



NATIONAL SURVEY OF **EARLY CARE & EDUCATION** | 2024

*Workforce (Classroom Staff)  
Questionnaire*

OMB Review Draft

## Reviewer Notes

### Clarification regarding respondent response options:

- Please note that while only some items may list a “DK/REF” (Don’t Know/Refused) option, respondents answering the survey in any mode always have the option to decline to answer any item. Any respondent declining to provide a response to an item is directed to the next survey item.
- Please note that response options preceded by the term “added” in this document reflect internal codes used for back-end data management, and are not displayed, shown, or read to the respondent. Note that these response options preceded by the term “added” are only in the English versions of the questionnaires and not included in the Spanish-translated questionnaires (since they are for internal purposes and do not require translation).

# 2024 National Survey of Early Care and Education Workforce (Classroom Staff) Questionnaire

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## Questionnaire Key

### Skip Patterns:

1. Simple skip patterns are identified with an arrow immediately following a response option, as in the example below:

#### A8A.

Is your program for profit, not for profit, or is it run by a government agency?

1. FOR PROFIT → SKIP TO A9
  2. NOT FOR PROFIT
  3. RUN BY A GOVERNMENT AGENCY
  4. OTHER, SPECIFY: \_\_\_\_\_
2. More complex skip patterns are identified with a bordered box, as in the example below. Skip Logic Boxes are titled in **bold** and numbered using the following naming convention: [Section]\_S\_[Sequential count].

#### **Skip Logic Box A\_S\_1:**

IF A8A = 1 OR 2 ("FOR PROFIT" OR "NOT FOR PROFIT"), ASK A9  
ELSE, SKIP TO A11.

### Loops:

A loop is a series of questions that are asked iteratively about one or more entities, for example, a series of personal characteristics asked about each child in the household. The loop's questions appear once in the questionnaire, with skip instructions that indicate when the series starts and ends and for which entities the loop is asked. Sometimes one loop is nested within another.

1. Loop patterns are identified with a broken-line bordered box, as in the example below. All loops are bookended with a boxes designated as 'Start of...' and 'End of...' Loop. Loop boxes are titled in *italics* and numbered using the following naming convention: [Section]\_L\_[Sequential count].

*Start of B\_L\_1 Loop (\*BL1):*

REPEAT B1\_5 - B1\_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1\_3A)

2. All questionnaire items within a loop are identified with a truncated loop title, preceded by a '\*' and formatted in *italics* with blue font. A single questionnaire item may be included in none, one, or multiple loops and will be identified accordingly in the questionnaire with zero, one, or multiple loop titles.

#### **B1\_5C.** \*BL1

How many hours per week does that cover?

\_\_\_\_\_

### Ranges:

Numeric open-ended responses throughout the questionnaire, such as number of years or weeks, have a pre-assigned lower and upper limit in the computerized questionnaire to minimize error. These ranges are shown directly beneath such open-ended responses, as in the example below. Ranges are prefixed with "RANGE:" in all caps and formatted with purple font.

**B5d.**

How many of the children in your program have variation in the number of paid hours of care each week?

\_\_\_\_\_ Number of children

**RANGE: 0-999**

**Programmatic fills:**

Some questions have customized text that is programmatically filled during computerized administration. A descriptor of the customized text is indicated, and users can tell that customized rather than generic text was visible during the interview because the text is bracketed and in CAPS. Programmatic fills within the questionnaire are contained within brackets [...], as in the example below. The fill text within the brackets provides a brief description of what the fill is.

**A2G9a. \*AL1 \*AL2**

In the past 12 months, has he/she contributed \$500 or more for [CHILD NAME]'s basic needs, for example, food, clothing, or medical expenses?

1. Yes
2. No
3. DK/REF

## Workforce (Classroom Staff) Questionnaire

### QUEXLANG

PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW

ENGLISH  
SPANISH

### CONSENT (Self Administered)

Thank you for taking part in this study, which is about the experiences of people who work in early care and education programs for children under age 13. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. An administrator or other leader at your facility has already contributed valuable information to this study. In order better understand the experiences of classroom staff, you were randomly selected to participate in this study as well. Your participation in this study will help the government better support the people who care for our nation's children.

This interview takes about 20 minutes, and your participation is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time. All personnel associated with the study must sign a legal document in which they pledge to protect the privacy of the information collected in this interview. We use computing systems, staff training, and strict data access requirements to protect your identity and keep your responses private. To better protect your privacy, this interview does not contain questions that require you to disclose any sensitive, private information about yourself. This study also has a Federal Certificate of Confidentiality from the government which protects researchers and other staff from being forced to release information that could be used to identify participants in court proceedings.

Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization's name or addresses will be considered private and can only be accessed for the study's research purposes by authorized personnel associated with the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is [PLACEHOLDER]. Please send comments regarding the time required for this survey or any other aspect of this information collection to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta.

Please enter your PIN below and then click the "Continue" button.

You can click on the 'PREVIOUS' button to go back and change your answers if needed. Clicking 'STOP' will save your responses and allow you to return to the last question you answered the next time you access the questionnaire.

**CONSENT (Interviewer Administered)**

This study is about the experiences of people who work in early care and education programs for children under age 13. It is funded by the Administration for Children and Families, of the U.S. Department of Health and Human Services, and conducted by NORC at the University of Chicago. Your participation in this study will help the government better support the people who care for our nation’s children.

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Data collected for this study will be used for statistical purposes only, so that no individuals or organizations can be identified directly or indirectly in research findings. Identifiers such as your name, your organization’s name or addresses will be considered private and can only be accessed for the study’s research purposes by authorized personnel associated with the study. Access to identifying information is granted to authorized personnel only on a need-to-know basis.

- R CONSENTS TO PARTICIPATE IN THE SURVEY..... 1
- R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED..... 2

## Section A. Qualifications and Experience

This questionnaire asks about your work at [PROGRAM].

The first questions are about your experiences providing early or school-age care and education and your training to do this work.

### A1.

How long have you worked in your program?

\_\_\_\_\_ Years    \_\_\_\_\_ Months

### A2.

How many years of paid experience do you have working with children other than your own, who are under age 13? Please include any paid experience in a home or center-based setting, including relatives, or paid experience you may have from another country.

\_\_\_\_\_ Years    \_\_\_\_\_ Months

### A2a.

Since you turned 18, have you done paid work with children under age 13:

**A2a\_a.** in a home-based setting?

1. YES
2. NO
3. DK/REF

**A2a\_b.** in a different center-based setting than your current one?

1. YES
2. NO
3. DK/REF

IF A2a_a = 2 OR DK/REF AND A2a_b=2 OR DK/REF SKIP TO A3, ELSE ASK WF22 New_1_a
---

### WF22 New 1\_a.

Please think about your **most recent prior** job in early care and education working with children under age 13. What type of setting did you most recently work in?

1. I worked in a center-based or school-based setting.
2. I worked in a home-based setting.
3. I worked in another type of setting: specify \_\_\_\_\_.



4. I did not have a prior job working in early care and education.

**A3.**

What is the highest grade or level of schooling that you have ever completed?

**(INTERVIEWER: READ IF NECESSARY)**

1. 8th GRADE OR LESS
2. 9th-12th GRADE NO DIPLOMA
3. GED OR HIGH SCHOOL EQUIVALENCY
4. HIGH SCHOOL GRADUATE
5. SOME COLLEGE CREDIT BUT NO DEGREE
6. ASSOCIATE DEGREE (AA, AS)
7. BACHELOR'S DEGREE (BA, BS, AB)
8. GRADUATE OR PROFESSIONAL DEGREE

IF A3 = 3 - 8 ASK A12  
ELSE, SKIP TO A\_S\_1

**A12.**

Are you currently enrolled in a degree program at a college or university?

1. YES
2. NO

**Skip Logic Box A\_S\_1:**

IF A3 = 5 - 8 OR IF A12 =1 ASK A5\_M  
ELSE, SKIP TO A6A\_M

**A5\_M.**

What was your major for the highest degree you have or have studied for?

- |  |         |
|--|---------|
| 1. ELEMENTARY EDUCATION                                  | 13.1202 |
| 2. SPECIAL EDUCATION                                     | 13.1001 |
| 3. CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES      | 42.2703 |
| 4. EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE | 13.1210 |
| 5. OTHER   | 97.0001 |
| Added: Undeclared/undecided/basic courses                | 98.0001 |
| Added: None/ Not applicable                              | 99.0001 |

**WF22 New 16\_a.**

Do you currently have student loan debt or owe any money used to pay for your own education? Please include any loans on which you are a co-signer that were used to pay for your education beyond high school (including student loans, home equity loans, or credit cards paid off over time).

1. YES
2. NO → SKIP TO A6A\_M
3. DK/REF → SKIP TO A6A\_M

**WF22 New 16\_b.**

Thinking specifically about the money that you owe for your own education, please tell us the total amount that you currently owe on these loans. Your best guess is fine.

1. Less than \$10,000
2. \$10,000 - \$19,999
3. \$20,000 - \$29,999
4. \$30,000 - \$49,999
5. \$50,000 or above

**A6A\_M.**

Do you have a Child Development Associate (CDA) certificate?

1. YES
2. NO

**A6B\_M.**

Do you have a state certification or endorsement for early care and education?

1. YES
2. NO

**A7.**

In the past 12 months, have you done any of the following to improve your skills or gain new skills in working with children?

- A7a.** Participated in any workshops, for example, those offered by professional associations, resource and referral networks, etc.?

1. YES
2. NO

**A7b.** Participated in coaching, mentoring or ongoing consultation with a specialist?

1. YES
2. NO

**A7e.** Enrolled in a course at a community college or four-year college or university relevant to your work with children under age 13?

1. YES
2. NO

IF ANY ITEM FROM A7A TO A7E = 1, ASK A7_1 ELSE, SKIP TO A15
--

**A7\_1.**

Were these activities on-line or in-person?

1. All on-line
2. All in-person
3. A mix of on-line and in-person

**A15.**

In the past 12 months, have you participated in a health or safety training? Please include any health and safety training, including on-line or in person trainings.

1. YES
2. NO → SKIP TO A17

**A16\_REVISIED.**

Were your health and safety trainings...?

1. All on-line
2. All in-person
3. A mix of on-line and in-person

**A17.**

Have you received any training in the past 12 months on strategies for working with children and families of different races, ethnicities or cultures?

1. YES

2. NO

**A6C.**

In the last 12 months, have you had any difficulties trying to get training or education to advance your career in early care and education?

1. Yes
2. No
3. Didn't try to get training or education → SKIP TO A8b

**A6D.**

How much do you agree with the following statements about your ability to participate in professional development and training to advance your career in early care and education (Strongly agree, agree, disagree, strongly disagree):

**A6D\_a.** There are affordable professional development and training options for me to choose from.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

**A6D\_b.** There are professional development and training opportunities held at times and at in-person or on-line locations that are convenient for me.

1. STRONGLY AGREE
2. AGREE
3. DISAGREE
4. STRONGLY DISAGREE

**A8b.**

During the past 12 months, did you receive any of the following types of assistance with the costs of improving your skills, either from your employer or from a local or state agency, college or university?

**A8b\_1.** Assistance with direct costs such as tuition or registration fees

1. YES
2. NO

**A8b\_3.** Release time to participate in the activity

1. YES
2. NO

**A18.**

In the past 12 months, did a supervisor or advisor help you develop or update a plan for your professional development?

1. YES
2. NO

**A20.**

Have you ever taken a college or university course, participated in training, or received a credential where you had to demonstrate skills related to working with children and were observed?

1. YES
2. NO

**A7F\_new.**

Did you spend time in the last week meeting with other teachers, aides, or assistants to reflect on classroom practice?

1. Yes
2. No → SKIP TO A10
3. DK/REF → SKIP TO A10

**A7F\_a\_new.**

When did your meetings with other teachers, aides, or assistants mostly take place?

1. During paid work hours while caring for children
2. During paid work hours when not caring for children
3. On my own unpaid personal time (for example, at home in the evening or before or after my paid work day)

**A10.**

Are you a member of a union (such as Service Employees International Union, American Federation of Teachers, American Federation of State, County and Municipal Employees (AFSCME) or the Teamsters)?

1. YES
2. NO

**A11.**

Which one of the following best describes the main reason that you work with young children?

1. It is my career or profession
2. It is a step towards a related career
3. It is my personal calling
4. It is a job with a paycheck
5. It is work I can do while my own children are young
6. It is a way to help children
7. It is a way to help parents
8. None of these reasons apply

**WF22 New 99\_b.**

How much do you agree or disagree with the statement: Thinking ahead to three years from now, I am very likely to be working in early care and education.

1. Strongly Agree
2. Agree
3. Disagree
4. Strongly Disagree

## Section B. Employment Schedule and Compensation

These next questions are about your work hours and compensation.

### B1.

Approximately how many hours **per week** do you usually work at this program?

\_\_\_\_\_ Number of hours  
Range: 0-168

### B1a.

How many different classrooms or groups do you work with during a usual week?

\_\_\_\_\_ Number of classrooms or groups  
Range: 0-999

### B2.

How many months out of the last twelve have you worked at this or another early care and education program?

\_\_\_\_\_ Number of months  
Range: 0-12

### B4\_M.

How much are you paid before taxes and deductions? Is it per...

**(INTERVIEWER: PROBE FOR BEST ESTIMATE IF NEEDED)**

\$ \_\_\_\_\_ per

1. Hour
2. Day
3. Week
8. Every 2 weeks
4. Month
5. Year
6. Other: \_\_\_\_\_
7. Added: Don't know/Refused/No answer

**B4a.**

In addition to the regular payments you earn from this center, have you received any other payments for early care and education workers in the past 12 months? This could include a bonus, special service pay, an award for good performance, incentives for participating in trainings, or other money outside of your regular pay.

1. YES
2. NO → SKIP TO B5

**B4b.**

Approximately how much in total did you receive in the last 12 months in payments for early care and education workers other than your regular pay?

\$ \_\_\_\_\_

**B5.**

In this job, do you work mostly with children who have mental, physical or other disabilities or delays?

1. YES
2. NO

**B6.**

What is your title at this program?

1. Director and Teacher
2. Program Coordinator
3. Lead Teacher or Lead Instructor
4. Teacher or Instructor
5. Assistant Teacher or Instructor
6. Aide
7. or Something else (please specify: \_\_\_\_\_ )
8. Don't know/Refused/No answer
9. Added: Teacher/Assistant Director
10. Added: Lead Teacher/Assistant Director
11. Added: Para-Educator or Para-Professional
12. Added: Site Supervisor or Campus Supervisor
13. Added: Group Supervisor
14. Added: Other Supervisor
15. Added: Assistant Supervisor
16. Added: Associate Teacher
17. Added: Co-Teacher
18. Added: Substitute Teacher
19. Added: Other Substitute, Floater, Break Person
20. Added: Group Leader/ Team Leader/Program Leader/Club Leader
21. Added: Administrator
22. Added: Education Assistant



23. Added: Childcare Provider or Caregiver
24. Added: Site Director or Director or Program Director or Center Director
25. Added: Assistant Director
26. Added: Site Manager or Program Manager or Center Manager or Manager
27. Added: Owner
28. Added: Volunteer
29. Added: Instructional Assistant
30. Added: Lead Teacher/Director
31. Added: Counselor/Lead Counselor
32. Added: Principal
33. Added: Assistant Coordinator
34. Added: Youth Development Professional
35. Added: Specialist (Unspecified)
36. Added: Nurse/Certified Nursing Assistant
37. Added: Librarian/Aide
38. Added: Supervisor/Teacher
39. Added: Owner/Director
40. Added: Coordinator/Teacher
41. Added: Assistant Director/Teacher/Floater/Coordinator
42. Added: Owner/Teacher
43. Added: Teaching Assistant/Paraprofessional
44. Added: Teaching Assistant/Assistant Director/Site Delegate
45. Added: Teacher/Administrative Assistant
46. Added: Assistant Director/Assistant Teacher
47. Added: Assistant/Supervisor
48. Added: Assistant Director/Group Leader
49. Added: Teacher/Aide
50. Added: Assistant Supervisor/Floater
51. Added: Assistant Teacher/Coordinator
52. Added: Administrative Assistant/Coordinator
53. Added: Leader/ Co-Coordinator
54. Added: Lead Teacher/Assistant Teacher/Lunch Program
55. Added: Childcare Provider/Assistant Teacher
56. Added: Director/Aide
57. Added: Administrator/Teacher Mentor
58. Added: Substitute/Aide
59. Added: Caregiver/Teacher
60. Added: Specialist/Assistant Director
61. Added: Office Assistant/Aide
62. Added: Principal/Teacher
63. Added: Lead Teacher/Interventionist
64. Added: On-Site Manager/Teacher
65. Added: Lead Teacher/Administrative Support
66. Added: Mentor
67. Added: Family Worker
68. Added: Social Worker
69. Added: Program Assistant
70. Added: Teachers Assistant

71. Added: Site Assistant
72. Added: Other Assistants (e.g., Special Needs, Hospital, Physical Therapy, etc.)
73. Added: Driver
74. Added: Child Development Associate
75. Added: Staff Member
76. Added: Worker (e.g., Student Worker, Youth Worker, Community Worker, etc.)
77. Added: Campus Leader
78. Added: Foster Parent
79. Added: Food Production
80. Added: Infant Toddler Family Educator
81. Added: Activities Provider
82. Added: Intern
83. Added: Attendant
84. Added: Home Visitor
85. Added: President
86. Added: Grandparents
87. Added: All Jobs
88. Added: Case Manager
89. Added: Administrative Assistant/Secretary
90. Added: Office Manager/Administrator
91. Added: Support Staff
92. Added: Assistant Site Facilitator
93. Added: Afterschool And/or Camp Director
94. Added: Administrative Director
95. Added: Director Of Community Engagement
96. Added: Financial Director
97. Added: Literacy Director
98. Added: Education Director
99. Added: Curriculum Coordinator
100. Added: Education Coordinator
101. Added: Recreation Coordinator
102. Added: Parent/Community Support Coordinator
103. Added: Treatment Coordinator
104. Added: Early Childhood Specialist
105. Added: Preschool Child Development Specialist
106. Added: Child Care Specialist
107. Added: Homework Specialist
108. Added: Adaptive Behavior Specialist
109. Added: Education Specialist
110. Added: Therapeutic Integration Specialist
111. Added: Speech Language Pathologist
112. Added: School Psychologist
113. Added: Special Education Teacher

**B6a.**

Have you previously had a different role or title at your current program?

1. YES
2. NO → SKIP TO B7\_M

**B6b.**

Which of the following best describes your most recent previous role at your current program?

1. Director
2. Program Coordinator or other Administrator
3. Lead Teacher or Lead Instructor, or Lead Caregiver
4. Teacher or Instructor
5. Assistant Teacher or Instructor or Caregiver
6. Aide
7. Something else

**B7\_M.**

What kind of health insurance or health care coverage do you have for yourself?

**(INTERVIEWER: CODE ALL MENTIONS, USE CATEGORIES TO PROBE AS NEEDED.)**

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR EMPLOYER OR WORKPLACE
- 2 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 3 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM
10. PRIVATE HEALTH INSURANCE PLAN THROUGH PARENTS
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
- 8 NO COVERAGE OF ANY TYPE
- 9 OTHER (SPECIFY)
11. Added: Private health insurance source unspecified
12. Added: Health Insurance through Union, College/University, or Church
13. Added: Supplemental Insurance Plan
14. Added: Charity care, Local clinic, Sliding scale, etc.
16. Added: Coverage from another (possibly prior) employer
17. Added: Indian Health Services
18. Added: Other state/local public health insurance
19. Added: Means-based private insurance
- 1 DK/REF/No Answer

IF B7\_M = 9 ASK B7\_other  
ELSE, SKIP TO WF14

**B7\_Other.**

Please specify the kind of health insurance or health care coverage you have for yourself.

---

**WF14.**

How many days per year do you accrue in paid time off for sick or vacation time?

1. 0 days
2. 1-5 days
3. 6-10 days
4. More than 10 days

**WF22 New 8.**

Does your employer offer pay raises for obtaining a new credential or degree in early care and education?

1. YES
2. NO

**B9.**

In the past 3 months, have you done anything to look for a new job or an additional job?

1. YES
2. NO → SKIP TO B10

**B9a\_M.**

What is the main reason you have looked for work?

**(INTERVIEWER: USE CATEGORIES ONLY TO PROBE)**

**(IF SELF-ADMINISTERED: CODES ARE NOT SHOWN, ONLY VERBATIMS ARE RECORDED)**

1. TO FIND A SECOND JOB
2. TO FIND A JOB THAT PAYS MORE
3. WORRIED THAT THIS JOB MAY END
4. HOPE TO REDUCE COMMUTE OR IMPROVE SCHEDULE
5. TO FIND IMPROVED WORK CONDITIONS IN PROGRAM
6. WANT TO LEAVE THIS FIELD
7. TO SEE WHAT ELSE IS AVAILABLE
8. TO FIND SUMMER EMPLOYMENT
13. TO FIND A JOB FOR PROFESSIONAL GROWTH AND/OR ADVANCEMENT WITHIN FIELD OF CHILD CARE
14. TO FIND A JOB THAT IS A BETTER FIT WITH TRAINING/EXPERIENCE
9. OTHER
10. Added: To find job with benefits/insurance

- 11. Added: To find job that offers more work hours
- 12. Added: To find job in new area because moving/relocating
- 1 DK/REF

IF B9A = 9 ASK B9\_reason\_other  
ELSE, SKIP TO B10

**B9\_reason\_other**

What is the main reason you have looked for work?

\_\_\_\_\_

**B10.**

What is your home ZIP code?

\_\_\_\_\_ [5-digit only]

## Section C. Activities in the Classroom

### C1\_1\_M.

This section is about the [CLASSROOM NAME] classroom for children aged [xx] to [yy] where you were working during the week of [DATE] at [PROGRAM]. Are you familiar with the children and practices in that classroom?

1. YES → SKIP TO C1A
2. NO

### C1\_2\_M.

Please answer the classroom questions in this questionnaire about the classroom where you spend the most time. What age children does that classroom mostly serve?

1. Infant and Toddler (birth to age 3)
2. Pre-school (age 3 years to kindergarten)
3. Added: School-age (kindergarten and older)
4. Don't know/Refused/No answer
5. Other (specify: \_\_\_\_\_)

### C1A.

Do you use a curriculum or prepared set of learning and play activities?

1. YES
2. NO → SKIP TO C3

### C1B\_M.

What is the name of the curriculum or approach used?

0. A curriculum we developed ourselves  
[drop down of common curricula]
120. Other (specify: \_\_\_\_\_)
121. None

## Curriculum List

### Infants and Toddlers

1 - Creative Curriculum	15 - Knowledge Universe Early Foundations	29 - The Project Approach
2 - Funshine Express	16 - Learn Every Day	30 - Reggio Emilia
3 - High Reach	17 - Learn from the Start	31 - The Program for Infant and Toddler Care (PITC)
4 - High Scope Infant-Toddler Curriculum	18 - Learning Experience Academic Program (LEAP)	32 - 1-2-3 Learn Curriculum
5 - Mother Goose Time: Experience Baby	19 - O2B Kids	33 - Carol's Affordable Curriculum
6 - Little Goose without full Mother Goose Time curriculum system	20 - World at their Fingertips	34 - Early Learning Success
7 - Little Goose with full Mother Goose Time curriculum system	21 - Montessori	35 - Gee Whiz Education
8 - Baby Doll Circle Time	22 - Active Learning Series	36 - HELP at Home
9 - Beyond Cribs & Rattles	23 - Foundations for Success	37 - Learn from the Start (Curriculum of the Learning Care Group preschool programs)
10 - Edu 1st VESS Curriculum	24 - Innovations: Infant/Toddler Development	38 - Learn As We Grow (Curriculum of the La Petite programs)
11 - FLEX Goddard Pre-K	25 - Wee Learn	39 - World at their Fingertips (Curriculum in Bright Horizons programs)
12 - Frog Street Toddler	26 - Bank Street Developmental Interaction Approach	40 - Alpha Skills
13 - Kiddie Academy Life Essentials	27 - The Ounce Scale	41 - Pinnacle Early Childhood
14 - Kids R Kids	28 - Waldorf	42 - WINGS

## Preschool

43 - We Can Voyager	68 - Knowledge Universe Early Foundations	93 - Waldorf
44 - Creative Curriculum for Preschoolers	69 - Learn Every Day	94 - The Project Approach
45 - High Scope Preschool Curriculum	70 - Learn Every Day & Nemours BrightStart! Superset	95 - Reggio Emilia
46 - Montessori	71 - Learning Experience Academic Program (LEAP)	96 - Everyday Math
47 - Investigator Club	72 - Let's Begin with the Letter People	97 - Project Early Kindergarten
48 - DLM Early Childhood Express (McGraw-Hill)	73 - LifeSmart	98 - Scholastic Early Childhood Program
49 - Opening the World of Learning (OWL)	74 - Literacy Express	99 - 1-2-3 Learn Curriculum
50 - Houghton Mifflin Pre-K	75 - Little Treasures	100 - Carol's Affordable Curriculum
51 - Core Knowledge Sequence	76 - O2B Kids	101 - Early Learning Success
52 - Funshine Express	77 - Splash into Pre-K	102 - Gee Whiz Education
53 - High Reach	78 - Starfall Pre-K Curriculum	103 - Houghton Mifflin Pre-K
54 - Mother Goose Time	79 - Tools of the Mind	104 - Learn Every Day: The Preschool Curriculum
55 - Scholastic: Big Day for Pre-K	80 - We Can	105 - Journey (Curriculum in Learning Care Group preschool programs)
56 - DIG: Develop, Inspire, Grow	81 - Wee Learn	106 - Learn As We Grow (Curriculum in La Petite programs)
57 - Beyond Centers & Circle Time	82 - World at their Fingertips	107 - World at their Fingertips (Curriculum in Bright Horizons programs)
58 - Early Literacy and Learning Model Plus (ELLM) or ELLM Plus	83 - Active Learning Series	108 - Connect4Learning
59 - Edu 1st VESS Curriculum	84 - All About Preschoolers	109 - ExCell (Exceptional Coaching for Early Language and Literacy)
60 - Empowered Child	85 - Innovations	110 - Building Blocks (Clements, early math)
61 - FLEX Goddard Pre-K	86 - Links to Literacy	111 - Big Math for Little Kids (Ginsburg, early math)
62 - Frog Street Pre-K	87 - Promoting Preschool Friendships	112 - The Incredible Years (Webster-Stratton)
63 - Frog Street Summer	88 - Saxon	113 - Head Start REDI (Research-based, Developmentally Informed; Penn State)
64 - Galileo	89 - Bank Street Developmental Interaction Approach	114 - EPIC (Evidence-based Program for Integrated Curricula, John Fantuzzo)
65 - Get Set for School	90 - Little Treasures (MacMillan/McGraw Hill)	115 - Abeka
66 - Kiddie Academy Life Essentials	91 - Curiosity Corner (Success for All)	116 - Alpha Skills
67 - Kids R Kids	92 - Teaching Strategies	117 - Pinnacle Early Childhood
		118 - WINGS



### Unspecified

122 - DK/REF	128 - Added: Scholastic	134 - Added: High Scope
123 - Added: Curricula dictated by host organization	129 - Added: Mother Goose Time	135 - Added: Learn Every Day
124 - Added: Purchased/publicly available curricula	130 - Added: Frog Street	136 - Added: Montessori
125 - Added: Activities/activity planning	131 - Added: Emergent curriculum	137 - Added: Wee Learn
126 - Added: Teaching Strategies GOLD	132 - Added: Funshine Express	138 - Added: Reggio Emilia
127 - Added: Creative Curriculum	133 - Added: High Reach	139 - Added: Knowledge Universe Early Foundations
		140 - Added: Learn As We Grow (Curriculum in La Petite programs)

### C5.

Have you received 4 or more hours of training on how to use this curriculum?

1. YES
2. NO

### C3.

Do you plan or help plan the daily activities of the children in this classroom or group?

1. YES
2. NO → SKIP TO C4\_M

### C3a\_M.

When do you plan daily activities?

1. While caring for children
2. Time while at work, but not caring for children
3. I don't make specific plans
4. Personal time when I am not at work

### C4\_M.

In this classroom, on most days, how much time do children spend doing something with a screen, such as watching TV or a movie, or working or playing a game on a computer or tablet?

1. 1 ½ hours or more
2. 30 minutes to 1 ½ hours
3. Less than 30 minutes
4. Children do not use screens while in this classroom

**G\_ACTIVITY.**

Please describe a typical day in your classroom. Not including lunch or nap breaks, **how much time is spent** in the following kinds of activities throughout the day?

**(READ ITEM: WOULD YOU SAY NO TIME, 30 MINUTES OR LESS, ABOUT ONE HOUR, ABOUT TWO HOURS, OR THREE HOURS OR MORE?)**

	1. No time	2. 30 min or less	3. About one hour	4. About two hours	5. Three hours or more	6. Don't know/ Refused
<b>A.</b> Learning activities with the whole group						
<b>B.</b> Learning activities done with small group (with 2 or more children)						
<b>C.</b> Learning activities one-on-one (with individual children)						
<b>D.</b> Activities selected/initiated by the child (e.g., time for children to explore freely)						
<b>E.</b> Routine care (such as diapering, feeding, and bathroom needs)						
<b>F.</b> Vigorous physical activity either indoors or outdoors						
<b>G.</b> Singing/rhyming						
<b>I.</b> Book reading or sharing						

## Section CL. About People in the Classroom

### CL1.

Please think about the teachers, assistant teachers and aides who usually work in this classroom. How many people are there, including yourself?

\_\_\_\_\_

Range 1 - 99

### CL2.

Including yourself, are any of these [CL1] people Hispanic or Latino?

1. YES
2. NO

### CL2\_1.

As far as you know, are any of the people who are not Hispanic or Latino:

**CL2\_1\_A.** Black or African American

1. YES
2. NO

**CL2\_1\_C.** White

1. YES
2. NO

**CL2\_1\_D.** Asian

1. YES
2. NO

**CL2\_1\_E.** Mixed race, another race, or you are not certain

1. YES
2. NO

### CL5.

How many children are enrolled in this classroom?

Number of children: \_\_\_\_\_

Range 1 - 999

### CL6\_1.

Are any of these [CL5] children Hispanic or Latino?

1. YES

2. NO

**CL6\_2.**

As far as you know, are any of the children who are not Hispanic or Latino:

**CL6\_2\_B.** Black or African American

- 1. YES
- 2. NO

**CL6\_2\_A.** White

- 1. YES
- 2. NO

**CL6\_2\_C.** Asian

- 1. YES
- 2. NO

**CL6\_2\_D.** Mixed race, another race, or you are not certain

- 1. YES
- 2. NO

**CL9.**

How many of the children in your classroom speak a language other than English at home?

\_\_\_\_\_ Number of Children

Range: 0 - [Value reported in CL5]

-1. DK/REF

IF CL9 = DK/REF ASK CL10  
ELSE, SKIP TO CL11

**CL10.**

About what percent of the children in your classroom speak a language other than English at home?

\_\_\_\_\_ Percent of Children

IF CL9 = (0 OR DK/REF) AND CL10 = (0 OR DK/REF), THEN SKIP TO CL11  
ELSE, ASK WF21\_1

**WF21\_1.**

For children in your classroom who speak a language other than English at home, is there an adult assigned to the classroom to provide care and instruction using children's home language, **not** including language lessons.

1. Yes, there is an adult assigned to the class that is here all of the time
2. Yes, there is an adult assigned to the class that is here some of the time
3. No

**CL11.**

How many of the children in this classroom have a parent who needs the help of an interpreter or a child to speak with their child's teacher?

Number of children: \_\_\_\_\_

Range: 0 - [Value reported in CL5]

I don't know the exact number but at least one child

**CL8a.**

As far as you know, how many children in this classroom sometimes don't have enough food to eat at home because there is not enough money to buy it?

Number of children: \_\_\_\_\_

I don't know the exact number but at least one child

Range: 0 - [Value reported in CL5]

## Section D. Staff Attitudes and Orientation to Caregiving

### WF8\_1.

Please rate the degree to which you agree or disagree with the following statement.

I integrate the cultural values and lifestyles of people of various races and ethnicities into my teaching and caregiving.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

### WF11\_3.

In the past six months how often have you met with or talked to parents about:

**WF11\_3\_c.** Their child's learning or progress towards developmental milestones?

1. Never
2. Rarely
3. Sometimes
4. Very Often

**WF11\_3\_d.** Problems their child is having in the program?

1. Never
2. Rarely
3. Sometimes
4. Very Often

### D7\_a\_REVISIED.

In the last 12 months, how often have you and your supervisor discussed how you can improve your skills working with children? Would you say...

1. Once a year
2. Several times a year
3. Once a month
4. A few times a month
5. Once a week or more
6. Never

**WF\_D7\_SEQUAL.**

How much do you agree or disagree: My supervisor knows my teaching well.

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree

**D8.**

Do you receive a formal review and feedback on your performance at least once a year?

1. YES
2. NO

**D9.**

How much do you agree or disagree with the following statements about working in this program?

**D9A.** I am treated with respect on a day-to-day basis. (Would you say you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with this statement?)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

**D9C.** I have help dealing with difficult children or parents. (Would you say you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with this statement?)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

**WF12\_1.**

At this program, do you have...

**WF12\_1a.** Adult-sized furniture

1. YES
2. NO

**WF12\_1b.** Space for relaxation (away from children)

1. YES
2. NO

**WF12\_1c.** Daily designated breaks (including meal breaks and other rest breaks)

1. YES
2. NO

**WF12.**

We are interested in the way other people have treated you or your *beliefs* about how other people have treated you in your job.

Can you tell me: In the past year, were you ever treated unfairly in your job?

1. YES
2. NO → SKIP TO D\_BKGD\_EXP

**WF12\_0.**

What do you think was the main reason for this experience? (**PLEASE SELECT ONE**)

1. Your ancestry, national origins or ethnicity
2. Your native language
3. Your gender
4. Your race
5. Your age
6. Your religion, religious beliefs or practices
7. Your height or weight
8. Your sexual orientation or gender identity
9. Your disability, physical or mental condition



**D\_BKGD\_EXP.**

Some early care and education programs are subject to policies that require their staff to get background checks.

**E1.**

Does your program cover the entire cost for staff to get required background checks?

- 1. Yes
- 2. No
- 3. Not applicable

**WF23\_DL\_1.**

Rate the following statements about being well-informed and giving input at your work on a scale of 1-4, with 1 indicating “strongly agree” and 4 indicating “strongly disagree”.

	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
<b>a.</b> Teachers, aides and assistants are invited to give input into program goals that affect everybody.				
<b>b.</b> Teachers, aides, and assistants’ input about program goals is taken seriously.				

**D11.**

Below is a list of some of the ways you may have felt or behaved.

Please indicate how often you have felt this way during the past week by checking the appropriate box for each question.

	1. Rarely or none of the time (less than 1 day)	2. Some or a little of the time (1-2 days)	3. Occasionally or a moderate amount of time (3-4 days)	4. All of the time (5-7 days)
<b>D11_1.</b> I did not feel like eating; my appetite was poor.				
<b>D11_2.</b> I had trouble keeping my mind on what I was doing.				

	1. Rarely or none of the time (less than 1 day)	2. Some or a little of the time (1-2 days)	3. Occasionally or a moderate amount of time (3-4 days)	4. All of the time (5-7 days)
<b>D11_3.</b> I felt depressed.				
<b>D11_4.</b> I felt that everything I did was an effort.				
<b>D11_7.</b> My sleep was restless.				
<b>D11_8.</b> I was sad.				
<b>D11_10.</b> I could not "get going."				

**WF13 Intro.** How often in the last year have you experienced the following?

**WF13\_1.**

I feel burned out from my work.

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month
5. Once a week
6. A few times a week
7. Every day

**WF13\_2.**

I have become more callous toward people since I took this job

1. Never
2. A few times a year or less
3. Once a month or less
4. A few times a month

5. Once a week
6. A few times a week
7. Every day

The following questions are about your beliefs about education and caregiving.

**D14.**

A child hits another child. The most effective response is to:

1. Separate the children by moving the child who was hit into another center.
2. Remind the child that hands are not for hitting, then help re-engage him in an activity.
3. Ignore the behavior.
4. Tell the child's parents about the misbehavior.

**D15.**

A child is trying to put together a puzzle that is too difficult for her. The best thing to do is:

1. Sit with her and give her hints that help her complete the puzzle.
2. Provide her a puzzle that is easier for her to complete.
3. Encourage her to keep trying it on her own.
4. Complete the puzzle for her as a demonstration.

**WF11\_1.**

Thinking about the families you serve, for how many children do you know what their families do to encourage their children's learning?

1. None
2. Some
3. Most
4. All

## Section E. Demographics

We finish the interview with some questions about your personal characteristics.

### E2.

In what year were you born?

\_\_\_\_\_   
 Range = 1900 - 2022

### E3\_M.

What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino

### E4\_M.

What is your race? (**SELECT ONE OR MORE**)

5. American Indian or Alaska Native
3. Asian
2. Black or African American
4. Native Hawaiian or Other Pacific Islander
1. White

### E5.

Do you speak any languages other than English?

1. YES
2. NO → SKIP TO E19

### E6.

About what percent of the time that you are working with children do you speak English?

\_\_\_\_\_ % of time speaking English

### E19.

What language(s) do you speak with children or parents as part of your job at this center?

\_\_\_\_\_ (Open - Ended)

CODE	DESCRIPTION	CODE	DESCRIPTION
0	No other language provided	44	Creole
1	Arabic	45	Dutch

CODE	DESCRIPTION	CODE	DESCRIPTION
2	Armenian	46	Ethiopian
3	Chinese	47	Fijian
4	English	48	African dialects
5	French (including Patois, Cajun)	49	Igbo
6	French creole	50	Ilocano
7	German	51	Indian dialects
8	Greek	52	Indonesian
9	Guajarati	53	Moratai
10	Hebrew	54	Jamaican/Haitian Creole
11	Hindi	55	Kannada
12	Hungarian	56	Karen
13	Italian	57	Kurdish
14	Japanese	58	Lakota
15	Korean	59	Latvian
16	Laotian	60	Mixteco
17	Miao, Hmong	61	Nepali
18	Mon-Khmer, Cambodian	62	Mongolian
19	Navajo	63	Norwegian
20	Persian	64	Oromo
21	Polish	65	Pashto
22	Portuguese or Portuguese Creole	66	Punjabi
23	Russian	67	Romanian
24	Serbo-Croatian	68	Samoan
25	Spanish or Spanish Creole	69	Somali
26	Tagalog	70	Swahili
27	Thai	71	Tamil
28	Urdu	72	Telugu
29	Vietnamese	73	Tigrinya
30	Yiddish	74	Turkish
31	Other	75	Twi
32	DK/REF	76	Ukrainian
33	American Sign Language	77	Visyan/Cebuano/Bisaya
34	Amharic	78	Yoruba
35	Albanian	79	Malayalam
36	Bengali	80	Pennsylvanian Dutch
37	Bulgarian	81	Tongan
38	Burmese	82	Nahuatl
39	Cape Verdean	83	Hawaiian
40	Chamorro	84	Mandinka
41	Chuukese	85	Finnish
42	Creole	86	Pidgin
43	Czech	87	Sesotho

**E9.**

In what country were you born?

\_\_\_\_\_

[DROP DOWN]

Order	Label	Order	Label	Order	Label
	DROP DOWN		Guernsey		San Marino
	United States		Guinea		Sao Tome and Principe
	DK/REF		Guinea-Bissau		Saudi Arabia
	Afghanistan		Guyana		Senegal
	Akrotiri		Haiti		Serbia and Montenegro
	Albania		Heard Island and McDonald Islands		Seychelles
	Algeria		Holy See (Vatican City)		Sierra Leone
	American Samoa		Honduras		Singapore
	Andorra		Hong Kong		Slovakia
	Angola		Hungary		Slovenia
	Anguilla		Iceland		Solomon Islands
	Antarctica		India		Somalia
	Antigua and Barbuda		Indonesia		South Africa
	Argentina		Iran		South Georgia and the South Sandwich Islands
	Armenia		Iraq		Spain
	Aruba		Ireland		Spratly Islands
	Ashmore and Cartier Islands		Isle of Man		Sri Lanka
	Australia		Israel		Sudan
	Austria		Italy		Suriname
	Azerbaijan		Jamaica		Svalbard
	Bahamas		Jan Mayen		Swaziland
	Bahrain		Japan		Sweden
	Bangladesh		Jersey		Switzerland
	Barbados		Jordan		Syria
	Bassas da India		Juan de Nova Island		Taiwan
	Belarus		Kazakhstan		Tajikistan
	Belgium		Kenya		Tanzania
	Belize		Kiribati		Thailand
	Benin		North Korea		Timor-Leste
	Bermuda		South Korea		Togo
	Bhutan		Kuwait		Tokelau
	Bolivia		Kyrgyzstan		Tonga
	Bosnia and Herzegovina		Laos		Trinidad and Tobago
	Botswana		Latvia		Tromelin Island
	Bouvet Island		Lebanon		Tunisia
	Brazil		Lesotho		Turkey
	British Indian Ocean Territory		Liberia		Turkmenistan
	British Virgin Islands		Libya		Turks and Caicos Islands
	Brunei		Liechtenstein		Tuvalu
	Bulgaria		Lithuania		Uganda



Order	Label	Order	Label	Order	Label
	Burkina Faso		Luxembourg		Ukraine
	Burma		Macau		United Arab Emirates
	Burundi		Macedonia		United Kingdom
	Cambodia		Madagascar		Uruguay
	Cameroon		Malawi		Uzbekistan
	Canada		Malaysia		Vanuatu
	Cape Verde		Maldives		Venezuela
	Cayman Islands		Mali		Vietnam
	Central African Republic		Malta		Virgin Islands
	Chad		Marshall Islands		Wake Island
	Chile		Martinique		Wallis and Futuna
	China		Mauritania		West Bank
	Christmas Island		Mauritius		Western Sahara
	Clipperton Island		Mayotte		Yemen
	Cocos (Keeling) Islands		Mexico		Zambia
	Colombia		Micronesia, Federated States of		Zimbabwe
	Comoros		Moldova		None of these
	Congo		Monaco		
	Cook Islands		Mongolia		
	Coral Sea Islands		Montserrat		
	Costa Rica		Morocco		
	Cote d'Ivoire		Mozambique		
	Croatia		Namibia		
	Cuba		Nauru		
	Cyprus		Navassa Island		
	Czech Republic		Nepal		
	Denmark		Netherlands		
	Dhekelia		Netherlands Antilles		
	Djibouti		New Caledonia		
	Dominica		New Zealand		
	Dominican Republic		Nicaragua		
	Ecuador		Niger		
	Egypt		Nigeria		
	El Salvador		Niue		
	Equatorial Guinea		Norfolk Island		
	Eritrea		Northern Mariana Islands		
	Estonia		Norway		
	Ethiopia		Oman		
	Europa Island		Pakistan		
	Falkland Islands (Islas Malvinas)		Palau		
	Faroe Islands		Panama		

Order	Label	Order	Label	Order	Label
	Fiji		Papua New Guinea		
	Finland		Paracel Islands		
	France		Paraguay		
	French Guiana		Peru		
	French Polynesia		Philippines		
	French Southern and Antarctic Lands		Pitcairn Islands		
	Gabon		Poland		
	Gambia		Portugal		
	Gaza Strip		Puerto Rico		
	Georgia		Qatar		
	Germany		Reunion		
	Ghana		Romania		
	Gibraltar		Russia		
	Glorioso Islands		Rwanda		
	Greece		Saint Helena		
	Greenland		Saint Kitts and Nevis		
	Grenada		Saint Lucia		
	Guadeloupe		Saint Pierre and Miquelon		
	Guam		Saint Vincent and the Grenadines		
	Guatemala		Samoa		

IF E9 ≠ UNITED STATES ASK E10  
ELSE, SKIP TO E11

**E10.**

In what year did you move to the U.S. to stay?

\_\_\_\_\_

Range: 1923 - 2024

**E1.**

You may select more than one answer. Are you:

1. Male
2. Female
3. Transgender, non-binary, or another gender

**E\_SO.**

Which of the following best represents how you think of yourself?

1. Gay or lesbian
2. Straight, that is not gay or lesbian
3. Bisexual
4. I use a different term --> SKIP to E\_SO\_OS
5. I don't know

**E\_SO\_OS.**

OTHER, SPECIFY: \_\_\_\_\_

**E11.**

What is your current marital status?

1. Never married, not living with a partner
2. Married or living with a partner
3. Separated
4. Divorced
5. Widowed

**E20.**

Overall, would you say your health is excellent, very good, fair, or poor?

1. EXCELLENT
2. VERY GOOD
3. FAIR
4. POOR

**E14.**

Approximately what was your total household income in 2023, before taxes or deductions? Please include income from wages and salaries earned by you or other adults in your household. Also include government assistance, gifts, or other income you may have had.

\_\_\_\_\_ Dollars

-1. DK/REF

IF E14 = DK/REF ASK E15  
ELSE, SKIP TO E17



**E15.**

It can be difficult to remember or report these numbers and an approximate range is fine. What was your total household income in 2023 before taxes or deductions...

1. Less than \$15,000
2. \$15,001 to \$30,000
3. \$30,001 to \$45,000
4. \$45,001 to \$60,000
5. \$60,001 or more

**E17.**

Approximately how much of your household income in 2023 came from your work with children under age 13?

1. All
2. Almost all
3. More than half
4. About half
5. Less than half
6. Very little
7. None

**WF16\_1.**

Not including yourself, how many people in your household are in the following age categories:

- Under age 6 \_\_\_\_\_  
Ages 6 through 12 \_\_\_\_\_  
Ages 13-17 \_\_\_\_\_  
Age 18 or older \_\_\_\_\_

IF WF16\_1 Under age 6 > 0 OR WF16\_1 Ages 6 through 12 > 0 ASK WF15\_4  
ELSE, SKIP TO WF15\_2

**WF15\_4.**

Do any government programs help you pay for child care for your children under 13? These government programs might include: a state child care subsidy program, the Head Start program, a local public school district, or your state's public pre-kindergarten program.

1. YES
2. NO

**WF15\_2.**

**WF15\_2a.** Do you or any member of this household receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program)? **Do not** include WIC, the School Lunch Program, or assistance from food banks.

1. YES
2. NO

IF WF16_1 Under age 6 > 0, ASK WF15_2b ELSE SKIP TO WF16_2
---

**WF15\_2b.** Do you or any member of this household participate in the WIC program, meaning the Women, Infants and Children supplemental nutrition program?

1. YES
2. NO

**WF16\_2.**

Suppose that you have an emergency expense that costs \$400. Could you pay for this expense right now using cash or money in a checking/savings account, or with a credit card that you could pay off at the next statement?

1. YES
2. NO

## Consent to Access Administrative Records (INTERVIEWER ADMINISTERED)

We are asking your permission to search state or national employment records and other data sources that contain information about college attendance or professional development. We would give data administrators basic information that identifies you and request that information be sent to the Administration for Children and Families, of the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

1. Yes → SKIP TO F6
2. No → ASK F3

### F3. (SUGGESTED SCRIPT)

We are asking to link your responses to these data from other sources to better understand how much education and training helps individuals succeed in the field and some of the reasons why people leave the child care field and where they go.

IF NEEDED: State or local government program records can provide additional information about how often child care workers leave early care and education jobs and what kinds of jobs they move to. We would search for additional jobs that you have now or may have in the future.

IF NEEDED: Records on college attendance and participation in professional development and certification can tell us how much education and/or training help individuals succeed in child care and early education or in other kinds of jobs. We would search, for example, registries that track educational credentials, or databases that employers use to confirm college and university degrees held by job applicants to learn what kinds of certifications or degrees you have earned or professional development activities you have undertaken.

NORC requests your permission to search these data sources. We would not provide the state agency or data administrators with any of the answers you've provided today, other than your name and the name of your program and enough information to find you in the records.

All information about you and your employer will be considered private and used for study purposes only. Your name, as well as the name of your employer, will not be used in reporting the study results. Only authorized personnel associated with this study will be granted access to this identifying information on a need-to-know basis. The information will be reported as statistics to the U.S. Department of Health and Human Services as part of the results of this study.

1. Yes → ASK F6
2. No → SKIP TO THANK YOU

**F6.** I need to collect some information from you in order to search for your information in the administrative records. Please confirm...

Full Name	[RESPONDENT NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Date of Birth	[DOB]
Address	[RESPONDENT ADDRESS 1]
	[RESPONDENT ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP



### **Consent to Access Administrative Records (SELF-ADMINISTERED)**

We are asking your permission to search state or national employment records, college attendance or professional development records, or state data on licensing and/or subsidies. We would give data administrators basic information that identifies you and your program and request that information be sent to the Administration for Children and Families, of the U.S. Department of Health and Human Services or its contractors, for study purposes only. Do we have your permission to do so?

1. Yes → SKIP TO F4
2. No → GO TO F3

**F3.** We are asking to link your responses to these data from other sources to better understand how much education and training helps individuals succeed in the field and some of the reasons why people leave the child care field and where they go.

NORC requests your permission to search these data sources. We would not provide the state agency or data administrators with any of the answers you've provided today, other than your name and the name of your program and enough information to find you in the records.

All information about you and your program will be considered private and used for study purposes only. Your name, as well as the name of your program, will not be used in reporting the study results. Only authorized personnel associated with this study will be granted access to this identifying information on a need-to-know basis. The information will be reported as statistics to the U.S. Department of Health and Human Services as part of the results of this study.

1. Yes → ASK F4
2. No → SKIP TO THANK YOU

[THIS SCREEN WILL OFFER THE OPTION TO GET ANSWERS TO ADDITIONAL QUESTIONS BY CLICKING A LINK. THE TEXT BELOW WILL APPEAR THERE]

#### **Why are you interested in accessing state or local government program records?**

State or local government program records can provide additional information about how often child care workers leave early care and education jobs and what kinds of jobs they move to. We would search for additional jobs that you have now or may have in the future.

#### **Why are you interested in accessing my college attendance or professional development records?**

Records on college attendance and participation in professional development and certification can tell us how much education and/or training help individuals succeed in child care and early education or in other kinds of jobs. We would search, for example, registries that track educational credentials, or databases that employers use to confirm college and university degrees held by job applicants to learn what kinds of certifications or degrees you have earned or professional development activities you have undertaken.

**F4. Please confirm or update the following information:**

Full Name	[RESPONDENT NAME]
Business Name	[BUSINESS NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Business Address	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP
Respondent Address (if different)	[BUSINESS ADDRESS 1]
	[BUSINESS ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

**THANK YOU**

Thank you for taking the time to complete this survey. If you have any additional comments or information about your answers I can record those now.

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PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.
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### WFX\_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, you may choose to have a \$10 electronic gift code sent by email or have \$10 gift card mailed to you.

[SELF-ADMINISTERED] Please select your preferred option below and provide the necessary contact information. Please make sure to enter your email or mailing address correctly to ensure delivery.

[INTERVIEWER-ADMINISTERED] Would you prefer to receive your token of appreciation by email or by mail?

1. By Email → SKIP TO WFX\_INC\_EMAIL
2. By Mail → SKIP TO WFX\_INC\_MAIL
3. Neither → SKIP TO WFX\_CNTCT\_UPD

### WFX\_INC\_EMAIL

[SELF-ADMINISTERED:] Please enter your email address: (\*Required)

[INTERVIEWER-ADMINISTERED:] Please tell me the email address where you would like the gift code sent.

Email address\*: \_\_\_\_\_

SKIP TO FUTURE CONTACT INFORMATION
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### WFX\_INC\_MAIL

[SELF-ADMINISTERED:] Please enter your mailing address: (\*Required)

[INTERVIEWER-ADMINISTERED:] Please tell me your full name and the address where you would like the gift card sent.

Full Name\*: \_\_\_\_\_

Address 1\*: \_\_\_\_\_

Address 2: \_\_\_\_\_

City\*: \_\_\_\_\_

State\*: \_\_\_\_\_

Zip\*: \_\_\_\_\_

### Future Contact Information

We may follow up with early care and education teachers and aides again in the future and would like for you to continue participating. If a future study is conducted, you can decide whether you wish to participate or not at that time. We may also contact you in the future if we need to clarify one of your interview responses.

[SELF-ADMINISTERED:] Please update your contact information below.

[INTERVIEWER ADMINISTERED:] I'd like to confirm that we have the best contact information for you on file.

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

Full Name	[RESPONDENT NAME]
Telephone Number	[PRIMARY PHONE]
Telephone Type	[LANDLINE/CELL]
Email	[PRIMARY EMAIL]
Secondary Email	[SECONDARY EMAIL]
Home Address	[RESPONDENT ADDRESS 1]
	[RESPONDENT ADDRESS 2]
City	[CITY]
State	[STATE]
Zip	ZIP

[IF TELEPHONE IS CELL:] NORC at the University of Chicago or the U.S. Department of Health and Human Services may wish to text you about your participation in the National Survey of Early Care and Education (NSECE). We will only use your phone number to facilitate your cooperation with this study and will not share, sell, or otherwise use this number. Standard messaging and data rates may apply. You will be able to opt out of receiving text messages at any time. Do we have your permission to text you at the number provided?

**CLOSING STATEMENT.**

**Thank you for completing the NSECE questionnaire for classroom staff. CLICK NEXT TO END THE SURVEY.**