



EEC Commonwealth Cares for Children (C3)

August 2024 Survey

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Family Child Care Program Survey

Section 1: Introduction

Your responses to this survey will help us to better understand how your program is using grant funds and how the Commonwealth of Massachusetts can continue to support educators, providers, and families moving forward. It is important for us to hear from as many programs as possible so that the survey findings represent the range of experiences and perspectives across Massachusetts. You can save your survey responses at any point using the “save” button at the bottom of each section, so that you can return to complete the survey at a later date. However, you will be unable to submit your next grant application until you complete this survey.

The Department of Early Education and Care (EEC) will use the information gathered from your survey responses to improve our programs and to report to the EEC Board and other key stakeholders on the status of early education and care in the Commonwealth. EEC may share C3 Survey responses with EEC-approved researchers or as required per public disclosure rules. EEC will take measures to protect the confidentiality of any C3 survey response data that is shared outside of EEC.

Section 2: Grant Expenditure Information

The first two sections of the survey are about how programs use C3 grant funds.

This table focuses on how your program has used grant funds to support operating expenses, such as existing payroll, rent, facilities maintenance, and other expenses. In this survey we are asking you to report on grant funds used for expenses from July 1, 2023, through June 30, 2024.

- 1) **We understand that programs use funds to support existing budgets and costs. How much of your C3 grant funds have been used to cover the following expenses from July 1, 2023, through June 30, 2024? Reminder: In this survey we are asking you to report on expenses from July 1, 2023, through June 30, 2024, only.**

<u>Expense Category</u>	<u>Amount Spent from July 1, 2023 through June 30, 2024</u>
Existing Payroll and/or Benefits: <i>(Please report any funds spent to cover salary and benefits for employees.)</i>	
Paying Down COVID-Related Debt: <i>(Please include the repayment of any debt incurred as a result of the COVID 19 pandemic.)</i>	
Paying for Other Debt	
Facilities Maintenance and Routine Improvements (not including long-term capital/facilities investments or COVID-related facilities spending).	
Rent or Mortgage Payments, Utilities, or Insurance	
PPE, Cleaning and Sanitation Supplies, Equipment, or Training Related to Responding to COVID-19	
Other Expenses	

2) You indicated above that you spent funds on “other expenses”. Please provide more information below on how you spent these funds.

Section 3: Grant Investment Information

This section focuses on how your program has used grant funds to support new investments.

3) How much of your C3 grant funds have been used between July 1, 2023, through June 30, 2024, to make the following investments?
 Reminder: In this survey we are asking you to report on investments from July 1, 2023, through June 30, 2024.

<u>Investment Category</u>	<u>Amount Spent from July 1, 2023, through June 30, 2024</u>
Increased compensation or take-home pay for yourself Hover text: Take-home pay is the amount of income remaining after you subtract all expenses required to run your family child care business	
Increased compensation for your assistant	
Increased benefits for yourself (e.g., providing additional paid time off, health insurance)	
Increased benefits for your assistant (e.g., providing additional paid time off, health insurance)	
Incentives to attract or hire new staff (e.g., sign-on bonuses)	
Long term capital/facilities investments (e.g. new roof, new heating system)	
New curricula or assessment resources	
Other new supplies or materials	
Mental health or behavioral supports for children	
Mental health supports for staff (including yourself if an FCC educator)	
Additional training and professional development opportunities for yourself or your assistant	
Other investments	

4) You indicated in the table above that you spent funds on “other” investments. Please provide more information below on how you spent these funds.

5) Since C3 program adjustments (tiered funding levels) were implemented starting in May, what steps have you taken to adjust for changes in revenue? Check all that apply.

- Reduced compensation or take-home pay for yourself or your assistant
- Postponed salary increases or benefits improvements for yourself or your assistant
- Reduced benefits (e.g., health insurance) for yourself or your assistant.
- Reduced incentives to recruit and retain new staff (e.g., one-time bonuses)
- No longer offer incentives to recruit and retain new staff (e.g. one-time bonuses)
- Reduced professional development opportunities for yourself or your assistant
- Postponed long-term capital or facilities investments
- Postponed investing in new curricula or assessment resources
- Reduced mental health or behavioral supports for children
- Reduced mental health supports for educators (including yourself if an FCC educator)
- Reduced your program’s overall staffing level
- Reduced discretionary program expenses (supplies, materials, etc.)
- Increased tuition rates
- Incurred or increased debt
- Have pursued or are considering signing an EEC voucher agreement
- I have not taken any of these steps since the C3 program adjustments were made in May
- Other, please specify:

Section 4: Workforce Supports

We would like to learn more about your workforce, the supports you offer to staff, and the supports you provide for their work with children.

6) **What is the average hourly wage for each position? If you do not employ anyone in one of the positions below, please enter 0.**

Position	Average Hourly Wage
FCC Assistant	

7) **What is your approximate annual take home pay?**

- None - I am currently operating at a loss
- None - all my earnings are needed to cover program expenses right now
- Less than \$15,000 per year
- \$16,000 - \$30,000 per year
- \$31,000 - \$45,000 per year
- \$46,000 - \$60,000 per year
- \$61,000 - \$75,000 per year
- More than \$75,000 per year
- I prefer not to say

8) Do you provide any of the following benefits for you or your staff? Please click the benefits you provide (click all that apply).

Position	Owner/Operator	Assistant Teacher
No benefits		
Not Applicable (<i>Not Applicable because this role does not exist at my program.</i>)		
Paid time off		
Health insurance		
Paid sick leave		
Dental insurance		
Disability insurance		
Retirement		
Paid parental leave		
Life insurance		
Vision insurance		
Flexible Spending Account (FSA)		
Tuition assistance (for staff to get more training)		
Reduced cost of child care		
Other		

9) How important are benefits to you as part of the compensation you receive for operating your child care business? For each benefit listed below, rate how important it is to you.

Benefits	Very Important	Important	Neutral	Unimportant	Very Unimportant
Health/Medical employee only					
Health/Medical family					
Dental employee only					
Dental family					
Disability insurance					
Life insurance					
Vision employee only					
Vision family					
Professional Development/Continued Education					
401K/Retirement					
Reduced child care rate for staff					

10) About how many HOURS of paid time off each year do you give yourself and other staff you employ? Include any paid holidays you may offer (for example, the Fourth of July, Thanksgiving). If staff in any of these positions do not get paid time off, please enter "0".

Position	Hours per year of Paid Time Off
Owner/Operator	
Assistant Teacher	

Section 5: Facilities

This section includes questions about the cost of your facilities.

11) Do you own or rent your child care space?

- Own
- Rent

12) If you answered “rent” to the last question, how much do you pay in monthly rent?

13) If you answered “rent” to the last question, what does your monthly rent payment include? Please click "Included in monthly rent" for each service that is included in your rent. If an item is not already included in your monthly rent, please enter an estimate of how much you pay each month for that service. If this information is not easy to find, your best guess is great.

Facility usage	Included in monthly rent	Amount
Cleaning and janitorial services		
Parking		
Grounds maintenance		
Building maintenance		
Electricity		
Water		
Internet		
Gas/propane		
Security		
Other		

14) How much do you pay for general liability insurance per year?

Section 6: Family Access Information

We would like to learn more about how your program serves families.

15) What is the total number of hours your program is open and serving children per week?

- My program is open and serving children less than 25 hours per week
- My program is open and serving children 25 hours per week or more

16) Please enter the number of part-time and full-time children currently enrolled in your program. Please note: Part-time enrollment includes children enrolled less than 25 hours per week. Full-time enrollment includes children enrolled 25 hours or more per week.

Age Group 	# of Children Enrolled Part-time (less than 25 hours per week) <i>(If you have children enrolled in care for less than 25 hours per week, all of those enrolled children should appear in the part-time column here.)</i>	# of Children Enrolled Full-time (25 hours or more per week) <i>(If you have children enrolled in care for 25 hours or more per week, all of those enrolled children should appear in the full-time column here.)</i>
Infants <i>0-15 months</i>		
Toddlers <i>15 months – 2 years 9 months</i>		
Preschoolers <i>2 years 9 months – Kindergarten</i>		
School-age		

17) Please enter the number of children you serve that (to the best of your knowledge) have an Individualized Education Program (IEP) and/or are receiving Early Intervention Services?

	# of Enrolled Children
Children with an IEP and/or receiving Early Intervention services	

18) Do you provide care for school-aged children during the summer?

- Yes
- No

19) If you answered yes to the last question, how many hours do you typically serve school-aged children each day during the summer months?

20) Do you provide evening, overnight, or weekend care as a part of your licensed child care business?

- Yes
- No

21) If you answered yes to the last question, how many children in each age group do you provide evening, overnight, or weekend care for as a part of your licensed child care business? Please enter the number of children for each age group under Evening, Overnight, or Weekend Care.

Ages	Evening Care	Overnight Care	Weekend Care
Infants			
Toddlers			
Preschoolers			
School-age			

22) Are you eligible for the Child Care and Adult Food program (CACFP)?

- Yes
- No
- I don't know

23) If you answered yes to the last question, what is the overall estimated monthly financial support you receive from the Child Care and Adult Food program (CACFP)?

24) When seeking payment from families, do you request payment in advance of providing the child care services?

- Yes
- No

25) If you answered yes to the last question, how much advance payment does your program request?

- Families pay for one week of care in advance
- Families pay for two weeks of care in advance
- Families pay for one month of care in advance
- Other, please specify:

26) When is the last time you increased your tuition rates?

- I increased my tuition rates within the last three months (May 2024-July 2024)
- I increased my tuition rates three to six months ago
- I increased my tuition rates 6 months to a year ago
- I increased my tuition rates over a year ago
- I don't know

27) The last time you increased your tuition rates, how much did you increase them by?

- 0-5%
- 6-10%
- 11-20%
- More than 20%
- I don't know
- Other, please specify:

28) When do you plan on raising tuition rates in the future?

- Within the next three months
- In three to six months
- In six months to a year
- More than a year from now
- I don't know

29) When you plan to increase tuition rates, how much do you plan to increase them by?

- 0-5%
- 6-10%
- 11-20%
- More than 20%
- I don't know
- Other, please specify:

30) Other than accepting state child care financial assistance (also known as subsidies or vouchers or contracted slots), does your program provide any of the following financial supports to families? Check all that apply.

- Reduced tuition to families based on family income
- Reduced tuition to families working in particular professions (does not include your own educators and staff)
- Reduced child care tuition for your educators and staff
- Reduced child care tuition for siblings
- Other financial scholarships or grants for families provided by your program or agency
- Accept other externally funded scholarships or grant programs (such as employer, municipal, tribal, philanthropically funded) or other local financial assistance
- Hold empty slots open for siblings at no cost to families
- Temporary tuition breaks based on family's circumstances
- Intentionally keep tuition lower than what other programs charge in your community to ensure families can afford your services
- No, we do not provide financial supports to families
- Other, please specify:

31) Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are receiving a discount of 50% or more of your standard tuition rate, due to a scholarship, sliding scale, or other tuition discount? Please enter the number of part-time children and full-time children receiving these discounts separately below.

- For example, if your part-time preschool tuition rate is \$1,000 a month and two part-time children receive a discount of \$500, you should input 2 children in the “part time” box below. If your full-time preschool tuition rate is \$1,600 a month and two children receive a discount of \$800, you should input 2 children in the “full time” box below.

Number of PART-TIME children receiving a discount of 50% or more	Number of FULL-TIME children receiving a discount of 50% or more
<i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i>	<i>(Reminder: Full-time includes children enrolled in your program for 25 hours per week or more.)</i>

32) Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are receiving a discount of between 25% and 50% of your standard tuition rate, due to scholarship, sliding scale, or other tuition discount? Please enter the number of part-time children and full-time children receiving these discounts separately below.

- For example, if your part-time preschool tuition rate is \$1,000 a month and two part-time children receive a discount of \$250, you should input 2 children in the “part time” box below. If your full-time preschool tuition rate is \$1,500 a month and two children receive a discount of \$500, you should input 2 children in the “full time” box below.

Number of PART-TIME children receiving a discount of 25% or more	Number of FULL-TIME children receiving a discount of 25% or more
<i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i>	<i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i>

33) Does your program provide transportation?

- No, we do not provide transportation
- Yes, we provide transportation to and from our program
- Yes, we provide transportation to the program only (if afterschool, between the school and the program)
- Yes, we provide transportation home only

34) If required in order to receive C3 grants, what is the likelihood that your program would sign a voucher agreement with EEC in order to potentially enroll children receiving child care financial assistance (subsidies)?

- Very likely
- Somewhat likely
- Not likely
- I don't know

35) Please share any concerns you have with being required to sign a voucher agreement with EEC in order to receive C3 grants?

Center-Based Care Program Survey:

Section 1: Introduction

Your responses to this survey will help us to better understand how your program is using grant funds and how the Commonwealth of Massachusetts can continue to support educators, providers, and families moving forward. It is important for us to hear from as many programs as possible so that the survey findings represent the range of experiences and perspectives across Massachusetts. You can save your survey responses at any point using the “save” button at the bottom of each section, so that you can return to complete the survey at a later date. However, you will be unable to submit your next grant application until you complete this survey.

The Department of Early Education and Care (EEC) will use the information gathered from your survey responses to improve our programs and to report to the EEC Board and other key stakeholders on the status of early education and care in the Commonwealth. EEC may share C3 Survey responses with EEC-approved researchers or as required per public disclosure rules. EEC will take measures to protect the confidentiality of any C3 survey response data that is shared outside of EEC.

Section 2: Grant Expenditure Information

The first two sections of the survey are about how programs use C3 grant funds.

This table focuses on how your program has used grant funds to support operating expenses, such as existing payroll, rent, facilities maintenance, and other expenses. In this survey we are asking you to report on grant funds used for expenses from July 1, 2023, through June 30, 2024.

- 1) **We understand that programs use funds to support existing budgets and costs. How much of your C3 grant funds have been used to cover the following expenses from July 1, 2023, through June 30, 2024? Reminder: In this survey we are asking you to report on expenses from July 1, 2023, through June 30, 2024, only.**

<u>Expense Category</u>	<u>Amount Spent from July 1, 2023 through June 30, 2024</u>
Existing Payroll and/or Benefits: (Please report any funds spent to cover salary and benefits for employees.)	
Paying Down COVID-Related Debt: (Please include the repayment of any debt incurred as a result of the COVID 19 pandemic.)	
Paying for Other Debt	
Facilities Maintenance and Routine Improvements (not including long-term capital/facilities investments or COVID-related facilities spending).	
Rent or Mortgage Payments, Utilities, or Insurance	
PPE, Cleaning and Sanitation Supplies, Equipment, or Training Related to Responding to COVID-19	
Other Expenses	

- 2) **You indicated above that you spent funds on “other expenses”. Please provide more information below on how you spent these funds.**

Section 3: Grant Investment Information

This section focuses on how your program has used grant funds to support new investments.

- 3) How much of your C3 grant funds have been used between July 1, 2023, through June 30, 2024, to make the following investments? Reminder: In this survey we are asking you to report on investments from July 1, 2023, through June 30, 2024.**

<u>Investment Category</u>	<u>Amount Spent from July 1, 2023, through June 30, 2024</u>
Increased compensation for educators through salary increases (e.g. aids, assistance, teachers)	
Increased compensation for existing educators through one-time payments (e.g., stipends, one-time bonuses, hazard pay)	
Increase in benefits offered (e.g., providing additional paid time off, health insurance)	
Incentives to attract or hire new staff (e.g., sign-on bonuses)	
Long term capital/facilities investments (e.g. new roof, new heating system)	
New curricula or assessment resources	
Other new supplies or materials	
Mental health or behavioral supports for children	
Mental health supports for staff (including yourself if an FCC educator)	
Access to additional training / professional development for yourself or your educators, including paid planning time	
Other investments	

- 4) You indicated in the table above that you spent funds on “other” investments. Please provide more information below on how you spent these funds.
- 5) Since C3 program adjustments (tiered funding levels) were implemented starting in May, what steps have you taken to adjust for changes in revenue? Check all that apply.
- Reduced compensation or take-home pay for yourself or your assistant
 - Postponed salary increases or benefits improvements for yourself or your assistant
 - Reduced benefits (e.g., health insurance) for yourself or your assistant.
 - Reduced incentives to recruit and retain new staff (e.g., one-time bonuses)
 - No longer offer incentives to recruit and retain new staff (e.g. one-time bonuses)
 - Reduced professional development opportunities for yourself or your assistant
 - Postponed long-term capital or facilities investments
 - Postponed investing in new curricula or assessment resources
 - Reduced mental health or behavioral supports for children
 - Reduced mental health supports for educators (including yourself if an FCC educator)
 - Reduced your program’s overall staffing level
 - Reduced discretionary program expenses (supplies, materials, etc.)
 - Increased tuition rates
 - Incurred or increased debt
 - Have pursued or are considering signing an EEC voucher agreement
 - I have not taken any of these steps since the C3 program adjustments were made in May
 - Other, please specify:

Section 4: Workforce Supports

We would like to learn more about your workforce, the supports you offer to staff, and the supports you provide for their work with children.

- 6) Please use the table below to tell us about the educators you currently employ. For each column, please count the number of individual educators you employ, not just full-time educators (FTE).

Role	Number of Educators Currently Employed <i>(Please count the number of individual educators you employ, not just FTE.)</i>	Number of Educators Who Have Left Your Program in the Last 12 Months <i>(Please count the number of individual educators you employ, not just FTE.)</i>	Number of Educators Who Have Been Hired in the Last 12 Months <i>(Please count the number of individual educators you employ, not just FTE.)</i>	Number of Open Educator Positions <i>(Please count the total number of open educator positions, not just FTE.)</i>
Assistant Teacher				
Lead Teacher				
Center Director				
Assistant Leader				
Group Leader				
Site Coordinator				
Program Administrator				
Office Support Staff <i>(Someone who manages the daily operational administrative tasks of the center, including things like marking attendance, filling paperwork, answering the phones, etc.)</i>				

7) What supporting staff positions do you employ in your center and what is their schedule? Please write the number of full-time (more than 30 hours each week) and part-time staff (30 hours or fewer each week) positions you currently have. If you do not employ anyone in one of these positions, please enter 0.

Position	Number of FULL-TIME Staff (more than 30 hours a week)	Number of PART-TIME Staff (30 hours or fewer a week)
Substitutes <i>(Someone who fulfills the role of a teacher or assistant teacher when the regular teacher or assistant teacher is absent.)</i>		
Food Aide <i>(Someone who supports food preparation and maintains clean and sanitary areas of food service.)</i>		
Bus Driver <i>(Someone who provides transportation for children, to or from child care.)</i>		
Family Engagement Specialist <i>(Someone who engages with families to identify and support meeting their needs and directs program activities that are opportunities for family involvement.)</i>		

8) What is the average hourly wage for each position? If you do not employ anyone in one of the positions below, please enter 0.

Position	Average Hourly Wage
Assistant Teacher	
Lead Teacher	
Center Director	
Assistant Leader	
Group Leader	
Site Coordinator	
Program Administrator	
Office Support Staff <i>(Someone who manages the daily operational administrative tasks of the center, including things like marking attendance, filling paperwork, answering the phones, etc.)</i>	
Substitutes <i>(Someone who fulfills the role of a teacher or assistant teacher when the regular teacher or assistant teacher is absent.)</i>	
Food Aide <i>(Someone who supports food preparation and maintains clean and sanitary areas of food service.)</i>	
Bus Driver <i>(Someone who provides transportation for children, to or from child care.)</i>	
Family Engagement Specialist <i>(Someone who engages with families to identify and support meeting their needs and directs program activities that are opportunities for family involvement.)</i>	
Assistant Leader	
Group Leader	

9) Do you provide any of the following benefits for your staff? Please click the benefits you provide for each staff position listed below (click all that apply). Please scroll horizontally to view all available columns and ensure you don't miss any important information.

Position	Center Director	Lead Teacher	Teacher	Assistant Teacher	Program Admin	Office Support Staff	Assistants	Substitutes	Food Aide	Bus Driver	Family Engagement Specialist	Assistant Leader	Group Leader	Site Coordinator
No benefits														
Not Applicable <i>(Not Applicable because this role does not exist at my program.)</i>														
Paid time off														
Health insurance														
Paid sick leave														
Dental insurance														
Disability insurance														
Retirement														
Paid parental leave														
Life insurance														
Vision insurance														
Flexible Spending Account (FSA)														
Tuition assistance (for staff to get more training)														
Reduced cost of child care														
Other														

10) How important are benefits to attract and retain staff for your child care business? For each benefit listed below, rate how important it is to offer the benefit to attract and retain staff for your child care business.

Benefits	Very Important	Important	Neutral	Unimportant	Very Unimportant
Health/Medical, employee only					
Health/Medical, family					
Dental, employee only					
Dental, family					
Disability insurance					
Life insurance					
Vision, employee only					
Vision, family					
Professional Development/Continued Education					
401K/Retirement					
Reduced child care rate for staff					

11) About how many HOURS of paid time off each year does each position get? Include any paid holidays you may offer (for example, the Fourth of July, Thanksgiving).

Position	Hours per year of Paid Time Off
Assistant Teacher	
Lead Teacher	
Center Director	
Assistant Leader	
Group Leader	
Site Coordinator	
Program Administrator	
Office Support Staff <i>(Someone who manages the daily operational administrative tasks of the center, including things like marking attendance, filling paperwork, answering the phones, etc.)</i>	
Substitutes	
Food Aide	
Bus Driver	
Family Engagement Specialist	

Section 5: Facilities

This section includes questions about the cost of your facilities.

12) Do you own or rent your child care space?

- Own
- Rent

13) If you answered “rent” to the last question, how much do you pay in monthly rent for your commercial space?

14) If you answered “rent”, what does your monthly rent payment include? Please click "Included in monthly rent" for each service that is included in your rent. If an item is not already included in your monthly rent, please enter an estimate of how much you pay each month for that service. If this information is not easy to find, your best guess is great.

Facility usage	Included in monthly rent	Amount
Cleaning and janitorial services		
Parking		
Grounds maintenance		
Building maintenance		
Electricity		
Water		
Internet		
Gas/propane		
Security		
Other		

15) How much do you pay for general liability insurance per year?

Section 6: Family Access Information

We would like to learn more about how your program serves families.

16) What is the total number of hours your program is open and serving children per week?

- My program is open and serving children less than 25 hours per week
- My program is open and serving children 25 hours per week or more

17) Please enter the number of part-time and full-time children currently enrolled in your program. Please note: Part-time enrollment includes children enrolled less than 25 hours per week. Full-time enrollment includes children enrolled 25 hours or more per week.

Age Group <i>(If you have children enrolled in care for less than 25 hours per week, all of those enrolled children should appear in the part-time column here.)</i>	# of Children Enrolled Part-time (less than 25 hours per week) <i>(If you have children enrolled in care for less than 25 hours per week, all of those enrolled children should appear in the part-time column here.)</i>	# of Children Enrolled Full-time (25 hours or more per week) <i>(If you have children enrolled in care for 25 hours or more per week, all of those enrolled children should appear in the full-time column here.)</i>
Infants <i>0-15 months</i>		
Toddlers <i>15 months – 2 years 9 months</i>		
Preschoolers <i>2 years 9 months – Kindergarten</i>		
School-age		

18) Please enter the number of children you serve that (to the best of your knowledge) have an Individualized Education Program (IEP) and/or are receiving Early Intervention Services?

	# of Enrolled Children
Children with an IEP and/or receiving Early Intervention services	

19) Do you provide care for school-aged children during the summer?

- Yes
- No

20) If you answered yes to the last question, how many hours do you typically serve school-aged children each day during the summer months?

21) Do you provide evening, overnight, or weekend care as a part of your licensed child care business?

- Yes
- No

22) If you answered yes to the last question, how many children in each age group do you provide evening, overnight, or weekend care for as a part of your licensed child care business? Please enter the number of children for each age group under Evening, Overnight, or Weekend Care.

Ages	Evening Care	Overnight Care	Weekend Care
Infants			
Toddlers			
Preschoolers			
School-age			

23) Are you eligible for the Child Care and Adult Food program (CACFP)?

- Yes
- No
- I don't know

24) If you answered "yes" to the last question, what is the overall estimated monthly financial support you receive from the Child Care and Adult Food program (CACFP)?

25) When seeking payment from families, do you request payment in advance of providing the child care services?

- Yes
- No

26) If you answered yes to the last question, how much advance payment does your program request?

- Families pay for one week of care in advance
- Families pay for two weeks of care in advance
- Families pay for one month of care in advance
- Other, please specify:

27) When is the last time you increased your tuition rates?

- I increased my tuition rates within the last three months (May 2024-July 2024)
- I increased my tuition rates three to six months ago
- I increased my tuition rates 6 months to a year ago
- I increased my tuition rates over a year ago
- I don't know

28) The last time you increased your tuition rates, how much did you increase them by?

- 0-5%
- 6-10%
- 11-20%
- More than 20%
- I don't know
- Other, please specify:

29) When do you plan on raising tuition rates in the future?

- Within the next three months
- In three to six months
- In six months to a year
- More than a year from now
- I don't know

30) When you plan to increase tuition rates, how much do you plan to increase them by?

- 0-5%
- 6-10%
- 11-20%
- More than 20%
- I don't know
- Other, please specify:

31) Other than accepting state child care financial assistance (also known as subsidies or vouchers or contracted slots), does your program provide any of the following financial supports to families? Check all that apply.

- Reduced tuition to families based on family income
- Reduced tuition to families working in particular professions (does not include your own educators and staff)
- Reduced child care tuition for your educators and staff
- Reduced child care tuition for siblings
- Other financial scholarships or grants for families provided by your program or agency
- Accept other externally funded scholarships or grant programs (such as employer, municipal, tribal, philanthropically funded) or other local financial assistance
- Hold empty slots open for siblings at no cost to families
- Temporary tuition breaks based on family's circumstances
- Intentionally keep tuition lower than what other programs charge in your community to ensure families can afford your services
- No, we do not provide financial supports to families
- Other, please specify:

32) Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are receiving a discount of 50% or more of your standard tuition rate, due to a scholarship, sliding scale, or other tuition discount? Please enter the number of part-time children and full-time children receiving these discounts separately below.

- For example, if your part-time preschool tuition rate is \$1,000 a month and two part-time children receive a discount of \$500, you should input 2 children in the “part time” box below. If your full-time preschool tuition rate is \$1,600 a month and two children receive a discount of \$800, you should input 2 children in the “full time” box below.

<p>Number of PART-TIME children receiving a discount of 50% or more</p> <p><i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i></p>	<p>Number of FULL-TIME children receiving a discount of 50% or more</p> <p><i>(Reminder: Full-time includes children enrolled in your program for 25 hours per week or more.)</i></p>

33) Not including children receiving EEC child care financial assistance (state subsidy), how many children in your program are receiving a discount of between 25% and 50% of your standard tuition rate, due to scholarship, sliding scale, or other tuition discount? Please enter the number of part-time children and full-time children receiving these discounts separately below.

- For example, if your part-time preschool tuition rate is \$1,000 a month and two part-time children receive a discount of \$250, you should input 2 children in the “part time” box below. If your full-time preschool tuition rate is \$1,500 a month and two children receive a discount of \$500, you should input 2 children in the “full time” box below.

<p>Number of PART-TIME children receiving a discount of 25% or more</p> <p><i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i></p>	<p>Number of FULL-TIME children receiving a discount of 25% or more</p> <p><i>(Reminder: Part-time includes children enrolled in your program for less than 25 hours per week.)</i></p>

34) Does your program provide transportation?

- No, we do not provide transportation
- Yes, we provide transportation to and from our program
- Yes, we provide transportation to the program only (if afterschool, between the school and the program)
- Yes, we provide transportation home only

35) If required in order to receive C3 grants, what is the likelihood that your program would sign a voucher agreement with EEC in order to potentially enroll children receiving child care financial assistance (subsidies)?

- Very likely
- Somewhat likely
- Not likely
- I don't know

36) Please share any concerns you have with being required to sign a voucher agreement with EEC in order to receive C3 grants?

Section 7: Other Program Information

This section asks questions to gather information about your program and its operations.

36) Is your program a not-for-profit 501(c)3?

- Yes
- No
- I don't know

37) Is your program a part of an entity that operates in more than one state?

- Yes
- No
- I don't know