



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

*Workforce (Classroom Staff)
Questionnaire*

OMB Review Draft Updated June 2024

Reviewer Notes

Clarification regarding respondent response options:

- **Please note that while only some items may list a “DK/REF” (Don’t Know/Refused) option, respondents answering the survey in any mode always have the option to decline to answer any item. Any respondent declining to provide a response to an item is directed to the next survey item.**

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

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Questionnaire Key

Skip Patterns:

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

A8A.

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

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

Skip Logic Box A_S_1:

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

Loops:

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

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

*Start of B_L_1 Loop (*BL1):*

REPEAT B1_5 - B1_5H FOR EACH AGE GROUP = 1 (HAVE A RATE IN B1_3A)

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

B1_5C. *BL1

How many hours per week does that cover?

Ranges:

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

B5d.

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

_____ Number of children

RANGE: 0-999

Programmatic fills:

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

A2G9a. *AL1 *AL2

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

1. Yes
2. No
3. DK/REF

Workforce (Classroom Staff) Questionnaire

QUEXLANG

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

ENGLISH
SPANISH

CONSENT (Self Administered)

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

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

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

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number for this information collection is 0970-0391 and the expiration date is 06/30/2026. 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.

CONSENT (Interviewer Administered)

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

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

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?

R CONSENTS TO PARTICIPATE IN THE SURVEY..... 1

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

Section A. Qualifications and Experience

This questionnaire asks about your work at [PROGRAM].

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

A1.

How long have you worked in your program?

_____ Years _____ Months

IF A1 < 6 MONTHS AND INTERVIEW DATE ON OR AFTER JULY 22, 2024, ASK A1_TEMP
ELSE ASK A2

A1_TEMP. Were you hired at this program as temporary summer staff for summer 2024?

1 Yes

2 No

A2.

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

_____ Years _____ Months

A2a.

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

A2a_a. in a home-based setting?

1. YES
2. NO
3. DK/REF

A2a_b. in a different center-based setting than your current one?

1. YES
2. NO
3. DK/REF

Skip Logic Box A_S_1:

IF A2a_a = 2 OR DK/REF AND A2a_b=2 OR DK/REF, THEN SKIP TO A3
ELSE, ASK A21

A21.

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

1. I worked in a center-based or school-based setting.
2. I worked in a home-based setting.
3. I worked in another type of setting: specify _____.
4. I did not have a prior job working in early care and education.

A3.

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

(INTERVIEWER: READ IF NECESSARY)

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

IF A3 = 3 - 8 ASK A12
ELSE, SKIP TO A_S_2

A12.

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

1. YES
2. NO

Skip Logic Box A_S_2:

IF A3 = 5 - 8 OR IF A12 =1 ASK A5_M
ELSE, SKIP TO A6A_M

A5_M.

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

1. ELEMENTARY EDUCATION

2. SPECIAL EDUCATION
3. CHILD DEVELOPMENT, PSYCHOLOGY, OR FAMILY STUDIES
4. EARLY CHILDHOOD EDUCATION OR EARLY OR SCHOOL-AGE CARE
5. OTHER

IF A5_M = 5 ASK A5_other_M
ELSE, SKIP TO A22

A5_other_M.

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

A22.

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

1. YES
2. NO → SKIP TO A6A_M
3. DK/REF → SKIP TO A6A_M

A23.

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

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

A6A_M.

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

1. YES
2. NO

A6B_M.

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

1. YES
2. NO

A7.

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

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

1. YES
2. NO

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

1. YES
2. NO

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

1. YES
2. NO

Skip Logic Box A_S_3:

IF ANY ITEM FROM A7A TO A7E = 1, ASK A24
ELSE, SKIP TO A25

A24.

Were these activities on-line or in-person?

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

A25.

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

1. YES
2. NO → SKIP TO A17
3. DK/REF → SKIP TO A17

A26.

Were your health and safety trainings...?

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

A17.

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

1. YES
2. NO

A27.

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

1. YES
2. NO
3. DIDN'T TRY TO GET TRAINING OR EDUCATION → SKIP TO A8B
4. DK/REF → SKIP TO A8B

A28.

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

A28a. There are affordable professional development and training options for me to choose from.

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

A28b. There are professional development and training opportunities held at times and at in-person or on-line locations that are convenient for me.

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

A8b.

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

A8b_1. Assistance with direct costs such as tuition or registration fees

1. YES
2. NO

A8b_3. Release time to participate in the activity

1. YES
2. NO

A18.

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

1. YES
2. NO

A20.

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

1. YES
2. NO

A29

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

1. YES
2. NO → SKIP TO A10
3. DK/REF → SKIP TO A10

A30.

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

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

A10.

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

1. YES
2. NO

A11.

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

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

A31.

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

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

Section B. Employment Schedule and Compensation

These next questions are about your work hours and compensation.

B1.

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

_____ Number of hours
Range: 1-168

B1a.

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

_____ Number of classrooms or groups
Range: 0-999

Skip Logic Box B_S_1:

IF INTERVIEW DATE ON OR AFTER JULY 22, 2024, THEN ASK B1B
ELSE, SKIP TO B11

B1B. Are your weekly hours worked different in the summer from the regular school year?

1 Yes

2 No

B1C. Do you work with different children in the summer from the regular school year?

1 Yes

2 No

B11.

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

_____ Number of months
Range: 1-12

B4_M.

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

(INTERVIEWER: PROBE FOR BEST ESTIMATE IF NEEDED)

\$ _____ per

1. Hour
2. Day
3. Week
8. Every 2 weeks
4. Month
5. Year
6. Other

IF B4_M (amount) => \$50 and B4_M (rate) = 1, THEN SKIP TO B4a
 ELSE IF, B4_M (amount) => \$100 and B4_M (rate) = 2, THEN SKIP TO B4a
 ELSE IF, B4_M (amount) => \$700 and B4_M (rate) = 3, THEN SKIP TO B4a
 ELSE IF, B4_M (amount) => \$1400 and B4_M (rate) = 8, THEN SKIP TO B4a
 ELSE IF, B4_M (amount) => \$2800 and B4_M (rate) = 4, THEN SKIP TO B4a
 ELSE IF, B4_M (rate) = 4, ASK B4_M_OS
 ELSE, SKIP TO B12

B4_M_OS.

Please specify other

SKIP TO B12

B4a.

Are you sure \$[B4_M AMOUNT] per **[B4 M UNIT]** is correct?

1. Yes
2. No → LOOP BACK TO B4_M
3. DK/REF → LOOP BACK TO B4_M

B12.

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

1. YES
2. NO → SKIP TO B5
3. DK/REF → SKIP TO B5

B13.

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

\$ _____

Range: 0-250000

B5.

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

1. YES
2. NO

B6.

What is your title at this program?

1. Director and Teacher
2. Program Coordinator
3. Lead Teacher or Lead Instructor
4. Teacher or Instructor
5. Assistant Teacher or Instructor
6. Aide
7. Something else (please specify: _____)
8. Don't know/Refused/No answer

IF B6 = 7 ASK B6_OS ELSE, SKIP TO B14
--

B6_OS.

Please specify other:

B14.

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

1. YES
2. NO → SKIP TO B7_M
3. DK/REF → SKIP TO B7_M

B15.

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

1. Director
2. Program Coordinator or other Administrator
3. Lead Teacher or Lead Instructor, or Lead Caregiver
4. Teacher or Instructor
5. Assistant Teacher or Instructor or Caregiver

6. Aide
7. Something else

B7_M.

What kind of health insurance or health care coverage do you have for yourself? [(SELECT ALL THAT APPLY)/(INTERVIEWER: CODE ALL MENTIONS, USE CATEGORIES TO PROBE AS NEEDED)]

- 1 PRIVATE HEALTH INSURANCE PLAN FROM YOUR EMPLOYER OR WORKPLACE
- 2 PRIVATE HEALTH INSURANCE PLAN THROUGH YOUR SPOUSE OR PARTNER'S EMPLOYMENT
- 3 PRIVATE HEALTH INSURANCE PLAN PURCHASED DIRECTLY
- 4 PRIVATE HEALTH INSURANCE PLAN THROUGH A STATE OR LOCAL GOVERNMENT, A HEALTH INSURANCE EXCHANGE, OR COMMUNITY PROGRAM
10. PRIVATE HEALTH INSURANCE PLAN THROUGH PARENTS
- 5 MEDICAID
- 6 MEDICARE
- 7 MILITARY HEALTH CARE/VA OR CHAMPUS/TRICARE/CHAMP-VA
- 8 NO COVERAGE OF ANY TYPE
- 9 OTHER (SPECIFY)
- 1 DK/REF/No Answer

IF B7_M = 9 ASK B7_other
ELSE, SKIP TO B16

B7_Other.

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

B16.

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

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

B17.

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

1. YES
2. NO

B9.

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

1. YES
2. NO → SKIP TO B10
3. DK/REF → SKIP TO B10

B9a_M.

What is the main reason you have looked for work?

(INTERVIEWER: USE CATEGORIES TO PROBE AS NECESSARY)

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

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

IF B9A = 9 ASK B9_reason_other ELSE, SKIP TO B10

B9_reason_other

What is the main reason you have looked for work?

B10.

What is your home ZIP code?

_____ [5-digit only]

Section C. Activities in the Classroom

These next questions are about your activities in the classroom.

C1_1_M.

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

1. YES → SKIP TO C1A
2. NO
3. DK/REF → SKIP TO C1A

C1_2_M.

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

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

C1A.

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

1. YES
2. NO → SKIP TO C3
3. DK/REF → SKIP TO C3

C1B_M.

What is the name of the curriculum or approach used?

[To search, please begin typing the name of your curriculum. If you cannot find it, finish typing out the full name and click "Next".]

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

Curriculum List

Infants and Toddlers

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

Preschool

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

C5.

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

1. YES
2. NO

C3.

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

1. YES
2. NO → SKIP TO C4_M
3. DK/REF → SKIP TO C4_M

C3a_M.

When do you plan daily activities?

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

C4_M.

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

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

C6.

Please describe a typical day in your classroom. Not including lunch or nap breaks, **how much time is spent** in the following kinds of activities throughout the day? [INTERVIEWER: How about (READ ITEM)? Would you say the children spend no time, half an hour or less, about one hour, about two hours, or three hours or more in (READ ITEM AGAIN)?]

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

Section CL. About People in the Classroom

CL1.

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

Range 1 - 99

CL12.

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

1. YES
2. NO

CL13.

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

CL13a. Black or African American

1. YES
2. NO

CL13b. White

1. YES
2. NO

CL13c. Asian

1. YES
2. NO

CL13d. Mixed race, another race, or you are not certain

1. YES
2. NO

CL5.

How many children are enrolled in this classroom?

Number of children: _____

Range 1-999

CL14.

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

1. YES
2. NO

CL15.

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

CL15a. Black or African American

1. YES
2. NO

CL15b. White

1. YES
2. NO

CL15c. Asian

1. YES
2. NO

CL15d. Mixed race, another race, or you are not certain

1. YES
2. NO

CL9.

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

_____ Number of children
Range: 0 - [Value reported in CL5]
-1. DK/REF

IF CL9 = DK/REF ASK CL10
IF CL9 >= 1 SKIP TO CL16
ELSE, SKIP TO CL11

CL10.

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

_____ Percent of children

IF CL9 = (0 OR DK/REF) AND CL10 = (0 OR DK/REF), THEN SKIP TO CL11
ELSE, ASK CL16

CL16.

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

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

CL11.

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

Number of children: _____

Range: 0 - [Value reported in CL5]

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

CL8a.

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

Number of children: _____

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

Range: 0 - [Value reported in CL5]

Section D. Staff Attitudes and Orientation to Caregiving

D16.

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

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

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

D17.

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

D17a. Their child's learning or progress towards developmental milestones?

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

D17b. Problems their child is having in the program?

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

D18.

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

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

D19.

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

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

D8.

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

1. YES
2. NO

D9.

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

D9D. I am treated with respect on a day-to-day basis. (Would you say you strongly agree, agree, neither agree or disagree, disagree or strongly disagree with this statement?)

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

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

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

D20.

At this program, do you have...

D20a. Adult-sized furniture

1. YES
2. NO

D20b. Space for relaxation (away from children)

1. YES
2. NO

D20c. Daily designated breaks (including meal breaks and other rest breaks)

1. YES
2. NO

D21.

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

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

1. YES
2. NO → SKIP TO D23
3. DK/REF → SKIP TO D23

D22.

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

1. YOUR ANCESTRY, NATIONAL ORIGINS OR ETHNICITY
2. YOUR NATIVE LANGUAGE
3. YOUR GENDER
4. YOUR RACE
5. YOUR AGE
6. YOUR RELIGION, RELIGIOUS BELIEFS OR PRACTICES
7. YOUR HEIGHT OR WEIGHT
8. YOUR SEXUAL ORIENTATION OR GENDER IDENTITY
9. YOUR DISABILITY, PHYSICAL OR MENTAL CONDITION

D23.

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

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

- 1. YES
- 2. NO
- 3. NOT APPLICABLE

D24_Intro.

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

	1. Strongly agree	2. Agree	3. Disagree	4. Strongly disagree
D24a. Teachers, aides and assistants are invited to give input into program goals that affect everybody.				
D24b. Teachers, aides, and assistants’ input about program goals is taken seriously.				

D11.

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

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

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

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

D25. How often in the last year have you experienced the following?

D25a. I feel burned out from my work.

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

D25b. I have become more callous toward people since I took this job.

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

IF FI MODE, SHOW HELP_SCREEN
ELSE, GO TO D14

HELP_SCREEN.

INTERVIEWER: SHARE WITH RESPONDENT AS APPROPRIATE, *“If you or someone you know are experiencing an emotional crisis, please call 211 or visit 211.org.”*

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

D14.

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

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

D15.

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

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

D26.

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

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

Section E. Demographics

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

E2.

In what year were you born?

 Range = 1916 - 2022

E3_M.

What is your ethnicity?

1. Hispanic or Latino
2. Not Hispanic or Latino

E4_M.

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

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

E5.

Do you speak any languages other than English?

1. YES
2. NO → SKIP TO E19
3. DK/REF → SKIP TO E19

E6.

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

_____ % of time speaking English

E19.

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

_____ (Open - Ended)

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

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

E9.

In what country were you born?

[DROP DOWN]

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

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

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

IF E9 ≠ UNITED STATES ASK E10
ELSE, SKIP TO E21

E10.

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

Range: 1923 - 2024

E21.

You may select more than one answer. Are you:

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

E22.

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

1. Gay or lesbian
2. Straight, that is not gay or lesbian
3. Bisexual
4. I use a different term: _____
5. I don't know

E11.

What is your current marital status?

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

E20.

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

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

E14.

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

\$ _____

-1. DK/REF

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

E15.

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

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

E17.

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

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

E23.

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

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

IF E23 UNDER AGE 6 OR AGES 6 THROUGH 12 > 0, THEN ASK E24
ELSE, SKIP TO E25

E24.

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

1. YES
2. NO

E25.

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

1. YES
2. NO

IF E23 Under age 6 > 0, ASK E26 ELSE SKIP TO E27

E26.

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

1. YES
2. NO

E27.

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

1. YES
2. NO

Section F. Consent to Access Administrative Records

Skip Logic Box F_S_1:

IF CASE IS INTERVIEWER ADMINISTERED, THEN ASK F1_FI
ELSE, IF CASE IS SELF ADMINISTERED, THEN SKIP TO F1_SA

F1_FI.

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

1. Yes → SKIP TO F3_FI
2. No

F2_FI.

(SUGGESTED SCRIPT)

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

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

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

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

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

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

F3_FI. I need to collect some information from you in order to search for your information in the administrative records. Please confirm...

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

SKIP TO THANK YOU

F1_SA.

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

1. Yes → SKIP TO F3_SA
2. No

F2_SA.

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

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

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

1. Yes
2. No → SKIP TO THANK YOU

3. DK/REF → SKIP TO THANK YOU

[THIS SCREEN WILL OFFER THE OPTION TO GET ANSWERS TO ADDITIONAL QUESTIONS BY CLICKING A LINK "Questions? Please click here for additional information" . THE LINK WILL LEAD TO F2_FAQ_SA]

F2_FAQ_SA.

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

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

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

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

F3_SA.

Please confirm or update the following information:

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

THANK YOU

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

PROCEED TO INCENTIVE PAYMENT SCREEN AND CONTACT INFORMATION UPDATE.

WFX_INCENTIVE

Thank you for taking the time to complete this survey. As a token of appreciation, we/I would like to give you \$[INCENTIVE_AMOUNT]. We have a few options for you to receive \$[INCENTIVE_AMOUNT] – cash mailed to you, a physical gift card, or an electronic gift card for one of several online retailers. The physical gift card can be provided at the end of the interview. Electronic gift cards will be delivered by email and will take up to 1 day to arrive. Cash will be mailed via the U.S. Postal Service and will take 1 to 3 weeks to arrive. 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.

FI: READ THE BELOW TERMS OF SERVICE ONLY IF REQUESTED:

Terms of Service

1. Amazon.com Gift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** Amazon.com Gift Cards never expire and can be redeemed towards millions of items at www.amazon.com Restrictions apply, see amazon.com/gc-legal
2. Walmart eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** With a Walmart eGift Card, you get low prices every day on thousands of popular products in stores or online at Walmart.com. You'll find a wide assortment of top electronics, toys, home essentials and more. Plus, cards don't expire and you never pay any fees. The Virtual Reward Center is not affiliated with Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com or any of their affiliates. Wal-Mart Stores, Inc., Wal-Mart Stores Arkansas, LLC, Walmart.com and their affiliates do not endorse or sponsor The Virtual Reward Center's services, products, or activities. See www.walmart.com/giftcardtermsandconditions for complete gift card terms and conditions
3. Lowe's eGift Card: **This reward will be delivered via email only. Receive your reward by email within 3 business days. You will receive an email from surveyrewards@norc.org with instructions on how to activate your reward. Click on the link provided, enter in your name and address to register your card, and it's ready to use. It's that simple.** This Lowe's eGift Card can be redeemed at any Lowe's Home Improvement Store or at www.lowes.com. Lowe's stores stock 40,000 products in 20 product categories ranging from appliances to tools, to paint, lumber and nursery products. Lowe's has hundreds of thousands of more products available by Special Order - offering everything customers need to build, maintain, beautify and enjoy their homes. Lowe's operates more than 1,766 stores.

This is not a credit/debit card and has no implied warranties. This Gift Card is not redeemable for cash unless required by law and cannot be used to make payments on any charge account. Lowe's reserves the right to deactivate or reject any Gift Card issued or procured, directly or indirectly, in connection with fraudulent actions, unless prohibited by law. Lost or stolen Gift Cards can only be replaced upon presentation of original sales receipt for any remaining balance. It will be void if altered or defaced. To check your Lowe's Gift Card balance, visit [Lowes.com/GiftCards](https://www.lowes.com/GiftCards), call 1-800-560-7172 or see the Customer Service Desk in any Lowe's store. Lowe's, LOWE'S and the Gable Mansard Design are registered trademarks of LF, LLC and the GABLE MANSARD DESIGN are registered trademarks and service marks of LF, LLC. Lowe's is not affiliated with Virtual Incentives.

1. Physical Gift Card → SKIP TO WFX_INC_PHYS_CARD "Please only select this option if you are completing the survey in person."
2. Cash mailed to me → SKIP TO WFX_INC_MAIL
3. Walmart e-gift card → SKIP TO WFX_INC_EMAIL
4. Lowe's e-gift card → SKIP TO WFX_INC_EMAIL
5. Amazon e-gift card → SKIP TO WFX_INC_EMAIL
6. [RESPONDENT DECLINES INCENTIVE/DECLINE THANK YOU GIFT] → SKIP TO FUTURE CONTACT INFORMATION

WFX_INC_PHYS_CARD

Thank you. In just a few moments, I will provide your physical gift card incentive and have you sign a receipt.

INTERVIEWER: ENTER THE ID NUMBER OF THE GIFT CARD BEING GIVEN TO R HERE. ID NUMBER IS 12 DIGITS IN LENGTH ON THE BACK OF THE CARD.

INTERVIEWER: RE-ENTER THE ID NUMBER OF THE GIFT CARD.

[IF NUMBERS DON'T MATCH] NUMBERS DO NOT MATCH. PLEASE RE-ENTER THE GIFT CARD SERIAL NUMBER.

SKIP TO FUTURE CONTACT INFORMATION

WFX_INC_EMAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the email address that you would like the gift card sent to: (*Required)

[FOR INTERVIEWER ADMINISTERED, DISPLAY:] Could you please provide the email address that the gift card should be sent to.

Email address*: _____

Please confirm your email address*: _____

[IF EMAIL DOES NOT MATCH] Email addresses do not match. Please re-enter your email address.

SKIP TO FUTURE CONTACT INFORMATION

WFX_INC_MAIL

[FOR SELF-ADMINISTERED, DISPLAY:] Please enter the mailing address you would like the cash incentive mailed to: (*Required)

[FOR INTERVIEWER-ADMINISTERED, DISPLAY:] Could you please provide the mailing address that the cash incentive should be mailed to.

Full Name*: _____

Address 1*: _____

Address 2: _____

City*: _____

State*: _____

ZIP*: _____

Future Contact Information

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

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

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

[INFORMATION WILL BE PREFILLED FROM THE CASE MANAGEMENT SYSTEM]

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

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

CLOSING STATEMENT.

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