <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 1 <input type="checkbox"/> White
	Respondent educational attainment	H5f. Do you have a 2-year college degree, or a 4-year college degree? 1 <input type="checkbox"/> 2-YEAR 2 <input type="checkbox"/> 4-YEAR 3 <input type="checkbox"/> NO DEGREE	Center-based item H5f has not changed.
	Respondent educational field of study	Item not included in 2012.	H13. (if H5f =1 or 2) What was your major or field of study in your most recent degree? 1 <input type="checkbox"/> ELEMENTARY EDUCATION 2 <input type="checkbox"/> SPECIAL EDUCATION 3 <input type="checkbox"/> CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES 4 <input type="checkbox"/> EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE 5 <input type="checkbox"/> CHILD CARE MANAGEMENT 6 <input type="checkbox"/> BUSINESS, GENERAL COMMERCE 7 <input type="checkbox"/> OTHER

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Any training on managing an ECE program	Item not included in 2012.	H14. Have you ever received professional development or completed coursework on management topics such as supervising staff, managing budgets, or purchasing equipment? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Any training on managing an ECE program	Item not included in 2012.	H15. Have you ever received professional development or completed coursework on running a program for young children, for example, addressing licensing requirements or program standards, or selecting curricula and assessments? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	ECE credentials	H5g. Do you have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	Item not included in 2019.
	Any training on working with young children	H5i. Have you received any professional development or other training on working with young children in the past 12 months? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	H5i_M. Have you ever received any professional development or other training on working with young children? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Years worked at program	H5j. How long have you worked in your program in your current role?	Center-based item H5j has not changed.
	Years of ECE work experience	H5k. How many years of experience do you have working with children under age 13? Please do not count any experience raising your own children.	Center-based item H5k has not changed.
	Wages received	H5l. How much are you paid? Your best estimate is fine.	Center-based item H5l has not changed.
	Health insurance from program	H5m. Do you receive health insurance or paid time off, from your job with this program? Paid time off may be sick leave or paid vacation. 5 <input type="checkbox"/> health insurance 7 <input type="checkbox"/> paid time off 8 <input type="checkbox"/> NONE OF ABOVE	H5m_M. Do you receive health insurance from your job with this program? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	Any additional staff in classroom	H6 Is there someone else who also worked in that classroom for at least 5 hours last week regardless of their role? YES NO	Center-based item H6 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Role of sampled workforce member	H6a. Is his/her role more like an aide, assistant teacher, teacher/instructor, lead teacher, or something else? <input type="checkbox"/> Aide <input type="checkbox"/> Assistant teacher <input type="checkbox"/> Teacher or instructor <input type="checkbox"/> Lead Teacher <input type="checkbox"/> Other (specify)	Center-based item H6a has not changed.
	Hours worked by sampled workforce member	H6b. How many hours did he or she work in that classroom last week (or the most recent usual week)? _____ Hours	Center-based item H6b has not changed.
	Any additional workforce members	H6c. Is there someone else who worked at least 5 hours in the classroom, regardless of their role? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DON'T KNOW/REFUSED/NO ANSWER	Center-based item H6c has not changed.
	Name of sampled workforce member	H7. Xxx is randomly selected to participate in this work force survey. What is his/her full name so that we can contact her? First Name: Last Name:	Center-based item H7 has not changed.

2019 NSECE Center-based Provider Questionnaire Items – Overview and Comparison

Category	Construct	2012 Questionnaire Item	2019 Questionnaire Item
	Language spoken by sampled workforce member	H9a. What language(s) does he/she usually speak? Please select all that apply 1. English 2. Spanish 3. Other (Specify:_____)	Center-based item H9a has not changed.
	Phone number of sampled workforce member	H9b. Does she/he have a phone number that we can call him/her at? PHONE NUMBER:	H9b_M. Does she/he have a phone number or email address where we can contact him/her? PHONE NUMBER: EMAIL ADDRESS: