

# Assessing the Implementation and Cost of High Quality Early Care and Education (ECE-ICHQ): Implementation Interview Instrument

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0499. The time required to complete this collection of information is estimated to average 180 minutes, including the time to review instructions, search existing data resources, gather the data needed and complete and review the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to NAME at NUMBER or EMAIL and reference the OMB Control Number 0970-0499.OMB BOX (Government only)

## INTRODUCTION

### Introduction:

My name is [NAME], I work at Mathematica. The U.S. Department of Health and Human Services, Administration for Children and Families has contracted with Mathematica to conduct this study to Assess the Implementation and Cost of High Quality Early Care Education (ECE-ICHQ). Thank you for agreeing to participate in our study. This study will produce measures of implementation and costs that help us better understand how early childhood programs use their resources to make a difference for children's early childhood experiences and development. This interview collects information on what your center is doing to provide early care and education services for children ages 0-5. The information we gather through this interview will be used to help estimate the implementation activities that a center does to support quality.

Do you have any questions for me before we get started?

We have several questions for you about:

1. Impacts of the COVID-19 pandemic on center operations and services
2. Center resources
3. Instructional planning, coordination, and child assessment
4. Instruction and caregiving
5. Workforce development
6. Center administration and planning and
7. Child and family support

We have scheduled this interview in two, one and a half hour sessions. We expect that it will take 3 hours to complete this interview. If you prefer to break the interview up into more than two sessions, we will work to accommodate your schedule.

Taking part in ECE-ICHQ is voluntary. The purpose of the study is to help identify improvements in early childhood services; there are no risks from taking part in the study. The information in this study will be used only for research purposes and in ways that will not reveal who you are or identify your center. Federal or state laws may require us to show information to government officials (or sponsors) who are responsible for monitoring the safety of this study. Neither you nor your center will be identified in any publication from this study. If you have questions about ECE-ICHQ, please call Annalee Kelly, the survey director, toll-free, at XXX-XXX-XXXX or email us at EMAIL@mathematica-mpr.com.

Is it okay with you if I record this conversation to ensure that I capture your response accurately?

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0499 and the expiration date is 11/30/2022.

INTERVIEWER: IF YOU HAVE NOT GOTTEN THROUGH SECTION N. STAFFING AT 1 HOUR AND 10 MINUTES INTO THE FIRST INTERVIEW CALL, PLEASE SKIP AHEAD TO THAT SECTION OF QUESTIONS. IF THE RESPONDENT IS NOT ABLE TO ANSWER THE QUESTIONS ABOUT STAFF QUALIFICATIONS DURING THE CALL, IT WILL BE NECESSARY TO FOLLOW-UP WITH AN EMAIL (AFTER THE FIRST INTERVIEW AND BEFORE THE SECOND) TO COLLECT THIS INFORMATION.

## AF. IMPACTS OF THE COVID-19 PANDEMIC ON OPERATIONS AND SERVICES

The first set of questions are about how the coronavirus (COVID-19) pandemic has affected center operations and services

### Changes to center operations and services

**AF1. Did you hire additional staff as a result of the COVID-19 pandemic? If yes, for what purpose did you hire additional staff?**

**SELECT ALL THAT APPLY**

NA  Did not hire additional staff GO TO AF2

#### **Purpose of hiring additional staff**

- 1  Compliance with new health and safety procedures, such as hiring new staff to conduct health screenings or implement new policies around cleaning and sanitizing center
- 2  Compliance with new child to staff ratio or group size regulations or policies
- 3  Fill vacant staff positions
- 4  Responding to increase in child enrollment
- 99  Other (*specify*)

**AF2. Did the number of staff in your center decline as a result of the COVID-19 pandemic? If yes, what led to the decline in the number of center staff?**

INTERVIEWER (clarify as needed): **We are asking about declines in staff due to furloughs or layoffs due to the COVID-19 pandemic, as well as declines in staff due to staff leaving the center because of the COVID-19 pandemic.**

**SELECT ALL THAT APPLY**

NA  Number of staff did not decline GO TO AF3

#### **Reason for decline in the number of center staff**

- 1  Reduce payroll costs
- 2  Responding to decrease in child enrollment
- 3  Staff left the center for reasons related to the COVID-19 pandemic, such as concern for personal health and safety
- 99  Other (*specify*)

**AF3. Did you modify staff roles as a result of the COVID-19 pandemic? If yes, how were staff roles modified?**

**SELECT ALL THAT APPLY**

NA  Did not modify staff roles GO TO AF5

#### **Purpose of modifying staff roles**

- 1  Change in administrative staff roles (WRITE IN HOW ADMINISTRATIVE STAFF ROLES HAVE CHANGED)
- 2  Change in teaching staff roles (WRITE IN HOW TEACHING STAFF ROLES HAVE CHANGED)

3  Other change in staff roles (WRITE IN HOW STAFF ROLES HAVE CHANGED)

99  Other (*specify*)

**AF5. Are the ages of children served at your center different compared to the ages served prior to the COVID-19 pandemic? If so, how have the ages of children served changed?**

		<b>SELECT ONE</b>
Fill in for each child age range	Not applicable (no change in the number of children served)	Change in ages of children served
1. Infants	na <input type="checkbox"/> n/a	1 <input type="checkbox"/> Current number of children served is greater than the number of children served prior to the COVID-19 pandemic  2 <input type="checkbox"/> Current number of children served is lower than the number of children served prior to the COVID-19 pandemic
2. Toddlers	na <input type="checkbox"/> n/a	1 <input type="checkbox"/> Current number of children served is greater than the number of children served prior to the COVID-19 pandemic  2 <input type="checkbox"/> Current number of children served is lower than the number of children served prior to the COVID-19 pandemic
2. Preschoolers	na <input type="checkbox"/> n/a	1 <input type="checkbox"/> Current number of children served is greater than the number of children served prior to the COVID-19 pandemic  2 <input type="checkbox"/> Current number of children served is lower than the number of children served prior to the COVID-19 pandemic
3. School-age children	na <input type="checkbox"/> n/a	1 <input type="checkbox"/> Current number of children served is greater than the number of children served prior to the COVID-19 pandemic  2 <input type="checkbox"/> Current number of children served is lower than the number of children served prior to the COVID-19 pandemic

## SECTION A: CENTER RESOURCES

Now, we would like information on the sources of financial support for your center.

**A5. We are interested in learning about all the various sources of financial support to your center.**

INTERVIEWER: NOTE THAT INFORMATION IN THE NEXT QUESTION (A5a) WAS COLLECTED DURING CENTER RECRUITMENT TO ASSESS CENTER CHARACTERISTICS PRIOR TO DATA COLLECTION. REVIEW THIS INFORMATION PRIOR TO THE CALL AND DOUBLE CHECK IT WITH THE RESPONDENT DURING THE CALL. THIS WILL ALSO HELP TO GENERATE DISCUSSION ABOUT CENTER FUNDING ASKED IN QUESTIONS A5b AND A5c.

**A5a. Which of the following public programs provided funding to your center during the past 12 months?**

**SELECT ALL THAT APPLY**

- 0  No public funding
- 1  Child care subsidy programs such as [STATE SUBSIDY PROGRAM] or CCDF (Child Care Development Fund) (can include parent use of vouchers, contracted slots in the center, or tiered reimbursement)
- 2  Head Start/Early Head Start
- 3  State preschool or prekindergarten programs

**A5b. Did your center receive any revenue from the other following sources during the past 12 months?**

INTERVIEWER: OKAY TO READ OFF ALL ANSWER CATEGORIES

**SELECT ALL THAT APPLY**

- 0  No additional revenue sources
- 1  Private tuition
- 2  Local government such as preschool or prekindergarten funding from local school board, Title 1 funding, or other local agency, grants from city or county government
- 3  Other types of state or federal government funded programs such as the Child and Adult Care Food Program
- 4  Grants, bonuses, or awards from the [STATE QRIS PROGRAM] (not tied to funding or subsidies for specific children)
- 5  Early Head Start-Child Care Partnership grant
- 6  Community organizations such as the United Way, local charities or other service organizations
- 7  Donations from fundraisers or charitable contributions
- 99  Other (*Specify*) \_\_\_\_\_

**Did your center apply for any federal, state, or non-profit or private COVID-19 relief funds? If so, were there any relief funds that your center applied for and did not receive?**

	A5g. CENTER APPLIED FOR RELIEF FUNDS	A5h. CENTER RECEIVED RELIEF FUNDS
1. Coronavirus Aid, Relief, and Economic Security Act (CARES) funding, including supplemental CCDF/CCDBG and Head Start funding	0 <input type="checkbox"/> No	0 <input type="checkbox"/> No
	1 <input type="checkbox"/> Yes	1 <input type="checkbox"/> Yes

2. Other federal COVID-19 pandemic relief funds (SELECT SPECIFIC FEDERAL FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
2a. Federal Paycheck Protection Program (PPP)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
2b. Federal Small Business Administration (SBA) loan	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
2c. Federal Employee Retention Credit under the CARES Act	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
2d. Other federal assistance (WRITE IN NAME OF FEDERAL FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
3. State COVID-19 pandemic relief funds (SELECT SPECIFIC STATE FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
3a. State supply/retention grants	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
3b. State funds for essential supplies, such as cleaning supplies, health supplies, or PPE	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
3c. State subsidies for children of essential workers	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
3d. Other state assistance (WRITE IN NAME OF STATE FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
4. Nonprofit or private sector COVID-19 pandemic relief funds (SELECT SPECIFIC NONPROFIT OR PRIVATE FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
4a. Donations or private fundraising	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes
4b. Other nonprofit or private assistance (WRITE IN NAME OF NONPROFIT OR PRIVATE FUNDING SOURCE)	0 <input type="checkbox"/>	No	0 <input type="checkbox"/>	No
	1 <input type="checkbox"/>	Yes	1 <input type="checkbox"/>	Yes

**A5c. What was the largest source of revenue for your center during the past 12 months?**

**A5c1.** \_\_\_\_\_

**A5c2. About what percent of total revenue was provided by this source?**

\_\_\_\_\_

**PROBE: Would you say it is 50 percent or more?**

**A5d. What was the second largest source of revenue for your center during the past 12 months?**

**A5d1.** \_\_\_\_\_

**A5d2. About what percent of total revenue was provided by this source?**

---

**A5f. Has the center experienced a major change in the primary revenue source in the past two years? This includes both changes in the composition of revenue sources and the total amount of revenue.**

0  No

1  Yes (WRITE IN MAJOR CHANGES)

---

## B. STAFFING STRUCTURE

Now, we would like information on all staff located within the center's physical location, by job title and role. This information will help us understand how the center's staffing structure might affect the services provided to children and their families and operating costs.

**B1a.** Please list each type of staff position, by job title, that you currently have working at your center in this location. We are interested in the positions that work with or support activities for children ages 0-5 excluding staff who focus only on kindergarten, school-aged child care, or summer camps for older children, for example.

**B1b.** What are the responsibilities of this position? SELECT ALL THAT APPLY PER ROLE, AND WRITE IN BRIEF DESCRIPTION IF A ROLE IS NOT CLEAR FROM THE JOB TITLE AND RESPONSIBILITIES SELECTED. (FOR EXAMPLE, "COACH" IS GIVEN AS JOB TITLE, AND IS SOMEONE WHO PROVIDES SPECIAL SERVICES; DETAIL ABOUT THE SERVICES IS NECESSARY, SUCH AS "COACHES ON PRACTICES RELATED TO MENTAL HEALTH AND SCHOOL READINESS.")

**PROBES:** Administration over center operations includes overall oversight and management over the day to day operations of the program and planning and managing staff and resources to provide early care and education. Management over distinct functions should be noted in other administration roles.

Other administration roles include management, oversight, or supervisory responsibilities that are specific to certain aspects of the center's operations such as financial management, family services, human resources, marketing and enrollment, or information technology.

Administration over educational program includes managing the aspects of the center that specifically focus on child development, curriculum development, and instructional planning.

Operations support includes responsibilities related to food, transportation, maintenance, laundry, and others that support the center's infrastructure.

Special services includes:

- Specialized services to children (such as health screening, therapeutic services, mental health services; any non-academic or non-instructional services provided to children).
- Support services for families (that occur outside of instruction and caregiving, such as social services, adult education programs, or home visiting).

**INTERVIEWER:** IN SECTION B, IN COMPLETING THE GRID IN SECTION B, ONLY CHECK THE BOX FOR "DIRECT SUPERVISION OF TEACHERS" FOR A LEAD TEACHER IF THEY FORMALLY SUPERVISE OTHER TEACHING STAFF OUTSIDE OF THEIR OWN CLASSROOM; LEAD TEACHERS OFTEN OVERSEE THE WORK OF ANOTHER TEACHER OR ASSISTANT TEACHER IN THEIR CLASSROOM. WE WANT TO CAPTURE IN THIS GRID SUPERVISORY ROLES BEYOND THEIR OWN CLASSROOM.



	B1b. SELECT ALL THAT APPLY PER ROW							B1c. DESCRIPTION OF POSITION (IF NECESSARY)	
	B1 a.	A	B	B2	C	D	E		F
JOB TITLE	# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES	
						4 <input type="checkbox"/> YES , BUT NOT LEA D TEA CHE R 5 <input type="checkbox"/> LEA D TEA CHE R/T EAC HER			
		1	2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>		6 <input type="checkbox"/>	7 <input type="checkbox"/>	
		1	2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> YES , BUT NOT LEA D TEA CHE R 5 <input type="checkbox"/> LEA D TEA CHE R/T EAC HER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
		1	2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> YES ,	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

JOB TITLE	B1b. SELECT ALL THAT APPLY PER ROW								B1c. DESCRIPTION OF POSITION (IF NECESSARY)
	B1								
	a.	A	B	B2	C	D	E	F	
# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES		
					BUT NOT LEAD TEACHER 5 <input type="checkbox"/>				
					LEAD TEACHER 4 <input type="checkbox"/>				
					YES , BUT NOT LEAD TEACHER 5 <input type="checkbox"/>				
				2 a	3		6	7	
	1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	1	<input type="checkbox"/>	2	2 a	3	4	6	7	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					BUT NOT LEAD TEACHER				

JOB TITLE	B1b. SELECT ALL THAT APPLY PER ROW								B1c. DESCRIPTION OF POSITION (IF NECESSARY)
	B1								
	a. # OF STAFF IN POSITION	A ADMIN OVER CENTER	B ADMIN OVER ED PROGRAM	B2 OTHER ADMIN (SPECIFY IN B1c.)	C DIRECT SUPERVISION OF TEACHERS	D TEACHER IN CLASSROOM (0-5)	E PROVIDE OPERATIONS SUPPORT	F PROVIDE SPECIAL SERVICES	
						R 5  <input type="checkbox"/> LEA D TEA CHE R/T EAC HER			
						4  <input type="checkbox"/> YES , BUT NOT LEA D TEA CHE R 5  <input type="checkbox"/> LEA D TEA CHE R/T EAC HER			
		1	2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>	4 EAC HER	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
		1	2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>	4 YES , BUT NOT LEA D TEA CHE R 5  <input type="checkbox"/> LEA D TEA CHE	6 <input type="checkbox"/>	7 <input type="checkbox"/>	

JOB TITLE	B1b. SELECT ALL THAT APPLY PER ROW								B1c. DESCRIPTION OF POSITION (IF NECESSARY)
	B1								
	a.	A	B	B2	C	D	E	F	
# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES		
					R/T EAC HER 4 <input type="checkbox"/>				
					YES , BUT NOT LEA D TEA CHE R 5 <input type="checkbox"/>				
				2 a	3		6	7	
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R/T EAC HER 4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
					YES , BUT NOT LEA D TEA CHE R 5 <input type="checkbox"/>				
				2 a	3		6	7	
	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R/T EAC HER 4 <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
				2 a	3	4	6	7	
	1	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	

JOB TITLE	B1b. SELECT ALL THAT APPLY PER ROW								B1c. DESCRIPTION OF POSITION (IF NECESSARY)
	B1								
	a.	A	B	B2	C	D	E	F	
# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES		
				<input type="checkbox"/>	<input type="checkbox"/>	BUT NOT LEAD TEACHER 5 <input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	LEAD TEACHER/R/T EACH 4 <input type="checkbox"/>	<input type="checkbox"/>		
						YES BUT NOT LEAD TEACHER 5 <input type="checkbox"/>			
				2 a <input type="checkbox"/>	3 <input type="checkbox"/>	LEAD TEACHER/R/T EACH 4 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
	1		2 <input type="checkbox"/>	2 a <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	
	1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YES BUT NOT LEAD TEACHER <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	B1b. SELECT ALL THAT APPLY PER ROW								B1c. DESCRIPTION OF POSITION (IF NECESSARY)
	a.	A	B	B2	C	D	E	F	
JOB TITLE	# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES	
						R 5  <input type="checkbox"/> LEA D TEA CHE R/T EAC HER 4  <input type="checkbox"/> YES , BUT NOT LEA D TEA CHE R 5  <input type="checkbox"/> LEA D TEA CHE R/T EAC HER 4  <input type="checkbox"/> LEA D TEA CHE R 5  <input type="checkbox"/> LEA D TEA CHE R 5  <input type="checkbox"/> LEA D TEA CHE R/T			
				2 a	3		6	7	
		1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		1	<input type="checkbox"/>	2	3	4	6	7	
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>			
						<input type="checkbox"/>			

	B1b. SELECT ALL THAT APPLY PER ROW								B1c.
	a.	A	B	B2	C	D	E	F	
JOB TITLE	# OF STAFF IN POSITION	ADMIN OVER CENTER	ADMIN OVER ED PROGRAM	OTHER ADMIN (SPECIFY IN B1c.)	DIRECT SUPERVISION OF TEACHERS	TEACHER IN CLASSROOM (0-5)	PROVIDE OPERATIONS SUPPORT	PROVIDE SPECIAL SERVICES	DESCRIPTION OF POSITION (IF NECESSARY)
						EAC HER			

INTERVIEWER: USE THE FOLLOWING QUESTIONS TO CHECK THAT ALL POSITIONS ARE LISTED IF THEY ARE NOT SPECIFICALLY MENTIONED IN THE DISCUSSION. ASK THE SPECIFIC QUESTIONS (A – C) AS NEEDED TO COMPLETE THE DETAILS IN THE TABLE AND MARK THE APPROPRIATE RESPONSES BELOW TO CONFIRM ALL POSITIONS ARE COVERED. NOTE THAT THESE QUESTIONS ARE FOR STAFF LOCATED WITHIN THE CENTER'S PHYSICAL LOCATION.

**B1d.** Does your center have a dedicated position(s) in charge of the educational program (or curriculum) that is a distinct position from the center director?

1

Yes

0  No

If yes, what is the job title of this position? [Ask questions B1a-C.]

**B1e.** Does your center have a finance manager or a person in charge of maintaining the financial records?

1

Yes

0  No

If yes, what is the job title of this position? [Ask questions a-c.]

**B1f.** Does your center have administrative staff who hold positions that focus on or support the management or operations of the center but who do not have classroom responsibilities on a regular basis?

1  Yes

0  No

If yes, what are the job titles of these positions? [Ask questions a-c.]

**B1g.** Does your center have other professional staff or specialists who provide or connect children and their families with services outside of the classroom (such as to assist with nutrition, health, mental health, or support services)?

1

Yes

0  No

If yes, what is the job title of these positions? [Ask questions a-c.]

**B1h.** Does your center have any other staff not yet listed who do not work directly with children such as, Operations support staff and anyone else on your center's payroll?

1

Yes

0  No

If yes, what are the job titles of these positions? [Ask questions a-c.]



INTERVIEWER: ASK THE FOLLOWING QUESTIONS AFTER COMPLETING THE STAFFING STRUCTURE TABLE.

**B1i. Who is responsible for oversight of all that happens in the center on a daily basis? When thinking about who holds the responsibility for oversight of all that happens in the center on a daily basis, does your center have one person in the building or is this responsibility held by someone who is in another location?**

**SELECT ONE**

- 1  One person in the building
- 2  More than one person in the building. WRITE IN TOTAL NUMBER
- 3  Someone in another location

**B1j. Who is involved in managing your center's finances? In other words, who is involved in the ongoing work of managing finances and accounting activities such as monitoring revenues and expenditures?**

**SELECT ALL THAT APPLY**

- 1  I am (as center director)
- 2  Other administrative or managerial staff of this center
- 3  An outside contractor or consultant
- 4  Directors or managers at the larger organization we are a part of
- 99  Other (*specify*) \_\_\_\_\_

DIRECTIONS FOR COMPLETING THE STAFFING STRUCTURE PART 2:

INTERVIEWER: CONFIRM THE NUMBERS OF STAFF (IN THE CENTER'S PHYSICAL LOCATION) WHO ARE PRIMARILY LEAD TEACHERS/TEACHERS OR ASSISTANT TEACHER/AIDE/TEACHING ASSISTANT FOR CHILDREN AGES 0-5.

**LEAD TEACHER / TEACHER**

**B2a. Please confirm the number of lead teachers/teachers who work with children ages 0-5. WRITE IN TOTAL NUMBER**

**PROBE: A person who is regularly in charge of a group or classroom of children. Includes co-teachers.**

**B2a.1. Please confirm the job title for these lead teachers/teachers.**

---

**B2a.2. Now, I would like to know the number of [lead teachers/teachers] working with each age group of children in the classroom.**

INTERVIEWER:

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 0 TO <18MONTHS, CONSIDER THAT AN INFANT ROOM.

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 18 TO <36 MONTHS, CONSIDER THAT A TODDLER ROOM.

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 36 MONTHS AND OLDER, CONSIDER THAT A PRESCHOOL ROOM.

**How many [lead teachers/teachers] work in classrooms with infants (up to 18 months)?**

1. \_\_\_\_\_

**How many work in toddler classrooms (children ages 18 to <36 months)?**

2. \_\_\_\_\_

**How many in preschool classrooms (children ages 3 – 5)?**

3. \_\_\_\_\_

**ASSISTANT TEACHERS**

**B2b.** Please confirm the number of assistant teachers/aides/teaching assistants who work with children ages 0-5. WRITE IN TOTAL NUMBER OR MARK NONE

**PROBE:** A person who is regularly assigned to a particular room who works under the supervision of a lead teacher/teacher; may or may not lead certain activities (such as art projects or story time) but does not have sole responsibility for the classroom.

NONE GO TO B2c

**B2b.1.** Please confirm the job title for these assistant teachers/aides/teaching assistants.

---

**B2b.2.** Now, I would like to know the number of [assistant teachers/aides/teaching assistants] working with each age group of children in the classroom.

INTERVIEWER:

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 0 TO <18MONTHS, CONSIDER THAT AN INFANT ROOM.

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 18 TO <36 MONTHS, CONSIDER THAT A TODDLER ROOM.

IF THE MAJORITY OF THE CHILDREN IN A CLASSROOM ARE 36 MONTHS AND OLDER, CONSIDER THAT A PRESCHOOL ROOM.

**How many [assistant teachers/aides/teaching assistants] work in classrooms with infants (up to 18 months)?**

B2b.2a. \_\_\_\_\_

**How many work in toddler classrooms (children ages 18 to <36 months)?**

B2b.2b. \_\_\_\_\_

**How many in preschool classrooms (children ages 3 – 5)?**

B2b.2c. \_\_\_\_\_

**FLOATERS / SUBSTITUTES.**

**B2c.** How many floaters / substitutes who work with children ages 0-5 do you have in the center? WRITE IN TOTAL NUMBER OR MARK NONE

**PROBE:** A person who is not regularly assigned to a particular room and who fills in different positions as necessary to help meet teacher/child ratios.

NONE GO TO B3

**B2c.1.** What is the job title for this position?

---

TYPICALLY FOR CENTERS EMBEDDED WITHIN LARGER ORGANIZATIONS BUT SHOULD ALSO CAPTURE CONTRACTED SERVICES HERE FOR ALL CENTERS, NOT JUST THOSE EMBEDDED IN LARGER ORGANIZATIONS

**B3. Are there staff that support the operations or services of your center but who do not work within the center's physical location? If yes, what types of support or services do they provide?**

	SELECT ONE PER ROW		WRITE IN SPECIFIC JOB TITLES OR PROGRAM UNITS
	YES	NO	
<b>EDUCATIONAL, CHILD AND FAMILY SERVICES</b>			
a. Educational program or curriculum development and support (that occurs as part of instructional planning).	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
b. Academic or instructional related screening, diagnostic, and assessment services (such as developmental screening to identify children's special needs, or readiness assessments to develop children's learning needs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
c. Specialized services to children (such as health screening, therapeutic services, mental health services; any non-academic or non-instructional services provided to children)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
d. Support services for families (that occur outside of instruction and caregiving, such as social services, adult education programs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
<b>ADMINISTRATION AND MANAGEMENT</b>			
e. General management	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
f. Human resources	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
g. Financial management	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
h. Marketing and enrollment	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
i. Information and technology services	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
<b>OPERATIONS SUPPORT</b>			
j. Food	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
k. Transportation	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
l. Maintenance	1 <input type="checkbox"/>	0 <input type="checkbox"/>	
m. Other ( <i>Specify</i> )	1 <input type="checkbox"/>	0 <input type="checkbox"/>	

### C. CLASSROOM INFORMATION

Next are some detailed questions about each of the classrooms in your center. Please answer the questions in the following columns as they pertain to each classroom listed.

C1. Classroom names	C2. How old is the youngest child?		C3. How old is the oldest child?		C4. What is the staff-child ratio for this classroom?	C5. What is the group size for this classroom?
	YEARS	MONTHS	YEARS	MONTHS		
1. _____	_ _	_ _	_ _	_ _	_ : _	_ _
2. _____	_ _	_ _	_ _	_ _	_ : _	_ _
3. _____	_ _	_ _	_ _	_ _	_ : _	_ _
4. _____	_ _	_ _	_ _	_ _	_ : _	_ _
5. _____	_ _	_ _	_ _	_ _	_ : _	_ _
6. _____	_ _	_ _	_ _	_ _	_ : _	_ _
7. _____	_ _	_ _	_ _	_ _	_ : _	_ _
8. _____	_ _	_ _	_ _	_ _	_ : _	_ _
9. _____	_ _	_ _	_ _	_ _	_ : _	_ _
10. _____	_ _	_ _	_ _	_ _	_ : _	_ _
11. _____	_ _	_ _	_ _	_ _	_ : _	_ _
12. _____	_ _	_ _	_ _	_ _	_ : _	_ _

We are interested in learning about the funding that supports each of the classrooms in your center. We understand that the composition of children or teachers in each classroom may change throughout the day. Please answer the funding questions when considering the children that are in each classroom for the majority of the day.

Classroom names	C6. Does this classroom include children who are supported by the following funding sources (Select all that apply):					
	EHS/HS	Publicly funded preschool or prekindergarten	Child care subsidies	Other public funding	Private tuition (paid by families)	Other private funding (such as grants)
1. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
2. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
3. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
4. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
5. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
6. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
7. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
8. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
9. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
12. _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

**C7. For your children ages 3 through 5, not in kindergarten, are you required to or do you choose to meet performance standards or other program guidelines, such as group sizes, ratios, teacher qualifications, or curriculum use beyond licensing standards?**

**SELECT ONE**

1  Yes

0  No GO TO D2

**C8. What are the standards, requirements or other program guidelines that you are required to or choose to meet for children ages 3 through 5 beyond licensing standards?**

**SELECT ALL THAT APPLY**

1  Standards or requirements set by my larger organization

2  Quality rating and improvement system standards

3  Requirements to meet or maintain accreditation (such as by the National Association for the Education of Young Children or another state or national accrediting body)

4  Head Start program performance standards

5  Program requirements associated with other publicly funded preschool or prekindergarten programs (such as your state's preK program)

6  Program requirements associated with private funding sources or with a network or early childhood model (such as Educare, Montessori, or Waldorf)

7  Internal standards or policies set by my center

99  Other (*specify*) \_\_\_\_\_

FOR CENTERS WHO ARE REQUIRED TO MEET OTHER STANDARDS OR GUIDELINES:

**C9. How do you comply with program performance standards or program requirements associated with other funding sources, such as Head Start, preschool, or prekindergarten programs?**

**SELECT ONE**

NA  Not required to meet these standards or guidelines (C8≠4 or 5)

1  Comply only for the children to whom each standard applies

2  Comply for the classrooms with any children to whom each standard applies

3  Comply for all classrooms in that age group

4  Comply throughout the center

## D. CHILD CHARACTERISTICS

**D2. About what percent of children ages 0-5 enrolled in your center have an IEP/IFSP?**

INTERVIEWER (define as needed): **An IEP is an Individualized Education Program for children with disabilities who receive special education services provided by the school system. An IFSP is an individualized Family Services Plan for children with disabilities and their families who receive early intervention services, usually used for birth to 3 year old children, but sometimes they extend these to 5 year olds.**

|\_|\_|\_| PERCENT

**D1. About what percent of children ages 0-5 with special needs does your center serve?**

INTERVIEWER (clarify as needed): **We are asking about “special needs” broadly, including children with a diagnosis as well as children who have physical, social-emotional, behavioral, or cognitive needs that require additional support.**

|\_|\_|\_| PERCENT

**D3. About what percent of children ages 0-5 enrolled in your center speak or are learning to speak a language other than English at home?**

|\_|\_|\_| PERCENT



## E. INSTRUCTIONAL PLANNING

Instructional planning, coordination, and child assessment includes activities to collect and analyze information to inform services for individual children. This might also include activities such as sharing information with parents.

The first section of questions is focused on instructional planning and tools and resources the center uses to support instructional planning.

INTERVIEWER: FOR CENTERS WITH INFANTS/TODDLERS ASK THE FOLLOWING (BEGINNING WITH E2a.1), IF NO INFANTS/TODDLERS SKIP TO E2a.2

**E2a.1** If your center uses curriculum or curricula, how many curricula do you use with infants and toddlers?

SELECT ONE

- NA  NO INFANTS/TODDLERS– GO TO E2a.2
- 0  No curriculum
- 1  1 curriculum
- 2  2 curricula
- 3  3 curricula
- 4  4 or more curricula`

**E2\_1.** What is the main type of curriculum used with infants and toddlers?

PROBE/DEFINE: By “main” I mean the one curriculum that you spend the most time using in classrooms.

SELECT ONE

- NA  No infants/toddlers– GO TO E2a.2
- 0  No curriculum (E2a.1=0; GO TO E2a.2)
- 1  Center developed
- 2  Commercial (write in curriculum)
- 3  State or federal developed (write in curriculum)

**E3\_1.** How long has the main curriculum been used with infants and toddlers?

INTERVIEWER: IF THE MAIN CURRICULUM HAS BEEN USED WITH INFANTS AND TODDLERS FOR MORE THAN 2 YEARS AND LESS THAN 2.5 YEARS, ROUND DOWN TO 2 YEARS. IF THE MAIN CURRICULUM HAS BEEN USED WITH INFANTS AND TODDLERS FOR 2.5 YEARS OR MORE AND LESS THAN 3 YEARS, ROUND UP TO 3 YEARS.

SELECT ONE

- NA  No infants/toddlers– GO TO E2a.2
- 0  No curriculum (E2a.1=0; GO TO E2a.2)
- 1  0-2 Years
- 2  3-5 Years
- 3  More than 5 Years



**E2a.2 (new item). How many curricula do you use with preschoolers?**

**SELECT ONE**

- NA  No preschoolers– GO TO F2
- 0  No curriculum – GO TO F2
- 1  1 curriculum
- 2  2 curricula
- 3  3 curricula
- 4  4 or more curricula

**E2\_2. What is the main type of curriculum used with preschoolers?**

**PROBE/DEFINE:** By “main” I mean the one curriculum that you spend the most time using in classrooms.

**SELECT ONE**

- NA  No preschoolers– GO TO F2
- 0  No curriculum (E2a.2=0; GO TO F2)
- 1  Center developed
- 2  Commercial (write in curriculum)  
\_\_\_\_\_
- 3  State or federal developed (write in curriculum)  
\_\_\_\_\_

**E3\_2. How long has the main curriculum been used with preschoolers?**

**INTERVIEWER:** IF THE MAIN CURRICULUM HAS BEEN USED WITH PRESCHOOLERS FOR MORE THAN 2 YEARS AND LESS THAN 2.5 YEARS, ROUND DOWN TO 2 YEARS. IF THE MAIN CURRICULUM HAS BEEN USED WITH PRESCHOOLERS FOR 2.5 YEARS OR MORE AND LESS THAN 3 YEARS, ROUND UP TO 3 YEARS.

**SELECT ONE**

- NA  No preschoolers– GO TO F2
- 0  No curriculum (E2a.2=0; GO TO F2)
- 1  0-2 Years
- 2  3-5 Years
- 3  More than 5 Years

## F. CURRICULUM TRAINING

### F2. How are center directors or program administrators trained on the main curriculum?

**SELECT ALL THAT APPLY**

- NA  No curriculum (E2a.1 AND E2a.2 = 0 or NA; GO TO G2)
- 0  No training is provided (GO TO G2)
- 1  Online
- 2  In-person by program director, education specialist, center director, or other internal staff
- 3  In-person by curriculum developer or external certified trainer
- 99  Other (*specify*) \_\_\_\_\_

### F4a. How are teaching staff such as lead teacher(s)/teacher(s), assistant teacher(s)/aide(s)/teaching assistant(s), and floater(s)/substitute(s) trained on the main curriculum initially?

**SELECT ALL THAT APPLY**

- NA  No curriculum (E2a.1 AND E2a.2 = 0 or NA; GO TO G2)
- 0  No initial training is provided (F2=0)
- 1  On own (e.g., online or a curriculum book [written materials] are provided and teaching staff are expected to review)
- 2  By program director, education specialist, or center director during staff meetings
- 3  In-person by setting staff (by program director, education specialist, or center director through one-on-one training or in sessions dedicated to curriculum e.g., during PD days or in-service training time)
- 4  In-person by curriculum developer or external certified trainer
- 99  Other (*Specify*) \_\_\_\_\_

### F4b. How are teaching staff such as lead teacher(s)/teacher(s), assistant teacher(s)/aide(s)/teaching assistant(s), and floater(s)/substitute(s) trained on the main curriculum on an ongoing basis?

**SELECT ALL THAT APPLY**

- NA  No curriculum (E2a.1 AND E2a.2 = 0 or NA; GO TO G2)
- 0  No ongoing training is provided (F2=0; GOT TO G2)
- 1  On own (e.g., online or a curriculum book [written materials] are provided and teaching staff are expected to review)
- 2  By program director, education specialist, or center director during staff meetings
- 3  In-person by setting staff (by program director, education specialist, or center director through one-on-one training or in sessions dedicated to curriculum e.g., during PD days or in-service training time)
- 4  In-person by curriculum developer or external certified trainer
- 99  Other (*Specify*) \_\_\_\_\_

**F6. How often are teaching staff trained on the main curriculum?**

**SELECT ALL THAT APPLY**

- NA  No curriculum (E2a.1 AND E2a.2 = 0 or NA; GO TO G2)
- 0  No training is provided (F2=0; GOT TO G2)
- 1  Initially upon curriculum adoption or during new staff orientation
- 2  Just occasionally (once a year or as needed)
- 3  Regular training updates (monthly or quarterly)

## G. INSTRUCTIONAL COORDINATION

**G2. How much paid planning time do teaching staff have, during which they have no responsibility for child supervision? This does not include nap time.**

INTERVIEWER: ONLY CODE TIME WHEN THE TEACHING STAFF ARE FREE FROM CHILD CARE RESPONSIBILITIES. PLANNING IN THE CLASSROOM DURING NAP TIME IS NOT COUNTED HERE. CHOOSE THE RESPONSE THAT MOST CLOSELY MATCHES THE SETTINGS APPROACH.

**SELECT ONE**

- NA  No paid planning time or coverage (Go to H1)
- 1  1 hour a month or less
- 2  2-4 hours a month
- 3  5-8 hours a month
- 4  More than 8 hours a month
- 99  Other (*specify*) \_\_\_\_\_

## H. SCREENING TO DETERMINE FURTHER ASSESSMENT NEEDS

**H1. Does the center screen or diagnose children to determine whether they need further assessment or services?**

**PROBE:** By screen or diagnose, we mean do you have a procedure or tool that you use to determine if any children need further assessment or a referral for further evaluation. This includes screening such as developmental screening, screening for English Language Learner (ELL) needs, or for trouble seeing or hearing.

**INTERVIEWER:** IF THE CENTER SCREENS CHILDREN ON-SITE TO DETERMINE IF FURTHER ASSESSMENT OR SERVICES ARE NEEDED, WRITE IN THE NAME(S) OF THE TOOL(S) AND MARK THE SOURCE OF SCREENING (CENTER-DEVELOPED OR COMMERCIAL).

**SELECT ONE**

- 0  No screening GO TO J1
- 1  Yes. Screen on site either by center staff, staff of the larger organization with which the center is affiliated, or staff of another entity/organization (WRITE IN NAME OF MAIN SCREENING TOOL USED)

**PROBE/DEFINE:** By “main” I mean the one screening tool that you use most frequently.

**MAIN SCREENING/DIAGNOSTIC TOOL**

<p style="text-align: center;"><b>H1a.</b> Is the screening/diagnostic tool center-developed or commercial? <i>Select one</i></p> <p>NA <input type="checkbox"/> No screening (H1=0)</p> <p>1 <input type="checkbox"/> Center</p> <p>2 <input type="checkbox"/> Commercial, including off-the-shelf or contractor-developed</p> <p>DK <input type="checkbox"/> Don't Know</p>	<p style="text-align: center;"><b>H3.</b> How long has the screening/diagnostic tool been used in the center? <i>Select one</i></p> <p>NA <input type="checkbox"/> No screening (H1=0)</p> <p>1 <input type="checkbox"/> 0-2 years</p> <p>2 <input type="checkbox"/> 3-5 years</p> <p>3 <input type="checkbox"/> More than 5 years</p> <p>DK <input type="checkbox"/> Don't Know</p>	<p style="text-align: center;"><b>H6.</b> Do you conduct developmental assessments if a child screens positive for a possible delay, or do you make a referral for further assessment? <i>Select one</i></p> <p>NA <input type="checkbox"/> No screening (H1=0)</p> <p>0 <input type="checkbox"/> Nothing further is pursued</p> <p>1 <input type="checkbox"/> Yes, used for further developmental assessment (typically through referral)</p> <p>DK <input type="checkbox"/> Don't know</p>
---	--	--

## **J. FORMATIVE AND SUMMATIVE CHILD ASSESSMENT**

INTERVIEWER: THESE QUESTIONS ARE ABOUT FORMATIVE ASSESSMENT OF CHILDREN TO INFORM INSTRUCTION DURING CLASSROOM ACTIVITIES. THERE MAY BE MORE THAN ONE TOOL USED.

**J1. Does the center measure development and learning of children during classroom activities on an ongoing basis?**

**PROBE:** By measure development and learning, we mean do you have a tool or procedure that you use to monitor children's progress and to assess their learning needs on a regular basis. These assessments tend to provide more qualitative feedback and are often used by educators to guide teaching or differentiate instruction. Sometimes these assessments are called formative or classroom assessments or progress monitoring tools.

**SELECT ONE**

- 0  No, the center does not measure development and learning of children during classroom activities GO TO J7
- 1  Yes. The center measures development and learning of children during classroom activities  
WRITE IN THE NAME OF MAIN TOOL USED

**PROBE/DEFINE:** By "main" I mean the one ongoing or formative assessment that you spend the most time using.



For the next items, please think of the main ongoing or formative assessment tool that is used at your setting.

**FORMATIVE ASSESSMENT TOOL**

<p><b>J1a.</b> Is the measurement tool center developed or commercial? <i>Select one</i></p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)_</p> <p>1 <input type="checkbox"/> Center</p> <p>2 <input type="checkbox"/> Commercial</p>	<p><b>J3.</b> How long has the measurement tool been used? <i>Select one</i></p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)</p> <p>1 <input type="checkbox"/> 0-2 years</p> <p>2 <input type="checkbox"/> 3-5 years</p> <p>3 <input type="checkbox"/> More than 5 years</p>	<p><b>J4.</b> How was the measurement tool selected? <i>Select all that apply</i></p> <p>INTERVIEWER: IF THE ANSWER IS "FROM A LIST" PROBE TO UNDERSTAND IF THE LIST IS EVIDENCE BASED (4) OR NOT (3).</p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)</p> <p>1 <input type="checkbox"/> Based on ease of use/ experience with tool / cost</p> <p>2 <input type="checkbox"/> Based on a requirement, (e.g. a licensing requirement)</p> <p>3 <input type="checkbox"/> Based on connection to curriculum, the needs of the child, or conventional best practice (no evidence)</p> <p>4 <input type="checkbox"/> Based on evidence of effectiveness (evidence based practice)</p> <p>99 <input type="checkbox"/> Other (<i>Specify</i>)</p> <p>_____</p>	<p><b>J5a.</b> How do teachers use measurement information on development and learning to guide instruction? <i>Select all that apply</i></p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)</p> <p>0 <input type="checkbox"/> Do not use</p> <p>1 <input type="checkbox"/> For whole class instruction</p> <p>2 <input type="checkbox"/> For small group instruction</p> <p>3 <input type="checkbox"/> For individual instruction</p> <p>99 <input type="checkbox"/> Other (<i>Specify</i>)</p> <p>_____</p>	<p><b>J5b.</b> Do teachers have supports for interpreting and planning how to use the information (such as coaching, peer collaboration, or systems that track children's responses to learning opportunities) <i>Select one</i></p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)</p> <p>0 <input type="checkbox"/> No supports</p> <p>1 <input type="checkbox"/> Yes, supports</p>	<p><b>J6.</b> How does the center track the child's instructional assessments? <i>Select one</i></p> <p>NA <input type="checkbox"/> No formative assessment (J1=0)</p> <p>0 <input type="checkbox"/> Not tracked</p> <p>1 <input type="checkbox"/> Paper based system</p> <p>2 <input type="checkbox"/> Electronic tracking system</p>
---	--	--	--	--	--

INTERVIEWER: THESE NEXT QUESTIONS ARE ABOUT SUMMATIVE ASSESSMENT.

**J7. Does the center use a measure to summarize development or achievement in relation to standards, benchmarks or milestones?**

**PROBE:** By summarize development , we mean do you use a tool or procedure to evaluate child's achievement or developmental level at a few time points in the year, such as winter and spring. Summative assessments may be administered at the end of an instructional unit and/or compare child's performance against relevant standards or benchmarks. Summative assessments are often used to inform parents about their child or to evaluate curriculum and program needs.

**SELECT ONE**

- 0  No, the center does not measure or summarize development GO TO L1a.b.
- 1  Yes. The center measures and summarizes development WRITE IN THE NAME OF MAIN TOOL USED

**PROBE/DEFINE:** By "main" I mean the one summative assessment that you use to capture your primary program goals for children.

## L. CHILD ASSESSMENT FOR PROVIDING INFORMATION TO FAMILIES

The next questions are about how the center provides information to parents on instructional and developmental assessments.

INTERVIEWER: FOR L1a.b-L5a: ROUND DOWN TO THE NEAREST RESPONSE CATEGORY IF NEEDED. FOR EXAMPLE, IF THE CENTER HOLDS PARENT-TEACHER CONFERENCES 3 TIMES PER YEAR, SELECT TWICE A YEAR.

**L1a.b. How often does the center formally provide descriptive information to parents of preschoolers, such as what the child is able to do based on instructional or developmental assessments?**

**SELECT ONE**

- NA  No assessment (**H1, J1, and J7 = 0**)
- 0  No formal reporting to parents
- 1  Less than monthly
- 2  At least monthly
- 3  Weekly

**L4.a.b. How often does the center formally provide information to parents of preschoolers on how their child compares to typical developmental milestones or national norms based on instructional or developmental assessments?**

**SELECT ONE**

- NA  No assessment (**H1, J1, and J7 = 0**)
- 0  No formal reporting to parents
- 1  Once a year
- 2  Twice a year
- 3  More than twice a year

**L5a. If the center schedules parent-teacher conferences, how frequent are the conferences usually scheduled?**

**SELECT ONE**

- 0  No parent-teacher conferences
- 1  Once a year
- 2  Twice a year
- 3  Quarterly
- 4  Monthly

**L5b. How long are these conferences usually scheduled to last?**

**SELECT ONE**

- 1  Less than 30 minutes
- 2  30 minutes or more

**L6. Have the ways in which the center provides information to parents about their child's learning and development changed because of the COVID-19 pandemic?**

**SELECT ALL THAT APPLY**

- NA  Communication with parents has not changed

**Changes in engagement or interaction with parents**

- 1  Less formal reporting to parents about their children's learning and development
- 2  Fewer parent-teacher conferences
- 3  Parent-teacher conferences take place virtually, such as over the phone or in a videoconference
- 99  Other (*specify*)

**L7. Does your center have off-site contact with children and families? If yes, what is the purpose of the off-site contact with children and families?**

**SELECT ALL THAT APPLY**

- NA  No off-site contact with children and families

**Changes in child and family services**

- 1  Maintain relationships with children and families
- 2  Providing support to parents
- 3  Providing instruction and engagement with children
- 99  Other (*specify*)

## M. CLASSROOM AND CENTER RESOURCES

The next section of questions is about aspects of the center that support instruction and caregiving. This includes classroom and center resources (space and physical set-up, and materials and equipment), and staffing – center resources that support teachers as they provide instruction, and may also have cost implications for the center.

INTERVIEWER: FOR M2-M1: IF THE CENTER MEETS LOWER TARGETS THAN THOSE SET BY LICENSING, WRITE IN THE STANDARDS THAT THEY FOLLOW (FOR EXAMPLE, ACCREDITATION, HEAD START, QRIS, PUBLICLY FUNDED PRESCHOOL OR PREKINDERGARTEN PROGRAMS). NOTE: THE “EXCEED TARGETS” CELL SHOULD ONLY BE CHECKED IF THE RESPONSE ABOVE IS CHECKED AND THE STANDARDS ARE SPECIFIED. IF AT LEAST HALF OF THE CLASSROOMS EXCEED TARGETS SET BY LICENSING OR OTHER STANDARDS, ROUND UP TO “EXCEEDS TARGETS”. IF LESS THAN HALF OF CLASSROOMS EXCEED TARGETS, ROUND DOWN TO “MEETS TARGETS.”

### ABILITY TO MEET TEACHER / CHILD RATIOS

**M2a. Does the center struggle to meet age-based teacher/child ratio targets set by licensing for:**

	CENTER DOES NOT SERVE CHILDREN IN THIS AGE GROUP	STRUGGLE TO MEET LICENSING REQUIREMENTS
a. infant classrooms?	NA <input type="checkbox"/> Not applicable	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes
b. toddlers classrooms?	NA <input type="checkbox"/> Not applicable	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes
c. preschool classrooms?	NA <input type="checkbox"/> Not applicable	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes

**M2. Does the center meet or exceed age-based teacher/child ratio targets set by licensing or other standards in all the ...**

**PROMPT: I am interested in whether your ratios meet licensing standards as well as other state, local, and professional standards.**

	CENTER DOES NOT SERVE CHILDREN IN THIS AGE GROUP	MEETS LICENSING REQUIREMENTS	EXCEEDS LICENSING REQUIREMENTS (more adults per child than licensing requires)	MEETS REQUIREMENTS SET BY OTHER STANDARDS (more adults per child than licensing requires) (WRITE IN THE CATEGORY OF STANDARDS)	EXCEEDS REQUIREMENTS SET BY OTHER STANDARDS (more adults per child) (WRITE IN THE CATEGORY OF STANDARDS)
a. infant classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

b. toddlers classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. preschool classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
				WRITE IN NAME OF STANDARDS MEET BEYOND LICENSING (IF APPLICABLE):	WRITE IN THE NAME OF STANDARDS EXCEEDED (IF APPLICABLE):
				_____	_____

**ABILITY TO MEET GROUP SIZE TARGETS**

**M1a. Does the center struggle to meet age based group size targets set by licensing for:**

	CENTER DOES NOT SERVE CHILDREN IN THIS AGE GROUP	STRUGGLE TO MEET LICENSING REQUIREMENTS
a. infant classrooms?	NA <input type="checkbox"/> Not applicable	1 <input type="checkbox"/>
b. toddlers classrooms?	NA <input type="checkbox"/> Not applicable	1 <input type="checkbox"/>
c. preschool classrooms?	NA <input type="checkbox"/> Not applicable	1 <input type="checkbox"/>

**M1. Does the center meet or exceed age based group size targets set by licensing or other standards in all the ...**

**PROMPT: I am interested in whether your group sizes meet licensing standards as well as other state, local, and professional standards.**

SELECT ONE RESPONSE PER ROW

	CENTER DOES NOT SERVE CHILDREN IN THIS AGE GROUP	MEETS LICENSING REQUIREMENTS	EXCEEDS LICENSING REQUIREMENTS (smaller group sizes)	MEETS REQUIREMENTS SET BY OTHER STANDARDS (smaller group sizes) (WRITE IN THE CATEGORY OF STANDARDS)	EXCEEDS TARGETS SET BY OTHER STANDARDS (smaller group sizes) (WRITE IN THE CATEGORY OF STANDARDS)
a. infant classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. toddlers classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. preschool classrooms?	NA <input type="checkbox"/> Not applicable	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
				WRITE IN NAME OF STANDARDS MEET BEYOND LICENSING (IF APPLICABLE):	WRITE IN THE NAME OF STANDARDS EXCEEDED (IF APPLICABLE):
				_____	_____

**MATERIALS AND EQUIPMENT**

**M3. Do the classrooms have adequate equipment to support caregiving? “Equipment” includes center supplies that do not need to be replaced each year, such as furniture, and are more expensive than “materials”, such as art supplies. This does not include personal protection equipment (PPE) or health and safety supplies.**

**SELECT ONE**

- 1  No. Need more equipment to support caregiving
- 2  Equipment is adequate but we could use more to support caregiving
- 3  Yes. We are well supplied and do not have equipment needs at this time.

**M4. Do the classrooms have adequate classroom materials to support instruction? “Materials” include portable items that support instruction. For example, books and toys as well as other materials that are generally replenished frequently, such as art supplies.**

**SELECT ONE**

- 1  No. Need more materials to support instruction.
- 2  Materials are adequate but we could use more materials to support instruction
- 3  Yes. We are well supplied and do not have materials needs at this time.

**M5. Does the center have an outdoor play area that is adequate in terms of equipment and space?**

**SELECT ONE**

- 0  No access to play area
- 1  Minimally adequate play area
- 2  Adequate play area
- 3  More than adequate play area

**M5.a Is the outdoor play area onsite?**

**SELECT ONE**

- 0  No. The outdoor play area is off site (for example, a park)
- 1  Yes, the outdoor play area is on site.

**M5.c Can children in the center currently use the outdoor play area?**

**SELECT ONE**

- 1  Yes, children can currently use the outdoor play area.
- 2  No, the outdoor play area is currently not accessible due to COVID-19 restrictions.
- 3  No, the outdoor play area is currently not accessible for reasons other than COVID-19 restrictions.

**M6. Does your center currently have facility acquisition, construction, or renovation needs? Please note only areas that you currently need to or are planning to address—not just things you would like to do.**

**SELECT ALL THAT APPLY**

- 1  Need to upgrade the space or make repairs to address health and safety concerns such as lead paint, mold, electrical upgrades, etc.
- 2  Need to upgrade the space or make repairs to meet health and safety requirements during the COVID-19 pandemic, such as adding plexiglass or expanding into new spaces to support social distancing
- 3  Need to improve the quality of the facilities such as having bathrooms adjacent to classrooms, making cubbies accessible, having child-sized sinks, counters, furnishings and fixtures
- 4  Need to improve the capacity of the facilities such as to improve group size targets, create more space to serve a waiting list for additional children, or to add or enlarge outdoor play area
- 5  No facility needs
- 99  Other (*Specify*) \_\_\_\_\_

**M7. Do the classrooms have adequate personal protection equipment (PPE) and hygiene supplies to support caregiving during the COVID-19 pandemic? “Personal protection equipment” includes masks, gloves, safety goggles and other equipment that is worn to minimize exposure to hazards and illness. Hygiene supplies include cleaning and disinfectant supplies, sanitizer, and soaps.**

**SELECT ONE**

- 1  No. Need more personal protection equipment or hygiene supplies to support caregiving.
- 2  Personal protection equipment and hygiene supplies are adequate but we could use more to support caregiving
- 3  Yes. We are well supplied and do not have personal protection equipment or hygiene supply needs at this time.

**M8. Have elements of classroom care and instruction changed as a result of the COVID-19 pandemic? If yes, what elements of classroom care and instruction have changed? How have these elements of classroom care and instruction changed?**

**SELECT ALL THAT APPLY**

- NA  No change to classroom care and instruction

**Aspects of classroom care and instruction**

- 1  Curriculum (WRITE IN HOW CURRICULUM HAS CHANGED)
- 2  Learning materials (WRITE IN HOW LEARNING MATERIALS HAVE CHANGED)
- 3  Child assessment (WRITE IN HOW CHILD ASSESSMENT HAS CHANGED)
- 99  Other (*specify*) (WRITE IN HOW OTHER ELEMENT OF CARE AND INSTRUCTION HAS CHANGED)

**M9. Does your center currently have special health practices in place? If so, when did your center first put these special health practices in place?**

	<b>SELECT ONE</b>	
Fill in for special health practice	Is special health practice in place?	If yes, write in the date when the center started this special health practice
1. Additional cleaning and sanitation	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:
2. Maintaining small group sizes for social distancing	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:
3. Reducing mixing of children across groups	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:
4. Limit parents' entry into program space	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:



5. Mask wearing by staff	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:
6. Health screening of children on arrival	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Yes	WRITE DATE:

## N. STAFFING

### CATEGORIES OF QUALIFICATIONS OF STAFF IN CLASSROOM AT THE CENTER.

The next questions are about the qualifications of Lead Teachers/Teachers at your setting

**N2a1. What is the most common educational degree completed among the lead teachers/teachers?**

**PROBE:** By "most common," I mean the highest education degree held by most of the teachers (the highest proportion of lead teachers/teachers).

**INTERVIEWER:** IF TWO CATEGORIES HAVE THE SAME PROPORTION OF STAFF, CODE THE HIGHEST CATEGORY. THIS SHOULD INCLUDE CO-TEACHERS, WHEN APPLICABLE.

**SELECT ONE**

- 1  High school degree
- 2  Associates degree
- 3  Bachelor's degree
- 4  Graduate or professional degree

**N2a2. What is the approximate proportion of lead teachers/teachers who have specialized course work from a college or university related to young children such as child development, special education, or elementary education?**

**SELECT ONE**

- 0  None
- 1  About a quarter
- 2  About half
- 3  About three quarters
- 4  All or close to all

**N2a2.1 What is the approximate proportion of lead teachers/teachers who have a Child Development Associate (CDA) certificate or other teaching certification?**

**SELECT ONE**

- 0  None
- 1  About a quarter
- 2  About half
- 3  About three quarters
- 4  All or close to all

**N4b. [new item] Does the educational level or qualifications for lead teachers/teachers vary by:**

**SELECT ALL THAT APPLY**

- 1  Age of children in classroom in which they teach
- 2  Program standards or requirements that apply to the classroom in which they teach (such as Head Start or publicly funded preschool or prekindergarten programs)
- 3  No variation based on the classrooms in which they teach
- 99  Other (*specify*) \_\_\_\_\_

The next questions are about the qualifications of assistant teachers, aides, and teaching assistants, but not floaters.

**N2b1. What is the most common educational degree completed among the assistant teachers, aides, and teaching assistants?**

**PROBE:** By “most common”, I mean the highest education degree held by most of the assistant teachers, aides, or teaching assistants.

**INTERVIEWER:** IF TWO CATEGORIES HAVE THE SAME PROPORTION OF STAFF, CODE THE HIGHEST CATEGORY

**SELECT ONE**

- 0  Less than a high school degree (a GED or less)
- 1  High school degree
- 2  Associates degree
- 3  Bachelor's degree
- 4  Graduate or professional degree

**N2b2 What is the approximate proportion of assistant teachers, aides, and teaching assistants who have some specialized course work from a college or university related to young children such as child development, special education or elementary education?**

**SELECT ONE**

- 0  None
- 1  About a quarter
- 2  About half
- 3  About three quarters
- 4  All or close to all

**N2b3. What is the approximate proportion of assistant teachers, aides, and teaching assistants who have a Child Development Associate (CDA) certificate or other teaching certification?**

**SELECT ONE**

- 0  None
- 1  About a quarter
- 2  About half
- 3  About three quarters
- 4  All or close to all

**For the next questions, please think about the qualifications of the main person who oversees the educational program at your setting (for example, this is often an educational/curriculum director or coordinator or the center director)**

INTERVIEWER: MARK WHICH POSITION IS THE MAIN PERSON WHO OVERSEES THE EDUCATIONAL PROGRAM

N2cd CHECK.

- 1  Educational/curriculum director/manager/coordinator
- 2  Center director
- 99  Other (*specify*)

**N2cd1. What is the highest educational degree completed by the person who oversees the educational program at your setting?**

**SELECT ONE**

- 1  High school degree
- 2  Associates degree
- 3  Bachelor's degree
- 4  Graduate or professional degree

**N2cd2. Does the person who oversees the educational program at your setting have specialized course work from a college or university related to young children such as child development, special education or elementary education?**

**SELECT ONE**

- 0  No
- 1  Yes

**N2cd3. [new item] Does the person who oversees the educational program at your setting have some form of certification from a college or university to teach young children or as a special education or an elementary school teacher?**

**SELECT ONE**

- 0  No
- 1  Yes

## O. BARRIERS AND FACILITATORS TO INSTRUCTION AND CAREGIVING

**O1.** Between August 2020 and March 2021, how many staff have left or been terminated? ENTER NUMBER FOR EACH CATEGORY OF STAFF.

**ENTER FOR ALL THAT APPLY**

- 0  None: No staff have left or been terminated
- 1  Lead teachers/Teachers (Enter number) \_\_\_\_\_
- 2  Assistant teachers, Aides, and Teaching Assistants (Enter number) \_\_\_\_\_  
INTERVIEWER: DO NOT INCLUDE FLOATERS IN THIS CATEGORY
- 3  Educational/curriculum director and/or coordinator (Enter number) \_\_\_\_\_
- 4  Center director/assistant director and/or teacher-director (Enter number) \_\_\_\_\_
- 5  Other Staff, including all administrative and operations staff (Enter number) \_\_\_\_\_

INTERVIEWER: INCLUDE FLOATERS IN THIS CATEGORY

**O1a.** Between August 2020 and March 2021, how much of a problem has turnover specifically among lead teachers/teachers been for your center in terms of maintaining consistency in center operations and the care of children?

- 0  Not much of a problem
- 1  Somewhat of a problem
- 2  A substantial problem

**O1b.** Between August 2020 and March 2021, how much of a problem has turnover specifically among assistant teachers/aides/teaching assistants been for your center in terms of maintaining consistency in center operations and the care of children?

- 0  Not much of a problem
- 1  Somewhat of a problem
- 2  A substantial problem

**O4a.** What are the main factors that influence job satisfaction for lead teachers/teachers at the center?

**PROBE:** Please consider what factors may influence lead teachers/teachers to stay at the center rather than looking for a position somewhere else.

**SELECT ALL THAT APPLY**

- 1  Culture of the center is appealing (e.g., teamwork, aligned beliefs)
- 2  Commitment to children and families
- 3  Opportunities for professional development
- 4  Employee benefits
- 5  Employee pay/compensation
- 6  Center policies and schedule (e.g., can enroll own children in the center, finish by early afternoon, have summers off)
- 99  Other (specify) \_\_\_\_\_

**O5. Do you provide any of the following benefits to your teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)?**

**SELECT ALL THAT APPLY**

- 0  No benefits provided
- 1  Reduced tuition at your program
- 2  Health insurance
- 3  Retirement program such as a retirement annuity 401(k) or 403(b) plan
- 4  Paid sick leave
- 5  Paid vacation time
- 99  Other (specify) \_\_\_\_\_

**O6. Do you make use of a salary scale for teaching staff that differentiates pay by an individual's education, training, or experience?**

- 0  No
- 1  Yes

Now, we have some questions about workforce development, which includes recruiting, hiring, training, coaching, supervising staff, and professional development.

## P. RECRUITING AND HIRING PROCESS

### P3. Who is involved in interviewing lead teacher/teacher candidates?

SELECT ALL THAT APPLY

- 1  Center leadership (such as center director, assistant director, and education coordinator)
- 2  Teaching staff at the center
- 3  Staff from larger organization (such as human resources)
- 4  Parents
- 5  Other staff at the setting such as a family support specialist
- 99  Other (*Specify*) \_\_\_\_\_

### P4a. What activities occur during the interview process for lead teacher/teacher candidates?

SELECT ALL THAT APPLY

- 0  No interview process activities identified
- 1  Discuss candidate's background, qualifications, skills
- 2  Discuss what quality education and care means with candidates and/or discuss candidate's motivation for working with children
- 3  Discuss the candidate's approach to teamwork and/or expectations for working in this setting
- 4  Discuss scenarios of classroom situations with candidates and/or have candidates observe a classroom or shadow a teacher
- 5  Have candidates prepare a lesson or age-appropriate activity for discussion during interview and/or for presentation in classroom
- 99  Other (*Specify*) \_\_\_\_\_

## R. SETTING PRIORITIES AND DETERMINING NEEDS FOR TRAINING AND PROFESSIONAL DEVELOPMENT

In this section, we have questions about professional development, which includes activities intended to improve teaching staff's competencies, credentials, certification, or general education. These questions are focused only on teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) who work with children in the classroom.

**R1. Does the center set priorities for training and professional development of teaching staff as a whole? If so, how does the center determine priorities for training and professional development of teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)?**

**SELECT ALL THAT APPLY**

- 0  No training, PD, priorities GO TO S2
- 1  Based on parent feedback or community needs
- 2  Based on staff needs identified through informal mechanisms, such as discussions, staff meetings
- 3  Based on staff needs identified through formal mechanisms, such as surveys, performance reviews, supervisory/coaching observation
- 4  Based on new initiatives or activities in the classroom (e.g. curricula)
- 5  Based on assessments to determine children's needs such as meeting the needs of children with disabilities or English language learners
- 6  Based on meeting requirements (WRITE IN REQUIREMENTS)  
\_\_\_\_\_
- 7  Based on scores on observational measures (e.g., CLASS, ERS) (WRITE IN MEASURES)  
\_\_\_\_\_
- 99  Other (*specify*) \_\_\_\_\_



**R2a. In thinking about the priorities for training and professional development of teaching staff in your center, do they include any of the following training or PD on the learning or developmental needs of children?**

INTERVIEWER: ONLY SELECT "NO CHILD-FOCUSED PRIORITIES" IF NO CATEGORIES ARE SELECTED.

**SELECT ALL THAT APPLY**

- NA  No training, PD, priorities (R1=0)
- 0  No child-focused priorities
- 1  Training on child development in one or more domain (for example, language, cognitive, physical, social emotional)
- 2  Training to meet the development needs of individual children through differentiation
- 3  Training on child assessments (such as Teaching Strategies Gold) or observing children's learning and development
- 4  Training on early learning standards
- 99  Other (*specify*) \_\_\_\_\_

**R2b. In thinking about the priorities for training and professional development of teaching staff in your center, do they include any of the following training or PD on classroom instruction, management, or observation, such as training or PD on a specific curriculum or a teaching method or approach?**

**SELECT ALL THAT APPLY**

- NA  No training, PD, priorities (R1=0)
- 0  No classroom/curriculum priorities
- 1  Training on curriculum or method/approach/pedagogy (for example, Reggio, Montessori, [or Pyramid Model])
- 2  Training in classroom management including social-emotional development approaches such as Conscious Discipline [and the Pyramid Model]
- 3  Training on classroom observations
- 4  Training specific to the classroom environment (e.g., arrangement and use of environment as management and teaching tools)
- 99  Other (*specify*) \_\_\_\_\_

**R2c. In thinking about the priorities for training and professional development of teaching staff in your center, do they include any of the following training or PD on other teaching staff competencies, such as training or PD on using data or communicating with families?**

**SELECT ALL THAT APPLY**

- NA  No training, PD, priorities (R1=0)
- 0  No competency related priorities
- 1  Cultural responsiveness training
- 2  Training on the use of data and data systems (e.g., connected to child assessment, child attendance patterns)
- 3  Training on parent communication and engagement
- 4  Training on family and community partnerships
- 5  Leadership/supervisory training
- 99  Other (*specify*) \_\_\_\_\_

**R2d. In thinking about the priorities for training and professional development of teaching staff in your center, do they include any of the following training or PD on center-level requirements or standards, such as training or PD around requirements or standards the center must meet?**

**SELECT ALL THAT APPLY**

- NA  No training, PD, priorities (R1=0)
- 0  No center-level priorities
- 1  Training to meet requirements (such as Head Start), or other standards (WRITE IN REQUIREMENTS)
- 2  Health and safety or other licensing requirements
- 99  Other (*Specify*) \_\_\_\_\_

**R4. Does the center develop individual training or professional development plans for teaching staff i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)? If so, how do staff contribute to determining their individual training and professional development needs?**

**SELECT ALL THAT APPLY**

- 0  No individual training plans
- 1  Staff do not contribute to determining their training and PD needs
- 2  Direct feedback to center director or program leadership
- 3  Staff meetings
- 4  Staff surveys or evaluation forms
- 5  Individual staff training plans established on QRIS registry
- 6  Individual staff training plans established by State standards or State licensing requirements
- 7  Individual staff training plans established as part of performance review
- 8  Individual staff meetings with coaches / center director /education coordinator to develop plans (distinct from performance review)
- 99  Other (*specify*) \_\_\_\_\_

**R6. How does the center determine whether training has met center goals and staff needs?**

**SELECT ALL THAT APPLY**

- 0  Not determined
- 1  Staff self-report
- 2  Observations, informal
- 3  Observations, formal
- 4  Assessments or other outcome data
- 5  Staff annual review
- 6  Center annual plan
- 99  Other (*specify*) \_\_\_\_\_

## S. PROVIDING TRAINING AND PROFESSIONAL DEVELOPMENT TO TEACHING STAFF

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ONLY ON TEACHING STAFF (I.E. LEAD TEACHERS/TEACHERS AND/OR ASSISTANT TEACHERS/AIDES/TEACHING ASSISTANTS) WHO WORK WITH CHILDREN IN THE CLASSROOM.

**S2 and S2b. Does your center offer training for teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)? If so, how often was training provided by the center between August 2020 and March 2021 (i.e., the equivalent of how many days per year) and when does training occur (e.g., during staff meetings, during nonpaid hours, during paid hours)?**

**SELECT ONE**

- 0  No training is provided by the center GO TO T3
- 1  No dedicated time set-aside for training (e.g., informal lunch & learn sessions only)
- 2  Training provided only outside of paid work hours (such as in evenings or weekends or holidays) and staff are not paid
- 3  Less than 16 hours of dedicated time for training provided for which staff are paid (may occur during staff meetings, during work hours, in-service or professional development days or in evenings or on weekends or holidays)
- 4  Training provided during 2-4 in-service or professional development days for which staff are paid (may occur during work hours or in evenings or on weekends or holidays)
- 5  Training provided during 5-10 in-service or professional development days for which staff are paid (may occur during work hours or in evenings or on weekends or holidays)
- 6  Training provided during more than 10 in-service or professional development days for which staff are paid (may occur during work hours or in evenings or on weekends or holidays)
- 99  Other (*Specify*) \_\_\_\_\_

**S2b. What is the approximate number of total training hours provided by the center between August 2020 and March 2021 for which teaching staff are paid?**

WRITE IN THE APPROXIMATE NUMBER OF TRAINING HOURS.

\_\_\_\_\_

**S6. What activities are conducted after training to assess knowledge acquisition or skill development?**

**SELECT ALL THAT APPLY**

- 0  None (no formal activities)
- 1  General feedback such as through staff meetings, evaluation, or feedback forms after training, or through the course of normal operations
- 2  Post-test on knowledge acquisition
- 3  Teacher written reports on practice changes in the classroom
- 4  Observations to assess adoption of skills or practices in the classroom
- 99  Other (*Specify*) \_\_\_\_\_

**S2c. How often does your center offer training that is focused on topics related to instruction and caregiving, compared to training that is focused on topics related to health and safety?**

**SELECT ONE**

- 0  Center offers the same amount of training on instruction and care, compared to training on health and safety

- 1  Center offers more training on instruction and care, compared to training on health and safety
- 2  Center offers more training on health and safety, compared to training on instruction and care

**S7. Has the frequency or content of training or professional development for center staff changed as a result of the COVID-19 pandemic? If yes, how have aspects of staff training or professional development changed?**

**SELECT ALL THAT APPLY**

- NA  No change to training or professional development of staff

**Aspects of staff training or professional development**

- 1  Training or professional development is offered less frequently
- 2  Training or professional development is offered more frequently
- 3  Topics of professional development for center staff have changed  
(WRITE IN HOW TOPICS OF PROFESSIONAL DEVELOPMENT HAVE CHANGED)
- 99  Other (*specify*)

## T. SUPPORT FOR TRAINING AND PROFESSIONAL DEVELOPMENT FOR TEACHING STAFF

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ONLY ON TEACHING STAFF (I.E. LEAD TEACHERS/TEACHERS AND/OR ASSISTANT TEACHERS/AIDES/TEACHING ASSISTANTS) WHO WORK WITH CHILDREN IN THE CLASSROOM.

**T3. Does the center pay teaching staff for time spent attending external training or courses?**

WRITE IN IF TEACHING STAFF ARE GIVEN A CERTAIN AMOUNT OF PAID TIME TO ATTEND TRAINING (E.G. 10 HOURS, 3 DAYS, ETC.)

**SELECT ONE**

- 0  No pay or limited pay
- 1  Staff are paid for time in training that occurs during work hours or given a certain amount of time to pursue training
- 2  Staff are paid for time in training that occurs beyond regular work hours

WRITE IN AMOUNT OF TIME (HOURS OR DAYS): \_\_\_\_\_

**T2\_1. Between August 2020 and March 2021, did the center provide help accessing supplemental assistance (e.g., through QRIS, or Head Start programs) to teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) to support additional training or education? If yes, what was the supplemental assistance?**

**SELECT ONE**

- 0  No (no help accessing supplemental assistance)
- 1  Yes

WRITE IN SOURCE OF SUPPLEMENTAL ASSISTANCE:

\_\_\_\_\_

**T5. Do members of your teaching staff receive financial support through scholarships such as T.E.A.C.H.® (Teacher Education And Compensation Helps) or other sources to pursue certifications, credentials, or degrees at no cost to the center (or to supplement center-provided assistance)?**

**PROBE/DEFINE:** Clarify if needed that we mean certifications or credentials in early childhood education such as a Child Development Associate (CDA) or state-awarded certification, credential, or licensure, or post-secondary degrees such as an Associate of Arts (A.A.) or Bachelor's degree (B.A., B.S.)

- 0  No GO TO T6
- 1  Yes

**T5a. About what percentage of your teaching staff receives this kind of support?**

WRITE IN PERCENTAGE \_\_\_\_\_

**T6. Did you receive any supports for professional development or training for your teaching staff at no cost to your center between August 2020 and March 2021:**

**PROBE/DEFINE:** These supports could come from your state's quality rating and improvement or professional development system, child care resource and referral agencies, or through programs your center participates in such as Head Start or your state's prekindergarten program.

**SELECT ALL THAT APPLY; IF NONE, SELECT "NONE OF THESE SUPPORTS"**

- 0  None of these supports GO TO U3
- 1  Written materials
- 2  Attending professional meetings or conferences
- 3  Off-site or online trainings or workshops
- 4  On-site trainings or workshops
- 5  Classroom observation scores and feedback
- 6  On-site coaching, mentoring, or consultation
- 99  Other (*specify* \_\_\_\_\_)

**T7. How important are these supports to the overall professional development and training your center provides to your teaching staff?**

- 1  **Critical supports:** we provide limited opportunities for professional development and training to teachers without these supports
- 2  **Equivalent supports:** we combine these supports with the supports our center provides to advance the professional development and training of teachers
- 3  **Ancillary supports:** these supports are nice to have but our center provides good opportunities for professional development and training of teaching staff without them

## U. TEACHER/CLASSROOM OBSERVATIONS

**U3. Do you conduct classroom observations within the center? If so, are observations conducted with similar frequency across all classrooms/ teachers?**

**PROBE:** By observation we mean, when someone (such as a lead teacher, education specialist, center administrator, or external consultant) watches a teacher during classroom activities, either to see a particular aspect of his/her teaching or on an ongoing basis. These observations can be formal or informal.

### SELECT ALL THAT APPLY

- NA  No observations conducted in center
- 1  Classroom observations are conducted with consistent frequency across all classrooms/teachers

### OBSERVATIONS HAVE DIFFERENT FREQUENCY DEPENDING ON CLASSROOM

- 2  Classroom observations depend on funding or program connections (such as Head Start, publicly funded preschool or prekindergarten programs, etc.) or other specific distinction of classroom
- 3  Classroom observations are based on specific teacher, classroom, or child needs
- 4  Classroom observations are based on teacher characteristics (such as whether the teacher is new or an assistant teacher) but not on individual teacher needs
- 99  Other (*Specify*) \_\_\_\_\_

**U7. Do teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) visit other classrooms to observe practice? If so, where?**

### SELECT ALL THAT APPLY

- 0  No GO TO V1
- 1  Yes, classrooms within the same center
- 2  Yes, classrooms in another center within the same program
- 3  Yes, classrooms in another center outside of the program
- 99  Other (*Specify*) \_\_\_\_\_

**U8. When teachers visit other classrooms to observe, what follow-up activities happen after the observations?** WRITE IN OTHER FOLLOW-UP ACTIVITIES THAT OCCUR AFTER STAFF VISIT ANOTHER CLASSROOM TO OBSERVE PRACTICE.

**SELECT ALL THAT APPLY**

- NA  No visit to other classroom to observe
- 0  Nothing happens after the observation
- 1  Discussed how to apply what was observed in practice with other teacher, coach, or supervisor
- 2  Developed plan to apply new knowledge and skills (stand-alone or as part of coaching or performance review)
- 3  Staff observed in their own classroom to assess degree of skill application based on their observation of another classroom
- 99  Other (*Specify*) \_\_\_\_\_



## V. PROVIDING INDIVIDUALIZED COACHING TO CLASSROOM STAFF TO SUPPORT IMPROVING SKILLS IN WORKING WITH CHILDREN

In this section, we have questions about providing individualized coaching to teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) to support improving their skills in working with children.

INTERVIEWER: THESE QUESTIONS ARE FOCUSED ON TEACHING STAFF (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants but not floaters).

**V1. Do teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) in your center receive individualized coaching? Does the provision of individualized coaching vary?**

**PROBE:** We define coaching as individualized support focused on improving teaching staffs' (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) skills in working with children (this includes informal mentoring). The coaching may be done in pairs of teachers but still provide individualized feedback to each teacher.

### SELECT ONE

- 0  No individualized coaching is provided GO TO W2  
1  Individualized coaching is provided only to some teaching staff based on:

### SELECT ALL THAT APPLY

- 1a  Level of teacher qualifications or experience  
1b  Age of children in classroom in which they teach  
1c  Program standards or requirements that apply to the classroom in which they teach (such as Head Start or publicly funded preschool or prekindergarten programs)  
99  Other (*specify*) \_\_\_\_\_  
2  Yes, individualized coaching is provided to all teaching staff

**V5. What activities occur as part of individualized coaching? WRITE IN OTHER ACTIVITIES THAT OCCUR AS PART OF INDIVIDUALIZED COACHING**

### SELECT ALL THAT APPLY

- NA  No individualized coaching (V1=0)  
1  Staff have assigned readings (book or articles) or videos to watch for discussion  
2  Staff self-reflect on skills or reflect together with other teachers on practice  
3  Staff use data to inform next steps for coaching  
4  Formal meeting to discuss feedback and develop an action plan for implementing new skill in classroom  
5  Staff are required to meet a specific goal or benchmark indicating skill or knowledge acquisition  
6  Staff participate in behavioral rehearsals to practice new skills  
7  Staff are observed using new skills in the classroom setting  
99  Other (*Specify*) \_\_\_\_\_

**V3. Who provides individualized coaching to teaching staff?**

### SELECT ALL THAT APPLY

- NA  No individualized coaching (V1=0)  
1  Peers (such as lead or master teacher)  
2  Center director/assistant director  
3  Internal coach employed by the center, including educational coordinator or curriculum director

- 4  Coach employed by a larger organization of which the center is a part
- 5  External coach paid for by a specific program or quality initiative at no cost to the center
- 6  External coach paid for by the center
- 99  Other (*specify*) \_\_\_\_\_

**V3a. Among the coaches you just described, which is the primary source of coaching for teaching staff in your center?**

**SELECT ONE**

- NA  No individualized coaching (V1=0)
- 1  Peers (such as lead or master teacher)
- 2  Center director/assistant director
- 3  Internal coach employed by the center, including educational coordinator or curriculum director
- 4  Coach employed by a larger organization of which the center is a part
- 5  External coach paid for by a specific program or quality initiative at no cost to the center
- 6  External coach paid for by the center
- 99  Other (*specify*) \_\_\_\_\_

**V4. How often is individualized coaching provided to teaching staff by other center staff or internal coaches?**

INTERVIEWER: THIS ITEM IS FOCUSED ON COACHING SPECIFICALLY PROVIDED BY THE CENTER

**SELECT ONE (IF MORE THAN ONE APPLIES SELECT THE HIGHEST FREQUENCY)**

- NA  No individualized coaching (V1=0)
- 1  Infrequently
- 2  At least quarterly
- 3  At least monthly
- 4  At least weekly
- 5  Multiple times per week

## W. MONITORING AND EVALUATING PERFORMANCE OF TEACHING STAFF

**W2. Do you set performance goals for each member of your teaching staff and if so, what types of individual performance goals does the center typically set for teaching staff?**

INTERVIEWER: "INDIVIDUAL PERFORMANCE GOALS" MEANS GOALS ARE SET FOR EACH MEMBER OF THE TEACHING STAFF RATHER THAN BY POSITION TYPE.

WRITE IN OTHER WAYS IN WHICH STAFF PERFORMANCE GOALS ARE SET.

**SELECT ALL THAT APPLY**

- 0  No individual performance goals
- 1  Increasing education or qualifications
- 2  Classroom instruction or caregiving
- 3  Interpersonal (e.g., relating to other staff or parents)
- 4  Meeting specific program/funding stream requirements or standards
- 99  Other (*Specify*) \_\_\_\_\_

**W3. How are individual performance goals determined for teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)?**

WRITE IN OTHER WAYS IN WHICH INDIVIDUAL PERFORMANCE GOALS ARE DETERMINED FOR STAFF.

**SELECT ALL THAT APPLY**

- NA  No individual performance goals (w2 = 0)
- 0  No process
- 1  Based on job expectations and performance (not just deficiencies)
- 2  Based on professional development plans for the individual or teaching staff as a whole
- 3  Based on interactions with children as observed through classroom observations, or through child assessments/performance
- 4  Based on interactions with peers and parents
- 5  Based on goals identified by the teacher
- 6  Based on meeting program requirements
- 99  Other (*Specify*) \_\_\_\_\_

**W7. Who has input into teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) performance evaluations, beyond the teacher's self-assessment?**

WRITE IN OTHERS WHO HAVE INPUT INTO TEACHING STAFF PERFORMANCE

**SELECT ALL THAT APPLY**

- 0  No one provides input
- 1  Program leadership (leadership from a larger organization, program leadership such as Head Start director; or program owner(s))
- 2  Center leadership (such as center director or center owner(s))
- 3  Supervisor
- 4  Other teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants)
- 5  Other professional staff or specialists (like family support workers, health specialists, etc.)

6  Parents

7  Coach (if other than supervisor)

99  Other (*Specify*) \_\_\_\_\_

**W4. What methods does the center use to monitor and evaluate the performance of teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) after any initial probationary period for new staff?**

WRITE IN OTHER WAYS IN WHICH THE CENTER MONITORS AND EVALUATES STAFF PERFORMANCE.

**SELECT ALL THAT APPLY**

- 0  No monitoring or evaluating
- 1  Reviews after an initial probationary period with new staff
- 2  Meet with staff annually to set performance goals for the year
- 3  Meet with staff during the year to review progress toward performance goals
- 4  Observe staff in the classroom and provide feedback
- 5  Provide informal feedback as needed
- 6  Review staff self-assessments
- 99  Other (*Specify*) \_\_\_\_\_

## X. CENTER PLANNING AND GOAL SETTING PROCESS

The next questions are about how your center makes plans and sets goals.

INTERVIEWER: FOR X2\_SP-X2\_PE, DO NOT INCLUDE MEMBERS OF PARENT-ONLY BOARDS AS "BOARD MEMBERS." INCLUDE MEMBERS OF PARENT-ONLY BOARDS AS "PARENTS."

**X2\_SP. Does the center conduct strategic planning—meaning making decisions about allocating resources to pursue broad, strategic goals and tracking progress toward meeting these goals? (STRATEGIC PLANNING). If so, who is involved?**

### SELECT ALL THAT APPLY

- 0  No strategic planning
- 1  Leadership (i.e., center leadership; leadership from a larger organization, program leadership such as HS director; or center or program owner(s)) is involved in strategic planning
- 2  Teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) are involved in strategic planning
- 3  Board members (i.e. board of directors, oversight board, etc.) are involved in strategic planning
- 4  Parents (i.e. individual parents, a parent board etc.) are involved in strategic planning
- 99  Other (*Specify*) \_\_\_\_\_

**X2\_QI. Does the center pursue continuous quality improvement by identifying areas in need of improvement; taking specific actions for making improvements; and tracking progress toward meeting these improvement goals? (QUALITY IMPROVEMENT). If so, who is involved?**

### SELECT ALL THAT APPLY

- 0  No identifying areas; specific actions; and tracking progress toward improvement (i.e., No quality improvement)
- 1  Leadership (i.e., center leadership; leadership from a larger organization, program leadership such as HS director; or center or program owner(s)) is involved in quality improvement
- 2  Teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) are involved in quality improvement
- 3  Board members (i.e. board of directors, oversight board, etc.) are involved in quality improvement
- 4  Parents (i.e. individual parents, a parent board etc.) are involved in quality improvement
- 99  Other (*Specify*) \_\_\_\_\_

**X2\_PE. Does the center conduct an overall assessment of the center and the services it provides to children each year? (PROGRAM ASSESSMENT) If so, who is involved?**

### SELECT ALL THAT APPLY

- 0  No program assessment
- 1  Leadership (i.e., center leadership; leadership from a larger organization, program leadership such as HS director; or center or program owner(s)) is involved in program assessment
- 2  Teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) are involved in program assessment
- 3  Board members (i.e. board of directors, oversight board, etc.) are involved in program assessment

- 4  Parents (i.e. individual parents, a parent board etc.) are involved in program assessment
- 5  An outside evaluator is involved in program assessment (such as a University research partner)
- 99  Other (*Specify*) \_\_\_\_\_

The next few questions are about types of goals that the center has established. Think about the current goals for the center.

**X3a.1 Does the center have current goals focused on center operations as a whole? If yes, what are the center-level goals?**

**SELECT ALL THAT APPLY**

- 0  No goals or no center-level goals established
- 1  Increasing (or decreasing) enrollment
- 2  Upgrading facilities
- 3  Licensing or accreditation requirements (*Specify source*) \_\_\_\_\_
- 99  Other center level goals (*specify*) \_\_\_\_\_

**X3b.1 Does the center have current goals focused on teaching staff? If yes, what are the teacher-level goals?**

**SELECT ALL THAT APPLY**

- 0  No goals or no teacher-level goals established
- 1  Recruiting or retaining staff
- 2  Training and staff development
- 99  Other teacher-level goals (*Specify*) \_\_\_\_\_

**X3c.1 Does the center have current goals focused on children's learning experiences in the classroom? If yes, what are the child-level goals?**

**SELECT ALL THAT APPLY**

- 0  No goals or no child-level goals established
- 1  Changing the curriculum or improving its use
- 2  Changing the assessment tool or improving its use
- 3  Student performance
- 99  Other child-level goals (*Specify*) \_\_\_\_\_

**X3d.1 Does the center have current goals focused on families or the community? If yes, what are the family/community-level goals?**

**SELECT ALL THAT APPLY**

- 0  No goals or no family/community-level established
- 1  Providing support to or engaging families
- 2  Parent satisfaction
- 99  Other community- level goals (*Specify*) \_\_\_\_\_



**X4. About how often does the center review progress toward meeting its goals?**

**SELECT ONE**

- NA  No goals established (X3a.1, X3b.1, X3c.1 AND X3d.1=0)
- 0  Do not review progress toward goals
- 1  As needed
- 2  Annual review
- 3  Bi-annual review (twice a year)
- 4  Quarterly review
- 5  Monthly or more often than monthly review

**X5a. What information or data does the center review to determine if the center is making progress toward meeting its goals? WRITE IN OTHER INFORMATION OR DATA REVIEWED TO DETERMINE CENTER PROGRESS TOWARD GOALS**

**SELECT ALL THAT APPLY**

- NA  No goals established (X3a.1, X3b.1, X3c.1 AND X3d.1=0)
- 0  Do not review information or data
- 1  Review informal data to track progress toward goals, such as: anecdotal information collected from staff (ad hoc conversations and meetings) ); anecdotal information collected from parents
- 2  Data collected from staff through surveys or during performance assessment
- 3  Data collected from parents through surveys or a parent committee
- 4  Data collection by the center to track goals (checklist or documentation)
- 5  Center's administrative records (finances, enrollment, staff retention)
- 6  Data collected for licensing, accreditation, or program requirements (State or District, ECERS, QRIS)
- 7  Child assessment data (diagnostic, progress, performance, or growth)
- 8  Classroom observations
- 99  Other (*Specify*) \_\_\_\_\_

**X6. After reviewing progress towards goals, what happens next?**

**SELECT ALL THAT APPLY**

- NA  No goals established (X3a.1, X3b.1, X3c.1 AND X3d.1=0)
- 0  No change (business as usual)
- 1  Progress toward goals is communicated to the larger organization, teachers, staff, and/or parents and families
- 2  Goals are revised and updated as necessary
- 3  Action plans are created or revised to ensure goals are met
- 99  Other (*Specify*) \_\_\_\_\_

## Y. CENTER PROCESSES TO PROMOTE THE GOALS AND MISSION (I.E., QUALITY)

Y5. Does the center hold staff meetings? If so, when are they held?

**SELECT ONE**

- 0  No staff meetings
- 1  Meetings with some staff are held informally during breaks in the day, as needed or during nap time, as classroom coverage allows
- 2  Meetings with some staff are formally held during the day when classroom coverage is planned in advance (such as during teacher planning time)
- 3  Meetings with all staff are held during non-care hours (such as before children arrive or after they leave, or in the evenings or on weekends) but staff are not paid for this time
- 4  Meetings with all staff are held during non-care hours (such as before children arrive or after they leave, in the evenings or on weekends) and staff are paid for this time
- 99  Other (*Specify*) \_\_\_\_\_

Y4. What quality assurance or quality improvement topics are on a typical staff meeting agenda?

WRITE IN OTHER TOPICS THAT ARE ON A TYPICAL STAFF MEETING AGENDA

**SELECT ALL THAT APPLY**

- 0  No staff meetings or no discussion of QA/QI topics
- 1  Highlights/good performance in the center or individual classrooms
- 2  Challenges in the center or individual classrooms
- 3  Staff development, professional development or trainings in best practices or requirements (continuous quality improvement activities)
- 99  Other (*Specify*) \_\_\_\_\_

## AC. COMPLIANCE WITH REQUIREMENTS AND STANDARDS

**AC1. How are teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) made aware of requirements for licensing (such as child care licensing) or standards that the center must follow (such as for accreditation, QRIS, or that govern particular programs such as Head Start or a publicly funded preschool or prekindergarten program)?**

WRITE IN OTHER WAYS IN WHICH TEACHING STAFF ARE MADE AWARE OF REQUIREMENTS AND STANDARDS THAT THE CENTER MUST MEET OR FOLLOW.

### SELECT ALL THAT APPLY

- NA  Not applicable: The center is exempt from licensing requirements (e.g., faith-based institutions or university programs)
- 0  Requirements or standards are not reviewed with teaching staff
- 1  Requirements or standards are detailed in a written document (such as the center's operating procedures manual/employee handbook or licensing handbook) which is given to or accessible to teaching staff for reference
- 2  Requirements or standards are reviewed with teaching staff as needed, such as when updates are made or when compliance issues are noted
- 3  Requirements or standards are reviewed with teaching staff at the time of hire (e.g., during orientation)
- 4  Requirements or standards are reviewed with teaching staff annually
- 5  Requirements or standards are regularly reviewed with teaching staff during staff meetings
- 99  Other (*Specify*) \_\_\_\_\_

**AC2. How does the center monitor compliance with requirements and standards that it must follow?**

INTERVIEWER: DO NOT COUNT MONITORING FROM A LICENSING ENTITY AS MONITORING COMPLIANCE. INCLUDE OTHER EXTERNAL SUPPORT, SUCH AS FROM A QRIS, AS "OTHER."

WRITE IN OTHER WAYS THE CENTER MONITORS THIS COMPLIANCE.

### SELECT ALL THAT APPLY

- NA  Not applicable: The center is exempt from licensing requirements (e.g., faith-based institutions or university programs)
- 0  Center does not monitor compliance with requirements or standards
- 1  Teaching staff (i.e., lead teachers/teachers and/or assistant teachers/aides/teaching assistants) identify and discuss issues of compliance with center leadership
- 2  Center leadership or coaches monitor informally (e.g., in the course of regular activities)
- 3  Center leadership, coaches, or an administrator from larger organization monitors formally (e.g., using specified observations, checklists, or regular compliance checks)
- 99  Other (*Specify*) \_\_\_\_\_

**Z3. What makes it possible for the center to change policies and procedures or make improvements?**

WRITE IN OTHER FACILITATORS OF CHANGE

**PROBE: What helps the center achieve change?**

**SELECT ALL THAT APPLY**

- 0  No changes or improvements; or no flexibility to make changes
- 1  Staff can implement changes
- 2  Center leadership listen to staff
- 3  Adequate resources
- 4  Center administration helps manage change
- 5  Center director autonomy (independence) in leading change
- 6  Staff are open to change
- 7  Adequate time
- 99  Other (*Specify*) \_\_\_\_\_

**AC6. Does the center director or leadership team receive technical assistance or support at no cost to the center? If so, on what topics does the technical assistance or support focus?**

- 0  No TA or support
- 1  Compliance with requirements or standards
- 2  Managing enrollment or finances
- 3  Managing center operations
- 4  Leadership development
- 5  Board management
- 6  Quality improvement (such as teacher-child interactions to improve classroom observation scores, or teacher relationships with each other / with parents)
- 99  Other (*Specify*) \_\_\_\_\_

**AC7. Have aspects of center planning and improvement changed as a result of the COVID-19 pandemic, such as monitoring compliance with requirements or tracking of center-level goals? If yes, how have aspects of center planning and improvement have changed?**

**SELECT ALL THAT APPLY**

- NA  No change to center administration

**Changes in center administration**

- 1  Change in how the center monitors compliance with requirements and standards (WRITE IN HOW MONITORING OF COMPLIANCE HAS CHANGED)
- 2  Change in how the center tracks progress toward center goals (WRITE HOW TRACKING OF CENTER PROGRESS HAS CHANGED)
- 99  Other (*specify*) \_\_\_\_\_

## AA. CENTER OVERSIGHT AND COMMUNITY INVOLVEMENT

The next questions are about the focus of the oversight board.

**AA2. Does the center have an oversight board? If yes, what topics has the board focused on between August 2020 and March 2021?**

**SELECT ALL THAT APPLY**

NA  No oversight board      GO TO AA5

**Center-level topics**

- 1  Fulfilling the mission
- 2  Strategic planning
- 3  Enrollment
- 4  Licensing and compliance
- 5  Policies and procedures
- 6  Financials / tuition
- 7  Grants and fundraising
- 8  Facilities

**Teacher-level topics**

- 9  Staffing
- 10  Staff training

**Child-level topics**

- 11  School readiness

**Family or community-level topics**

- 12  Family engagement in activities of the center (e.g. volunteering in the classroom or attending field trips, participating in special events)
- 13  Building family partnerships (e.g., parent mentoring program)
- 14  Community engagement in the center (e.g., community helper visits, guest readers, fundraising supports)
- 15  Center involvement in the community (e.g., marching in community parades, providing child care tips for the local newspaper, visiting a nursing home)

**Other**

- 991  Other (*Specify*) \_\_\_\_\_
- 992  Other (*Specify*) \_\_\_\_\_
- 993  Other (*Specify*) \_\_\_\_\_

**AA3. How involved is the oversight board in the operation of the center?**

**SELECT ONE**

- NA  No oversight board (AA2a-AA2D all =0)
- 1  Little involvement: Board provides oversight with little involvement in the operations of the center
- 2  Some involvement: Board is involved as necessary, depending on current issues

- 3  High involvement: Board is active in the center's operations and makes concrete contributions to the operations of the center

**AA3a. Is the current involvement of the oversight board in the operation of the center different compared to the involvement of the oversight board prior to the COVID-19 pandemic? If so, how has the involvement of the oversight board changed?**

**SELECT ONE**

- NA  No oversight board (AA2a-AA2D all =0)

**Changes in oversight board involvement**

- 0  No change in the involvement of the oversight board  
1  Involvement of the oversight board has changed (WRITE HOW INVOLVEMENT OF OVERSIGHT BOARD HAS CHANGED)

**AA5. Does the center have a parent policy council or parent governing board? If yes, how often has the council met between August 2020 and March 2021?**

**SELECT ONE**

- 0  No parent council GO TO AA9  
1  As needed  
2  Less frequently than annually  
3  Annually  
4  Quarterly  
5  Bi-monthly  
6  Monthly

**The next questions are about the focus of the parent policy council or the parent governing board.**

**AA6. What topics has the parent council focused on since between August 2020 and March 2021?**

INTERVIEWER (clarify as needed): **We are asking about key topics and topics that are common for the parent council to focus on. We do not mean topics which are occasionally covered.**

**SELECT ALL THAT APPLY**

- NA  No parent group (AA5=0)

**Center-level topics**

- 1  Enrollment  
2  Licensing and compliance  
3  Financials  
4  Grants and fundraising  
5  Center policies  
991  Other (*Specify*) \_\_\_\_\_

**Teacher-level topics**

- 6  Teacher training  
7  Staffing  
8  Teacher appreciation  
9  Parent-teacher communication  
992  Other (*Specify*) \_\_\_\_\_

**Child-level topics**

- 10  School readiness
- 11  Health and nutrition related issues
- 12  Addressing problem behaviors
- 13  Monitoring development
- 14  Availability of the arts
- 993  Other (*Specify*) \_\_\_\_\_

**Family/community-level topics**

- 15  Parent education
- 16  Parent support activities
- 17  Family engagement activities
- 18  Community outreach (center-initiated communication to advertise center activities or invite participation in activities)
- 19  Transition practices and coordinating with local schools
- 20  Community involvement (ways the center staff or parents can be actively or intentionally involved in community activities)
- 994  Other (*Specify*) \_\_\_\_\_

**AA6a. Is the current involvement of the parent council different compared to the involvement of the parent council prior to the COVID-19 pandemic? If so, how has the involvement of the parent council changed?**

**SELECT ONE**

- NA  No parent council (AA5 =0)

**Changes in parent council involvement**

- 0  No change in the involvement of the parent council
- 1  Involvement of the parent council has changed (WRITE HOW INVOLVEMENT OF PARENT COUNCIL HAS CHANGED)

**AA9. Has the center director ever received professional development or completed coursework on management topics such as supervising staff, managing budgets, or purchasing equipment?**

- 1  Yes
- 0  No

**AA10. Has the center director ever received professional development or completed coursework on running a program for young children, for example, addressing licensing requirements or program standards, or selecting curricula and assessments?**

- 1  Yes
- 0  No

**AA11. What, if any, licenses, certificates, and/or credentials related to the administration of early childhood/child development programs or schools does the center director hold?**

INTERVIEWER: IF EARLY CHILDHOOD CERTIFICATION IS BIRTH TO AGE 8, SELECT "EARLY CHILDHOOD CERTIFICATION" ONLY, AND DO NOT SELECT "ELEMENTARY EDUCATION OR SPECIAL EDUCATION."

**SELECT ALL THAT APPLY**

- 0  No certifications
- 1  Director/Administrator certification

2  Early childhood certification

3  Elementary education or special education

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



## AD. CHILD AND FAMILY SUPPORT

The next section of questions are about Child and Family Support services, which include services that the center supports access to, or provides to children and families that occur beyond instruction and caregiving. Note, these questions refer to non-academic or non-instructional activities that the center has engaged in to support children and their families between August 2020 and March 2021, focusing on a time when children were attending the center in-person.

**AD1.** Does the center support access to or provide health screenings? If yes, what types of health screening does the center support access to or provide?

**PROBE:** Health Screening refers to simple tests to identify children (or family members) who may need dental or vision care, or to identify other health risk factors, such as lead exposure. Health Screening also includes therapeutic screenings.

**SELECT ALL THAT APPLY**

- 0  NONE GO TO AD7
- 1  Dental
- 2  Vision
- 3  Hearing
- 4  Medical (not related to COVID-19)
- 4a  Testing for COVID-19
- 99  Other (specify) \_\_\_\_\_

AD4ab. How does the center support access to or provide these types of health screenings?

		SELECT ONE		
<p>Fil lin for reach app licab le serv ice</p>	<p>Not ap pli ca ble (no serv ice )</p>	<p>Ex pl ic it ly pro vid ed by the cen ter, ei ther by :- paid c</p>	<p>Pro vid ed on site at the cen ter but outs ide enti ty pro</p>	<p>Center only pro vides in for ma tion to fam il ies and make s</p>

		e n t e r  s t a f f  o r -  b y  o u t s i d e  e n t i t y  b u t  t h e  c e n t e r  c o v e r s  t	v i d e s  a t  n o  c o s t  t o  t h e  c e n t e r	a  r e f e r r a l  f o r  s e r v i c e s
--	--	---	--	--

		h e c o s t  ( o n  s i t e  o r  a t  o u t s i d e  e n t i t y  l o c a t i o n )			
	1 . D e n t a l	na <input type="checkbox"/> n/ a	1  <input type="checkbox"/>  P a i d  c	3  <input type="checkbox"/>  O n  s i t	4  <input type="checkbox"/>  R e f e r r

		<input type="checkbox"/> e n t e r s t a f f 2  <input type="checkbox"/> P a i d  o u t s i d e  e n t i t y	e ,  n o  c o s t	a l  o n l y
2 . V i s i o n	na <input type="checkbox"/> n / a	1  <input type="checkbox"/> P a i d  c e n t e r  s t a f f 2	3  <input type="checkbox"/> O n  s i t e ,  n o  c o s t	4  <input type="checkbox"/> R e f e r r a l  o n l y

		<input type="checkbox"/> Paid outside entity		
3 Hearing	<input type="checkbox"/> na n/a	<input type="checkbox"/> Paid center staff <sup>2</sup>	<input type="checkbox"/> Paid outside	<input type="checkbox"/> On site, no cost
		<input type="checkbox"/> Paid outside entity		<input type="checkbox"/> Referral only

		e n t i t y		
4 · M e d i c a l	na <input type="checkbox"/> n/ a	1  <input type="checkbox"/>  P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y	3  <input type="checkbox"/>  O n s i t e , n o c o s t	4  <input type="checkbox"/>  R e f e r r a l  o n l y
5 · O t h	na <input type="checkbox"/> n/ a	1  <input type="checkbox"/>  P	3  <input type="checkbox"/>  O	4  <input type="checkbox"/>  R

e r ( s p e c i f i c i t y )		a i d  c e n t e r  s t a f f <sup>2</sup>  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y	n  s i t e ,  n o  c o s t	e f f e r r a l  o n l y
---	--	---	--	--

**AD4c. Of the list of health screenings we just discussed, what is the most common one for the children in your center to receive?**

INTERVIEWER: IF TWO SERVICES ARE MOST COMMON, ASK THE RESPONDENT TO SELECT ONE ON WHICH TO FOCUS ADDITIONAL QUESTIONS. IF ALL SERVICES ARE UNIVERSAL/EQUAL, SELECT OTHER AND MAKE A NOTE OF THIS.

**SELECT ONE**

- 1  Dental
- 2  Vision
- 3  Hearing
- 4  Medical
- 99  Other (specify) \_\_\_\_\_



Thinking of this most common health screening service, [ask the following questions]

A  
D  
2  
.  
W  
h  
a  
t  
k  
i  
n  
d  
o  
f  
p  
r  
o  
c  
e  
s  
s  
i  
s  
i  
n  
p  
l  
a  
c  
e  
f  
o  
r  
d  
e  
c  
i  
d  
i  
n  
g  
i  
f  
c  
h  
i  
l  
d  
r  
e  
n

A  
D  
3  
.  
W  
h  
o  
d  
e  
c  
i  
d  
e  
s  
t  
h  
a  
t  
c  
h  
i  
l  
d  
r  
e  
n  
n  
e  
e  
d  
t  
o  
b  
e  
s  
c  
r  
e

A  
D  
5  
.  
H  
o  
w  
d  
o  
e  
s  
t  
h  
e  
c  
e  
n  
t  
e  
r  
t  
r  
a  
c  
k  
i  
f  
t  
h  
e  
s  
c  
r  
e  
e  
n  
i  
n  
g  
w  
a



**Therapeutic services**

**AD7. Does the center support access to or provide therapeutic services? If yes, what types of therapeutic services does the center support access to or provide?**

INTERVIEWER: NOTE THAT "SUPPORT ACCESS" MEANS AT LEAST DOING REFERRALS, AND THAT THE CENTER PROVIDES SOME RESOURCES. ALLOWING A SERVICE PROVIDER THAT A PARENT HAS ARRANGED OR PAID FOR TO BE IN THE CENTER DOES NOT COUNT AS SUPPORTING ACCESS

**PROBES (IF NEEDED):**

**Therapeutic services refers to services provided to children (or family members) who have a diagnosed condition, often arising as a barrier to a child's (or family member's) development.**

**Speech and language or auditory therapy services are focused on improving speech, communication, processing of language, and feeding skills.**

**Occupational therapy (OT) services are focused on promoting normal development and (age-appropriate) daily living skills. OT involves interventions to address delays or difficulties with motor skills, play skills, and sensory processing skills, attention, or behavior.**

**Physical therapy (PT) services are focused on restoring mobility, promoting function and healing, and providing education and consultation to children and families. PT focuses on improving gross motor skills.**

**Cognitive and/or behavioral therapy services are designed for children with autism or conditions that affect their behavior (OCD, ADHD). These services may include Cognitive Behavioral Therapy (CBT) and Applied Behavioral Analysis (ABA).**

**Nutrition involves dieticians counseling children and their families on a variety of nutritional issues, such as failure to thrive, feeding tube adjustments, weight management, food allergies, and therapeutic diets.**

**SELECT ALL THAT APPLY**

- 0  NONE GO TO AD14
- 1  Speech and language or auditory therapy
- 2  Occupational therapy (OT)
- 3  Physical therapy (PT)
- 4  Cognitive and/or behavioral therapy
- 5  Nutrition
- 99  Other (specify) \_\_\_\_\_

**AD10ab. How does the center support access to or provide these types of therapeutic services?**

		SELECT ONE			
<p>F i l l  i n  f o r  e a c h  a p p l i c a b l e  s e r v i c e</p>		<p>applica ble (no service</p>	<p>E x p l i c i t l y  p r o v i d e d  b y  t h e  c e n t e r ,  e i t h e r  b y : -  p a i d  c e n t e</p>	<p>P r o v i d e d  o n  s i t e  a t  t h e  c e n t e r ,  o r  v i r t u a l l y ,  b u t  o u t s i d e</p>	<p>C e n t e r  <b>o n l y</b>  p r o v i d e s  i n f o r m a t i o n  t o  f a m i l i e s  a n d  m a k e s  a</p>

		<p>r s t a f f  o r -  b y  o u t s i d e  e n t i t y  b u t  t h e  c e n t e r  c o v e r s  t h e  c o s t</p>	<p>e n t i t y  p r o v i d e s  a t  n o  c o s t  t o  t h e  c e n t e r</p>	<p>r e f e r r a l  f o r  s e r v i c e s</p>
--	--	--	---	--

		( o n  s i t e ,  a t  o u t s i d e  e n t i t y  l o c a t i o n ,  o r  v i r t u a l l y )		
1 .  S p e e c	na n/a	1  <input type="checkbox"/>  P a i d	3  <input type="checkbox"/>  O n  s	4  <input type="checkbox"/>  R e f e

<p>h a n d l a n g u a g e  o r  a u d i t o r y  t h e r a p y</p>		<p>c e n t e r  s t a f f <sup>2</sup>  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y</p>	<p>i t e ,  n o  c o s t</p>	<p>r r a l  o n l y</p>
<p>2 .  O c c u p a t i o n a l  t h e r a</p>	<p>na n/a</p>	<p>1  <input type="checkbox"/>  P a i d  c e n t e r  s t a f f</p>	<p>3  <input type="checkbox"/>  O n  s i t e ,  n o  c o s t</p>	<p>4  <input type="checkbox"/>  R e f e r r a l  o n l y</p>



<p>pay (OT)</p>		<p>2 <input type="checkbox"/> Paid outside entity</p>		
<p>3 Physical therapy (PT)</p>	<p>na n/a</p>	<p>1 <input type="checkbox"/> Paid center staff 2 <input type="checkbox"/> Paid outs</p>	<p>3 <input type="checkbox"/> On site, no cost</p>	<p>4 <input type="checkbox"/> Referral only</p>

		id e n t i t y		
4 ·  C o g n i t i v e  a n d / o r  b e h a v i o r a l  t h e r a p y	na n/a	1  <input type="checkbox"/> P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/> P a i d  o u t s i d e  e n t i t y	3  <input type="checkbox"/> O n s i t e ,  n o  c o s t	4  <input type="checkbox"/> R e f e r r a l  o n l y
5 ·	na n/a	1  <input type="checkbox"/>	3  <input type="checkbox"/>	4  <input type="checkbox"/>

Nutrition		Paid center staff <input type="checkbox"/>	Paid outside entity <input type="checkbox"/>	Onsite, no cost <input type="checkbox"/>	Referral only <input type="checkbox"/>
6 . Other (specific)	na n/a	1 <input type="checkbox"/> Paid center	3 <input type="checkbox"/> Onsite, no	4 <input type="checkbox"/> Referral onl	

y )		s t a f f 2  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y	c o s t	y
--------	--	---	------------------	---

**AD10c. Of the list of therapeutic services we just discussed, what is the most common one for the children in your center to receive?**

INTERVIEWER: IF TWO SERVICES ARE MOST COMMON, ASK THE RESPONDENT TO SELECT ONE ON WHICH TO FOCUS ADDITIONAL QUESTIONS.

**SELECT ONE**

- 1  Speech and language or auditory therapy
- 2  Occupational therapy (OT)
- 3  Physical therapy (PT)
- 4  Cognitive and/or behavioral therapy
- 5  Nutrition
- 99  Other (specify) \_\_\_\_\_

Thinking of this most common therapeutic service, [ask the following questions]

A D 8 .  
F o r  
c h i l d r e n  
i n  
t h e  
c e n t e r ,  
i s  
t h e r e  
a  
p r o c e s s  
f o r  
d e c

A D 9 . W h o  
d e c i d e s  
t h a t  
c h i l d r e n  
o r  
f a m i l i e s

A D 1 1 . H o w  
o f t e n  
d o e s  
t h e  
c e n t e r  
t r a c k  
r e c e i p t  
o f  
t h i s  
s e r v i c e  
w h e

A D 1 2 .  
H o w  
d o e s  
t h e  
c e n t e r  
t r a c k  
i f



**Counseling and family support services**

**AD14. Does the center support access to or provide counseling or support services to strengthen child and family functioning or relationships?**

**PROBES: Counseling services refers to services provided by a mental health practitioner, and include play therapy, family therapy, group therapy, psychotherapy, parent counseling, psychiatry, or a combination of these methods. Counseling services may be delivered to individuals or groups.**

- 0  NONE GO TO AD21
- 1  Counseling services
- 2  Couples relationship programs
- 3  Parent education
- 4  Fatherhood programs
- 5  Substance abuse programs
- 6  Domestic violence prevention programs
- 7  Prevention of child abuse or neglect
- 99  Other (specify) \_\_\_\_\_

**AD17ab. How does the center support access to or provide counseling and family support services?**

**INTERVIEWER: IF MULTIPLE MODES ARE USED, SELECT THE MOST INTENSIVE MODE. PAID CENTER STAFF AND PAID OUTSIDE ENTITY ARE THE MOST INTENSIVE, FOLLOWED BY ON SITE AND NO COST, FOLLOWED BY REFERRAL ONLY. IF BOTH PAID CENTER STAFF AND PAID OUTSIDE ENTITY, SELECT THE MOST COMMON MODE.**

		SELECT ONE		
F i l l  i n  f o r  e a c h  a p p l i c a b l e	applicabl service)	E x p l i c i t l y  p r o v i d e d  b y  t h e	P r o v i d e d  o n  s i t e  a t  t h e  c e	C e n t e r             o n l y  p r o v i d e s  i n f o r m



<p style="text-align: center;">s e r v i c e</p>		<p style="text-align: center;">c e n t e r , e i t h e r  b y : -  p a i d  c e n t e r  s t a f f  o r -  b y  o u t s i d e  e n t i t y  b</p>	<p style="text-align: center;">n t e r , o r  v i r t u a l l y , b u t  o u t s i d e  e n t i t y  p r o v i d e s  a t  n o  c o s t  t o</p>	<p style="text-align: center;">a t i o n  t o  f a m i l i e s  a n d  m a k e s  a  r e f e r r a l  f o r  s e r v i c e s</p>
--	--	---	--	--

		u t  t h e  c e n t e r  c o v e r s  t h e  c o s t  ( o n  s i t e ,  a t  o u t s i d e  e n t i t y  l o	t h e  c e n t e r	
--	--	---	---	--

		c a t i o n ,  o r  v i r t u a l l y )		
1 . C o u n s e l i n g  s e r v i c e s	na	1  <input type="checkbox"/>  P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/>  P a i d  o u t s i d e	3  <input type="checkbox"/>  O n s i t e ,  n o  c o s t	4  <input type="checkbox"/>  R e f e r r a l  o n l y

		e n t i t y 1		
2 · C o u p l e s  r e l a t i o n s h i p  p r o g r a m s	na	<input type="checkbox"/> P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/> P a i d  o u t s i d e  e n t i t y	3  <input type="checkbox"/> O n s i t e · n o c o s t	4  <input type="checkbox"/> R e f e r r a l  o n l y
3 · P a r	na	<input type="checkbox"/> P a	3  <input type="checkbox"/> O n	4  <input type="checkbox"/> R e

<p style="text-align: center;">e n t e d u c a t i o n</p>		<p style="text-align: center;">i d c e n t e r s t a f f 2</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">P a i d o u t s i d e e n t i t y</p>	<p style="text-align: center;">s i t e , n o c o s t</p>	<p style="text-align: center;">f e r r a l o n l y</p>
<p style="text-align: center;">4 . F a t h e r h o o d p r o g r a</p>	<p style="text-align: center;">na</p>	<p style="text-align: center;">1</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">P a i d c e n t e r s t a</p>	<p style="text-align: center;">3</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">O n s i t e , n o c o s t</p>	<p style="text-align: center;">4</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">R e f e r r a l o n l y</p>

<p>m s</p>		<p>f f 2</p> <p><input type="checkbox"/></p> <p>P a i d</p> <p>o u t s i d e</p> <p>e n t i t y</p>	<p>t</p>	
<p>5 · S u b s t a n c e a b u s e</p>	<p>na</p>	<p>1</p> <p><input type="checkbox"/></p> <p>P a i d</p> <p>c e n t e r</p> <p>s t a f f 2</p> <p><input type="checkbox"/></p> <p>P a i d</p> <p>o u</p>	<p>3</p> <p><input type="checkbox"/></p> <p>O n</p> <p>s i t e</p> <p>·</p> <p>n o</p> <p>c o s t</p>	<p>4</p> <p><input type="checkbox"/></p> <p>R e f e r r a l</p> <p>o n l y</p>

		t s i d e  e n t i t y		
6 . D o m e s t i c  v i o l e n c e	na	1  <input type="checkbox"/> P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/> P a i d  o u t s i d e  e n t i t y	3  <input type="checkbox"/> O n s i t e .  n o  c o s t	4  <input type="checkbox"/> R e f e r r a l  o n l y
7	na	1	3	4

<p style="text-align: center;">P r e v e n t i o n  o f  c h i l d  a b u s e  o r  n e g l e c t</p>		<p style="text-align: center;"><input type="checkbox"/> P a i d  c e n t e r  s t a f f<sup>2</sup></p> <p style="text-align: center;"><input type="checkbox"/> P a i d  o u t s i d e  e n t i t y</p>	<p style="text-align: center;"><input type="checkbox"/> O n  s i t e ,  n o  c o s t</p>	<p style="text-align: center;"><input type="checkbox"/> R e f e r r a l  o n l y</p>
<p style="text-align: center;">8  O t h e r  ( s p e c</p>	<p style="text-align: center;">na</p>	<p style="text-align: center;">1  <input type="checkbox"/> P a i d  c e n t</p>	<p style="text-align: center;">3  <input type="checkbox"/> O n  s i t e ,</p>	<p style="text-align: center;">4  <input type="checkbox"/> R e f e r r a l</p>



<p>i f y )</p>		<p>e r s t a f f 2</p> <p><input type="checkbox"/></p> <p>P a i d</p> <p>o u t s i d e</p> <p>e n t i t y</p>	<p>n o c o s t</p>	<p>o n l y</p>
----------------------------	--	---	--	----------------------------

**AD17c. Of the list of counseling and family support services we just discussed, what is the most common one for the children and families at your center to receive?**

INTERVIEWER: IF TWO SERVICES ARE MOST COMMON, ASK THE RESPONDENT TO SELECT ONE ON WHICH TO FOCUS ADDITIONAL QUESTIONS.

**SELECT ONE**

- 1  Counseling services
- 2  Couples relationship programs
- 3  Parent education
- 4  Fatherhood programs
- 5  Substance abuse
- 6  Domestic violence prevention programs
- 7  Prevention of child abuse or neglect
- 99  Other (specify) \_\_\_\_\_

**Thinking of this most common counseling or family support service, [ask the following questions]**

A  
D  
1  
5  
·  
  
F  
o  
r  
  
c  
h  
i  
l  
d  
r  
e  
n  
  
o  
r  
  
f  
a  
m  
i  
l  
i  
e  
s  
  
i  
n  
  
t  
h  
e  
  
c  
e  
n  
t  
e  
r  
,  
  
i  
s  
  
t  
h  
e  
r  
e  
  
a  
  
p  
r  
o  
c  
e  
s

A  
D  
1  
6  
·  
W  
h  
o  
  
d  
e  
c  
i  
d  
e  
s  
  
t  
h  
a  
t

A  
D  
1  
8  
·  
H  
o  
w  
  
o  
f  
t  
e  
n  
  
d  
o  
e  
s  
  
t  
h  
e  
  
c  
e  
n  
t  
e  
r  
  
t  
r  
a  
c  
k  
  
r  
e  
c  
e  
i  
p  
t  
  
o  
f  
  
t

A  
D  
1  
9  
·  
H  
o  
w  
  
d  
o  
e  
s  
  
t  
h  
e  
  
c



**Social services**

**AD21. Does the center support access to or provide social services to families? If yes, what social services?**

**PROBE: Social services refers to services, often government services, provided for the benefit of the community and aim to promote the welfare of children and their families.**

**SELECT ALL THAT APPLY**

- 0  NO SOCIAL SERVICES                      GO TO AD28
- 1  Housing
- 2  Food assistance (this could include access to programs such as SNAP or WIC)
- 99  Other (specify) \_\_\_\_\_

**AD24ab. How does the center support access to or provide these types of social services?**

		SELECT ONE		
F i l l  i n  f o r  e a c h  a p p l i c a b l e  s e r v i c e	applica ble (no service	E x p l i c i t l y  p r o v i d e d  b y  t h e  c e n t e r  ,  e i t h e r	P r o v i d e d  o n  s i t e  a t  t h e  c e n t e r  ,  o r  v i r t u a l	C e n t e r  <b>o n l y</b>  p r o v i d e s  i n f o r m a t i o n  t o  f a m i l i

		b y : -  p a i d  c e n t e r  s t a f f  o r -  b y  o u t s i d e  e n t i t y  b u t  t h e  c e n t e r	l y ,  b u t  o u t s i d e  e n t i t y  p r o v i d e s  a t  n o  c o s t  t o  t h e  c e n t e r	e s  a n d  m a k e s  a  r e f e r r a l  f o r  s e r v i c e s
--	--	---	--	--

c  
o  
v  
e  
r  
s  
  
t  
h  
e  
  
c  
o  
s  
t  
  
(  
o  
n  
  
s  
i  
t  
e  
,  
  
a  
t  
  
o  
u  
t  
s  
i  
d  
e  
  
e  
n  
t  
i  
t  
y  
  
l  
o  
c  
a  
t  
i  
o  
n  
,  
  
o  
r  
  
v  
i  
r  
t

		u a l l y )		
1 · H o u s i n g	na n/a	1  <input type="checkbox"/>  P a i d  c e n t e r  s t a f f 2  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y	3  <input type="checkbox"/>  O n s i t e ,  n o  c o s t	4  <input type="checkbox"/>  R e f e r r a l  o n l y
2 · F o o d	na n/a	1  <input type="checkbox"/>  P a i	3  <input type="checkbox"/>  O n	4  <input type="checkbox"/>  R e f



<p>a s s i s t a n c e</p>		<p>d c e n t e r  s t a f f <sup>2</sup></p> <p><input type="checkbox"/></p> <p>P a i d  o u t s i d e  e n t i t y</p>	<p>s i t e ,  n o  c o s t</p>	<p>e r r a l  o n l y</p>
<p>3 ·  O t h e r  ( s p e c i f y )</p>	<p>na n/a</p>	<p><sup>1</sup></p> <p><input type="checkbox"/></p> <p>P a i d  c e n t e r  s t a f</p>	<p><sup>3</sup></p> <p><input type="checkbox"/></p> <p>O n  s i t e ,  n o  c o s t</p>	<p><sup>4</sup></p> <p><input type="checkbox"/></p> <p>R e f e r r a l  o n l y</p>

		f 2  <input type="checkbox"/>  P a i d  o u t s i d e  e n t i t y		
--	--	---	--	--

**AD24c. Of the list of social services we just discussed, what is the most common one for the children and families at your center to receive?**

INTERVIEWER: IF TWO SERVICES ARE MOST COMMON, ASK THE RESPONDENT TO SELECT ONE ON WHICH TO FOCUS ADDITIONAL QUESTIONS.

**SELECT ONE**

1  Housing

2  Food assistance

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

Thinking of this most common social service, [ask the following questions]

A  
D  
2  
2  
·  
W  
h  
a  
t  
  
k  
i  
n  
d  
  
o  
f  
  
p  
r  
o  
c  
e  
s  
s  
  
i  
s  
  
i  
n  
  
p  
l  
a  
c  
e  
  
f  
o  
r  
  
d  
e  
c  
i  
d  
i  
n  
g  
  
i  
f  
  
c  
h  
i  
l  
d  
r  
e  
n

A  
D  
2  
3  
·  
W  
h  
o  
  
d  
e  
c  
i  
d  
e  
s  
  
t  
h  
a  
t  
  
c  
h  
i  
l  
d

A  
D  
2  
5  
·  
H  
o  
w  
  
o  
f  
t  
e  
n  
  
d  
o  
e  
s  
  
t  
h  
e  
  
c  
e  
n  
t  
e  
r  
  
t  
r  
a  
c  
k  
  
r  
e  
c  
e  
i  
p  
t  
  
o  
f  
  
t  
h  
i  
s  
  
s  
e

A  
D  
2  
6  
·  
H  
o  
w  
  
d  
o  
e  
s  
  
t  
h  
e  
  
c  
e  
n  
t  
e  
r



**Adult education programs**

**AD28. Does the center support access to or provide adult education programs to parents? If yes, what types of adult education programs?**

**PROBE: Adult education programs refers to services provided to parents or caregivers to build skills and promote employment.**

**SELECT ALL THAT APPLY**

- 0  NO ADULT EDUCATION PROGRAM SERVICES      GO TO END
- 3  Job training
- 4  GED
- 5  ESL
- 99  Other (specify) \_\_\_\_\_

**AD31ab. How does the center support access to or provide these types of adult education programs?**

		SELECT ONE			
F i l l  i n  f o r  e a c h  a p p l i c a b l e  s e r v i c e		applicab le (no service)	E x p l i c i t l y  p r o v i d e d  b y  t h e  c e n t e r  ,  e i t	P r o v i d e d  o n  s i t e  a t  t h e  c e n t e r  ,  o r  v i	C e n t e r   <b>o n l y</b>  p r o v i d e s   i n f o r m a t i o n   t o  f a

		<p>her by :- - paid center staff or - by outside entity but the cen</p>	<p>rtually, but outside entity provides at no cost to the center</p>	<p>miles and makes a referral for services</p>
--	--	---	--	--

		ter covers the cost (on site, at outside entity location, or		
--	--	--	--	--



		v i r t u a l l y ) 1		
3 · J o b t r a i n i n g	na n/a	<input type="checkbox"/>	3  <input type="checkbox"/>	4  <input type="checkbox"/>
		P a i d c e n t e r  s t a f f 2	O n s i t e , n o c o s t	R e f e r r a l  o n l y
4 ·	na n/a	<input type="checkbox"/>	3  <input type="checkbox"/>	4  <input type="checkbox"/>
		P a i d o u t s i d e e n t i t y 1		
		<input type="checkbox"/>		

<p style="text-align: center;">G E D</p>		<p style="text-align: center;">P a i d  c e n t e r  s t a f f <sub>2</sub></p> <p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;">O n  s i t e ,  n o  c o s t</p>	<p style="text-align: center;">R e f e r r a l  o n l y</p>
<p style="text-align: center;">5 ·  E S L</p>	<p style="text-align: center;">na n/a</p>	<p style="text-align: center;">1</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">P a i d  c e n t e r</p>	<p style="text-align: center;">3</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">O n  s i t e ,  n o</p>	<p style="text-align: center;">4</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">R e f e r r a l  o n l y</p>

		<input type="checkbox"/> Paid outside entity	cost	y
7 · Other (specify)	na n/a	<input type="checkbox"/> Paid center staff	<input type="checkbox"/> On site, no cost	<input type="checkbox"/> Referral only
		<input type="checkbox"/> Paid		

		o u t s i d e  e n t i t y		
--	--	---	--	--

**AD31c. Of the list of adult education programs we just discussed, what is the most common one for the parents or caregivers in your center to receive?**

INTERVIEWER: IF TWO SERVICES ARE MOST COMMON, ASK THE RESPONDENT TO SELECT ONE ON WHICH TO FOCUS ADDITIONAL QUESTIONS.

**SELECT ONE**

- 3  Job training
- 4  GED
- 5  ESL
- 99  Other (*specify*)

**Thinking of this most common adult education program, [ask the following questions]**

A  
D  
2  
9  
.  
F  
o  
r  
p  
a  
r  
e  
n  
t  
s  
o  
f  
c  
h  
i  
l  
d  
r  
e  
n  
i  
n  
t  
h  
e  
c  
e  
n  
t  
e  
r  
,  
i  
s  
t  
h  
e  
r  
e  
a  
p  
r  
o  
c  
e  
s  
s

A  
D  
3  
0  
.  
W  
h  
o  
d  
e  
c  
i  
d  
e  
s  
t  
h  
a  
t  
p  
a  
r  
e  
n  
t  
s  
n  
e  
e  
d  
t  
h  
i  
s  
s

A  
D  
3  
2  
.  
H  
o  
w  
o  
f  
t  
e  
n  
d  
o  
e  
s  
t  
h  
e  
c  
e  
n  
t  
e  
r  
t  
r  
a  
c  
k  
r  
e  
c  
e  
i  
p  
t  
o  
f  
t  
h  
i  
s  
s  
e

A  
D  
3  
3  
.  
H  
o  
w  
d  
o  
e  
s  
t  
h  
e  
c  
e  
n  
t  
e  
r  
t  
r  
a  
c  
k  
i  
f  
t  
h  
e  
s  
e  
r  
v  
i  
c  
e  
w  
a  
s  
(  
p  
a  
r  
t  
i  
a



**AE1. Did staff paid by your center conduct home visits (in-person or virtual) to enrolled children and their families between August 2020 and March 2021?**

- 0  No GO TO AE4
- 1  Yes

**AE2. About what percentage of enrolled children received virtual visits or visits to their home by staff paid by your center between August 2020 and March 2021?**

WRITE IN PERCENTAGE

**AE3. About how frequently were virtual or home visits to children and families conducted by staff paid by your center?**

INTERVIEWER (clarify as needed): **We are asking about the frequency of visits for each child or a typical child.**

- 1  Once a year
- 2  Once a quarter
- 3  Once a month
- 4  More than once a month
- 99  Other (*specify*)

**AE4. Have the services your center provides to children and families changed as a result of the COVID-19 pandemic? If yes, how have the services provided to children and families changed?**

**SELECT ALL THAT APPLY**

- NA  No change to child and family services GO TO AE5

**Changes in child and family services**

- 1  Providing fewer specialized services for children, such as health screening, therapeutic services, and mental health services
- 2  Providing fewer support services for families, such as social services, adult education programs, and home visiting
- 3  Providing more direct services remotely rather than on-site
- 4  Providing more connections or referrals to services remotely rather than on-site
- 99  Other (*specify*)

**AE5. Thinking about all that we have discussed, has the COVID-19 pandemic led to other substantial changes in your center in the way you provide care and instruction to children that we haven't touched on?**

WRITE IN RESPONSE

END SURVEY