

# **EEC Commonwealth Cares for Children (C3)**

**Spring 2025 Survey** 

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# Family Child Care Program Survey

#### Introduction

#### **Survey Structure Update:**

Since the start of the C3 program, EEC has conducted two surveys per year to learn how programs use C3 funds and to monitor the health and stability of the early education and care landscape. EEC recognizes the time and energy programs put into completing C3 surveys and is implementing a new approach to conducting the surveys that aims to streamline and simplify C3 data collection.

Moving forward, EEC plans to continue to conduct two surveys per year – one that will launch on August 1<sup>st</sup> and one that will launch on February 1<sup>st</sup> each year. The August survey will include questions about how programs use C3 funds to support operations and new investments. The February survey will contain questions about how programs serve families and support the early education and care workforce. In both surveys, there may be a small number of other questions to inform program and policy development to better support children, families, educators, and programs. This survey cadence and structure will begin in August 2025.

EEC hopes this new approach will make it easier for programs to plan and prepare to complete C3 surveys at regular intervals.

#### **Survey Information & Context:**

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

1) Do you employ an Assistant at your program?

### **Workforce Supports**

YesNo

YesNo

YesNo

o I'm not sure

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

| <ol><li>Do you offer any of the f<br/>and select all that apply.</li></ol> | •              | u or your staff? Please sel | ect the benefits you offer |
|--|----------------|-----------------------------|----------------------------|
| 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<br>Account (FSA)   |                |                             |                            |
| Tuition assistance (for  |                |                             |                            |
| staff to get more training)  |                |                             |                            |
| Reduced cost of child care for staff                                       |                |                             |                            |
| Other – please specify:  |                |                             |                            |

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

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

- 5) Which type(s) of insurance do you currently have for your family child care program? Select all that apply.
  - o General liability
  - o Property or Home insurance (for FCC space/equipment)
  - o Workers' compensation
  - o Business interruption insurance
  - o Errors and omissions (E&O) insurance (also known as Professional liability insurance)
  - o Vehicle insurance for FCC-related use
  - Other, please specify:
  - o I'm not sure
  - o None of the above
- 6) By what percent has your general liability insurance increased over the past 12 months?
  - o **0-25%**
  - o 26-50%
  - o **51-75%**
  - o 76-100%
  - o It has not increased in the past 12 months.

#### **Family Access Information**

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

- 7) When is the last time you increased your tuition rates?
  - o I increased my tuition rates within the last three months
  - o I increased my tuition rates three to six months ago
  - o I increased my tuition rates 6 months to a year ago
  - o I increased my tuition rates over a year ago
  - o I don't know
- 8) The last time you increased your tuition rates, how much did you increase them by?
  - o **0-5**%
  - o 6-10%
  - o 11-20%
  - o More than 20%
  - o I don't know
  - Other, please specify:
- 9) When do you plan on raising tuition rates in the future?
  - Within the next three months
  - o In three to six months
  - o In six months to a year
  - o More than a year from now
  - o I don't know
- 10) When you plan to increase tuition rates, how much do you plan to increase them by?
  - 0 0-5%
  - o 6-10%
  - 0 11-20%
  - o More than 20%
  - I don't know
  - o Other, please specify:

- 11) 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.
  - o Reduced tuition to families based on family income
  - Reduced tuition to families working in particular professions (does not include your own educators and staff)
  - o Reduced child care tuition for your educators and staff
  - Reduced child care tuition for siblings
  - o 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)
  - o Temporarily keep empty slots open for siblings at no cost to families
  - o 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
  - o No, we do not provide financial supports to families
  - Other, please specify:
- 12) Are you currently serving your full licensed capacity?
  - o Yes
  - o No
- 13) Please indicate what is limiting your ability to serve your full licensed capacity?
  - Space constraints
  - Unfilled staff openings
  - Lack of enrollment/turnover
  - Health and safety concerns
  - Transportation limitations
  - o Prefer not to serve my full license capacity at this time
  - Other, please specify:
- 14) You indicated above that staff openings are preventing you from serving your full licensed capacity. If you filled all your current staff openings, how many more children could you serve?
- 15) Does your program currently have a waitlist for enrollment?
  - o Yes
  - o No

16) 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               |  |

- 17) How have C3 grants impacted affordability for families in your program?
  - Delayed planned tuition increases
  - o Reduced tuition costs for all families
  - o Reduced tuition costs for some families (e.g., need based, more sibling discounts)
  - o Reduced or eliminate additional fees (e.g., enrollment fees, activity fee, diaper fees)
  - o Provided additional private scholarships for families
  - o Provided additional private scholarships for staff
  - o C3 grants have not changed the affordability of my program
  - Other, please specify:
- 18) In the last month, what was your average daily attendance rate?
  - o More than 95%
  - 0 85-95%
  - o 75-84%
  - Less than 75%
  - o I'm not sure
- 19) On average, **in the last month**, how many children enrolled in your program were absent (not including holidays) for more than two weeks (more than 10 days)?

### Section 2: Early Education & Care Technology Solutions

We would like to learn how your program uses technology to support operations and how technology could be helpful in the future.

- 20) Does your program use any of the following technology devices to help manage program operations (e.g. tracking attendance, managing enrollment, tracking family payments, managing finances, etc.)?
  - o Desktop computer or laptop
  - o Tablets (e.g. iPad, Pixel Tablet, Amazon Fire, etc.)
  - o Smart cell phones (e.g. iPhone, Google Pixel, Samsung Galaxy, etc.)
  - Other please specify:
  - None of the above
- 21) Which of the following tasks are difficult for your program to manage in terms of cost, time, and/or experience level? Select all that apply.

| Task                             | Not<br>Difficult | Neutral | Somewhat<br>Difficult | Very<br>Difficult | Not<br>Applicable |
|----------------------------------|------------------|---------|-----------------------|-------------------|-------------------|
| Managing enrollment and          |                  |         |                       |                   |                   |
| waitlists                        |                  |         |                       |                   |                   |
| Billing and collecting fees from |                  |         |                       |                   |                   |
| families                         |                  |         |                       |                   |                   |
| Billing and collecting Child     |                  |         |                       |                   |                   |
| Care Financial Assistance        |                  |         |                       |                   |                   |
| (CCFA) subsidy payments          |                  |         |                       |                   |                   |
| Managing Child and Adult         |                  |         |                       |                   |                   |
| Care Food Program (CACFP)        |                  |         |                       |                   |                   |
| subsidy payments                 |                  |         |                       |                   |                   |
| Staff record keeping (e.g.       |                  |         |                       |                   |                   |
| payroll, time sheets, training   |                  |         |                       |                   |                   |
| requirements, scheduling, etc.)  |                  |         |                       |                   |                   |
| Budgeting and managing           |                  |         |                       |                   |                   |
| budgets                          |                  |         |                       |                   |                   |
| Tax preparation and filing       |                  |         |                       |                   |                   |
| Providing data to EEC via C3     |                  |         |                       |                   |                   |
| surveys and C3 applications      |                  |         |                       |                   |                   |
| Other – please specify:          |                  |         |                       |                   |                   |

- 22) Some programs use child care management software to help run their programs. These types of software can help to digitally track enrollment, track attendance, communicate with families, record staff information, and manage finances. Examples include Procare, Brightwheel, and GoEngage. Do you use a child care management system or customer relationship management software to help run your program(s)?
  - o Yes
  - o No
  - o I'm not sure

- 23) If you do not use a child care management software, why not?
  - Too expensive
  - Too difficult to use
  - o WiFi issues
  - We've never considered it
  - o I've never heard of child care management software
  - Other, please specify:
- 24) What child care management system do you use?
  - Alliance CORE
  - o Bounce
  - o Brightwheel
  - o Child Plus
  - GoEngage
  - Jackrabbit
  - Kangarootime
  - KidKare
  - o Lillio
  - o Line Leader
  - o Playground
  - Procare
  - Sawyer
  - Smartcare
  - Transparent Classroom
  - Wonderschool
  - o I'm not sure
  - Other, please specify:
  - o I don't use a child care management system
- 25) What do you use the child care management system for? Select all that apply.
  - Tracking enrollment
  - o Keeping track of future enrollment (e.g. reserving/holding seats)
  - Managing a waitlist (e.g. managing and tracking waitlisted children, including follow ups)
  - Tracking attendance (e.g. check-in & check-out)
  - o Communicating with families & staff
  - o Managing billing & payment collections from families
  - Tracking CCFA subsidy payments
  - Tracking CACFP subsidy payments
  - Tracking employment records (e.g. staff roles, number of staff per role, full-time vs. part-time staff)
  - Tracking staff timecards
  - o Managing staff schedules
  - Managing payroll for staff
  - o Tracking whether my program is meeting licensure compliance requirements
  - Distributing curriculum
  - Managing finances and year-end taxes
  - o All of the above
  - Other, please specify:

# Center-Based Child Care Program Survey

#### Introduction

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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. For each column, please count the number of individual educators you employ, not just full-time educators (FTE).

| Role                  | Number of<br>Educators<br>Currently<br>Employed  | Number of<br>Educators Who<br>Have Left Your<br>Program in the Last                    | Number of<br>Educators Who<br>Have Been Hired<br>in the Last 12                           | Number of Open<br>Educator<br>Positions                                  |
|-----------------------|--|--|---|--|
|                       | Limptoyeu  | 12 Months  | Months  |  |
|                       | Please count the number of individual educators you employ, not just full time educators (FTEs). | Please count the<br>number of<br>individual educators<br>you employ, not just<br>FTEs. | Please count the<br>number of<br>individual<br>educators you<br>employ, not just<br>FTEs. | 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 program
  - 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
  - I don't know
- 3) What <u>additional</u> 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-<br>TIME Staff (more<br>than 30 hours a<br>week) | Number of PART-<br>TIME Staff (30 hours<br>or fewer a week) |
|---|---|---|
| Substitutes                                       | ,   |   |
| (Someone who fulfills the role of a teacher or    |   |   |
| assistant teacher when the regular teacher or     |   |   |
| assistant teacher is absent.)                     |   |   |
| Floating Teachers / Staff                         |   |   |
| (Staff members who float between classrooms to    |   |   |
| provide coverage for teachers and ensure          |   |   |
| teacher-children ratio requirements are met.)     |   |   |
| Cook/Nutrition Coordinator                        |   |   |
| (Staff who provide nutritional guidance and/or    |   |   |
| support food preparation and maintains clean      |   |   |
| and sanitary areas of food service.)              |   |   |
| Bus or Van Driver                                 |   |   |
| (Someone who provides transportation for          |   |   |
| children, to or from child care.)                 |   |   |
| Family Advocate/Family Engagement                 |   |   |
| Specialist  |   |   |
| (Someone who engages with families to identify    |   |   |
| and support meeting their needs and partners      |   |   |
| with families to engage them program activities.) |   |   |
| Coaches/Curriculum Support Staff                  |   |   |
| (This includes Curriculum Coaches and Staff,      |   |   |
| Teaching Coaches, Classroom Coaches,              |   |   |
| Workforce Development Coaches, etc.)              |   |   |
| Support Specialists for Children with Special     |   |   |
| Needs   |   |   |
| (This includes supportive roles such as           |   |   |
| Screening Specialists, Speech Pathologists,       |   |   |
| Occupational Therapists, Inclusion Specialists,   |   |   |
| etc.)   |   |   |
| Behavioral and/or Mental Health Specialist        |   |   |
| (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.)     |   |   |
| Social Worker/Case Manager                        |   |   |
| (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.)                              |   |   |
| Nurse   |   |   |
| Office Support Staff                              |   |   |
| Other, please specify:                            |   |   |
| Outer, piease specify                             |   |   |

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

| Position              | Center<br>Director | Teacher | Assistant<br>Teacher | Program<br>Administrat<br>or | Assistant<br>Leader | Group<br>Leader | Site<br>Coordinator | Office<br>Support<br>Staff | Other staff – please specify: | Please<br>indicate if<br>any benefit<br>is offered to<br>ALL staff |
|-----------------------|--------------------|---------|----------------------|------------------------------|---------------------|-----------------|---------------------|----------------------------|-------------------------------|--|
| Not Applicable        |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| (Not Applicable       |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| because this role     |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| does not exist at my  |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| program.)             |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| No benefits           |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Paid time off         |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| (This includes        |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| vacations, holidays,  |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| and professional      |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| development days.     |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| This does not include |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| paid sick leave.)     |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Paid sick leave       |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Health insurance      |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Dental insurance      |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Disability insurance  |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Retirement            |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| Paid parental leave   |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| (Separate from the    |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| state's Paid Family   |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| and Medical Leave     |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| (PFML).               |                    |         |                      |                              |                     |                 |                     |                            |                               |  |
| 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                 |                    |         |                      |                              |                     |                 |                     |                            |                               |  |

#### **Family Access Information**

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

- 5) When is the last time you increased your tuition rates?
  - o I increased my tuition rates within the last three months
  - o I increased my tuition rates three to six months ago
  - o I increased my tuition rates 6 months to a year ago
  - o I increased my tuition rates over a year ago
  - o I don't know
- 6) The last time you increased your tuition rates, how much did you increase them by?
  - o 0-5%
  - o 6-10%
  - 0 11-20%
  - More than 20%
  - o I don't know
  - o Other, please specify:
- 7) When do you plan on raising tuition rates in the future?
  - Within the next three months
  - o In three to six months
  - o In six months to a year
  - o More than a year from now
  - o I don't know
- 8) When you plan to increase tuition rates, how much do you plan to increase them by?
  - o **0-5%**
  - o 6-10%
  - o 11-20%
  - o More than 20%
  - o I don't know
  - o Other, please specify:

- 9) 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? Select all that apply.
  - o Reduced tuition to families based on family income
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  - o Reduced child care tuition for your educators and staff
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  - Other financial scholarships or grants for families provided by your program or agency
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  - o 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
  - o No, we do not provide financial supports to families
  - Other, please specify:
- 10) Are you currently serving your full licensed capacity?
  - o Yes
  - o No
- 11) Please indicate what is limiting your ability to serve your full licensed capacity?
  - Space constraints
  - Unfilled staff openings
  - Lack of enrollment/turnover
  - Health and safety concerns
  - Transportation limitations
  - o Prefer not to serve my full license capacity at this time
  - Other, please specify:
- 12) You indicated above that staff openings are preventing you from serving your full licensed capacity. If you filled all your current staff openings, how many children could you serve?
- 13) Does your program currently have any closed classrooms?
  - Yes
  - o No

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

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

- 15) Does your program currently have a waitlist for enrollment?
  - Yes
  - o No
- 16) 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               |  |

- 17) How have C3 grants impacted affordability for families in your program?
  - o Delayed planned tuition increases
  - o Reduced tuition costs for all families
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  - o Reduced or eliminate additional fees (e.g., enrollment fees, activity fee, diaper fees)
  - o Provided additional private scholarships for families
  - o Provided additional private scholarships for staff
  - o C3 grants have not changed the affordability of my program
  - o Other, please specify:
- 18) In the last month, what was your average daily attendance rate?
  - o More than 95%
  - o **85-95**%
  - 0 75-84%
  - o Less than 75%
  - o I'm not sure

19) On average, in the last month, how many children enrolled in your program were absent (not including

### Section 2: Early Education & Care Technology Solutions

We would like to learn how your program uses technology to support operations and how technology could be helpful in the future.

- 20) Does your program use any of the following technology devices to help manage program operations (e.g. tracking attendance, managing enrollment, tracking family payments, managing finances, etc.)?
  - o Desktop computer or laptop
  - o Tablets (e.g. iPad, Pixel Tablet, Amazon Fire, etc.)
  - o Smart cell phones (e.g. iPhone, Google Pixel, Samsung Galaxy, etc.)
  - Other please specify:
  - o None of the above
- 21) Which of the following tasks are difficult for your program to manage in terms of cost, time, and/or experience level? Select all that apply.

| Task  | Not<br>Difficult | Neutral | Somewhat<br>Difficult | Very<br>Difficult | Not<br>Applicable |
|---|------------------|---------|-----------------------|-------------------|-------------------|
| Managing enrollment and waitlists   |                  |         |                       |                   |                   |
| Billing and collecting fees from families   |                  |         |                       |                   |                   |
| Billing and collecting Child<br>Care Financial Assistance<br>(CCFA) subsidy payments      |                  |         |                       |                   |                   |
| Managing Child and Adult Care Food Program (CACFP) subsidy payments                       |                  |         |                       |                   |                   |
| Staff record keeping (e.g. payroll, time sheets, training requirements, scheduling, etc.) |                  |         |                       |                   |                   |
| Budgeting and managing budgets  |                  |         |                       |                   |                   |
| Tax preparation and filing  |                  |         |                       |                   |                   |
| Providing data to EEC via C3 surveys and C3 applications                                  |                  |         |                       |                   |                   |
| Other – please specify:   |                  |         |                       |                   |                   |

- 22) Some programs use child care management software to help run their programs. These types of software can help to digitally track enrollment, track attendance, communicate with families, record staff information, and manage finances. Examples include Procare, Brightwheel, and GoEngage. Do you use a child care management system or customer relationship management software to help run you program(s)?
  - o Yes
  - o No
  - o I'm not sure
- 23) If you do not use a child care management software, why not?
  - Too expensive
  - o Too difficult to use
  - WiFi issues
  - We've never considered it
  - o I've never heard of child care management software
  - Other, please specify:
- 24) What child care management system do you use?
  - o Alliance CORE
  - o Bounce
  - o Brightwheel
  - o Child Plus
  - GoEngage
  - Jackrabbit
  - Kangarootime
  - KidKare
  - o Lillio
  - Line Leader
  - Playground
  - o Procare
  - Sawyer
  - Smartcare
  - Transparent Classroom
  - Wonderschool
  - o I'm not sure
  - Other, please specify:
  - I don't use a child care management system

- 25) What do you use the child care management system for? Select all that apply.
  - Tracking enrollment
  - o Keeping track of future enrollment (e.g. reserving/holding seats)
  - o Managing a waitlist (e.g. managing and tracking waitlisted children, including follow ups)
  - Tracking attendance (e.g. check-in & check-out)
  - o Communicating with families & staff
  - Managing billing & payment collections from families
  - o Tracking CCFA subsidy payments
  - o Tracking CACFP subsidy payments
  - Tracking employment records (e.g. staff roles, number of staff per role, full-time vs. part-time staff)
  - Tracking staff timecards
  - Managing staff schedules
  - Managing payroll for staff
  - Tracking whether my program is meeting licensure compliance requirements
  - o Distributing curriculum
  - Managing finances and year-end taxes
  - o All of the above
  - Other, please specify: