Early Head Start–Child Care Partnerships Sustainability Study

Dissolved Partnership Provider Survey

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Welcome to the Early Head Start-Child Care Partnerships Sustainability Study Dissolved Partnership Provider Survey.

Please refer to the instructions you received in your invitation email to find your unique login information. To begin the survey, enter your login ID and password below, and then click the "OK" button. If you do not have your login ID and password, please call XXX-XXX-XXXX, or email us at XXXX@mathematica-mpr.com.

Login ID: _____

Password: _____

The Early Head Start-Child Care Partnerships Sustainability Study Dissolved Partnership Provider Survey is sponsored by the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services; and is being conducted by Mathematica.

This survey has been optimized for desktop computers, and works best in current versions of Internet Explorer, Chrome and Firefox.

INSTRUCTIONS SCREEN

Before you get started, here are a few helpful tips.

- To answer a question, click the box to choose your response.

- To continue to the next webpage, click the **"Next"** button.

- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.

- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.

- For security purposes, you will be timed out if you are idle for longer than 30 minutes.

- When you decide to continue, you will need to log in again using your login ID and password.

Please click the "Next" button below to begin, or close this webpage to exit.

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 to conduct the Early Head Start–Child Care Partnerships Sustainability Study—a follow up to the National Descriptive Study of Early Head Start–Child Care Partnerships your [center/family child care home] was selected for in 2016.

As part of this Sustainability Study, we are surveying all Early Head Start-child care partnership programs that received funding under the 2015 round of Early Head Start-Child Care Partnership (EHS-CCP) grants. We are also surveying a subset of their child care partners.

In the current survey, we are interested in learning about several topics, including:

• Factors that have supported or created barriers for sustaining your partnership with [EHS PROGRAM]
• Characteristics about your [center/family child care home]

The survey includes questions about your partnership with [EHS PROGRAM], that began over six years ago (as early as 2015). If there are questions that you do not know the answer to, please consult others as relevant. You will also have the option to select "Don't know" responses if you do not know the answer and the information is not available from someone else.

SURVEY INFORMATION SCREEN 2

Your participation in this survey is important and will help ACF better understand the sustainability of Early Head Start-child care partnerships. The length of this survey is different for different people, but on average it should take no more than 30 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. All your responses will be kept private and used only for research purposes. [IF NDScomplete=1: Your archived responses to the National Descriptive Study of Early Head Start–Child Care Partnerships may also be analyzed by the Sustainability Study team to understand changes over time.] Your responses will be combined with the responses of other child care providers and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the sustainability of Early Head Start-child care partnerships. There are no known risks associated with your participation.

If you have any questions about the survey, please contact us by calling XXX-XXX-XXXX or emailing XXXX@mathematica-mpr.com. If you have questions about your rights as a research participant in this study, you may contact the [IRB NAME] by calling XXX-XXX-XXXX.

☐ By clicking this box, you are confirming that you understand that the information you provide will be kept private and used only for research purposes. You are also confirming that we may review your responses to the National Descriptive Study of Early Head Start–Child Care Partnerships survey to understand changes over time. You further understand that your answers will be combined with the responses of other partnership programs so that no individuals will be identified.

PROVIDER SCREENER

To get started, we have a couple of questions about your [center/family child care home].

IF PRELOAD = DISSOLVED or MISSING

S1 **Is [NAME of child care center/family child care home] currently in operation?**

- ❍ Yes..1
- ❍ No 0

S1 = 0

S2 **Please tell us why [NAME of child care center/family child care home] is no longer in operation.**

Go to A10

S1 = 1

S3 **Our records show that your organization is a [child care center/family child care home]. Is this correct?**

Select one only

- ❍ Yes..1
- ❍ No 0

S1=1

S4 **Does your [center/family child care] operate partnership slots for children birth to age 3 funded through Early Head Start ("partnership slots") in partnership with [EHS PROGRAM]?**

"Operate partnership slots" means operating enrollment with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants.

- ❍ Yes..1
- ❍ No 0

IF S4 = 1, ROUTE TO SUSTAINED PARTNERSHIP PROVIDER SURVEY. ELSE, GO TO A5.

A. YOUR [CENTER/FAMILY CHILD CARE HOME]

Section introduction screen: **Next, we have some additional questions about your [center/family child care home].**

IF YES TO S1 AND CHILD CARE CENTER

A5 **[IF CENTER] Is your center independent or is it sponsored by another organization?**

A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors.

Select one only

○ Independent..1

○ Sponsored 2

○ Don't know...d

IF FAMILY CHILD CARE HOME [IF CENTER SKIP TO A10]

A8. **Are you a member of or affiliated with any of the following types of organizations?**

Select all that apply

☐ Family child care network..1

☐ Family child care association...2

☐ Union that represents family child care providers..3

☐ Other 99

Specify [   ]

○ Independent 0

A10 **[S1 or S4=0] Please indicate the month and year the partnership with [EHS PROGRAM] ended. Your best estimate is fine.**

By "ended," we mean when the partnership agreement was terminated and/or when no children were being served in partnership slots, with no intention of filling slots in the future.

[   ] / [   ]   MM/YYYY

○ I have not been in this position long enough to answer this question................d

A12   **Do you still collaborate with [EHS PROGRAM] in any way?**

Select one only

○ Yes..1

○ No..0

IF YES TO A12

A13   **What is the nature of the collaboration?**

Select all that apply

☐ Part of a community collaborative group...1

☐ Participate in joint trainings...2

☐ Develop program materials...3

☐ Coordinate referrals..4

☐ Work together to serve children..5

☐ Other (SPECIFY)...99

Specify [   ]

A14   **Does your child care [center/family child care] currently operate partnership slots in partnership with any Early Head Start program other than [EHS PROGRAM]?**

"Operate partnership slots" means operating enrollment with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants.

Select one only

○ Yes..1

○ No..0

IF YES TO A14

A15   **[A14=YES] Please indicate the month and year this partnership began. Your best estimate is fine.**

By "began," we mean when the partnership agreement was initiated, even if no children were being served in partnership slots.

[   ] / [   ]   MM/YYYY

○ I have not been in this position long enough to answer this question................d

A16   **[A14=YES] What is the total number of enrollment slots for children birth to age 3 funded by the partnership with this Early Head Start program?**

[   ]   SLOTS

E. SUPPORTS AND IMPEDIMENTS TO SUSTAINABILITY

Section introduction screen: **Next, we have several questions about factors that might have supported or served as barriers to the sustainability of your partnership with [EHS PROGRAM]. These questions seek to understand specific features of your partnership with [EHS PROGRAM].**

E1   To what degree have the following factors supported the sustainability of your partnership with [EHS PROGRAM]?

o   I have not been in this position long enough to answer this question ⟶   GO TO E2

	NOT A SUPPORT	SOMEWHAT OF A SUPPORT	A MAJOR SUPPORT
a. Alignment in program philosophy and mission	1 ◯	2 ◯	3 ◯
b. Clarity about roles and responsibilities	1 ◯	2 ◯	3 ◯
c. Clarity about policies related to funding, standards, and oversight	1 ◯	2 ◯	3 ◯
d. Mutual respect with EHS program	1 ◯	2 ◯	3 ◯
e. Shared decision making	1 ◯	2 ◯	3 ◯
f. Satisfaction with funding amount			
g. Satisfaction with funding arrangement (other than funding amount)	1 ◯	2 ◯	3 ◯
h. Open communication with EHS program	1 ◯	2 ◯	3 ◯
i. A commitment among EHS program leadership to partner with child care providers	1 ◯	2 ◯	3 ◯
j. A commitment among my [center/FCC] leadership to partner with EHS	1 ◯	2 ◯	3 ◯
k. A person [hover text: person or people] at the EHS program who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC partnership grant "champion" or "advocate")	1 ◯	2 ◯	3 ◯
l. A person [hover text: person or people] at my [center/FCC] who actively and enthusiastically promoted partnering with EHS (such as EHS-CC partnership grant "champion" or "advocate")	1 ◯	2 ◯	3 ◯
m. Stability in leadership at [EHS program]	1 ◯	2 ◯	3 ◯
n. Stability in leadership in my [center/FCC]	1 ◯	2 ◯	3 ◯
o. Other (specify)	1 ◯	2 ◯	3 ◯

E2   To what degree have the following factors served as a barrier to the sustainability of your partnership with [EHS PROGRAM]?

o   I have not been in this position long enough to answer this question ⟶   GO TO E7

	NOT A BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a. Lack of alignment in program philosophy and mission	1 ◯	2 ◯	3 ◯
b. Lack of clarity about roles and responsibilities	1 ◯	2 ◯	3 ◯
c. Lack of clarity about policies related to funding, standards, and oversight	1 ◯	2 ◯	3 ◯
d. Lack of mutual respect with EHS program	1 ◯	2 ◯	3 ◯
e. Lack of shared decision making	1 ◯	2 ◯	3 ◯
f. Insufficient funding			
g. Lack of communication with EHS program	1 ◯	2 ◯	3 ◯
h. Challenges meeting child adult ratio and group size requirements	1 ◯	2 ◯	3 ◯
i. Challenges meeting teacher/provider credential requirements	1 ◯	2 ◯	3 ◯
j. Challenges complying with the Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements	1 ◯	2 ◯	3 ◯
k. Challenges maintaining enrollment in partnership slots	1 ◯	2 ◯	3 ◯
l. Challenges meeting administrative reporting requirements	1 ◯	2 ◯	3 ◯
m. Challenges recruiting qualified staff	1 ◯	2 ◯	3 ◯
n. Lack of stability in leadership at [EHS PROGRAM]	1 ◯	2 ◯	3 ◯
o. Lack of stability in leadership in my [center/FCC]	1 ◯	2 ◯	3 ◯
p. Other (specify)	1 ◯	2 ◯	3 ◯

E3. [IF more than 3 factors marked as somewhat or a major barrier in E2]: From the factors that you indicated were a barrier to the sustainability of your partnership, which three do you consider to be the biggest?

Select three

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2].....................................1

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2]...................................2

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2]...................................3

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2]...................................4

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2]]..................................5

☐ [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM E2]...................................6

☐ I have not been in this position long enough to answer this question.......................d

[A10 is after 3/1/2020]

E7.   Did your partnership end due to factors related to the COVID-19 pandemic?

    ❍ Yes...1

    ❍ No..0

The COVID-19 pandemic caused large disruptions to many child care providers. Next, we have some questions about supports you might have accessed in response to the COVID-19 pandemic.

E8. Did you receive any of the following supports in response to the COVID-19 pandemic?

Select all that apply

☐ Loans or other financial assistance (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)

☐ Rent deferral or cancellation

☐ Supports to provide remote learning or socialization for children

☐ Supports for [teacher/provider] well-being

☐ Supports for [teacher/provider] continuing education or professional development

☐ Supports for the increased costs of securing and using protective equipment

☐ Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)

☐ Materials or food for families

☐ Training for staff on remote learning

☐ Other (SPECIFY)

❍ None of these

[A10 is after 3/1/2020 and E8 NE "None"]

E9. Did [EHS PROGRAM] help provide any of these supports, either by providing them directly or by helping you apply for the support?

Select one only

❍ Yes...1

❍ No..2

E10. Did you receive any money for your child care business from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?

Select one only

☐ Yes..1

☐ No...0

E11. [IF E10=1] For what purposes did you use the funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?

Select all that apply

☐ Supports for [teacher/provider] well-being

☐ Supports for [teacher/provider] continuing education or professional development

☐ Supports for the increased costs of securing and using protective equipment

☐ Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)

☐ Materials or food for families

☐ Financial support for families, including housing assistance

☐ Remote supports for parents, such as mental health services or family activity ideas

☐ Remote learning or socialization for children

☐ To continue to pay staff, even if the payment was not their usual amount

☐ To pay bills such as mortgage, rent and insurance, even if the funding did not cover the full bill(s)

☐ Other (SPECIFY)

☐ None of these...

B. ENROLLMENT AND FUNDING

IF S1=0, GO TO F4

Section introduction screen: **Next, we have some questions about enrollment and funding for your [child care center/family child care home].**

B1   Please tell us about the <u>enrollment capacity</u> of your [child care center/family child care home].

Please enter "0" if you do not enroll children in a given category.

	SLOTS
a. What is the <u>total licensed enrollment capacity</u> of your [child care center/family child care home] <u>across all ages</u>?	
b. What is the <u>total licensed enrollment capacity</u> of your [child care center/family child care home] for children <u>birth to age 3</u>?	

B2   The COVID-19 pandemic has been a significant event that had an impact on the lives of many individuals and families since March 2020. The next few questions are about how your [child care center/family child care home] was affected by the pandemic.

Did your [child care center/family child care home] close for any period of time as a result of the COVID-19 pandemic?

Please include any temporary closures of the entire [center/family child care home] due to an outbreak or a positive case.

Select one only

☐   Yes, we closed once during the COVID-1 pandemic...1

☐   Yes, we closed more than once during the COVID-1 pandemic........................2

☐   No..0

[B2 NE 0]

B3   **How many weeks was your [child care center/family child care home] closed as a result of the COVID-19 pandemic? [IF B2=2] Please answer for the combined number of weeks closed across all closures.**

Please include any temporary closures of the entire [center/family child care home] due to an outbreak or a positive case.

| | WEEKS |

☐   Don't know...d

B4   **Please tell us about the <u>actual enrollment</u> of your [child care center/family child care home] in the <u>past month</u>.**

Please enter "0" if you do not enroll children in a given category.

	SLOTS
a. <u>Actual enrollment</u> across <u>all ages</u>	
b. <u>Actual enrollment</u> for children <u>birth up until their 3rd birthday</u>	
c. <u>Actual enrollment</u> for children who are <u>3 or older and younger than 5</u>	
d. <u>Actual enrollment</u> for children who are <u>5 or older and younger than 13</u>	

B5   **How many children birth to 3 currently receive a child care subsidy? Your best estimate is fine.**

| | CHILDREN |

❍   Don't know...d

B7   **Since this past September, how easy or difficult has it been to fill your infant/toddler slots?**

❍   Very Easy..1
❍   Somewhat Easy...2
❍   Somewhat Difficult...3
❍   Very Difficult..4

B8   **Does your [child care center/family child care home] currently have a waiting list for infant/toddler slots?**

Select one only

❍ Yes..1

❍ No...0

B9   **Do you currently have a formal system to prioritize enrollment based on family risks or needs?**

Select one only

❍ Yes..1

❍ No...0

B10   **IF B9=1: 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

Specify [   ]

B11   **Please indicate the days that your [child care center/family child care home] was open for children last week, beginning with last Monday.**

If you were closed last week, please think of the most recent week when your center was open.

Select all that apply

☐ Monday 1

☐ Tuesday 2

☐ Wednesday 3

☐ Thursday..4

☐ Friday..5

☐ Saturday..6

☐ Sunday...7

B12 **Below are the days you indicated that your [child care center/family child care home] was open last week. Please provide the approximate hours that your [child care center/family child care home] was open for children on each of these days.**

For example, if your [child care center/family child care home] was open for children from 9am-4pm on Monday, please enter 9:00am as the 'start' time and 4:00pm as the 'end' time for that day.

DISPLAY ONLY DAYS SELECTED IN B8

	START	END
Monday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Tuesday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Wednesday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Thursday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Friday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Saturday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM
Sunday	|__|__| : |__|__| ○AM ○PM	|__|__| : |__|__| ○AM ○PM

B13 **[IF NONSTANDARD HOURS IN B9] In the previous items, you indicated your [child care center/family child care home] was open to children on the weekend, before 7:00 am or after 6:00 pm during the week last week. Approximately what percentage of enrolled children birth to age 3 received care during less typical times?**

We define "less typical" times as Monday through Friday, before 7:00 am or after 6:00 pm, or any time on Saturday or Sunday.

PERCENTAGE OF CHILDREN

B14 **Does your [child care center/family child care home] allow parents to use varying hours of care each week?**

Select one only

○ Yes, at their convenience...1

○ Yes, from a set schedule of options..2

○ Yes, beyond a minimum number of hours 3

○ No...0

B15 **How many weeks per year does your [child care center/family child care home] provide care for children under age 3?**

|_____| WEEKS

Next, we have some questions about funding. First, we have a question about your funding at the time that your partnership with [EHS PROGRAM] ended.

B16 **What percentage of your total annual funding came from the [EHS PROGRAM] in the year prior to the partnership dissolving? Your best guess is fine.**

Select one only

○ Less than 25 percent...1

○ 25 to 49 percent..2

○ 50 to 74 percent..3

○ 75 to 99 percent..4

○ 100 percent...5

○ I have not been in this position long enough to answer this question

○ I do not remember

B14 **Thinking about your <u>current</u> funding, does your [child care center/family child care home] currently receive funds from any of the following sources?**

Select one per row

	YES	NO	DON'T KNOW
a. Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees	1 ☐	0 ☐	d ☐
h. State or local Pre-K funds from the state or local government	1 ☐	0 ☐	d ☐
i. Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)	1 ☐	0 ☐	d ☐
b. Other funding from state government (e.g., transportation, grants from state agencies)	1 ☐	0 ☐	d ☐
c. Other funding from local government (e.g., grants from county government or tribal government)	1 ☐	0 ☐	d ☐
d. Federal government <u>other than EHS partnership funding </u>(e.g., Title I, Child and Adult Care Food Program, WIC)	1 ☐	0 ☐	d ☐
e. Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)	1 ☐	0 ☐	d ☐
f. Revenues from fund raising activities, cash contributions, gifts,	1 ☐	0 ☐	d ☐

	YES	NO	DON'T KNOW

bequests, special events

g. Other (Specify)　　　　　　　　　　　　　　　1 ☐　　　　0 ☐　　　　d ☐

..... [(STRING 255)]

C. STAFFING, PROFESSIONAL DEVELOPMENT, AND QUALITY IMPROVEMENT

Section introduction screen: **Next, we have some questions about staffing, professional development, and quality improvement supports at your [center/family child care home].**

[Ask if child care center]

C1 **[IF CENTER] How many child development staff who regularly care for children birth to age 3 currently work at your child care center?** *(Child development staff include teachers, assistant teachers, and aides.)*

CHILD DEVELOPMENT STAFF

C2 **IF CENTER: Thinking about the [C1a] child development staff that regularly care for children birth to age 3, please enter the number who hold each degree level. If a staff member counts in more than one category, 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 as "In training for CDA."**

	STAFF
a. Graduate/Professional Degree	
b. Bachelor's Degree (B.A., B.S.)	
c. Associate of Arts Degree (A.A., A.A.S.)	
d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	
e. In training for CDA	
f. High School Diploma/Equivalent	

ASK IF FAMILY CHILD CARE HOME

C3 **How many adults 18 years of age or older in your family child care home regularly work with or provide care to children birth to age 3? Please include yourself in this answer if you provide this type of care.**

ADULTS

ASK IF FAMILY CHILD CARE HOME

C4 **IF FCC: Thinking about the [FILL FROM C3] adults that regularly work with or provide care to children, please enter the number who hold each degree level. If an adult counts in more than one category, 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 as "In training for CDA." Please include yourself in this answer if you provide this type of care.**

	STAFF
a. Graduate/Professional Degree	
b. Bachelor's Degree (B.A., B.S.)	
c. Associate of Arts Degree (A.A., A.A.S.)	
d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements	
e. In training for CDA	
f. High School Diploma/Equivalent	

ASK IF CHILD CARE CENTER

C5 **Thinking about the child development staff who serve children birth to 3, how many have left your program in the past 12 months?**

[   ]   CHILD DEVELOPMENT STAFF

C6 **IF CENTER: Of the [FILL FROM C5] child development staff caring for children birth to 3 who left your program, did any leave . . .**

Select one per row

	YES	NO
a. For a change in careers?	1 ☐	0 ☐
b. For higher compensation or a better benefits package in the same field?	1 ☐	0 ☐
c. Because they were fired or laid off?	1 ☐	0 ☐
d. For parental leave?	1 ☐	0 ☐
e. For personal reasons?	1 ☐	0 ☐
f. For another reason? (SPECIFY)	1 ☐	0 ☐

[   ]

ASK IF FAMILY CHILD CARE HOME

C7 **Thinking about the adults who regularly work with or provide care to children birth to 3, how many have left your family child care home in the past 12 months?**

[   ]   CHILD DEVELOPMENT STAFF

C8   **IF FCC and C3 GE 2: Of the [FILL FROM C7] adults who left your family child care home, did any leave . . .**

Select one per row

	YES	NO
a. For a change in careers?	1 ☐	0 ☐
b. For higher compensation or a better benefits package in the same field?	1 ☐	0 ☐
c. Because they were fired or laid off?	1 ☐	0 ☐
d. For parental leave?	1 ☐	0 ☐
e. For personal reasons?	1 ☐	0 ☐
f. For reasons related to the COVID-19 pandemic	1 ☐	0 ☐
g. For another reason? (SPECIFY)	1 ☐	0 ☐

☐

C9   **How many vacant [IF CENTER: infant and toddler] positions do you currently have? Please enter 0 if you have no vacant positions.**

☐   **VACANT POSITIONS**

C10   **IF C9 NE 0: For any unfilled positions, what are the reasons they remain unfilled?**

Select all that apply

☐ We cannot offer competitive pay..1

☐ We cannot offer competitive benefits...2

☐ We cannot offer as many hours as candidates want.......................................3

☐ We cannot offer flexible hours 4

☐ Lack of qualified candidates..5

☐ Position was eliminated...6

☐ Other (SPECIFY)..99

Specify ☐

C11   **In the past year, did you [CENTER: provide/FCC: access] the following professional development opportunities [CENTER: to/FCC: for] yourself or staff from your [child care center/family child care home]?**

Opportunities may be in person or online.

Select all that apply

☐ Workshops or training...1

☐ Coaching or mentoring (this could be formal or peer-to-peer coaching or mentoring)..2

☐ A community of learners, also called a professional learning community, facilitated by an expert 3

☐ Other professional development opportunities (SPECIFY)...............................99

Specify [   ]

C12 IF CENTER: What type of staff participated in this professional development opportunity at least once during the past year?

Select all that apply

	Teachers	Assistant Teachers	Aides	Administrators (director)	Other Staff
a. Workshops or trainings	11 ☐	12 ☐	13 ☐	14 ☐	15 ☐
b. Coaching or mentoring	11 ☐	12 ☐	13 ☐	14 ☐	15 ☐
c. A community of learners, also called a professional learning community, facilitated by an expert	11 ☐	12 ☐	13 ☐	14 ☐	15 ☐
d. [C11_oth SPECIFY TEXT]	11 ☐	12 ☐	13 ☐	14 ☐	15 ☐

C13 IF FCC: Who participated in this professional development opportunity at least once during the past year?

Select all that apply

	I did	Other staff did
a. Workshops or trainings	11 ☐	15 ☐
b. Coaching or mentoring	11 ☐	15 ☐
c. A community of learners, also called a professional learning community, facilitated by an expert	11 ☐	15 ☐
d. [C11_oth SPECIFY TEXT]	11 ☐	15 ☐

C14   Who was the primary provider of these professional development opportunities?

Select one only

○ Someone in my [organization/family child care home].......................................1

○ [IF FCC] Staff from a family child care network...2

○ Staff from another third party organization (such as a CCR&R or QRIS)
or consultant (such as a technical assistance provider)...................................3

○ Other (SPECIFY)...99

Specify [   ]

C15 **Do you or [CENTER: your staff/FCC: other caregivers who work in your family child care] have access to opportunities to obtain any of the following?**

For example, opportunities could include grants or loans for tuition or books, or paid release time to attend classes.

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

C16 **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.**

PLEASE ONLY ENTER DOLLAR AMOUNT VALUES IN YOUR RESPONSE, AND DO NOT INCLUDE COMMAS OR OTHER SPECIAL CHARACTERS.

[   ]   AVERAGE ANNUAL SALARY

C17 **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]?**

Select all that apply

☐ Sick days...1

☐ Vacation days..2

☐ Paid holidays 3

☐ Health benefits 4

☐ Retirement benefits 5

☐ Reduced tuition rates for continuing education...6

☐ None..7

☐ Other (SPECIFY)...99

Specify [   ]

C18 **Please indicate whether you, another staff member, or someone from a different organization conducted any of the following activities at your [child care center/family child care home] in the past year:**

Select all that apply

	CENTER ONLY: Conducted by someone in my organization	Conducted by someone from a different organization	Activity not conducted [IF THIS COLUMN IS MARKED FOR A ROW, NO OTHER COLUMNS MAY BE SELECTED]
a. Observed [staff/providers] to assess their practice	11 ☐	12 ☐	13 ○
b. Met with [staff/providers] to provide feedback regarding their teaching practices	11 ☐	12 ☐	13 ○
c. Met with [staff/providers] to discuss how to link the curriculum to children's developmental needs	11 ☐	12 ☐	13 ○
d. Discussed with [staff/providers] strategies to ensure teaching practice is developmentally appropriate	11 ☐	12 ☐	13 ○
e. Discussed with [staff/providers] strategies to ensure a rich curriculum	11 ☐	12 ☐	13 ○
f. Discussed with [staff/providers] strategies to ensure developmentally appropriate emotional and behavioral support	11 ☐	12 ☐	13 ○
g. Reviewed [staff/provider]s' lesson plans	11 ☐	12 ☐	13 ○
h. Reviewed program data to see how your [child care center/family child care home] is doing with respect to specific goals or objectives	11 ☐	12 ☐	13 ○
i. [IF PARTNERSHIP ENDED IN LAST YEAR] Completed checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)	11 ☐	12 ☐	13 ○

ASK IF "A DIFFERENT ORGANIZATION" IS SELECTED AT C18

C19 **[For each selected in C18] Who from a third-party organization or consultant?**

Select all that apply

☐ [If FCC]: Someone from a family child care network 1

☐ Someone from the local child care resource and referral agency (CCR&R)...2

☐ Someone from the state or local child care quality rating and improvement system (QRIS)..3

☐ Someone from the state or local child care licensing agency 4

☐ Someone else, not from family child care network, CCR&R, QRIS, or licensing 5

☐ Other (SPECIFY)..99

Specify [   ]

D. ADDITIONAL SERVICES FOR CHILDREN AND FAMILIES

Section introduction screen: **This section asks about other services you provide to children and families.**

D1 **Do you currently offer any of the following services to children birth to 3? These services can be provided by your agency or by a community partner.**

Select all that apply

☐ Vision, hearing, or dental screening..1

☐ Mental health observation/assessment...2

☐ Developmental screening..3

☐ Speech screening 4

☐ Nutritional screening..5

☐ Lead screening..6

☐ Speech or physical therapy 7

☐ None of these..9

D2 **For each selected in D1: Who is responsible for providing this service?**

Select all that apply

	Directly by your organization?	Referrals to a community partner or agency?
a. Vision, hearing, or dental screening	12 ☐	13 ☐
b. Mental health observation/assessment	12 ☐	13 ☐
c. Developmental screening	12 ☐	13 ☐
d. Speech screening	12 ☐	13 ☐
e. Nutritional screening	12 ☐	13 ☐
f. Lead screening	12 ☐	13 ☐
g. Speech or physical therapy	12 ☐	13 ☐

D3 **Do you currently offer any of the following services to families of enrolled children birth to age 3? These services can be provided by your agency, or by a community partner.**

Select all that apply

☐ Health care (adult, dental, or prenatal)..1

☐ Housing or transportation assistance..2

☐ Education or job training/employment assistance 3

☐ Services for drug or alcohol abuse...4

☐ Financial counseling 5

☐ Services for dual-language learners...6

☐ Mental health screenings or assessments 7

☐ Direct provision of goods such as diapers or formula..8

⬚ None of these...9

D4 **For each selected in D3: Who is responsible for providing this service?**

Select all that apply

	Directly by your organization?	Referrals to a community partner or agency?
a. Health care (adult, dental, or prenatal)	12 ☐	13 ☐
b. Housing or transportation assistance	12 ☐	13 ☐
c. Education or job training/employment assistance	12 ☐	13 ☐
d. Services for drug or alcohol abuse	12 ☐	13 ☐
e. Financial counseling	12 ☐	13 ☐
f. Services for dual-language learners	12 ☐	13 ☐
g. Mental health screenings or assessments	12 ☐	13 ☐
h. Direct provision of goods such as diapers or formula	12 ☐	13 ☐

D5 **Do you currently offer home visits to families?**

Select one only

○ Yes, home visits are offered to all families enrolled in care..............................1

○ Yes, home visits are offered to some families enrolled in care..........................2

○ No, home visits are not offered to enrolled families..0

F. BACKGROUND AND EXPERIENCE

Section introduction screen: **Finally, we have a few questions about your background and experience.**

F1   **Are you a…**

Select one only

○ Director 1

○ Assistant director 2

○ Manager/supervisor 3

○ Owner...4

○ Family child care provider 5

○ Other (SPECIFY)..99

Specify [   ]

F2   **Including this year, how many years have you been working in [this center/this family child care home]?**

[   ]   YEARS

F3   **Including this year, how many years have you been in your current position?**

[   ]   YEARS

F4   **Including this year, how many years were you involved in your [center/family child care home]'s partnership with [EHS PROGRAM]?**

By partnership, we mean a formal contractual agreement to operate enrollment slots with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants.

[   ]   Years

F5   **Including this year, how many years have you been working with infants and/or toddlers?**

[   ]   YEARS

F6   **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

Specify _____