**Building and Sustaining the Child Care and Early Education Workforce**

**IMPACT STUDY**

**Follow-up Center Director Survey**

**One-on-One Center Director Interview**

|  |  |
| --- | --- |
| **Terms used in this survey** | |
| **Term** | **Refers to…** |
| Pilot initiative | The livable wage pilot being conducted by the Colorado Department of Early Childhood (CDEC) for teachers in center-based settings serving children birth through five. Also referred to as the pilot or the Colorado Teacher Salary Increase Pilot. |
| Director | A person who serves as the director of the early care and education center with staff supervisory responsibilities. May be referred to as a center administrator. |
| Lead teacher | A person who is regularly in charge of a group or classroom of children. People in these positions are allowed to be alone with children without additional support or supervision. |
| Assistant teacher | A person who is regularly assigned to a particular room who works under the supervision of a teacher; may lead certain activities (such as art projects or story time) but does not have sole responsibility for the classroom. May be referred to as an assistant, paraprofessional, or aide that works under the supervision of a lead teacher. |
| Parent | A child’s parent or guardian. |

***About Your Center.***

**We would first like to start out by asking questions about the characteristics of your center. Please answer the following questions as they relate to your center unless otherwise specified.**

1. What is the name of your ECE center?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your center’s license number?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. In what kind of building is **your** center located?
   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 (a unit within a building that operates additional organizations/services)
   8. Independent structure (that is, the organization is the sole occupant)
   9. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   10. I prefer not to answer
4. 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. My program is independent
   2. My program is sponsored by another organization
   3. I prefer not to answer
5. [IF A4=B] What type of organization sponsors your center?
   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
   12. Hospital
   13. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   14. I prefer not to answer
6. Is your organization independently owned & operated, a franchise, or part of a chain?
   1. Independently owned & operated
   2. Franchise
   3. Chain
   4. None of the above
   5. I prefer not to answer
7. **[IF C CHAIN SELECTED IN A6, ASK:]** About how many centers are in the chain you are part of?
   1. Less than 10
   2. 10 to 39
   3. 40 or more
   4. I prefer not to answer

**[ITEMS A8-A12 TO BE ASKED ONLY IF WE DO NOT HAVE A BASELINE DIRECTOR SURVEY FOR THIS CENTER]**

1. In what year did your center begin operating in its current location?
   1. Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Does your center operate on an:
   1. Academic calendar year (serving children for approximately 9-months a year)
   2. Academic year plus summer camp/programming
   3. Calendar year (approximately 12 months; open at least some point every month of the year)
3. What are the start and end dates of the 2023-2024 program year?
   1. Start date (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_
   2. End date (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_
4. Please provide the days of the week that your center is typically open for children during the 2023– 2024 program year. Please select all that apply.
   1. Monday
   2. Tuesday
   3. Wednesday
   4. Thursday
   5. Friday
   6. Saturday
   7. Sunday
5. We understand that different classrooms may have different hours of operation. What is the earliest time a classroom is open to receive children and what is the latest time a classroom closes in your center?
   1. Open: \_\_\_\_\_\_\_\_\_
   2. Close: \_\_\_\_\_\_\_\_\_
6. Do you offer any of the following options for families?
   1. Flexible hours for pick up
   2. Flexible hours for drop off
   3. Flexible weekly or daily schedules
   4. Overnight stays
7. What funding sources, other than Colorado Child Care Assistance Program (CCCAP), do you currently receive? Please select all that apply.
   1. Colorado Preschool Program (CPP)
   2. Child and Adult Care Food Program (CAFCP)
   3. Military
   4. Head Start/Early Head Start/Early Head Start-Child Care Partnerships (EHS-CCP)
   5. Private pay from families
   6. Local Preschool program
   7. Local Child Care Subsidy (e.g., with a county(ies) such as a county Department of Human Services)
   8. Universal Preschool (UPK) Colorado
   9. Non-government community organization (e.g., United Way, local charities, or religious organizations)
   10. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
8. How much do you agree or disagree with each of the following statements?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Somewhat Disagree** | **Neither Agree nor Disagree** | **Somewhat Agree** | **Strongly Agree** | **I prefer not to answer** |
| 1. My center’s financial situation is better than it was last year at this time. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. I worry about my center having enough money in the future. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. These days I can generally afford to buy the things that (I/we) need to run the center. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. There never seems to be enough money to buy something to improve the center, beyond the bare necessities. | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

1. On a daily basis, how confident are you that you will have enough funding to continue operating in the long-term?
   1. not at all confident
   2. a little confident
   3. somewhat confident
   4. quite a bit confident
   5. extremely confident

**Now we would like to ask you questions about the characteristics of children who are currently attending your center.**

1. How many children are currently enrolled at your center, by age?
   1. Infants (0-18 months) \_\_\_\_\_\_\_\_\_\_\_
   2. Toddlers (19 months to 35 months) \_\_\_\_\_\_\_\_\_\_\_
   3. Preschool-aged (3 to 5 years old) \_\_\_\_\_\_\_\_\_\_\_
   4. School-aged (children in kindergarten or older) \_\_\_\_\_\_\_\_\_\_\_
2. Of all the children in your center, how many children attend part-time and full-time?
   1. Number of children attending:
      1. Part-time (less than 30 hours a week) \_\_\_\_\_\_\_\_\_\_\_
      2. Full-time (30 hours or more a week) \_\_\_\_\_\_\_\_\_\_\_
3. How many children have left your center in the last three months?
   1. \_\_\_\_\_\_ Number of children
4. How many children have joined your center in the last three months?
   1. \_\_\_\_\_\_ Number of children
5. About how many children in your center…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **All/most** | **Some** | **A few** | **None** | **Don’t know** |
| 1. May be struggling with food insecurity | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. May be struggling with housing insecurity | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Receive a public subsidy reserved for lower-income families to attend your program (e.g., Head Start funding, CCCAP, CPP) | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Have an Individualized Education Plan (IEP), Individual Family Service Plan (IFSP), and/or receive early intervention services | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Predominantly speak a language other than English | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

**Next are questions about the current staffing structure of your center. Please provide information about the types of staff who are employed by your center as well as consultants that visit your center.**

1. Does your center directly employ any of the following staff? Please select all that apply.
2. Curriculum coordinator or education coordinator to support teaching staff
3. Coaches/Mentors to support teaching staff
4. Early interventionists/special educators/occupational therapists
5. Language specialists to support multilingual learners
6. Specialists to support music, dance, outdoor activities, or other specials
7. Nurses or health-related specialists
8. Nutritionists
9. Early childhood mental health specialists/psychologists/consultants
10. Family support/services specialists/family engagement specialists/family service workers
11. Floater teachers
12. Home visitors
13. Translators
14. After school staff/assistants/attendants
15. Junior trainees/apprentices
16. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
17. Does your center contract with or have regular visits from any of the following individuals who are not directly employed by the center? Please select all that apply.
18. Coaches/Mentors to support teaching staff
19. Early interventionists/special educators/occupational therapists
20. Language specialists to support multilingual learners
21. Specialists to support music, dance, outdoor activities, or other specials
22. Nurses or health-related specialists
23. Nutritionists
24. Early childhood mental health specialists/psychologists/consultants
25. Family support/services specialists/family engagement specialists/family service workers
26. Home visitors
27. Translators
28. After school staff/assistants/attendants
29. Junior trainees/apprentices
30. Other (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
31. How often does your center have issues related to:

|  | **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **I prefer not to answer** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Not enough teaching staff for infant/toddler classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Not enough teaching staff for preschool-aged classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Hiring qualified teaching staff for infant/toddler classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Hiring qualified teaching staff for preschool-aged classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Staff turnover for infant/toddler classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Staff turnover for preschool-aged classrooms? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Conflicting/confusing funding and other regulatory requirements? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. Too much paperwork? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

1. Thinking about teaching staff recruitment, how many months does it usually take to fill an open teaching position in your center?
   1. Less than a week
   2. 1-2 weeks
   3. 2-3 weeks
   4. 3-4 weeks
   5. 1-2 months
   6. 2-3 months
   7. 3+ months
   8. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_)
   9. Don’t know
   10. I prefer not to answer
2. Since [random assignment month/year (RAMY)], have you had to close classrooms or accept fewer children due to not being able to find teaching staff?
   1. Yes
   2. No
   3. I prefer not to answer
3. Since January 2023, have you had to cap enrollment of children due to not being able to find teaching staff?
   1. Yes
   2. No
   3. I prefer not to answer
4. Please rate the following questions on a 1 to 5 scale with 1 being not very much and 5 being very much.

|  | **1 – Not very much** | **2** | **3** | **4** | **5 – Very much** | **I prefer not to answer** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. To what extent do you think teacher turnover in your center is affecting the quality of services provided to children and families? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. To what extent do you think teacher turnover in your center is affecting staff morale and creating greater job stress for teachers who remain? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. To what extent do you think teacher turnover is prompting other teachers to leave their jobs? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. To what extent are your regular job responsibilities interrupted due to teacher turnover? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |
| 1. To what extent do you think families have left your centers due to teacher turnover? | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ | ⭘ |

1. This question is about the time your center spends hiring and onboarding new teaching staff when there is an open position. How many total hours does your center usually spend in each of the following activities when filling one teaching position? An estimate is fine.
   1. Marketing, advertising, and outreach activities for open teaching positions, such as preparing job descriptions or posting descriptions on job boards? \_\_\_\_\_\_\_\_\_
   2. Screening and reviewing job applications and resume materials for candidates? \_\_\_\_\_\_\_\_\_
   3. Scheduling and conducting interviews and reference and background checks for candidates? \_\_\_\_\_\_\_\_\_
   4. Preparing and making the offer of employment? \_\_\_\_\_\_\_\_\_
   5. Onboarding new employees, like communication with new employees prior to start date, welcoming new hires, center-specific and role-specific training? \_\_\_\_\_\_\_\_\_
   6. Providing or finding professional development/trainings to ensure new hires are qualified? \_\_\_\_\_\_\_\_\_
2. This question is about the time your center spends in meeting state teacher-child ratios when there are teacher vacancies or absences. Thinking about the past 12 months, how many total hours per week does your center usually spend in the following activities:
   1. Creating and managing teaching staff schedules and classroom assignments?\_\_\_\_\_\_\_
   2. Arranging for floater(s) or substitute(s) to fill in for teacher absences or open positions? \_\_\_\_\_\_\_\_\_
   3. Filling in classrooms due to teacher vacancies or absences?
3. **[ONLY FOR INTERVENTION CENTERS NOT SELECTED FOR COST WORKBOOK DATA COLLECTION ACTIVITY]** This question is about the time your center spends on the pilot initiative activities. This includes meeting the reporting and administrative requirements of the pilot initiative.

Since January 2023, how many total hours did your center spend in each of the following activities related to the pilot initiative? An estimate is fine.

* 1. Completing the application materials for the pilot initiative (This includes time spent gathering and providing required documentation for the application, monitoring teachers to update their PDIS (Colorado Shines), verifying that information in PDIS (Colorado Shines) is accurate, or participating in technical assistance to complete the application, such as reaching out to MetrixIQ or the Colorado Teacher Salary Increase Pilot hotline) \_\_\_\_\_\_\_
  2. Processing lead and assistant teacher/aides opt in or out decisions about the pilot initiative (This includes time spent preparing materials and communication to share information with teachers, providing support to teachers to decide whether to opt in or out, gathering and recording information from teachers about whether they opt in or out, or participating in technical assistance to support teacher decisions to opt in or out) \_\_\_\_\_\_\_
  3. Meeting monthly reporting requirements of the pilot initiative (This includes time spent gathering and recording information to verify staffing configurations in classrooms and work hours, submitting monthly attestation reports to verify staffing and hours worked, or participating in technical assistance to complete monthly attestation reports) \_\_\_\_\_\_\_
  4. Preparing monthly pilot initiative wage supplements (This includes time spent monitoring funding in escrow account for pilot initiative wage supplements, record keeping and calculating the wage supplements for participating teachers, calculating federal, state, and local taxes resulting from wage supplements, or processing payments for purposes of the pilot initiative \_\_\_\_\_\_\_

1. In a typical week, how often does your center adjust teacher-child groupings and classroom assignments to meet state teacher-child ratio requirements because of teacher vacancies or absences?
   1. Rarely/never
   2. One or two days a week
   3. A few times a week
   4. Daily
   5. Don’t know
   6. I prefer not to answer
2. Does your center reduce teachers’ paid work hours when children are absent? Please select all that apply.
   1. YES, my center adjusts lead teacher’s paid work hours
   2. YES, my center adjusts assistant teacher’s or aide’s paid work hours
   3. NO, my center does not adjust lead or assistant teacher’s or aide’s paid work hours
   4. Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   5. Don’t know
   6. I prefer not to answer
3. We would like to ask you about how much a floater or substitute teacher is paid at your center. Would you like to report this rate of pay as:
   1. An hourly rate of pay
   2. A weekly rate of pay
   3. An every two weeks rate of pay
   4. A monthly rate of pay
   5. An annual rate of pay
   6. I prefer not to answer
4. How much does your center pay a floater or substitute to fill in for teacher vacancies or absences? Please enter this number in the rate you selected in the previous question. (Numerical Responses only, do not enter special characters such as $)
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. I prefer not to answer
5. Which of the following is usually true for your center regarding teacher vacancies or absences? Select all that apply.
   1. The center has a substitute teacher(s) available to fill in for teacher vacancies or absences
   2. The center director fills in for teacher vacancies or absences
   3. Other center staff fill in for teacher vacancies or absences
6. Does your center provide any of the following professional development supports for your teachers, assistant teachers, or aides? Please select all that apply.
   1. Funding to participate in college courses or off-site training
   2. Paid time off to participate in college courses or off-site training
   3. Mentors, coaches, or consultants who visit and work with staff in their classrooms
   4. Onsite Associate’s or Bachelor’s courses
   5. Workshops or trainings sponsored by the program
   6. Workshops or trainings provided by other organizations
   7. Peer learning group (PLG) or professional learning community facilitated by an expert
   8. Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

***About Your Experiences with the Pilot Initiative.***

The Colorado Department of Early Childhood (CDEC) has invested CCDF funds to conduct a livable wage pilot for teachers serving children birth through five. Funding was limited so eligible ECE centers were selected through a lottery to receive the additional funding to increase teacher salaries. This section of questions asks about your knowledge and experiences with the pilot initiative, called the Colorado Teacher Salary Increase Pilot.

1. This pilot initiative has been referred to as the Colorado Teacher Salary Increase Pilot. Are you aware that this pilot is happening?
   1. Yes
   2. No
   3. I prefer not to answer
2. **[IF YES TO B1]** How did you first learn about the pilot initiative?
   1. Email
   2. Advertisement/Flyer
   3. Other center administrator or director
   4. Coworker
   5. Friend
   6. Other:\_\_\_\_\_\_\_\_\_\_\_\_
   7. Unsure
   8. I prefer not to answer
3. Did you ever reach out to MetrixIQ or CDEC for support in completing your center’s application to participate in the pilot initiative?
   1. Yes
   2. No
   3. Not sure
   4. I prefer not to answer

**[B4-B9 are for directors in intervention centers only]** **The following questions ask about your experience working in a center participating in the pilot that was randomly assigned to receive the teacher salary increase.**

To help teachers decide whether to take the salary increase, a handout was created showing example tables of how receipt of governmental benefits (like the earned income credit, child care assistance, or health insurance) might be affected as teachers’ wages go up. A short video was also shared showing how to use the example tables.

1. How helpful do you think the short video was for teachers’ decision-making?
   1. Not at all helpful
   2. Slightly helpful
   3. Moderately helpful
   4. Very helpful
   5. Extremely helpful
   6. Not sure
   7. I was not aware of this resource
   8. I prefer not to answer
2. How helpful do you think the handout and benefits tables were for teachers’ decision-making?
   1. Not at all helpful
   2. Slightly helpful
   3. Moderately helpful
   4. Very helpful
   5. Extremely helpful
   6. Not sure
   7. I was not aware of this resource
   8. I prefer not to answer
3. For teachers in your center, do you think they received enough information to make an informed decision about whether or not to receive the salary increase?
   1. Yes
   2. No
   3. Not sure
   4. I prefer not to answer
4. Do you think the salary increase provided to teachers was enough?
   1. Yes
   2. No
   3. Not sure
   4. I prefer not to answer
5. Did you or someone else in your center provide guidance to teachers about whether or not to receive the salary increase?
   1. Yes
   2. No
   3. Not sure
   4. I prefer not to answer
6. How often did you or someone else in your center reach out to MetrixIQ or CDEC for support in completing the monthly attestations or in figuring out how to increase the pay of your teachers in your center?
   1. Never
   2. Once or twice
   3. Monthly
   4. Some other frequency (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   5. Not sure
   6. I prefer not to answer
7. How burdensome was it to do the monthly attestations?
   1. Not at all burdensome
   2. Slightly burdensome
   3. Moderately burdensome
   4. Very burdensome
   5. Extremely burdensome
   6. Not sure
   7. I prefer not to answer

***About Your Professional Background.***

**[THIS SECTION TO BE ASKED OF NEW DIRECTORS OR DIRECTORS WHO DID NOT COMPLETE THE BASELINE SURVEY]**

**Now we would like to ask you questions about your specific job and about your professional experience.**

1. What is your current role in your center? Please select the job title that best matches your job title/role.
   1. Center Owner
   2. Center Director or Administrator
   3. Executive Director
   4. Assistant Director
   5. Curriculum/Education Coordinator
   6. Finance/Business Manager or Operations Manager
   7. Other administrative or managerial staff of this program
   8. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   9. I prefer not to answer
2. How long have you worked in your center, including all roles or positions you have held?
   1. \_\_\_\_\_\_\_\_
3. How many years of paid experience do you have working with children other than your own, who are under age 6? Please include any paid experience in a center-based setting or home-based setting (licensed or unlicensed care), work for relatives, including nannying or babysitting, or paid experience you may have from another country.
   1. \_\_\_\_\_\_\_\_
4. How many years of experience do you have in administering or directing a child care or early education program that serves children younger than age 6?
   1. \_\_\_\_\_\_\_\_

**We know that wages are a major issue affecting the early care and education workforce. The following questions about aspects of your financial well-being are being asked to better understand this issue and inform future improvements. Remember, all individual responses on this survey will remain private.**

1. We would like to ask you about how much you are paid at your ECE center. Would you like to report this rate of pay as:
2. An hourly rate of pay
3. A weekly rate of pay
4. An every two weeks rate of pay
5. A monthly rate of pay
6. An annual rate of pay
7. I prefer not to answer
8. How much do you get paid in your current job (please enter this number in the rate you selected in the previous question)?
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. How many jobs do you currently have, including your job at your ECE center?
11. \_\_\_\_\_\_\_\_\_\_\_\_\_
12. How many jobs, including your current job in your ECE center, have you held over the last 12 months?
13. \_\_\_\_\_\_\_\_\_\_\_\_\_

***Feelings About Your Job.***

The following questions relate to how you feel about your current job. **Remember, all individual responses on this survey will remain private.**

1. Thinking ahead to one year from now, I am very likely to be working at **[insert provider]**. Would you say you…
   1. Strongly Disagree
   2. Somewhat Disagree
   3. Neither Agree nor Disagree
   4. Somewhat Agree
   5. Strongly Agree
   6. I prefer not to answer
2. Thinking ahead to TWO years from now, I am very likely to be working at **[insert provider]**. Would you say you…
   1. Strongly Disagree
   2. Somewhat Disagree
   3. Neither Agree nor Disagree
   4. Somewhat Agree
   5. Strongly Agree
   6. I prefer not to answer
3. Thinking ahead to one year from now, I am very likely to be working in the child care and early education **field**. Would you say you…
   1. Strongly Disagree
   2. Disagree
   3. Neither Agree nor Disagree
   4. Agree
   5. Strongly Agree
   6. I prefer not to answer
4. Thinking ahead to TWO years from now, I am very likely to be working in the child care and early education **field**. Would you say you…
   1. Strongly Disagree
   2. Disagree
   3. Neither Agree nor Disagree
   4. Agree
   5. Strongly Agree
   6. I prefer not to answer
5. Overall, how satisfied would you say you are with your job?
   1. Dissatisfied
   2. Somewhat dissatisfied
   3. Neither satisfied nor dissatisfied
   4. Somewhat satisfied
   5. Satisfied
   6. I prefer not to answer
6. How strongly do you agree or disagree with the phrase "I feel like I am an early learning professional”?
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree
7. Overall, how stressed would you say you are in relation to your job?
   1. Very stressed
   2. Moderately stressed
   3. Neutral
   4. Not very stressed
   5. Not at all stressed
   6. I prefer not to answer

***Your Health and Wellbeing.***

The next few questions ask about your health and well-being, including your physical and emotional well-being to better understand how your work may affect you. All individual responses will remain private.

1. Overall, would you say your health is excellent, very good, good, fair, or poor?
   1. Poor
   2. Fair
   3. Good
   4. Very Good
   5. Excellent
   6. I prefer not to answer
2. Below is a list of the ways you might have felt or behaved. Please check the boxes to indicate how often you have felt this way **in the past week or so. (Response options: Rarely or none of the time (<1 day), Some or a little of the time (1-2 days), Occasionally or a moderate amount of the time (3-4 days), Most or all of the time (5-7 days), I prefer not to answer)**
   1. I felt that I could not shake off the blues even with help from my family or friends.
   2. I had trouble keeping my mind on what I was doing.
   3. I felt that everything I did was an effort.
   4. My sleep was restless.
   5. I felt lonely.
   6. I felt sad.
   7. I could not get “going.”
3. During **the past 30 days,** how often did you feel… **(Response options: None of the time, A little of the time, Some of the time, Most of the time, All of the time, I prefer not to answer)**
   1. nervous?
   2. hopeless?
   3. restless or fidgety?
   4. so depressed that nothing could cheer you up?
   5. that everything was an effort?
   6. worthless?
4. Please read each statement carefully and decide if you ever feel this way about your job. **(Response options: Never, A few times a year or less, Once a month or less, A few times a month, Once a week, A few times a week, Every day)**
   1. I feel emotionally drained from my work.
   2. I feel used up at the end of the workday.
   3. I feel fatigued when I get up in the morning and have to face another day on the job.
   4. Working with people all day is really a strain for me.
   5. I feel burned out from my work.
   6. I feel frustrated by my job.
   7. I feel I’m working too hard on my job.
   8. Working with people directly puts too much stress on me.
   9. I feel like I’m at the end of my rope.

***A Little More About You.***

**[THIS SECTION TO BE ASKED OF NEW DIRECTORS OR DIRECTORS WHO DID NOT COMPLETE THE BASELINE SURVEY]**

The next set of questions is focused on your professional background, and personal identities and characteristics.

1. What is the highest level of education that you have completed? Please select one.
   1. Grade 8 or less
   2. Some high school, but did not receive a GED or high school diploma
   3. High School Diploma or equivalent (GED)
   4. Some college or Advanced Training Certificate (CDA, etc.)
   5. Associate’s or Two-Year Degree
   6. Bachelor’s or Four-Year Degree
   7. Master’s Degree
   8. Doctorate or professional degree (PhD, MD, JD, DDS, etc.)
   9. Other (not listed) [PLEASE SPECIFY]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   10. I prefer not to answer
2. Do you have a degree in any of the following fields? Please check all that apply.
   1. Early Childhood Education
   2. Early Childhood Special Education
   3. Child Development & Family Studies/Human Development & Family Relations/Studies
   4. Elementary Education
   5. Elementary Special Education
   6. Other related field (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
   7. None of my degrees were related to the above choices
   8. I prefer not to answer

1. In what year were you born?
   1. \_\_\_\_\_\_\_\_\_\_\_\_
2. Are you:

Select all that apply.

* 1. Female
  2. Male
  3. Transgender, non-binary, or another gender
  4. I prefer not to answer

1. Are you of Hispanic, Latino/a, or Spanish origin? Please select all that apply.
   1. No, not of Hispanic, Latino/a, or Spanish origin
   2. Yes, Mexican, Mexican American, Chicano/a
   3. Yes, Puerto Rican
   4. Yes, Cuban
   5. Yes, Another Hispanic, Latino, or Spanish origin
   6. Don’t know
   7. I prefer not to answer
2. What is your Race? Select one or more.
3. American Indian or Alaska Native
4. Asian
5. Black or African American
6. Native Hawaiian or Other Pacific Islander
7. White
8. I prefer not to answer
9. In which languages are you fluent, meaning you are able to speak or write easily and accurately? Please select all that apply.
   1. English
   2. Spanish
   3. Chinese, including Mandarin, Cantonese
   4. Vietnamese
   5. German
   6. French, including Cajun
   7. Russian
   8. Korean
   9. Afro-Asiatic, including Amharic and Somali
   10. Arabic
   11. Not Listed (please specify: \_\_\_\_\_\_\_\_\_\_\_)
   12. I prefer not to answer

[SUBMIT SURVEY]

**[HONORARIUM SCREENS]**

Those are all the questions we have for you today!

Thank you very much for participating in the pilot initiative’s follow-up survey! Please reach out to [add contact information] if you have any questions.

You will receive a $40 honorarium for your participation in this survey. Please let us know your preference for your honorarium.

* Email gift code for **[Amazon/Walmart/Target]**.
* I would prefer not to receive an honorarium.

**[if Email gift code selected:]**

Please provide an email address so that we can send you the $40 honorarium. We will only use this email address to send you the gift card. We will not share this email with anyone outside of the research team.

Please enter your email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please confirm your email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[for all respondents]**

Directors who have completed the survey can receive 1 hour toward their annual training hours required by child care licensing. Please provide your PDIS User ID and the email you use for PDIS below. Your ID and email will be forwarded to PDIS within **[30 days]** of completing this survey and your PDIS training hours will be updated. Please note, completing this survey will not count towards Ongoing Professional Development hours for the Early Childhood Professional Credential (ECPC).

Please enter PDIS User ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter email used for PDIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[SUBMIT]

Thanks again for participating. If you have any questions, please feel free to contact us at [add email and/or phone].