Attachment 2

2019 NSECE
Center-based Provider Screener and Questionnaire

November 2018

Contents

NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | **2019**

Center-based Provider Screener

(revised November 2018)

Center-based Provider Screener

[QUEX HAS FLAG TO INDICATE IF INSTRUMENT IS LAUNCHED FROM FI TABLET OR NOT (FI_ADMIN)]

[IF FI ADMINISTERED, THEN THE BELOW CONSENT APPEARS ON THE FIRST PAGE OF SCREENER; IF SELF-ADMINSTERED, THE BELOW CONSENT APPEARS ON LOGIN PAGE.]

NORC at the University of Chicago is conducting an important study for the U.S. Department of Health and Human Services (DHHS) to learn about early care and education programs available for children under age 13. This information will help build a national profile of early care and education services and will help measure how recent policy and program changes have affected center-based providers like you. Please take a moment to answer the following questions. Participation is voluntary and will take just a couple of minutes. Your information will be kept private and used only for statistical purposes.

[IF SELF-ADMINISTERED:] If you have any questions or would prefer to answer these by phone, please call [PHONE].

You should have received a personal identification number (PIN) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN:

Password:

 An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 10/31/2019. Please send comments regarding the time required for this survey or any other aspect of the described information collection to: [Name and address to be added].

 1. Do you offer early care and education services for children age 5 years and under, not yet in kindergarten, at [ADDRESS]? By early care and education, I mean preschool, pre-kindergarten, nursery school, day care, Montessori for young children, or other similar services. This does not include drop-in or single activity services, such as sports practices or tutoring programs.

1 Yes

2 No (SKIP TO 4)

1a. Are your organization's services for children 5 and under, not yet in kindergarten...

a. at least three hours per day at least twice per week	Y	N
b. single activity, such as only tutoring, therapy, or a sports activity?	Y	N
c. only drop in activities that children may not attend regularly	Y	N
d. only before or after-school activities	Y	N

CHK_1. IF 1AA=Y AND 1AB=N AND 1AC=N AND 1AD=N THEN ORG IS ELIGIBLE. ELSE ORG NOT ELIGIBLE.

CHK_2. IF ORG IS ELIGIBLE, ASK Q2. ELSE SKIP TO Q4.

CREATE ELIGIBILITY ROSTER AND POPULATE BASED ON Q1A OUTCOME [ELIG_FLAG]. PNAME ORGANIZATION IS ALWAYS FIRST IN ROSTER AND HAVE LIST NUMBER OF 1. IF ELIGIBLE AS INDICATED ABOVE THEN ELIG_FLAG=1, IF NOT THEN ELIG_FLAG=0.

2. Is [PNAME] the best name for your organization?

      1 Yes (skip to Q4)

      2 No

3. What is the name of your organization?

      Organization #1 _____

4. Does any other organization offer early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten?

      1 Yes

      2 No (skip to logic before Q6)

5. What is the name of that organization?

Organization _____

6. And is there another organization that offers early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten?

      1 Yes (go to Q5)

      2 No (go to Q7)

7. As far as you know, are [ORGANIZATION FROM Q5]'s services for children 5 and under, not yet in kindergarten...

      a. at least three hours per day at least twice per week   Y   N   DK

b. single activity, such as only tutoring, therapy, or a sports activity?   Y   N   DK

c. drop in activities that children may not attend regularly   Y   N   DK

d. only before or after-school activities   Y   N   DK

CHK_3. IF 7A=Y AND 7B=N AND 7C=N AND 7D=N THEN ORG IS ELIGIBLE. ELSE ORG NOT ELIGIBLE.

CHK_4. RETURN TO Q7 FOR NEXT ORGANIZATION LISTED AT Q5 UNTIL ALL ORGANIZATIONS HAVE BEEN ASKED ABOUT.

ADD EACH ORGANIZATION NAME FROM Q5 TO ELIGIBLITY ROSTER AND ASSIGN ELIG_FLAG=1 IF ABOVE CRITERIA ARE MET. IF NOT, THEN ASSIGN ELIG_FLAG=0. EACH ORGANIZATION IN ROSTER HAS LIST VALUE, ORGANIZATION NAME AND ELIG_FLAG.

LIST VALUE	ORGANIZATION NAME	ELIG_FLAG
1	IF Q2=YES, THEN USE PNAME PRELOAD; ELSE USE Q3 NAME	IF 1AA=Y AND 1AB=N AND 1AC=N AND 1AD=N THEN ELIG=FLAG=1. ELSE ELIG_FLAG=0
2	ORGANIZATION NAME FROM Q5 (LOOP 1)	IF 7A=Y AND 7B=N AND 7C=N AND 7D=N THEN SET ELIG_FLAG=1. ELISE SET ELIG_FLAG=0
3	FOLLOWING LOGIC FOR LIST VALUE 2 ABOVE, ADD UP TO 4 ADDITIONAL ORGANIZATIONS	

[ORGANIZATION SELECTION LOGIC: RANDOMLY SELECT ONE ORGANIZATION FROM ROSTER FOR THOSE LISTED ABOVE AS ELIGIBLE [WHERE ELIG_FLAG=1] AND STORE AS FINALORG. STORE LIST VALUE AS WELL.

POPULATE CB_ORG VARIABLE BASED ON FOLLOWING LOGIC:

- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] AND Q2=YES, THEN STORE PNAME FROM Q2 AS CB_ORG.
- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] BUT Q3=NO, THEN STORE Q3 NAME AS CB_ORG.
- IF CBSCR IS FI ADMINISTERED (FI_ADMIN=1), STORE FINALORG VALUE AS CB_ORG VALUE
- POPULATE THE CB_ORG_CODE TO MATCH THE LIST VALUE CARRIED FROM FINALORG

CHK_5. IF ORIGINAL ORG IS NOT ELIGIBLE AND CBSCR IS NOT FI_ADMINISTERED (FI_ADMIN=0), SKIP TO LOGIC AT Q7 OTHERWISE CONTINUE TO Q6.

6. Based on our statistical procedures, our study has some additional questions for [CB_ORG] about its early care and education services for young children.

Can you provide contact information for that organization? Please provide whatever information you have available.

Contact Name   _____

Contact Phone _____

Contact E-mail_____

[DK/REF]

7. THE FOLLOWING TRANSITIONS WILL OCCUR BASED ON IF SURVEY IS FI-ADMINISTERED AND IF CB_ORG IS THE ORIGINAL ORGANIZATION OR NOT. RULES ARE AS FOLLOWS:

TRANSITION A: IF NOT FI ADMINISTERED, DISPLAY FOLLOWING:

Thank you for your time today. I have some additional questions about your organization and the early care and education services it provides.

THEN TRANSITION IMMEDIATELY TO CB QUEX WITHOUT R HAVING TO ENTER PIN/PASSWORD AGAIN.

TRANSITION B: IF FI ADMINISTERED AND OTHER ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country. [TERMINATE AND DISPOSITION THIS ADDRESS AS "54: PROV Screener Complete"]

TRANSITION C: IF FI ADMINISTERED AND ORIGINAL ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. I have some additional questions about your organization and the early care and education services it provides.

 [TERMINATE AND DISPOSITION THIS ADDRESS AS "54: PROV Screener Complete"]

TRANSITION D: IF NO ORGANIZATIONS ARE ELIGIBLE [ALL ELIG_FLAG=0] DISPLAY THE FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country. [TERMINATE AND DISPOSITION THIS ADDRESS AS "76: Final Ineligible Provider".

NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | **2019**

Center-based Provider Questionnaire- *revised November 2018*

Center-based Provider Questionnaire

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

This interview takes about 48 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer or end the interview at any time. All personnel associated with this study must sign a legal document in which they pledge to protect the privacy of the information collected in the survey. We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason, we avoid questions that could cause difficulty for you. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name, or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with this study.

You can click on the "PREVIOUS" button to go back and change your answers if needed. Clicking "STOP" will save your responses and allow you to return to the last question you answered the next time you access the survey.

1. CONTINUE

INTRO.
This interview collects data about all of the early care and education services for children under age 13 offered by your organization at this address.

Numsite.

Does this organization operate programs for early care and education of children under age 13
at any locations other than this site?

        1☐ Yes, multiple sites → Go to Numsite_1

        2☐ No, single site

Numsite_1.

At how many total sites does this organization operate programs?

          _____

In this interview, we use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [org] at the address [address]. [IF NUMSITE=1, Please do not include any services you provide at other addresses.]

[IF ELEMFLAG=1: By early care and education services, we mean services to young children not yet in kindergarten as well as before or after school services for school-age children but not the regular elementary schooling kindergarten through sixth grade.]

Section A. Program Level Information

A7.

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

        1 ☐   RELIGIOUS BUILDING
        2 ☐   PUBLIC SCHOOL
        3 ☐   PRIVATE SCHOOL
        4 ☐   UNIVERSITY OR COLLEGE
        5 ☐   WORK PLACE
        6 ☐   COMMUNITY CENTER OR MUNICIPAL BUILDING
        7 ☐   COMMERCIAL STRUCTURE
        8 ☐   INDEPENDENT STRUCTURE (I.E., ORGANIZATION IS THE SOLE OCCUPANT)
        9 ☐   HOME, APARTMENT, OR OTHER RESIDENTIAL STRUCTURE →ASK A7A
        10 ☐ Other, specify _____

A7a.

What percent of the space is used exclusively by the program?

        ☐☐☐ %

A8A.

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

        1 ☐   FOR PROFIT → SKIP TO A9
        2 ☐   NOT FOR PROFIT
        3 ☐   RUN BY A GOVERNMENT AGENCY
        4 ☐   OTHER, SPECIFY: _____

A8B.

Is your program independent, or is it sponsored by another organization? A sponsoring organization may provide funding, administrative oversight, or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.

        1 ☐   INDEPENDENT → SKIP TO A11
        2 ☐   SPONSORED

3 ☐ DON'T KNOW/REFUSED/BLANK (IN WEB) → A11

A8C_M.

What type of organization sponsors your program?

    1 ☐   SOCIAL SERVICE ORGANIZATION OR AGENCY
    2 ☐   CHURCH OR RELIGIOUS GROUP
    3 ☐   PUBLIC SCHOOL/BOARD OF EDUCATION
    4 ☐   PRIVATE SCHOOL, RELIGIOUS
    5 ☐   PRIVATE SCHOOL, NONRELIGIOUS
    6 ☐   COLLEGE OR UNIVERSITY
    7 ☐   PRIVATE COMPANY OR INDIVIDUAL EMPLOYER
    8 ☐   NON-GOVERNMENT COMMUNITY ORGANIZATION
    9 ☐   STATE GOVERNMENT
   10 ☐   LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT
   11 ☐   FEDERAL GOVERNMENT OR MILITARY
   13 ☐   HOSPITAL
   14 ☐   UNSPECIFIED HEAD START GRANTEE
   15 ☐   UNSPECIFIED PUBLIC PRE-K SPONSOR
   12 ☐   OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR
              PROGRAM? _____

[IF A8A=1 or 2 (FOR PROFIT or NOT FOR PROFIT), ASK A9. ELSE GO TO A11].

A9.

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

   1 ☐ INDEPENDENTLY OWNED & OPERATED →SKIP TO A11
   2 ☐ FRANCHISE
   3 ☐ CHAIN

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

A11.

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

| | Years and | | Months

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   ☐ Yes

      2   ☐ No

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. Range 0 - 156	**C1_1.** How many children are currently enrolled in this age group in your program at this site? Range 0-999	**C1_2.** How many of these children are currently enrolled full time? Range < or =C1_1	**C1a_M.** How many vacancies do you currently have in the age group [XX to YY months]? Range 0-999
1. ____ Months to _____ Months			
2. ____ Months to _____ Months			
3. ____ Months to _____ Months			
4. ____ Months to _____ Months			
5. ____ Months to _____ Months			
6. ____ Months to _____ Months			
TOTAL (RANGE: 0 TO 999)			███████

Section B. Schedule and Rates

B1.

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

B1a.

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

	Start Time			End Time	
Time slot 1	:	AM/PM		:	AM/PM
Time slot 2	:	AM/PM		:	AM/PM
Time slot 3	:	AM/PM		:	AM/PM

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

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

B1_2.

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

DISPLAY CHECK BOX "CLOSED ON THAT DAY"

	Start Time			End Time	
Time slot 1	:	AM/PM		:	AM/PM

| Time slot 2 | : | AM/PM | | : | AM/PM |
| Time slot 3 | : | AM/PM | | : | AM/PM |

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

      <mark>2☐ NO FAMILIES PAY➔SKIP TO B5</mark>

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 ☐ Yes 2 ☐ No
2 year olds	1 ☐ Yes 2 ☐ No
3 year olds	1 ☐ Yes 2 ☐ No
4 year olds	1 ☐ Yes 2 ☐ No

      ASK B1_5 THROUGH B1_5H FOR EACH AGE GROUP MARKED 'HAVE A RATE' IN B1_3A.

B1_5_M.

How much are you currently charging families for **full-time** enrollment for [AGE GROUP FROM B1_3A]? Please do not include any subsidies or discounts.

      $ _____

B1_5A.

Is that per

1. hour→ASK B7

2. ½ day → ASK B1_5B.

3. full day →ASK B1_5B.

4. week→ASK B1_5C_M

5. month →ASK B1_5D.

6. term/semester/quarter → ASK B1_5E.

7. year → ASK B1_5E

8. OTHER (PLEASE SPECIFY) _____ → ASK B1_5G.

9. DK/REF/BLANK→ASK B7

[IF B1_5A=2 OR 3, AND HOURS DATA HAVE NOT YET BEEN CALCULATED FOR THIS TIME UNIT, ASK B1_5B. ELSE GO TO INSTRUCTION BEFORE B1_5C_M.]
B1_5B.
How many hours is that? → SKIP TO B7

[IF B1_5A=4, ASK B1_5C_M. ELSE GO TO INSTRUCTION BEFORE B1_5D.]
B1_5C_M.
How many hours per week does that cover? → SKIP TO B7

[IF B1_5A=5, ASK B1_5D, ELSE GO TO INSTRUCTION BEFORE B1_5E.]
B1_5D.
How many hours per week does that cover?

_____hours per week→ SKIP TO B7

[IF B1_5A=6 OR 7, ASK B1_5E. ELSE GO TO INSTRUCTION BEFORE B1_5G.]
B1_5E.
How many weeks is that?

_____weeks

B1_5F.

How many hours per week does that cover?

_____hours per week→ SKIP TO B7

[IF B1_5A=8, ASK B1_5G. ELSE GO TO B7.]
B1_5G.
What is the weekly equivalent of that rate?

$_____

B1_5H.

How many hours per week does that cover?

_____hours per week

B7.

Do you have any of the following to help families afford the care you offer...

a. Sliding fee scale

1 ☐ Yes
2 ☐ No

b. Scholarships

1 ☐ Yes
2 ☐ No

c. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization

1 ☐ Yes
2 ☐ No

d. Another arrangement

1 ☐ Yes → (ask B8)
2 ☐ No → (go to B9)

B8.

How else do you help families afford the care you offer? _____

B9.

How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

_____ Number of children

B5.

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

    1   ☐ YES
    2   ☐ NO → SKIP TO B6
    99 ☐ DON'T KNOW/REFUSED/BLANK (IN WEB)→SKIP TO B5C

B5a.

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

☐ Number of children

    RANGE: 0-999

IF R DOES NOT CHARGE PARENTS (B1_3=2 or 3 (NO/DK/REF/BLANK), SKIP TO B6

B5c.

Does your program permit parents to pay for and use varying numbers of hours of care each week?

    1 ☐   YES, AT THEIR CONVENIENCE
    2 ☐   YES, FROM A SET OF SCHEDULE OPTIONS
    3 ☐   YES, BEYOND A MINIMUM NUMBER OF HOURS
    4 ☐   NO → SKIP TO B6

B5d.

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

☐ Number of children

RANGE: 0-999

B6.

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

Number of weeks

RANGE: 1-52

Section C. Enrollment

Please answer these next questions about children in your program age 5 and under, not yet in kindergarten.

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?

	Number of children

RANGE: 0-999

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.]

	Number of children

RANGE 0-999

C6_M.

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

	Number of children

RANGE: 0-999

C7_M. (RANGE: 0-999 FOR ALL SUBITEMS)

As far as you know, how many of the children who are not Hispanic or Latino are....

	Category	Number of children
a.	White	
b.	Black or African-American	
d.	Asian	
c.	Mixed race, another race, or you are not certain	

C11.

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

    1   ☐ English
    2   ☐ Spanish
    3   ☐ Other, specify: _____

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   ☐ Yes
    2   ☐ No
    3   ☐ Don't know

Section R. Revenues

These next questions are about your program's sources of revenues for providing early care and education services to children under age 13.

C12a_M.

How many children in your program are funded by dollars from the following government programs?

		# of Children
1.	State pre-kindergarten such as [STATE PRE-K NAME]	
2.	Head Start, including Early Head Start	Under 3 years _____ 3-5 years, not in kindergarten _____
3.	Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)	
4.	Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	Under 3 years _____ 3-5 years, not in kindergarten _____ School-age _____
5.	Title I	
8.	Other types of government funded programs	

[IF THE SUM OF RESPONSE CATEGORIES 1, 2, 3, 4, 5, and 8 = 0 for C12A_M, SKIP TO R2]

[IF CENTER RECEIVES FUNDING FROM AT LEAST 2 OF THE FOLLOWING: HS, STATE or LOCAL PK, CCDF, BUT NOT ALL CHILDREN < 5 ARE COVERED BY EACH OF THESE SOURCES, ASK R1. ELSE SKIP TO C12c_M.]

R1.

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. Please consider three public sources of funding: Head Start, Public Pre-kindergarten such as [STATE PRE-K], and child care subsidies such as [CCDF STATE PGM]. In your program, do any children receive the following combinations of funding?

      a. Head Start and public pre-K and child care subsidies

      1   ☐ Yes

2   ☐ No

b. Head Start or Early Head Start with child care subsidies, but no public pre-K

1   ☐ Yes
2   ☐ No

c. Public pre-K with child care subsidies, but no Head Start

1   ☐ Yes
2   ☐ No

d. Head Start with public pre-K, but no child care subsidies

1   ☐ Yes
2   ☐ No

C12c_M.

Do any of the government agencies that provide funds for your program

		YES	NO
1.	provide a grant to support your overall program	1 ☐	2 ☐
3.	contract with you for a guaranteed number of slots	1 ☐	2 ☐
4.	pay you for vouchers or subsidies for specific eligible children	1 ☐	2 ☐
6.	have some other payment arrangement SPECIFY:_____	1 ☐	2 ☐

R2.
Do you have any children who are funded by non-government community organizations (e.g., United Way, local charities, or religious organizations)?
       1   ☐ Yes
       2   ☐ No→SKIP TO G3_M
 	
[IF YES, ASK R3.]
	R3.
	How many children are funded by non-government community organizations?
	_____ Under 3 years
	_____ 3-5 years, not in kindergarten
	_____ School-age

G3_M.

Do you receive revenues from any of the following sources?

Revenue Category	Does your program receive any revenues from this source?
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.	1☐ Yes 2☐ No
e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1☐ Yes 2☐ No
g. Revenues from fundraising activities, cash contributions, gifts, bequests, special events.	1☐ Yes 2☐ No
i. Other SPECIFY: _____	1☐ Yes 2☐ No

G3a.

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

  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 fundraising activities, cash contributions, gifts, bequests, special events.

i.	Other

G3a1.
First source reported: _____

G3a2_M.
Second source reported: _____ [FOR G3A2_M, OFFER OPTION 'NO OTHER SOURCE OF REVENUES.]

R4.

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?

    1☐ No public dollars received
    2☐ Mostly private dollars with less than 33% public dollars
    3☐ Private dollars are > 33% and Public dollars are more than > 33%
    4☐ Mostly public dollars with less than 33% private dollars
    5☐ No private dollars received

R5.

For your children ages 3 through 5, not in kindergarten, are you required to meet standards or guidelines from multiple agencies or funding sources? By standards or guidelines, we mean things such as group sizes, ratios, teacher qualifications, or curriculum use.

    1   ☐ Yes
    2   ☐ No➔ SKIP TO INSTRUCTION BEFORE R7

R6.

Do you comply with these multiple standards and requirements...

    a. For only the children to whom each standard applies?

    1   ☐ Yes
    2   ☐ No

    b. For the classrooms with any children to whom each standard applies?

    1   ☐ Yes
    2   ☐ No

    c. For all classrooms in that age group?

    1   ☐ Yes

2   ☐ No

d. Throughout the center?

1   ☐ Yes
2   ☐ No

[IF C12a_M response category 4>0, ASK R7, ELSE SKIP TO R9.]

R7.

Do parents receiving child care subsidies pay any of the following fees to your program?

a. Diaper, snacks or other supplies fees

1   ☐ Yes
2   ☐ No

b. Co-pays for child care subsidies

1   ☐ Yes
2   ☐ No

c. Tuition for days or hours not covered by subsidy payment

1   ☐ Yes
2   ☐ No

d. Fees in addition to co-pays to make up for low subsidy reimbursement rates

1   ☐ Yes
2   ☐ No

R8.

Do you limit the number of children with child care subsidies that you enroll at any one time?
1   ☐ Yes
2   ☐ No

[IF C12a_M response category 4>0, SKIP TO R11. ELSE, ASK R9]

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   ☐ Yes →SKIP TO R11

      2   ☐ No

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   ☐ Yes

      2   ☐ No

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

    b. **Amount** of money your program receives for a child

        Subsidy much more
        Subsidy somewhat more
        Subsidy and private pay about the same
        Private pay somewhat more
        Private pay much more

    c. **Paperwork** or other administrative requirements

        Subsidy much more
        Subsidy somewhat more
        Subsidy and private pay about the same
        Private pay somewhat more
        Private pay much more

    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

C14.

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

      1   ☐ Yes
      2   ☐ No

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   ☐ Yes
      2   ☐ No

Section D. Admissions/Marketing

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.

	Number of children

RANGE: 0-999

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.

	Number of children

RANGE: 0-999

D12.

Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS or] a QRIS?
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I don't know

D13.

In the past two years, have you moved from one rating to a better one?
- 1 ☐ Yes
- 2 ☐ No

D7.

In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Children are placed on a waiting list

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   ☐ Yes

    2   ☐ No

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   ☐ Yes

    2   ☐ No

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

D16.

Where do children participate in vigorous physical activity?

    a. In the classroom

    1   ☐ Yes

    2   ☐ No

    b. In another inside room for physical activity (e.g., gym)

    1   ☐ Yes

    2   ☐ No

    c. In outdoor space reserved for our children

    1   ☐ Yes

    2   ☐ No

    d. In nearby public outdoor space (e.g., public park or parking lot)

    1   ☐ Yes

    2   ☐ No

D17.

What food do you provide the children in your care?

      a. Snacks

      1   ☐ Yes
      2   ☐ No

      b. Meals such as breakfast, lunch, or dinner

      1   ☐ Yes
      2   ☐ No

D18.

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 . . .

    CODE ONLY ONE
    1☐ four or more times a day
    2☐ two to three times a day
    3☐ once a day
    4☐ almost every day
    5☐ 1 to 3 times during the past 7 days, or
    6☐ they did not drink these beverages?

    [IF D17b=1, ASK D19, ELSE SKIP TO D20.]

D19.

[If meals provided:] Does your program participate in the Child and Adult Care Food Program?

      1   ☐ Yes
      2   ☐ No
      3   ☐ Not eligible

D20.

Does your program have or have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

    1   ☐ Yes
    2   ☐ No

D11_M.

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

D11a_M. Are any of the following available to children on-site at your program, including from another organization? Health screening: medical, dental, vision, hearing, or speech? [IF YES (1) to D11A_M ASK D11A_1_M, ELSE ASK D11A_2_M]	1 ☐ Yes →	D11a1_M. Does your program pay for this service?	1☐ Yes 2 ☐ No [SKIP TO D11B_M]
	2 ☐ No →	D11a2_M. Does your program provide referrals to any of these services?	1☐ Yes 2 ☐ No
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. [IF YES (1) to D11B_M ASK D11B_1_M, ELSE ASK D11B_2_M]	1 ☐ Yes →	D11b1_M. Does your program pay for this service?	1☐ Yes 2 ☐ No [SKIP TO D11C_M]
	2 ☐ No →	D11b2_M. Does your program provide referrals to this service?	1☐ Yes 2 ☐ No

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. [IF YES (1) to D11C_M ASK D11C_1_M, ELSE ASK D11C_2_M]	1 ☐ Yes →	D11c1_M. Does your program pay for any of these services?	1☐ Yes 2 ☐ No [SKIP TO D11D_M]
	2 ☐ No →	D11c2_M. Does your program provide referrals to this service? →	1☐ Yes 2 ☐ No
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. [IF YES (1) to D11D_M ASK D11D_1_M, ELSE ASK D11D_2_M	1 ☐ Yes →	D11d1_M. Does your program pay for this service? →	1☐ Yes 2 ☐ No [SKIP TO D21]
	2 ☐ No →	D11d2_M. Does your program provide referrals to this service? →	1☐ Yes 2 ☐ No

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   ☐ Yes
      2   ☐ No

Section E. Staffing

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.

<div style="border:1px solid black; width:150px; height:60px;"></div>

     RANGE: 0-999

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.

<div style="border:1px solid black; width:150px; height:60px;"></div>

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 three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These 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

     RANGE: 0-99

[IF E1A_M>0 ASK E1A1_M. OTHERWISE GO TO E1c_M.]

E1a1_M.

How many of these aides or assistant teachers are full-time?

     _____ Number of aides or assistant teachers

     RANGE: 0-99

E1c_M.

How many of your staff working with young children are teachers or lead teachers?

_____ Number of staff

RANGE: 0-99

[IF E1C_M>0, ASK E1C1_M. OTHERWISE GO TO E1D_M.]

E1c1_M.

How many of these teachers or lead teachers are full time?

_____ Number of staff

RANGE: 0-99

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

RANGE: 0-99

[IF E1D_M>0, ASK E1D1. OTHERWISE GO TO E2_M.]

E1d1

How many of these specialists work full-time?

_____ Number of specialists

RANGE: 0-99

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?

RANGE: 0-99

E5.

Do you provide any of the following for your teachers, assistant teachers, or aides?

		Yes	**No**
a.	Funding to participate in college courses or off-site training?	1 ☐	2 ☐
b.	Paid time off to participate in college courses or off-site training?	1 ☐	2 ☐
d.	Mentors, coaches, or consultants who visit and work with staff in their classrooms?	1 ☐	2 ☐

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

b. retirement program such as a retirement annuity, 401(k) or 403(b) plan?

1 ☐ Yes
2 ☐ No

c. health insurance?
1 ☐ Yes
2 ☐ No

E7.

We are interested in your opinions about policies that require people working in child care settings to get background checks. How much do you agree or disagree with the following statements: [Strongly Agree, Agree, Disagree, Strongly Disagree]

a. Background checks on staff protect children.
b. Background checks cause delays in my ability to hire new staff.
c. Background checks discourage good candidates from applying for or taking jobs in child care.

Section F. Care Provided

PROGRAMMER: IMPORT AGE GROUPS FROM A10/C1 AND RANDOMLY PICK ONE AGE GROUP AND SAVE THE SELECTED AGE GROUP AS F1_AGEGRP.

F13.

[IF THE SELECTED AGE GROUP F1_AGEGRP 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   ☐ Yes
    2   ☐ No
    3   ☐ Don't know

[IF F13=2 OR 3, THEN RETURN AND SELECT ANOTHER AGE GROUP FROM A10_M AND RE-ASK F13 FOR THAT GROUP. REPEAT UNTIL A GROUP IS SELECTED FOR WHICH F13=1.]

F1_INTRO:

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

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 or classroom, we mean children who are together for most of the [day/session] with an assigned staff member or group of staff members. If children change groups frequently during the day, please tell me about your groups during a typical activity period.

    ☐   Number of groups

    RANGE: 0-20

F2_M.

What are the names of these groups or classrooms?

Age group from A10_M

1.____[F1_AGEGRP]_____	[F1_NUMGROUPS] number of groups
a1. What are the names of these groups? F2_groupname1	
1.	
2	

3.	
4.	

*[RANDOMLY SELECT ONE GROUP FROM THE GROUPS LISTED.]

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.

Group Name

F3a. First, how old is the youngest child in []?	_____ Years and _____ Months
F3b. How old is the oldest child in []?	_____ Years and _____ Months
F3c. How many children are currently enrolled in []? RANGE: 0-99	_____ Number of children
F3d_M. How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 999. RANGE: 0-999	_____ Number of vacancies
F3f. During the most recent activity period, how many lead teachers or teachers were there with this group?	_____Number of teachers
F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group?	_____Number of assistants/aides/helpers
F3h. During the most recent activity period, how many children were there in this group?	_____Number of children

[If the number of children reported in C12a_M response category 4 >0 and less than the sum of all age groups in C1_1 ask F14, else skip to instruction before F15] **F14.** How many children in this classroom are funded by child care subsidy dollars?	_____Number of children
[If the number of children reported in C12a_M response category 2 > 0 and less than the sum of all age groups in C1_1 ask F15, else skip to instruction before F16] **F15.** How many children in this classroom are funded by Head Start or Early Head Start dollars?	_____Number of children
[If the number of children reported in C12a_M response category 3 > 0 and less than the sum of all age groups in C1_1 ask F16, else skip to instruction before F17] **F16.** How many children in this classroom are funded by state or local public pre-kindergarten dollars?	_____Number of children
[IF R2=1 OR G3_M item A =1 OR G3_M item E =1 OR G3_M item G =1, ASK F17, ELSE SKIP TO F4.] **F17.** How many children in this classroom are funded only from private dollars, such as parent payments or funds from community organizations?	_____Number of children

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.

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

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:_____)

F4d.

Approximately how many hours per week did [NAME] work that week in this classroom?

_____ Hours per week

RANGE: 0-999

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

F4m.

[IF F4A=1-4 AND F4d ge 5, ASK:] How much is [NAME] paid?

$ _____
per
1☐ hour
2☐ day
3☐ week
4☐ month

5☐ year
6☐ other

RANGE: 0-99999

F4n.

Is there another staff member working in [NAME OF RANDOMLY SELECTED GROUP]?

1   ☐ Yes
2   ☐ No

The rest of the questions are once again about your program in general, not just about a selected classroom.

F18.

In the past 12 months...

a. has someone visited your program to make sure you were complying with health, safety or other requirements?

1   ☐ Yes
2   ☐ No

b. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?

1   ☐ Yes
2   ☐ No

Section H. Respondent Characteristics and Selection of the Workforce

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:_____)

Name/initials	
H11. Which of the following are you responsible for at this center? 1. Managing staff 2. Managing operations or finances 3. Working with teachers and other staff to improve instruction in their classrooms?	1☐ Yes 2☐ No 1☐ Yes 2☐ No 1☐ Yes 2☐ No
H5b. In what year were you born? RANGE: 1900 TO 2002	_____
H5c. Approximately how many hours per week do you usually work at this program? RANGE: 0 TO 99	_____
H12. Approximately how many of those hours per week do you directly care for children?	_____ RANGE 0-H5c

Name/initials	
H5d_M. What is your ethnicity?	1□ Hispanic or Latino 2□ Not Hispanic or Latino
H5e_M. What is your race? (Select one or more.)	5□ American Indian or Alaska Native 3□ Asian 2□ Black or African American 4□ Native Hawaiian or Other Pacific Islander 1□ White
H5f. Do you have a 2-year college degree, a 4-year college degree?	1□ 2-YEAR 2□ 4-YEAR 3□ NO DEGREE
H13. (if H5f =1 or 2) What was your major or field of study in your most recent degree?	1□ ELEMENTARY EDUCATION 2□ SPECIAL EDUCATION 3□ CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES 4□ EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE 5□ CHILD CARE MANAGEMENT 6□ BUSINESS, GENERAL COMMERCE 7□ OTHER
H16. Have you ever received professional development or completed coursework on: a. management topics such as supervising staff, managing budgets, or purchasing equipment?	1□ Yes 2□ No
b. addressing licensing requirements or program standards?	1□ Yes 2□ No
c. selecting curricula and assessments?	1□ Yes 2□ No
d. working with young children?	1□ Yes 2□ No
H5j. How long have you worked in your program in your current role? RANGE: 0-99 Years	_____

Name/initials	
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. RANGE: 0-99 Years	_____
H5l. How much are you paid? Your best estimate is fine. RANGE: 0-999999	$ _____ per 1□ hour 2□ day 3□ week 4□ month 5□ year 6□ other
H5m_M. Do you receive health insurance from your job with this program?	1□ Yes 2□ No

Selection of staff for the work force survey

H6.

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

You've indicated that the following individuals worked at least 5 hours last week in the classroom we discussed:

IF THERE ARE NO INDIVIDUALS THAT HAVE WORKED AT LEAST 5 HOURS, DISPLAY: You have indicated that there are no individuals who worked at least 5 hours last week in the classroom we discussed. [BRING OVER LIST FROM F4]

_____

_____

_____

_____

H6.

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

　　　1☐ YES → ADD TO THE LIST AT H6A1

　　　2☐ NO → GO TO H7

FOR EACH INDIVIDUAL ADDED AT H6 (UP TO 5), ASK H6A1, H6A2, AND H6B:

H6a1.

What is his/her name?

　　　_____

　　　_____

　　　_____

　　　_____

　　　_____

H6a2.

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

　　　1 ☐ Aide

　　　2 ☐ Assistant teacher

3 ☐ Teacher or instructor

4 ☐ Lead Teacher

5 ☐ Other (specify)

H6b.

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

_____ Hours

H6c.

Was there someone else who worked at least 5 hours in the classroom, regardless of their role?

1☐ Yes → LOOP BACK TO H6A_1

2☐ No → GO TO H7

3☐ DON'T KNOW/REFUSED/NO ANSWER →GO TO H7

SELECTION OF WF RESPONDENT:

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:

H9a.

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

1☐ English

2☐ Spanish

3☐ Other (Specify:_____)

H9b_M.

Does she/he have a phone number or email address where we can contact him/her?

      PHONE NUMBER:

      EMAIL ADDRESS:

      [IF SECOND WORKER TO BE INTERVIEWED FOR THIS CENTER, REPEAT H7-H9b_M FOR SECOND WORKER.]

H10.

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

THANK_END. Those are all of the questions we have for you today.

Thank you for taking the time to complete this survey. As an acknowledgement of your time, a gift card will be sent to you. If you'd like to receive it by email, please check the box for 'By Email' and provide your email address in the text box next to it. If you prefer to receive the gift card by mail instead, please check the box 'By Mail' and provide your mailing address below.

Checkbox [BY EMAIL] TEXTBOX for EMAIL ADDRESS:_____

Checkbox [BY MAIL] TEXTBOX for mailing address: _____