

**Design Phase of the
National Study of Child Care
Supply and Demand (NSCCSD):**

***Final Recommendations for the
Center-based Provider
Questionnaire***

Prepared for:

Ivelisse Martinez-Beck, Ph.D.
Federal Project Officer
U.S. Department of Health and Human Services
Administration for Children and Families
Office of Planning, Research and Evaluation

Developed by:

A Rupa Datta
Robert Goerge
Ann Witte

National Opinion Research Center (NORC)
at the University of Chicago

Contract HHSP23320045020XI
Task Order HHSP233200700005T

January 31, 2010



Disclaimer

The views expressed in this report are those of the author(s) and do not necessarily reflect the opinions or policies of the Administration for Children and Families or the U.S. Department of Health and Human Services.

Suggested citation for this document:

Datta, A. R., Goerge, R., and Witte, A. 2010. *Design Phase of the National Study of Child Care Supply and Demand (NSCCSD): Final Recommendations for the Center-based Provider Questionnaire*. Chicago: NORC.

Final Recommendations on the Center-Based Provider Questionnaire

- 1) Target is to reduce administration time by 20%.
- 2) Priorities for additional testing and development:
 - The classroom activities item (F5) needs to be revised and tested.
 - The questionnaire needs some self-reported quality or priorities question in the vein of D12 or F5b.
- 3) A newly articulated set of priorities was introduced into Design Phase deliberations in the Fall of 2009. This set includes: a) integration of early learning systems, b) early childhood workforce, c) provision of comprehensive services, d) parental outcomes other than employment, e) collaborative and blended funding of providers, f) quality of care, and g) access to high quality programs. Some of these items have been part of our discussions for the length of the design phase, and are addressed thoughtfully in the proposed questionnaires. These include the workforce, comprehensive service provision, collaborative/blended funding, and access to care (especially among low-income families). Other topics are still being developed and defined, so their coverage in the questionnaires isn't clear at this time. Integrated learning systems and parental outcomes other than employment are two such examples. Child care quality has always been in the forefront of our design work, but the design of the NSCCSD does not yield well to measuring quality except through structural characteristics of care and the observational supplement that we have proposed.

All of these topics are addressed to some extent in the existing study design, and could be addressed even further if OPRE wanted to do so. The challenges for developing more extensive coverage of these topics are two-fold: the designers would require more specific and detailed understanding of the definitions and conceptual models underlying the topics. Interaction with a wide range of ACF program staff might facilitate this understanding. More practically, the NSCCSD questionnaires are already somewhat longer than is required to maximize response rates. If any additions are intended to the questionnaires, they must be made in a time-neutral way that will not increase administration time. The exercise of editing down items in the existing questionnaire in order to make time for new items will be challenging and could potentially require significant re-design of selected sections of the instruments.

Child Care Study of Supply and Demand Center-based Provider Questionnaire

INTRODUCTION SCRIPT

My name is _____ and I am calling from the National Opinion Research Center (NORC) at the University of Chicago. We are conducting a study about the experiences of program providers of children under age 13 with regard to the child care or after-school programs available for these children. We recently sent you a letter which explained the purpose of this study. The study is being paid for by the U.S. Department of Health and Human Services, and is designed to help the government understand how private decisions and public policies affect the supply and demand of child and school-age care in our country. The interview takes about 30 minutes to complete and any information you give me will be kept private and only used for research purposes. Taking part in this research is voluntary. You may choose not to answer any questions you don't wish to answer, or end the interview at any time.

[IF R HAS "Y" IN INCENTIVE FLAG] We know that your time is very valuable. The letter that we sent you also included \$20 in advance as a token of appreciation for your participation in this important study.

[IF R HAS "Y" IN INCENTIVE FLAG AND SAMPLE SOURCE IS HH SCREENER OR DEMAND QUEx] We know that your time is very valuable. As a token of appreciation for your participation in this important study we will send you \$20 by mail.

If you have questions about your rights as a study participant, you may call Kathleen Parks, the NORC IRB Administrator, toll free, at 866-309-0542.

[REFER TO FAQS TO ANSWER OTHER RESPONDENT QUESTIONS.] | _____

Comment [A1]: Revise for appropriate main study protocol

GENERAL CHARACTERISTICS AND MARKET DEFINITION

A1. I'd like to confirm the location of your program for children under age 13. I have the address (ADDRESS). Is that the address where children actually receive your services?

- 1 Yes → (SKIP TO A2)
- 2 No → (ASK A1a)

A1a. (IF A1=NO) What is the correct address where children actually receive services?

Street address

City State Zip

***A2.** How many different organizations provide childcare services to children under age 13 at this address?

Number of organizations

A3. What (is that organization/are the names of those organizations)? [IF MORE THAN ONE ORGANIZATION, ASK:] A4. Are you associated with this organization?	A5. What childcare programs does [ORGANIZATION] offer for children under age 13 at this site?	[IF R ASSOCIATED WITH THIS ORGANIZATION, AND MORE THAN 1 PROGRAM IN A5] A6. What defines each of these programs? a. age of child b. other child characteristic c. hours of service d. funding source e. instructional content f. other
1. Associated <input type="checkbox"/> Not Associated <input type="checkbox"/>	1. _____ 2. _____ 3. _____ 4. _____	□a □ b □c □d □e □f _____ □a □ b □c □d □e □f _____ □a □ b □c □d □e □f _____ □a □ b □c □d □e □f _____

Comment [A3]: Insert new item: What is the approximate current enrollment of all children under age 13 in that program?

IF NECESSARY: Would you say that the total enrollment of that program is less than 12 children, 13 to 25 children, 26 to 50 children, or more than 50 children?

Comment [A2]: Delete item A4.

<p>A3. What (is that organization/are the names of those organizations)?</p> <p>[IF MORE THAN ONE ORGANIZATION, ASK:]</p> <p>A4. Are you associated with this organization?</p>	<p>A5. What childcare programs does [ORGANIZATION] offer for children under age 13 at this site?</p>	<p>[IF R ASSOCIATED WITH THIS ORGANIZATION, AND MORE THAN 1 PROGRAM IN A5]</p> <p>A6. What defines each of these programs?</p> <p>a. age of child b. other child characteristic c. hours of service d. funding source e. instructional content f. other</p>
<p>2.</p> <p>Associated <input type="checkbox"/></p> <p>Not Associated <input type="checkbox"/></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p>
<p>3.</p> <p>Associated <input type="checkbox"/></p> <p>Not Associated <input type="checkbox"/></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p>
<p>4.</p> <p>Associated <input type="checkbox"/></p> <p>Not Associated <input type="checkbox"/></p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p>	<p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p> <p><input type="checkbox"/>a <input type="checkbox"/>b <input type="checkbox"/>c <input type="checkbox"/>d <input type="checkbox"/>e <input type="checkbox"/>f _____</p>

Comment [A3]: Insert new item: What is the approximate current enrollment of all children under age 13 in that program?

IF NECESSARY: Would you say that the total enrollment of that program is less than 12 children, 13 to 25 children, 26 to 50 children, or more than 50 children?

Comment [A2]: Delete item A4.

[IF R'S ORGANIZATION HAS ONLY ONE PROGRAM (A5=1), SKIP TO A12.]

A7. Please tell me about how these programs are run within your organization. Are financial accounts maintained for each program separately?

1 Yes

2 No → **A7a.** Which programs' accounts are maintained together?

Acct 1 Pgm1 Pgm2 Pgm3 Pgm4

Acct 2 Pgm1 Pgm2 Pgm3 Pgm4

Acct 3 Pgm1 Pgm2 Pgm3 Pgm4

A8. Are enrollment records maintained for each program separately?

1 Yes

2 No → **A8a.** Which programs' enrollment records are maintained together?

Record 1 Pgm1 Pgm2 Pgm3 Pgm4

Record 2 Pgm1 Pgm2 Pgm3 Pgm4

Record 3 Pgm1 Pgm2 Pgm3 Pgm4

A9. Does each program have its own director?

1 Yes

2 No → **A9a.** Which programs share a director?

Director 1 Pgm1 Pgm2 Pgm3 Pgm4

Director 2 Pgm1 Pgm2 Pgm3 Pgm4

Director 3 Pgm1 Pgm2 Pgm3 Pgm4

10. Consider the staff who have direct childcare responsibilities, for example, teachers, instructors, or aides. How many of these staff work in more than one of the programs? Would you say all, some or none?

- 1 All caregiving staff work multiple programs
- 2 Some caregiving staff work multiple programs
- 3 None of the caregiving staff work multiple programs

A10a. Does the leader of this organization have responsibilities outside of childcare services to children under age 13?

- 1 Yes
- 2 No

***A11.** Which programs are you associated with?

- Pgm1 Pgm2 Pgm3 Pgm4

Comment [A4]: Delete items A7-A11.

[IF A11 GREATER THAN 1, READ:] In the questions that follow, please include all of these programs that you are associated with when I ask you about your program.

A12. In what kind of building is your program located? CODE ALL THAT APPLY FOR MULTIPLE BUILDINGS, BUT CODE ONE ONLY PER BUILDING.

- 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., program is the sole occupant)
- 9 Home, apartment, or other residential structure → **A12a.** What percent of the space is used exclusively by the program?

--	--	--

 %
- 10 Other, specify _____

A13A.Is your program for profit, not for profit, or is it run by a government agency?

- 1 for profit (SKIP TO A14)
- 2 not for profit
- 3 run by a government agency
- 4 OTHER, SPECIFY: _____

***A13B.**Is your program independent or is it sponsored by another organization? IF NEEDED: 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 A15)
- 2 Sponsored (ASK A13C)
- 3 DK/Ref (SKIP TO A15)

A13C.What organization sponsors your program? CHECK ALL THAT APPLY, READ CATEGORIES ONLY TO PROBE CORRECTLY.

- 1 Head Start
- 2 social service organization or agency
- 3 church or religious group
- 4 public school/board of education
- 5 private school, religious
- 6 private school, nonreligious
- 7 college or university
- 8 private company or individual employer
- 9 non-government community organization
- 10 state government
- 11 local government, not including school district
- 12 Federal government or military
- 13 other, specify _____

Comment [A5]: Remove category.

SKIP TO A15.

A14. Is your program part of a local chain, a national chain, or is it independently owned and operated?

- 1 Local chain
- 2 National chain
- 3 Independent

***A15.** What age groups of children participate in your program at this site?

(1) IF R GIVES AGE GROUP NAME (E.G., TODDLER), ASK FOR APPROXIMATE AGES IN MONTHS.
(2) IF R PROVIDES BROAD RANGE (E.G., UNDER AGE 12), ASK IF PROGRAM CLASSIFIES CHILDREN IN FINER AGE GROUPINGS.
(3) IF R MENTIONS SCHOOL-AGE CHILDREN AGE 13 OR OLDER, SAY,

“This study focuses on children under age 13, so I am going to ask you to separate that age group from any children age 13 or older whom you may also serve.”

Age group (*e.g., 18-35 months, 36-59 months, etc.*)

Age Group

***A16.** How long has your program been operating in its current location?

Years and Months

A17. About how far do most of the children in your program travel to come to your program?
IF NEEDED: ABOUT HOW LONG DOES IT TAKE TO GET FROM THE CHILDREN'S HOME TO YOUR LOCATION?

miles

OR

minutes of travel time

A18. Please describe any significant changes in the supply of child care in your local area in the past 12 months. For example, please mention any providers that may have begun providing new or additional care, or any providers that may have stopped or reduced the care they were providing.

A18A. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own:

Name:	<input type="text"/>	Location:	<input type="text"/>
Name:	<input type="text"/>	Location:	<input type="text"/>
Name:	<input type="text"/>	Location:	<input type="text"/>

Comment [A6]: This question seems to work fine for center-based, but not for home-based. Suggest categories for both.

SEE RESPONSE TO A16. IF OPERATING MORE THAN 12 MONTHS, ASK A19. ELSE, SKIP TO A20.

A19. [In the past 5 years/Since you've been operating here], has your program made any of the following changes in service:		Yes	No
1	Expanded or reduced the ages served	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2	Increased or decreased the number of children served in an age group	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3	Changed the hours of operation of the program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4	Changed the way you group children by age	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5	Other changes to the services offered for children under age 13	1 <input type="checkbox"/>	2 <input type="checkbox"/>

IF YES TO AT LEAST ONE OF A19, ASK A19A-A19D ABOUT EACH CHANGE UNTIL NO FURTHER CHANGES REPORTED. IF NO TO ALL RESPONSES, SKIP TO A20.

A19a. [Beginning with the most recent change,] what was the [first/next] change your program made in services offered? RECORD VERBATIM AND CODE.	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p> <input type="checkbox"/> Expanded ages served <input type="checkbox"/> Reduced ages served <input type="checkbox"/> Increased slots in age group <input type="checkbox"/> Reduced slots in age group <input type="checkbox"/> Expanded hours <input type="checkbox"/> Reduced hours <input type="checkbox"/> Expanded ages served by one or more groups <input type="checkbox"/> Narrowed ages served by one or more groups <input type="checkbox"/> other change </p>
A19b. For what age groups did you make this change? CODE ALL	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>	<p> <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School-age </p>
A19c. What month and year did you make that change in service?	Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>	Month <input style="width: 40px;" type="text"/> Year <input style="width: 40px;" type="text"/>
A19d. What was the main reason you made that change in service?	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

*A20. Does your program charge parents for any of the childcare services that you provide?

- 1 YES
- 2 NO → (SKIP TO B1 [page 12])

A20A. Think about the last time you changed the standard prices your program charges parents for its program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	Very Important	Somewhat Important	Not Very Important	Not Important	NO STD PRICES
1 Covering increasing costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2 Increasing profitability	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3 Being affordable to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4 Matching the competition	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5 Changes in gov't reimbursement rates	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6 Other Specify: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

SCHEDULE

B1. Beginning with Sunday, please tell me the hours that your program was open for children last week.

	Start Time		End Time	
Sunday	:	AM/PM	:	AM/PM
Sunday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM
Monday	:	AM/PM	:	AM/PM
Tuesday	:	AM/PM	:	AM/PM
Tuesday	:	AM/PM	:	AM/PM
Wednesday	:	AM/PM	:	AM/PM
Wednesday	:	AM/PM	:	AM/PM
Thursday	:	AM/PM	:	AM/PM
Thursday	:	AM/PM	:	AM/PM
Friday	:	AM/PM	:	AM/PM
Friday	:	AM/PM	:	AM/PM
Saturday	:	AM/PM	:	AM/PM
Saturday	:	AM/PM	:	AM/PM

B2. During this interview, I will sometimes use the term ‘services’ and sometimes say ‘care.’ Please include everything your program offers children under age 13 when I use either word.

What is your program’s policy for parents who pick up children after your official closing time?

Comment [A7]: Suggest asking, “Does your program charge a penalty if a parent is 20 minutes late to pick up a child after your official closing time?” “If so, how much?” Then delete B2-B6.

B3. (IF NO POLICY OR PENALTIES IN B2, SKIP TO B4) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never

B4. How often do parents request additional hours or days outside of what your program usually provides?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never → (skip to B7)

B5. Does your program ever make exceptions for parents based on these requests?

- 1 Often
- 2 Sometimes
- 3 Rarely
- 4 Never → (skip to B7)

[IF A20=2 NO CHARGE (PAGE 10), SKIP TO B7]

B6. Do parents pay extra for these exceptions?

- 1 Yes
- 2 No

B7. [IF R MENTIONED SATURDAY OR SUNDAY CARE ABOVE IN B1, SKIP TO B8]
Does your program ever provide services over the weekend?

- 1 Yes
- 2 No

B8. [IF R MENTIONED EARLY MORNING OR EVENING CARE ABOVE IN B1, SKIP TO B9] Does your program provide services for parents after 7pm or before 6am?

- 1 Yes
- 2 No

B9. Does your program permit parents to use your services on schedules that vary from week to week?

- 1 Yes → (ASK B9a)
- 2 No → (SKIP TO B9c)
- 3 DK/REF → (SKIP TO B9c)

B9a. How many of the children in your program have schedules that vary from week to week?

Number of children

B9b. How far in advance do parents need to let you know when they will be needing care?

Number of 1 Hours
2 Days
3 Weeks

IF R DOES NOT CHARGE PARENTS (A20=2 NO), SKIP TO B10

B9c. Does your program permit parents to pay for and use varying numbers of hours of care each week?

- 1 Yes, at their convenience → (SKIP TO B9d)
- 2 Yes, from a set of schedule options → (ASK B9c1)
- 3 Yes, beyond a minimum number of hours → (ASK B9c2)
- 4 No → (SKIP TO B10)
- 5 DK/REF → (SKIP TO B10)

B9c1. How many schedule options do you offer? _____ Options → (SKIP TO B9c2)

B9c2. What is the minimum number of hours?

Hours

B9d. How many of the children in your program have variation in the number of paid hours of care each week?

Number of children

B9e. How far in advance do parents need to let people in your program know when they will be needing services?

Number of 1 Hours
2 Days
3 Weeks

B10. How many weeks per year does your program provide care for children under age 13? IF NEEDED: Does your program provide care all 52 weeks of the year?

Number of weeks → (IF 52, SKIP TO B11)

B10a. Does your program provide any help to parents in getting alternative care for those weeks?

- 1 Yes
 2 No

B11. In the past 12 months, has your program provided any of the following types of care for children who were already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.

	Yes	No
a. sick care for children who are too sick to attend their regular activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. holiday care when your regular program is not in session	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. full-day programming for school-age children during the summer	1 <input type="checkbox"/>	2 <input type="checkbox"/>

B12. In the past 12 months, has your program provided any of the following types of care for children who were not already attending your program: IF NEEDED: Your program may charge additional fees for these offerings, which are outside of your regular program schedule.

	Yes	No
a. sick care for children who are too sick to attend their regular activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. holiday care for children whose schools or other providers are closed	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. summer hours for school-age children	1 <input type="checkbox"/>	2 <input type="checkbox"/>

ENROLLMENT

*C1. You mentioned that your program serves the following age groups of children: [LIST AGE GROUPS FROM A15 (PAGE 8)]

How many children do you serve in each of these age groups in your program at this site?
 INTERVIEWER: FILL IN AGE GROUPS FROM A15 (PAGE 8).

*C1a. [ASK Q FOR EACH AGE GROUP] At this time, how many *more* children in this age group would your program be willing and able to serve? CODE 99 IF PROGRAM HAS NO LIMITS ON ADDITIONAL CHILDREN TO BE SERVED.

Age Group from A15	C1: Currently Enrolled	C1a: Additional Children
1.		
2.		
3.		
4.		
TOTAL		

*C1b. That means that your program currently serves [TOTAL FROM C1 NOT INCLUDING CHILDREN 13 OR OLDER] children under age 13. Is that correct?

- 1 Yes
- 2 No → RETURN TO C1 TOTAL AND CORRECT NUMBERS. IF CORRECTION NOT POSSIBLE, RECORD CORRECT TOTAL HERE:

[IF C1 INCLUDES CHILDREN AGE 13 OR OLDER, READ:] This study focuses on care and education for children who are not yet in kindergarten as well as before and after-school programming for school-age children under age 13. In the remainder of this interview, please try to focus on the children under age 13 outside of the regular elementary or middle school day.

C2. Approximately how many children under age 13 attended your program yesterday? IF NEEDED: Please tell me about the last regular school day. IF NEEDED: You can give me the percentage of currently enrolled children who were present. Your best estimate is fine.

 CHILDREN
 OR

 % present

C2a. Is this number of children about the usual, higher than usual, or lower than usual?

- 1 usual
- 2 higher than usual
- 3 lower than usual

C3. For these next questions, please think about the [NUMBER FROM C1 or C1b] children that your program regularly provides care for. How many of these children are boys?

Boys

C4. How many of the children have a physical condition that affects the way your program serves them?

Number of children

C5. How many of the girls have an emotional, developmental or behavioral condition that affects the way your program serves them? And of the boys?

C5_1. Number of girls

C5_2. Number of boys

C6. About how many of the children are of Hispanic or Latino origin?

Number of children

C7. 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.	Asian	<input type="text"/>
d.	Native Hawaiian or Other Pacific Islander	<input type="text"/>
e.	American Indian or Alaska Native	<input type="text"/>
f.	Of two or more races	<input type="text"/>
g.	IF VOLUNTEERED, UNKNOWN:	

--	--	--

C8. Do you have any children that you usually care for...

	Yes	No
a. 4 hours or less each week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. 5 to 20 hours each week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. 21 to 39 hours each week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. 40 hours or more each week?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

C9. How many hours per week do you consider full-time enrollment in your program?

	Number of hours
--	-----------------

C10. How many of your children do not speak English at home? IF NEEDED: What percent of your children do not speak English at home?

	Number of children
--	--------------------

OR

			% of children
--	--	--	---------------

C10a. Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?

- 1 Yes → (ASK C10b)
 2 No → (SKIP TO C11)

C10b. How many of your families have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.

	Number of families
--	--------------------

C10c. What languages do these families speak?

--

C11. What languages are spoken by your program staff when working directly with children?
CODE ALL THAT APPLY.

- 1 English
- 2 Spanish
- 3 Other, specify: _____

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK C11A.

C11a. What percentage of the time is English spoken? %

Comment [A8]: Delete item. It is not conceptually clear – what if one teacher always speaks Spanish and another always English? Answer will be 100%.

***C12.** Does a federal, state or local agency such as a human services or education agency or department, or a welfare, employment or training program pay part or all of the cost for any of the children you serve?

- 1 Yes
- 2 No → (SKIP TO D1, PAGE 22)

C12a. For which types of government-funded programs does your program provide care:

	Yes	No
1. Pre-kindergarten	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. Head Start	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Public School Districts	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. Child Care subsidy programs such as CCDF or TANF	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Other SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Comment [A9]: Should read, "State pre-kindergarten"

Comment [A10]: Insert additional item, "Title I."

C12b. How many children are paid for partially or fully by a government agency or program?

Number of children

C12b1. Is your program part of or operated by a government agency or government-funded program such as a public school district or a Head Start facility?

- 1 Yes
- 2 No

Comment [A11]: Delete item.

C12c. Do the government agencies or programs that provide funds for your program

	Yes	No
1. provide a grant to support your overall program	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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. pay you a total amount for a guaranteed number of slots	1 <input type="checkbox"/>	2 <input type="checkbox"/>
4. pay you for vouchers or certificates given to parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. pay the parents in cash	1 <input type="checkbox"/>	2 <input type="checkbox"/>
6. some other way SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Comment [A12]: "contract with you for a guaranteed number of slots"

C12d. For how many of the children in your program do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service agency and use to pay for their child's care. The program can then turn them in for cash payment. IF NEEDED: Your best estimate is fine.

Number of children

Comment [A13]: Revise cash payment sentence, "The program can claim payment based on these certificates."

Comment [A14]: Ask if C12c4=yes.

C12e. Some agencies contract directly with providers to provide subsidized care to needy families. Do you have a contract with a federal, state or local agency to provide subsidized care to families?

- 1 Yes
2 No (SKIP TO C13)

Comment [A15]: Delete

C12f. How many children are partially or fully paid for through contracts with governmental agencies?

Number of children

Comment [A16]: If C12c3=yes.

C12g. What agencies do you have contracts with?

- 1 Federal
2 State
3 Local, other than public school districts
4 Local public school district

C13. Do you provide any transportation services to children for coming to or going from your program?

- 1 Yes
- 2 No

Comment [A17]: For children coming...

C14. Does your program have any formal or informal relationship with schools or other providers used by children in your program to coordinate care or share information related to the children?

- 1 Yes → (ASK C14A)
- 2 No → (GO TO C15)

Comment [A18]: Insert question, "Does your program have any formal or informal relationships to coordinate care or share information for children in your program who also have other providers? Yes/No If yes, ask C14a-style question."

Comment [A19]: Revise wording, "Does your program have any formal or informal relationships with schools or other providers for other reasons?"

C14a. What relationships does your program have? CODE ALL THAT APPLY

- 1 provide transportation to children
- 2 provide access to resources or professional development for other providers
- 3 help parents seek providers for hours or days that program does not provide are
- 4 Other (specify) _____

Comment [A20]: CODE ALL MENTIONS.

Comment [A21]: Help providers find children to care for during hours or days that program does not provide care

Comment [A22]: Add category: coordinate children's care or educational activities.

ADMISSIONS/MARKETING

D1. During January through March of this year, how many children did your program stop caring for? IF NEEDED: Include children whose parents withdrew their children from care as well as children you didn't want to care for anymore.

Number of children

D2. During January through March of this year, how many new children did your program start taking care of?

Number of children

D3. Which of the following do you do to try to find new children to enroll in your program?

	Yes	No
a. List your services with a resource and referral agency	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Ask current or recent families to refer other families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Answer advertisements or other notices looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Post advertisements or flyers announcing openings	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. IF VOLUNTEERED: NEVER HAVE TO ADVERTISE	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Comment [A23]: Including on-line

Comment [A24]: Including on-line

D4. Which of these methods is the main way that you find new children to enroll? ENTER CATEGORY FROM D3 ABOVE.

Comment [A25]: If D3=yes for more than one sub-item.

D5. Which of the following do you do to help parents understand what kind of services you offer?

	Yes	No
a. Talk with families who are looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Invite families looking for care to visit and observe	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Invite families looking for care to bring their children for a visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Ask current or recent families to provide verbal or written references to families looking for care	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Participate in on-line directories or encourage current or recent families to contribute publically available on-line reviews	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Apply for an overall rating of quality that parents are told about (for example, accreditation, tiered reimbursement)	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. Let families looking for care talk with assistants or other people who help me care for children	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. Other SPECIFY: _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>

D6. The last time you had an opening, how long did it take you to find another child to enroll?

- Number of
- 1 Days → (SKIP TO D7)
 - 2 Weeks → (SKIP TO D7)
 - 3 Months → (SKIP TO D7)
 - 4 STILL HAVE OPENING → (ASK D6a)
 - 5 CHILD TAKEN FROM WAITING LIST → (SKIP TO D7)

D6a. How long have you had this opening so far?

- Number of
- 1 Days
 - 2 Weeks
 - 3 Months

D7. In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

- 1 Yes
- 2 No
- 3 CHILDREN ARE PLACED ON A WAITING LIST

D8. In the past three months, have you told a parent that you won't care for a child anymore because of...

	Yes	No
a. problems with the child's behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. [IF A20=1 (YES) PAGE 10, ASK:] problems getting paid	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. other issues with the parent	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. you wanted to reduce your program's size	1 <input type="checkbox"/>	2 <input type="checkbox"/>

D9. How often in the last three months have you or someone else on your staff raised any of the following with a parent ...

	Never	Monthly	Weekly	Daily
1. parenting issues?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. [IF A20=1 (YES) page 10, ASK:] payment of program fees?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. coming late to pick up a child?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Comment [A26]: Insert sub-item: about asking parents for input into child's care. Same as in demand survey and home-based survey.

D10. In the last three months, how often has a parent talked with you or someone else on your staff about any of the following...

	Never	Monthly	Weekly	Daily
1. Something the child's teacher/caregiver is doing with the child or group	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
2. The child's behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3. The child's development	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
4. The child's health	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
5. How parents can support children's learning at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
6. How parents can discipline the child at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
7. Recent family activities or events	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

Comment [A27]: Combine categories as in home-based and demand questionnaires.

D11. How important is it to you that your lead teachers:

Comment [A28]: Delete.

	Very Important	Somewhat Important	Not very Important	Not at all Important
a. Value their relationships with parents?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Understand what parents' schedules are like?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Are flexible in working with parents' schedules?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Pay attention to suggestions parents make about caring for their children?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D12. [READ] The care that a child receives can vary for many reasons. The environment they're in, the money and other resources available to the person providing care, how the parent works with the care provider, etc.

IF R CARES FOR CHILDREN UNDER AGE 3 [see A15 (page 8)], ASK:

D12a. If 1 means ‘the best possible care there is’ and 5 means ‘not as good as I’d like it to be,’ please tell me how you would rate the care **your program provides to children under age 3**. In terms of:

Comment [A29]: Delete item.

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program’s values	_____	<input type="checkbox"/>

IF R CARES FOR CHILDREN AGED 3-5 [see A15 (page 8)], ASK:

D12b. [If 1 means ‘the best possible care there is’ and 5 means ‘not as good as I’d like it to be,’ please tell me how you would rate/How about] the care **your program provides to children aged 3 to 5**. In terms of:

Comment [A30]: Delete item.

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program’s values	_____	<input type="checkbox"/>

IF R CARES FOR SCHOOL-AGE CHILDREN [see A15 (page 8)], ASK:

D12c. [If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,'] please tell me how you would rate the care **your program provides to school-age children.** In terms of:

Comment [A31]: Delete item.

	Rating	N/A
a. having a safe environment	_____	<input type="checkbox"/>
b. being warm and nurturing	_____	<input type="checkbox"/>
c. helping them learn so they can do well in school	_____	<input type="checkbox"/>
d. helping them learn how to get along with others	_____	<input type="checkbox"/>
e. helping them with their physical skills	_____	<input type="checkbox"/>
f. teaching them your program's values	_____	<input type="checkbox"/>

D13. The following questions are about various services that children and their families might require in addition to your program's basic offerings.

D13a. Are any of the following available to children on-site at your program, including by another organization that is located at your site? Health screening: medical, dental, vision, hearing, or speech?	1 <input type="checkbox"/> Yes <input type="checkbox"/>	Does your program pay for this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No <input type="checkbox"/>	Does your program provide referrals to this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D13b. Are development assessments available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes <input type="checkbox"/>	Does your program pay for this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No <input type="checkbox"/>	Does your program provide referrals to this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D13c. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes <input type="checkbox"/>	Does your program pay for this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No <input type="checkbox"/>	Does your program provide referrals to this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
D13d. Are counseling services for children or parents available on-site at your program? IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes <input type="checkbox"/>	Does your program pay for this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
	2 <input type="checkbox"/> No <input type="checkbox"/>	Does your program provide referrals to this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

D13e. Are any of the following available to children on-site at your program? Social services to parents such as housing assistance, food stamps, financial aid, or medical care. IF NEEDED: please include services offered by another organization that is located at your site.	1 <input type="checkbox"/> Yes <input type="checkbox"/>	Does your program pay for this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No <input type="checkbox"/>
	2 <input type="checkbox"/> No <input type="checkbox"/>	Does your program provide referrals to this service? <input type="checkbox"/>	1 <input type="checkbox"/> Yes
			2 <input type="checkbox"/> No <input type="checkbox"/>
D13f. [IF YES TO D13e_1 or D13e_2] In the last year, how many parents has your program provided with social services assistance, including referrals?		<input type="text"/> Number of parents	

[IF R DOES NOT CHARGE PARENTS (i.e., A20=2 [no] page 10), SKIP TO D15]

D14. In the past 3 months, have you provided financial aid or reduced the fees that you charge a family because of a *change* in their personal circumstances?

- 1 Yes → (ASK D14A)
 2 No → (SKIP TO D15)

D14a. About how many families have you done this for?

Number of families

STAFFING

E1. What is the total number of staff employed at this site to work in your program directly with children. Please include full-time and part-time workers. IF NEEDED: Please include only staff in the pre-K, before or after-school, or other childcare program we are discussing in this interview.

E2. Thinking only about staff who work directly with children, how many such individuals have left the program in the last 12 months?

E3. [IF E2 GREATER THAN 0] In the last year, have you asked a staff member who worked directly with children to leave your program because of concerns about that person’s caregiving or instructional quality?

- 1 Yes
- 2 No

E4. What is the total number of staff who do not work directly with children? Include full-time and part-time workers, administrators, support staff, drivers, cooks, and anyone else on your program’s payroll at this site.

E5. Some programs provide support for staff seeking training or professional development opportunities. 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"/>
c. College coursework or training opportunities at your child care center?	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. These next questions are about supervision in your program.

	Yes	No
a. In the past year have you or someone else observed each of the groups in your program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Was feedback provided to the staff observed based on these observation(s)?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Do salary decisions take into account what is observed or how staff respond to feedback provided?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Comment [A32]: Delete item.

CARE PROVIDED

F1. How many groups or classrooms of children do you have? Please include all groups in all of the programs or sessions that you offer for children under age 13. **IF NEEDED:** By group, 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 [IF ONLY ONE GROUP SKIP TO F3]

***F2.** [ASK ABOUT AGE GROUPS FROM A15 page 8, AGES OF CHILDREN SERVED.] How many of these groups serve [AGE GROUP FROM A15 PAGE 8] children?

Age group from A15

1. _____ number of groups	
a1. what are the names of these groups?	
1.	2.
3.	4.
5.	6.
7.	8.
2. _____ number of groups	
a1. what are the names of these groups?	
1.	2.
3.	4.
5.	6.
7.	8.
3. _____ number of groups	
a1. what are the names of these groups?	
1.	2.
3.	4.
5.	6.
7.	8.
4. _____ number of groups	

a1. what are the names of these groups?	
1.	2.
3.	4.
5.	6.
7.	8.

*[RANDOMLY SELECT TWO GROUPS ACCORDING TO YOUR DESIGNATED NUMBER]. DO NOT LET R SELECT GROUP.]

Comment [A33]: Select only one group at random from the groups listed for the randomly selected age group.

F3. I'm going to ask you some detailed questions about two randomly selected groups. This helps reduce the number of questions I need to ask you, but still gives us a sense overall of the range of offerings that providers have. Please do not worry if the selected groups are not typical of your program.

Comment [A34]: One randomly selected group.

First, let's talk about [FIRST SELECTED GROUP].

Group Name

ASK F3A THROUGH F8 FOR FIRST GROUP.

F3a. How old is the youngest child in []?	_____ Years and _____ Months
F3b. How old is the oldest child in []?	_____ Years and _____ Months
F3c. How many children are currently enrolled in []?	_____ Number of children

F3d. How many more children would you be able and willing to accept in this group? IF NO LIMIT, ENTER 99.	_____ Number of additional children
F3e. How many hours per day are most of the children in this group at your program?	_____ Hours per day
F3f. During a typical activity period, how many assistant teachers or aides help with this group?	_____ Number of assistants/aides
F3g. During a typical activity period, how many lead teachers, other teachers or instructors are with this group?	_____ Number of teachers
F3h. During a typical activity period, how many volunteers help with this group?	_____ Number of volunteers

Comment [A35]: If r indicated pre-k or head start in C12a and classroom for children under age 6 ask, "Does this classroom include children who are enrolled in Head Start or pre-kindergarten?"

F4. Please tell me the names or initials of the lead teachers, other teachers, instructors, assistants or aides who work with this group.

[RECORD RESPONSES IN THE TABLE ON THE NEXT PAGE.]

F4a. Is [NAME] a lead teacher, other teacher, assistant teacher or aide?

F4b. Is [NAME] male or female?

F4c. How old is [NAME]? IF NEEDED: your best guess is fine.

F4d. Approximately how many hours per week does [NAME] usually work?

F4e. Is [NAME] of Hispanic or Latino origin?

F4f. Which of the following is [NAME] ...SELECT ONE OR MORE.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 (IF VOLUNTEERED) OTHER

F4g. Does [NAME] have a 4-year college degree?

F4h. Does [NAME] have some form of certification to teach young children, or as a special education or elementary school teacher?

Comment [A36]: 'certification from a college or university'

F4i. Does [NAME] have any training *outside of higher education* in child development or early care and education?

F4j. As far as you know, has [NAME] received any professional development or other training on working with young children in the past 12 months?

F4k. How long has [NAME] worked in your program?

F4l. 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. How much is [NAME] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

F4n. Please tell me if [NAME] receives any of the following benefits: READ ALL CATEGORIES

Comment [A37]: Delete categories 4 and 6. Reword category 3 as 'retirement program such as a retirement annuity, 401(k) or 403(b) plan' Reword category 7 as 'paid time off, including sick leave, vacation or other personal time'

- 1 reduced tuition at your program
- 2 funds for (him/her) to receive training
- 3 retirement/IRA/SEP/Keogh
- 4 life or disability insurance
- 5 health insurance
- 6 paid parental leave
- 7 other paid time off

F4 Please tell me the names or initials of the lead teachers, other teachers, assistants or aides who work with this group.

Name/initials	1	2	3	4	5	6	7	
F4a. Role	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other	1 <input type="checkbox"/> Lead 2 <input type="checkbox"/> Tchr/Inst 3 <input type="checkbox"/> Asst 4 <input type="checkbox"/> Aide 5 <input type="checkbox"/> Other
F4b. Gender	1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female							
F4c. Age								
F4d. Hours per week								
F4e. Hispanic/Latino	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No							
F4f. Race	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Asian 4 <input type="checkbox"/> NHOPI 5 <input type="checkbox"/> AI/AN 6 <input type="checkbox"/> (VOL:) OTHER	
F4g. College Degree	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	
F4h. 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	
F4i. Education or Child Dev Training	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	
F4j. Prof Dev past 12 months	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	
F4k. Yrs w/pgm								
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 4 <input type="checkbox"/> month 5 <input type="checkbox"/> year 6 <input type="checkbox"/> other
F4n. Benefits received	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off	1 <input type="checkbox"/> reduced tuition 2 <input type="checkbox"/> training funds 3 <input type="checkbox"/> rtrmt 4 <input type="checkbox"/> life insurance 5 <input type="checkbox"/> health insurance 6 <input type="checkbox"/> paid parental leave 7 <input type="checkbox"/> paid time off

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

F5. [IF GROUP IS YOUNGER THAN SCHOOL-AGED] Thinking about a typical day for children in this group, what percentage of time do children spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity.

Comment [A38]: Suggest dropping this item and asking schedule for last day of operations.

Activity	Time	% minutes
a. Physical activities led by an adult.		
b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play.		
c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics]		
d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion]		
e. Activities chosen by the child.		

F5A. [IF GROUP IS SCHOOL-AGED] Next, I'll ask you about how children in this group spend a typical day. I'll ask about academic activities, arts or cultural enrichment, recreational activities, social activities, community service, technology, or supervised free time. What percentage of time do children spend on...? IF NEEDED: Just tell me the typical amount of time on this activity.

Comment [A39]: Revise this item consistent with F5 revisions and home-based provider revisions to G8.

Activity	Time	% /minutes
Academic activities (tutoring, homework help, college prep, etc.)		
Arts/Cultural enrichment (arts, music, cooking, going to museums, multicultural awareness, etc.)		
Physical or Athletic activities (sports, free swimming, active play, etc.)		
Social or Recreational activities (focused on behavioral and interpersonal skills)		
Community service/civic engagement		
Technology (computer programming/web site design)		
Supervised free time		

F5B. [IF GROUP IS SCHOOL-AGED] 1. Indicate the extent to which the management and staff of this program consider each of the following to be an objective or goal of their program. Indicate whether each is (1) a major objective, (2) a minor objective, or (3) not an objective of this Center:

Comment [A40]: Ask for all ages.

		Objective Rating
a.	Provide a safe environment for kids after school	<input type="text"/>
b.	Help kids to improve academic performance (e.g., grades, test scores)	<input type="text"/>
c.	Help kids to develop socially	<input type="text"/>
d.	Provide cultural opportunities for kids	<input type="text"/>
e.	Provide physical or recreational activities for kids	<input type="text"/>
f.	Prevent risky behavior	<input type="text"/>
g.	Other DESCRIBE: _____	<input type="text"/>

F6. How often do children in this group watch **educational** programs on television or DVDs?

- 1 Every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 Very rarely
- 5 Never

F7. How often do children in this group watch other programming?

- 1 Every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 Very rarely
- 5 Never

F8. How often do children in this group use computers?

- 1 Every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 Very rarely
- 5 Never

Comment [A41]: Insert question: Does this program use a curriculum or content standards ?

F9. As part of your child care activities, how often do you or your staff have conversations with parents of children you care for on these issues?

Comment [A42]: Delete item. If new literature on parent-provider relationship emerges, consider replacement or additional items.

	Daily	3-4 times/week	1-2 times/week	1-2 times/month	Every few months
Parents' worries about getting or keeping a job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Parents' ability to meet their children's basic needs (food, shelter, health care)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Stress parents are feeling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Problems parents are having in their relationships with partners or family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

F10. Do you and your staff have access to a family support resource/mental health consultant/guidance counselor?

- 1 Yes → (ASK F10a)
- 2 No → (GO TO F11)

F10a. Is this person located at your site or somewhere else in the community?

- 1 On-site full-time
- 2 On-site part-time
- 3 Off-site

F11. Do you feel you and your staff have the resources you need to address concerns raised by parents?

- 1 Yes
- 2 No

F12. Would you say that you and your staff feel overwhelmed by the concerns parents share with you...?

- 1 Often
- 2 Occasionally
- 3 Rarely
- 4



FINANCES

G1. Now I will be asking you some questions about your program's finances for the last completed financial reporting year.

Comment [A44]: Insert market rate questions on full-time care for each age group served.

What would be the starting and ending dates of that financial reporting year?

Start Date End Date (END DATE MUST PRECEDE INTERVIEW DATE)

IF NO FORMAL FINANCIAL REPORTING YEAR, SAY: Please answer the following questions about the calendar year 2008.

G2. For that year, approximately what were the total revenues of your program at this site? Your best guess will be fine.

INTERVIEWER: IF R OVERSEES MULTIPLE PROGRAMS (A11 = 2 OR MORE [PAGE 5]) AND IS NOT ABLE TO REPORT ON PROGRAMS TOGETHER, SELECT 1 PROGRAM AND ASK R TO PROVIDE FINANCIAL INFORMATION ON THAT PROGRAM.

Selected Program

\$, , .

INTERVIEWER: IF R IS ABLE, PLEASE COLLECT NUMBERS FOR PROGRAMS FOR CHILDREN UNDER AGE 13 ONLY. ELSE, COLLECT NUMBERS FOR ENTIRE PROGRAM AND INDICATE INCLUSION OF CHILDREN OVER AGE 13 IN ITEM G2A.

G2A. [IF R PROVIDES CARE FOR CHILDREN AGE 13 OR OLDER, ASK:] Just to confirm, do the total revenues you reported to me include revenues from children age 13 or older as well as those under age 13?

- 1 Yes
- 2 No

G3. Please tell me your revenues for the year ending (END DATE FROM G1) for your program at this site. Your best guess will be fine. (IF AMOUNT DK/Ref, ASK “Received at all”?)

Revenue Category		Received at all?
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.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Tuitions paid by state government (vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Local government (e.g. Pre-K paid by local school board or other local agency, grants from county government)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Federal government(e.g., Head Start, Title I)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Community organizations (e.g., United Way, local charities, or other service organizations)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Grant revenues (not including anything you've mentioned above)	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Child and Adult Care Food Program	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Investment income	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Revenues from fund raising activities, cash contributions, gifts, bequests, special events.	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Other SPECIFY: _____	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Comment [A45]: Combine e and f to 'revenues from community organizations or other grants?'

Comment [A46]: Delete.

G4. [IF R PROVIDES CARE TO CHILDREN AGE 5 OR UNDER AND RECEIVES GOVERNMENT MONEY (G3b, G3c OR G3d GREATER THAN 0 or MARKED 'Yes' IN RECEIVED COLUMN)]:

Does your program receive funds from:

Comment [A47]: Delete G4.

	Yes	No
1. Head Start, Early Head Start, or a partnership with a Head Start program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
2. a state or local pre-kindergarten program?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
3. Title I	1 <input type="checkbox"/>	2 <input type="checkbox"/>

COSTS

H1. What would you estimate was the total cost of running your program during your last financial year? Please do not include the value of donated services, space, or materials. Again, your best guess will be fine.

\$, , .

H2. Altogether, did your program’s revenues exceed expenses, expenses exceed revenues, or did you break even during the last financial reporting year

- 1 REVENUES EXCEEDED EXPENSES
- 2 EXPENSES EXCEEDED REVENUES
- 3 BROKE EVEN

H3. First, I will ask you about labor costs, then about other costs. Then I will ask you about in-kind donations your program may receive.

	Amount last year
a. Salaries and wages for all staff (not just teachers). (PUT TAXES IN b.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
b. Fringe benefits and payroll taxes (incl. FICA, unemployment, health insurance benefits)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
c. Total Labor Costs (SUM OF a. AND b.)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

H4. What proportion of your total direct costs is made up of labor costs, including wages and fringe benefits? By total direct costs I mean labor costs, other direct costs, excluding facility costs & the value of donated time & other items.

%

Comment [A48]: Delete phrase “facility costs”

Comment [A49]: Delete H5.

H5. Other than labor, what would you say are your three largest expenses? CODE BASED ON VERBATIM RESPONSE, READ CATEGORIES ONLY TO PROBE INTO CORRECT CATEGORY.

Please provide the amount of these expenses for your last financial reporting year if you have that information available.

- 0 Facility costs, including utilities and insurance for the facility
- 1 Costs of food and related goods for meals & snacks served to children (not cook's wages)
- 2 Educational materials & expenditures, program supplies (e.g. books, supplies, field trips), program equipment including program equipment depreciation.
- 3 Office supplies and office equipment, postage, office equipment depreciation
- 4 Telephone, printing, copying, duplicating, advertising, recruiting
- 5 Liability insurance
- 6 Other insurance (DO NOT INCLUDE HEALTH INSURANCE FOR EMPLOYEES OR FACILITY-RELATED INSURANCE)
- 7 Transportation of children: vehicle expenses, gas and drivers if not listed with labor costs above.
- 8 Subcontractors (fees for professional services, e.g. accountants, consultants, attorneys, auditing, payroll services; other services paid via contract, e.g. janitorial services, etc.)
- 9 Training / Professional development expenses (e.g., trainer coming to program, fees for staff to attend courses, conferences)
- 10 Staff mileage or travel
- 12 Supplemental services for children (e.g., health screenings, speech therapy)
- 13 Administrative Allocation, Overhead, Indirect Costs (paid to sponsoring agency or parent organization). (This is only relevant for programs that have a parent/sponsoring agency, or are part of a larger organization, not a single stand-alone business.)
- 14 Miscellaneous/other

	Category of expense	Dollar Cost in 2008/ last year
H5a. LARGEST NON-LABOR EXPENSE:		\$ [] [] [] , [] [] [] , [] [] [] . [] []
H5b. 2nd LARGEST NON-LABOR EXPENSE		\$ [] [] [] , [] [] [] , [] [] [] . [] []
H5c. 3RD LARGEST NON-		

LABOR EXPENSE		\$,				,			.		
---------------	--	----	--	--	--	---	--	--	--	---	--	--	---	--	--

H6. These next questions are about in-kind services or goods your program may have used last year but whose costs are not included in the numbers you just reported.

First, please tell me if your program received any of the following **services** free or at reduced cost [that year/during 2008]?

[IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION (A13B = 2 SPONSORED ON PAGE 6, READ:]

You might have received some of these services from your network or sponsoring organization.]

a. Volunteers working with the children in the classroom, on field trips, or in the playground	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Accounting/bookkeeping	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Legal services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Special learning activities provided: music, art, sports, etc.	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Repairs/maintenance (labor and parts)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Clerical	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Grant writer	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Administrative, professional, contractual & support services provided	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Professional development provided (e.g., trainer provides services at no cost or reduced cost to your program)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
j. Supplemental services provided (speech & language therapist, physical therapist, health services)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
k. "Other" in-kind services donated free or at a reduced rate	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

H7. Now please tell me if you received any in-kind donations during the last financial year.

- 1 Yes → (ASK H8)
- 2 No → (SKIP TO H9)

H8. Did your program receive any of the following free or at reduced cost [that year/during 2008]?

[IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION (A13B = 2 SPONSORED ON PAGE 6, READ:]

You might have received some of these goods or materials from your network or sponsoring organization.]

a. Reduced or no rent/no fee for classroom(s), administrative space, outdoor space	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
b. Utilities free or at reduced rate	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
c. Donated food for children.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
e. Financial aid, scholarships for children provided by a group or individual other than your program.	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
f. Office supplies and office equipment provided	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
h. Liability and/or other insurance provided	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
i. Professional development provided (e.g., fees for staff to attend courses)	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
j. Transportation for children provided	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No
k. "Other" in-kind goods donated free or at a reduced rate	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No

Comment [A50]: Delete H6-H8a.

H8B. What was the most important donation you received, including from a sponsoring organization, and what would you estimate as its market value?

Most important donation received:

Category

Estimated market value: \$, , .

H10. ~~And~~ may I record your title? _____

Comment [A51]: Delete 'And' and then insert the full personal characteristics series F5b-F4n about the director or senior-most person responsible for program content.

H11. I have two questions that will help me know if you might appear on publicly available lists of child-care providers that we are using for this study.

	Yes	No
a. Are you listed with a local resources and referral agency?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Is your program licensed for child care by the State?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

H12. Finally, if you could make one suggestion for how to improve the care received by children under 13 today, what would it be?

Comment [A52]: Delete items. H11 never intended for main study.

*Those are all of the questions I have for you today.
We appreciate your taking the time to talk with us about your program.*