**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 | * 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 | * 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 | * 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)
* 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
 |
| Number of children with IEP/ISFP |
| Ethnicity of children in program |
| Race of children in program |
| Number of children experiencing homelessness |
|  |
| Section R: Revenues | Number of children funded by agencies/government programs | * 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: Admissions/Marketing | Number of children who left program | * Wording of some items altered slightly to change year of reference from 2011 to 2018
* 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
 |
| Number of children who entered program |
| Program quality rating |
| Program quality rating improved |
| Children denied due to no vacancies |
| Program unable to care for special needs |
| Early pick up due to behavior problems |
| Care stopped due to child’s behavior |
| Location of children’s physical activity |
| Any snacks or meals provided to children |
| Number of times fruit juice offered to children |
| Program participate in food program |
| Any access to health consultant |
| Comprehensive services – health screenings |
| Comprehensive services – developmental assessments |
| Comprehensive services – therapeutic services |
| Comprehensive services – counseling services |
| Comprehensive services – social services |
|  |
| Section E. Staffing | Total number of staff working with children | * 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
 |
| Total number of staff not working with children |
| Number of aides working in program |
| Number of full-time aides and assistants |
| Number of teachers working in program |
| Number of full-time teachers |
| Number of specialists working in program |
| Number of full-time specialists |
| Number of staff who left program |
| Any professional development resources for staff – funding for training |
| Any professional development resources for staff – Paid time off for training |
| Any professional development resources for staff – access to coaches |
| Program benefits for staff – reduced program tuition |
| Program benefits for staff – retirement program |
| Program benefits for staff – health insurance |
| Experience with background checks |
| Section F: Care Provided | Selected age group not yet in kindergarten | * 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
 |
| Number of groups for a specific age grouping  |
| Names of age groups |
| Youngest child in classroom |
| Oldest child in age classroom |
| Number of children enrolled in classroom |
| Number of vacancies in classroom |
| Number of teachers in classroom |
| Number of assistants/aides in classroom |
| Number of children in classroom |
| Number of children funded by subsidy in classroom |
| Number of children funded by Head Start in classroom |
| Number of children funded by Pre-k in classroom |
| Number of children funded by private payment |
| Names of staff in classroom |
| Role of staff member in classroom |
| Hours worked by staff member in classroom |
| Education attainment of staff member in classroom |
| Wage received by staff member in classroom |
| Agencies that inspected program |
| Section H: Respondent Characteristics and Selection of the Workforce | Respondent job title | * Addition of item to measure job responsibilities in the program
* 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
 |
| Respondent responsibilities at the program |
| Year of birth |
| 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. | 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 \_\_\_\_\_\_\_ 2🞏 No, single site |
|  | Number of sites where organization operates programs | Item not included in 2012. | Numsite\_1.At how many total sites does this organization operate programs? \_\_\_\_\_\_\_ |
| Section A: Program Level Information | Type of building program located in | A7. In what kind of building is your program located? Please choose one only for each building your program occupies. 1 🞏 Religious building2 🞏 Public School3 🞏 Private School4 🞏 University or College5 🞏 Work Place6 🞏 Community Center or Municipal Building7 🞏 Commercial Structure8 🞏 Independent Structure (i.e., ORGANIZATION is the sole occupant)9 🞏 Home, apartment, or other residential structure 10 🞏 Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Center-based item A7 has not changed. |
|  | Percent of residence used for program | A7a. What percent of the space is used exclusively by the program?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | % |

 | Center-based item A7a has not changed. |
|  | Program auspice | A8A.  Is your program for profit, not for profit, or is it run by a government agency?1 🞏 for profit 2 🞏 not for profit3 🞏 run by a government agency4 🞏 OTHER, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Center-based item A8a has not changed. |
|  | Program sponsorship | 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 2 🞏 Sponsored | Center-based item A8b has not changed. |
|  | Program sponsorship type | A8C.  What type of organization sponsors your program? (CAPI: USE OPTIONS TO PROBE AS NEEDED. SELECT ALL THAT APPLY. WEB: SHOW OPTIONS.)1 🞏 social service organization or agency2 🞏 church or religious group3 🞏 public school/board of education4 🞏 private school, religious5 🞏 private school, nonreligious6 🞏 college or university7 🞏 private company or individual employer8 🞏 non-government community organization9 🞏 state government10 🞏 local government, not including school district11 🞏 Federal government or military12 🞏other, specify -- What organization sponsors your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | A8C\_M. What type of organization sponsors your program? 1 🞏 social service organization or agency2 🞏 church or religious group3 🞏 public school/board of education4 🞏 private school, religious5 🞏 private school, nonreligious6 🞏 college or university7 🞏 private company or individual employer8 🞏 non-government community organization9 🞏 state government10 🞏 local government, not including school district11 🞏 Federal government or military13 🞏 Hospital14 🞏 Unspecified head start grantee15 🞏 unspecified public pre-k sponsor12 🞏 other, specify -- What organization sponsors your program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Program ownership type | A9.  Is your organization independently owned & operated, a franchise, or part of a chain?1 🞏 Independently owned & operated2 🞏 Franchise 3 🞏 Chain  | Center-based item A9 has not changed. |
|  | Number of centers in franchise | A9a. About how many centers are in the chain you are part of?1. Less than 102. 10 to 393. 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?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Years and |  | Months |

 | 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 🞏 Yes 2 🞏 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 |
|  | 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 *more* children in [FILL IN AGE GROUP] would your program be willing and able to serve? Use the code 999 if your program has no limits on the number of additional children to be served for this age group. | 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?

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

 DISPLAY CHECK BOX “CLOSED ON THAT DAY” | Center-based item B1a has not changed. |
|  | 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 PAY2. NO FAMILIES PAY3. 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 agesInfants less than 12 months old1🞏 Yes2🞏 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 ages2 year olds1🞏 Yes2🞏 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 ages3 year olds1🞏 Yes2🞏 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 ages4 year olds1🞏 Yes2🞏 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 agesSchool-age children1🞏 Yes2🞏 No | Item not included in 2019. |
|  | 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 perhour½ 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. |
|  | 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, DISCOUNT2. YES, ADD-ON3. NO4. 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 🞏 YES 2 🞏 NO  | Item not included in 2019.  |
|  | Types of program provided help to afford care | Item not included in 2012.  | B7. Do you have any of the following to help families afford the care you offer…a. Sliding fee scale 1 🞏 Yes2 🞏 Nob. Scholarships1 🞏 Yes2 🞏 Noc. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization 1 🞏 Yes2 🞏 Nod. Another arrangement 1 🞏 Yes2 🞏 No |
|  | Types of program provided help to afford care | Item not included in 2012. | B8. IF YES to B7d, how else do you help families afford the care you offer?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Number of children paid for only by parent fees | Item not included in 2012.  | B9. How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?\_\_\_\_\_\_\_\_\_ Number of children |
|  | 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 🞏 Yes 2 🞏 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?

|  |  |
| --- | --- |
|  | 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 🞏 Yes, at their convenience2 🞏 Yes, from a set of schedule options 3 🞏 Yes, beyond a minimum number of hours 4 🞏 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?

|  |  |
| --- | --- |
|  | 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?

|  |  |
| --- | --- |
|  | Number of weeks  |

 | Center-based item B6 has not changed. |
| 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.

|  |  |
| --- | --- |
|  | 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | % 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?

|  |  |
| --- | --- |
|  | 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?

|  |  |
| --- | --- |
|  | 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.

|  |  |  |
| --- | --- | --- |
|  |  | 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.

|  |  |  |
| --- | --- | --- |
|  |  | 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?

|  |  |
| --- | --- |
|  | Number of children  |

 | C6\_M. Again thinking about all the young children currently enrolled, about how many them are of Hispanic or Latino origin?

|  |  |
| --- | --- |
|  | Number of children  |

 |
|  | Race of children in program | C7.  As far as you know, how many of the children are….

|  |  |  |
| --- | --- | --- |
|  | Category | Number of children |
| a. | White |

|  |
| --- |
|  |

 |
| b. | Black or African-American |

|  |
| --- |
|  |

 |
| c. | Another race |

|  |
| --- |
|  |

 |

 | C7\_M. 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 |

|  |
| --- |
|  |

 |

 |
|  | Number of children speaking a language other than English at home | C10.  How many of the children in your program speak a language other than English at home?

|  |  |
| --- | --- |
|  | Number of children |

 | Item not included in 2019. |
|  | 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?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | % 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?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | % 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 🞏 English2 🞏 Spanish3 🞏 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 🞏 Yes2 🞏 No3 🞏 Don’t know |
| 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

|  |  |
| --- | --- |
|  | Number of children |

 | C12a\_M. How many children in your program are funded by dollars from the following government programs? State pre-kindergarten

|  |  |
| --- | --- |
|  | 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

|  |  |
| --- | --- |
|  | 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 StartUnder 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)

|  |  |
| --- | --- |
|  | 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)

|  |  |
| --- | --- |
|  | 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? Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)

|  |  |
| --- | --- |
|  | Number of children |

 | C12a\_M. How many children in your program are funded by dollars from the following government programs? 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 \_\_\_\_\_\_ |
|  | Number of children funded by agencies/government programs | C12a.  How many children in your program are funded by dollars from programs or government programs? Title I

|  |  |
| --- | --- |
|  | Number of children |

 | C12a\_M. How many children in your program are funded by dollars from the following government programs? Title I

|  |  |
| --- | --- |
|  | 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? Community organizations (e.g., United Way, local charities or other services organizations, not including anything you’ve mentioned earlier)

|  |  |
| --- | --- |
|  | Number of children |

 | Item not included in 2019.  |
|  | Number of children funded by agencies/government programs | C12a.  How many children in your program are funded by dollars from programs or government programs? Other types of government funded programs including Child and Adult Care Food Program

|  |  |
| --- | --- |
|  | Number of children |

 | C12a\_M. How many children in your program are funded by dollars from the following government programs? Other types of government funded programs

|  |  |
| --- | --- |
|  | Number of children |

 |
|  | Presence of any children with blended, public funding | Item not included in 2019.  | 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. In your program, do any children receive the following combinations of funding?a. Head Start and PK and CCDF 1 🞏 Yes2 🞏 No b. Head Start or Early Head Start with CCDF but no PK 1 🞏 Yes2 🞏 Noc. PK with CCDF but no Head Start 1 🞏 Yes2 🞏 No d. HS with PK with no CCDF 1 🞏 Yes2 🞏 No  |
|  | 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 program1🞏 Yes2🞏 No | C12c\_M. Do any of the government agencies that provide funds for your programprovide a grant to support your overall program1🞏 Yes2🞏 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 program1🞏 Yes2🞏 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 slots1🞏 Yes2🞏 No | C12c\_M. Do any of the government agencies that provide funds for your programcontract with you for a guaranteed number of slots1🞏 Yes2🞏 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 parents1🞏 Yes2🞏 No | C12c\_M. Do any of the government agencies that provide funds for your programpay you for vouchers or subsidies for specific eligible children1🞏 Yes2🞏 No |
|  | Payment arrangement from agencies/government programs | C12c. Do the government agencies or programs that provide funds for your program pay the parents directly 1🞏 Yes2🞏 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🞏 Yes2🞏 No | C12c\_M. Do any of the government agencies that provide funds for your programhave some other payment arrangement SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1🞏 Yes2🞏 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 🞏 Yes2 🞏 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 |
|  | Program sources of revenue | G3. These next questions are about 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. | 1🞎 Yes2🞎 No |

 | G3\_M. Do you receive revenues from any of the following sources?

|  |  |
| --- | --- |
| 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🞎 Yes2🞎 No |

 |
|  | Program sources of revenue | G3. These next questions are about sources of revenue for your program.

|  |  |  |
| --- | --- | --- |
| b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)  | 1🞎 Yes2🞎 No |   |

 | Item not included in 2019. |
|  | Program sources of revenue | G3. These next questions are about sources of revenue for your program.

|  |  |
| --- | --- |
| c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government) | 1🞎 Yes2🞎 No |

 | Item not included in 2019. |
|  | Program sources of revenue | G3. These next questions are about sources of revenue for your program.

|  |  |
| --- | --- |
| d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)  | 1🞎 Yes2🞎 No |

 | Item not included in 2019. |
|  | Program sources of revenue | G3. These next questions are about sources of revenue for your 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) | 1🞎 Yes2🞎 No |

 | G3\_M. Do you receive revenues from any of the following sources?

|  |  |
| --- | --- |
| 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🞎 Yes2🞎 No |

 |
|  | Program sources of revenue | G3.These next questions are about sources of revenue for your program.

|  |  |
| --- | --- |
| g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events. | 1🞎 Yes2🞎 No |

 | G3\_M. Do you receive revenues from any of the following sources?

|  |  |
| --- | --- |
| g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events. | 1🞎 Yes2🞎 No |

 |
|  | Program sources of revenue | G3. These next questions are about sources of revenue for your program.

|  |  |
| --- | --- |
| i. Other  SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1🞎 Yes2🞎 No |

 | G3\_M. Do you receive revenues from any of the following sources?

|  |  |
| --- | --- |
| i. Other  SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1🞎 Yes2🞎 No |

 |
|  | Largest source of program revenue | G3a1. (first source)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 fund raising activities, cash contributions, gifts, bequests, special events.i. Other | Center-based item G3a1 has not changed. |
|  | Second largest source of program revenue | G3a2. (second source)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 fund raising activities, cash contributions, gifts, bequests, special events.i. Other | Center-based item G3a2 has not changed. |
|  | Public vs private funding for program | Item not included in 2012.  | 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 received2🞏 Mostly private dollars with less than 33% public dollars3🞏 Private dollars are > 33% and Public dollars are more than > 33%4🞏 Mostly public dollars with less than 33% private dollars5🞏 No private dollars received |
|  | Program meets multiple performance standards | Item not included in 2012. | R5.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?1 🞏 Yes2 🞏 No |
|  | How program complies with multiple performance standards | Item not included in 2012. | R6. Do you comply with these multiple standards and requirements…a. For only the children to whom each standard applies? 1 🞏 Yes2 🞏 Nob. For the classrooms with any children to whom each standard applies? 1 🞏 Yes2 🞏 Noc. For all classrooms in that age group?1 🞏 Yes2 🞏 Nod. Throughout the center? 1 🞏 Yes2 🞏 No |
|  | Fees paid by parents receiving subsidy | Item not included in 2012.  | R7. Do parents receiving child care subsidies pay any of the following fees to your program?a. Diaper, snacks or other supplies fees 1 🞏 Yes2 🞏 Nob. Co-pays 1 🞏 Yes2 🞏 Noc. Tuition for days or hours not covered by subsidy payment 1 🞏 Yes2 🞏 Nod. Fees in addition to co-pays to make up for low subsidy reimbursement rates 1 🞏 Yes2 🞏 No |
|  | Any program subsidy enrollment limit | Item not included in 2012. | R8. Do you limit the number of children with child-care subsidies that you enroll at any one time? 1 🞏 Yes2 🞏 No |
|  | 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 🞏 Yes 2 🞏 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 🞏 Yes 2 🞏 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 paymentSubsidy much moreSubsidy somewhat moreSubsidy and private pay about the samePrivate pay somewhat morePrivate pay much more |
|  | Comparison of private pay and subsidy – Amount of money received | 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…**b. Amount** of money your program receives for a childSubsidy much moreSubsidy somewhat moreSubsidy and private pay about the samePrivate pay somewhat morePrivate pay much more |
|  | Comparison of private pay and subsidy – Administrative requirements | 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…**c. Paperwork** or other administrative requirementsSubsidy much moreSubsidy somewhat moreSubsidy and private pay about the samePrivate pay somewhat morePrivate pay much more |
|  | 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 moreSubsidy somewhat moreSubsidy and private pay about the samePrivate pay somewhat morePrivate pay much more |
|  | Transportation services provided | C13. Does your program provide any transportation services for children coming to or going from your program? 1 🞏 Yes2 🞏 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 🞏 Yes 2 🞏 No  | Center-based item C14 has not changed.  |
|  | 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 🞏 Yes2 🞏 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.

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| --- | --- |
|  | 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 stop 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.

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| --- | --- |
|  | 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.

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| --- | --- |
|  | Number of children |

 | D2\_M. From January to March of 2018, about how many new children did your program start taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

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| --- | --- |
|  | 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 🞏 Yes2 🞏 No3 🞏 I don’t know |
|  | 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 🞏 Yes2 🞏 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?NAEYCLOCAL R&RSTATE OR LOCAL CHILD CARE AGENCYOTHER (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 🞏 Yes2 🞏 No3 🞏 CHILDREN ARE PLACED ON A WAITING LIST | Center-based item D7 has not changed.  |
|  | 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 🞏 Yes2 🞏 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 🞏 Yes2 🞏 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. |
|  | Location of children’s physical activity | Item not included in 2012.  | D16. Where do children participate in vigorous physical activity?a. In the classroom 1 🞏 Yes2 🞏 Nob. In another inside room for physical activity (e.g., gym)1 🞏 Yes2 🞏 Noc. In outdoor space reserved for our children1 🞏 Yes2 🞏 Nod. In nearby public outdoor space (e.g., public park or parking lot)1 🞏 Yes2 🞏 No |
|  | Any snacks or meals provided to children | Item not included in 2012.  | D17. What food do you provide the children in your care?a. Snacks 1 🞏 Yes2 🞏 Nob. Meals such as breakfast, lunch, or dinner 1 🞏 Yes2 🞏 No |
|  | Number of times fruit juice offered to children | Item not included in 2012. | 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 ONE1🞏 four or more times a day2🞏 two to three times a day3🞏 once a day4🞏 almost every day5🞏 1 to 3 times during the past 7 days, or6🞏 they did not drink these beverages? |
|  | Program participate in food program | Item not included in 2012. | D19. [If meals provided:] Does your program participate in the Child and Adult Care Food Program?1 🞏 Yes2 🞏 No3 🞏 Not eligible |
|  | Any access to health consultant | Item not included in 2012. | 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 🞏 Yes2 🞏 No |
|  | Comprehensive services – health screenings | 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? a. Health screening, such as medical, dental, vision, hearing or speech screening? YES NO | D11a\_M. Are any of the following available to children on-site at your program, including by another organization? Health screening: medical, dental, vision, hearing, or speech? 1 🞏 Yes🡪 Do you pay for this service? Yes/No2 🞏 No🡪 Do you provide referrals to any of these services? Yes/No |
|  | Comprehensive services – developmental assessments | 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?b. Developmental assessments? YES 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.1 🞏 Yes🡪 Do you pay for this service? Yes/No2 🞏 No🡪 Do you provide referrals to any of these services? Yes/No |
|  | Comprehensive services – therapeutic services | 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?c. Therapeutic services, such as speech therapy, occupational therapy or services for children with special needs? YES 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.1 🞏 Yes🡪 Do you pay for this service? Yes/No2 🞏 No🡪 Do you provide referrals to any of these services? Yes/No |
|  | Comprehensive services – counseling services | 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?d. Counseling services for children or parents? YES 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.1 🞏 Yes🡪 Do you pay for this service? Yes/No2 🞏 No🡪 Do you provide referrals to any of these services? Yes/No |
|  | Comprehensive services – social services | 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?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 | Item not included in 2019.  |
|  | Program pays for comprehensive services | D11G. Does your organization pay for any of these services?1. YES2. 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. YES2. 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 🞏 Yes2 🞏 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.

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 | Center-based item E1 has not changed.  |
|  | Total number of staff not working with children | E4.  What is the total number of staff who do *not* work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks, and anyone else on your program’s payroll at this site.

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 | 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.

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|  | 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. |
|  | 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?

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 | 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?

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|  | 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🞏 Yes1🞏 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🞏 Yes1🞏 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🞏 Yes1🞏 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. |
|  | 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?YesNo  | 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?YesNo | 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 med. It is easy and inexpensive to get fingerprinted for a background check. |
| 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 🞏 Yes2 🞏 No3 🞏 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.

|  |  |
| --- | --- |
|  | 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. |
|  | Oldest child in age 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.F3b. How old is the oldest child in [GROUP]?\_\_\_\_\_\_\_ Years and\_\_\_\_\_\_\_ Months | Center-based item F3b has not changed. |
|  | Age group is a school-age 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.F3b1. Is this a school-age classroom?1🞏 Yes2🞏 No | Item not included in 2019.  |
|  | Number of children enrolled 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.F3c. How many children are currently enrolled in [GROUP]?\_\_\_\_\_\_\_\_\_ Number of children | Center-based item F3c has not changed. |
|  | Number of vacancies 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.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 | 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.F3d\_M. How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 99. \_\_\_\_\_\_\_\_\_ Number of vacancies |
|  | Number of teachers 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.F3f. During the most recent activity period, how many lead teachers or teachers were there with this group?\_\_\_\_\_\_\_\_Number of teachers | Center-based item F3f has not changed. |
|  | Number of assistants/aides 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.F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group?\_\_\_\_\_\_\_\_\_\_\_Number of assistants/aides/helpers | Center-based item F3g has not changed. |
|  | Number of children 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.F3h. During the most recent activity period, how many children were there in this group?\_\_\_\_\_\_\_\_Number of children | Center-based item F3h has not changed. |
|  | Number of children funded by subsidy in classroom | Item not included in 2012.  | 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.F14. How many children in this classroom are funded by child care subsidy dollars? |
|  | Any children funded by Head Start of Pre-K 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.F3i. Does this classroom include children who are enrolled in Head Start or pre-kindergarten?1🞎 Yes2🞎 No | Item not included in 2019.  |
|  | Number of children funded by Head Start in classroom | Item not included in 2012.  | 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.F15.How many children in this classroom are funded by Head Start or Early Head Start dollars? |
|  | Number of children funded by Pre-k in classroom | Item not included in 2012.  | 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.F16.How many children in this classroom are funded by state or local public pre-kindergarten dollars? |
|  | Number of children funded by private payment | Item not included in 2012.  | 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.F17.How many children in this classroom are funded only from private dollars such as parent payments or funds from community organizations? |
|  | 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. |
|  | 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🞎 Yes2🞎 No3🞎 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?$ \_\_\_\_\_\_per1🞎 hour2🞎 day3🞎 week4🞎 month5🞎 year6🞎 other | Center-based item F4m has not changed. |
|  | Any curriculum used | F8a. Is a specific curriculum used for this group? 1 🞏 Yes 2 🞏 No  | Item is not included in 2019. |
|  | Name of curriculum used | F8a What is the name of the curriculum used?IF F3B LT 36 MONTHS (INFANT/TODDLER CLASSROOM):0. A CURRICULUM WE DEVELOPED OURSELVES1. THE CREATIVE CURRICULUM FOR INFANTS AND TODDLERS2. THE HIGH/SCOPE CURRICULUM FOR INFANTS AND TODDLERS3. INNOVATIONS SERIES CURRICULUM4. MONTESSORI INFANT/TODDLER CURRICULUM5. THE PROGRAM FOR INFANT/TODDLER CAREGIVERS (PITC) CURRICULUM6. OTHER (SPECIFY\_\_\_\_\_\_\_\_\_\_)7. NONEIF 36 MONTHS LE F3B LE 66 MONTHS (PRESCHOOL CLASSROOM)0. A CURRICULUM WE DEVELOPED OURSELVES11. BANK STREET DEVELOPMENTAL INTERACTION APPROACH12. THE CREATIVE CURRICULUM FOR PRESCHOOL13. GALILEO14. THE HIGH/ SCOPE CURRICULUM FOR PRESCHOOL15. LEARNINGAMES16. MONTESSORI PRESCHOOL CURRICULUM17. OPENING THE WORLD OF LEARNING (OWL)18. PRESCHOOL PATHS19. PROJECT APPROACH20. REGGIO EMILIA APPROACH21. SCHOLASTIC EARLY CHILDHOOD PROGRAM (SECP)22. WALDORF APPROACH6. OTHER7. NONEIF SCHOOL-AGE CLASSROOM:0. A CURRICULUM WE DEVELOPED OURSELVES23. AFTERSCHOOL TOOLKIT 24. ACADEMIC CONTENT, AFTERSCHOOL STYLE25. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS 26. POSITIVE ACTION 27. BEYOND THE BELL6. OTHER (SPECIFY\_\_\_\_\_\_\_\_\_\_)7. NONE | Item is not included in 2019. |
|  | Any agency visits | F12.  In the past 12 months, were you visited by any regulatory agency?1 🞏 Yes 2 🞏 No  | Item is not included in 2019. |
|  | Type of agency visit | F12a.  Was the visit announced or unannounced?1 🞏 announced2 🞏 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 🞏 Yes2 🞏 No b. Licensing agency 1 🞏 Yes2 🞏 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. Director2. Director/Teacher3. Lead Teacher4.Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\_\_\_ | Center-based item H5 has not changed. |
|  | Respondent responsibilities at the program | Item not included in 2012.  | H11. Which of the following are you responsible for at this center?1. Managing staff1🞎 Yes 2🞎 No2. Managing operations or finances1🞎 Yes 2🞎 No3. Working with teachers and other staff to improve instruction in their classrooms?1🞎 Yes 2🞎 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🞎 Yes2🞎 No | H5d\_M.What is your ethnicity? 1🞎 Hispanic or Latino2🞎 Not Hispanic or Latino |
|  | Race | H5e. Which of the following are you? Please select one or more…1🞎 White2🞎 Black3🞎 Asian4🞎 Native Hawaiian or other Pacific Islander5🞎 American Indian or Alaska Native6🞎 OTHER | H5e\_M.What is your race? (Select one or more.)5🞎 American Indian or Alaska Native 3🞎 Asian2🞎 Black or African American 4🞎 Native Hawaiian or Other Pacific Islander 1🞎 White |
|  | Respondent educational attainment | H5f. Do you have a 2-year college degree, or a 4-year college degree?1🞏2-YEAR2🞎 4-YEAR3🞎 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🞏 ELEMENTARY EDUCATION2🞏 SPECIAL EDUCATION3🞏 CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES4🞏 EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE5🞏 CHILD CARE MANAGEMENT6🞏 BUSINESS, GENERAL COMMERCE7🞏 OTHER |
|  | 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🞎 Yes2🞎 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🞎 Yes2🞎 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🞎 Yes2🞎 No3🞎 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🞎 Yes2🞎 No3🞎 DK | H5i\_M.Have you ever received any professional development or other training on working with young children? 1🞎 Yes2🞎 No |
|  | 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🞎 health insurance7🞎 paid time off8🞎 NONE OF ABOVE | H5m\_M. Do you receive health insurance from your job with this program? 1🞎 Yes2🞎 No |
|  | Any additional staff in classroom | H6Is there someone else who also worked in that classroom for at least 5 hours last week regardless of their role? YESNO | Center-based item H6 has not changed.  |
|  | Role of sampled workforce member | H6a. Is his/her role more like an aide, assistant teacher, teacher/instructor, lead teacher, or something else?🞎 Aide🞎 Assistant teacher🞎 Teacher or instructor🞎 Lead Teacher🞎 Other (specify) | 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🞏 Yes 2🞏 No 3🞏 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. |
|  | Language spoken by sampled workforce member | H9a. What language(s) does he/she usually speak? Please select all that apply1. English2. Spanish3. 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: |