



MASSACHUSETTS
**Department of
Early Education and Care**

EEC Commonwealth Cares for Children (C3)

February 2026 Survey

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Family Child Care Program Survey

Introduction to C3 Grant Survey

Your responses to this survey will help us to better understand your program 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 make program and policy adjustments 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 1: Standard Survey Questions

Workforce Supports

We would like to learn more about your educators and staff and the supports you receive and/or offer to educators and staff.

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

Position	Owner/Operator	FCC Assistant
No benefits		
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 for staff		
Other – please specify:		

Family Access Information

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

- 2) Do you charge private tuition rates to any of the families enrolled in your program? (This does not include fees or co-payments that you may receive from families using child care financial assistance/subsidies).
 - Yes
 - No
 - I don't know
- 3) When is the last time you increased your tuition rates?
 - I increased my tuition rates within the last three months
 - I increased my tuition rates three to six months ago
 - I increased my tuition rates six months to a year ago
 - I increased my tuition rates over a year ago
 - I don't know
- 4) 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:
- 5) 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
- 6) 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:
- 7) Other than accepting state child care financial assistance (also known as subsidies or vouchers or contracted slots), if applicable, 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
- Externally funded tuition scholarships, grant programs, or other local financial assistance (such as employer, municipal, tribal, philanthropically funded)
- Temporarily keep empty slots open for siblings at no cost to families
- Temporary tuition breaks based on a 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:

8) Does your program currently have a waitlist for enrollment?

- Yes/No

9) Approximately, how many children are on your waitlist for enrollment?

Age Group	Number of Children on your Waitlist for Enrollment
Infants	
Toddlers	
Preschoolers	
School Age Children	
Total	

10) How have C3 grants impacted affordability for families in your program?

- Delayed planned tuition increases
- Reduced tuition costs for all families
- Reduced tuition costs for some families (e.g., need based, more sibling discounts)
- Reduced or eliminate additional fees (e.g., enrollment fees, activity fee, diaper fees)
- Provided additional private scholarships for families
- Provided additional private scholarships for staff
- C3 grants have not changed the affordability of my program
- Other, please specify:

Section 2: Additional Questions on Program Services & Costs

11) To the best of your knowledge, which language(s) can your Assistant communicate in proficiently?

Check all that apply.

- English
- Spanish
- Portuguese
- Cantonese
- Mandarin
- Haitian Creole
- Other, please specify:
- Prefer not to say

12) To the best of your knowledge, which language(s) do families in your program speak? Check all that apply.

- English
- Spanish
- Portuguese
- Cantonese
- Mandarin
- Haitian Creole
- Other, please specify:
- Prefer not to say

13) On a typical day, how many minutes **per day** do children enrolled in your program spend outside?

- 0 minutes
- 1–30 minutes
- 31–60 minutes
- 61–90 minutes
- More than 90 minutes

14) What barriers, if any, does your program face to spending more time outside?

- EEC regulations about being outside are unclear or difficult to understand
- My program does not have safe and/or developmentally appropriate outdoor space
- My program/children in my program do not have adequate weather-appropriate clothing or equipment
- There is not enough time in the day to go outside
- My program does not currently face barriers to spending time outside
- Other, please specify:

15) How much do you pay in liability insurance for your child care business per year? This can include insurance types such as general, property, or other liability insurance you have for your child care program.

- Number:
- I don't know
- My program doesn't have liability insurance

16) Do you use a catering company to provide food for children enrolled in your program?

- Yes

- No

17) How much do you pay per year for the catering company you use?

- Number:
- I don't know

18) Do you own or hold a mortgage to the property where you operate your family child care program?

- Yes
- No
- I don't know

19) Has your FCC program ever previously operated in a rented property?

- Yes
- No

Center-Based Care Program Survey

Introduction to C3 Grant Survey

Your responses to this survey will help us to better understand your program 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 make program and policy adjustments 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 1: Standard Survey Questions

Workforce Supports

We would like to learn more about your educators and staff and the supports you receive and/or offer to educators and staff.

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

Role	Number of Educators Currently Employed Please count the number of individual educators you employ, not just full time educators (FTEs).	Number of Educators Who Have Left Your Program in the Last 12 Months Please count the number of individual educators you employ, not just FTEs.	Number of Educators Who Have Been Hired in the Last 12 Months Please count the number of individual educators you employ, not just FTEs.	Number of Open Educator Positions Please count the total number of open educator positions, not just FTEs.
Assistant Teacher				
Teacher				
Center Director				
Assistant Leader				
Group Leader				
Site Coordinator				
Program Administrator				

- 2) Please indicate the most common reasons for which educators left your program in the last year.
Select up to three.

- Left for a position in another licensed early care and education/after school or out of school time (ASOST) center-based program
- Left to work in or start a family child care
- Left for a position in the public school system
- Left for a position in another sector outside of licensed early education and care or the public school system
- Left to work in a non-licensed setting caring for children (e.g., nanny)
- Retired
- Decided to stay at home/not work
- Other, please specify:

- I don't know

3) What **additional** 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. **If you have staff who provide support in more than one area listed, please count them in the category that they focus on the most and/or that you feel best captures their responsibilities. Please only include staff that you employ. Staff that are employed by other organizations but provide services to your program should not be included below (e.g. curriculum consultants, professional development consultants, etc.).**

Position	Number of FULL-TIME Staff (more than 30 hours a week)	Number of PART-TIME Staff (30 hours or fewer a week)
Cook/Nutrition Coordinator (<i>Staff who provide nutritional guidance and/or support food preparation and maintains clean and sanitary areas of food service.</i>)		
Bus or Van Driver (<i>Someone who provides transportation for children, to or from child care.</i>)		
Family Advocate/Family Engagement Specialist (<i>Someone who engages with families to identify and support meeting their needs and partners with families to engage them program activities.</i>)		
Coaches/Curriculum Support Staff (<i>This includes Curriculum Coaches and Staff, Teaching Coaches, Classroom Coaches, Workforce Development Coaches, etc.</i>)		
Support Specialists for Children with Special Needs (<i>This includes supportive roles such as Screening Specialists, Speech Pathologists, Occupational Therapists, Inclusion Specialists, etc.</i>)		
Behavioral and/or Mental Health Specialist (<i>Someone who works with children and their families to address behavioral and emotional challenges in the classroom and support positive social-emotional development and well-being.</i>)		
Social Worker/Case Manager (<i>Someone who works with children and their families to connect them with support services that foster their development. Services include support from programs, groups, individuals, and agencies that extend beyond your child care program operations.</i>)		
Nurse		
Office Support Staff		
Other, please specify: _____		

4) Do you offer any of the following benefits for your staff? Please click the benefits you offer to each staff position listed below (click all that apply).

Position	Center Director	Teacher	Assistant Teacher	Program Administrator	Assistant Leader	Group Leader	Site Coordinator	Office Support Staff	Other staff – please specify:	Please indicate if any benefit is offered to ALL staff
Not Applicable <i>(Not Applicable because this role does not exist at my program.)</i>										
No benefits										
Paid time off (<i>This includes vacations, holidays, and professional development days. This does not include paid sick leave.</i>)										
Paid sick leave										
Health insurance										
Dental insurance										
Disability insurance										
Retirement										
Paid parental leave <i>(Separate from the state's Paid Family and Medical Leave (PFML).)</i>										
Life insurance										
Vision insurance										
Flexible Spending Account (FSA)										
Tuition assistance (for staff to get additional training/education)										
Reduced cost of child care for staff										
Other										

5) How does your program manage temporary gaps in staffing due to absences or vacations?

- Have existing/currently employed staff fill in to provide coverage.
- Use short-term substitutes provided by an outside staffing agency/organization that we contract with.
- All of the above
- Other, please specify:

6) Does your program ever use an outside staffing agency/organization to hire longer-term substitute teachers or assistants to temporarily fill vacant positions (not for staff absences/vacation)?

- Yes/No

7) In the past year, how many positions have you temporarily filled using longer-term substitutes from an outside staffing agency/organization?

- Number:

Family Access Information

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

8) Do you charge private tuition rates to any of the families enrolled in your program? (This does not include fees or co-payments that you may receive from families using child care financial assistance/subsidies).

- Yes
- No
- I don't know

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

- I increased my tuition rates within the last three months
- I increased my tuition rates three to six months ago
- I increased my tuition rates six months to a year ago
- I increased my tuition rates over a year ago
- I don't know

10) 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:

11) 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

12) 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:

13) Other than accepting state child care financial assistance (also known as subsidies or vouchers or contracted slots), if applicable, 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
- Externally funded tuition scholarships, grant programs, or other local financial assistance (such as employer, municipal, tribal, philanthropically funded)
- Temporarily keep empty slots open for siblings at no cost to families
- Temporary tuition breaks based on a 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:

14) Does your program currently have any closed classrooms?

- Yes/No

15) How many closed classrooms does your program currently have?

Classroom Type	Total Number of Closed Classrooms	Number of Closed Classrooms that you Plan to Open <u>in the Next 6 Months</u>
Infants		
Toddlers		
Preschoolers		
School Age Children		
Total		

16) What are the reasons why your program currently has closed classroom(s)?

- Staff openings/unfilled positions
- Not enough enrollment to need/fill these classroom(s)
- Issues with the physical space that prevent me from using the classroom(s)
- Prefer not to use the classroom(s) at this time
- Other, please specify:

17) If you opened all the classrooms that you currently have closed, how many more children would you be able to serve?

- Number:

18) Does your program currently have a waitlist for enrollment?

- Yes/No

19) Approximately, how many children are on your waitlist for enrollment?

Age Group	Number of Children on your Waitlist for Enrollment
Infants	
Toddlers	
Preschoolers	

School Age Children	
Total	

20) How have C3 grants impacted affordability for families in your program?

- Delayed planned tuition increases
- Reduced tuition costs for all families
- Reduced tuition costs for some families (e.g., need based, more sibling discounts)
- Reduced or eliminate additional fees (e.g., enrollment fees, activity fee, diaper fees)
- Provided additional private scholarships for families
- Provided additional private scholarships for staff
- C3 grants have not changed the affordability of my program
- Other, please specify:

Section 2: Additional Questions on Program Services & Costs

21) To the best of your knowledge, which language(s) can staff in your program (including you) communicate in proficiently? Check all that apply.

- English
- Spanish
- Portuguese
- Cantonese
- Mandarin
- Haitian Creole
- Other, please specify
- Prefer not to say

22) To the best of your knowledge, which language(s) do families in your program speak? Check all that apply.

- English
- Spanish
- Portuguese
- Cantonese
- Mandarin
- Haitian Creole
- Other, please specify:
- Prefer not to say

23) On a typical day, how many minutes **per day** do children enrolled in your program spend outside?

- 0 minutes
- 1–30 minutes
- 31–60 minutes
- 61–90 minutes
- More than 90 minutes

24) What barriers, if any, does your program face to spending more time outside?

- EEC regulations about being outside are unclear or difficult to understand
- My program does not have safe and/or developmentally appropriate outdoor space
- My program/children in my program do not have adequate weather-appropriate clothing or equipment
- There is not enough time in the day to go outside
- My program does not currently face barriers to spending time outside
- Other, please specify:

25) How much do you pay in liability insurance for your child care business per year? This can include insurance types such as general, property, or other liability insurance you have for your child care program.

- Number:
- I don't know
- My program doesn't have liability insurance

26) Do you use a catering company to provide food for children enrolled in your program?

- Yes
- No

27) How much do you pay per year for the catering company you use?

- Number:
- I don't know