Early Head Start–Child Care Partnerships Sustainability Study

Early Head Start Program Director Survey

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Welcome to the Early Head Start-Child Care Partnerships Sustainability Study Program Director Survey.

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

Login ID: _____

Password: _____

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

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

INSTRUCTIONS SCREEN

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

- To answer a question, click the box to choose your response.
- To continue to the next webpage, click the **"Next"** button.
- To go back to the previous webpage, click the **"Back"** button. Please note that this command is only available in certain sections.
- If you need to stop before you have finished, close out of the webpage. The data you provide prior to logging out will be securely stored and available when you return.
- For security purposes, you will be timed out if you are idle for longer than 30 minutes.
- When you decide to continue, you will need to log in again using your login ID and password.

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

SURVEY INFORMATION SCREEN 1

The Office of Planning, Research, and Evaluation (OPRE) within the U.S. Department of Health and Human Services in the Administration for Children and Families (ACF) has contracted with Mathematica to conduct the Early Head Start–Child Care Partnerships Sustainability Study—a follow up to the National Descriptive Study of Early Head Start–Child Care Partnerships your program was selected for in 2016.

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

This survey will collect information about your program's current partnerships with child care providers, factors that have supported or impeded the sustainability of your program's partnerships with child care providers, and how partnerships funded under the 2015 round of (EHS-CCP) grants are faring.

You are being asked to complete this survey because you were identified as an Early Head Start-child care partnership grantee or delegate agency (grant number [GRANT NUMBER]) and participated in the 2016 National Descriptive Study.

SURVEY INFORMATION SCREEN 2

Your participation in this survey is important and will help ACF better understand the sustainability of Early Head Start-child care partnerships. The length of this survey is different for different people, but on average it should take 35 minutes. As a thank you, we will send you a $20 gift card for completing this survey.

As part of this survey, we will ask you to provide specific information about all the child care providers you had partnerships with in 2016. For each of those providers, we will ask you whether the partnership is still active, and to verify and update the partnering organization's name; and the director's name, telephone number, and email address. Please have this information available before beginning the survey.

Participation in the survey is completely voluntary and you may choose to skip any question you prefer not to answer. If you are unsure of how to answer a question, please give the best answer you can rather than leaving it blank. All your responses will be kept private and used only for research purposes. [IF NDScomplete=1: Your archived responses to the National Descriptive Study of Early Head Start–Child Care Partnerships may also be analyzed by the Sustainability Study team to understand changes over time.] Your responses will be combined with the responses of other partnership programs and no individual names will be reported. While there are no direct benefits to participants, your participation will help us learn about the sustainability of Early Head Start-child care partnerships. There are no known risks associated with your participation.

We recognize that some programs have very unique structures, and some questions might not "fit" just right for every single program. Please reach out to the study team if you have any questions about the survey, or would like to complete the survey over the phone. Please contact us by calling XXX-XXX-XXXX or emailing XXXX@mathematica-mpr.com. If you have questions about your rights as a research participant in this study, you may contact the [IRB NAME] by calling XXX-XXX-XXXX.

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

SCREENER

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

- **How partnerships funded under the 2015 round of Early Head Start-Child Care Partnership (EHS-CCP) grants are faring**
- **Your program's current partnerships with child care providers**
- **Factors that have supported or impeded the sustainability of your program's partnerships with child care providers**
- *By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **These partnerships might be, but do not need to be funded through an EHS-CCP grant**.*

S1. Are you able to report on your program's child care partnerships?

Select one only

- o   Yes, for at least some of the topics listed above. [GO TO S2]
- o   No, I cannot report information on any of the topics listed above. [GO TO S3]

[ASK IF S1=YES]
S2. The survey includes questions about current operations as well as child care partnerships that began over seven years ago (as early as 2015). If there are questions that you do not know the answer to, please consult others in your program as relevant. You will also have the option to select "Don't know" responses if you do not know the answer and the information is not available from someone else in your program.

[GO TO SECTION B]

[ASK IF S1=NO]
S3 Who is the best person currently working in your program to answer questions about these topics?

Name:

Email Address:

Phone Number:

Mailing Address

Thank you for your help with this important study. These are all the questions we have for you at this time. We will contact the person you provided information for to complete the survey. If you have any questions about the survey please contact the study team toll-free at XXX-XXX-XXXX or email us at XXX@mathematica-mpr.com.

B. UPDATE ON PARTNERS

B00. Some Early Head Start programs only operate partnership slots funded through EHS-CCP grants. Others might operate partnership slots through EHS-CCP grants and through other Early Head Start grants that are not EHS-CCP grants. Please select the options that best describe your program.

*By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **These partnerships might be, but do not need to be funded through an EHS-CCP grant**.*

My program:

Select all that apply
- ☐ Operates partnership slots through one or more Early Head Start-Child Care Partnership grants
- ☐ Operates partnership slots through one or more Early Head Start grants that are **not** Early Head Start-Child Care Partnership grants
- o Does not currently operate partnership slots

[NEW SCREEN IF SELECT OPTIONS 1 AND 2]
We will be asking questions about partnership slots funded through Early Head Start-Child Care Partnership grants and those funded through other Early Head Start grants. Please pay careful attention to the definitions displayed for each item.

[ASK OF GRANTEES WHO PARTICIPATED IN NDS AND HAD A DELEGATE, AND B00 NE 3]
B0. Our data shows that in 2016, you delegated partnership slots to one or more delegate agency. We would like to confirm this information. Do you still delegate partnership slots to the following agencies?

*By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **These partnerships might be, but do not need to be funded through an EHS-CCP grant**.*

[HOVER TEXT FOR DELEGATE AGENCY: *Delegate agencies refer to the entities to which grantees have delegated all or part of their responsibility for program operations (these may also be referred to as subrecipients).]*

[FILL DELEGATE AGENCY NAMES FROM PRELOAD]

	Yes, we still delegate partnership slots to this agency	No, we do not delegate partnership slots but this agency is still our delegate	No, this is no longer a delegate agency for my program
[DELEGATE AGENCY NAME 1]	1 ◯	2 ◯	3 ◯
[DELEGATE AGENCY NAME 2]	1 ◯	2 ◯	3 ◯
[DELEGATE AGENCY NAME N]	1 ◯	2 ◯	3 ◯

[ASK FOR EACH B0 = 3]
B1. What happened to [DELEGATE AGENCY]'s child care partners when they ceased to be a delegate agency for your program?

Select all that apply

- ☐ We partnered directly with [DELEGATE AGENCY]'s old partners
- ☐ One of our other delegate agencies partnered with [DELEGATE AGENCY]'s old partners
- ☐ [DELEGATE AGENCY]'s old partners ceased to have partnerships funded through my program

- ○ Don't know

[ASK IF B1 = "ONE OF OUR OTHER DELEGATE AGENCIES PARTNERED WITH [DELEGATE AGENCY]'S OLD PARTNERS"]
B2. Which delegate agency or agencies now partner with [DELEGATE AGENCY]'s old partners? [Fill any B0=1 or 2]

Select all that apply

- ☐ [Delegate agency name 1]
- ☐ [Delegate agency name 2]
- ☐ [Delegate agency name n]
- ☐ A delegate agency not listed here (SPECIFY)

  [   ]

- ○ Don't know

[LOOP B3 FOR ALL 2016 PROVIDERS; IF NO PROVIDERS LISTED IN NDS GO TO B8]
B3. Our records show you partnered with the following child care providers in [FILL MONTH OF NDS COMPLETION] 2016. Which of the following best describes each partnership today?

Hover text on "still a partner": *By "still a partner," we mean there is a formal contractual agreement between your EHS program and the individual child care center, family child care provider, or other entity to provide child care services to enrolled children that meet the Head Start Program Performance Standards.*

Hover text on "terminated": *By "this partnership has been terminated," we mean terminated the partnership agreement and/or no children served in partnership slots with no intention of filling any slots in the future.*

[PROGRAMMER: FILL PROVIDER NAME FROM PRELOAD]

	Still in a partnership with at least 1 child in a partnership slot	Still in a partnership but currently no children in a partnership slot	Partnership has been terminated	[DISPLAY IF GRANTEE AGENCY WITH DELEGATES] Don't know but delegate agency can report
a. [PROVIDER 1]	1 ○	2 ○	0 ○	3 ○
b. [PROVIDER 2]	1 ○	2 ○	0 ○	3 ○

c. [PROVIDER 3]	1 ○	2 ○	0 ○	3 ○
d. [PROVIDER 4]	1 ○	2 ○	0 ○	3 ○

[ASK FOR EACH B3 = 0; LOOP B3 FOR ALL 2016 PROVIDERS]
B4. Please indicate the month and year the partnership with [FILL PARTNER(S) FROM "no" RESPONSES IN B3] terminated. Your best estimate is fine.

Hover text on "terminated": *By "terminated," we mean terminated the partnership agreement and/or no children served in partnership slots with no intention of filling any slots in the future.*

_____ _____ / _____ _____ _____ _____ (mm/yyyy)

◻ Don't know

[ASK FOR EACH B3 = 2]
B5. Is the COVID-19 pandemic a factor in why [PROVIDER NAME] does not currently have any children in partnership slots?

Select one only

o   Yes

o   No
◻   Don't know

[LOOP B6-B7a FOR ALL SAMPLED NDS PROVIDERS]
B6. We would like to confirm the contact information for some of the providers you worked with at the time of the 2016 survey, even if your partnership with them is no longer supported by the EHS-CC partnership grant.

[PROGRAMMER: FILL PROVIDER NAMES FROM PRELOAD]

[LIST ROSTER OF NDS PARTNERS WITH THEIR CONTACT INFORMATION. WILL SHOW TEXT: *"Confirming information for [provider name],"* FOR ALL 2016 PROVIDERS 1 THROUGH N. REPEAT FOR EACH PROVIDER.]

	Yes, this information changed	No, this information did not change	Don't know
a. [Child care provider name]	1 ○	0 ○	d ○
b. [Manager/owner name]	1 ○	0 ○	d ○
c. [Manager/owner phone number]	1 ○	0 ○	d ○
d. [Director email]	1 ○	0 ○	d ○

[ASK IF YES SELECTED FOR ANY ITEM FOR ANY PROVIDER IN B6]
B7. Please update the information you indicated was not correct.

[LIST ROSTER OF PARTNERS WITH CONTACT INFORMATION. WILL INCLUDE BANNER: *"Confirming information for [provider name]."* Any "no" RESPONSES FROM THE PREVIOUS ITEM WILL SHOW AS A BLANK TO ENTER INFORMATION IN THE "child care provider information" COLUMN; ALL "yes" RESPONSES WILL FILL WITH INFORMATION FROM THE 2016 SURVEY.]

	Child care provider information [FILL FROM PRELOAD]

a. Updated child care provider name	
b. Updated manager/owner name	
c. Updated manager/owner phone number (no dashes or spaces)	
d. Updated manager/owner email	

B7a. Please enter a mailing address for [FILL PROVIDER NAME].

Street address

Zip code

City

State

[ASK IF (DID NOT PARTICIPATE IN NDS OR NO PARTNERS LISTED IN NDS) AND B00 NE 3]
B8. How many providers do you currently partner with to serve children?

By "providers you currently partner with," we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. ***These partnerships might be, but do not need to be funded through an EHS-CCP grant.***

[PROGRAMMER: RANGE FOR GRID IS 0-500]

Child care centers	
Family child care providers	

[ASK IF DID NOT PARTICIPATE IN NDS]
B9. How many providers did you partner with in February 2016?

[PROGRAMMER: RANGE FOR GRID IS 0-500]

Child care centers	
Family child care providers	

   o Don't know

Now we would like to ask you some questions about those child care providers you were in partnership with in 2016 but are no longer partnering with.

[ASK FOR EACH B3 = 0]
B10. Please indicate the extent to which you believe the following factors led to the termination of your partnership with [ANY DISSOLVED PARTNERSHIP PROVIDER FROM B3 THAT WAS SAMPLED FOR THE NDS].

☐   I have not been in this position long enough to answer questions about this provider

	NOT A FACTOR	A MINOR FACTOR	A MAJOR FACTOR
a. Differences in program philosophy and mission	0 ○	1 ○	2 ○
b. Misunderstanding about roles and responsibilities	0 ○	1 ○	2 ○
c. Perceived lack of respect among partners	0 ○	1 ○	2 ○
d. Administrative burden of reporting requirements	0 ○	1 ○	2 ○
e. Burden of program monitoring/site visits	0 ○	1 ○	2 ○
f. Difficulty meeting child–adult ratio and group size requirements	0 ○	1 ○	2 ○
g. Difficulty meeting [teacher/provider] credential requirements	0 ○	1 ○	2 ○
h. Difficulty complying with other Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements	0 ○	1 ○	2 ○
i. Perceived inadequacy of funding	0 ○	1 ○	2 ○
j. Too many vacant slots	0 ○	1 ○	2 ○
k. Provider went out of business	0 ○	1 ○	2 ○
l. Provider remained in business but stopped providing care for infants and toddlers	0 ○	1 ○	2 ○
m. Other, specify	0 ○	1 ○	2 ○

[ASK IF B10k=1 or 2 and B4 later than 02/2020]
B11. Was the COVID-19 pandemic a factor in [PROVIDER] going out of business?

Select one only

o   Yes

o   No
o   Don't know

[ASK IF B10j=1 or 2 and B4 later than 02/2020]
B12. Was the COVID-19 pandemic a factor in [PROVIDER] having too many vacant slots?

Select one only

o   Yes

o   No
o   Don't know

[ASK IF B10l=1 or 2 and B4 later than 02/2020]
B13. Was the COVID-19 pandemic a factor in [PROVIDER] no longer providing infant and toddler care?

Select one only

o   Yes

o   No
o   Don't know

IF B00 = 3, GO TO A1

[IF B00 NE 3]

Next, we would like to make sure we have a picture of all your *current* partners.

[NDS PARTICIPANTS, IF B00 NE 3]
B14. Are there additional providers that you currently partner with who are not listed below?

By currently partner, we mean partner with individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. ***These partnerships might be, but do not need to be funded through an EHS-CCP grant.***

[SHOW LIST OF PROVIDERS FROM B3=1, 2]

Select one only

o   Yes

o   No

[ASK IF B14=1]
B15. How many additional providers?

[   ]ers

[ASK IF B14=1]
B16. Please enter the following information for any additional providers. When you are done entering the information for a provider, press the "Next" button.

[THIS QUESTION SHOULD APPEAR FOR THE NUMBER OF ADDITIONAL PROVIDERS ENTERED INTO B15.]

	CHILD CARE PROVIDER INFORMATION
a. Child care provider type	☐ Child care center ☐ Family child care provider
b. Child care provider name	

[LOOP B17-B20 FOR EACH B16 RESPONSE]

[ASK IF B14=1]
B17. Does [NEW PROVIDER NAME FROM B16b] operate enrollment slots funded through an Early Head Start-Child Care Partnerships grant?

Select one only

- o   Yes
- o   No

[ASK IF B14=1]
B18. Did you have any experience collaborating with [NEW PROVIDER NAME FROM B16b] before the partnership to provide funded enrollment slots began?

Select all that apply

- ☐   Yes, part of a community collaborative group
- ☐   Yes, participated in a joint training
- ☐   Yes, other (specify)
- ☐   No
- ☐   I have not been in this position long enough to answer this question

[ASK IF B14=1]
B19. How long has your agency had a written partnership agreement with [NEW PROVIDER NAME FROM B16b]?

Select one only

- o   Less than 1 year
- o   1 to 3 years
- o   4 to 5 years
- o   More than 5 years
- o   I have not been in this position long enough to answer this question

[ASK IF B14=1]
B20. Which of the following are reasons your agency formed this new partnership with [PROVIDER NAME FROM B16b]?

Select all that apply

- ☐   To maintain total slots after partnership(s) with other child care providers terminated
- ☐   To respond to family preferences or needs
- ☐   To increase enrollment slots as additional EHS-CC partnership grant money was provided
- ☐   To respond to changing community needs or findings from community assessments
- ☐   Other (specify)
- ☐   I have not been in this position long enough to answer this question

☐   Don't know

A: ABOUT YOUR AGENCY AND GRANTS

[ALL]
We would like to start with a few questions about your agency and the Early Head Start grants it receives.

A1. We would like to confirm which Early Head Start grants are currently active. Please complete the table below, adding any currently active Early Head Start grants not already listed.

If you see the old grant number for a continuing grant, please mark the old number as "this grant is no longer active," and enter the new number for that grant into the table.

Grant number	Yes, this grant is currently active	This grant is active but has been consolidated with another grant	This grant is no longer active
a. [FILL FROM PIR]	1 ○	2 ○	0 ○
b. [FILL FROM PIR]	1 ○	2 ○	0 ○
c. [BLANK TO ADD GRANT NOT LISTED]	1 ○	2 ○	0 ○

[LOOP A2-A3 for any A1x=2]

[FOR ALL ROWS MARKED 2 IN ITEM A1]
A2. You indicated that grant [GRANT NUMBER] has been consolidated with another grant. Please enter the grant(s) it was consolidated with.

umber(s) consolidated

[FOR ALL ROWS MARKED 2 IN ITEM A1]
A3. What is the grant number of the resulting consolidated grant for [GRANT NUMBERS]?

umber

[B00 NE 3]
A4. Please indicate whether each of the following grants fund EHS-CCP slots and/or other partnership slots.

[IF B00=1] *By **EHS-CCP slots**, we mean funded partnership enrollment slots with **direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants**.*

[IF B00=2] *By **other partnership slots**, we mean funded partnership enrollment slots that are **not directly funded by the 2015, 2017, and/or 2019 EHS-CC Partnership grants**.*

Please do not include expansion slots when answering this item.

Grant number	Yes, this grant funds EHS-CCP slots [DISPLAY ONLY IF B00=1]	Yes, this grant funds other partnership slots [DISPLAY ONLY IF B00=2]	No, this grant does not fund any EHS-CCP or other partnership slots
a. [FILL FROM A1X=1	1 ○	2 ○	0 ○

AND A3]			
b. [FILL FROM A1X=1 AND A3]	1 ○	2 ○	0 ○
c. [FILL FROM A1X=1 AND A3]	1 ○	2 ○	0 ○

[FOR ALL ROWS MARKED 0 IN ITEM A1].
A5. Please indicate the month and year grant [GRANT NUMBER] ended. Your best estimate is fine.

___ ___/ ___ ___ ___ ___ (mm/yyyy)

[B00 NE 3]
A6. For each of the following, please indicate the total number of EHS-CCP and other partnership slots that your program currently offers.

[IF B00=1] *By **EHS-CCP slots**, we mean funded partnership enrollment slots **with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants.***

[IF B00=2] *By **other partnership slots**, we mean funded partnership enrollment slots that are **not directly funded by the 2015, 2017, and/or 2019 EHS-CC Partnership grants.***

	Number of EHS-CCP slots [DISPLAY ONLY IF B00=1]	Number of other partnership slots [DISPLAY ONLY IF B00=2]
a. Partnership slots in child care centers		
b. Partnership slots in family child care		

[ALL]
A7. Have you converted any enrollment slots?

Select all that apply
- ▢ Converted Head Start to Early Head Start
- ▢ Converted Head Start to Early Head Start-Child Care Partnership
- ▢ Converted Early Head Start to Head Start
- ▢ Converted Early Head Start-Child Care Partnership to Head Start
- ▢ Converted Early Head Start-Child Care Partnership to Early Head Start
- o No

[FOR EACH A7=CONVERTED TO OR FROM EHS-CCP]
A8. How many slots have you converted from [FILL BASED ON A7]?

[FILL FROM A7] slots

Converted into

[FILL FROM A7] slots

[FOR EACH A7=CONVERTED TO OR FROM EHS-CCP]

A9. When did you convert [FILL FROM A7] slots?

___ ___ / ___ ___ ___ ___ (mm/yyyy)

☐ Don't know

[B00 NE 3 AND NDS PARTICIPANT; ASK FOR EACH A6 COLUMN 1 NE NDS]
A10. It appears that the number of [EHS-CCP slots in child care centers/EHS-CCP slots in family child care] [increased/decreased] since 2016. Please indicate why that occurred.

Select all that apply

☐ [If decrease] Converted EHS-CC partnership slots to EHS slots
☐ [If increase] Converted EHS slots to EHS-CC partnership slots
☐ [If increase] Received additional funding to support more EHS-CC partnership slots
☐ [If increase] Converted Head Start slots to EHS-CCP slots
☐ [If increase] The number of providers we are partnering with has increased
☐ [If decrease] The number of providers we are partnering with has decreased
☐ [If decrease] Converted EHS-CCP slots to EHS or HS slots
☐ [All] Other (specify)
☐ I have not been in this position long enough to answer this question

[B00=1 or 2]
A14. Has the number of partnership slots that are filled decreased between March 2020 and now due to the COVID-19 pandemic?

Select one only

o   Yes

o   No
o   Don't know

[ASK IF A14=1]
A15. By how many slots has your filled partnership enrollment decreased between March 2020 and now, due to the COVID-19 pandemic?

	Slots

E. FACTORS SUPPORTING AND IMPEDING SUSTAINABILITY

IF B00 = 3, GO TO E4

[ALL]
In this section, we ask about your program's partnership plans in the future, and how various factors have helped support or impede partnerships' sustainability.

E1. When [does your grant/do your grants] supporting EHS-CC partnership slots end?

Please do not count grant consolidation as the end date of a grant.

Grant number	End date
a. [Fill any A4x=1]	mm/yyyy
b. [Fill any A4x=1]	mm/yyyy

[ALL]
E2. After [the grant ends/these grants end], does your agency plan to continue to offer services to infants, toddlers, and their families in child care provider settings?

Select one only

- o   Yes
- o   No
- **o**   Don't know

[ASK IF YES TO E2]
E3. How will your agency support the partnerships with child care providers?

Select all that apply

- ☐   Use EHS grant funds to pay for slots in child care provider settings
- ☐   Other (specify)

[ALL]
Next, we have some questions about the factors that might have supported or served as barriers to the sustainability of your partnerships.

E4. To what degree have the following factors supported the sustainability of your partnerships?

*By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **These partnerships might be, but do not need to be funded through an EHS-CCP grant**.*

- o   I have not been in this position long enough to answer this question ⟶ GO TO E5

	NOT A SUPPORT	SOMEWHAT OF A SUPPORT	A MAJOR SUPPORT
a. Alignment in program philosophy and mission	1 ◯	2 ◯	3 ◯
b. Clarity about roles and responsibilities	1 ◯	2 ◯	3 ◯

	NOT A SUPPORT	SOMEWHAT OF A SUPPORT	A MAJOR SUPPORT
c. Clarity about policies related to funding, standards, and oversight	1 ○	2 ○	3 ○
d. Mutual respect with providers	1 ○	2 ○	3 ○
e. Shared decision making	1 ○	2 ○	3 ○
f. Provider satisfaction with funding amount	1 ○	2 ○	3 ○
g. Provider satisfaction with funding arrangement (other than funding amount)	1 ○	2 ○	3 ○
h. Open communication with provider	1 ○	2 ○	3 ○
i. A commitment among EHS program leadership to partner with child care providers	1 ○	2 ○	3 ○
j. A commitment among provider leadership to partner with EHS	1 ○	2 ○	3 ○
k. A person at your agency who actively and enthusiastically promoted partnering with child care providers (such as EHS-CC partnership grant "champion" or "opinion leader")	1 ○	2 ○	3 ○
l. A person at the centers/family child care providers (FCCs) who actively and enthusiastically promoted partnering with EHS (such as EHS-CC partnership grant "champion" or "opinion leader")	1 ○	2 ○	3 ○
m. Stability in leadership at your agency	1 ○	2 ○	3 ○
n. Stability in leadership in centers/FCCs	1 ○	2 ○	3 ○
o. Sufficient EHS staff to oversee partnership activities	1 ○	2 ○	3 ○
p. Other	1 ○	2 ○	3 ○

[ALL]
E5. To what degree have the following factors served as a barrier to the sustainability of your partnerships?

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. ***These partnerships might be, do not need to be funded through an EHS-CCP grant***.

    o   I have not been in this position long enough to answer this question ⟶ GO TO SECTION C (unless B00 = 3, then GO TO SECTION F)

	NOT A BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
a. Lack of alignment in program philosophy and mission	1 ○	2 ○	3 ○
b. Lack of clarity about roles and responsibilities	1 ○	2 ○	3 ○
c. Lack of clarity about policies related to funding, standards, and oversight	1 ○	2 ○	3 ○
d. Lack of mutual respect with providers	1 ○	2 ○	3 ○

	NOT A BARRIER	SOMEWHAT OF A BARRIER	A MAJOR BARRIER
e. Lack of shared decision making	1 ○	2 ○	3 ○
f. Insufficient funding	1 ○	2 ○	3 ○
g. Lack of communication with providers	1 ○	2 ○	3 ○
h. Challenges meeting child adult ratio and group size requirements	1 ○	2 ○	3 ○
i. Challenges meeting teacher/provider credential requirements	1 ○	2 ○	3 ○
j. Challenges complying with the Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements	1 ○	2 ○	3 ○
k. Challenges maintaining enrollment in partnership slots	1 ○	2 ○	3 ○
l. Challenges meeting administrative reporting requirements	1 ○	2 ○	3 ○
m. Challenges recruiting qualified staff	1 ○	2 ○	3 ○
n. Lack of stability in leadership at my agency	1 ○	2 ○	3 ○
o. Lack of stability in leadership in centers/FCCs	1 ○	2 ○	3 ○
p. Lack of sufficient EHS staff to oversee partnership activities	1 ○	2 ○	3 ○
q. Other	1 ○	2 ○	3 ○

IF B00 = 3, GO TO SECTION F

C. PARTNERSHIP SERVICES AND ACTIVITIES

[ALL]
Next, we have some questions about how the partnerships are funded.

C1. How much of the total annual funding amount of your EHS and EHS-child care partnership grants is transferred to child care providers? Your best estimate is fine. Please only enter dollar amount values in your response, and do not include commas or other special characters.

*By child care providers, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **These partnerships might be, but do not need to be funded through an EHS-CCP grant**.*

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[                         ]
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o   Don't know

[ASK IF C1=DON'T KNOW]
C2. All we need is your best estimate. Can you tell us what _percentage_ of the total annual funding amount of the grant is transferred to child care partners?

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[                         ]
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[ALL]
C3. Do you provide a payment for each partnership slot that is not filled?

Select one only

o   Yes, until the slot is filled

o   Yes, for a limited period of time
o   No

[ASK IF C3=1]
C4. The amount of payment provided for each slot that is not filled is which of the following?

Select one only

o   The same as the amount provided to a filled partnership slot
o   Less than the amount provided to a filled partnership slot

[ALL]
C5. Did you provide a payment for partnership slots that went unfilled due to the COVID-19 pandemic?

Select one only

o   Yes, until the slots were filled
o   Yes, for a limited period of time
o   No
o   Other (specify)

[ASK IF YES TO C5]
C6. The amount of payment provided for slots that were unfilled due to COVID was which of the following?

Select one only

o   The same as the amount provided for filled partnership slots
o   Less than the amount provided for filled partnership slots

[ALL]
C7. If a child in a partnership slot loses subsidy funding, does your agency use EHS funds to offset those funds?

Select one only

o   Yes, for the entire period of time the child is enrolled
o   Yes, for a limited period of time
o   No

[ASK IF YES TO C7]
C8. Do the funds provided offset the lost subsidy funds?

Select one only

o   The funds completely offset the lost subsidy funds.
o   The funds partially offset the lost subsidy funds.
o   Other (specify)

[STATE GRANTEES GO TO C12]

C9. Many programs have revenue from sources other than Early Head Start that allows them to serve additional children and families (that may or may not qualify for Head Start) or to support other initiatives and improvements. The next questions are about these sources of revenue.

Does your program receive any revenues from the following sources other than Early Head Start? Please think about all the funding streams that come into your program, even for centers that do not provide Early Head Start services.

Select one per row

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

[ASK IF C9 IS NOT MISSING AND MORE THAN 2 RESPONSES SELECTED]
C10. Which of the following are the three largest sources of revenue for your program?

[ONLY SHOW OPTIONS THAT = 1 IN C9, ONLY ALLOW UP TO THREE RESPONSES TO BE SELECTED]

Select up to 3

- ☐ Early Head Start
- ☐ Tuitions and fees paid by parents, including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees, late pick-up/late payment fees
- ☐ State or local Pre-K funds from the state or local government
- ☐ Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)
- ☐ Other funding from state government (e.g., transportation, grants from state agencies)
- ☐ Other funding from local government (e.g., grants from county government)
- ☐ Federal government other than Head Start (e.g., Title I, Child and Adult Care Food Program, WIC)
- ☐ Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations)
- ☐ Revenues from fund raising activities, cash contributions, gifts, bequests, special events

☐   Other (FILL FROM C9i)
☐   Don't know

[ASK IF C10 IS NOT MISSING]
C11. About what percent of your program's total annual revenue is provided by [C10]?

[LOOP C11 THREE TIMES, ONE FOR EACH SOURCE SELECTED IN C10]

PERCENT

[ALL]
Next, we have a few questions about quality monitoring in the partnerships.

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. **_These partnerships might be, do not need to be funded through an EHS-CCP grant_**.

[ALL]
C12. Which of the following statements best describes how your agency involves partners in decision making about how to monitor quality improvement? My agency:

Select one only

o   Develops quality improvement monitoring processes and tools <u>without input from child care providers</u> but these partners do provide feedback based on the results of the monitoring data.
o   Develops quality improvement monitoring processes and tools <u>in partnership with child care providers</u>, and collaborates with staff from those providers to develop action steps based on results.
o   Gives provider directors/owners responsibility to identify quality improvements on their own, and then my agency partners with staff to develop action steps.
o   Does not engage providers in any decision making about how to monitor quality improvement.

[ALL]
C13. Please indicate in which of the following activities someone from your partnership engages with your child care providers.

By someone from your partnership, we mean staff from your program, staff from the child care provider themselves, or staff from a third party organization or consultant (like a technical assistance provider) who supports the partnerships.

Select all that apply

☐   Observing teachers/family child care providers in the classroom/home to assess their practice
☐   Completing checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)
☐   Reviewing teachers' or family child care providers' teaching plans
☐   Reviewing program data to see how the center or home is doing with respect to specific goals or objectives
☐   Meeting with someone in an administrative role to review files
☐   Meeting with teachers or family child care providers to provide feedback regarding their teaching practices

☐ Meeting with teachers or family child care providers to discuss how to link the curriculum to children's developmental needs

☐ Discussing with teachers or family child care providers strategies to ensure teaching practices are developmentally appropriate

☐ Discussing with teachers or family child care providers strategies to ensure a rich curriculum

o None of these

[ASK FOR EACH YES RESPONSE TO C13]
C14. Who has <u>primary</u> responsibility for [C13]?

[TO BE ANSWERED FOR EACH YES RESPONSE TO C13]

Select one only

o Partnership program staff

o Child care provider staff

o Staff from a third-party organization or consultant (such as technical assistance provider or family child care network)

o Other (specify)

[ASK IF THIRD-PARTY ORGANIZATION OR CONSULTANT IS SELECTED AT C14]
C16. Who from a third-party organization or consultant was primarily responsible for [C13]?

Select one only

o Someone from a family child care network

o Someone from my local child care resource and referral agency (CCR&R)

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

o Someone from the state or local child care licensing agency

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

o Other (specify)

[ASK FOR EACH YES RESPONSE TO C13]
C17. How do you use the information gained from this activity?

Select all that apply

☐ Develop written improvement plan

☐ Schedule follow-up reviews or observations

☐ Provide staff training

☐ Obtain technical assistance

☐ Terminate partnership

☐ Other (specify)

D. PARTNERSHIP PROCESSES, FEATURES, AND STRUCTURES

[ALL]
Now we have a set of questions about the processes and structures that support the partnerships.

By partnerships, we mean individual child care centers, family child care providers, or other entities that provide child care services to enrolled infants and toddlers. These are partners that have a formal contractual agreement with your Early Head Start program to provide services that meet the Head Start Program Performance Standards. ***These partnerships might be, but do not need to be funded through an EHS-CCP grant****.*

[ALL]
D1. Are partnership agreements ever updated?

Select one only

- o   Yes
- o   No [GO TO D4]

[ASK IF YES TO D1]
D2. How often are partnership agreements updated?

Select one only

- o   Annually
- o   Every other year
- o   As needed
- o   The frequency with which partnership agreements are updated varies across providers
- o   Other (specify):

[ASK IF YES TO D1]
D3. Across partners, how are partnership agreements typically updated?

Select one only

- o   My agency updates partnership agreements with no input from the child care provider.
- o   My agency drafts updates to partnership agreements and then gathers input from the child care provider to finalize.
- o   Partnership agreements are jointly updated by my agency and each child care provider.
- o   Partnership agreements are jointly updated by my agency and a committee of child care providers.
- o   The process of updating partnership agreements varies by provider.

[ALL]
D4. What process do you have in place to support quality relationships with child care providers?

Select all that apply

- ☐   Hold regular meetings with lead staff from each provider
- ☐   Participate in discussions with frontline staff
- ☐   Conduct staff surveys
- ☐   Review the partnership agreement

☐ None [GO TO D6]
☐ Other (specify)

[ASK IF D4 NE NONE]
D5. How often do you [response in D4]?

Select one only

- o Weekly or multiple times per month
- o Monthly
- o Quarterly
- o Twice a year
- o Annually
- o As needed
- o Other (specify)

[ALL]
D6. Do program staff meet regularly with child care provider staff to discuss services for individual children and families?

Select one only

- o Yes
- o No [GO TO D9]

[ASK IF YES TO D6]
D7. What is discussed during these meetings?

Select all that apply

☐ Family service plans
☐ Child assessment results
☐ Classroom lesson plans
☐ Transition plans
☐ Communication with parents
☐ Coordination with early intervention or other service providers
☐ Other child care arrangements children are in
☐ Transportation for children
☐ Child or family needs or barriers
☐ Other (specify)

[ALL]
D9. Since your program started funding slots through the 2015 round of Early Head Start-child care partnership grants, has there ever been one person or a team of people at your agency who

actively and enthusiastically promoted the EHS-CC partnerships? These people are sometimes referred to as "champions" or "advocates."

Please include yourself if you are a champion or advocate.

Select one only

- o   Yes, one person championed the implementation of the EHS-CC partnerships.
- o   Yes, a team of people championed the implementation of the EHS-CC partnerships.
- o   No, there have been no champions or advocates for the EHS-CC partnerships.
- o   I have not been in this position long enough to answer this question

[ALL]
D10. Are there currently partnership "champions" or "advocates" at your agency?

By "champions" or "opinion leaders," we mean one person or a team of people at your agency who actively and enthusiastically promoted the EHS-CC partnerships.

Please include yourself if you are a champion or advocate.

Select one only

- o   Yes, one person champions the EHS-CC partnerships. [GO TO D11]
- o   Yes, a team of people champions the EHS-CC partnerships. [GO TO D12]
- o   No, there are no champions or advocates for the EHS-CC partnerships. [GO TO D13]

[ASK IF D10= YES, ONE PERSON CHAMPIONS THE EHS-CC PARTNERSHIPS]
D11. What is the current partnership champion's role in your agency?

Select one only

- o   EHS-CCP director
- o   Education coordinator
- o   Master teacher
- o   Other, specify

[ASK IF D10= YES, A TEAM OF PEOPLE CHAMPIONS THE EHS-CC PARTNERSHIPS]
D12. What are the current partnership champions' roles in your agency?

Select all that apply

- ☐   EHS-CCP director
- ☐   Education coordinator
- ☐   Master teacher
- ☐   Other (specify)

[ALL]
D13. Next, we have a few questions about the person responsible for overseeing the EHS-CC partnership grant(s) at your agency. This person could be someone in an administrative role, like a program director, education coordinator, and so on. Since 2016, has the person responsible for overseeing the EHS-CC partnership grant at your agency changed?

Select one only

- o   Yes

o   No

[ASK IF YES TO D13]
D14. Since 2016, how many people have had primary responsibility for overseeing the EHS-CC partnership grant at your agency?

| |
|--------------------------| Number of people

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

F. BACKGROUND AND EXPERIENCE

[ALL]
These last few questions are about you and your agency.

F1. Including this year, how many years have you been working for this agency?

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[                          ]
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[ALL]
F2. What is your role?

Select one only

- o   Partnership program director
- o   Delegate agency director
- o   EHS-CCP manager or coordinator
- o   Other (specify)

[ALL]
F3. Including this year, how many years have you been involved in your program's partnerships?

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[                          ]
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[ALL]
F4. What is the highest level of education you have completed?

Select one only

- o   High school diploma or GED certificate
- o   Some technical or vocational school, but no diploma
- o   Technical or vocational diploma
- o   Some college courses, but no degree
- o   Associate of arts degree (A.A., A.A.S.)
- o   Bachelor's degree (B.A., B.S.)
- o   Master's degree (M.A., M.S.)
- o   Doctorate degree (Ph.D., Ed.D.)
- o   Professional degree after bachelor's degree
- o   Other (specify)

[ALL]
F5. In what field did you obtain your highest degree?

Select one only

- o   Child development or developmental psychology
- o   Early childhood education
- o   Elementary education
- o   Special education

o   Other (specify)