



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

*Center-based Provider Screener
and 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 appropriate 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. These response options preceded by the term “added” are only in the English versions of the questionnaires, and are 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 Center-based Provider 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_M.

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

Center-Based Provider Screener

[QUEX HAS FLAG TO INDICATE IF INSTRUMENT IS LAUNCHED FROM FI TABLET OR NOT (FI_ADMIN)]

[IF FI ADMINISTERED, THEN THE BELOW INTRODUCTION APPEARS ON THE FIRST PAGE OF SCREENER; IF SELF-ADMINSTERED, THE BELOW INTRODUCTION APPEARS ON LOGIN PAGE.]

[SELF-ADMINISTERED:] Welcome to the National Survey of Early Care and Education! This study is being conducted by NORC at the University of Chicago on behalf of the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

[IF SELF-ADMINISTERED:] If you have any questions or would prefer to answer these by phone, please call 1-800-487-4609.

You should have received a personal identification number (PIN) by mail or e-mail. Please enter it in the field below, and then click the "Continue" button.

PIN:

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.

[INTERVIEWER ADMINISTERED:] Hello, my name is [NAME], and I'm from NORC at the University of Chicago. We're conducting a study sponsored by the Administration for Children and Families of the U.S. Department of Health and Human Services. We would like to ask you a few questions about child care services in your community. Your answers will help the government better support the people who care for our nation's children.

Q1. Do you offer early care and education services for children age 5 years and under, not yet in kindergarten, at [ADDRESS]? By early care and education, I mean preschool, pre-kindergarten, nursery school, day care, Montessori for young children, or other similar services. This does not include drop-in or single activity services, such as sports practices or tutoring programs.

[IN CALIFORNIA: Since many children in California transitional kindergarten spend their next year in regular kindergarten, please report California transitional kindergarten as early care and education services.]

1. Yes
2. No (SKIP TO Q4)

Q1a_2. Are your organization's services for children 5 and under, not yet in kindergarten...

	Yes	No
a. at least three hours per day at least twice per week		
b. only drop in activities that children may not attend regularly		
c. only before or after-school activities		
d. only a single activity, such as only tutoring, therapy, or a sports activity? Please answer "no" if your organization provides multiple activities for children throughout the day.		

CHK_1. IF Q1a_2_a=Y AND Q1a_2_b=N AND Q1a_2_c=N AND Q1a_2_d=N THEN ORG IS ELIGIBLE. ELSE ORG NOT ELIGIBLE.

CHK_2. IF ORG IS ELIGIBLE, ASK Q2. ELSE SKIP TO Q4.

CREATE ELIGIBILITY ROSTER AND POPULATE BASED ON Q1A OUTCOME [ELIG_FLAG]. PNAME ORGANIZATION IS ALWAYS FIRST IN ROSTER AND HAVE LIST NUMBER OF 1. IF ELIGIBLE AS INDICATED ABOVE THEN ELIG_FLAG=1, IF NOT THEN ELIG_FLAG=0.

Q2. Is [PNAME] the best name for your organization?

1. Yes (SKIP TO Q4)
2. No

Q3. What is the name of your organization?

Organization #1 _____

Q4. Does any other organization offer early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten?

1. Yes
2. No (SKIP TO Q6)

Q5. What is the name of that organization?

Organization _____

Q6. And is there another organization that offers early care and education services at [ADDRESS] for children 5 years and younger, not yet in kindergarten?

1. Yes (go to Q5)
2. No (go to Q7_2)

Q7_2. As far as you know, are [ORGANIZATION FROM Q5]’s services for children 5 and under, not yet in kindergarten...

	Yes	No
a. at least three hours per day at least twice per week		
b. only drop in activities that children may not attend regularly		
c. only before or after-school activities		
d. only a single activity, such as only tutoring, therapy, or a sports activity? Please answer “no” if your organization provides multiple activities for children throughout the day.		

CHK_3. IF Q7_2_A=YES AND Q7_2_B=NO AND Q7_2_C=NO AND Q7_2_D=NO, THEN ORG IS ELIGIBLE. ELSE ORG NOT ELIGIBLE.

CHK_4. RETURN TO Q7_2 FOR NEXT ORGANIZATION LISTED AT Q5 UNTIL ALL ORGANIZATIONS HAVE BEEN ASKED ABOUT.

ADD EACH ORGANIZATION NAME FROM Q5 TO ELIGIBILITY ROSTER AND ASSIGN ELIG_FLAG=1 IF ABOVE CRITERIA ARE MET. IF NOT, THEN ASSIGN ELIG_FLAG=0. EACH ORGANIZATION IN ROSTER HAS LIST VALUE, ORGANIZATION NAME AND ELIG_FLAG.

LIST VALUE	ORGANIZATION NAME	ELIG_FLAG
1	IF Q2=YES, THEN USE PNAME PRELOAD; ELSE USE Q3 NAME	IF Q1A_2_A=YES AND Q1A_2_B=NO AND Q1A_2_C=NO AND Q1A_2_D=NO THEN ELIG_FLAG=1. ELSE ELIG_FLAG=0
2	ORGANIZATION NAME FROM Q5 (LOOP 1)	IF Q7_2_A=YES AND Q7_2_B=NO AND Q7_2_C=NO AND Q7_2_D=NO THEN SET ELIG_FLAG=1. ELSE SET ELIG_FLAG=0
3	FOLLOWING LOGIC FOR LIST VALUE 2 ABOVE, ADD UP TO 4 ADDITIONAL ORGANIZATIONS	

[ORGANIZATION SELECTION LOGIC: RANDOMLY SELECT ONE ORGANIZATION FROM ROSTER FOR THOSE LISTED ABOVE AS ELIGIBLE [WHERE ELIG_FLAG=1] AND STORE AS FINALORG. STORE LIST VALUE AS WELL.]

POPULATE CB_ORG VARIABLE BASED ON FOLLOWING LOGIC:

- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] AND Q2=YES, THEN STORE PNAME FROM Q2 AS CB_ORG.
- IF CBSCR IS NOT FI ADMINISTERED (FI_ADMIN=0) AND ORIGINAL ORG IS ELIGIBLE [ELIG_FLAG=1 FOR FIRST ORG IN ROSTER] BUT Q2=NO, THEN STORE Q3 NAME AS CB_ORG.
- IF CBSCR IS FI ADMINISTERED (FI_ADMIN=1), STORE FINALORG VALUE AS CB_ORG VALUE.
- POPULATE THE CB_ORG_CODE TO MATCH THE LIST VALUE CARRIED FROM FINALORG.

CHK_5. IF ORIGINAL ORG IS NOT ELIGIBLE AND CBSCR IS NOT FI_ADMINISTERED (FI_ADMIN=0), SKIP TO LOGIC AT Q7. OTHERWISE CONTINUE TO Q8.

Q8. Based on our statistical procedures, our study has some additional questions for [CB_ORG] about its early care and education services for young children.

Can you provide contact information for that organization? Please provide whatever information you have available.

First Name _____
 Last Name _____
 Contact Phone _____
 Contact E-mail _____

Q7. THE FOLLOWING TRANSITIONS WILL OCCUR BASED ON IF SURVEY IS FI-ADMINISTERED AND IF CB_ORG IS THE ORIGINAL ORGANIZATION OR NOT. RULES ARE AS FOLLOWS:

TRANSITION A: IF NOT FI-ADMINISTERED, DISPLAY FOLLOWING:

Thank you for your time today. We have some additional questions about your organization and the early care and education services it provides.

SKIP TO CONSENT

TRANSITION B: IF FI-ADMINISTERED AND OTHER ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country.

TERMINATE AND DISPOSITION THIS ADDRESS AS 54: PROV SCREENER COMPLETE

TRANSITION C: IF FI-ADMINISTERED AND ORIGINAL ORG IS ELIGIBLE, DISPLAY FOLLOWING:

Thank you very much for your time today. I have some additional questions about your organization and the early care and education services it provides.

TERMINATE AND DISPOSITION THIS ADDRESS AS 54: PROV SCREENER COMPLETE

TRANSITION D: IF NO ORGANIZATIONS ARE ELIGIBLE [ALL ELIG_FLAG=0] DISPLAY THE FOLLOWING:

Thank you very much for your time today. Your information helps us better understand the types and number of early care and education programs in our country. [TERMINATE AND DISPOSITION THIS ADDRESS AS "76: Final Ineligible Provider."]

TERMINATE AND DISPOSITION THIS ADDRESS AS 76: FINAL INELIGIBLE PROVIDER

Center-based Provider Questionnaire

[SELF-ADMINISTERED:] Thank you for taking part in this study which is about the early care and education programs available 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 at all levels better understand and support the early care and education services that are most needed in your area.

This interview takes about 45 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 this 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 this 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.

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.

a. CONTINUE

[INTERVIEWER ADMINISTERED:] (IF NEEDED:) My name is _____ and I am from NORC at the University of Chicago.) We are conducting a study about the early care and education options available 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 government at all levels better understand and support the early care and education services most needed in your area.

This interview takes about 45 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 this 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. You should understand, however, that we would take necessary action to prevent serious harm to children or others, including reporting to authorities.

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 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 MM/DD/YEAR. If you have any comments about the time required to complete this interview or any other aspect of this survey, please send them to: NORC at the University of Chicago, 55 E Monroe St, Ste 3000, Chicago, IL, 60603, Attention: A. Rupa Datta

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict privacy of your responses. These recordings will be shared only with authorized personnel associated with the study. Recordings will be maintained until we finalize our notes. May I continue with the recording?

1. R CONSENTS TO PARTICIPATE IN THE SURVEY → CONTINUE
2. R CONSENTS TO PARTICIPATE IN THE SURVEY BUT DOES NOT WANT TO BE RECORDED → TURN OFF RECORDING FEATURE AND CONTINUE

INTRO.

This interview collects data about all of the early care and education services for children under age 13 offered by your organization at this address.

CHECK_S.

WAS CASE COMPLETED ON OR AFTER MAY 28, 2024?

1. Yes
2. No

IF CHECK_S = 1, ASK T1 ELSE, SKIP TO NUMSITE

T1.

Many providers make changes to their programming in the summer. Compared to your school year practices, do you do any of the following in the summer?

T1A. Serve different ages of children?

1. Yes
2. No

T1B. Serve different numbers of children?

1. Yes
2. No

T1C. Charge families different prices for care?

1. Yes
2. No

T1D. Have different staff?

1. Yes
2. No

T1E. Have different staffing practices?

1. Yes
2. No

T1F. Have different hours of care for children?

1. Yes
2. No

IF T1A - T1F = 1 FOR ANY ITEM, ASK T2 ELSE, SKIP TO NUMSITE
--

T2.

On what date do your summer activities begin?

In answering the remainder of this questionnaire, please report your program's information as it was in the spring of 2024 before any changes for summer might have been made.

Numsite.

Does this organization operate programs for early care and education of children under age 13 at any locations other than this site?

1. Yes, multiple sites
2. No, single site → SKIP TO A_INTRO

Numsite_1.

At how many total sites does this organization operate programs?

A_INTRO.

In this interview, we use the term 'program' to describe all of the early care and education services for children under age 13 offered by your organization [org] at the address [address]. [IF NUMSITE=1, Please do not include any services you provide at other addresses.]

[IF ELEMFLAG=1: By early care and education services, we mean services to young children not yet in kindergarten as well as before or after school services for school-age children but not the regular elementary schooling kindergarten through sixth grade.]

Section A. Program Level Information

A7.

In what kind of building is **your** program located? Please choose one only for each building your program occupies.

1. Religious building
2. Public School
3. Private School
4. University or College
5. Work Place
6. Community Center or Municipal Building
7. Commercial Structure
8. Independent Structure (i.e., ORGANIZATION is the sole occupant)
9. Home, apartment, or other residential structure
10. Other, specify: _____
11. DK/REF
12. Added: Military/navy
13. Added: Hospital/Medical Facility
14. Added: School (public/private unspecified)
15. Added: A former/renovated school
16. Added: A former/renovated church

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: _____

A8B.

Is your program 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.

1. INDEPENDENT → SKIP TO A11
2. SPONSORED
3. DON'T KNOW/REFUSED/BLANK (IN WEB) → SKIP TO A11

A8C.

What type of organization sponsors your program?

1. SOCIAL SERVICE ORGANIZATION OR AGENCY
2. CHURCH OR RELIGIOUS GROUP
3. PUBLIC SCHOOL/BOARD OF EDUCATION
4. PRIVATE SCHOOL, RELIGIOUS
5. PRIVATE SCHOOL, NONRELIGIOUS
6. COLLEGE OR UNIVERSITY
7. PRIVATE COMPANY OR INDIVIDUAL EMPLOYER
8. NON-GOVERNMENT COMMUNITY ORGANIZATION
9. STATE GOVERNMENT
10. LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT
11. FEDERAL GOVERNMENT OR MILITARY
13. HOSPITAL
14. UNSPECIFIED HEAD START GRANTEE
15. UNSPECIFIED PUBLIC PRE-K SPONSOR
12. OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR PROGRAM? _____

Skip Logic Box A_S_1:

IF A8A = 1 OR 2 ("FOR PROFIT" OR "NOT FOR PROFIT"), ASK A9
ELSE, SKIP TO A11_M

A9.

Is your organization independently owned & operated, a franchise, or part of a chain?

1. INDEPENDENTLY OWNED & OPERATED → SKIP TO A11
2. FRANCHISE
3. CHAIN
4. DK/REF → SKIP TO A11

A9a.

About how many centers are in the chain you are part of?

1. Less than 10
2. 10 to 39
3. 40 or more

A11_M.

How long has your program been operating?

_____Years _____Months

A12.

Is the program's space at this location subsidized or paid for by another organization such as a sponsor, a school, or someone else?

1. Yes
2. No

<p>A10. What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13. Range 0 - 156</p>	<p>C1_1. How many children are currently enrolled in this age group in your program at this site? Range 0-999</p>	<p>C1_2. How many of these children are currently enrolled full time? Range ≤ C1_1</p>	<p>C1a. How many vacancies do you currently have in the age group [XX to YY months]? Range 0-999</p>	
1. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
2. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
3. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
4. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
5. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
6. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
7. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
8. ____ Months to ____ Months				-2. I don't know, at least one vacancy.

<p>A10.</p> <p>What age groups of children participate in your program at this site? By age groups we mean the range of ages you use to group children. Please give approximate ages in months for each age group. Please only report on age groups of children under age 13. Range 0 - 156</p>	<p>C1_1.</p> <p>How many children are currently enrolled in this age group in your program at this site? Range 0-999</p>	<p>C1_2.</p> <p>How many of these children are currently enrolled full time? Range ≤ C1_1</p>	<p>C1a.</p> <p>How many vacancies do you currently have in the age group [XX to YY months]? Range 0-999</p>	
9. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
10. ____ Months to ____ Months				-2. I don't know, at least one vacancy.
TOTAL RANGE: 0 TO 156				

C1_3.

Does your program have any children that attend at least 5 hours weekly but don't have a regular schedule of attendance? Some programs call this 'drop-in care.'

- 1. YES → ASK C1_3B
- 2. NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK A_COMMENTS
ELSE, SKIP TO SECTION B

C1_3B.

How many children attend at least 5 hours weekly but don't have a regular schedule of attendance?

_____ Number of children

C1_3C.

Did you include these children in your numbers of 'currently enrolled' children above?

- 1. YES
- 2. NO

IF INTERVIEW IS SELF-ADMINISTERED, ASK A_COMMENTS
ELSE, SKIP TO SECTION B

A_comments.

We value your answers and your thoughts. Please feel free to provide any additional comments or information about your answers in the box below. Otherwise, you can check the box "NO OTHER COMMENTS" to move on.

1. NO OTHER COMMENTS

Section B. Schedule and Rates

B1.

Please provide the hours that your program was open for children **last week, beginning with last Monday**.

If there was more than one time slot you were open on **last Monday** please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30pm to 5:30PM, that would be listed as two separate time slots.)

B1a.

	Start Time		End Time	
Time slot 1	:	AM/PM	:	AM/PM
Time slot 2	:	AM/PM	:	AM/PM
Time slot 3	:	AM/PM	:	AM/PM

1. Closed on that day

B1_1.

Were your operating hours last Monday the same as another day last week?

(SELECT ALL THAT APPLY)

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

Skip Logic Box B_S_1:

FOR DAYS NOT SELECTED ON B1_1, ASK B1_2

ELSE, SKIP TO B1_3

B1_2.

Please provide the hours that your organization was open last (DAY OF WEEK)?

Start Time

End Time

If there was more than one time slot you were open on **last [DAY OF WEEK]** please list each time period separately.

(For example, if you were open for children from 8:30AM to 11:30AM and then again from 3:30PM to 5:30PM, that would be listed as two separate time slots.)

Time slot 1	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM
:										
:										
Time slot 2	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM
:										
:										
Time slot 3	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM	<table border="1"><tr><td> </td></tr><tr><td>:</td></tr><tr><td> </td></tr></table>		:		AM/PM
:										
:										

1. Closed on that day

B1_3.

Do you have any families that pay for their children to attend this program, or do all children attend this program free of charge?

1. SOME OR ALL FAMILIES PAY
2. NO FAMILIES PAY → SKIP TO B5

B1_3a.

Does your program have a rate that you charge families for full-time care for the following ages

Infants less than 12 months old	1. Yes 2. No
2 year olds	1. Yes 2. No
3 year olds	1. Yes 2. No
4 year olds	1. Yes 2. No

Skip Logic Box B_S_2:

IF B1_3a = DK/REF FOR ALL OPTIONS, SKIP TO B7

ELSE, ASK B1_5 THROUGH B1_5G FOR EACH AGE GROUP THAT = 1 IN B1_3A

*Start of B_L_1 Loop (*BL1):*

REPEAT B1_5 - B1_5G FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

B1_5. *BL1

How much are you currently charging families for **full-time** enrollment for [AGE GROUP FROM B1_3A]?
Please do not include any subsidies or discounts.

\$ _____

B1_5A_M. *BL1

Is that per

1. Hour
2. ½ day
3. full day
4. week
5. month
6. term/semester/quarter
7. year
8. OTHER (PLEASE SPECIFY) _____
9. DK/REF/BLANK
10. Added: Bi-weekly/every 2 weeks
11. Added: Per school year
13. Added: After school/after care
17. Added: AM/PM care, wrap around care
90. Added: No children in this age group/"none"/does not apply
91. Added: No rate provided
92. Added: No meaningful figure
93. Added: All care subsidized
94. Added: No full time care
95. Added: Multiple rates provided
96. Added: Use state/DHS subsidy rate/Medicaid
97. Added: Sliding scale rate (no figure provided)
98. Added: Info provided to create an Hourly rate, not easily coded
99. Added: No meaningful unit

IF B1_5A_M = 1,2,3,4,5, OR 9, THEN SKIP TO B7
ELSE, IF B1_5A_M = 6 OR 7, THEN ASK B1_5E
ELSE B1_5A_M = 8, THEN SKIP TO B1_5G

B1_5E. *BL1

How many weeks is that?

SKIP TO END OF LOOP B_L_1 BOX

B1_5G. *BL1

What is the weekly equivalent of that rate?

End of B_L_1 Loop (*BL1):

REPEAT B1_5 – B1_5G FOR EACH AGE GROUP THAT = 1 (HAVE A RATE IN B1_3A)

B7.

Do you have any of the following to help families afford the care you offer...

B7a. Sliding fee scale

1. Yes
2. No

B7b. Scholarships

1. Yes
2. No

B7c. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization

1. Yes
2. No

B7d. Another arrangement

1. Yes
2. No → SKIP TO B9

B8.

How else do you help families afford the care you offer? _____

1. Sliding fee scale
 2. Scholarships
 3. Other discounts such as for siblings, children of staff members or members of an affiliated organization or congregation
 4. Another arrangement
 5. DK/REF/No Answer
 6. Added: Flexible Rates/non-monetary options
-

7. Added: Government Program/Assistance
8. Added Other non-government assistance
9. Added: Payment plans
10. Added: None/No discounts

B9.

How many children in your program are paid for only by their families with no subsidies, discounts, or scholarships?

_____ Number of children

-2. I don't know, but at least one child is paid for only by the family.

B5_M.

Does your program permit families to use your services on schedules that vary from week to week?

1. Yes, at their convenience
2. Yes, from a set of schedule options
3. Yes, beyond a minimum number of hours
4. No
5. DON'T KNOW/REFUSED/BLANK (IN WEB)

B6.

How many weeks per year does your program provide care for children under age 13?

_____ Number of weeks

RANGE: 1-52

Section C. Enrollment

Please answer these next questions about children in your program age 5 and under, not yet in kindergarten.

C4.

How many of the young children currently enrolled in your program have a physical condition that affects the way your program serves them?

_____ Number of children

-2. I don't know, but at least one child has a physical condition that affects the way our program serves them.

RANGE: 0-999

C5.

How many of the young children have an IEP/IFSP? [IF NEEDED: An IEP is an Individualized Education Plan for children with delays or disabilities who receive special education services in school. An IFSP is an Individualized Family Services Plan for children with delays or disabilities and their families who receive early intervention services.]

_____ Number of children

-2. I don't know, but at least one child has an IEP/IFSP.

RANGE 0-999

C6.

Again thinking about all the young children currently enrolled, about how many them are of Hispanic, Latino, or Spanish origin?

_____ Number of children

-2. I don't know, but at least one child is of Hispanic, Latino, or Spanish origin.

RANGE: 0-999

C7.

As far as you know, how many of the young children who are not of Hispanic, Latino, or Spanish origin are....

	Category	Number of children RANGE: 0-999	
C7a.	White		-2. I don't know, but at least one child is White.
C7b.	Black or African American		-2. I don't know, but at least one child is Black.
C7d.	Asian		-2. I don't know, but at least one child is Asian.
C7c.	Mixed race, another race, or you are not certain		-2. I don't know, but at least one child is Mixed Race.

C18.

Do you have at least one staff member at your program who can communicate effectively with families who cannot communicate well in English?

1. Yes, for all families who cannot communicate well in English
2. Yes, for some families who cannot communicate well in English
3. No → SKIP TO C15
4. Not applicable, all families are able to communicate well in English → SKIP TO C15
5. DK/REF →SKIP TO C15

C19.

Which group of staff members does your program rely on most to communicate with families who cannot communicate well in English?

1. Teachers or lead teachers
2. Aides or assistants
3. Specialists
4. Non-instructional staff (ex. administrators, support staff, drivers, cooks)

C15.

In the past year, has your program served any children who were experiencing homelessness, for example, by living in a shelter or because their families did not have a regular place to stay? Please answer to the best of your knowledge.

1. Yes
2. No

Section R. Revenues

These next questions are about your program's sources of revenues for providing early care and education services to children under age 13.

C12a.

How many children in your program are funded by dollars from the following government programs?

	# of Children	
C12a_1. State pre-kindergarten such as [STATE PRE-K NAME]		-2. I don't know, but at least one child is funded this way.
C12a_2. Head Start, including Early Head Start	Under 3 years ____ 3-5 years, not in kindergarten _____	-2. I don't know, but at least one child is funded this way.
C12a_3. Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)		-2. I don't know, but at least one child is funded this way.
C12a_4. Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts)	Under 3 years ____ 3-5 years, not in kindergarten _____ School-age _____	-2. I don't know, but at least one child is funded this way.
C12a_5. Title I		-2. I don't know, but at least one child is funded this way.
C12a_8. Other types of government funded programs		-2. I don't know, but at least one child is funded this way.

IF -1 DK/REF ON ALL ITEMS IN C12A GRID THEN SKIP TO R2

Skip Logic Box R_S_1:

IF C12A = 0 FOR EACH OF THE FOLLOWING CATEGORIES: 1, 2, 3, 4, 5, and 8, AND C12A≠-2 (I DON'T KNOW,BUT AT LEAST ONE) FOR ANY OF THE CATEGORIES: 1, 2, 3, 4, 5 and 8, SKIP TO R2
ELSE, ASK R16A

R16a.

Do you have any teachers, assistants, or aides whose salary or wages are paid for by a single government funding source? Examples of government funding sources include state pre-kindergarten, Head Start/Early Head Start, local pre-K, child care subsidy programs such as CCDF or TANF, and Title I?

- 1. Yes
- 2. No → SKIP TO R17

R16b.

For teachers, assistants, and aides whose salary or wages are paid for by a single government funding source, which government funding source pays for their salaries or wages? (INTERVIEWER: CODE ALL MENTIONS)

- 1. STATE PRE-K
- 2. HEAD START, INCLUDING EARLY HEAD START
- 3. LOCAL GOVERNMENT (E.G., PRE-K FUNDING FROM LOCAL SCHOOL BOARD OR OTHER LOCAL AGENCY, GRANTS FROM CITY OR COUNTY GOVERNMENT)
- 4. CCDF OR TANF
- 5. TITLE I
- 6. OTHER

R17.

Are there some professional development trainings or supports that are limited only to certain staff based on the funding source of the children they work directly with, for example children funded by Head Start or State Pre-K?

- 1. YES
- 2. NO

C12c.

Do any of the government agencies that provide funds for your program

	YES	NO
C12c_1. provide a grant to support your overall program?		
C12c_3. contract with you for a guaranteed number of slots?		
C12c_4. pay you for vouchers or subsidies for specific eligible children?		

<p>R2. Do you have any children who are funded by non-government community organizations (e.g., United Way, local charities, or religious organizations)?</p> <ol style="list-style-type: none"> 1. Yes 2. No → SKIP TO G3 	<p>R3. How many children are funded by non-government community organizations?</p> <p>_____ Under 3 years</p> <p>_____ 3-5 years, not in kindergarten</p> <p>_____ School-age</p>
---	--

G3.
Do you receive revenues from any of the following sources?

Revenue Category	Does your program receive any revenues from this source?
G3a. Tuitions and fees paid by families - including parent fees and additional fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees.	1. Yes 2. No
G3e. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	1. Yes 2. No
G3g. Revenues from fundraising activities, cash contributions, gifts, bequests, special events.	1. Yes 2. No
<p>G3i. Other</p> <hr/> <p>IF YES TO G3i, ASK G3_oth ELSE, SKIP TO G3j</p> <p>G3_oth. What other source of revenue does your program receive?</p> <hr/> <p>j. Added: corporate support k. Added: church/religious institution o. Added: college/university support p. Added: State pre-kindergarten q. Added: Head Start, including Early Head Start r. Added: Local Government s. Added: Child Care subsidy programs t. Added: Title I u. Added: Other types of government funded programs</p>	1. Yes 2. No

R4.

Thinking about your entire budget for providing early care and education services to children under age 13, which of the categories below best describes your program?

1. No public dollars received
2. Mostly private dollars with less than 33% public dollars
3. Private dollars are more than 33% and public dollars are more than 33%
4. Mostly public dollars with less than 33% private dollars
5. No private dollars received

Skip Logic Box R_S_2:

IF C12a RESPONSE OPTION 4>0 or C12a RESPONSE OPTION 4=-2, ASK R7
ELSE, SKIP TO R9

R7.

Do parents receiving child care subsidies pay any of the following fees to your program?

R7a. Diaper, baby formula, snacks or other supplies fees

1. Yes
2. No

R7b. Co-pays for child care subsidies

1. Yes
2. No

R7c. Tuition for days or hours not covered by subsidy payment

1. Yes
2. No

R7d. Fees or payments in addition to co-pays to make up for low subsidy reimbursement rates

1. Yes
2. No

SKIP TO D21

R9.

In the past year, have you had a child whose enrollment was supported by child care subsidy dollars, such as [STATE PROGRAM NAME]?

- 1. YES → SKIP TO D21
- 2. NO

R18_SUB_AWARE.

Are you familiar with the child care subsidy program, such as [STATE PROGRAM NAME]?

- 1. YES
- 2. NO → SKIP TO C14

D21.

Does your program help families apply for subsidies for child care?

- 1. Yes for all families who need it
- 2. Yes for some families who need it
- 3. No

R21_SUB_EXP.

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently serving children supported by child care subsidies. Please tell us how much you agree or disagree with the following statements based on what you know or what you have experienced:

	Strongly Agree 1	Agree 2	Disagree 3	Strongly Disagree 4
a.Serving children supported by subsidies is a way to keep consistent payments coming in.				
b.Working with the subsidy program is an administrative hassle.				
c. The main reason I serve, or would serve, children supported by subsidies is to help low-income families.				
d.Children supported by subsidies have more behavior problems than other children.				

C14.

Does your program have any formal or informal relationships with other programs or schools to share access to resources or professional development?

- 1. Yes
- 2. No

R12.

In 2023, did your program receive any free or reduced cost goods or services related to professional development, for example, a trainer's services or fees for staff to attend courses?

1. Yes
2. No

R13a.

Since June of 2022, have you received any funds other than subsidies/vouchers from a state or federal agency that were meant to stabilize child care providers during or after the COVID-19 pandemic? These might include child care stabilization funds, dollars from the American Rescue Plan Act (ARPA), COVID relief dollars paid since June 2022, or other state or federal funds to assist child care providers.

1. YES
2. NO
3. DK/REF

R14.

In the past year has your program had any staff layoffs or cuts in salaries, benefits, or hours?

1. YES
2. NO

Section D. Admissions/Marketing

D1.

From January to March of 2023, how many children age 5 and under, not yet in kindergarten, did your program stop caring for? Please include children whose parents withdrew them from care as well as children you didn't want to care for anymore. Your best estimate is fine.

_____ Number of children

RANGE: 0-999

D2.

From January to March of 2023, about how many new children did your program start taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

_____ Number of children

RANGE: 0-999

D12.

Does your program have an overall quality rating from [NAME OF LOCAL/STATE QRIS] or a QRIS?

1. Yes
2. No → SKIP TO D7
3. I don't know → SKIP TO D7

D12b.

What is your current rating in [NAME OF LOCAL STATE QRIS]? _____

D13_M.

In the past two years, how has your rating changed?

1. We moved to a higher rating
2. We moved to a lower rating
3. We stayed at the same rating
4. We have not been re-rated in the past two years

D7.

In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

1. Yes
2. No

3. Children are placed on a waiting list

D14.

In the past year, did you turn away any parents because they wanted to enroll a child who had special needs that your program wasn't prepared to meet?

1. Yes
2. No

D15_M.

In the past year, have you or someone in your program asked a parent to pick up a child early because of problems with the child's behavior (things like hitting, kicking, biting, tantrums, or disobeying)?

1. Yes
2. No

D8b_M.

In the past year, have you or someone in your program told a parent that you would not care for a child anymore because of problems with the child's behavior (things like hitting, kicking, biting, tantrums, or disobeying)?

1. Yes
2. No

D24.

Does your program have written guidelines for staff on how to address disruptive and aggressive behavior in children?

1. Yes
2. No
3. DK/REF

D22b.

How does your center make curriculum choices for classrooms that mostly serve 3 and 4 year olds?
Please select one.

1. We do not use a curriculum in these classrooms
2. We select a curriculum to meet guidelines from a federal, state, or local agency
3. We use a curriculum selected by our organization
4. We create our curriculum for these classrooms
5. We choose a curriculum based on multiple of these and other criteria
6. None of these

D19.

Does your program participate in the Child and Adult Care Food Program?

- 1. Yes
- 2. No
- 3. Not eligible
- 4. I have not heard of the Child and Adult Care Food Program

D20_M.

Does your program have or have access to a health consultant or nurse who can help with nutrition, allergies, or other health-related issues?

- 1. Yes
- 2. No

D20_A.

Does your program have or have access to a mental health consultant who can help with mental or behavioral health issues?

- 1. Yes
- 2. No

D11.

The following questions are about various services that children and their families might require in addition to your program's basic offerings.

D11a. Is the following available to children on-site at your program, including by another organization?	1. Yes		
Health screening: medical, dental, vision, hearing, or speech?	2. No →	D11a2. Does your program provide referrals to this service?	1. Yes 2. No
D11b. Is the following	1. Yes		

<p>available to children on-site at your program, including by another organization?</p> <p>Developmental assessments. These assessments check whether the child is on-track with regard to their physical, emotional, or social conditions.</p>	2. No →	D11b2. Does your program provide referrals to this service?	1. Yes 2. No
<p>D11c. Is the following available to children on-site at your program, including by another organization?</p> <p>Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs</p>	1. Yes		
	2. No →	D11c2. Does your program provide referrals to this service? →	1. Yes 2. No
<p>D11d. Is the following available to children on-site at your program, including by another organization?</p> <p>Counseling services for children or parents</p>	1. Yes		
	2. No →	D11d2. Does your program provide referrals to this service? →	1. Yes 2. No

D25.

Does your program use a computer program or software, such as an electronic child care management system or business or financial management software to manage enrollment, payments, child records, or staff records? Please do not include basic word processing or spreadsheet programs.

1. Yes, and the program is child care specific
2. Yes
3. No
4. DK/REF

Section E. Staffing

E1.

What is the total number of staff employed at this site in your program who work directly with children under 13? Please include full-time and part-time workers, but only those who work in the early care and education activities we are discussing in this survey.

_____ Number of staff
RANGE: 0-999

E4.

What is the total number of staff who do not work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks and anyone else who works on your early care and education activities for children up to age 13.

_____ Number of staff
-1 I don't know, but at least one staff member does not work directly with children.

E1A.

Next are questions about staff who work directly with young children at your center – children age 5 and under, not in kindergarten. Please put your staff working with any young children into three categories: (1) aides or assistant teachers, (2) teachers or lead teachers, and (3) specialists. These categories may not be the terms used in your program. Please do your best to put staff working directly with children into one of these three categories.

First, please think about aides or assistant teachers. How many aides or assistant teachers work with young children in your program?

_____ Number of aides or assistant teachers
RANGE: 0-99

IF E1A > 0, ASK E1A1 ELSE, SKIP TO E1c

E1a1.

How many of these aides or assistant teachers are full-time?

_____ Number of aides or assistant teachers
RANGE: 0-99

E1c.

How many of your staff working with young children are teachers or lead teachers?

_____ Number of staff
RANGE: 0-99

IF E1C > 0, ASK E1C1
ELSE, SKIP TO E1D

E1c1.

How many of these teachers or lead teachers are full time?

_____ Number of staff
RANGE: 0-99

E1d.

How many specialists work in your program with young children, including language specialists, those who take care of children with special needs, or those who teach English as a second language?

_____ Number of specialists
RANGE: 0-99

IF E1D > 0, ASK E1D1
ELSE, SKIP TO E2_M_a

E1d1.

How many of these specialists work full-time?

_____ Number of specialists
RANGE: 0-99

E2_M_a.

Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many aides or assistant teachers have left the program in the last 12 months?

_____ Number of aides or assistant teachers
RANGE: 0-99

E2_M_b.

Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many teachers or lead teachers have left the program in the last 12 months?

_____ Number of teachers or lead teachers

RANGE: 0-99

E8-INTRO_asst.

Please tell us about the qualifications of aides and assistant teachers who work directly with children age 5 and under, not yet in kindergarten.

E8a_asst.

Of the [E1a] aides and assistant teachers, how many have a 4-year college degree or higher? Please do not count those who are currently working towards a 4-year degree.

_____Number of aides and assistant teachers

RANGE: 0- [E1a]

E8b_asst.

Of the [E1a] aides and assistant teachers, how many have a Child Development Associate (CDA) or a state certificate for early care and education?

_____Number of aides and assistant teachers

RANGE: 0- [E1a]

E8-INTRO_teach.

Please tell us about the qualifications of teachers or lead teachers who work directly with children age 5 and under, not yet in kindergarten.

E8a_teach.

Of the [E1c] teachers or lead teachers, how many have a 4-year college degree or higher? Please do not count those who are currently working towards a 4-year degree.

_____Number of teachers or lead teachers

RANGE: 0- [E1c]

E8b_teach.

Of the [E1c] teachers or lead teachers, how many have a Child Development Associate (CDA) or a state certificate for early care and education?

_____Number of teachers or lead teachers

RANGE: 0- [E1c]

E11.

Does your program offer pay raises for obtaining a new credential or degree?

1. YES

2. NO
3. DK/REF

E9.

Does your program currently have any positions that have been open for more than a month for lead teacher, teacher, assistant teacher, or aide who will work with children age 5 or younger, not in kindergarten?

1. YES
2. NO → SKIP TO E6

E10.

Thinking about the position that has been open the longest, have you received any qualified applicants for this position?

1. Yes, one
2. Yes, more than one
3. No, none

E6.

Do you provide any of the following benefits to your lead teachers, teachers, assistant teachers or aides?

E6a. reduced tuition at your program?

1. Yes, provided to lead teachers and teachers only
2. Yes, provided to both lead teachers and teachers and to assistants or aides
3. No

E6b. retirement program such as a retirement annuity, 401(k) or 403(b) plan?

1. Yes, provided to lead teachers and teachers only
2. Yes, provided to both lead teachers and teachers and to assistants or aides
3. No

E6c. health insurance?

1. Yes, provided to lead teachers and teachers only
2. Yes, provided to both lead teachers and teachers and to assistants or aides
3. No

E5.

Do you provide any of the following for your teachers, lead teachers, assistant teachers or aides?

	Yes, provided to lead teachers and teachers only	Yes, provided to both lead teachers and teachers <i>and</i> to assistants or aides	No
E5a. Funding to participate in college courses or off-site training?			
E5b. Paid time off to participate in college courses or off-site training?			
E5d. Mentors, coaches, or consultants who visit and work with staff in their classrooms?			
E5e. Paid planning time with no other responsibilities?			

E13.

Please indicate how much you agree with the following statements about helping staff participate in professional development activities:

E13a. We have adequate funding for staff to participate in professional development.

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

E13c. There are adequate professional development opportunities available in our community.

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

E16.

Rate the following statements about how teachers, aides and assistants give input at your program on a scale of 1-4, with 1 indicating “strongly agree” to 4 indicating “strongly disagree”.

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly disagree
E16a. Teachers, aides and assistants are invited to give input into program goals that affect everybody.				
E16c. There is a clear process for teachers, aides and assistants to have a say in decisions that affect their work.				

E7_M.

We are interested in your program’s experience conducting required background checks for prospective employees. How much do you agree or disagree with the following statements:

	1. Strongly Agree	2. Agree	3. Disagree	4. Strongly Disagree	5. Not applicable
E7_Ma. The cost of background checks is a financial strain on my program.					
E7_Mb. Background checks cause delays in my ability to hire new staff.					

E7_M_e.

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

1. Yes
2. No
3. Not applicable

Section F. Care Provided

*Start of F_L_1 Loop (*FL1):*

REPEAT F13 UNTIL F13 =1 FOR THE SELECTED AGE GROUP FROM A10

F13. *FL1

[IF THE SELECTED AGE GROUP F1_AGEGRP HAS A LOWER BOUND AGE OF 60 MONTHS OR MORE, ASK:]

Does the age group [F1_AGEGRP {low} months to {high} months] include any children who are not yet in kindergarten?

1. Yes
2. No
3. Don't know

IF F13 = 2 OR 3, RETURN AND SELECT ANOTHER AGE GROUP FROM A10 AND ASK F13 FOR THE NEW GROUP. REPEAT UNTIL F13 = 1 FOR THE SELECTED GROUP

*End of F_L_1 Loop (*FL1):*

REPEAT F13 UNTIL F13 =1 FOR THE SELECTED AGE GROUP FROM A10

F1_INTRO:

Next are some detailed questions about one randomly selected group. This helps reduce the number of questions we need to ask you but still gives us a sense overall of the range of offerings that providers have. For your program, age group [F1_AGEGRP {low} months to {high} months] is randomly selected.

F1.

How many groups or classrooms of children do you have for [F1_AGEGRP] months? Please include all groups in all of the programs or sessions that you offer for children in [F1_AGEGRP] months. By group or classroom, we mean children who are together for most of the [day/session] with an assigned staff member or group of staff members. If children change groups frequently during the day, please tell me about your groups during a typical activity period.

_____ Number of groups

RANGE: 0-20

F2.

What are the names of these groups or classrooms?

Age group from A10

1. ____ [F1_AGEGRP] ____ [F1_NUMGROUPS] number of groups
a1. What are the names of these groups? F2_groupname1
1.
2.
3.
4.

Skip Logic Box F_S_1:

Randomly select a group from F2

F3.

[RANDOMLY SELECTED CLASSROOM] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.

Group Name

F3a. First, how old is the youngest child in [RANDOMLY SELECTED CLASSROOM]?	____ Years and ____ Months
F3b. How old is the oldest child in [RANDOMLY SELECTED CLASSROOM]?	____ Years and ____ Months
F3c. How many children are currently enrolled in [RANDOMLY SELECTED CLASSROOM]? RANGE: 0-99	____ Number of children
F3d. How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 999. RANGE: 0-999	____ Number of vacancies -2. I don't know, but at least one vacancy.
F3f. During the most recent activity period, how many lead teachers or teachers were there with this group?	____ Number of teachers
F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group?	____ Number of assistants/aides/helpers
F3h. During the most recent activity period, how many children	____ Number of children

<p>were there in this group?</p>	
<p>Skip Logic Box F_S_2: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 4 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F14, ELSE SKIP TO F_S_3</p> <hr/> <p>-</p> <p>F14. How many children in this classroom are funded by child care subsidy dollars?</p>	<p>_____ Number of children -5. I don't know, but 75% of more -6. I don't know, but more than 50% -7. I don't know, but less than 50%</p>
<p>Skip Logic Box F_S_3: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 2 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F15, ELSE SKIP TO F_S_4</p> <hr/> <p>-</p> <p>F15. How many children in this classroom are funded by Head Start or Early Head Start dollars?</p>	<p>_____ Number of children -5. I don't know, but 75% of more -6. I don't know, but more than 50% -7. I don't know, but less than 50%</p>
<p>Skip Logic Box F_S_4: IF THE NUMBER OF CHILDREN REPORTED IN C12a RESPONSE CATEGORY 3 >0 AND LESS THAN THE SUM OF ALL AGE GROUPS IN C1_1 ask F16, ELSE SKIP TO F_S_5</p> <hr/> <p>-</p> <p>F16. How many children in this classroom are funded by state or local public pre-kindergarten dollars?</p>	<p>_____ Number of children -5. I don't know, but 75% of more -6. I don't know, but more than 50% -7. I don't know, but less than 50%</p>
<p>Skip Logic Box F_S_5: IF R2 =1 OR G3A = 1 OR G3E = 1 OR G3G = 1, ASK F17 ELSE, SKIP TO F4</p> <hr/> <p>-</p> <p>F17. How many children in this classroom are funded only from private dollars, such as parent payments or funds from community organizations?</p>	<p>_____ Number of children -5. I don't know, but 75% of more -6. I don't know, but more than 50% -7. I don't know, but less than 50%</p>

Start of F_L_2 Loop (*FL2):
REPEAT F4 AND F4N UNTIL F4N = 2 OR DK/REF

F4. *FL2

Next are some questions about your staff who worked in this classroom last week. Including staff at any level, what are the first names of staff who worked in this classroom last week? If last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.

Please enter first staff name below and select "NEXT" To add additional staff names.

F4n. *FL2

Is there another staff member working in [NAME OF RANDOMLY SELECTED GROUP]?

Again, if last week was a holiday week or otherwise unusual, please report who worked in this classroom during the most recent usual week.

1. Yes
2. No

End of F_L_2 Loop (*FL2):
REPEAT F4 AND F4N UNTIL F4N = 2 OR DK/REF

Start of F_L_3 Loop (*FL3):
ASK F4A – F4M FOR EACH STAFF MEMBER REPORTED IN F4

F4a. *FL3

Which of the following best describes [NAME]'s role in your program: a lead teacher or instructor, a teacher or instructor, an assistant teacher or instructor, or an aide, or something else?

- | | |
|--|---|
| 1. LEAD TEACHER/INSTRUCTOR | 14. Added: Associate Teacher |
| 2. TEACHER/INSTRUCTOR/CO-TEACHER/
DIRECTOR | 15. Added: Child Care Provider, Caregiver |
| 3. ASSISTANT TEACHER/INSTRUCTOR | 16. Added: Occupational Therapist or
Physical Therapist |
| 4. AIDE | 17. Added: Speech
Pathologist/Therapist/Teacher |
| 5. SPECIALIST/NON-INSTRUCTIONAL STAFF
(SPECIFY) | 18. Added: Special Ed. Teacher |
| 6. DK/REF/NO ANSWER | 19. Added: Volunteer |
| 8. Added: Manager or Asst. Manager | 20. Added: Supervisor or Site Supervisor |
| 9. Added: Director | 22. Added: Counselor or Lead Counselor |
| 10. Added: Assistant Director | 23. Added: Family Educator, Family
Advocate, Family Service Worker, Family
Specialist |
| 11. Added: Substitute, Reliever, Break
Person, Floater, Fill-In | 24. Added: Coordinator or Assistant
Coordinator (Unspecified) |
| 12. Added: Administrator, Assistant
Administrator | 25. Added: Principal or Head Of School |
| 13. Added: Director or Asst. Director/Lead
Teacher | 26. Added: Nurse |

- | | | | |
|-----|--|------|--|
| 28. | Added: "Para" or Para-Professional | 83. | Added: Family Services Coordinator |
| 29. | Added: Administrative Support Personnel/Office Clerk | 87. | Added: School Coordinator |
| 30. | Added: Director/Teacher | 89. | Added: Program/Instructional/Center Assistant |
| 31. | Added: Before & Aftercare Worker | 92. | Added: Group/Classroom/Teaching Assistant |
| 32. | Added: Home Base Teacher/Home Visitor | 96. | Added: Activity Leader/Instructor |
| 34. | Added: Reading Teacher | 97. | Added: Social Worker/ Case Manager/Case Worker |
| 39. | Added: Resource Teacher | 99. | Added: Tutor/Mentor |
| 44. | Added: Deaf Ed Teacher | 100. | Added: Non-Teaching & Maintenance Staff |
| 45. | Added: PE/ Physical Education Teacher | 102. | Added: Behavior Specialist or Assistant |
| 46. | Added: Spanish/Bilingual/ESL Teacher | 105. | Added: Education Specialist |
| 47. | Added: Other Foreign Language Teacher | 108. | Added: Intervention Specialist/ Early Interventionist |
| 48. | Added: Student Teacher/Practicum Student Teacher | 111. | Added: Apprentice/Intern |
| 50. | Added: Music or Music/Movement Teacher | 112. | Added: Cook/Kitchen or Food Prep Staff |
| 51. | Added: Other Special Subject Teacher (e.g., Dance, Drama, Chapel, Cooking, etc.) | 114. | Added: Bus Driver/ Transportation |
| 52. | Added: Art Teacher/Specialist/Consultant | 115. | Added: Literacy Coach |
| 54. | Added: Supervisor/Teacher | 118. | Added: Psychologist |
| 56. | Added: Owner/Teacher | 119. | Added: Support Staff (Unspecified) |
| 57. | Added: Owner/Director | 131. | Added: Therapist (Unspecified) |
| 58. | Added: Owner/Director/Teacher | 132. | Added: Coach (Unspecified) |
| 62. | Added: Administrator/Teacher | 133. | Added: Mental Health Specialist/Worker/Consultant |
| 73. | Added: Director/Administrator | 555. | Added: indicates multiple names in one field |
| 75. | Added: Teacher/Assistant or Aide | 888. | Added: indicates R reported no age group at their organization |
| 80. | Added: Treatment Coordinator | | |
| 82. | Added: Education Coordinator
Enrichment Coordinator | | |

F4d. *FL3

Approximately how many hours per week did [NAME] work that week in this classroom?

_____ Hours per week

-2. I don't know, but at least 5 hours per week.

RANGE: 0-999

Skip Logic Box F_S_6:

IF F4A= 1 - 4 AND F4D ≥ 5 ASK F4G

ELSE, LOOP TO F4A FOR NEXT STAFF MEMBER REPORTED IN F4

IF ALL STAFF MEMBERS HAVE BEEN ASKED ABOUT, SKIP TO F18

F4g. *FL3

Does [NAME] have a 2-year college degree, a 4-year college degree, or no college degree?

1. 2-YEAR
2. 4-YEAR
3. NONE

F4o.

Does [NAME] have a Child Development Associate (CDA) certificate and/or a state certification for early care and education?

1. Yes
2. No

F4m. *FL3

How much is [NAME] paid?

\$ _____ per

1. hour
2. day
3. week
4. month
5. year
6. other

RANGE: 0-99999

End of F_L_3 Loop (*FL3):

ASK F4A - F4M FOR EACH STAFF MEMBER REPORTED IN F4

The rest of the questions are once again about your program in general, not just about a selected classroom.

F18_M.

In the past 12 months . . .

F18_Ma. has someone visited your program to make sure you were complying with health and safety requirements?

1. Yes
2. No

F18_Mb. has someone visited your program to monitor the quality of services other than meeting health and safety requirements?

1. Yes
2. No

Section H. Respondent Characteristics and Selection of the Workforce

H5.

Now we have a few questions about you. For classification purpose, what is your title?

1. Director
 2. Director/Teacher
 3. Lead Teacher
 4. Other (specify):
 5. DK/REF/NO ANSWER
 6. Added: Manager (Unspecified)
 7. Added: Teacher/Instructor (general - not lead)
 8. Added: Special Education Teacher
 9. Added: Assistant Director
 10. Added: Principal/Head of School
 11. Added: Assistant Principal or Vice Principal
 12. Added: Owner
 13. Added: Aide
 14. Added: Coordinator
 15. Added: Assistant Coordinator
 16. Added: Superintendent
 17. Added: Team Leader
 18. Added: Supervisor (e.g./ unspecified/ Site/ Program/ or Center)
 20. Added: Specialist (Unspecified)
 21. Added: Family Worker or Family Advocate
 22. Added: Assistant To The Director
 23. Added: Assistant (Unspecified)
 24. Added: Administrator (Unspecified)
 25. Added: Counselor
 26. Added: Chief Executive Officer/CEO
 27. Added: Board Member
 28. Added: Associate Director
 29. Added: President
 30. Added: Co-Owner
 31. Added: Vice-President
 32. Added: Assistant Superintendent
 33. Added: Nurse
 34. Added: Executive Assistant
 35. Added: Assistant Teacher
 36. Added: Owner/Director
 37. Added: Teacher/Site Supervisor
 38. Added: Owner/Director/Teacher
 39. Added: Director/Administrator
 40. Added: Assistant Director/Teacher
 41. Added: Owner/Teacher
 42. Added: Program Director/Vice President of Education
 43. Added: Owner or Co-Owner/Administrator
 44. Added: Site Supervisor/Director
 45. Added: Teacher/Administrator
 46. Added: Owner/Teacher/Administrator
 47. Added: Principal/Director
 48. Added: Owner/Administrator/Director
 50. Added: Executive Director/CEO
 51. Added: Principal/Teacher
 52. Added: Site Supervisor/Family Support Specialist
 53. Added: Director/Coordinator
 54. Added: Secretary/Teacher
 55. Added: Owner/Program Supervisor
 56. Added: Assistant Director/Family Support
 57. Added: Principal/Administrator
 58. Added: Teacher/Assistant Director
 61. Added: Manager/Teacher
 63. Added: Teacher/Coordinator
 70. Added: President/ Owner
 72. Added: Director/Family Child Advocate
 75. Added: Coordinator/Administrator
 85. Added: Administrative Services/ Manager
 88. Added: Childcare/Daycare Provider or Worker
 91. Added: Teacher Assistant
 93. Added: Coach (Excluding Literary)
 94. Added: Facilitator (e.g./ Pre-School/ Education/ Instructional/ etc.)
-

96. Added: Support Instructor
 97. Added: Social Worker
 98. Added: Chair/Chairman (All Types)
 100. Added: Consultant
 101. Added: CFO
 102. Added: Pastor/Associate Pastor
 103. Added: Assistant (Not Teaching or Head)
 104. Added: Assistant Head
 105. Added: Department/Division Head
 106. Added: LLC Member
 109. Added: Leader (All Types)
 111. Added: COO
 118. Added: Director Designee
 123. Added: Advocate
 126. Added: School District Employee
 130. Added: Administrative Assistant
 131. Added: Secretary
 132. Added: Assistant Administrator
 134. Added: Registrar
 135. Added: Office/Administrative Staff
 136. Added: Office Assistant
 137. Added: Office Administrator
 138. Added: Program Administrator
 140. Added: Administrative Manager
 141. Added: Executive/Head Administrator
 143. Added: District Support Staff
 147. Added: Program Support
 149. Added: Program Coordinator
 150. Added: Site/Center Coordinator
 151. Added: Office Coordinator
 153. Added: Admissions/Enrollment Coordinator
 154. Added: Education Coordinator
 155. Added: Administrative Coordinator
 156. Added: Curriculum Coordinator
 157. Added: Preschool Coordinator
 158. Added: Family/Parent Services Coordinator
 160. Added: Parent Involvement/Education Coordinator
 162. Added: Pre-K Coordinator
 164. Added: Instructional Coordinator
 165. Added: Lead Coordinator
 166. Added: Area Coordinator
 169. Added: Early Childhood Education/Child Care Coordinator
 172. Added: Intake Coordinator
 175. Added: Coordinator of Early Childhood Special Education
 180. Added: Executive Director
 181. Added: Program Director
 182. Added: Site Director
 183. Added: Operations Director
 184. Added: Admissions Director
 185. Added: Administrative Director
 186. Added: Regional Director
 191. Added: Development Director
 192. Added: Director of Children's Services
 194. Added: Finance/Admissions/Marketing Director or Business/Admissions Director
 196. Added: Center/Facility Director
 197. Added: Education Director
 199. Added: Director of Community Engagement
 202. Added: Director of Child Development and Early Learning
 204. Added: Child Care Director
 205. Added: Area/Regional Supervisor
 206. Added: Preschool Supervisor
 208. Added: Education Supervisor
 209. Added: Special Education Supervisor
 210. Added: Compliance Supervisor
 212. Added: Operations Supervisor
 214. Added: Recreation Supervisor
 217. Added: Early Childhood Supervisor
 219. Added: Family Advocate/ Site Supervisor
 221. Added: Supervisor of Children's Services
 222. Added: Supervisor Family Services
 223. Added: Program Specialist
 224. Added: Education Specialist
 227. Added: Recreation Specialist
 230. Added: Early Childhood Specialist
 240. Added: Child Development Specialist
 244. Added: Family and Community Engagement/Enrollment Specialist
 245. Added: Site/Center/Facility Manager
-

- 246. Added: Area/County/Division Manager
- 247. Added: Office or Administrative Manager
- 249. Added: Program Operations Manager
- 250. Added: Education Manager
- 251. Added: Business/Fiscal/Financial Manager

- 252. Added: Case Manager
- 255. Added: Family Community Partnership Manager
- 256. Added: Child Services or Child Care Manager
- 260. Added: Program Manager

Name/initials	
<p>H11. Which of the following are you responsible for at this center?</p> <ul style="list-style-type: none"> 1. Managing staff 2. Managing operations or finances 3. Working with teachers and other staff to improve instruction in their classrooms? 	<ul style="list-style-type: none"> 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No
<p>H5c. Approximately how many hours per week do you usually work at this program?</p>	<p>_____</p> <p>Range: 0 - 99</p>
<p>H12. Approximately how many of those hours per week do you directly care for children?</p>	<p>_____</p> <p>RANGE 0-H5c</p>
<p>H_GI. You may select more than one answer. Are you:</p>	<ul style="list-style-type: none"> 1. Male 2. Female 3. Transgender, non-binary, or another gender
<p>H5d. What is your ethnicity?</p>	<ul style="list-style-type: none"> 1. Hispanic or Latino 2. Not Hispanic or Latino
<p>H5e. What is your race? (SELECT ONE OR MORE)</p>	<ul style="list-style-type: none"> 5. American Indian or Alaska Native 3. Asian 2. Black or African American 4. Native Hawaiian or Other Pacific Islander 1. White
<p>H5n. Do you have a Child Development Associate (CDA) certificate and/or a state certification for early care and education?</p>	<ul style="list-style-type: none"> 1. Yes 2. No
<p>H5f. Do you have a 2-year college degree, a 4-year college degree?</p>	<ul style="list-style-type: none"> 1. 2-YEAR 2. 4-YEAR 3. NO DEGREE → SKIP TO H5j

Name/initials																			
<p>H13. What was your major or field of study in your most recent degree?</p>	<table border="0"> <tr> <td>1. ELEMENTARY EDUCATION</td> <td>13.1202</td> </tr> <tr> <td>2. SPECIAL EDUCATION</td> <td>13.1001</td> </tr> <tr> <td>3. CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES</td> <td>42.2703</td> </tr> <tr> <td>4. EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE</td> <td>13.1210</td> </tr> <tr> <td>5. CHILD CARE MANAGEMENT</td> <td>13.0414</td> </tr> <tr> <td>6. BUSINESS, GENERAL COMMERCE</td> <td>52.0101</td> </tr> <tr> <td>7. OTHER</td> <td>97.0001</td> </tr> <tr> <td>Added: Undeclared/undecided/ basic courses</td> <td>98.0001</td> </tr> <tr> <td>Added: None/ Not applicable</td> <td>99.0001</td> </tr> </table>	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. CHILD CARE MANAGEMENT	13.0414	6. BUSINESS, GENERAL COMMERCE	52.0101	7. OTHER	97.0001	Added: Undeclared/undecided/ basic courses	98.0001	Added: None/ Not applicable	99.0001
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. CHILD CARE MANAGEMENT	13.0414																		
6. BUSINESS, GENERAL COMMERCE	52.0101																		
7. OTHER	97.0001																		
Added: Undeclared/undecided/ basic courses	98.0001																		
Added: None/ Not applicable	99.0001																		
<p>H5j. How long have you worked in your program in your current role?</p>	<p>_____</p> <p>RANGE: 0-99</p>																		
<p>H5l. How much are you paid? Your best estimate is fine.</p>	<p>\$ _____</p> <p>RANGE: 0-999999</p> <p>per</p> <ol style="list-style-type: none"> 1. hour 2. day 3. week 4. month 5. year 6. other 																		

Selection of staff for the Workforce Survey

H6.

As you know, attracting and keeping high-quality staff is a major issue for many early care and education programs. As part of this study, we are building a national description of individuals working in early care classrooms. In addition to the information you have provided about staff at your program, we have some questions that people can only answer about themselves, such as their motivations for working in this field. This information will help policymakers and practitioners understand the challenges and opportunities for improving the early education workforce and better supporting individuals who want to work with young children.

You've indicated that the following individuals worked at least 5 hours last week in the classroom we discussed:

IF THERE ARE NO INDIVIDUALS THAT HAVE WORKED AT LEAST 5 HOURS, DISPLAY: You have indicated that there are no individuals who worked at least 5 hours last week in the classroom we discussed. [BRING OVER LIST FROM F4]

H6.

Was there someone else who also worked in that classroom for at least 5 hours last week regardless of their role?

1. YES
2. NO → GO TO H7

*Start of H_L_1 Loop (*HL1):*
ASK H6A1 - H6C, UNTIL H6C = 2 OR 3.

H6a1. *HL1

What is his/her name?

H6a2. *HL1

Is his/her role more like an aide, assistant teacher, teacher/instructor, or lead teacher?

1. Aide
 2. Assistant teacher
 3. Teacher/instructor/co-teacher/director
 4. Lead Teacher
 5. Specialist/Non-instructional staff (specify)
 6. DK/REF/NO ANSWER
 7. Added: Substitute Teacher
 8. Added: Substitute/Floater
 9. Added: Director
 10. Added: Executive Director
 11. Added: Assistant Director
 12. Added: Education Specialist
 13. Added: Behavior Specialist
 14. Added: Specialist (Unspecified)
 15. Added: Family Specialist
 16. Added: Family Support Teacher
 17. Added: Family Advocate
 18. Added: Family Worker
 19. Added: Manager/Site Manager
 20. Added: Group Leader
 21. Added: Speech/Auditory Therapist/SLP
 22. Added: Owner
 23. Added: Coordinator/Site Coordinator/Program Coordinator
 24. Added: Family Services/Support Services Coordinator
 25. Added: Supervisor, Site Supervisor, Program Supervisor, Campus Supervisor
 26. Added: Intern
 27. Added: Counselor
 28. Added: Classroom Volunteers (E.G., Children's Relatives and Others)
 29. Added: Director or Asst. Director/Teacher
 30. Added: Director/Owner
 31. Added: Administrator/Assistant Administrator
 32. Added: Cook/Food Service
 33. Added: Bus Driver/Transportation
-

- 34. Added: Resource Specialist
- 35. Added: Program Specialist
- 36. Added: One on One Specialist
- 37. Added: Special Education Specialist
- 38. Added: Inclusion Specialist
- 39. Added: Reading Specialist
- 40. Added: Office Manager
- 41. Added: Administrative Support Personnel/Office Clerk
- 42. Added: Multiple Positions/ All Positions Listed Above
- 43. Added: Health and Disabilities Coordinator/Consultant/Specialist
- 44. Added: Special Ed Teacher/Assistants
- 45. Added: Supervisor/Teacher
- 46. Added: Occupational/Physical Therapist
- 47. Added: Social Worker/Case Manager
- 48. Added: Physical Education Teacher/Coach
- 49. Added: Mentor/Tutors
- 50. Added: ESL Teacher/Bilingual Support
- 51. Added: Non-Teaching Maintenance Support Staff
- 52. Added: Nurse/Medical Support Staff
- 53. Added: Art and/ or Music/Movement Teachers
- 54. Added: Paraprofessional
- 55. Added: Therapist (Unspecified)/ TSS
- 56. Added: Community Liaison/Advocate
- 57. Added: Principal
- 58. Added: Facilitator
- 59. Added: Childcare/Babysitter

H6b. *HL1

How many hours did he or she work in that classroom last week (or the most recent usual week)?

_____ Hours

H6c. *HL1

Was there someone else who worked at least 5 hours in the classroom, regardless of their role?

- 1. Yes
- 2. No
- 3. DON'T KNOW/REFUSED/NO ANSWER

End of H_L_1 Loop (*HL1):

ASK H6A1 - H6C, UNTIL H6C = 2 OR 3

Start of H_L_2 Loop (*HL2):

ASK H7 - H9b FOR EACH STAFF MEMBER RANDOMLY SELECTED, MAX OF 2

SELECTION OF WORKFORCE RESPONDENT:

H7. *HL2

[Xxx] is randomly selected to participate in this work force survey. What is his/her full name so that we can contact him/her?

(Please provide the name of the selected staff member. If you prefer to provide a first name and last initial or other information that allows us to contact the selected staff member, you may choose to do so. This information will only be used to contact the selected staff member to invite their participation in the workforce survey.

The selected staff member will also have the option to refuse participation once contacted.

The NSECE workforce study is about the nation's early care and education workers and it is important that all kinds of workers are represented.)

First Name:

Last Name:

H9a. *HL2

What language(s) does he/she usually speak? Please select all that apply

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------|
| 1. English | 20. Added: | 39. Added: Fijian |
| 2. Spanish | Cambodian/Khmer | 40. Added: Filipino/Tagalog |
| 3. Other (Specify:
_____) | 21. Added: Cantonese | 41. Added: Finnish |
| 4. DK/REF | 22. Added: Cape Verdean
Creole | 42. Added: French |
| 5. Added: African dialects | 23. Added: Chaldean | 43. Added: French Creole |
| 6. Added: Afrikaans | 24. Added: Chamorro | 44. Added: Fujianese |
| 7. Added: Albanian | 25. Added: Chinese | 45. Added: Fulani |
| 8. Added: American Sign
Language | 26. Added: Chuukese | 46. Added: Gaelic |
| 9. Added: Amharic | 27. Added: Creole | 47. Added: German |
| 10. Added: Arabic | 28. Added: Croatian | 48. Added: Ghanaian
dialects |
| 11. Added: Arapaho | 29. Added: Czech | 49. Added: Greek |
| 12. Added: Armenian | 30. Added: Dakota | 50. Added: Guarani |
| 13. Added: Athabaskan | 31. Added: Danish | 51. Added: Gujarati |
| 14. Added: Azerbaijani | 32. Added: Dari | 52. Added: Guyanese
Creole |
| 15. Added: Bengali | 33. Added: Dinka | 53. Added: Haitian Creole |
| 16. Added: Berber | 34. Added: Dutch | 54. Added: Hakka Chinese |
| 17. Added: Bosnian | 35. Added: Dzongkha | 55. Added: Hawaiian |
| 18. Added: Bulgarian | 36. Added: Esan | 56. Added: Hebrew |
| 19. Added: Burmese | 37. Added: Ethiopian | 57. Added: Hindi |
| | 38. Added: Farsi/Persian | |
-

- | | | |
|-----------------------------------|-------------------------------|-------------------------------------|
| 58. Added: Hmong | 89. Added: Marshallese | 120. Added: Serbo-Croatian |
| 59. Added: Hopi | 90. Added: Micronesian | 121. Added: Sesotho |
| 60. Added: Hualapai | 91. Added: Mien | 122. Added: Sinhala |
| 61. Added: Hungarian | 92. Added: Mi'kmaq | 123. Added: Sioux |
| 62. Added: Ibo | 93. Added: Min Chinese | 124. Added: Slovakian |
| 63. Added: Igbo | 94. Added: Mixtecan | 125. Added: Somali |
| 64. Added: Ilocano | 95. Added: Mohawk | 126. Added: South American dialects |
| 65. Added: Indian dialects | 96. Added: Mongolian | 127. Added: Swahili |
| 66. Added: Indonesian | 97. Added: Nahuatl | 128. Added: Swedish |
| 67. Added: Italian | 98. Added: Navajo | 129. Added: Taishanese |
| 68. Added: Jamaican Patois/Creole | 99. Added: Neapolitan | 130. Added: Taiwanese |
| 69. Added: Japanese | 100. Added: Nepali | 131. Added: Tamil |
| 70. Added: Jewish | 101. Added: Nigerian | 132. Added: Telegu |
| 71. Added: Kannada | 102. Added: Norwegian | 133. Added: Thai |
| 72. Added: Karen | 103. Added: Ojibwe | 134. Added: Tibetan |
| 73. Added: Korean | 104. Added: Oromo | 135. Added: Tigrinya |
| 74. Added: Kurdish | 105. Added: Pakistani | 136. Added: Trukese |
| 75. Added: Lakota | 106. Added: Pali | 137. Added: Turkish |
| 76. Added: Lanc-Patua | 107. Added: Papago | 138. Added: Twi |
| 77. Added: Lao | 108. Added: Pashto | 139. Added: Ukrainian |
| 78. Added: Latin | 109. Added: Patois | 140. Added: Urdu |
| 79. Added: Latvian | 110. Added: Pidgin | 141. Added: Uto-Aztec |
| 80. Added: Lebanese | 111. Added: Pimic | 142. Added: Uzbek |
| 81. Added: Lithuanian | 112. Added: Polish | 143. Added: Vietnamese |
| 82. Added: Macanese | 113. Added: Portuguese | 144. Added: Visayan |
| 83. Added: Macau Creole | 114. Added: Punjabi | 145. Added: Winnebago |
| 84. Added: Mai Mai | 115. Added: Romanian/Moldovan | 146. Added: Wolof |
| 85. Added: Mandarin | 116. Added: Russian | 147. Added: Yiddish |
| 86. Added: Mandinka | 117. Added: Samoan | 148. Added: Yoruba |
| 87. Added: Mao | 118. Added: Seneca | 149. Added: Slovenian |
| 88. Added: Maricopa | 119. Added: Serbian | 150. Added: Crow |
| | | 151. Added: Palauan |

H9b. *HL2

Does she/he have a phone number or email address where we can contact him/her?

PHONE NUMBER:

EMAIL ADDRESS:

End of H_L_2 Loop (*HL2):

ASK H7 - H9b FOR EACH STAFF MEMBER RANDOMLY SELECTED, MAX OF 2

IF FI IS CONDUCTING AN IN-PERSON INTERVIEW ASK A10
ELSE, SKIP TO THANK_END

H10.

I would like to meet him/her to and introduce myself and this study.

THANK_END.

Those are all of the questions we have for you today.

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE

CBX_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, you may choose to have a \$25 electronic gift code sent by email or have \$25 gift card mailed to you. Please select your preferred option below and provide the necessary contact information.

[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 CBX_INC_EMAIL
2. By Mail → SKIP TO CBX_INC_MAIL
- 3 Neither → SKIP TO CBX_CNTCT_UPD

CBX_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

CBX_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 child care and early education providers again in the future and would for you and your center 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 center’s contact information below.

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

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

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

[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]
