



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.

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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?

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 %

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]

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 How many children are currently enrolled in this age group 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	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
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	
Monday	:	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”


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### 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**

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

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

**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.  $\frac{1}{2}$  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 B1\_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
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**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 of 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"/>
		<input type="text"/>
		<input type="text"/>
		<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?

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 % 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?

	<b># of Children</b>	
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"/>	

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

**C12c. C12\_howfed**

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

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

	<b>Yes</b>	<b>No</b>
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
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RANGE: 0-99

### **\*F2. F2\_namegroup**

What are the names of these groups

#### **Age group from A10**

<b>1.____[F1_AGEGRP]____ [F1_NUMGROUPS] number of groups</b>	
<b>a1. what are the names of these groups? F2_groupname1</b>	
1.	2.
3.	4.
5.	6.
7.	8.


\*[RANDOMLY SELECT ONE GROUP FROM THE GROUPS LISTED. ]

- F3. [RANDOMLY SELECTED GROUP] is randomly selected. Next are some detailed questions about this group. Please do not worry if this group is not typical of your program.

**Group  
Name**

-

<b>F3a.</b> First, how old is the youngest child in []? F3_young	_____ Years and _____ Months
<b>F3b.</b> How old is the oldest child in []? F3_old	_____ Years and _____ Months

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

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
<b>F4a. Role</b>	<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
<b>F4d. Hours per week</b>							

Name/initials	1	2	3	4	5	6	7
<b>F4g. [IF F4A=1,2,3,4 ] College Degree</b>	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	12-YEAR 24-YEAR 3NONE 4. DK/REF/BLANK	
<b>F4h. [IF F4A=1,2,3,4 ,] Certification Educ/Child dev</b>	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
<b>F4l. Years in field</b>							

Name/initials	1	2	3	4	5	6	7
F4m. Wage rate	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 other	\$ _____ per <input type="checkbox"/> 1 hour <input type="checkbox"/> 2 day <input type="checkbox"/> 3 week <input type="checkbox"/> 4 month <input type="checkbox"/> 5 year <input type="checkbox"/> 6 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. LEARNINGAMES
- 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	
<b>H5b. H5_Rage</b> In what year were you born? RANGE: 1900 TO 1995	
<b>H5c. H5_RHPW</b> Approximately how many hours per week do you usually work at this program? RANGE: 0 TO 99	

<b>Name/initials</b>	
<b>H5d. H5_RHispanic</b>  Are you of Hispanic or Latino origin?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No DK/Refuse
<b>H5e. H5_Race</b>  Which of the following are you? Please select one or more...	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
<b>H5f. H5_Rdegree</b>  Do you have a 2-year college degree, or a 4-year college degree?	12-YEAR 2 <input type="checkbox"/> 4-YEAR 3 <input type="checkbox"/> NO DEGREE
<b>H5g. H5_Rcert</b>  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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
<b>H5i. H5_Rprofdev</b>  Have you received any professional development or other training on working with young children in the past 12 months?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> DK
<b>H5j. H5_Rlength</b>  How long have you worked in your program in your current role? RANGE: 0-99 Years	
<b>H5k. H5_Rexp</b>  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	

Name/initials	
<b>H5l. H5_Rsalary</b> How much are you paid? Your best estimate is fine.  RANGE: 0-99999	\$ _____ 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
<b>H5m. H5_Rbenefits</b>  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.	1 5 <input type="checkbox"/> health insurance 7 <input type="checkbox"/> paid time off 8 <input type="checkbox"/> NONE OF ABOVE

#### 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]**

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H6\_addlstaf

**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).