



Early Head Start-  
Child Care Partnerships  
Sustainability Study

# Early Head Start–Child Care Partnerships Sustainability Study

## Sustained Partnership Provider Survey

## LOGIN SCREEN



Mathematica

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# Early Head Start–Child Care Partnerships Sustainability Study

## Sustained Partnership Provider Survey

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

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

Login ID: \_\_\_\_\_

Password: \_\_\_\_\_

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



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

Paperwork Reduction Act Statement: This collection of information is voluntary. 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 valid OMB control number for this information collection is 0970-0471 which expires MM/DD/YYYY. The time required to complete this collection of information is estimated to average 30 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the collection of information. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Mathematica, 600 Alexander Park, Suite 100, Princeton, NJ 08540, Attention: Patricia Del Grosso.

## 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

PROGRAMMER NOTE: DISPLAY DEFINITIONS AT FLAGGED ITEMS

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

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

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

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

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

We refer to “partnership slots” throughout the survey. We define “partnership slots” as enrollment slots with direct funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants. “Non-partnership slots” refers to enrollment slots that do not receive direct funding from the 2015, 2017, and/or 2019 EHS-CCP grants. “Partnership grant” refers to funding from the 2015, 2017, and/or 2019 Early Head Start-Child Care Partnership grants.

## SURVEY INFORMATION SCREEN 2

Your participation in this survey is important and will help ACF better understand the sustainability of Early Head Start-child care partnerships. The length of this survey is different for different people, but on average it should take no more than 30 minutes. As a thank you, we will send you a \$20 gift card for completing this survey.

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

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

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

**PROVIDER SCREENER**

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

IF PRELOAD = SUSTAINED

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

Select one only

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

IF PRELOAD = SUSTAINED

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

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

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

**IF S4 = 0, ROUTE TO DISSOLVED PARTNERSHIP PROVIDER SURVEY. ELSE, GO TO A3.**

**A. YOUR [CENTER/FAMILY CHILD CARE HOME]**

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

**A3 [IF CENTER] Is your center independent or is it sponsored by another organization?**

*A sponsoring organization may provide funding, administrative oversight or have reporting requirements; however, organizations that are solely funding sources should not be considered sponsors. Ask question for child care centers*

*Select one only*

- Independent..... 1
- Sponsored ..... 2
- Don't know..... d

**IF FAMILY CHILD CARE HOME [IF CENTER SKIP TO A8]**

**A6 Are you a member of or affiliated with any of the following types of organizations?**

*Select all that apply*

- Family child care network..... 1
- Family child care association..... 2
- Union that represents family child care providers..... 3
- Other ..... 99
- Specify
- Independent ..... 0

**Next, we have a few questions about your Early Head Start-child care partnership with [EHS PROGRAM].**

**A8 Does your [center/family child care] currently operate partnership slots in partnership with any Early Head Start program other than [EHS PROGRAM]?**

*Select one only*

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

**A9 Since starting the EHS-CC partnership grant, were there periods of time when your [child care center/family child care home] did not have any enrollment slots for children birth to age 3 funded through the EHS-CC partnership grant?**

PROGRAMMER: DO NOT ALLOW RESPONSE OF 0 OR 3 ALONG WITH ANOTHER RESPONSE

PROGRAMMER: ADD THE FOLLOWING HOVER TEXT DEFINITION FOR "TERMINATED:" "By "terminated," we mean the partnership agreement has been terminated and/or there are no children served in partnership slots with no intention of filling any slots in the future."

Select all that apply

- Yes, all partnership slots were unfilled but we intended to refill them, and the partnership agreement was still in place
- Yes, all partnership slots were unfilled with no intention of filling them, or partnership agreement was terminated
- No
- I have not been in this position long enough to answer this question.....3

**A12 If A9 = 1 or 2: What was the reason for the period of inactivity?**

*If you have had more than one period of time when you did not have any enrollment slots for children birth to age 3 funded through the EHS-CC partnership grant, please think of the most recent period of time when this occurred.*

Select all that apply

- Differences in program philosophy and mission
- Misunderstanding about roles and responsibilities
- No families to fill slots
- Inadequacy of funding
- Dissatisfaction with funding arrangement (other than funding amount such as payment schedules)
- Difficulty meeting child-adult ratio and group size requirements
- Difficulty meeting teacher/provider credential requirements
- Difficulty complying with other the Head Start Program Performance Standards (HSPPS), other than ratios and credential requirements
- Suspension of child care business due to a licensing or regulatory violation
- A change in leadership at [EHS PROGRAM]
- A change in leadership at my [child care center/family child care home]
- Suspension of child care business for some reason other than a violation
- Other (SPECIFY)..... 99

Specify



## F. SUPPORTS AND IMPEDIMENTS TO SUSTAINABILITY

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

**F1 To what degree have the following factors supported the sustainability of your partnership with [EHS PROGRAM]?**

- o I have not been in this position long enough to answer this question → GO TO F2

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

**F2 To what degree have the following factors served as a barrier to the sustainability of your partnership with [EHS PROGRAM]?**

- o I have not been in this position long enough to answer this question → GO TO F4

|  | NOT A BARRIER | SOMEWHAT OF A BARRIER | A MAJOR BARRIER |
|--|---------------|-----------------------|-----------------|
|--|---------------|-----------------------|-----------------|

|  |                         |                         |                         |
|--|-------------------------|-------------------------|-------------------------|
| a. Lack of alignment in program philosophy and mission   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. Lack of clarity about roles and responsibilities  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Lack of clarity about policies related to funding, standards, and oversight   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Lack of mutual respect with EHS program   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. Lack of shared decision making  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. Insufficient funding  |                         |                         |                         |
| g. Lack of communication with EHS program  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. Challenges meeting child adult ratio and group size requirements  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. Challenges meeting teacher/provider credential requirements   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. Challenges complying with the Head Start Program Performance Standards (HSPPS), beyond ratios and credential requirements | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. Challenges maintaining enrollment in partnership slots  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. Challenges meeting administrative reporting requirements  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. Challenges recruiting qualified staff   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. Lack of stability in leadership at [EHS PROGRAM]  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| o. Lack of stability in leadership in my [center/FCC]  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| p. Other (SPECIFY)   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

**F3. [IF more than 3 factors marked as somewhat or a major barrier in F2]: From the factors that you indicated were a barrier to the sustainability of your partnership, which three do you consider to be the biggest?**

Select three

- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....1
- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....2
- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....3
- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....4
- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....5
- [FILL ANY SOMEWHAT OR MAJOR BARRIER FROM F2].....6
- I have not been in this position long enough to answer this question.....d

**F4. The COVID-19 pandemic caused large disruptions to many child care providers. Did [EHS PROGRAM] provide any of the following additional supports in response to the COVID-19 pandemic?**

Select all that apply

- Continued or additional funding
- Supports for [teacher/provider] well-being
- Supports for [teacher/provider] continuing education or professional development
- Supports for the increased costs of securing and using protective equipment
- Materials or food for families
- Financial support for families, including housing assistance
- Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)
- Remote supports for parents, such as mental health services or family activity ideas
- Remote learning or socialization for children
- Training for staff on remote learning
- Assistance in applying for financial support from state or local agencies (for example, the Federal Paycheck Protection Program, a Federal Small Business Administration loan, or state funds or grants)
- Other (SPECIFY)
- None of these.....

["Continued funding" selected at F4]

**F5. For what purposes did you use the continued funding from [EHS PROGRAM]?**

Select all that apply

- Supports for [teacher/provider] well-being
- Supports for [teacher/provider] continuing education or professional development
- Supports for the increased costs of securing and using protective equipment
- Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)
- Materials or food for families
- Financial support for families, including housing assistance
- Remote supports for parents, such as mental health services or family activity ideas
- Remote learning or socialization for children
- To continue to pay staff, even if the payment was not their usual amount
- To pay bills such as mortgage, rent and insurance, even if the funding from [EHS PROGRAM] did not cover the full bill(s)

- Other (SPECIFY)
- None of these.....

**F6. [IF “Continued funding” selected at F4: In addition to the continued funding from [EHS PROGRAM],] [d/D]id you receive any money for your child care business from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?**

*Select one only*

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

**F7. [IF F6=1] For what purposes did you use the funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, American Rescue Plan (ARP) Act, or other COVID-related government funds?**

Select all that apply

- Supports for [teacher/provider] well-being
- Supports for [teacher/provider] continuing education or professional development
- Supports for the increased costs of securing and using protective equipment
- Supports for remote connectivity and learning for you or the children you care for (for example, hardware such as laptops or smartphones, MiFi/hotspots)
- Materials or food for families
- Financial support for families, including housing assistance
- Remote supports for parents, such as mental health services or family activity ideas
- Remote learning or socialization for children
- To continue to pay staff, even if the payment was not their usual amount
- To pay bills such as mortgage, rent and insurance, even if the funding did not cover the full bill(s)
- Other (SPECIFY)
- None of these.....

**B. ENROLLMENT AND FUNDING**

**Section introduction screen:** Next, we have some questions about enrollment in your [child care center/family child care home] and funding you receive from [EHS PROGRAM].

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

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

|   | SLOTS                |
|---|----------------------|
| a. What is the <u>total licensed enrollment capacity</u> of your [child care center/family child care home] <u>across all ages</u> ?  | <input type="text"/> |
| b. What is the <u>total licensed enrollment capacity</u> of your [child care center/family child care home] for children <u>birth to age 3</u> ?  | <input type="text"/> |
| c. What is the total number of enrollment slots for children birth to age 3 funded through the Early Head Start-child care partnership grant with [EHS PROGRAM NAME] ("partnership slots")? | <input type="text"/> |
| d. If A10=1: What is the total number of enrollment slots for children birth to age 3 funded in partnership with any other Early Head Start program ("partnership slots")?                  | <input type="text"/> |

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

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

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

*Select one only*

- Yes, we closed once during the COVID-19 pandemic.....1
- Yes, we closed more than once during the COVID-19 pandemic.....2
- No.....0

[B2 NE 0]

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

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

WEEKS

Don't know.....d

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

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

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

**B5** How many children enrolled in partnership slots currently receive a child care subsidy? Your best estimate is fine.

CHILDREN

Don't know.....d

[B4b NE 0]

**B6** How many children birth to 3 who are not in partnership slots currently receive a child care subsidy? Your best estimate is fine.

CHILDREN

Don't know.....d

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

Very Easy.....1

- Somewhat Easy.....2
- Somewhat Difficult.....3
- Very Difficult.....4

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

*Select one only*

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

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

*Select one only*

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

**B10 IF B9=1: What factors are considered in prioritizing enrollment?**

*Select all that apply*

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

Specify

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

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

Select all that apply

- Monday ..... 1
- Tuesday ..... 2
- Wednesday ..... 3
- Thursday..... 4
- Friday..... 5
- Saturday..... 6
- Sunday..... 7

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

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

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

**DISPLAY ONLY DAYS SELECTED IN B11**

|           | START  | END  |
|-----------|--|--|
| Monday    | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Tuesday   | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Wednesday | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Thursday  | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Friday    | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Saturday  | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Sunday    | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM | _ _  :  _ _  <input type="checkbox"/> AM <input type="checkbox"/> PM |

**B13** [IF NONSTANDARD HOURS IN B12] In the previous items, you indicated your [child care center/family child care home] was open to children on the weekend, before 7:00 am or after 6:00 pm during the week last week. Approximately what percentage of enrolled children birth to age 3 received care during less typical times?

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

PERCENTAGE OF CHILDREN



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

*Select one only*

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

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

WEEKS

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

*Select one only*

- Less than 25 percent.....1
- 25 to 49 percent.....2
- 50 to 74 percent.....3
- 75 to 99 percent.....4
- 100 percent.....5
- I have not been in this position long enough to answer this question
- Don't know.....

**B17 Was this percentage more or less than the previous year?**

*Select one only*

- More than the previous year.....1
- Less than the previous year.....2
- Same as the previous year.....3
- Don't know.....d

**B18 Do you receive a payment from [EHS PROGRAM] for each partnership slot that is not filled? Select one only.**

*Select one only*

- Yes, until the slot is filled.....1
- Yes, for a limited period of time.....2
- No.....0

[B18=1 or 2]

**B19 Is the amount of payment received from [EHS PROGRAM] for each slot that is not filled...**

*Select one only*

- The same as the amount provided to a filled partnership slot.....1
- Less than the amount provided to a filled partnership slot.....2

**B20 If a child in a partnership slot loses subsidy funding, does your [child care center/family child care home] receive funds from [EHS PROGRAM] to offset those funds?**

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

**B21 Does the amount of funds received from [EHS PROGRAM] offset the lost subsidy funds?**

- The funds completely offset the lost subsidy funds.....1
- The funds partially offset the lost subsidy funds.....2

**B22 Does [EHS PROGRAM] let you use the partnership funds for whatever purposes you think are necessary, or are the funds earmarked for specific purposes?**

- Whatever we think necessary .....1
- Earmarked for specific purposes.....2

**B23 For what purposes are partnership funds from [EHS PROGRAM] used?**

*Select all that apply*

- Early care and education services for children in partnership slots.....1
- Administration and overhead.....2
- Staff training and professional development.....3
- Funds for materials, supplies, furniture, and equipment (do not count items that the EHS program purchased on your behalf).....4
- Enhanced salaries and/or benefits for staff.....5
- Other (specify).....99

Specify

**B25 Does your [child care center/family child care home] receive funds from any of the following sources?**

Select one per row

|   | YES                        | NO                         | DON'T KNOW                 |
|---|----------------------------|----------------------------|----------------------------|
| a. Tuitions and fees paid by parents - including parent fees or co-pays and additional fees paid by parents such as registration fees, transportation fees from parents, late pick up/late payment fees | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| h. State or local Pre-K funds from the state or local government  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| i. Child care subsidy programs that support care of children from low-income families (through vouchers/certificates or state contracts for specific number of children)                                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| b. Other funding from state government (e.g., transportation, grants from state agencies)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| c. Other funding from local government (e.g., grants from county government or tribal government)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| d. Federal government <u>other than EHS partnership funding</u> (e.g., Title I, Child and Adult Care Food Program, WIC)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| e. Revenues from non-government community organizations or other grants (e.g., United Way, local charities, or other service organizations)   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| f. Revenues from fund raising activities, cash contributions, gifts, bequests, special events   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| g. If A10=1: Funding from an Early Head Start program other than [EHS PROGRAM]  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| h. Other (Specify)  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> | d <input type="checkbox"/> |
| ..... <input style="width: 200px; height: 20px;" type="text"/> (STRING 255)   |                            |                            |                            |

**C. STAFFING, PROFESSIONAL DEVELOPMENT, AND QUALITY IMPROVEMENT**

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

**C1 IF CENTER:** How many child development staff who regularly care for children birth to age 3 currently... (Child development staff include teachers, assistant teachers, and aides.)

|  | CHILD DEVELOPMENT STAFF |
|--|-------------------------|
| a. Work at your child care center?                 | <input type="text"/>    |
| b. Care for children who are in partnership slots? | <input type="text"/>    |

**C2 IF CENTER:** Thinking about the [C1a] child development staff that regularly care for children birth to age 3, please enter the number who hold each degree level. If a staff member counts in more than one category, please count only the highest one. For example, if a staff member has a high school degree and is in training for a CDA, please count them as “In training for CDA.”

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

**C2\_1 IF CENTER:** Thinking about the [C1b] child development staff that regularly care for children birth to age 3 in partnership slots, please enter the number who hold each degree level. If a staff member counts in more than one category, please count only the highest one. For example, if a staff member has a high school degree and is in training for a CDA, please count them as “In training for CDA.”

|  | STAFF                |
|--|----------------------|
| a. Graduate/Professional Degree            | <input type="text"/> |
| b. Bachelor’s Degree (B.A., B.S.)          | <input type="text"/> |
| c. Associate of Arts Degree (A.A., A.A.S.) | <input type="text"/> |

|   |                      |
|---|----------------------|
|   | STAFF                |
| d. Child Development Associate (CDA), or state-awarded certification, credential, or licensure that meets or exceeds CDA requirements | <input type="text"/> |
| e. In training for CDA  | <input type="text"/> |
| f. High School Diploma/Equivalent   | <input type="text"/> |

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

ADULTS

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

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

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

CHILD DEVELOPMENT STAFF

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

|  | <i>Select one per row</i>  |                            |
|--|----------------------------|----------------------------|
|  | YES                        | NO                         |
| a. For a change in careers?  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. For higher compensation or a better benefits package in the same field? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Because they were fired or laid off?                                    | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. For parental leave?   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

Select one per row

|   | YES                        | NO                         |
|---|----------------------------|----------------------------|
| e. For personal reasons?                        | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. For reasons related to the COVID-19 pandemic | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. For another reason? (SPECIFY)                | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

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

CHILD DEVELOPMENT STAFF

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

Select one per row

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

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

VACANT POSITIONS

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

Select all that apply

- We cannot offer competitive pay.....1
- We cannot offer competitive benefits.....2
- We cannot offer as many hours as candidates want.....3

- We cannot offer flexible hours .....4
  - Lack of qualified candidates.....5
  - Position was eliminated.....6
  - Other (specify).....99
- Specify

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

*Opportunities may be in person or online.*

*Select all that apply*

- Workshops or trainings.....1
  - Coaching or mentoring (this could formal or peer-to-peer coaching or mentoring).....2
  - A community of learners, also called a professional learning community, facilitated by an expert.....3
  - Other professional development opportunities (SPECIFY).....99
- Specify

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

*Select all that apply*

|   | Teachers                    | Assistant Teachers          | Aides                       | Administrators (director)   | Other Staff                 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| a. Workshops or trainings   | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| b. Coaching or mentoring  | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| c. A community of learners, also called a professional learning community, facilitated by an expert | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| d. [C11_oth SPECIFY TEXT]   | 11 <input type="checkbox"/> | 12 <input type="checkbox"/> | 13 <input type="checkbox"/> | 14 <input type="checkbox"/> | 15 <input type="checkbox"/> |

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

*Select all that apply*

|   | I did                       | Other staff did             |
|---|-----------------------------|-----------------------------|
| a. Workshops or trainings   | 11 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| b. Coaching or mentoring  | 11 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| c. A community of learners, also called a professional learning community, facilitated by an expert | 11 <input type="checkbox"/> | 15 <input type="checkbox"/> |
| d. [C11_oth SPECIFY TEXT]   | 11 <input type="checkbox"/> | 15 <input type="checkbox"/> |

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

*Select one only*

- EHS program or delegate agency staff.....1
- Someone in my [organization/family child care home].....2
- [IF FCC] Staff from a family child care network.....3
- Staff from a third party organization (such as a CCR&R or QRIS) or consultant (such as technical assistance provider).....4
- Other (SPECIFY).....99

Specify

**C15 Under the partnership grant, do you or your staff with opportunities to obtain any of the following?**

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

*Select all that apply*

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



**C16** What is the current average annual salary of [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home]? If staff is paid hourly, please give your best estimate of annual salary. For staff that work part-time, please use their annual full-time equivalent.

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

AVERAGE ANNUAL SALARY

**C17** Which of the following benefits are currently provided to [child development staff caring for children birth through age 3/family child care providers] at your [center/child care home]?

Select all that apply

- Sick days..... 1
- Vacation days..... 2
- Paid holidays ..... 3
- Health benefits ..... 4
- Retirement benefits ..... 5
- Reduced tuition rates for continuing education..... 6
- None..... 7
- Other (SPECIFY)..... 99

Specify

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

Select all that apply

|   | CENTER ONLY:<br>Conducted by<br>someone in my<br>organization | Conducted by<br>someone from<br>[PARTNERSHIP<br>PROGRAM] | Conducted by<br>someone from a<br>different organization | Activity not<br>conducted   |
|---|---|--|--|-----------------------------|
| a. Observed [staff/providers] to assess their practice  | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| b. Met with [staff/providers] to provide feedback regarding their teaching practices                  | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| c. Met with [staff/providers] to discuss how to link the curriculum to children's developmental needs | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |

Select all that apply

|   | CENTER ONLY:<br>Conducted by<br>someone in my<br>organization | Conducted by<br>someone from<br>[PARTNERSHIP<br>PROGRAM] | Conducted by<br>someone from a<br>different organization | Activity not<br>conducted   |
|---|---|--|--|-----------------------------|
| d. Discussed with [staff/providers] strategies to ensure teaching practice is developmentally appropriate                                 | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| e. Discussed with [staff/providers] strategies to ensure a rich curriculum  | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| f. Discussed with [staff/providers] strategies to ensure developmentally appropriate emotional and behavioral support                     | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| g. Reviewed [staff/provider]s' lesson plans   | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| h. Reviewed program data to see how your [child care center/family child care home] is doing with respect to specific goals or objectives | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |
| i. Completed checklists to monitor compliance with the Head Start Program Performance Standards (HSPPS)                                   | 11 <input type="checkbox"/>                                   | 12 <input type="checkbox"/>                              | 13 <input type="checkbox"/>                              | 14 <input type="checkbox"/> |

**C19 How do you use the information gained from [this activity/these activities]?**

Select all that apply

- Inform staff training and professional development.....1
- Draw on curriculum implementation supports.....2
- Obtain technical assistance.....3
- Identify new strategies for continuous improvement.....4
- Develop written improvement plan.....5
- Schedule follow-up reviews or observations .....6
- Other (SPECIFY).....99

Specify

**D. ADDITIONAL SERVICES FOR CHILDREN AND FAMILIES**

**Section introduction screen:** This section asks about other services provided to children and families, including services provided by your [child care center/family child care home] and/or by [PROGRAM].

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

*Select all that apply*

- Vision, hearing, or dental screening.....1
- Mental health observation/assessment .....2
- Developmental screening.....3
- Speech screening.....4
- Nutritional screening.....5
- Lead screening.....6
- Speech or physical therapy .....7
- None of these.....9

**D2 For which infants and toddlers do you offer these services? [DISPLAY ONLY THOSE SELECTED IN D1]**

|   | <i>Select all that apply</i>  |  |
|---|-------------------------------|--|
|   | CHILDREN IN PARTNERSHIP SLOTS | CHILDREN WHOSE CARE IS NOT FUNDED BY THE PARTNERSHIP GRANT |
| a. Vision, hearing, or dental screening | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| b. Mental health observation/assessment | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| c. Developmental screening              | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| d. Speech screening                     | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| e. Nutritional screening                | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| f. Lead screening                       | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |
| g. Speech or physical therapy           | 11 <input type="checkbox"/>   | 12 <input type="checkbox"/>                                |

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

*Select all that apply*

|   | DIRECTLY BY PARTNERSHIP PROGRAM STAFF? | DIRECTLY BY YOUR ORGANIZATION? | REFERRALS TO A COMMUNITY PARTNER OR AGENCY? |
|---|--|--------------------------------|---|
| a. Vision, hearing, or dental screening | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| b. Mental health observation/assessment | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| c. Developmental screening              | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| d. Speech screening                     | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| e. Nutritional screening                | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| f. Lead screening                       | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| g. Speech or physical therapy           | 11 <input type="checkbox"/>            | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |

**D4 Do you currently offer any of the following services to families of enrolled children birth to age 3? These services can be provided by your agency, by [EHS PROGRAM], or by a community partner.**

*Select all that apply*

- Health care (adult, dental, or prenatal).....1
- Housing or transportation assistance.....2
- Education or job training/employment assistance .....3
- Services for drug or alcohol abuse.....4
- Financial counseling .....5
- Services for dual-language learners.....6
- Mental health screenings or assessments .....7
- Direct provision of goods such as diapers or formula .....8
- None of these.....9

**D5 For which families do you offer these services? [DISPLAY ONLY THOSE SELECTED IN D4]**

*Select all that apply*

|   | FAMILIES OF CHILDREN IN PARTNERSHIP SLOTS | FAMILIES OF CHILDREN WHOSE CARE IS NOT FUNDED BY THE PARTNERSHIP GRANT |
|---|---|--|
| a. Health care (adult, dental, or prenatal) | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| b. Housing or transportation assistance     | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| c. Education or job training/employment     | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |

|   | <i>Select all that apply</i>              |  |
|---|---|--|
|   | FAMILIES OF CHILDREN IN PARTNERSHIP SLOTS | FAMILIES OF CHILDREN WHOSE CARE IS NOT FUNDED BY THE PARTNERSHIP GRANT |
| assistance  |   |  |
| d. Services for drug or alcohol abuse                   | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| e. Financial counseling                                 | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| f. Services for dual-language learners                  | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| g. Mental health screenings or assessments              | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |
| h. Direct provisions of good such as diapers or formula | 11 <input type="checkbox"/>               | 12 <input type="checkbox"/>  |

**D6 For each selected: Who is responsible for providing this service?**

|   | <i>Select all that apply</i> |                                |   |
|---|------------------------------|--------------------------------|---|
|   | DIRECTLY BY EHS PROGRAM?     | DIRECTLY BY YOUR ORGANIZATION? | REFERRALS TO A COMMUNITY PARTNER OR AGENCY? |
| a. Health care (adult, dental, or prenatal)             | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| b. Housing or transportation assistance                 | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| c. Education or job training/employment assistance      | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| d. Services for drug or alcohol abuse                   | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| e. Financial counseling                                 | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| f. Services for dual-language learners                  | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| g. Mental health screenings or assessments              | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |
| h. Direct provisions of good such as diapers or formula | 11 <input type="checkbox"/>  | 12 <input type="checkbox"/>    | 13 <input type="checkbox"/>                 |

**D7 Do you currently offer home visits to families?**

*Select one only*

- Yes, home visits are offered to all families enrolled in care.....1
- Yes, home visits are offered to some families enrolled in care.....2
- No, home visits are not offered to enrolled families.....0

**D8 [IF D7=2] Which families are offered home visits? Would you say families enrolled in partnership slots are...**

*Select one only*

- More likely than others to be offered home visits.....1
- Less likely than others to be offered home visits .....2
- Equally likely to be offered home visits.....3

**D9 IF D7=1 or 2: Who is primarily responsible for conducting home visits?**

*Select one only*

- EHS program staff.....1
- Child care partner staff .....2
- Other (SPECIFY).....99

Specify

**E. PARTNERSHIP AGREEMENTS AND CHARACTERISTICS**

**Section introduction screen:** Now we have a few questions about your partnership agreement with [PROGRAM] and its characteristics.

**E1** In 2016, [you/your program] [did/did not] have a written partnership agreement in place with [EHS PROGRAM]. Do you currently have a written agreement in place with [EHS PROGRAM]? Select one only.

Select one only

- Yes.....1
- No.....0 → E9

**E2** Do the agreements specify the amount of funding your [center/family child care] will receive overall per year or per child per year?

Select one only

- Overall per year.....1
- Per child per year.....2
- Amount not specified.....3
- Other (SPECIFY).....99

Specify

**E3** How often do you review and/or update the agreement with [EHS PROGRAM]?

- Annually.....
- Every other year.....
- As needed.....
- Other (SPECIFY).....99

Specify

**E4** When was the agreement last updated? Your best estimate is fine.

/  MM/YYYY

**E5** Were any of the components of the agreement updated, revised, or added since the agreement was first established?

Select all that apply

- Statement of the partnership's goals.....1
- The number of children and families to be served in the partnership.....2

- The number of children to be served in the partnership that receive child care subsidies..... 3
  - Information about procedures for recruitment and enrollment.....4
  - Start-up and ongoing procedures for filling partnership slots.....5
  - Eligibility criteria for partnership slots.....6
  - Actions partners will take to meet the goals specified in the agreement.....7
  - Specific roles and responsibilities of partners to comply with the Head Start Program Performance Standards (HSPPS).....8
  - Enhancements to teacher/staff salaries.....9
  - Amount and purpose of the funds to be provided.....10
  - Training and technical assistance to be provided or arranged by the partnership program to child care partners.....11
  - Materials and supplies to be provided by the EHS program to child care partners.....12
  - A defined process for how decisions will be made.....13
  - A statement of each party's rights, including the right to terminate the agreement.....14
  - Other (SPECIFY).....99
- Specify
- I have not been in this position long enough to answer this question.....15

**E6 How was the partnership agreement in place with [EHS PROGRAM] updated?**

*Select one only*

- [EHS PROGRAM] updated the partnership agreement **with no input from [my child care center/family child care home]**. .....1
- [EHS PROGRAM] updated the partnership agreement **and then asked for input to finalize**. .....2
- [EHS PROGRAM] updated the partnership agreement **jointly with [my child care center/family child care home]**.....3
- I have not been in this position long enough to answer this question.....5

**E7 When considering the collaboration between your [child care center/family child care home] and [EHS PROGRAM], what do you consider to be the greatest strengths? Rank the 3 greatest strengths.**

|  | RANK  |
|--|---|
| a. The extent to which my [child care center/family child care home] feels like a full partner with [EHS PROGRAM]. | <input style="width: 80px; height: 20px;" type="text"/> |
| b. The extent to which my [child care center/family child care home] has a voice in the partnership.               | <input style="width: 80px; height: 20px;" type="text"/> |
| c. My ability to pick up the phone and call [EHS PROGRAM] when needed.   | <input style="width: 80px; height: 20px;" type="text"/> |
| d. The close alignment of goals between my [child care center/family child care home] and [EHS PROGRAM].           | <input style="width: 80px; height: 20px;" type="text"/> |



|   | RANK                 |
|---|----------------------|
| e. The level of respect that [EHS PROGRAM] has for my [child care center/family child care home]. | <input type="text"/> |
| f. Other (?)  | <input type="text"/> |
| <input type="text"/>  |                      |

**E8 Is there currently one person or a team of people 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 all (Select one only if either of the last option is picked).*

- Yes, one or more people in my [center/family child care home] champion the partnership.....1
- Yes, one or more people at the EHS program champion the partnership.....2
- No, there are no champions or advocates for the partnership.....0

**E9 Since the beginning of the partnership, has there been one person or a team of people who were champions or advocates?**

*Please include yourself if you were a champion or advocate.*

*Select all (Select one only if either of the last two options is picked).*

- Yes, one or more people in my [center/family child care home] championed the implementation of the partnership.....1
- Yes, one or more people at the EHS program championed the implementation of the partnership.....2
- No, there were no champions or advocates when the partnership started.....3
- I have not been in this position long enough to answer this question.....4

**E10 Next, we have a few questions about the person responsible for overseeing the EHS-CC partnership grant [at your center/for your family child care home]. Since 2016, has the person responsible for overseeing the EHS-CC partnership grant [at your center/for your family child care home] changed?**

*Select one only*

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

ASK IF YES TO E10

**E11** Since 2016, how many times has the person responsible for overseeing the EHS-CC partnership grant at your [center/family child care home] changed?

NUMBER OF TIMES

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

**G. BACKGROUND AND EXPERIENCE**

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

**G1 Are you a...**

*Select one only*

- Director ..... 1
- Assistant director ..... 2
- Manager/supervisor ..... 3
- Owner..... 4
- Family child care provider ..... 5
- Other (SPECIFY)..... 99

Specify

**G2 Including this year, how many years have you been working in [this center/this family child care home]?**

YEARS

**G3 Including this year, how many years have you been in your current position?**

YEARS

**G4 Including this year, how many years have you been involved in your [center/family child care home]'s partnership with [EHS PROGRAM]?**

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

Years

**G5 Including this year, how many years have you been working with infants and/or toddlers?**

YEARS

**G6 What is the highest level of education that you have completed?**

*Select one only*

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

Specify