

ATTACHMENT C  
PARTNERSHIP GRANTEE AND DELEGATE  
AGENCY DIRECTOR SURVEY

**This page left intentionally blank for double-sided copying.**

DRAFT

# Partnership Grantee and Delegate Agency Director Survey

## Study of Early Head Start-Child Care Partnerships

This collection of information is voluntary and will be used to learn about the characteristics and implementation of Early Head Start-child care partnerships. Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to [Contact Name]; [Contact Address]; Attn: OMB-PRA (0970-[XXXX]).



### INTRODUCTION

The Office of Planning, Research and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF) has contracted with Mathematica Policy Research to conduct a descriptive study of the Early Head Start-child care partnership grant initiative. As part of the study, we are surveying all Early Head Start-child care partnership grantees and delegate agencies. We are also surveying a subset of their child care partners. This survey will collect information about you and your agency, the child care providers your agency is partnering with, the activities you and your partners engage in to develop partnerships, improve the quality of services, and deliver services to children and families.

You are being asked to complete this survey because you were identified as an Early Head Start-child care partnership grantee or delegate agency. *Partnership grantees* refer to the entities that were awarded the Early Head Start-child care partnership grant and are responsible for ensuring that the partnership meets all grant requirements, including the Head Start Program Performance Standards (HSPPS). *Delegate agencies* refer to the entities to which grantees have delegated all or part of their responsibility for program operations (these may also be referred to as *subrecipients*).

Throughout this survey, we use the term *child care partner* to refer to the local child care centers or family child care providers your agency partners with to provide direct early care and education services to children and families. We use the term *partnership slots* to refer to slots available to children through funding from the partnership grant.

Your participation in this survey is important and will help ACF better understand the national landscape of Early Head Start-child care partnerships, including information about the experiences of grantees participating in these partnerships. The length of this survey is different for different people, but on average it should take no more than 60 minutes. As a thank you, we will send you a \$20 gift card for completing this survey.

Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. Your responses will be kept private and used only for research purposes. They will be combined with the responses of other partnership grantees and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the characteristics and implementation of Early Head Start-child care partnerships. There are no known risks associated with your participation.

As part of this survey, we will ask you to provide information about the child care providers participating in your partnership (including the names and contact information of the partnering organizations and the number of slots funded through the partnership). Please have this information available before beginning the survey.

If you have any questions about the survey, or if you prefer to complete the survey by telephone, please contact xxxxx at Mathematica by calling 1-xxx-xxx-xxxx or emailing xxxxxxxx@mathematica-mpr.com. If you have questions about your rights as a research participant in this study, you may contact the New England Institutional Review Board (NEIRB) by calling 1-800-232-9570.

By completing the survey and submitting your responses, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You further understand that your answers will be combined with the responses of other partnership grantees so that no individuals will be identified.

**PARTNERSHIP GRANTEE CHARACTERISTICS**

The first questions are about your agency, [GRANTEE NAME].

Source: Adapted from the Survey of Early Head Start Programs

**GC1. Which of the following best describes your agency?**

Select one only

- A private for-profit..... 1
- A private not-for-profit..... 2
- A public agency..... 3
- Something else (*specify*)..... 99

Source: Adapted from the Survey of Early Head Start Programs

**GC2. Which of the following phrases best describes your agency?**

Select one only

- A Child Care Resource & Referral (CCR&R) Agency..... 1
- A Child Care Network..... 2
- A Community Action Agency (CAA/CAP)..... 3
- A community-based organization (CBO)..... 4
- A public or private school system..... 5
- A government agency..... 6
- A tribal government or tribal consortium..... 7
- A hospital..... 8
- A health care provider or agency..... 9
- A university..... 10
- A faith-based organization..... 11
- Something else (*specify*)..... 99

Source: Adapted from the Evaluation of the Early Learning Initiative

**GC3. Do you collaborate with service providers in your community besides those partnering through the partnership grant? For example, do you work together with service providers in the community to hold trainings for staff, share information about clients, develop program materials, share costs, or coordinate referrals?**

- Yes..... 1
- No..... 0
- .....

Source: New item

**GC4. Apart from the partnership grant, does your agency currently receive funding to provide Early Head Start services?**

- Yes..... 1
- No..... 0

[IF GC4 = YES]

**GC4a. Including this year, how many years have you been an Early Head Start grantee or delegate agency?**

YEARS

[IF GC4 = YES]

**GC4b. What is the total number of funded enrollment slots of the Early Head Start grant?**

SLOTS

Source: Adapted from Baby FACES 2009 Program Director Interview

[IF GC4 = YES]

**GC4c. Which of the following describes the types of service options your agency currently offers to children and families who receive Early Head Start services?**

*Select all that apply*

- Families get services through the **center-based option**..... 1
- Families get home visits through the **home-based option**..... 2
- Families get services through the **combination option** (center-based services and home visits monthly or more)..... 3
- Services are provided to children through the **family child care option**..... 4
- Services are provided to families through a **locally-designed option**..... 5

Source: New item

**GC5. Does your agency currently receive funding to provide Head Start services?**

- Yes..... 1
- No..... 0

[IF GC5 = YES]

**GC5a. Including this year, how many years have you been a Head Start grantee or delegate agency?**

YEARS

[IF GC5 = YES]

**GC5b. What is the total number of funded enrollment slots of the Head Start grant?**

SLOTS

These next questions are about your agency's Early Head Start-child care partnership grant.

Source: New item

**GC6. Do you delegate responsibility for program operations to delegate agencies for some or all of your partnership grant?**

- Yes..... 1
- No..... 0

[IF GC6 = YES]

**GC6a. Please confirm the list of delegate agencies we identified for your grant program and note any changes and additions.**

**PROGRAMMER:**

INSERT PRE-POPULATED TABLE THAT LISTS DELEGATE AGENCIES, CONTACT INFORMATION FOR EACH, AND NUMBER OF PARTNERSHIP SLOTS; TABLE SHOULD HAVE A FUNCTION FOR MAKING EDITS AND SHOULD HAVE EXTRA ROWS FOR ANY ADDITIONS.

[IF GC6 = 0]

Source: New item

**GC7. Please indicate the total number of slots that your partnership grant currently offers for each of the following:**

PARTNERSHIP SLOTS IN CHILD CARE CENTERS

PARTNERSHIP SLOTS IN FAMILY CHILD CARE HOMES

EARLY HEAD START EXPANSION SLOTS

[IF GC6 = 1]

Source: New item

**For each of the following, how many of the total number of slots currently offered in your partnership grant are...**

**GC7a. administered by your agency?**

**GC7b. administered by one or more delegate agencies?**

	GC7a. Number of partnership slots administered by your agency	GC7b. Number of partnership slots administered by delegate agencies
PARTNERSHIP SLOTS IN CHILD CARE CENTERS		
PARTNERSHIP SLOTS IN FAMILY CHILD CARE HOMES		

EARLY HEAD START EXPANSION SLOTS	<p>GC7a. Number of partnership slots administered by your agency</p>	<p>GC7b. Number of partnership slots administered by delegate agencies</p>

DRAFT



**PROGRAMMER:**

IF GC6 = 1, DISPLAY THE FOLLOWING REMINDER BANNER FOR ALL REMAINING ITEMS IN THIS SECTION, THRU GC13: **This applies to all slots funded through the partnership grant including those administered by a delegate agency.**

Source: New item

**GC8. What percentage of children enrolled in partnership slots currently receive a child care subsidy? Your best estimate is fine.**

PERCENT

Source: New item

[ASK IF PARTNERSHIP HAS FUNDED CHILD CARE CENTER SLOTS]

**GC9a. How many slots in child care centers did your agency have for children birth to age 3 before the partnership grant?**

 SLOTS

Source: New item

[ASK IF PARTNERSHIP HAS FUNDED CHILD CARE CENTER SLOTS]

**GC9b. Have you identified all of the child care center providers your agency will partner with to fill your partnership slots?**

- Yes..... 1
- No..... 0

[IF GC9b = NO]

**GC9b1. How many other child care centers does your agency plan to partner with?**

CHILD CARE CENTERS

Source: New item

[ASK IF PARTNERSHIP HAS FUNDED FAMILY CHILD CARE SLOTS]

**GC10a. How many slots in family child care homes did your agency have for children birth to age 3 before the partnership grant?**

SLOTS

Source: New item

[ASK IF PARTNERSHIP HAS FUNDED FAMILY CHILD CARE SLOTS]

**GC10b. Have you identified all of the family child care providers your agency will partner with to fill your partnership slots?**

- Yes..... 1
- No..... 0

[IF GC10b = NO]:

**GC10b1. How many other family child care providers does your agency plan to partner with?**

FAMILY CHILD CARE PROVIDERS

Source: New item

[ASK IF PARTNERSHIP HAS FUNDED CHILD CARE CENTER SLOTS]

**GC11. Since your agency was awarded the partnership grant, have partnerships with any child care center providers terminated?**

- Yes..... 1
- No..... 0

[IF GC11 = YES]

**GC11a. How many partnerships with child care centers have terminated?**

CHILD CARE CENTERS TERMINATED

[IF GC11 = YES]

**GC11b. What are the primary reasons partnerships with child care centers terminated?**

*Select all that apply*

- Differences in program philosophy and mission..... 1
- Misunderstanding about roles and responsibilities..... 2
- Perceived lack of respect among partners..... 3
- Administrative burden of reporting requirements..... 4
- Difficulty meeting child-adult ratio and group size requirements..... 5
- Difficulty meeting teacher credential requirements..... 6
- Difficulty complying with the Head Start Program Performance Standards (HSPPS)..... 7
- Perceived inadequacy of funding..... 8
- Too many vacant slots..... 9
- Other (*specify*)..... 99

[ASK IF PARTNERSHIP HAS FUNDED FAMILY CHILD CARE SLOTS]

**GC12. Since your agency was awarded the partnership grant, have partnerships with any family child care providers terminated?**

- Yes..... 1
- No..... 0

[IF GC12 = YES]

**GC12a. How many partnerships with family child care providers have terminated?**

FAMILY CHILD CARE PROVIDERS

[IF GC12 = YES]

**GC12b. What are the primary reasons partnerships with family child care providers terminated?**

*Select all that apply*

- Differences in program philosophy and mission.....1
- Misunderstanding about roles and responsibilities.....2
- Perceived lack of respect among partners.....3
- Administrative burden of reporting requirements.....4
- Difficulty meeting child-adult ratio and group size requirements.....5
- Difficulty meeting teacher credential requirements.....6
- Difficulty complying with the Head Start Program Performance Standards (HSPPS).....7
- Perceived inadequacy of funding.....8
- Too many vacant slots.....9
- Other (*specify*).....99

Source: New item

**GC13. Do all of your identified child care partners currently have at least one child enrolled in a partnership slot?**

- Yes.....1
- No.....0

**PARTNERSHIP DEVELOPMENT ACTIVITIES**

Now, we would like to learn about the ways you recruit child care partners and develop partnerships with them.

Source: New item

**PD1. Prior to the partnership grant, did your agency have active partnerships in place with any child care providers to serve children and families?**

- Yes..... 1
- No..... 0

[IF PD1 = YES]

**PD1a. Prior to the partnership grant, how many child care providers did your agency have partnerships with to serve children and families?**

CHILD CARE PROVIDERS

[IF PD1 = YES]

**PD1b. Of these [PD1a RESPONSE] child care providers, how many are you partnering with on the partnership grant?**

CHILD CARE PARTNERS

Source: New item

**PD2. Which of the following components are included in the agreements you have in place with your child care partners under this partnership grant?**

*Select all that apply*

- A statement of the partnership's goals..... 1
- The number of children and families to be served in the partnership..... 2
- The number of children to be served in the partnership that receive child care subsidies..... 3
- Information about procedures for recruitment and enrollment ..... 4
- Start-up and ongoing procedures for filling partnership slots..... 5
- Eligibility criteria for partnership slots..... 6
- Actions partners will take to meet the goals specified in the agreement..... 7
- Specific roles and responsibilities of partners to comply with the Head Start Program Performance Standards (HSPPS)..... 8
- Enhancements to teacher/staff salaries..... 9
- Amount and purpose of the funds to be provided..... 10
- Training and technical assistance to be provided or arranged by the partnership grantee to child care partners..... 11
- Materials and supplies to be provided by the partnership grantee to child care partners..... 12
- A statement of each party's rights, including the right to terminate the agreement..... 13

[IF PD2 = 10]  
Source: New item

**PD2b1. Do the agreements specify the amount of funding the child care partner will receive overall per year?**

- Yes..... 1
- No..... 0

[IF PD2 = 10]  
Source: New item

**PD2b2. Do the agreements specify the amount of funding the child care partner will receive per child per year?**

- Yes..... 1
- No..... 0

Source: Implementation Leadership Scale (ILS; Aarons, Ehrhart, and Farahnak 2014)

**PD3. These next questions are about the progress you have made leading the implementation of partnerships with your child care partners. Please indicate the extent to which you agree with each statement.**

SELECT ONE ONLY

	NOT AT ALL	SLIGHT EXTENT	MODERATE EXTENT	GREAT EXTENT	TO A VERY GREAT EXTENT
a. I have developed a plan to facilitate implementation of the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I have removed obstacles to the implementation of the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I have established clear standards for the implementation of the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I am knowledgeable about the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. I am able to answer staff's questions about the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I know what I am talking about when it comes to the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. I recognize and appreciate staff efforts toward successful implementation of the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. I support staff efforts to learn more about the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. I support staff efforts to deliver services through the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. I persevere through the ups and downs of implementing the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. I carry on through the challenges of implementing the partnerships.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. I react to critical issues regarding the implementation of the partnerships by	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

NOT AT ALL	SLIGHT EXTENT	MODERATE EXTENT	GREAT EXTENT	TO A VERY GREAT EXTENT
------------	---------------	-----------------	--------------	------------------------

openly and effectively addressing the problem(s)

**QUALITY IMPROVEMENT ACTIVITIES**

**The next several questions ask about the quality improvement activities you and your child care partners engage in to support the delivery of high quality infant and toddler child care.**

Source: Adapted from the Head Start/Child Care Partnership Study

**QI1. Please indicate which of the following activities someone in an administrative role, such as an education coordinator, administrator, or senior/master teacher from your partnership engages in with each partner.**

*Select all that apply*

- Observes teachers/family child care providers in the classroom/home to assess their practice.....1
- Completes checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS).....2
- Reviews teachers'/family child care providers' teaching plans.....3
- Reviews program data to see how the center/home is doing with respect to specific goals or objectives.....4
- Meets with someone in an administrative role to review files.....5

Source: New item

[FOR EACH ACTIVITY = YES IN QI1]

**QI1a. Who has primary responsibility for implementing this activity?**

*Select one only*

- Partnership grantee staff.....1
- Child care partner staff.....2
- Other (*specify*).....99

Source: New item

[FOR EACH ACTIVITY = YES IN QI1]

**QI1b. How do you use the information gained from this quality improvement activity? Do you:**

*Select all that apply*

- Develop written improvement plan.....1
- Schedule follow-up reviews or observations.....2
- Provide staff training.....3
- Obtain technical assistance.....4
- Terminate partnership.....5

Other (*specify*).....99

DRAFT

Source: Adapted from the Head Start/Child Care Partnership Study

**Q12. Please indicate which of the following activities someone in an administrative role, such as an education coordinator, administrator, or senior/master teacher from your organization engages in with each child care partner.**

Select all that apply

- Meets with teachers/family child care providers to provide feedback regarding their teaching practices..... 1
- Meets with teachers/family child care providers to discuss how to link the curriculum to children’s developmental needs.....2
- Discusses with teachers/family child care providers strategies to ensure teaching practices are developmentally appropriate.....3
- Discusses with teachers/family child care providers strategies to ensure a rich curriculum..... 4
- Meets with the center director [SHOW IF PARTNERSHIP HAS FUNDED CENTER SLOTS].....5

Source: New item

[FOR EACH ACTIVITY = YES IN Q12]

**Q12a. Who has primary responsibility for implementing this activity?**

Select one only

- Partnership grantee staff..... 1
- Child care partner staff..... 2
- Other (specify).....99

Source: Adapted from the Head Start/Child Care Partnership Study

**Q13. Through the partnership, has your organization directly provided or have plans to provide partners with the following equipment or materials? You may include equipment that is borrowed.**

	DIRECTLY PROVIDED	PLAN TO PROVIDE	NOT APPLICABLE
a. Bookshelves	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Playground or other outdoor equipment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Tables and chairs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Cribs and/or changing tables	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Paper or other office supplies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Curriculum materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Screening or assessment materials	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Art supplies	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Toys and/or materials for pretend play	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Books	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. Information technology (such as a computer, internet access, or	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>



DIRECTL Y PROVID E	PLAN TO PROVIDE	NOT APPLICABL E
-----------------------------	--------------------	-----------------------

program management software)

- I. Other (*specify*) 1  2  3

Source: Adapted from the Head Start/Child Care Partnership Study

**Q14. Did you use funds under this partnership grant to make education and/or training available to staff either directly or in coordination with a child care resource and referral, state quality rating and improvement system (QRIS), or another organization?**

*Select one only*

- Partnership funds have been or are being used for staff training/education.....1
- Partnership funds have not yet been used for this purpose, but plans are in place to do so.....2
- No partnership funds have been used for staff training/education, and there are no plans to do so.....3

Source: New item

[IF Q14 = 1, 2]

**Q14a. Who [is/will] this education and/or training [be made] available to?**

*Select all that apply*

- Partnership grantee education coordinator.....1
- Partnership grantee administrator.....2
- Partnership grantee child care specialist or liaison.....3
- Partnership grantee master teacher.....4
- Child care center director [SHOW IF PARTNERSHIP HAS FUNDED CENTER SLOTS].....5
- Child care center teacher [SHOW IF PARTNERSHIP HAS FUNDED CENTER SLOTS].....6
- Child care center education coordinator [SHOW IF PARTNERSHIP HAS FUNDED CENTER SLOTS].....7
- Family child care provider [SHOW IF PARTNERSHIP HAS FUNDED FCC SLOTS].....8
- Other (*specify*).....99

Source: Adapted from the Head Start/Child Care Partnership Study

**Q15. Under this partnership grant, has your organization provided the following professional development opportunities to child care partner staff?**

[FOR EACH ACTIVITY = YES]:

**Q15a. How many times has your organization provided this professional development opportunity?**

[FOR EACH ACTIVITY = YES]:

**Q15b. What type of staff participated in this professional development opportunity at least once?**

[FOR EACH ACTIVITY = YES]:

**Q15c. What percentage of child care partners had at least one staff person participate in this professional development opportunity at least once?**

[FOR EACH ACTIVITY]:

**Q15d. Do you have plans to provide this professional development opportunity in the future?**

	Q15.	Q15a	Q15b.				Q15c.	Q15d.
			What type of staff participated in this professional development opportunity?					
			PROFESSIONAL DEVELOPMENT PROVIDED?	NUMBER OF TIMES PROVIDED	MARK ALL THAT APPLY			
		CHILD CARE CENTER DIRECTOR	CHILD CARE CENTER TEACHERS	FAMILY CHILD CARE PROVIDER	OTHER STAFF	PERCENT OF PARTNERS WHO PARTICIPATED	PLAN TO PROVIDE IN THE FUTURE?	
a. Workshops at the partnership grantee	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>
b. Workshops at the child care center	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>
c. One-on-one training	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>
d. Coaching, mentoring, or consultation	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>
e. On-line training	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>
f. Other (specify)	1 <input type="radio"/>		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>		1 <input type="radio"/>

Source: New item

**Q16. Under this partnership grant, does your organization provide opportunities for child care partner staff to obtain any of the following?**

Select all that apply

- Child Development Associate (CDA).....1
- State-awarded certification, credential, or licensure that meets or exceeds CDA requirements.....2
- Associate of Arts (A.A., A.A.S.) degree.....3

Bachelor's (B.A., B.S.) degree.....4

Source: New item

**Q17.** For each of the following, please indicate whether you have accessed training or technical assistance about this topic. You might have accessed training and technical assistance through the National Center on Early Head Start Child Care Partnerships (NCEHS-CCP), or from another source. Examples of other sources include national centers funded by the Office of Child Care (OCC) and/or the Office of Head Start (OHS); and consultation with regional specialists, child care resource and referral agencies, or state quality rating and improvement system administrators.

[FOR EACH RESPONSE = YES]:

**Q17a.** Did you access training and technical assistance from NCEHS-CCP, or from some other source?

	Q17.	Q17a. Information accessed from...	
	ACCESSED TRAINING AND TECHNICAL ASSISTANCE FOR...	MARK ALL THAT APPLY	
		NCEHS-CCP	OTHER SOURCE
a. Establishing partnership agreements	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Sustaining effective relationships with partners	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Understanding Child Care and Development Fund (CCDF)/subsidy rules	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Learning strategies for meeting HSPPS	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Coordination of resources	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Other ( <i>specify</i> )	1 <input type="radio"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**SERVICES FOR CHILDREN AND FAMILIES**

**Next, we would like to learn about how you work with your child care partners to provide services to children and families who are enrolled in partnership slots.**

Source: Adapted from Baby FACES

**FS1. What are the primary ways you and your child care partners recruit families for the partnership slots?**

*Select all that apply*

- Referrals from community agencies.....1
- Referrals from child care partners.....2
- Referrals from Child Care Resource and Referral (CCR&R) agencies.....3
- Word of mouth.....4
- Outreach efforts your staff make in the community.....5
- Local advertising, such as flyers, newspaper ads, or radio spots.....6
- Families are recruited from the Early Head Start center- or home-based programs.....7
- Families are recruited from the Early Head Start waitlist.....8
- No need to recruit.....9
- Other (*specify*).....99

Source: Adapted from Baby FACES

**FS2. Do your child care partners currently have...**

*Select one only*

- A waiting list for partnership slots only.....1
- A waiting list for infant/toddler slots but not for partnership slots.....2
- A waiting list for partnership slots and infant/toddler slots that are not funded through the partnership.....3
- No waiting list.....0

Source: Adapted from Baby FACES

**FS3. Do you and your child care partners currently have a formal rating or scoring system to prioritize enrollment into the partnership slots based on family risks or needs?**

- Yes.....1
- No.....0

[IF FS3 = YES]

**FS3a. What factors are considered in prioritizing enrollment?**

Select all that apply

- Parent/guardian employment.....1
- Child Care and Development Fund (CCDF) eligibility.....2
- Child Care and Development Fund (CCDF) receipt.....3
- Child special needs.....4
- Number of children in the family.....5
- Teen mother.....6
- Single parent.....7
- Dual-Language Learners.....8
- Welfare/TANF.....9
- Mental health.....10
- Family violence.....11
- Substance use.....12
- Homelessness.....13
- Other (*specify*).....99

[IF FS3 = YES AND AT LEAST 2 OPTIONS ARE SELECTED]

**FS3b. Below are the factors you identified as being considered for prioritizing enrollment into the partnership. Please rank these factors in the order in which they are prioritized, with 1 being of highest priority.**

**PROGRAMMER:**

INSERT TABLE THAT LISTS ALL ITEMS = YES FROM FS3A, TABLE SHOULD HAVE A FUNCTION THAT ALLOWS FOR RANK ORDERING OF ITEMS, WITH 1 BEING OF HIGHEST PRIORITY AND N OF LOWEST PRIORITY.

Source: New item

**FS4. How are families connected with child care providers under this partnership grant?**

*Select all that apply*

- The partnership matches families based on available slots.....1
- The partnership matches families based on their needs and preferences for care..... 2
- Families choose from a list provided by the partnership that includes child care providers' locations..... 3
- Families choose from a list provided by the partnership that includes information about locations and hours of care offered by the child care providers..... 4
- Families choose from a list provided by the partnership that includes information about locations and hours of care offered by the child care providers, as well as information about the providers' home language, race/ethnicity, cultural backgrounds, and ability to care for siblings.....5
- Families visit child care partners recommended by staff and choose from that group..... 6
- Families approach a child care partner on their own..... 7
- Child care partners recruit families..... 8
- Other (*specify*)..... 99



**FS5a. For each of the following services, please indicate whether your agency offers the service to children enrolled in partnership slots and to other children birth to age 3 who are enrolled in care as well. These services can be provided by your agency, child care partner staff, or by a community partner.**

[FOR EACH SERVICE OFFERED]

**FS5b. Who is responsible for providing this service?**

	FS5a. Service offered to...		FS5b. Service provided by...		
	MARK ALL THAT APPLY		MARK ALL THAT APPLY		
	CHILDREN ENROLLED IN PARTNERSHIP SLOTS?	OTHER CHILDREN ENROLLED IN CARE?	DIRECTLY BY PARTNERSHIP GRANTEE STAFF?	DIRECTLY BY CHILD CARE PARTNER STAFF?	REFERRALS TO A COMMUNITY PARTNER OR AGENCY?
a. Vision screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Hearing screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Dental screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Mental health observation/assessment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Developmental screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Speech screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Nutritional screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Lead screening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Medical referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Dental referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Mental health referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Social service referrals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Physical therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Speech therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**FS6a. For each of the following services, please indicate whether your agency offers the service to families of children enrolled in partnership slots and to other families of children birth to age 3 who are enrolled in care as well. These services can be provided by your agency, child care partner staff, or by a community partner.**

[FOR EACH SERVICE OFFERED]

**FS6b. Who is responsible for providing this service?**

	FS6a. Service offered to...		FS6b. Service provided by...		
	MARK ALL THAT APPLY		MARK ALL THAT APPLY		
	FAMILIES ENROLLED IN PARTNERSHIP SLOTS?	OTHER FAMILIES ENROLLED IN CARE?	DIRECTLY BY PARTNERSHIP GRANTEE STAFF?	DIRECTLY BY CHILD CARE PARTNER STAFF?	REFERRALS TO A COMMUNITY PARTNER OR AGENCY?
a. Pediatrician services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Adult health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Prenatal care/OB GYN	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Transportation assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Disability services for parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Emergency assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Employment assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Education or job training	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Services for drug or alcohol abuse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Legal assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
k. Housing assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
l. Financial counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
m. Family literacy services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
n. Services for dual-language learners	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
o. Dental care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
p. Mental health screenings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
q. Mental health assessments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
r. Therapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
s. Care coordination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
t. Staff consultation or follow-up with families about results of screenings or assessments	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
u. Some other service (specify)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



Source: Adapted from Baby FACES

**FS7a. For which families do you offer Individual Family Partnership Agreements (IFPAs)?**

*Select all that apply*

- Families enrolled in partnership slots ..... 1
- Other families enrolled in care..... 2
- .....

Source: New item

**FS7b. Who is primarily responsible for developing IFPAs with families?**

*Select one only*

- Partnership grantee staff..... 1
- Child care partner staff..... 2
- Other (*specify*)..... 99

Source: Adapted from Head Start/Child Care Partnership Study

**FS8. For which families are home visits currently offered?**

*Select all that apply*

- Families enrolled in partnership slots ..... 1
- Other families enrolled in care..... 2
- Home visits are not offered to enrolled families ..... 0

Source: New item

[IF FS8 = 1,2]

**FS8a. Who is primarily responsible for conducting home visits?**

*Select one only*

- Partnership grantee staff..... 1
- Child care partner staff..... 2
- Other (*specify*)..... 99

Source: Adapted from the Evaluation of the Early Learning Initiative

**FS9. Do grantee and child care partner staff meet regularly to discuss services for individual children and families?**

- Yes..... 1
- No..... 0

Source: New item  
[IF FS9 = YES]

**FS9a. What is discussed during these meetings?**

*Select all that apply*

- Family service plans..... 1
- Child assessment result..... 2
- Classroom lesson plans..... 3
- Transition plans..... 4
- Communication with parents..... 5
- Coordination with early intervention or other service providers..... 6
- Other child care arrangements children are in..... 7
- Transportation for children..... 8
- Child or family needs or barriers..... 9
- Other (*specify*)..... 99

Source: Adapted from the Evaluation of the Early Learning Initiative  
[IF FS9 = YES]

**FS9b. How often do these meetings about services for individual children and families take place?**

*Select one only*

- Every day or almost every day..... 1
- Every week or almost every week..... 2
- Once or twice a month..... 3
- Less than once a month..... 4

**ABOUT YOUR CHILD CARE PARTNERS**

In this next section, we would like to learn more about the child care providers that you partner with to provide services to children and families.

Source: New item

**PC1. How many child care centers do you currently partner with directly to serve children? Please include only those centers that you partner with directly, and not those who are in partnership with a delegate agency. Please also only include child care partners that currently have at least one child enrolled in partnership slots.**

NUMBER OF CHILD CARE CENTER PARTNERS

**PC2. How many family child care homes do you currently partner with directly to serve children? Please include only those family child care providers that you partner with directly, and not those who are in partnership with a delegate agency. Please only include family child care partners that currently have at least one child enrolled in partnership slots.**

NUMBER OF FAMILY CHILD CARE PARTNERS

**PROGRAMMER:**  
IF PC1 AND PC2 = 0, SKIP TO NEXT SECTION

For each child care provider you partner with to serve children, please answer the following questions. As a reminder, please only include those partners that currently have at least one child enrolled in partnership slots.

**PC3a.** Name of partnering organization  
Manager/owner name  
Manager/owner email address  
Manager/owner phone number

**PC3b. Is this provider a child care center or a family child care home?**

Select one only

- Child care center..... 1
- Family child care home..... 2

Source: New item

**PC3c. What is the total enrollment capacity of this provider for each of the following?**

NUMBER OF SLOTS FOR CHILDREN BIRTH TO AGE 3

NUMBER OF SLOTS FUNDED THROUGH THE PARTNERSHIP

Source: New item

**PC3d. Do you have any experience collaborating with this child care partner prior to the partnership?**

Select all that apply

- Yes, a previous partnership serving Early Head Start/Head Start children and families..... 1
- Yes, part of a community collaborative group ..... 2
- Yes, participated in joint training..... 3
- Yes, other (*specify*)..... 99
- No..... 0

[IF PC3d = 1]

**PC3d1. How long did your agency partner with this child care provider to provide services to Early Head Start/Head Start children and families prior to this partnership grant?**

- Less than 1 year..... 1
- 1 to 3 years..... 2
- 4 to 5 years..... 3
- More than 5 years..... 4

[IF PC3d = 1]

**PC3d2. Regarding the services provided to Early Head Start/Head Start children and families prior to this partnership grant, did your agency have a formal partnership agreement with this child care partner?**

- Yes..... 1
- No..... 0

[IF PC3d = 1]

**PC3d3. Did your agency provide this child care partner with funds to pay for services to Early Head Start/Head Start children and families prior to this partnership grant?**

- Yes..... 1
- No..... 0

For this next set of questions, we have randomly selected a subset of your partners from the list you just provided. Please respond to these next questions based on your experiences with the partner that is named.

Source: Adapted from the Head Start/Child Care Partnership Study

**PC4. Please indicate the extent to which you agree or disagree with the following statements about [PARTNER NAME]:**

SELECT ONE ONLY

	NOT SUR E	DISAGRE E	NEUTRA L	SOMEWHA T AGREE	AGRE E
a. Individuals in the partnership demonstrate mutual respect for each other.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. I feel my organization is a full partner with [PARTNER].	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. I feel my voice is heard in the partnership.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. I feel I can pick up the phone and call [PARTNER].	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. [PARTNER] and I have similar goals for our work together.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. I feel that [PARTNER] respects my organization.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. I feel [PARTNER] does not really view my organization as a partner.	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

Source: Adapted from the Head Start/Child Care Partnership Study, Head Start Partnership Questionnaire

**PC5. How did you recruit [PARTNER NAME] for this partnership grant?**

Select all that apply

- Prior partnership with the child care provider to serve children and families.....1
- Competitive request for proposal (RFP) process.....2
- Community planning process.....3
- Discussion initiated by you or your organization.....4
- Discussion initiated by [PARTNER NAME].....5
- Consultation with local planning council.....6
- Consultation with Child Care Resource and Referral (CCR&R).....7
- Consultation with child care quality rating and improvement system (QRIS) administrators.....8
- Conducted quality observations.....9
- Other (specify).....99

Source: New item

**PC6. When did you recruit [PARTNER NAME] for this partnership grant?**

- Before or during the grant writing process.....1
- After the partnership grant was awarded.....2

Source: Head Start/Child Care Partnership Study

**PC7. Do you have a written partnership agreement in place with [PARTNER NAME]?**

- Yes..... 1
- Not yet, but the agreement is in process.....2
- No.....0

Source: Head Start/Child Care Partnership Study

[IF PC7 = YES]

**PC7a. How was the partnership agreement in place with [PARTNER NAME] developed?**

*Select one only*

- My agency developed the partnership agreement with no input from this child care partner..... 1
- My agency developed the partnership agreement and this child care partner provided input.....2
- The partnership agreement was jointly developed by my agency and this child care partner..... 3
- The partnership agreement was jointly developed by my agency and a committee of child care partners.....4

**PROGRAMMER:**

REPEAT ITEMS PC4 TO PC7/7A FOR EACH OF THE PARTNERS THAT WERE RANDOMLY SELECTED.

Source: New item

**PC8. Now thinking about all of your child care partners, what process do you have in place to support quality relationships with your partners?**

*Select all that apply*

- Hold regular meetings with lead staff from each partner..... 1
- Participate in discussions with frontline staff.....2
- Conduct staff surveys..... 3
- Review the partnership agreement.....4
- None..... 5
- Other (*specify*)..... 99

Source: New item

[FOR EACH ACTIVITY = YES]

**PC8a. How often do you engage in this activity?**

*Select one only*

- Annually..... 1
- Twice a year..... 2
- Quarterly..... 3
- As needed..... 4

Other (specify) \_\_\_\_\_

00

**PARTNERSHIP FUNDING ARRANGEMENTS**

The next questions are about funding arrangements between you and your child care partners.

**PF1. What is the total funding amount of your Early Head Start-Child Care Partnership grant?**

DOLLARS

**PF2. How much of the total funding amount of the grant is transferred to child care partners? Your best estimate is fine.**

DOLLARS

Don't know.....D

[IF PF2 = DON'T KNOW]

**PF2a. All we need is your best estimate. Can you tell us what percentage of the total funding amount of the grant is transferred to child care partners?**

PERCENTAGE OF TOTAL FUNDING AMOUNT

**PF3. Do you provide start-up funds to child care partners at the beginning of the partnership, in addition to the amount of funding you provide per child?**

- Yes, to all child care partners.....1
- Yes, to some child care partners.....2
- No.....0

[IF GRANTEE PARTNERS WITH CENTERS]:

**PF4a. What is the average amount of funding per child in child care center slots provided to child care partners per year? Your best estimate is fine.**

DOLLARS PER YEAR

[IF GRANTEE PARTNERS WITH FAMILY CHILD CARE HOMES]:

**PF4b. What is the average amount of funding per child in family child care slots provided to child care partners per year? Your best estimate is fine.**

DOLLARS PER YEAR

Source: New item

**PF5. Do you provide a payment for each partnership slot that is not filled?**

Select one only

- Yes, until the slot is filled.....1
- Yes, for a limited period of time.....2

No.....0  
 [IF PF5 = 1, 2]  
 Source: New item

**PF5a. Is the amount of payment provided for each slot that is not filled...**

*Select one only*

- The same as the amount provided to a filled partnership slot.....1
- Less than the amount provided to a filled partnership slot.....2
- Other (*specify*).....99

Source: New item

**PF6. If a child in a partnership slot loses subsidy funding, does your agency use partnership grant funds to offset those funds?**

- Yes, for the entire period of time the child is enrolled.....1
- Yes, for a limited period of time.....2
- No.....0

[IF PF6 = 1, 2]

Source: New item

**PF6a. Do the funds provided offset the lost subsidy funds?**

*Select one only*

- The funds completely offset the lost subsidy funds.....1
- The funds partially offset the lost subsidy funds.....2
- Other (*specify*).....99

Source: New item

**PF7. Once child care partners have children enrolled in partnership slots, do the partners receive additional funds from your agency for any of the following?**

*Select all that apply*

- Administration and overhead.....1
- Staff training and professional development.....2
- Funds for materials, supplies, furniture, and equipment (do not count items that your agency has purchased directly for child care partners).....3
- Enhanced salaries and/or benefits for staff.....4
- No additional funds are provided to partners.....0
- Other (*specify*).....99



**BACKGROUND AND EXPERIENCE**

**In this final section, we would like to learn about your educational background and your experience working in early childhood settings.**

**RC1. Are you a...**

*Select one only*

- Partnership grantee director?..... 1
- Delegate agency director?..... 2
- Other (specify)..... 99

**RC2. What is the highest level of education that you have completed?**

*Select one only*

- High school diploma or GED certificate..... 1
- Some technical/vocational school, but no diploma..... 2
- Technical/vocational diploma..... 3
- Some college courses, but no degree..... 4
- Associate of Arts degree (A.A., A.A.S.)..... 5
- Bachelor's degree (B.A., B.S.)..... 6
- Master's degree (M.A., M.S.)..... 7
- Doctorate degree (Ph.D., Ed.D.)..... 8
- Professional degree after Bachelor's degree..... 9
- Other (specify)..... 99

[IF RC2 = 3, 5-9, 99]

**PE3. In what field did you obtain your highest degree?**

*Select one only*

- Child development or developmental psychology..... 1
- Early childhood education..... 2
- Elementary education..... 3
- Special education..... 4
- Other (specify)..... 99

**RC3. In what field did you obtain your highest degree?**

*Select one only*

- Child development or developmental psychology..... 1
- Early childhood education..... 2
- Elementary education..... 3
- Special education..... 4
- Other (specify)..... 99

RC4. Including this year, how many years have you been working with infants and/or toddlers?

YEARS

RC5. Including this year, how many years have you been in your current position?

YEARS

DRAFT

**END OF SURVEY**

**Thank you for your participation in this survey. Please provide the mailing address to where we should send your thank-you gift card. You will receive it in about 2 weeks.**

Street Address 1:

Street Address 2:

City:

State:

Zip:

**Thank you for completing the Partnership Grantee and Delegate Agency Director Survey!**

**Please click the “Submit survey” button in the lower right hand corner to submit your completed survey.**

DRAFT