



National Survey of **Early Care & Education**

*Center-Based Provider
Questionnaire* – revised (11/28/2011)

CAPI INTRODUCTION

My name is _____ and I am from NORC at the University of Chicago. We are conducting a study

about the supply of early care and education 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 government at all levels better understand and support the child care and early education services most needed in your area.

This interview takes about 35 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. 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. You should understand, however, that we would take necessary action to prevent serious harm to children, including reporting to authorities.

Parts of this interview may be recorded for quality control purposes. This will not compromise the strict confidentiality of your responses. May I continue with the recording?

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

WEB: 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 governments 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 35 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. 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.

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.

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]. Please do not include regular elementary school (that is, grades kindergarten through 6th), but do include pre-kindergarten as well as before or after school services for children in grades K through 6.

A7. [A7_location](#)

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 →

A7a. What percent of the space is used exclusively by the program?

--	--	--

 %

- 10 Other, specify _____

99 Don't know/Refused/blank (in web)

A8A. A8_profit

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 → A8B
- 3 RUN BY A GOVERNMENT AGENCY → A8B
- 4 OTHER, SPECIFY:

_____ → A8B

99 DON'T KNOW/REFUSED/BLANK (IN WEB) → A8B

A8B. A8_sponsor

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 (ASK A8C)

99 DON'T KNOW/REFUSED/BLANK (IN WEB) → A11

A8C. A8_whospon

What type of organization sponsors your program? (CAPI: USE OPTIONS TO PROBE AS NEEDED. SELECT ALL THAT APPLY. WEB: SHOW OPTIONS.)

- 1 SOCIAL SERVICE ORGANIZATION OR AGENCY
- 2 CHURCH OR RELIGIOUS GROUP
- 3 PUBLIC SCHOOL/BOARD OF EDUCATION
- 4 PRIVATE SCHOOL, RELIGIOUS
- 5 PRIVATE SCHOOL, NONRELIGIOUS
- 6 COLLEGE OR UNIVERSITY
- 7 PRIVATE COMPANY OR INDIVIDUAL EMPLOYER
- 8 NON-GOVERNMENT COMMUNITY ORGANIZATION
- 9 STATE GOVERNMENT
- 10 LOCAL GOVERNMENT, NOT INCLUDING SCHOOL DISTRICT
- 11 FEDERAL GOVERNMENT OR MILITARY

12 OTHER, SPECIFY -- WHAT ORGANIZATION SPONSORS YOUR PROGRAM? _____

99 DON'T KNOW/REFUSED/BLANK (IN WEB)

SKIP TO A11.

[IF A8=1 or 2 (FOR PROFIT or not for profit), ASK A9. ELSE GO TO A11].

A9. [A9_chain](#)

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

1 INDEPENDENTLY OWNED & OPERATED

2 FRANCHISE (ASK A9A)

3 CHAIN (ASK A9A)

99 DON'T KNOW/REFUSED/BLANK (IN WEB)

A9a. [A9a_numchain](#)

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

1. Less than 10

2. 10 to 39

3. 40 or more

99. Don't know/Refused/blank (in web)

A11. [A11_operate](#)

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

Years and

Months

A10. [A10_ages](#)

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.

C1_1. [C1_1_totchild](#)

Next are a few more questions for each age group you just mentioned. How many children are currently enrolled in [FILL IN AGE GROUP] in your program at this site?

RANGE: 0-999

C1_2. C1_2_ftchild

How many of these children are currently enrolled full time?

RANGE: less than C1_1 for this row.

C1a. C1_servemore

At this time, how many *more* children in [FILL IN AGE GROUP] would your program be willing and able to serve? Use the code 999 if your program has no limits on the number of additional children to be served for this age group.

RANGE: 0-999

[SHOW GRID ON CAPI AND WEB]

<p>A10. A10_ages 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.</p>	<p>C1_1. C1_1_totchild How many children are currently enrolled in this age group at this site? Range 0-999</p>	<p>C1_2. C1_2_ftchild How many of these children are currently enrolled full time? Range=less than C1_1</p>	<p>C1a. C1_servemore At this time, how many more children would your program be willing and able to serve in this age group? Enter 999 if your program has no limits on the number of additional children to be served for this age group. Range: 0-999</p>
1.			
2.			
3.			
4.			
5.			
6.			
TOTAL (RANGE: 0 TO 999)			

SCHEDULE AND RATES

B1. B1_hours

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

B1a. B1a_addhours

Was there an additional time slot you were open on last Monday/Tuesday/Wednesday/Thursday/Friday/Saturday/Sunday?

	Start Time		End Time	
Monday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM

DISPLAY CHECK BOX “CLOSED ON THAT DAY”

B1_1: B1_1_samehours

Were your operating hours last Monday the same as another day lastweek? CHECK ALL THAT APPLY.

1. TUESDAY
2. WEDNESDAY
3. THURSDAY
4. FRIDAY
5. SATURDAY
6. SUNDAY

B1_2: B1_2_hours2

(FOR DAYS NOT SELECTED ON B1_1, ASK:) Please provide the hours that your organization was open last (DAY OF WEEK)?

DISPLAY CHECK BOX “CLOSED ON THAT DAY”

B1_3. 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 → ASK B1_3a
- 2. NO FAMILIES PAY → ASK B2
- 3. DK/REF/BLANK → ASK B2

B1_3a. B1_3a_agerate

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

Infants less than 12 months old	Yes No Don't know/Refused/Blank (web)
2 year olds	Yes No Don't know/Refused/Blank (web)

3 year olds	Yes No Don't know/Refused/Blank (web)
4 year olds	Yes No Don't know/Refused/Blank (web)
School-age children	Yes No Don't know/Refused/Blank (web)

ASK B1_5 THROUGH B1_5H FOR EACH AGE GROUP MARKED 'HAVE A RATE' IN B1_3A.

B1_5. B1_5_highrate

What is the highest rate you are currently charging families for **full-time** enrollment for [AGE GROUP FROM B1_3A], without any subsidies ?

\$ _____ per

B1_5A. B1_5a_rateper

Is that per

1. hour → ASK B1_6
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 → ASK B1_6

IF B1_5A=2 OR 3, ASK B1_5B. ELSE GO TO INSTRUCTION BEFORE B1_5C.

B1_5B. B1_5B_hourrate

How many hours is that?

IF B1_5A=4, ASK B1_5C. ELSE GO TO INSTRUCTION BEFORE B1_5D.

B1_5C. B1_5c_hourrate2

How many hours does that cover?

IF B1_5A=5, ASK B1_5D, ELSE GO TO INSTRUCTION BEFORE B1_5E.

B1_5D. B1_5D_hourweekrate

How many hours per week does that cover?

IF B1_5A=6 OR 7, ASK B1_5E. ELSE GO TO INSTRUCTION BEFORE B1_5G.

B1_5E. B1_5E_weekrate

How many weeks is that?

B1_5F. B1_5f_hourweekrate2

How many hours per week does that cover?

IF B_5A=8, ASK B1_5G. ELSE GO TO B1_5I.

B1_5G. B1_5Gweekequiv

What is the weekly equivalent of that rate? _

\$ _____

B1_5H. B1_5Hhourweekrate3

How many hours per week does that cover?

B1_6. B1_6_discount

(Does this rate/Do these rates) reflect any large discount or add on? That is a discount or add on of 10% or more because of family circumstances (e.g., sibling discounts, unemployment) or services (e.g, reduced services or hours, extra hours care, transportation)?

1. YES, DISCOUNT
2. YES, ADD-ON
3. NO
4. OTHER (SPECIFY:) Please specify what other large discounts or add on you provide.
5. DK/REF/BLANK

B2. B2_penalty

Does your program charge a penalty if a parent is late to pick up a child after your official closing time?

- 1 YES
- 2 NO
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB)

B5. B5_vary

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

- 1 YES → (ASK B5A)
- 2 NO → (SKIP TO B5C)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) → SKIP TO B5C

B5a. B5_numvary

How many of the children in your program have schedules that vary from week to week?

Number of children

RANGE: 0-

IF R DOES NOT CHARGE PARENTS (B1_3=2 or 3 (NO/DK/REF/BLANK), SKIP TO B6

B5c. B5_varypay

Does your program permit parents to pay for and use varying numbers of hours of care each week? (CAPI: USE CATEGORIES TO PROBE AS NEEDED)

- 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)
- 99 DON'T KNOW/REFUSED/BLANK (IN WEB) → (SKIP TO B6)

B5d. B5_numvarypay

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. B6_weeks

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

Number of weeks

99 DON'T KNOW/REFUSED/BLANK (IN WEB)

RANGE: 1-52

ENROLLMENT AND REVENUES

C2. C2_yesterday

Approximately how many children under age 13 attended your program yesterday? If yesterday was not a regular day for your program, please think about the last regular day your program was open.

CHILDREN

RANGE: 0-999

If DK/REF/blank ASK:

C2_1: C2_percentyest

What percent of your currently enrolled children were present yesterday or the last regular day your program was open? Your best estimate is fine.

% present

C4. C4_physical

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

Number of children

RANGE: 0-999

C5. C5_IEP

How many of the children have an IEP/ISFP 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

RANGE 0-999

RANGE: 0-999

C6. C6_numhispanic

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

Number of children (Please enter a number for your responses)

RANGE: 0-999

C7. C7_numrace (RANGE: 0-999 FOR ALL SUBITEMS)

As far as you know, how many of the children are....

	Category	Number of children
a.	White	<input type="text"/>
b.	Black or African-American	<input type="text"/>
c.	Another race	<input type="text"/>

C10. C10_noenglish

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

Number of children

RANGE: 0-999

If DK/REF/blank ASK

C10_1: C10_1percentnoenglish

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

% of children

C10B_1: C10B_1interpreter

What percent of your children currently enrolled have a parent who needs the help of an interpreter or a child to speak with their child's teacher?

% of children

C11. C11_langspeak

What languages are spoken by your staff when working directly with children? SELECT ALL THAT APPLY.

- 1 ENGLISH
- 2 SPANISH
- 3 OTHER, SPECIFY:

999 Don't know/Refused/Blank (web)

G3. G3_typerev

These next questions are about sources of revenue for your program.

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.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)

c. Local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)
d. Federal government (e.g., Head Start, Title I, Child and Adult Care Food Program)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)
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)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)
g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)
i. Other SPECIFY: _____	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 Dk/Refused (capi only)

G3a. [G3a_largerev](#)

Which of these are the two largest sources of revenue for your program?

[Programmer: show categories marked „yes’ in G3. If only 1 or 2 sources reported, skip to next item.]

- 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.

- b.** 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. Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)
- g. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.
- i. Other

G3a1. First source reported: _____

G3a2. Second source reported: _____

IF G3b,c,d or e = 1(YES), then ask C12a, else skip to C13.

C12a. C12_typefed

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

	# of Children	
1. State pre-kindergarten	1 <input type="checkbox"/>	
2. Head Start	1 <input type="checkbox"/>	
3. Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)	1 <input type="checkbox"/>	
4. Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)	1 <input type="checkbox"/>	
5. Title I	1 <input type="checkbox"/>	

6. Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)		
7. Other types of government funded programs including Child and Adult Care Food Program	<input type="checkbox"/>	

C12c. [C12_howfed](#)

Do the government agencies or programs that provide funds for your program

	YES	NO	DK/REFUSED
1. provide a grant to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	Capi only
2. provide in-kind support (e.g., free use of building space) to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
3. contract with you for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
4. pay you for vouchers or subsidies to specific eligible parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
5. pay the parents directly	1 <input type="checkbox"/>	2 <input type="checkbox"/>	
6. have some other payment arrangement SPECIFY: _____ _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	

If Yes to C12c 6 then ask “Please specify the other payment arrangement.” Otherwise skip to C13.

RANGE: 0-999

C13. [C13_trans](#)

Does your program provide any transportation services for children coming to or going from your program?

- 1 YES
- 2 NO
- 3 DK/REFUSED (CAPI ONLY)

C14. C14_share

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

99 DK/REF/BLANK

ADMISSIONS/MARKETING

D1. D1_stopcare

From January to March of 2011, about how many children did your program stop caring for? Please include children whose parents withdrew their children from care as well as children you didn't want to care for anymore. Your best estimate is fine.

Number of children

RANGE: 0-999

D2. D2_newcare

From January to March of 2011, about how many new children did your program start taking care of? Your best estimate is fine.

Number of children

RANGE: 0-999

D5. D5_Quality Rating

Does your organization have an overall quality rating (for example, accreditation, tiered reimbursement or some other quality rating system?)

1. YES
2. NO → SKIP TO D7
3. DK/REF/BLANK → SKIP TO D7

D5A. D5A_agencyrating

What agency or group provided your quality rating?

1. NAEYC
2. LOCAL R&R

3. STATE OR LOCAL CHILD CARE AGENCY

4. OTHER (SPECIFY: _____)

5. Don't know/Refused/Blank

	Yes	No

D7. D7_reject

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

D8. D8_whystop

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

3. DK/REF/BLANK

D11. Children and their families sometimes need other services. In addition to basic early care and education. Do you help children and their families get any of these services, either by providing it on-site or by providing referrals?

a. Health screening, such as medical, dental, vision, hearing or speech screening?

YES NO DK/REF/BLANK

b. Developmental assessments?

YES NO DK/REF/BLANK

c. Therapeutic services, such as speech therapy, occupational therapy or services for children with special needs?

YES NO DK/REF/BLANK

d. Counseling services for children or parents?

YES NO DK/REF/BLANK

e. Social services to parents such as housing or food assistance, access to medical care, or help getting assistance from government or private programs?

YES NO DK/REF/BLANK

IF YES TO ANY ITEMS D11A TO D11E, ASK D11G. ELSE GO TO SECTION E.

D11G. [D11G_payservice](#)

Does your organization pay for any of these services?

1. YES

2. NO

3. DK/REF/BLANK

D11H. [D11H_referral](#)

Does your organization provide verbal or written referrals for any of these services? 1.

YES

2. NO

3. DK/REF/BLANK

STAFFING

E1. E1_numstaff

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. 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.

RANGE: 0-999

E1A. E1_AIDE

Next are questions about staff who work directly with children at your center. Please only think about staff who work directly with children under 13 and put them into four categories: aides, assistant teachers, teachers, and specialists. These four 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 four categories.

First, how many aides work in your program?

RANGE: 0-99

IF E1A>0 ASK E1A1. OTHERWISE GO TO E1B.

E1a1. E1_aidefut

How many of these aides are full-time?

RANGE: 0-99

E1b. E1_assist

How many assistant teachers work in your program?

RANGE: 0-99

IF E1B>0, ASK E1B1. OTHERWISE GO TO E1C.

E1b1. E1_assistft

How many of your assistant teachers are full-time?

RANGE: 0-99

E1c. E1_teach

How many of your staff are teachers or lead teachers?

RANGE: 0-99

IF E1C>0, ASK E1C1. OTHERWISE GO TO E1D.

E1c1. E1_teachft

How many of them are full-time teachers or lead teachers?

RANGE: 0-99

E1d. E1_special

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

RANGE: 0-99

IF E1D>0, ASK E1D1. OTHERWISE GO TO E2.

E1d1 E1_specialft

How many of these specialists work full-time?

RANGE: 0-99

E2. E2_left

Again, thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months?

RANGE: 0-99

E4. E4_indirect

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 on your program's payroll at this site.

RANGE: 0-99

E5. E5_training

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?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Paid time off to participate in college courses or off-site training?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Mentors, coaches or consultants who visit and work with staff in their classrooms?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

E6. Do you provide any of the following benefits to your teachers, assistant teachers or aides?

a. E6_tuition

reduced tuition at your program?

1. Yes
2. No

b. E6_retire

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

1. YES
2. No

c. E6_health

health insurance?

1. YES
2. NO

CARE PROVIDED

PROGRAMMER/INTERVIEWER: IMPORT AGE GROUPS FROM A10/C1 AND RANDOMLY PICK ONE AGE GROUP AND SAVE THE SELECTED AGE GROUP AS F1_AGEGRP.

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] months is randomly selected.

F1. F1_numgroups

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 and 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: 0-99

***F2. F2_namegroup**

What are the names of these groups

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.
5.	6.
7.	8.

F3b1. IF MAXIMUM AGE IS 6 OR OLDER, ASK F3B1. OTHERWISE SET F3B1=2. Is this a school-age classroom? F3_schoolage	1. YES 2. NO
F3c. How many children are currently enrolled in []? F3_enroll RANGE: 0-99	_____ Number of children
F3d. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99. F3_more RANGE: 0-99	_____ Number of additional children
F3f. During the most recent activity period, how many lead teachers or teachers were there with this group? F3_teach	_____ Number of teachers
F3g. During the most recent activity period, how many assistant teachers, aides, or helpers were there with this group? F3_assist	_____ Number of assistants/aides/helpers
F3h. During the most recent activity period, how many children were there in this group? F3_numgroup	_____ Number of children
ASK IF C12a1>=1 (State pre-kindergarten) or C12a2>=1 (Head Start) AND group includes children under age 6: F3i. Does this classroom include children who are enrolled in Head Start or pre-kindergarten? F3_HSPK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

F4. F4_staffname

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.

[RECORD RESPONSES IN THE TABLE ON THE NEXT PAGE. RECORD NAMES FIRST, THEN ASK LOOPS FOR ONE PERSON AT A TIME.]

F4a. F4_typeteach

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
3. ASSISTANT TEACHER/INSTRUCTOR
4. AIDE
5. OTHER (SPECIFY: _____)
6. DK/Refused

F4d. F4_hpw

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

RANGE: 0-999

F4g. F4_degree

[IF F4A=1-4 AND F4d ge 5, ASK:] 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
4. DK/Refuse

F4h. F4_cert

[IF F4A=1-4 AND F4d ge 5, ASK:] Does [NAME] have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher?

F4l. F4_experience

[IF F4A=1-4 AND F4d ge 5, ASK:] How many years of experience does [NAME] have working with children under age 13? Please do not count any experience raising (his/her) own children.

F4m. F4_salary

[IF F4A=1-4 AND F4d ge 5, ASK:] How much is [NAME] paid?

RANGE: 0-99999

No Grid—questions above

F4 Next are some questions about your staff mostly work with this classroom. What are the names or initials of staff at any level who mostly work with this classroom?

Name/initials	1	2	3	4	5	6	7
F4a. Role	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide 5. OTHER (SPECIFY: __)	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide	<input type="checkbox"/> Lead <input type="checkbox"/> Tchr/Inst <input type="checkbox"/> Asst <input type="checkbox"/> Aide
F4d. Hours per week							

Name/initials	1	2	3	4	5	6	7
F4g. [IF F4A=1,2,3,4] College Degree	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BL ANK	
F4h. [IF F4A=1,2,3,4] Certification Educ/Child dev	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
F4l. Years in field							

Name/initials	1	2	3	4	5	6	7
F4m. Wage rate	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other	\$ _____ _____ _____ per 1 <input type="checkbox"/> hour 2 <input type="checkbox"/> day 3 <input type="checkbox"/> week k 4 <input type="checkbox"/> month h 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other

ASK F4A-F4N FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT FOR THIS GROUP.

F8a. F8_standard

Is a specific curriculum used for this group?

- 1 Yes → ASK F8A1
- 2 No → ASK F12
- 3. DK/REF/BLANK → ASK F12

F8a F8a_namecurr

What is the name of the curriculum used?

IF F3B LT 36 MONTHS (INFANT/TODDLER CLASSROOM):

- 0. A CURRICULUM WE DEVELOPED OURSELVES
- 1. THE CREATIVE CURRICULUM FOR INFANTS AND TODDLERS
- 2. THE HIGH/SCOPE CURRICULUM FOR INFANTS AND TODDLERS
- 3. INNOVATIONS SERIES CURRICULUM
- 4. MONTESSORI INFANT/TODDLER CURRICULUM
- 5. THE PROGRAM FOR INFANT/TODDLER CAREGIVERS (PITC) CURRICULUM
- 6. OTHER (SPECIFY _____)
- 7. NONE

IF 36 MONTHS LE F3B LE 66 MONTHS (PRESCHOOL CLASSROOM)

- 0. A CURRICULUM WE DEVELOPED OURSELVES
- 11. BANK STREET DEVELOPMENTAL INTERACTION APPROACH
- 12. THE CREATIVE CURRICULUM FOR PRESCHOOL
- 13. GALILEO
- 14. THE HIGH/ SCOPE CURRICULUM FOR PRESCHOOL
- 15. LEARNINGGAMES
- 16. MONTESSORI PRESCHOOL CURRICULUM

- 17. OPENING THE WORLD OF LEARNING (OWL)
- 18. PRESCHOOL PATHS
- 19. PROJECT APPROACH
- 20. REGGIO EMILIA APPROACH
- 21. SCHOLASTIC EARLY CHILDHOOD PROGRAM (SECP)
- 22. WALDORF APPROACH
- 6. OTHER
- 7. NONE

IF SCHOOL-AGE CLASSROOM:

- 0. A CURRICULUM WE DEVELOPED OURSELVES
- 23. AFTERSCHOOL TOOLKIT
- 24. ACADEMIC CONTENT, AFTERSCHOOL STYLE
- 25. POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS
- 26. POSITIVE ACTION
- 27. BEYOND THE BELL
- 6. OTHER (SPECIFY _____)
- 7. NONE

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

F12. F12_regulatory

In the past 12 months, were you visited by any regulatory agency?

- 1 Yes → (ASK F12a)
- 2 No → (GO TO H5)
- 99 DK/REF/BLANK → (GO TO H5)

F12a. F12_announced

Was the visit announced or unannounced?

- 1 announced
- 2 unannounced

H5. H5_title

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 (please specify: _____)_____

NO Grid _____

Name/initials	
H5b. H5_Rage In what year were you born? RANGE: 1900 TO 1995	
H5c. H5_RHPW Approximately how many hours per week do you usually work at this program? RANGE: 0 TO 99	

Name/initials	
<p>H5d. H5_RHhispanic</p> <p>Are you of Hispanic or Latino origin?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No DK/Refuse</p>
<p>H5e. H5_Rrace</p> <p>Which of the following are you? Please select one or more...</p>	<p>1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> Native Hawaiian or other Pacific Islander 5 <input type="checkbox"/> American Indian or Alaska Native 6 <input type="checkbox"/> OTHER DK/Refuse</p>
<p>H5f. H5_Rdegree</p> <p>Do you have a 2-year college degree, or a 4-year college degree?</p>	<p>12-YEAR 2 <input type="checkbox"/> 4-YEAR 3 <input type="checkbox"/> NO DEGREE</p>
<p>H5g. H5_Rcert</p> <p>Do you have some form of certification from a college or university to teach young children, or as a special education or elementary school teacher?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK</p>
<p>H5i. H5_Rprofdev</p> <p>Have you received any professional development or other training on working with young children in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK</p>
<p>H5j. H5_Rlength</p> <p>How long have you worked in your program in your current role? RANGE: 0-99 Years</p>	
<p>H5k. H5_Rexp</p> <p>How many years of experience do you have working with children under age 13? Please do not count any experience raising your own children. RANGE: 0-99 Years</p>	

Name/initials	
<p>H5l. H5_Rsalary</p> <p>How much are you paid? Your best estimate is fine.</p> <p>RANGE: 0-99999</p>	<p>\$ _____</p> <p>per</p> <p>1 <input type="checkbox"/> hour</p> <p>2 <input type="checkbox"/> day</p> <p>3 <input type="checkbox"/> week</p> <p>4 <input type="checkbox"/> month</p> <p>5 <input type="checkbox"/> year</p> <p>6 <input type="checkbox"/> other</p>
<p>H5m. H5_Rbenefits</p> <p>Do you receive health insurance or paid time off, from your job with this program? Paid time off may be sick leave or paid vacation.</p>	<p>1</p> <p>5 <input type="checkbox"/> health insurance</p> <p>7 <input type="checkbox"/> paid time off</p> <p>8 <input type="checkbox"/> NONE OF ABOVE</p>

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 the first 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_addtlstaf

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

YES->ADD TO THE LIST

NO->GO TO H7

DK/REF/BLANK → go to H7

FOR EACH INDIVIDUAL ADDED AT H6, ASK H6A AND H6B:

H6a. H6a_role

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

- Aide
- Assistant teacher
- Teacher or instructor
- Lead Teacher

- Other (specify)

H6b. H6b_staffhours

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

Programmer: exclude 'other' job category and randomly select from all others who worked at least 5 hours in the reference week, in proportion to their hours in the classroom that week.

If DK/refused/blank assign 8 hours

Logic to select WF Respondent:

Selecting Teacher(s) for Workforce Survey

July 20, 2011

The following short write-up is to select a maximum of 2 teachers from the selected classroom with a probability proportional to hours worked in last week, and to calculate the base weight.

Sample Selection:

Follow the Steps in the below for each selected classroom:

Step 1. Let H_i be hours worked in last week for i th teacher, $i = 1, 2, \dots, I$

Step 2. Calculate cumulative frequencies: $C_i = \sum_{k=1}^i H_k$. Note that $C_I = \sum_{k=1}^I H_k$

Step 3. Generate a random number (r) from a uniform distribution between 0 and 1

Step 4. Determine $t = r \times C_I$

Step 5. Select the i th teacher, satisfying the relationship, $C_{i-1} < t \leq C_i$. Note that $C_0 = 0$.

Step 6. If $I=1$, stop here (no second selection);

If $I=2$, the other teacher is the second selection;

If $I > 2$, remove the selected teacher from the list and repeat Steps 2-5. And designate the newly selected teacher as the second selection.

Interviewing and Base Weight:

If the first selection is still on staff within the provider location at the time of the workforce survey, then we attempt to interview this selection. The second selection plays no role in the survey. The base weight of the first selection is taken to be $W_i^{WF} = C_I/H_i$.

If the first selection is no longer on staff within the provider location at the time of the workforce survey, then we attempt to interview the second selection. The base weight of the second selection is taken to be $W_i^{WF} = (C_I - H_{i,first})/H_{i,second}$ and we essentially act as if the first selection was never on the roster.

If neither the first nor the second selections are on staff within the provider location at the time of the workforce survey, then the field manager should call Stat for further instruction. This outcome would be exceedingly rare.

H7. H7_compnw

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

First Name:

Last Name:

H9a. H9a_stafflang

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

1. English
2. Spanish
3. Other (Specify: _____)

H9_contact info

H9b. H9b_WFphone

Does she/he have a phone number that we can call him/her at?

PHONE NUMBER:

H10. (FACE-TO-FACE INTERVIEW ONLY:) 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.
We appreciate your taking the time to complete this survey.*

Thank you for taking the time to complete this survey. We know people who look after children have a lot to do and we appreciate your making this effort. As a token of appreciation, a gift card will be sent to you. If you'd like to receive it by email, please check the box for [By Email] and provide your email address in the text box next to it. If you prefer to receiving the gift card by mail instead, please check the box ?By Mail? and provide your mailing address below?

Checkbox [BY EMAIL] TEXTBOX for EMAIL
ADDRESS: _____

Checkbox [BY MAIL] TEXTBOX for mailing address: _____

Edits (6/20): INTRO (list programs), F1 (number of groups), D8 (children expelled), B1_6 (add-on/discount to price).