

ATTACHMENT K  
CHILD CARE PARTNER QUESTIONNAIRE

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# Child Care Partner Questionnaire

## Study of Early Head Start-Child Care Partnerships

- COMPLETED BY:**
- 1  Director
  - 2  Assistant director
  - 3  Manager/supervisor
  - 4  Owner
  - 5  Family child care provider
  - 6  Other staff (*specify position*): \_\_\_\_\_

**DATE COMPLETED:**   |\_|\_| / |\_|\_| / |\_|\_|\_|\_|  
                                  Month           Day           Year

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 20 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 purpose of this questionnaire is to obtain information about your child care business and the activities you engage in with the partnership grantee or delegate agency to develop partnerships, improve the quality of services, and deliver services to children and families. Your participation will help the Administration for Children and Families (ACF) better understand the experiences of child care providers participating in these partnerships.
- You are being asked to complete this survey because of your involvement in a partnership with the grantee agency indicated on the label affixed to the cover page. Throughout this survey, we use the term *partnership grantee* to refer to the entity awarded the Early Head Start-child care partnership grant. Partnership grantees are responsible for ensuring that the partnership meets all grant requirements, including the Head Start Program Performance Standards (HSPPS). We use the term *partnership slots* to refer to slots available to children through funding from the partnership grant.
- This questionnaire should take 20 minutes to complete, and we will send you a \$20 gift card as a thank-you for participating. Please complete this form by [DATE], and mail it back to Mathematica in the pre-addressed, stamped envelope included in your packet of materials.
- All of the questions can be answered by placing an “x” or a “✓” in the box.

or

## ABOUT THIS SURVEY

- The information you provide will remain private. All of the information will be reported for groups; no results will be reported for individuals.
- Your participation is voluntary, and completion of the questionnaire signifies your consent. 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.
- If you choose not to complete this questionnaire, please check this box  indicating your refusal. Place the blank questionnaire in the pre-addressed, stamped envelope we included in your packet of materials, and return it along with the others to Mathematica by mail.
- If you have any questions about the questionnaire, 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.

*Thank you for your help!*

## A.about your child care business

These first questions are about your child care business.

**A1. Which of the following best describes your child care setting?**

- 1  Child care center
- 2  Family child care home

**A2. The next questions are about the capacity of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME].**

**IF NONE, PLEASE ENTER 0.**

	SLOTS	DON'T KNOW
a. What is the <u>total licensed enrollment capacity</u> of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] <u>across all ages</u> ?.....	_ _ _	d <input type="checkbox"/>
b. What is the <u>total licensed enrollment</u> capacity of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] for children <u>birth to age 3</u> ?.....	_ _ _	d <input type="checkbox"/>
c. <u>Before the partnership began</u> , what was the total licensed enrollment capacity of your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] for children birth to age 3?.....	_ _ _	d <input type="checkbox"/>
d. In the past month, what was your <u>actual enrollment</u> across <u>all ages</u> ?.....	_ _ _	d <input type="checkbox"/>
e. In the past month, what was your <u>actual enrollment</u> for children <u>birth to age 3</u> ?.....	_ _ _	d <input type="checkbox"/>
f. What is the total number of enrollment slots for children birth to age 3 funded through the Early Head Start-child care partnership grant ("partnership slots")?.....	_ _ _	d <input type="checkbox"/>

**A3. What percentage of children enrolled in partnership slots currently receive a child care subsidy? Your best estimate is fine.**

|\_|\_|\_| PERCENT

- d  Don't know

Source: New item  
[IF CHILD CARE CENTER]

**A4. What is the total number of child development staff that regularly care for children birth to age 3 at your child care center? Child development staff include teachers, assistant teachers, and aides.**

|\_|\_| CHILD DEVELOPMENT STAFF

- d  Don't know

Source: Adapted from the Head Start FY2014 PIR  
[IF CHILD CARE CENTER]

**A5. What is the total number of child development staff that regularly care for children birth to age 3 in partnership slots?**

|\_|\_| CHILD DEVELOPMENT STAFF

d  Don't know

Source: Adapted from Baby FACES  
 [IF FAMILY CHILD CARE HOME]

**A6. How many adults in your family child care home regularly work with or provide care to children?**

|\_|\_| ADULTS

Don't know

[IF CHILD CARE CENTER]

**A7. Thinking about the child development staff that regularly care for children birth to age 3 in partnership slots, please enter the number who hold each degree level. If a staff member holds more than one degree, please count only the highest one. For example, if a staff member has a high school degree and is in training for a CDA, please count them under option e (in training for CDA).**

**IF NONE, PLEASE ENTER 0.**

[IF FAMILY CHILD CARE HOME]

**Thinking about the adults that regularly work with or provide care to children, please enter the number who hold each degree level. If an adult holds more than one degree, please count only the highest one. For example, if someone has a high school degree and is in training for a CDA, please count them under option e (in training for CDA).**

**IF NONE, PLEASE ENTER 0.**

	[CHILD DEVELOPMENT STAFF/ADULTS]	DON'T KNOW
a. Graduate/Professional Degree.....	_ _	<input type="checkbox"/>
b. Bachelor's Degree (B.A., B.S.).....	_ _	<input type="checkbox"/>
c. Associate of Arts Degree (A.A., A.A.S.).....	_ _	<input type="checkbox"/>
d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements.....	_ _	<input type="checkbox"/>
e. In training for CDA.....	_ _	<input type="checkbox"/>
f. High School Diploma/equivalent .....	_ _	<input type="checkbox"/>

Source: Adapted from Baby FACES  
 [IF CHILD CARE CENTER]

**A8. Thinking about the child development staff who serve children in partnership slots, how many have left your program since you began receiving funding through the partnership grant?**

**IF NONE, PLEASE ENTER 0 BELOW AND THEN GO TO ITEM A10**

|\_|\_| CHILD DEVELOPMENT STAFF

Don't know

**A9. Of the child development staff who left your program, did any leave . . .**

**MARK ONE PER ROW**

	YES	NO	DON'T KNOW
a. For a change in careers?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. For higher compensation or a better benefits package in the same field?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Because they were fired or laid off?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. For maternity leave?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. For personal reasons?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. For another reason? ( <i>specify</i> )..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

Source: Adapted from Baby FACES  
[IF CHILD CARE CENTER]

**A10. Since you began receiving funding through the partnership grant, has the director left the program?**

- 1  Yes
- 0  No

**A11. What is the current average annual salary of [CHILD DEVELOPMENT STAFF CARING FOR CHILDREN BIRTH THROUGH AGE 3/FAMILY CHILD CARE PROVIDERS] at your [CENTER/CHILD CARE HOME]? If staff is paid hourly, please give your best estimate of annual salary. For staff that work part-time, please use their annual full-time equivalent.**

\$|\_|\_|\_|\_|\_|\_| AVERAGE ANNUAL SALARY



**A12. Which of the following benefits are currently provided to [CHILD DEVELOPMENT STAFF CARING FOR CHILDREN BIRTH THROUGH AGE 3/FAMILY CHILD CARE PROVIDERS] at your [center/child care home] through the partnership grant?**

**MARK ONE PER ROW**

	YES	NO	DON'T KNOW
a. Sick days.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Vacation days.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Paid holidays.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Health benefits.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Retirement benefits.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Reduced tuition rates for continuing education....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Other ( <i>specify</i> )..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

Source: National Survey of Early Care and Education

**A13. Please provide the hours that your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] was open for children last week, beginning with last Monday.**

**IF NONE, PLEASE ENTER 0.**

	START TIME	END TIME	DON'T KNOW
a. Monday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
b. Tuesday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
c. Wednesday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
d. Thursday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
e. Friday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
f. Saturday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>
g. Sunday.....	_ _  :  _ _  AM PM	_ _  :  _ _  AM PM	d <input type="checkbox"/>

Source: National Survey of Early Care and Education

**A14. How many weeks per year does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] provide care for children under age 3?**

|\_|\_| WEEKS

Don't know

Source: National Survey of Early Care and Education

**A15. Does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] allow parents to use varying hours of care each week?**

**MARK ONE ONLY**

- 1  Yes, at their convenience
- 2  Yes, from a set schedule of options
- 3  Yes, beyond a minimum number of hours
- 0  No

## B. partnership development activities

Now, we would like to learn about how you got involved in the partnership with the partnership grantee and about the development and content of your partnership agreement.

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

**B1. How did you learn about the Early Head Start-Child Care Partnership grant opportunity?**

**MARK ALL THAT APPLY**

- 1  Prior partnership with the grantee to serve children and families
  - 2  Competitive request for proposal (RFP) process
  - 3  Community planning process
  - 4  Discussion initiated by the partnership grantee
  - 5  Discussion initiated by you or your organization
  - 6  Consultation with local planning council
  - 7  Consultation with a local child care resource and referral (CCR&R)
  - 8  Consultation with a state or local quality rating and improvement system (QRIS) administrator
  - 9  Other (*specify*)
- 

Source: New item

**B2. When did you learn about the opportunity to partner with the partnership grantee?**

**MARK ONLY ONE**

- 1  Before or during the grant-writing process
- 2  After the partnership grantee received the award
- d  Don't know

Source: New item

**B3. How long have you been in partnership with the grantee under this partnership agreement?**

**MARK ONLY ONE**

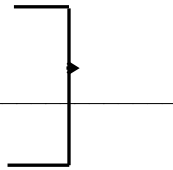
- 1  Less than a month
- 2  1-3 months
- 3  4-6 months
- 4  7-12 months
- 5  More than 12 months

Source: New item

**B4. Did you have any experience collaborating with the grantee prior to the partnership grant?**

**MARK ALL THAT APPLY**

- 1  Yes, a previous partnership to serve Early Head Start/Head Start children and families
- 2  Yes, part of a community collaborative group
- 3  Yes, participated in joint training
- 4  Yes, other (*specify*) \_\_\_\_\_
- 0  No
- d  Don't know



GO TO  
ITEM  
B5

**B4a. Prior to this partnership grant, how long did you partner with the partnership grantee to provide services to Early Head Start/Head Start children and families?**

**MARK ONLY ONE**

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

**B4b. Regarding the services provided to Early Head Start/Head Start children and families prior to this partnership grant, did you have a formal partnership agreement with the partnership grantee?**

- 1  Yes
- 0  No

**B4c. Regarding the services provided to Early Head Start/Head Start children and families prior to this partnership grant, did the grantee provide you with funds to pay for services provided through the partnership?**

- 1  Yes
- 0  No

Source: Head Start/Child Care Partnership Study

**B5. Do you have a written partnership agreement in place with the partnership grantee?**

**MARK ONE ONLY**

- 1  Yes
- 2  Not yet, but the agreement is in process
- 0  No
- d  Don't know



GO TO  
ITEM C1

Source: Head Start/Child Care Partnership Study

**B6. Is the partnership agreement you have in place with the partnership grantee regularly updated?**

- 1  Yes
- 0  No
- d  Don't know

GO TO ITEM B8

**B7. How often is the agreement updated?**

**MARK ONE ONLY**

- 1  Quarterly
- 2  Twice a year
- 3  Annually
- 4  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: Head Start/Child Care Partnership Study

**B8. How was the partnership agreement in place with the partnership grantee developed?**

- 1  The partnership grantee developed the partnership agreement with no input from my [CHILD CARE CENTER/FAMILY CHILD CARE HOME]
- 2  The partnership grantee developed the partnership agreement and my [CHILD CARE CENTER/FAMILY CHILD CARE HOME] provided input
- 3  The partnership agreement was jointly developed by the partnership grantee and my [CHILD CARE CENTER/FAMILY CHILD CARE HOME]

**B9. Thinking about the agreement your agency has in place with the partnership grantee, about how many meetings did you have to develop the agreement?**

- 1  None
- 2  1
- 3  2-3
- 4  4-5
- 5  6 or more

Source: New item

**B10. Which of the following components are included in the agreement you have in place with the partnership grantee?**

**MARK ALL THAT APPLY**

- 1  A statement of the partnership's goals
- 2  The number of children and families to be served in the partnership
- 3  The number of children to be served in the partnership that receive child care subsidies
- 4  Information about procedures for recruitment and enrollment
- 5  Start-up and ongoing procedures for filling partnership slots
- 6  Eligibility criteria for partnership slots
- 7  Actions partners will take to meet the goals specified in the agreement
- 8  Specific roles and responsibilities of partners to comply with the Head Start Program Performance Standards (HSPPS)
- 9  Enhancements to teacher/staff salaries
- 10  Amount and purpose of the funds to be provided
- 11  Training and technical assistance to be provided by the partnership grantee to child care partners
- 12  Materials and supplies to be provided or arranged by the partnership grantee to child care partners
- 13  A statement of each party's rights, including the right to terminate the agreement
- d  Don't know

Source: New item

**B11. Does the agreement specify the amount of funding your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] will receive per year from the partnership grantee?**

- 1  Yes
- 0  No
- d  Don't know

Source: New item

**B12. Does the agreement specify the amount of funding your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] will receive per child per year from the partnership grantee?**

- 1  Yes
- 0  No
- d  Don't know

## C.partnership FUNDING ARRANGEMENTS

The next questions are about funding arrangements between you and the partnership grantee.

**C1. Did you receive start-up funds from the partnership grantee at the beginning of the partnership, in addition to the amount of funding you receive per child?**

1  Yes

0  No

d  Don't know

GO TO ITEM  
C2

**C1a. What is the amount of start-up funds you received from the partnership grantee at the beginning of the partnership? Your best estimate is fine.**

\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

d  Don't know

**C1b. Have you used the start-up funds received from the partnership grantee for any of the following:**

**MARK ALL THAT APPLY**

1  Administration and overhead

2  Staff training and professional development

3  Materials, supplies, furniture, and equipment

4  Enhanced salaries and/or benefits for staff

5  Other (*specify*) \_\_\_\_\_

Source: New item

**C2. How much does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] receive per year from the partnership grantee? Your best estimate is fine.**

\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

d  Don't know

**C3. What is the amount of funding per child in a partnership slot received per year from the partnership grantee? Your best estimate is fine.**

\$|\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

d  Don't know

**C4. Does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] receive the same amount of funding each month from the partnership grantee?**

1  Yes, the same amount →

GO TO  
ITEM C5

2  No, a varying amount

**C4a. What are the reasons your funding from the partnership grantee varies month to month?**

**MARK ALL THAT APPLY**

1  Mix of children's ages

2  Receipt of subsidies

3  Other (*specify*) \_\_\_\_\_





Source: New item

**C8. Does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] receive additional funds from any other source to offset the cost of care for children in partnership slots?**

- 1  Yes  
 0  No  
 d  Don't know

GO TO ITEM  
C9

**C8a. What are the other sources of funding received to offset the cost of care for children in partnership slots?**

**C8a1. On average, how much funding is allocated for this source? Your best estimate is fine.**

	C8a.	C8a1.	
	FUNDING RECEIVED?	AMOUNT ALLOCATED FOR THIS SOURCE?	DON'T KNOW
a. Subsidies paid by state or county government (vouchers/certificates, state contracts).....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
b. Child and Adult Care Food Program funds.....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
c. State preschool funding.....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
d. Other ( <i>specify</i> ).....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>

Source: New item (adapted)

**C9. Aside from start-up funds and funding received for partnership slots, has your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] received additional funds from the partnership grantee for the following?**

**C9a. If so, how much funding do you receive for this purpose?**

	C9.	C9a.	
	RECEIVED FUNDS FROM GRANTEE?	AMOUNT FUNDING RECEIVED FROM GRANTEE?	DON'T KNOW
a. Administration and overhead.....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
b. Staff training and professional development...	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
c. Funds for materials, supplies, furniture, and equipment (do not count items the partnership grantee purchased on your behalf).....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
d. Enhanced salaries and/or benefits for staff.....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>
e. Other ( <i>specify</i> ).....	1 <input type="checkbox"/>	\$ _ _ _ _ _ _ _	d <input type="checkbox"/>

## D.quality improvement activities

The next several questions ask about the quality improvement activities you have access to through the partnership with the partnership grantee to support the delivery of high quality infant and toddler child care.

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

**D1. In your partnership, do you have any written documents that specify what your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] to do to meet the Head Start Program Performance Standards (HSPPS)?**

- 1  Yes  
0  No →  
d  Don't know
- GO TO ITEM  
D2a

**D1a. Was this document developed with input from both the partnership grantee and your [CHILD CARE CENTER/FAMILY CHILD CARE HOME]?**

- 1  Yes  
0  No  
d  Don't know

Source: New item

**D2a. Have you received guidance on Child Care and Development Fund (CCDF)/subsidy rules?**

- 1  Yes  
0  No →  
d  Don't know
- GO TO ITEM  
D2b

**D2a1. What topics did the guidance cover?**

**MARK ALL THAT APPLY**

- 1  Eligibility  
2  Documentation or record keeping  
3  Reimbursement  
4  Co-payments  
5  Attendance policies  
6  Other (*specify*) \_\_\_\_\_

Source: Adapted from qualitative interview questions from the Study of Community Strategies for Infant-Toddler Care

**D2b. Have you received guidance on implementing the Head Start Program Performance Standards (HSPPS)?**

- 1  Yes  
0  No  
d  Don't know
- 
- GO TO ITEM  
D3

**D2b1. What kind of guidance did you receive?**

**MARK ALL THAT APPLY**

- 1  Training  
2  Written materials  
3  Classroom observation and feedback  
4  On-site coaching  
5  Other (*specify*) \_\_\_\_\_  
d  Don't know

Source: New item

**D3. How would you rate your [CHILD CARE CENTER'S/FAMILY CHILD CARE HOME'S] implementation of the HSPPS?**

**MARK ONE ONLY**

- 1  My [CHILD CARE CENTER/FAMILY CHILD CARE HOME] met the HSPPS prior to participating in the partnership grant  
2  My [CHILD CARE CENTER/FAMILY CHILD CARE HOME] currently meets the HSPPS  
3  My [CHILD CARE CENTER/FAMILY CHILD CARE HOME] already meets most of the HSPPS, and we are striving toward meeting all standards  
4  I think it will be difficult for my [CHILD CARE CENTER/FAMILY CHILD CARE HOME] to meet the HSPPS, but we are striving to meet as many standards as possible  
5  I think it will be difficult for my [CHILD CARE CENTER/FAMILY CHILD CARE HOME] to meet the HSPPS and, as a result, we are not attempting to meet all standards  
d  Don't know

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

**D4. Please indicate whether someone from the partnership grantee conducted any of the following activities at your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] in the past year:**

**MARK ALL THAT APPLY**

- 1  Observes [STAFF/PROVIDERS] to assess their practice
- 2  Meets with [STAFF/PROVIDERS] to provide feedback regarding their teaching practices
- 3  Meets with [STAFF/PROVIDERS] to discuss how to link the curriculum to children's developmental needs
- 4  Discusses with [STAFF/PROVIDERS] strategies to ensure teaching practice is developmentally appropriate
- 5  Discusses with [STAFF/PROVIDERS] strategies to ensure a communication- and early literacy-rich curriculum
- 6  Discusses with [STAFF/PROVIDERS] strategies to ensure developmentally appropriate emotional and behavioral support
- 7  Reviews [STAFFS'/PROVIDERS'] lesson plans
- 8  Reviews program data to see how the [STAFF/PROVIDERS] is doing with respect to specific goals or objectives
- 9  [IF CHILD CARE CENTER ONLY] Meets with director of this child care center
- d  Don't know

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

**D5. Does the partnership grantee let you use the partnership funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?**

**MARK ONE ONLY**

- 1  Whatever we think necessary
- 2  Earmarked for specific purposes
- d  Don't know

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

**D6. Separate from funds received from the partnership grantee, has the grantee directly provided the following equipment and supplies for your [CHILD CARE CENTER/FAMILY CHILD CARE HOME]?**

**MARK ALL THAT APPLY**

- 1  Bookshelves
- 2  Playground or other outdoor equipment
- 3  Tables and chairs
- 4  Cribs and/or changing tables
- 5  Paper or other office supplies
- 6  Curriculum materials
- 7  Screening or assessment materials
- 8  Art supplies
- 9  Toys and/or materials for pretend play
- 10  Books
- 11  Information technology (such as a computer, internet access, program management software)

12  Other (*specify*) \_\_\_\_\_

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

**D7. During the past year, did the partnership grantee provide the following professional development opportunities to you or staff from your [CHILD CARE CENTER/FAMILY CHILD CARE HOME]?**

**MARK ALL THAT APPLY**

- 1  Workshops at the partnership grantee
- 2  [IF CHILD CARE CENTER] Workshops at the child care center
- 3  One-on-one training
- 4  Coaching, mentoring, or consultation
- 5  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: New item

**D8. Under this partnership grant, does the partnership grantee provide you or your staff with opportunities to obtain any of the following?**

**MARK ALL THAT APPLY**

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

**D9. Through the partnership, do you receive funding for staff from your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] to have release time to participate in training? This can include paying for substitutes while you or other staff are participating in a training.**

- 1  Yes
- 0  No
- d  Don't know

Source: National Survey of Early Care and Education

**D10. Does your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] have an overall quality rating (for example, based on standards associated with accreditation, tiered reimbursement or some other quality rating system)? A quality rating reflects standards above and beyond those required for licensing.**

- 1  Yes  
 0  No  
 d  Don't know

GO TO ITEM D11

**D10a. What agency or group provided your quality rating?**

MARK ALL THAT APPLY

- 1  National Association for the Education of Young Children  
 2  National Association for Family Child Care  
 3  State or local child care quality rating and improvement system (QRIS)  
 4  Local child care resource and referral agency (CCR&R)  
 5  State or local child care agency  
 6  Other (*specify*)  
 \_\_\_\_\_  
 d  Don't know

Source: New item

**D11. 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.**

**D11a. For each of the following that you accessed, did you get training and technical assistance from NCEHS-CCP or from some other source?**

	D11.	D11a. 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"/>



## E.services for children and families

Next, we would like to learn about how you work with the partnership grantee to provide services to children and families who are enrolled in partnership slots.

Source: Adapted from Head Start/Child Care Partnership Study & Baby FACES

**E1. For each of the services below, please indicate whether you currently offer this 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, by the partnership grantee, or by a community partner.**

**E1a. Who is responsible for providing this service?**

	E1. Currently offered to...		E1a. Service provided by...			
	MARK ALL THAT APPLY		MARK ALL THAT APPLY			
	CHILDREN ENROLLED IN PARTNERSHIP SLOTS	OTHER CHILDREN ENROLLED IN CARE	PROVIDED DIRECTLY BY PARTNERSHIP GRANTEE STAFF	PROVIDED DIRECTLY BY CHILD CARE PARTNER STAFF	REFERRALS TO A COMMUNITY PARTNER OR AGENCY	DON'T KNOW
a. Vision screening.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <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"/>	d <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 <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <input type="checkbox"/>



Source: Adapted from Baby FACES

**E2. For which families do you offer Individual Family Partnership Agreements (IFPAs)?**

**MARK ALL THAT APPLY**

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

Source: New item

**E2a. Who is primarily responsible for developing an IFPA with families?**


**MARK ONE ONLY**

- 1  Partnership grantee staff
- 2  Child care partner staff
- 3  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: Adapted from Head Start/Child Care Partnership Study

**E3. For which families are home visits currently offered?**

**MARK ALL THAT APPLY**

- 1  Families enrolled in partnership slots
- 2  Other families enrolled in care
- 3  We do not offer home visits 
- d  Don't know

GO TO ITEM  
E4

Source: New item

**E3a. Who is primarily responsible for conducting home visits?**

**MARK ONE ONLY**

- 1  Partnership grantee staff
- 2  Child care partner staff
- 3  Other (*specify*) \_\_\_\_\_
- d  Don't know

Source: Adapted from Baby FACES

**E4. For each of the services below, please indicate whether you currently offer this 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, by the partnership grantee, or by a community partner.**

**E4a. Who is responsible for providing this service?**

	E4. Currently offered to...		E4a. Service provided by...			
	MARK ALL THAT APPLY		MARK ALL THAT APPLY			
	FAMILIES ENROLLED IN PARTNERSHIP SLOTS	OTHER FAMILIES ENROLLED IN CARE	PROVIDED DIRECTLY BY PARTNERSHIP GRANTEE STAFF	PROVIDED DIRECTLY BY CHILD CARE PARTNER STAFF	REFERRALS TO A COMMUNITY PARTNER OR AGENCY	DON'T KNOW
a. Pediatrician services.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	d <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"/>	d <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 <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <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"/>	d <input type="checkbox"/>



Source: Adapted from the Evaluation of the Early Learning Initiative

**E5. Do you or someone from your [CHILD CARE CENTER/FAMILY CHILD CARE HOME] meet regularly with someone from the partnership grantee agency to discuss services for individual children and families?**

- 1  Yes  
0  No →  
d  Don't know
- GO TO ITEM  
E6

Source: New item

**E5a. What is discussed during these meetings?**

**MARK ALL THAT APPLY**

- 1  Family service plans  
2  Child assessment result  
3  Classroom lesson plans  
4  Transition plans  
5  Communication with parents  
6  Coordination with early intervention or other service providers  
7  Other child care arrangements children are in  
8  Transportation for children  
9  Child or family needs or barriers  
10  Other (*specify*)  
\_\_\_\_\_
- d  Don't know

Source: Adapted from the Evaluation of the Early Learning Initiative

**E5b. How often do these meetings take place?**

**MARK ONE ONLY**

- 1  Every day or almost every day  
2  Every week or almost every week  
3  Once or twice a month  
4  Less than once a month  
d  Don't know

**E6. Since the start of your involvement in the partnership grant, have you been implementing any specific infant/toddler curriculum?**

- 1  Yes  
0  No → GO TO ITEM F1

Source: Adapted from Baby FACES 2009 Director Interview

**E6a. What curriculum/curricula does your program currently use?**

**MARK ALL THAT APPLY**

- 1  Agency-created curriculum
  - 2  Assessment, Evaluation and Programming System (AEPS)
  - 3  Beautiful Beginnings
  - 4  Creative Curriculum
  - 5  Early Learning Accomplishments Profile
  - 6  Emotional Beginnings
  - 7  Games to Play with Babies
  - 8  Games to Play with Toddlers
  - 9  Hawaii Early Learning Profile (HELP)
  - 10  High/Scope
  - 11  Learning Activities for Infants
  - 12  Montessori
  - 13  Ones and Twos
  - 14  Partners as Primary Caregivers
  - 15  Partners in Learning
  - 16  Playtime Learning Games for Young Children
  - 17  Resources for Infant Educators
  - 18  Talking to Your Baby
  - 19  The Anti-Bias Curriculum
  - 20  Program for Infant-Toddler Care
  - 21  Other curriculum (*Please describe*)
-

## F. partnership quality

**Next, we would like your opinion about how your partnership with the partnership grantee is going so far.**

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

**F1. Please indicate the degree to which you agree or disagree with the following statements:**

SELECT ONE RESPONSE PER ROW

	NOT SURE	DISAGRE E	NEUTRA L	SOMEWHA T AGREE	AGREE	DON'T KNOW
a. Individuals in the partnership demonstrate mutual respect for each other.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. I feel my child care business is a full partner with the partnership grantee.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. I feel my voice is heard in the partnership.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. I feel I can pick up the phone and call the partnership grantee.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. The partnership grantee and I have similar goals for our work together.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. I feel that the partnership grantee respects my child care business.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
g. I feel the partnership grantee does not really view my child care business as a partner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

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

**F2. These next questions are about the progress the grant director from the partnership grantee agency has made leading the implementation of partnerships with your [CHILD CARE CENTER/FAMILY CHILD CARE HOME]. Please indicate the extent to which you agree with each statement.**

**The director ...**

SELECT ONE RESPONSE PER ROW

	NOT AT ALL	SLIGHT EXTENT	MODERATE EXTENT	GREAT EXTENT	TO A VERY GREAT EXTENT	DON'T KNOW
a. Has developed a plan to facilitate implementation of the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
b. Has removed obstacles to the implementation of the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
c. Has established clear department standards for the implementation of the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
d. Is knowledgeable about the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
e. Is able to answer staff's questions about the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
f. Knows what he/she talking about when it comes to the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
g. Recognizes and appreciates child care partner staff efforts toward successful implementation of the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
h. Supports child care partner staff efforts to learn more about the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
i. Supports child care partner staff efforts to deliver services through the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
j. Perseveres through the ups and downs of implementing the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
k. Carries on through the challenges of implementing the partnerships.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>
l. Reacts to critical issues regarding the implementation of the partnerships by openly and effectively addressing the problem(s).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	d <input type="checkbox"/>

## G.education and experience

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



**G1. Are you a...**

**SELECT YOUR PRIMARY ROLE**

- 1  Director?
  - 2  Assistant director?
  - 3  Manager/supervisor?
  - 4  Owner?
  - 5  Family child care provider?
  - 6  Other? (*specify*)
- 

**G2. What is the highest level of education that you have completed?**

**MARK ONE ONLY**

- 1  High school diploma or GED certificate 
  - 2  Some technical/vocational school, but no diploma
  - 3  Technical/vocational diploma
  - 4  Some college courses, but no degree  GO TO ITEM G4
  - 5  Associate of Arts degree (A.A., A.A.S.)
  - 6  Bachelor's degree (B.A., B.S.)
  - 7  Master's degree (M.A., M.S.)
  - 8  Doctorate degree (Ph.D., Ed.D.)
  - 9  Professional degree after Bachelor's degree
  - 10  Other (*specify*)
- 

GO TO  
ITEM G4

**G3. In what field did you obtain your highest degree?**

**MARK ONE ONLY**

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

**G4. Including this year, how many years have you been working with infants and/or toddlers?**

|\_|\_| YEARS

**G5. Including this year, how many years have you been in your current position?**

|\_|\_| YEARS



*Thank you for taking the time to complete 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.**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET 1

\_\_\_\_\_  
STREET 2

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP