NATIONAL SURVEY OF **EARLY CARE** & **EDUCATION** | **2019**

# *Center-Based Provider Questionnaire*

December 2019, Revised December 2021

# 2019 National Survey of Early Care and Education Center-based Provider Questionnaire

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# Contents

# 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?

_____

## Variable names:

Variables in public-use data files are identified throughout the questionnaire, as in the examples below. Raw variables are prefixed with a "RV:" and formatted with orange font. Derived variables are prefixed with a "DV:" and formatted with green font. For a more detailed explanation of raw and derived

variables, please refer to Section 3 of the User's Guide. Raw variables are generally listed once next to the questionnaire item used as their source. Derived variables are listed next to all the questionnaire items used as sources. For example, if a derived variable uses two questionnaire items as sources (e.g. one as numerator and one as denominator), the name of that derived variable will be identified next to each of these two questionnaire items.

**B6.** RV: CB9_SCHDL_WKS_PER_YEAR
How many weeks per year does your program provide care for children under age 13?

_____ Number of weeks

**B5c.** DV: CB9_SCHDL_VARY_PAY; DV: CB9_SCHDL_FLEX_HRS
Does your program permit parents to pay for and use varying numbers of hours of care each week?
1. YES, AT THEIR CONVENIENCE
2. YES, FROM A SET OF SCHEDULE OPTIONS
3. YES, BEYOND A MINIMUM NUMBER OF HOURS
4. NO → SKIP TO B6

## 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

# Overview of 2019 NSECE Center-Based Questionnaire and Changes from 2012 NSECE Center-Based Questionnaire

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| | Summer program changes | INTRO-2 | • Addition of a question to indicate the types of changes to a program during summer months |
| | Date of summer changes | INTRO-2 | • Addition of a question recording the date of program changes during the summer months |
| Section A: Program Level Information | Type of building program located in | A-1 | • Update in response categories of program sponsorship type |
| | Percent of residence used for program | A-1 | • Inclusion of item measuring source of funding for center space |
| | Program auspice | A-1 | • Revision of language asking about the vacancies by age group |
| | Program sponsorship | A-1 | |
| | Program sponsorship type | A-2 | |
| | Program ownership type | A-2 | |
| | Number of centers in franchise | A-2 | |
| | Length of operation at current location | A-3 | |
| | Center space paid by someone else | A-3 | |
| | Age groups served | A-3 | |
| | Number of children enrolled | A-3 | |
| | Number of children enrolled full time | A-3 | |
| | Number of vacancies by age group | A-3 | |
| Section B. Schedule and Rates | Program hours of operation | B-1 B-2 | • Exclusion of item measuring a discount or add-on for care |
| | Any families pay for child care | B-2 | • Exclusion of item measuring presence of a penalty for a late pick-up up of a child |
| | Any rate charged for full-time care by age group | B-2 | • Inclusion of item measuring types of help offered to help families pay for care. Includes question on the number of children at the center who are paid for exclusively by parent fees |
| | Highest rate charged for full-time care | B-3 | |
| | Types of program provided help to afford care | B-4 | |
| | Number of children paid for only by parent fees | B-5 | |
| | Program permits variation in care schedule | B-5 | |

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| | Number of children with variation in care schedule | B-5 | |
| | Program permits variation in hours of paid care | B-5 | |
| | Number of children with varying hours of paid care | B-6 | |
| | Number of weeks program provides care | B-6 | |
| **Section C: Enrollment** | Number of children with physical disability | C-1 | • Restriction of enrollment counts to children age 5 and under, not yet in kindergarten |
| | Number of children with IEP/ISFP | C-1 | |
| | Ethnicity of children in program | C-1 | • Exclusion of item measuring the percent of children attending yesterday (or most recent day the program was open) |
| | Race of children in program | C-2 | |
| | Languages used by staff when working with children | C-2 | |
| | Number of children experiencing homelessness | C-2 | • Revision to counts of children by ethnicity and race<br>• Exclusion of items referring to languages spoken by children (constructs are measured at classroom level in the Classroom Staff (Workforce) questionnaire)<br>• Addition of item measuring the number of children experiencing homelessness |
| **Section R: Revenues** | Number of children funded by agencies/government programs | R-1 | • Substantive expansion of this section to allow identification of blended funding at the level of the center and the level of the child; percentage of funding from public vs. private sources; types of fees paid by parents receiving some form of subsidy |
| | Presence of any children with blended, public funding | R-2 | |
| | Payment arrangement from agencies/government programs | R-2 | |
| | Community organization pays for care | R-3 | |
| | Number of children paid for by community organizations | R-3 | • Addition of multiple items related to subsidies, including current and past enrollment of children receiving subsidies; whether there is a limit on enrollment of children with subsidies; whether a family has made a request for the center to accept a subsidy; comparison of experience serving private pay versus subsidy families |
| | Program sources of revenue | R-3 | |
| | Largest source of program revenue | R-4 | |
| | Second largest source of program revenue | R-4 | |
| | Public vs private funding for program | R-4 | |
| | Program meets multiple performance standards | R-5 | |

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| | How program complies with multiple performance standards | R-5 | • Addition of item measuring requirements of center to meet multiple different performance standards or guidelines<br>• Exclusion of item measuring transportation services provided<br>• Addition of item measuring whether the program received free or reduced cost professional development |
| | Fees paid by parents receiving subsidy | R-5 | |
| | Any program subsidy enrollment limit | R-6 | |
| | Any enrollment supported by subsidy | R-6 | |
| | Family requests subsidy to pay for care | R-6 | |
| | Comparison of private pay and subsidy – Reliability of payment | R-7 | |
| | Comparison of private pay and subsidy – Amount of money received | R-7 | |
| | Comparison of private pay and subsidy – Administrative requirements | R-7 | |
| | Comparison of private pay and subsidy – Ease of filling vacancies | R-7 | |
| | Provider has access to resources/professional development through schools/other programs | R-7 | |
| | Any free or reduced cost professional development | R-8 | |
| **Section D: Admissions/ Marketing** | Number of children who left program | D-1 | • Wording of some items altered slightly to change year of reference from 2011 to 2018<br>• Addition of item measuring improvement in quality rating<br>• Exclusion of item determining the agency providing quality of rating<br>• Addition of item evaluating whether special needs child was kept from entering the program<br>• Addition of item evaluating whether a child needed to be picked up early due to behavior problems<br>• Addition of item measuring where children participate in physical activity<br>• Addition of item measuring food provided to children in the program |
| | Number of children who entered program | D-1 | |
| | Program quality rating | D-1 | |
| | Program quality rating improved | D-1 | |
| | Children denied due to no vacancies | D-1 | |
| | Program unable to care for special needs | D-2 | |
| | Early pick up due to behavior problems | D-2 | |
| | Care stopped due to child's behavior | D-2 | |
| | Location of children's physical activity | D-2 | |
| | Any snacks or meals provided to children | D-3 | |
| | Number of times fruit juice offered to children | D-3 | |

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| | Program participates in food program | D-3 | • Addition of item measuring number of times fruit juice is provided to children in the program |
| | Any access to health consultant | D-4 | |
| | Comprehensive services – health screenings | D-4 | |
| | Comprehensive services – developmental assessments | D-5 | • Addition of item measuring program participation in Child and Adult Care Food Program |
| | Comprehensive services – therapeutic services | D-5 | • Addition of item measuring access to health consultant in the program |
| | Comprehensive services – counseling services | D-5 | • Revision to items regarding comprehensive services to distinguish provision of services on-site; payment of services; and referrals |
| | Comprehensive services – social services | D-5 | |
| Section E. Staffing | Total number of staff working with children | E-1 | • Restriction of some staff counts to staff working with children age 5 and under, not yet in kindergarten |
| | Total number of staff not working with children | E-1 | |
| | Number of aides and assistants working in program | E-1 | • Item asking about assistants has been combined with the item asking about aides. |
| | Number of full-time aides and assistants | E-1 | • Addition of item asking about experience conducting background checks for the program |
| | Number of teachers working in program | E-2 | |
| | Number of full-time teachers | E-2 | |
| | Number of specialists working in program | E-2 | |
| | Number of full-time specialists | E-2 | |
| | Number of staff who left program | E-2 | |
| | Any professional development resources for staff – funding for training | E-3 | |
| | Any professional development resources for staff – Paid time off for training | E-3 | |
| | Any professional development resources for staff – access to coaches | E-3 | |
| | Program benefits for staff – reduced program tuition | E-3 | |
| | Program benefits for staff – retirement program | E-3 | |
| | Program benefits for staff – health insurance | E-3 | |
| | Experience with background checks | E-3 | |

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| **Section F: Care Provided** | Selected age group not yet in kindergarten | F-1 | • Item asking about additional child capacity in a group or classroom has been revised to refer to vacancies instead, consistent with revision to vacancies at the center level |
| | Number of groups for a specific age grouping | F-1 | |
| | Names of age groups | F-1 | |
| | Youngest child in classroom | F-2 | |
| | Oldest child in age classroom | F-2 | • Expansion of item asking how many children in randomly selected classroom are funded by different funding sources |
| | Number of children enrolled in classroom | F-2 | |
| | Number of vacancies in classroom | F-2 | |
| | Number of teachers in classroom | F-2 | • Reduction of information captured about each staff working in selected classroom – exclusion of ECE credentials and years of experience working with children |
| | Number of assistants/aides in classroom | F-2 | |
| | Number of children in classroom (do we need to specify last act. Period) | F-2 | |
| | Number of children funded by subsidy in classroom | F-3 | • Exclusion of item measuring whether any curriculum is used and name of the curriculum used in the classroom (constructs are measured at classroom level in the Classroom Staff (Workforce) questionnaire) |
| | Number of children funded by Head Start in classroom | F-3 | |
| | Number of children funded by Pre-k in classroom | F-3 | |
| | Number of children funded by private payment | F-3 | • Revision of items regarding visits by regulatory agencies |
| | Names of staff in classroom | F-3 | |
| | Role of staff member in classroom | F-4 | |
| | Hours worked by staff member in classroom | F-4 | |
| | Education attainment of staff member in classroom | F-4 | |
| | Wage received by staff member in classroom | F-5 | |
| | Agencies that inspected program | F-5 | |
| **Section H: Respondent Characteristics and Selection of the Workforce** | Respondent job title | H-1 | • Addition of item to measure job responsibilities in the program |
| | Respondent responsibilities at the program | H-1 | |
| | Year of birth | H-1 | • Addition of item measuring weekly hours spent directly caring for children |
| | Weekly hours worked at program | H-1 | |
| | Weekly hours directly caring for children | H-1 | • Revision to items on ethnic and racial identification |
| | Ethnicity | H-1 | |
| | Race | H-2 | • Item measuring respondent educational field of study has been changed to measure degree's field of study in greater detail |
| | Respondent educational attainment | H-2 | |

| 2019 Category | 2019 Item | Page #s | Key changes from 2012 to 2019 |
|---|---|---|---|
| | Respondent educational field of study | H-2 | • Training on working directly with children was modified to refer to any training rather than training received in the past year |
| | Any training: management topics | H-2 | |
| | Any training: licensing and standards | H-2 | |
| | Any training: curricula and assessments | H-2 | • Addition of three items referring to the receipt of any training on managing ECE programs, licensing and standards, and curricula and assessments |
| | Any training: working with young children | H-2 | |
| | Years worked at program | H-2 | • Item on health insurance has been altered to ask exclusively about health insurance. It formerly also asked about paid time off. |
| | Years of ECE work experience | H-3 | |
| | Wages received | H-3 | |
| | Health insurance from program | H-3 | |
| | Any additional staff in classroom | H-4 | • Item on contacting sampled workforce member has been altered to include request for an e-mail address in addition to a phone number |
| | Role of sampled workforce member | H-4 | |
| | Hours worked by sampled workforce member | H-4 | |
| | Name of sampled workforce member | H-4 | |
| | Language spoken by sampled workforce member | H-5 | |
| | Phone number of sampled workforce member | H-5 | |

# 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 CONSENT APPEARS ON THE FIRST PAGE OF SCREENER; IF SELF-ADMINSTERED, THE BELOW CONSENT APPEARS ON LOGIN PAGE.]**

NORC at the University of Chicago is conducting an important study for the U.S. Department of Health and Human Services (DHHS) to learn about early care and education programs available for children age five years and under, not yet in kindergarten. This information will help build a national profile of early care and education services and will help measure how recent policy and program changes have affected center-based providers like you. Please take a moment to answer the following questions. Participation is voluntary and will take just a couple of minutes. Your information will be kept private and used only for statistical purposes.

[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) and a password by mail or e-mail. Please enter them in the fields below, and then click the "Continue" button.

PIN:

Password:

**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.

    1 Yes

    2 No (SKIP TO 4)

**CHECK_R1.** WAS CASE COMPLETED ON OR AFTER FEBRUARY 15, 2019?

1. YES        0. NO

---
IF CHECK_R1=0, THEN ASK Q1a_1.
IF CHECK_R1=1, THEN ASK Q1a_2.

---

**Q1a_1.** Are your organization's services for children 5 and under, not yet in kindergarten…

| | | |
|---|---|---|
| a. at least three hours per day at least twice per week | Y | N |
| b. single activity, such as only tutoring, therapy, or a sports activity? | Y | N |
| c. only drop in activities that children may not attend regularly | Y | N |
| d. only before or after-school activities | Y | N |

**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 | | |
| [c.] **only** drop in activities that children may not attend regularly | | |
| [d.] **only** before or after-school activities | | |
| [b.] **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 1AA=Y AND 1AB=N AND 1AC=N AND 1AD=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 CHECK_R2)


**CHECK_R2.**

WAS CASE COMPLETED ON OR AFTER FEBRUARY 15, 2019?

      1.   YES

      2.   NO


| |
|---|
| IF CHECK_R2=0, THEN ASK Q7_1.<br>IF CHECK_R2=1, THEN ASK Q7_2. |


**Q7_1.** Are your organization's services for children 5 and under, not yet in kindergarten…

| | | |
|---|---|---|
| a. at least three hours per day at least twice per week | Y | N |
| b. single activity, such as only tutoring, therapy, or a sports activity? | Y | N |
| c. only drop in activities that children may not attend regularly | Y | N |
| d. only before or after-school activities | Y | N |

**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 |  |  |
| [c.] **only** drop in activities that children may not attend regularly |  |  |
| [d.] **only** before or after-school activities |  |  |
| [b.] **only** a single activity, such as only tutoring, therapy, or a sports activity?<br><br>Please answer "no" if your organization provides multiple activities for children throughout the day. |  |  |

**CHK_3.** IF Q7A=YES AND Q7B=NO AND Q7C=NO AND Q7D=NO, THEN ORG IS ELIGIBLE.
ELSE ORG NOT ELIGIBLE.

**CHK_4.** RETURN TO Q7 FOR NEXT ORGANIZATION LISTED AT Q5 UNTIL ALL ORGANIZATIONS HAVE BEEN ASKED ABOUT.

ADD EACH ORGANIZATION NAME FROM Q5 TO ELIGIBLITY 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 Q1AA=YES AND Q1AB=NO AND Q1AC=NO AND Q1AD=NO THEN ELIG=FLAG=1. ELSE ELIG_FLAG=0 |
| 2 | ORGANIZATION NAME FROM Q5 (LOOP 1) | IF Q7A=YES AND Q7B=NO AND Q7C=NO AND Q7D=NO THEN SET ELIG_FLAG=1.<br><br>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 Q6.

---

**Q6.** 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. I 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

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**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

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 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 child care and early education services that are most needed in your area.

This interview takes about 48 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 the survey.  We have systems in place to protect your identity and keep your responses private. There is only a small chance that your information could be accidentally disclosed. For that reason, we avoid questions that could cause difficulty for you. 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.

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 survey.
1. 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, 2019?
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?

Serve different ages of children?
   1. Yes
   2. No

Serve different numbers of children?
   1. Yes
   2. No

Charge parents different prices for care?
   1. Yes
   2. No

Have different staff?
   1. Yes
   2. No

Have different staffing practices?
   1. Yes
   2. No

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 2019, 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.** RV: CB9_PRGM_BUILDING
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

IF A7= 9, ASK A7A
ELSE, SKIP TO A8A

**A7a.** RV: CB9_PRGM_BUILDING_PRCNT
What percent of the space is used exclusively by the program?
_____ %

**A8A.** RV: CB9_A8_PROFIT_R2; DV: CB9_PRGM_AUSPICE_EXP
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.** RV: CB9_A8_SPONSOR; DV: CB9_PRGM_AUSPICE_EXP
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.** DV: CB9_PRGM_SCHSPONS

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.

---

**A9.** RV: CB9_A9_CHAIN_R; DV: CB9_PRGM_AUSPICE_EXP

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.** RV: CB9_SCHDL_MONTHS_OP

How long has your program been operating in its current location?

_____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

---

**A10:** RV: CB9_A10_HI_X_M (X=1-10 Age group); RV: CB9_A10_LO_X_M (X=1-10 Age group); DV: CB9_RVNU_GOVT_PRCNTCH_CCSUBS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_CC; DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_CC; DV: CB9_RVNU_GOVT_PRCNTCH_SA_CC; DV: CB9_RVNU_GOVT_PRCNTCH_HS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_HS;  DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_HS; DV: CB9_RVNU_GOVT_PRCNTCH_LOCAL; DV: CB9_RVNU_GOVT_PRCNTCH_OTHER; DV: CB9_RVNU_GOVT_PRCNTCH_PK;  DV: CB9_RVNU_GOVT_PRCNTCH_TITLE1; DV: CB9_RVNU_PRCNTCH_COMMORG; DV: CB9_SERVE_X (X=0TO3YRS, 3TO5YRS, 0TO5YRS, SA); DV: CB9_AGECAT_SERVE_X (X=0, 1, 2, 3, 4, 5, SA); DV: CB9_ENRL_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_ENRL_FT_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_ENRL_VACANCIES_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_VACANCIES_IND_X (X=0, 1, 2, 3, 4, 5, SA); DV: CB9_ENRL_NEW_CARE_0TO5; DV: CB9_ENRL_STOP_CARE_0TO5; DV: CB9_ENRL_PRCNTCH_IEP_0TO5; DV: CB9_ENRL_PRCNTCH_PHYS_CNDTN_0TO5; DV: CB9_ENRL_PRCNTCH_HISP_0TO5; DV: CB9_ENRL_PRCNTCH_NHWHITE_0TO5; DV: CB9_ENRL_PRCNTCH_NHBLACK_0TO5; DV: CB9_ENRL_PRCNTCH_NHOTHER_0TO5; DV: CB9_ENRL_PRCNTCH_NHASIAN_0TO5; DV: CB9_B9_NUMCH_SCHLRSHIP

**C1_1:** DV: CB9_F3_NUMGROUP_REV_TC; DV: CB9_RVNU_GOVT_PRCNTCH_CCSUBS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_CC; DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_CC; DV: CB9_RVNU_GOVT_PRCNTCH_SA_CC; DV: CB9_RVNU_GOVT_PRCNTCH_HS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_HS; DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_HS; DV: CB9_RVNU_GOVT_PRCNTCH_LOCAL; DV: CB9_RVNU_GOVT_PRCNTCH_OTHER; DV: CB9_RVNU_GOVT_PRCNTCH_PK; DV: CB9_RVNU_GOVT_PRCNTCH_TITLE1; DV: CB9_RVNU_PRCNTCH_COMMORG; DV: CB9_SERVE_X (X=0TO3YRS, 3TO5YRS, 0TO5YRS, SA); DV: CB9_AGECAT_SERVE_X (X=0, 1, 2, 3, 4, 5, SA); DV: CB9_ENRL_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_ENRL_FT_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_ENRL_VACANCIES_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA); DV: CB9_VACANCIES_IND_X (X=0, 1, 2, 3, 4, 5, SA); DV: CB9_ENRL_NEW_CARE_0TO5; DV: CB9_ENRL_STOP_CARE_0TO5; DV: CB9_ENRL_PRCNTCH_IEP_0TO5; DV: CB9_ENRL_PRCNTCH_PHYS_CNDTN_0TO5; DV: CB9_ENRL_PRCNTCH_HISP_0TO5; DV: CB9_ENRL_PRCNTCH_NHWHITE_0TO5; DV: CB9_ENRL_PRCNTCH_NHBLACK_0TO5; DV: CB9_ENRL_PRCNTCH_NHOTHER_0TO5; DV: CB9_ENRL_PRCNTCH_NHASIAN_0TO5; DV: CB9_B9_NUMCH_SCHLRSHIP

**C1_2:** DV: CB9_ENRL_FT_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA)

**C1a:** DV: CB9_VACANCIES_IND_X (X=0, 1, 2, 3, 4, 5, SA); DV: CB9_ENRL_VACANCIES_X (X=INF, 1YR, 2YR, 3YR, 4YR, 5YR, SA)

| 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 | C1_1. How many children are currently enrolled in this age group in your program at this site? Range 0-999 | C1_2. How many of these children are currently enrolled full time? Range ≤ C1_1 | C1a. How many vacancies do you currently have in the age group [XX to YY months]? Range 0-999 | |
|---|---|---|---|---|
| 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. |
| 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 | | | | |

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.** DV: CB9_SCHDL_HRSOPEN_WEEK30; DV: CB9_SCHDL_OPEN_EVENING; DV: CB9_SCHDL_OPEN_OVERNIGHT; DV: CB9_SCHDL_OPEN_WEEKEND; DV: CB9_SCHDL_TOTHRS_MON; DV: CB9_SCHDL_TOTHRS_TUE; DV: CB9_SCHDL_TOTHRS_WED; DV: CB9_SCHDL_TOTHRS_THU; DV: CB9_SCHDL_TOTHRS_FRI

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? CHECK 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 |  |
|---|---|---|---|---|---|
| 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
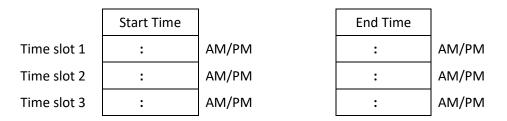
**B1_3.** RV: CB9_B1_3_FAMPAY

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_5H FOR EACH AGE GROUP THAT = 1 IN B1_3A.

*Start of B_L_1 Loop (*BL1*):*
REPEAT B1_5 – B1_5H 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.** *BL1*
Is that per

1. hour→ASK B7
2. ½ day → ASK B1_5B.
3. full day →ASK B1_5B.
4. week→ASK B1_5C
5. month →ASK B1_5D.
6. term/semester/quarter → ASK B1_5E.
7. year → ASK B1_5E
8. OTHER (PLEASE SPECIFY) _____→ ASK B1_5G.
9. DK/REF/BLANK→SKIP TO B7
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

---

**Skip Logic Box B_S_3:**
IF HOURS DATA HAVE ALREAD BEEN CALCULATED FOR THIS TIME UNIT SKIP TO END OF B_L_1 LOOP BOX

---

**B1_5B.** *BL1*
How many hours is that? → SKIP TO B7

_____

---

SKIP TO END OF B_L_1 LOOP BOX.

---

**B1_5C.** *BL1*
How many hours per week does that cover?

_____

---

SKIP TO END OF B_L_1 LOOP BOX.

---

**B1_5D.** *BL1*
How many hours per week does that cover?

_____

---

SKIP TO END OF B_L_1 LOOP BOX.

**B1_5E.** *BL1*
How many weeks is that?

_____

**B1_5F.** *BL1*
How many hours per week does that cover?

_____

SKIP TO END OF LOOP B_L_1 BOX.

**B1_5G.** *BL1*
What is the weekly equivalent of that rate?

_____

**B1_5H.** *BL1*
How many hours per week does that cover?

_____

_End of B_L_1 Loop_ (*BL1*):
REPEAT B1_5 – B1_5H 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…
    a. Sliding fee scale
    RV: CB9_B7_HELPFAM_SCALE
        1. Yes
        2. No

    b. Scholarships
    RV: CB9_B7_HELPFAM_SCHLRSHIP
        1. Yes
        2. No

    c. Other discounted rates, such as for siblings, children of center staff, or members of a congregation or associated organization
    RV: CB9_B7_HELPFAM_DISCOUNT
        1. Yes
        2. No

    d. Another arrangement
    RV: CB9_B7_HELPFAM_OTHDISC
        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.** DV: CB9_B9_NUMCH_SCHLRSHIP
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.** DV: CB9_SCHDL_FLEX_HRS
Does your program permit parents to use your services on schedules that vary from week to week?

1. Yes
2. No → SKIP TO B6
3. DON'T KNOW/REFUSED/BLANK (IN WEB) → SKIP TO B5C

**B5a.** DV: CB9_SCHDL_FLEX_ANYCH
How many of the children in your program have schedules that vary from week to week?
_____ Number of children
RANGE: 0-999

---

**Skip Logic Box B_S_2:**
IF B1_3 = 2 OR 3, SKIP TO B6
ELSE, ASK B5C.

---

**B5c.** DV: CB9_SCHDL_VARY_PAY; DV: CB9_SCHDL_FLEX_HRS
Does your program permit parents to pay for and use varying numbers of hours of care each week?

1. YES, AT THEIR CONVENIENCE
2. YES, FROM A SET OF SCHEDULE OPTIONS
3. YES, BEYOND A MINIMUM NUMBER OF HOURS
4. NO → SKIP TO B6

**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


**B6.** RV: CB9_SCHDL_WKS_PER_YEAR
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.** DV: CB9_ENRL_PRCNTCH_PHYS_CNDTN_0TO5

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.** DV: CB9_ENRL_PRCNTCH_IEP_0TO5

How many of the young children have an IEP/IFSP?   [IF NEEDED:  An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school.  An IFSP is an Individualized Family Services Plan for children with 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.** DV: CB9_ENRL_PRCNTCH_HISP_0TO5

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

_____ Number of children

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

RANGE: 0-999

**C7.**
As far as you know, how many of the young children who are not Hispanic or Latino are….

| | Category | Number of children<br>RANGE: 0-999 | |
|---|---|---|---|
| **a.** | White<br>DV: CB9_ENRL_PRCNTCH_NHWHITE_0TO5 | | -2. I don't know, but at least one child is White. |
| **b.** | Black or African-American<br>DV: CB9_ENRL_PRCNTCH_NHBLACK_0TO5 | | -2. I don't know, but at least one child is Black. |
| **d.** | Asian<br>DV: CB9_ENRL_PRCNTCH_NHASIAN_0TO5 | | -2. I don't know, but at least one child is Asian. |
| **c.** | Mixed race, another race, or you are not certain<br>DV: CB9_ENRL_PRCNTCH_NHOTHER_0TO5 | | -2. I don't know, but at least one child is Mixed Race. |

**C11.** RV: CB9_STAFF_LANG
What languages are spoken by your staff when working directly with children? SELECT ALL THAT APPLY.

0. Added: No other language provided
1. English
2. Spanish
3. Other (Specify: _____)
4. DK/REF
5. Added: African dialects
6. Added: Afrikaans
7. Added: Albanian
8. Added: American Sign Language
9. Added: Amharic
10. Added: Arabic
11. Added: Arapaho
12. Added: Armenian
13. Added: Athabaskan
14. Added: Azerbaijani
15. Added: Bengali
16. Added: Berber
17. ☐ Added: Bosnian
18. ☐ Added: Bulgarian
19. ☐ Added: Burmese
20. ☐ Added: Cambodian/Khmer
21. ☐ Added: Cantonese
22. ☐ Added: Cape Verdean Creole
23. ☐ Added: Chaldean
24. Added: Chamorro
25. Added: Chinese
26. Added: Chuukese
27. Added: Creole
28. Added: Croatian
29. Added: Czech
30. Added: Dakota
31. Added: Danish
32. Added: Dari
33. Added: Dinka
34. Added: Dutch
35. Added: Dzongkha
36. Added: Esan
37. Added: Ethiopian
38. Added: Farsi/Persian
39. Added: Fijian
40. Added: Filipino/Tagalog
41. Added: Finnish
42. Added: French
43. Added: French Creole
44. Added: Fujianese
45. Added: Fulani
46. Added: Gaelic
47. Added: German
48. Added: Ghanaian dialects
49. Added: Greek
50. Added: Guarani
51. Added: Gujarati
52. Added: Guyanese Creole
53. Added: Haitian Creole
54. Added: Hakka Chinese
55. Added: Hawaiian
56. Added: Hebrew
57. Added: Hindi
58. Added: Hmong
59. Added: Hopi
60. Added: Hualapai
61. Added: Hungarian
62. Added: Ibo
63. Added: Igbo
64. Added: Ilocano
65. Added: Indian dialects
66. Added: Indonesian
67. Added: Italian

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

**C15.** RV: CB9_C15_HOMELESS

In the past year, has your program served any young 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.** DV: CB9_RVNU_GOVT_STATE; DV: CB9_RVNU_GOVT_FEDERAL; DV: CB9_RVNU_GOVT_LOCAL; DV: CB9_RVNU_CENTER_FUND_COMBO; DV: CB9_PRGM_SCHSPONS; DV: CB9_RVNU_GOVT_PRCNTCH_CCSUBS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_CC; DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_CC; DV: CB9_RVNU_GOVT_PRCNTCH_SA_CC; DV: CB9_RVNU_GOVT_PRCNTCH_HS; DV: CB9_RVNU_GOVT_PRCNTCH_0TO3_HS; DV: CB9_RVNU_GOVT_PRCNTCH_3TO5_HS; DV: CB9_RVNU_GOVT_PRCNTCH_LOCAL; DV: CB9_RVNU_GOVT_PRCNTCH_OTHER; DV: CB9_RVNU_GOVT_PRCNTCH_PK; DV: CB9_RVNU_GOVT_PRCNTCH_TITLE1; DV: CB9_RVNU_PK_STATE_LOC

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

| | | # of Children | |
|---|---|---|---|
| **1.** | State pre-kindergarten such as [STATE PRE-K NAME] | | -2. I don't know, but at least one child is funded this way. |
| **2.** | Head Start, including Early Head Start | Under 3 years _____ <br> 3-5 years, not in kindergarten _____ | -2. I don't know, but at least one child is funded this way. |
| **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. |
| **4.** | Child Care subsidy programs such as CCDF or TANF or [STATE PROGRAM NAME] (including voucher/certificates, state contracts) | Under 3 years _____ <br> 3-5 years, not in kindergarten _____ <br> School-age _____ | -2. I don't know, but at least one child is funded this way. |
| **5.** | Title I | | -2. I don't know, but at least one child is funded this way. |
| **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, SKIP TO R2
ELSE IF, CENTER RECEIVES FUNDING FROM AT LEAST 2 OF THE FOLLOWING CATEGORIES: 1, 2, 3, and 4
ASK R1
ELSE, SKIP TO C12c.

**R1.**
Sometimes a single child is funded by multiple public sources, such as a Head Start child supported by child care subsidies beyond the Head Start day. Please consider three public sources of funding: Head Start, Public Pre-kindergarten such as [STATE PRE-K], and child care subsidies such as [CCDF STATE PGM]. In your program, do any children receive the following combinations of funding?

    a. Head Start and public pre-K and child care subsidies
    RV: CB9_RVNU_CHILD_FUND_HS_PK_CCDF
    1. Yes
    2. No

    b. Head Start or Early Head Start with child care subsidies, but no public pre-K
    RV: CB9_RVNU_CHILD_FUND_HS_CCDF
    1. Yes
    2. No

    c. Public pre-K with child care subsidies, but no Head Start
    RV: CB9_RVNU_CHILD_FUND_PK_CCDF
    1. Yes
    2. No

    d. Head Start with public pre-K, but no child care subsidies
    RV: CB9_RVNU_CHILD_FUND_HS_PK
    1. Yes
    2. No

**C12c.**
Do any of the government agencies that provide funds for your program

| | YES | NO |
|---|---|---|
| **1.** provide a grant to support your overall program <br> RV: CB9_RVNU_GOVT_HOW_GRANT | | |
| **2.** Added: Provide in-kind support (e.g. free use of building space) to support your overall program? | | |
| **3.** contract with you for a guaranteed number of slots <br> RV: CB9_RVNU_GOVT_HOW_CONTRACT | | |
| **4.** pay you for vouchers or subsidies for specific eligible children <br> RV: CB9_RVNU_GOVT_HOW_VOUCHER | | |
| **5.** Added: Pay the parents directly? | | |

| | YES | NO |
|---|---|---|
| **6.** have some other payment arrangement <br> SPECIFY:_____ <br> RV: CB9_RVNU_GOVT_HOW_OTHER <br>      1. Added: Unspecified, government <br>      2. Added: Unspecified non-government <br>      3. Added: Unspecified government funding; payment direct to center <br>      4. Added: Unspecified funding; payment direct to center <br>      5. Added: TITLE I <br>      6. Added: CACFP <br>      7. Added: TANF <br>      8. Added: No other payment specified <br>      9. Added: Other income source - not agency (e.g., parent co-pay, parent fees, etc.) | | |

| **R2.** DV: CB9_RVNU_PRCNTCH_COMMORG <br><br> Do you have any children who are funded by non-government community organizations (e.g., United Way, local charities, or religious organizations)? <br>      1.   Yes <br>      2.   No→ SKIP TO G3 | **R3.** DV: CB9_RVNU_PRCNTCH_COMMORG <br><br> How many children are funded by non-government community organizations? <br> _____ Under 3 years <br> _____ 3-5 years, not in kindergarten <br> _____ School-age |
|---|---|

**G3.**

Do you receive revenues from any of the following sources?

| Revenue Category | Does your program receive any revenues from this source? |
|---|---|
| **a.** Tuitions and fees paid by parents - including parent fees and additional fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees. <br> RV: CB9_RVNU_CHRG | 1. Yes <br> 2. No |
| **e.** Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier) <br> RV: CB9_RVNU_COMMORGS | 1. Yes <br> 2. No |
| **g.** Revenues from fundraising activities, cash contributions, gifts, bequests, special events. <br> RV: CB9_RVNU_CNTRBTNS | 1. Yes <br> 2. No |

| Revenue Category | Does your program receive any revenues from this source? |
|---|---|
| **i.** Other<br><br>RV: CB9_RVNU_OTHER<br><br>IF YES TO G3i, ASK G3_oth<br>ELSE, SKIP TO G3j.<br><br>**G3_oth.**<br>What other source of revenue does your program receive?<br>_____<br>j. Added: corporate support<br>k. Added: church/religious institution<br>o. Added: college/university support<br>p. Added: State pre-kindergarten<br>q. Added: Head Start, including Early Head Start<br>r. Added: Local Government<br>s. Added: Child Care subsidy programs<br>t. Added: Title I<br>u. Added: Other types of government funded programs | 1. Yes<br>2. No |

**G3a.**
Which of these are the two largest sources of revenue for your program

- a. **Parent pay** (e.g. tuitions and fees paid by parents - including parent fees and additional fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees.)

- b. **State government** (e.g. tuitions paid by state government vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)

- c. **Local government** (e.g., Pre-K paid by local school board or other local agency, grants from county government)

- d. **Federal government** (e.g., Head Start, Title I, Child and Adult Care Food Program)

- e. **Community organizations** (e.g. revenues from community organizations or other grants such as from the United Way, local charities, or other service organizations, not including anything you've mentioned earlier)

- g. **Fundraising/gifts** (e.g. revenues from fundraising activities, cash contributions, gifts, bequests, special events.)

- i. **Other**

**G3a1.** DV: CB9_RVNU_GOVT_FUND; DV: CB9_RVNU_LARGEST
First source reported: _____

**G3a2.** DV: CB9_RVNU_GOVT_FUND; DV: CB9_RVNU_LARGEST
Second source reported: _____
8. NO OTHER SOURCES OF REVENUE

**R4.** RV: CB9_RVNU_PUBLIC_PRIVATE_MIX
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 > 33% and Public dollars are more than > 33%
4. Mostly public dollars with less than 33% private dollars
5. No private dollars received

**R5.** RV: CB9_RVNU_FUND_REQ_STANDARDS
For your children ages 3 through 5, not in kindergarten, are you required to meet standards or guidelines from multiple agencies or funding sources?  By standards or guidelines, we mean things such as group sizes, ratios, teacher qualifications, or curriculum use.
1. Yes
2. No→ SKIP TO SKIP LOGIC BOX R_S_2

**R6.**
Do you comply with these multiple standards and requirements…
　　a. For only the children to whom each standard applies?
　　RV: CB9_R6_SUBCOMPLY_CHILD

　　　　1. Yes
　　　　2. No

　　b. For the classrooms with any children to whom each standard applies?
　　RV: CB9_R6_SUBCOMPLY_CHCLSM

　　　　1. Yes
　　　　2. No

　　c. For all classrooms in that age group?
　　RV: CB9_R6_SUBCOMPLY_CLSM

　　　　1. Yes
　　　　2. No

　　d. Throughout the center?
　　RV: CB9_R6_SUBCOMPLY_CENTER

　　　　1. Yes
　　　　2. No

**Skip Logic Box R_S_2:**
IF C12a RESPONSE OPTION 4>0, ASK R7
ELSE, SKIP TO R9

**R7.**
Do parents receiving child care subsidies pay any of the following fees to your program?

a. Diaper, snacks or other supplies fees
RV: CB9_R7_SUBPAY_SUPPLIES

1. Yes
2. No

b. Co-pays for child care subsidies
RV: CB9_R7_SUBPAY_COPAYS

1. Yes
2. No

c. Tuition for days or hours not covered by subsidy payment
RV: CB9_R7_SUBPAY_EXTUITION

1. Yes
2. No

d. Fees in addition to co-pays to make up for low subsidy reimbursement rates
RV: CB9_R7_SUBPAY_FEES

1. Yes
2. No

**R8.** RV: CB9_RVNU_SUBS_LIMIT
Do you limit the number of children with child care subsidies that you enroll at any one time?
1. Yes
2. No

**Skip Logic Box R_S_3:**
IF C12a RESPONSE OPTION 4>0, SKIP TO R11
ELSE, ASK R9.

**R9.** RV: CB9_RVNU_SUBS_PAST_YR
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 R11
2. No

**R10.** RV: CB9_RVNU_SUBS_FAM_REQUEST

In the past year, has a family asked your program to accept child care subsidies to pay for a child's enrollment in your program?

1. Yes
2. No

**R11.**

Many providers have perceptions or experiences of the child care subsidy system whether or not they are currently receiving child care subsidies. How would you compare the experience of serving families who pay your tuition and fees themselves with families who are participating in the subsidy system in terms of…

a. **Reliability** of payment

RV: CB9_R11_SUBS_RELIABLE

1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more

b. **Amount** of money your program receives for a child

RV: CB9_R11_SUBS_AMOUNT

1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more

c. **Paperwork** or other administrative requirements

RV: CB9_R11_SUBS_PAPERWK

1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more

d. Ease of **filling vacancies**

RV: CB9_R11_SUBS_FILLVAC

1. Subsidy much more
2. Subsidy somewhat more
3. Subsidy and private pay about the same
4. Private pay somewhat more
5. Private pay much more

**C14.** RV: CB9_STAFF_PROFDEV_PARTNERS

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

1. Yes
2. No

**R12.** RV: CB9_R12_FREEPROFDEV

In 2018, 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

## Section D. Admissions/Marketing

**D1.** <span style="color:green">DV: CB9_ENRL_STOP_CARE_0TO5</span>
From January to March of 2018, how many children age 5 and under, not yet in kindergarten, did your program <u>stop</u> 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
      <span style="color:purple">RANGE: 0-999</span>

**D2.** <span style="color:green">DV: CB9_ENRL_NEW_CARE_0TO5</span>
From January to March of 2018, about how many new children did your program <u>start</u> taking care of? Please include children age 5 and under, not yet in kindergarten. Your best estimate is fine.

      _____ Number of children
      <span style="color:purple">RANGE: 0-999</span>

**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

**D13.**
In the past two years, have you moved from one rating to a better one?
1. Yes
2. No

**D7.** <span style="color:#cc3300">RV: CB9_ENRL_DENY_SPACE</span>
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.**
In the past year, have you asked a parent to pick up a child early because of problems with the child's behavior?

1. Yes
2. No

**D8.** <span style="color:orange">RV: CB9_ENRL_DENY_BEHAVIOR</span>
In the past three months, have you told a parent that you would not care for a child anymore because of problems with the child's behavior?

      1. Yes
      2. No

**D16.**
Where do children participate in vigorous physical activity?

    a. In the classroom
      1. Yes
      2. No

    b. In another inside room for physical activity (e.g., gym)
      1. Yes
      2. No

    c. In outdoor space reserved for our children
      1. Yes
      2. No

    d. In nearby public outdoor space (e.g., public park or parking lot)
      1. Yes
      2. No

**D17.**
What food do you provide the children in your care?

    a. Snacks
      1. Yes
      2. No

    b. Meals such as breakfast, lunch, or dinner
      1. Yes
      2. No

**D18.**
During the past 7 days, how many times did the children in care drink 100% fruit juices such as orange juice, apple juice, or grape juice? Do not count punch, Sunny Delight, Kool-Aid, sports drinks, or other fruit flavored drinks. Was it . . .
**CODE ONLY ONE**

      1. four or more times a day
      2. two to three times a day
      3. once a day
      4. almost every day
      5. 1 to 3 times during the past 7 days, or
      6. they did not drink these beverages?

**D19.**

Does your program participate in the Child and Adult Care Food Program?
1. Yes
2. No
3. Not eligible

**D20.**

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

**D11.** DV: CB9_SRVC_HEALTH_SCRN_OFFER; DV: CB9_SRVC_DEV_ASSESS_OFFER; DV: CB9_SRVC_THERAPY_OFFER; DV: CB9_SRVC_COUNSEL_OFFER

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? Health screening: medical, dental, vision, hearing, or speech? | 1. Yes → | D11a1. Does your program pay for this service? | 1. Yes → SKIP TO D11B 2. No → SKIP TO D11B |
|---|---|---|---|
| | 2. No → | D11a2. Does your program provide referrals to this service? | 1. Yes 2. No |
| **D11b.** Is the following available to children on-site at your program, including by another organization? | 1. Yes → | D11b1. Does your program pay for this service? | 1. Yes → SKIP TO D11C 2. No → SKIP TO D11C |

| | | | |
|---|---|---|---|
| Developmental assessments. These assessments check whether the child is on-track with regard to their physical, emotional, or social conditions. | 2. No → | D11b2. Does your program provide referrals to this service? | 1. Yes 2. No |
| **D11c.** Is the following available to children on-site at your program, including by another organization? Therapeutic services such as speech therapy, occupational therapy, or services for children with special needs | 1. Yes → | D11c1. Does your program pay for any of these services? | 1. Yes → SKIP TO D11D 2. No → SKIP TO D11D |
| | 2. No → | D11c2. Does your program provide referrals to this service? → | 1. Yes 2. No |
| **D11d.** Is the following available to children on-site at your program, including by another organization?<br><br>Counseling services for children or parents | 1. Yes → | D11d1. Does your program pay for this service? → | 1. Yes → SKIP TO D21 2. No → SKIP TO D21 |
| | 2. No → | D11d2. Does your program provide referrals to this service? → | 1. Yes 2. No |

**D21.** RV: CB9_SRVC_SOCSS
Does your program help connect parents with  social services, such as housing or food assistance, access to medical care, or help getting assistance from government or private programs?

1. Yes
2. No

## Section E. Staffing

**E1.** RV: CB9_STAFF_TYPE_TOTAL_NUM
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.** RV: CB9_STAFF_TYPE_NOTWITHCH_NUM
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**. RV: CB9_STAFF_TYPE_AIDEASST_NUM0TO5; DV: CB9_STAFF_TYPE_AIDEASST_PFT0TO5; DV: CB9_STAFF_DEPART_0TO5
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.** DV: CB9_STAFF_TYPE_AIDEASST_PFT0TO5
How many of these aides or assistant teachers are full-time?

_____ Number of aides or assistant teachers

RANGE: 0-99

**E1c.** RV: CB9_STAFF_TYPE_TCHR_NUM_0TO5; DV: CB9_STAFF_TYPE_TCHR_PRCNTFT_0TO5; DV: CB9_STAFF_DEPART_0TO5

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.** DV: CB9_STAFF_TYPE_TCHR_PRCNTFT_0TO5
How many of these teachers or lead teachers are full time?
_____ Number of staff

RANGE: 0-99

**E1d.** RV: CB9_STAFF_TYPE_SPCLST_NUM_0TO5; DV: CB9_STAFF_TYPE_SPCLST_PFT0TO5
How many specialists work in your program with young children, including language specialists, or 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, ASKI E1D1
ELSE, SKIP TO E2.
```

**E1d1.** DV: CB9_STAFF_TYPE_SPCLST_PFT0TO5
How many of these specialists work full-time?
_____ Number of specialists

RANGE: 0-99

**E2.** RV: CB9_STAFF_TYPE_DEPART_NUM_0TO5
Again, thinking only about staff who work directly with children age 5 and under, not yet in kindergarten, how many such individuals have left the program in the last 12 months?
_____ Number of staff

RANGE: 0-99

**E5.**
Do you provide any of the following for your teachers, assistant teachers, or aides?

|  | Yes | No |
|---|---|---|
| **a.** Funding to participate in college courses or off-site training? <br> RV: CB9_STAFF_PROFDEV_FUNDS |  |  |
| **b.** Paid time off to participate in college courses or off-site training? <br> RV: CB9_STAFF_PROFDEV_TIME |  |  |
| **d.** Mentors, coaches, or consultants who visit and work with staff in their classrooms? <br> RV: CB9_STAFF_PROFDEV_MENTOR |  |  |

**E6.**

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

 a. reduced tuition at your program?
 RV: CB9_STAFF_BNFTS_TUITION
 1. Yes
 2. No

 b. retirement program such as a retirement annuity, 401(k) or 403(b) plan?
 RV: CB9_STAFF_BNFTS_RETIRE

 1. Yes
 2. No

 c. health insurance?
 RV: CB9_STAFF_BNFTS_INSRNCE
 1. Yes
 2. No

**E7.**

We are interested in your opinions about policies that require people working in child care settings to get background checks. How much do you agree or disagree with the following statements:

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| **a.** Background checks on staff protect children. RV: CB9_E7_BKGD_A | | | | |
| **b.** Background checks cause delays in my ability to hire new staff. RV: CB9_E7_BKGD_B | | | | |
| **c.** Background checks discourage good candidates from applying for or taking jobs in child care. RV: CB9_E7_BKGD_C | | | | |

## 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

---
*End of F_L_1 Loop* (*FL1*):
REPEAT F13 UNTIL F13 =1 FOR THE SELECTED AGE GROUP FROM A10
---

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

**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.** DV: CB9_F3_NUMGROUP_REV_TC; DV: CB9_F3_VACANCIES_PCT; DV: CB9_F3_AGEGROUP

[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]? <br><br> RV: CB9_F3_YOUNGMONTHS_R | _____ Years and <br> _____ Months |
| **F3b.** How old is the oldest child in [RANDOMLY SELECTED CLASSROOM]? <br><br> RV: CB9_F3_OLDMONTHS_R | _____ Years and <br> _____ Months |
| **F3c.** How many children are currently enrolled in [RANDOMLY SELECTED CLASSROOM]? <br> RANGE: 0-99 <br> RV: CB9_F3_ENROLL_TC | _____ Number of   children |
| **F3d.** How many vacancies do you currently have in this classroom? IF NO LIMIT, ENTER 999. <br> RANGE: 0-999 | _____ Number of vacancies <br> -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? <br><br> RV: CB9_F3_TEACH_TC | _____Number of teachers |

| | |
|---|---|
| **F3g.** During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group?<br><br>RV: CB9_F3_ASSIST_TC | _____Number of assistants/aides/helpers |
| **F3h.** During the most recent activity period, how many children were there in this group? | _____Number of children |
| **Skip Logic Box F_S_2:**<br><br>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 SKIP LOGIC BOX F_S_3<br><br>**F14.** How many children in this classroom are funded by child care subsidy dollars?<br><br>DV: CB9_F14_CLASS_SUB_CHILD_IND | _____Number of children<br>-5. I don't know, but 75% of more<br>-6. I don't know, but more than 50%<br>-7. I don't know, but less than 50% |
| **Skip Logic Box F_S_3:**<br><br>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 SKIP LOGIC BOX F_S_4<br><br>**F15.** How many children in this classroom are funded by Head Start or Early Head Start dollars?<br><br>DV: CB9_F15_CHILD_FUND_HS_IND | _____Number of children<br>-5. I don't know, but 75% of more<br>-6. I don't know, but more than 50%<br>-7. I don't know, but less than 50% |
| **Skip Logic Box F_S_4:**<br><br>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 SKIP LOGIC BOX F_S_5<br><br>**F16.** How many children in this classroom are funded by state or local public pre-kindergarten dollars?<br><br>DV: CB9_F16_CHILD_FUND_PK_IND | _____Number of children<br>-5. I don't know, but 75% of more<br>-6. I don't know, but more than 50%<br>-7. I don't know, but less than 50% |

| | |
|---|---|
| **Skip Logic Box F_S_5:**<br><br>IF R2 =1 OR G3A = 1 OR G3E = 1 OR G3G = 1, ASK F17<br>ELSE, SKIP TO F4<br><br>---<br><br>**F17.** How many children in this classroom are funded only from private dollars, such as parent payments or funds from community organizations?<br><br>DV: CB9_F17_CHILD_FUND_PRIVATE_IND | _____Number of children<br>-5. I don't know, but 75% of more<br>-6. I don't know, but more than 50%<br>-7. I don't know, but less than 50% |

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

**F4.** *FL2* DV: CB9_F4_LOOPNX (X=1-2 Staff Roster); DV: CB9_H6_LOOPNX (X=1-2 Staff Roster)
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* RV: CB9_F4_MORE_X (X=1-10 Staff from Selected Classroom)
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* RV: CB9_ F4_TYPETEACH_R2_X (X=1-10 Staff from Selected Classroom)
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
2. TEACHER/INSTRUCTOR/CO-TEACHER/DIRECTOR
3. ASSISTANT TEACHER/INSTRUCTOR
4. AIDE
5. SPECIALIST/NON-INSTRUCTIONAL STAFF (SPECIFY)
6. DK/REF/NO ANSWER
8. Added: Manager or Asst. Manager
9. Added: Director
10. Added: Assistant Director
11. Added: Substitute, Reliever, Break Person, Floater, Fill-In
12. Added: Administrator, Assistant Administrator
13. Added: Director or Asst. Director/Lead Teacher
14. Added: Associate Teacher
15. Added: Child Care Provider, Caregiver
16. Added: Occupational Therapist or Physical Therapist
17. Added: Speech Pathologist/Therapist/Teacher
18. Added: Special Ed. Teacher
19. Added: Volunteer
20. Added: Supervisor or Site Supervisor
22. Added: Counselor or Lead Counselor
23. Added: Family Educator, Family Advocate, Family Service Worker, Family Specialist
24. Added: Coordinator or Assistant Coordinator (Unspecified)
25. Added: Principal or Head Of School
26. Added: Nurse
28. Added: "Para" or Para-Professional
29. Added: Administrative Support Personnel/Office Clerk
30. Added: Director/Teacher
31. Added: Before & Aftercare Worker
32. Added: Home Base Teacher/Home Visitor
34. Added: Reading Teacher
39. Added: Resource Teacher
44. Added: Deaf Ed Teacher
45. Added: PE/ Physical Education Teacher
46. Added: Spanish/Bilingual/ESL Teacher
47. Added: Other Foreign Language Teacher
48. Added: Student Teacher/Practicum Student Teacher
50. Added: Music or Music/Movement Teacher
51. Added: Other Special Subject Teacher (e.g., Dance, Drama, Chapel, Cooking, etc.)
52. Added: Art Teacher/Specialist/Consultant
54. Added: Supervisor/Teacher
56. Added: Owner/Teacher
57. Added: Owner/Director
58. Added: Owner/Director/Teacher
62. Added: Administrator/Teacher
73. Added: Director/Administrator
75. Added: Teacher/Assistant or Aide
80. Added: Treatment Coordinator
82. Added: Education Coordinator Enrichment Coordinator
83. Added: Family Services Coordinator
87. Added: School Coordinator
89. Added: Program/Instructional/Center Assistant
92. Added: Group/Classroom/Teaching Assistant
96. Added: Activity Leader/Instructor
97. Added: Social Worker/ Case Manager/Case Worker
99. Added: Tutor/Mentor
100. Added: Non-Teaching & Maintenance Staff
102. Added: Behavior Specialist or Assistant
105. Added: Education Specialist
108. Added: Intervention Specialist/ Early Interventionist
111. Added: Apprentice/Intern
112. Added: Cook/Kitchen or Food Prep Staff

| 114. | Added: Bus Driver/ Transportation |
| 115. | Added: Literacy Coach |
| 118. | Added: Psychologist |
| 119. | Added: Support Staff (Unspecified) |
| 131. | Added: Therapist (Unspecified) |
| 132. | Added: Coach (Unspecified) |
| 133. | Added: Mental Health Specialist/Worker/Consultant |
| 555. | Added: indicates multiple names in one field |
| 888. | Added: indicates R reported no age group at their organization |

**F4d.** *FL3* RV: CB9_F4_HPW_R_X (X=1-10 Staff from Selected Classroom)
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_2:**
IF F4A= 1 – 4 AND F4D ≥ ASK F4G
ELSE, RETURN 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

**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.**

In the past 12 months . . .

    a. has someone visited your program to make sure you were complying with health, safety or other requirements?

    RV: CB9_PRGM_RGLTRY_COMPLYHS

1. Yes
2. No

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

    RV: CB9_PRGM_RGLTRY_QUALITY

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 | |
|---|---|
| **H11.**<br>Which of the following are you responsible for at this center?<br>1. Managing staff<br>RV: CB9_H11_RRSPNSBL_STAFF<br>2. Managing operations or finances<br>RV: CB9_H11_RRSPNSBL_OPS<br>3. Working with teachers and other staff to improve instruction in their classrooms?<br>RV: CB9_H11_RRSPNSBL_INSTRCT | 1. Yes　　2. No<br><br>1. Yes　　2. No<br><br>1. Yes　　2. No |
| **H5b.**<br>In what year were you born?<br>RV: CB9_H5_RAGE_R | _____<br>Range: 1900 - 2002 |
| **H5c.**<br>Approximately how many hours per week do you usually work at this program?<br>RV: CB9_H5_RHPW_R | _____<br>Range: 0 - 99 |
| **H12.**<br>Approximately how many of those hours per week do you directly care for children?<br>RV: CB9_H12_RHRSDIRECTCARE_TC | _____<br>RANGE 0-H5c |
| **H5d.**<br>What is your ethnicity?<br>RV: CB9_H5_RHHISPANIC_M | 1. Hispanic or Latino<br>2. Not Hispanic or Latino |
| **H5e.**<br>What is your race? (Select one or more.)<br>RV: CB9_H5_RRACE_X_M (X = 1, 2, 3) | 5. American Indian or Alaska Native<br>3. Asian<br>2. Black or African American<br>4. Native Hawaiian or Other Pacific Islander<br>1. White |
| **H5f.**<br>Do you have a 2-year college degree, a 4-year college degree?<br>RV: CB9_H5_RDEGREE | 1. 2-YEAR<br>2. 4-YEAR<br>3. NO DEGREE → SKIP TO H16 |

| Name/initials | |
|---|---|
| **H13.**<br>What was your major or field of study in your most recent degree?<br>RV: CB9_H13_RDEGREE_FOS_PU | 1. ELEMENTARY EDUCATION    13.1202<br>2. SPECIAL EDUCATION    13.1001<br>3. CHILD DEVELOPMENT,    42.2703<br>     PSYCHOLOGY, OR FAMILY STUDIES<br>4. EARLY CHILDHOOD EDUCATION    13.1210<br>     OR EARLY OR SCHOOL-AGE CARE<br>5. CHILD CARE MANAGEMENT    13.0414<br>6. BUSINESS, GENERAL COMMERCE    52.0101<br>7. OTHER    97.0001<br>Added: Undeclared/undecided/    98.0001<br>     basic courses<br>Added: None/ Not applicable    99.0001 |
| **H16.**<br>Have you ever received professional development or completed coursework on:<br>   a. management topics such as supervising staff, managing budgets, or purchasing equipment?<br>     RV: CB9_H16_RPROFDEV_MGMT | 1. Yes<br>2. No |
|    b. addressing licensing requirements or program standards?<br>     RV: CB9_H16_RPROFDEV_PROGADMIN | 1. Yes<br>2. No |
|    c. selecting curricula and assessments?<br>     RV: CB9_H16_RPROFDEV_CURRICULUM | 1. Yes<br>2. No |
|    d. working with young children?<br>     RV: CB9_H16_RPROFDEV_CHILD | 1. Yes<br>2. No |
| **H5j.**<br>How long have you worked in your program in your current role?<br>RV: CB9_H5_RLENGTH_R | _____<br>RANGE: 0-99 |
| **H5k.**<br>How many years of experience do you have working with children under age 13? Please do not count any experience raising your own children.<br>RV: CB9_H5_REXP_R | _____<br>RANGE: 0-99 Years |

| Name/initials | |
|---|---|
| **H5l.**<br>How much are you paid? Your best estimate is fine. | $ _____<br>RANGE: 0-999999<br>per<br>1.  hour<br>2.  day<br>3.  week<br>4.  month<br>5.  year<br>6.  other |
| **H5m.**<br>Do you receive health insurance from your job with this program?<br>RV: CB9_H5_RBENEFITS_1_M | 1.  Yes<br>2.  No |

**Selection of staff for the work force 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.** DV: CB9_F4_LOOPNX (X=1-2 Staff Roster); DV: CB9_H6_LOOPNX (X=1-2 Staff Roster)

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

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