



Hawai'i Early Learning Needs Assessment **Technical Supplement**

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This document is a companion piece to the report *Hawai'i early learning needs assessment* (DeBaryshe, Bird, Stern, & Zysman, 2017). This supplement provides a detailed description of the study methodology and copies of original surveys administered to early learning program directors.

Method

The three main data sources used in this evaluation were (a) administrative data on licensed and regulated childcare providers collected for the Hawai'i State Department of Human Services (DHS) Benefit, Employment, and Support Services Division, (b) population estimates from national surveys, and (c) on-line surveys administered to childcare and early learning providers across the state. Additional information was obtained from published reports and agency contact persons.

Administrative Data on DHS-Regulated Providers

Raw data on all licensed childcare centers and registered family childcare homes were obtained from the state childcare resource and referral agency, People Attentive to Children (PATCH). PATCH is contracted by DHS to collect and maintain data on childcare providers state-wide. These data were current as of May, 2016.¹ The licensing dataset included the following information for registered family childcare homes, licensed infant-toddler centers, group childcare centers, and group childcare homes: license number, license type, site location, contact information, licensed and desired capacity, days and hours of operation, ages served, fees, meals and snacks provided, and accreditation status. While DHS determines the license type and maximum site capacity, most other fields were based on provider self-report. Data analyses were conducted by the Center on the Family.

Population Estimates

Estimates of the number of young children in Hawai'i by single year of age from birth through five were derived from the National Center for Health Statistics (NCHS) postcensal population estimates.² NCHS combines information from the decennial U.S. Census with birth, death, and migration records to provide the most accurate estimates available of population size. The 2014 vintage estimates were used, which cover the period of April 1, 2010 to July 1, 2014. Raw data were aggregated to compute county- and state-level figures.

Estimates of other population characteristics, such as child poverty and family structure, were taken from the American Community Survey (ACS). The ACS is administered by the U.S. Census Bureau and includes a sample of households that are weighted to reflect the overall population.³ Tables of desired estimates were downloaded from the American FactFinder website and aggregated as needed to create customized indicators. Because of the small number of young children in the Hawai'i sample, five year estimates (2010 – 2014) were used to ensure that figures were sufficiently reliable. Use of multi-year estimates is a common solution to the issue of data quality. However, it is possible that the five-year estimates could mask recent changes in the young child population, should such shifts exist.

¹PATCH (2016). Unpublished raw data from the state childcare licensing database, May update. Obtained from People Attentive to Children, Honolulu, HI.

²National Center for Health Statistics (2015). *Vintage 2014 postcensal estimates of the resident population of the United States (April 1, 2010, July 1, 2010-July 1, 2014), by year, county, single-year of age (0, 1, 2, ..., 85 years and over), bridged race, Hispanic origin, and sex*. Retrieved from: http://www.cdc.gov/nchs/nvss/bridged_race.htm

³U.S. Census Bureau (2008). *A compass for understanding and using American Community Survey data: What general data users need to know*. Washington, DC: U.S. Government Printing Office.

Provider Surveys

Survey development and sampling frame

Three surveys were designed for use in this study, with parallel versions developed for each of three sectors: childcare centers, family childcare homes (FCC), and family-child interaction learning (FCIL) programs. The center director survey was developed for use with directors of licensed infant-toddler and group childcare centers and principals of state Department of Education (DOE) schools with an Executive Office on Early Learning (EOEL) public preschool classroom. The FCC survey was designed to be answered by proprietors of registered family childcare homes and licensed group childcare homes. The FCIL survey was designed for administration to directors of family-child interaction learning programs. Each survey included sections relating to enrollment and characteristics of children served; staff qualifications, benefits and professional development; program practices relating to screening, assessment, and family engagement; potential interest in program expansion and challenges to such expansion; and open-ended comments relating to the state-wide early care and learning system. Questions were similar but not always identical, depending on the circumstances of each sector.

Surveys were designed to be administered online using the SurveyMonkey® platform. Volunteers representing each sector previewed the relevant survey and gave feedback on revisions needed to improve content, clarity, and completion time.

Determining the population of providers to survey was a slightly different process for each sector. For the FCC sector, the population was defined as all registered family childcare home providers ($n = 405$) and licensed group childcare home providers ($n = 8$) listed in the DHS database. Using this definition, the total number of providers in FCC sector was 413. In each case, the proprietor of the small childcare business was selected to be the FCC survey respondent.

Selecting the appropriate respondent for the center director survey was a more complicated issue. The DHS database included 491 infant-toddler and group childcare licenses. However, there was not a one-to-one correspondence between license and the parent organization holding each license. Examples of parent organizations include a church, a for-profit childcare business, a private nonprofit school, or a Head Start grantee. The number of licenses held by an organization ranged from one to 69. When an organization held multiple licenses, most often the licenses were for different classrooms at the same physical site (e.g., one license for an infant-toddler classroom and another license for two or more preschool classrooms all located in the same building). In other cases, a parent organization had multiple licenses for classrooms located at different sites, including sites on different islands.

It did not seem reasonable or informative to have organizations complete a separate survey for each license held. Parent organizations were identified using a combination of provider names and street addresses from the PATCH licensing database. Organizations with a single license or multiple licenses for classrooms operating at the same physical location (defined by street address) were sent a single survey to complete. Multisite organizations (i.e., those with licenses to operate at two or more physical locations) were contacted and asked to provide a single contact person to answer one survey on behalf of the organization. Most often the respondent was the program's executive director or director of education. Four multi-site organizations requested a different arrangement, such as having

each site supervisor complete a survey. This procedure yielded a total of 242 programs that comprised the population of DHS-regulated center-based programs to survey. Most programs ($n = 202$) held a single license, with 40 programs having multiple licenses (range = 2 to 69 licenses). We also included EOEL public preschool classrooms in the population of centers to be surveyed. At the time of the survey administration, there were 21 EOEL classrooms located on 20 different DOE elementary school campuses. Each DOE campus was treated as a separate center program. In total, survey responses were solicited from 262 potential center-based program respondents.

FCIL programs were identified by the EOEL in consultation with FCIL providers. The list included FCIL programs that ran on a year-round or school year calendar, implemented a curriculum that addressed both children and parents, primarily delivered services in a group setting, and used trained and paid program staff as meeting facilitators. These criteria do not encompass all programs that focus on parents and children. For example, home visiting programs, parent-child programs run by peer volunteers, short-term parent-education classes, or programs that provide childcare while adults attend literacy classes or job training were not included. A total of seven FCIL programs, overseen by five different nonprofit organizations were originally identified. However, after the surveys were returned, it became apparent that one program did not meet our criterion for inclusion as a FCIL program. Data from this program are not included in this report, resulting in a sample of six FCIL programs. Within each organization, the executive director determined who would complete the survey for each program.

Letters of invitation describing the survey purpose and content were mailed to FCC providers and center and FCIL program directors. The invitation letters to FCC providers and center directors included a \$5 gift card: This was done because providing small incentives in advance of survey completion has been shown to modestly increase response rates. Links to the online survey were sent via email one week later. A small number of participants requested hard copy surveys. Surveys were open for electronic submission on the following dates: Centers 8/24/16 to 10/1/16, FCC 9/7/16 to 9/29/16, and FCIL 11/7/16 to 12/10/16. Reminder notices were sent via email as needed. Per DOE policy, hard copy surveys were distributed to principals as part of an EOEL professional development workshop.

Response rates and self-selection bias

Surveys were returned from 159 center program directors, 178 FCC providers, and 6 FCIL program directors. Response rates varied by sector: 60.9% for center-based programs, 43.1% for FCC providers, and 100% for FCIL programs. Within the center director group, DOE principals of EOEL classrooms were less likely to respond (8 out of 20 principals, or 40.0%) than directors of DHS-licensed programs (151 out of 242 directors, or 62.5%). Overall, response rates were much higher than is typical for on-line surveys. This suggests that the early childhood community was motivated to participate and/or that our recruitment and reminder strategies were effective.

Since this was a convenience sample, the issue of self-selection bias is important to consider. In other words, might there be important differences between providers who returned surveys and those who did not? For center and FCC programs, survey respondents and non-respondents were compared on selected variables in the PATCH database. Among center-based programs, respondents and non-respondents were similar in terms of hours of operation, location, and program size. Center respondents were somewhat more likely

to have NAEYC accreditation (27% vs. 17%, $p < .06$) and charged higher tuition and fees (\$9,234 on average vs. \$8,353, $p < .03$). This raises the possibility that center respondents were from better-resourced or more professionalized programs. FCC survey respondents were similar to non-respondents on county of location, hours of operation, capacity, and voluntary participation in the Quality Care professional development program. However, FCC survey respondents charged higher fees—\$277 per year more than non-respondents ($p < .05$). The self-reported educational qualifications of FCC survey respondents were very similar to the overall population of FCC providers (Mary Ann Nemoto, personal communication, 12/19/2016). Given the 100% response rate from FCIL programs, survey data provided an excellent representation of that sector as defined for the purpose of this study. In sum, it appears that the final sample of respondents was sufficiently representative of providers in each sector.

GIS Mapping

GIS procedures were used to create maps using ArcGIS software. One set of maps showed provider locations. A second set of maps showed the number of children in the population per each available early learning seat. The purpose of the second set of maps was to identify areas of greatest need (i.e., unfavorable ratios of children per seat). The state was divided into 11 smaller geographic regions. At the request of EOEL, these regions coincided with DOE district boundaries, with the exception of Maui County. To reflect the situations of each island within Maui County, Maui, Lānaʻi, and Molokaʻi islands were treated as separate regions.

Provider street addresses were geocoded by the Center on the Family. Street addresses for center and FCC providers were obtained from the PATCH licensing data base (PATCH, 2016). FCIL programs were asked to provide a list of the addresses of each community meeting site; five of the six programs submitted this information.

The number of children in each region was taken from the five-year ACS estimates, aggregating across census tracts within each of the 11 identified regions. For 11 out of 324 census tracts in the state, the census tract and DOE district boundaries were not in complete alignment. For those 11 census tracts, populations were allocated to their corresponding DOE districts using the dasymetric mapping technique. Real property data and high-resolution satellite imagery were used as ancillary sources for the dasymetric technique (i.e., when a census tract overlapped two DOE districts, information about housing locations and housing density was used to proportionately allocate the number of children in that tract to each school district.)

Center Director Survey

Aloha, and welcome to the 2016 Hawai'i Early Learning Needs Assessment Center Director Survey.

1. Please check your answers for completeness and accuracy.
2. Answers are saved one page at a time when you click "Next" at the bottom of the page.
3. At the end of the last page, click "Done" to submit your survey. Once you click "Done," you cannot return to the survey to change your answers

If you want to start the survey and return to finish at a later time:

1. Use the same internet browser and computer each time you enter the survey.
2. Do not clear the internet browser history or "cookies" during the time you are completing the survey. This is how SurveyMonkey saves surveys in progress and lets you return to the place you last finished. If these are deleted, you will need to answer the survey again from the beginning.
3. Click "Exit" at the top right corner of a page to leave the survey and return at a later time. Click "Done" on the last page to submit your final answers.

Consent

By submitting your survey via SurveyMonkey, you are indicating that you consent to the survey and for us to use the data.

If you have questions about the survey, please contact:

Dr. Barbara DeBaryshe
University of Hawai'i Center on the Family
debarysh@hawaii.edu
808-956- 4140.

Mahalo!

PROGRAM BACKGROUND INFORMATION

1. What is your job title?
2. Which age groups does your program serve? (Check all that apply.)
 - ☐ Infants under 12 months
 - ☐ Toddlers 12 - 35 months
 - ☐ Three-year-olds
 - ☐ Four- and five-year-olds (not eligible for DOE kindergarten)
3. Indicate the total number of classrooms covered in your answers to this survey. (Please count classrooms serving infants through preschoolers only, not those for school age children.)

4. Is your program licensed by the State of Hawai'i Department of Human Services?
- ☐ Yes
 - ☐ No, we are a license-exempt military childcare program
 - ☐ No, we are a license-exempt public charter school
 - ☐ No, we are a license-exempt DOE public elementary school
5. DOE public schools ONLY. Does your school have the following types of classrooms? (Check all that apply. Only include pre-k classrooms that you administer. Omit PrePlus or other early learning programs housed on campus but not under your supervision.)
- ☐ EOEL public pre-K
 - ☐ Title 1 pre-K
 - ☐ Self-contained special education pre-K
 - ☐ Inclusion pre-K jointly staffed by DOE and contracted pre-k provider
 - ☐ None of the above, my campus has no DOE-affiliated pre-K program

If your school has no DOE-affiliated pre-k classrooms, answer survey questions **8-11** and **56-59** only (pages titled Expansion of Services and Statewide Early Learning System). Please use the "NEXT" button to advance to those items.

6. What is your program's current maximum capacity? (Please count infants through preschoolers only, not school-age children. This number may differ from your current enrollment.)
- Licensed Centers:
- What is your current licensed capacity?
- License-exempt programs:
- What is the maximum number of children your program can serve?
7. Does your program receive any of the following sources of revenue or support? (Check all that apply.)
- ☐ Tuition and/or fees (paid by families and/or direct payment of tuition subsidies)
 - ☐ State or federal programs, grants, or contracts (e.g., Head Start grant, DOE contract, Title 1, Child and Adult Care Food Program, State DOE or DHS contracts)
 - ☐ Community or charitable organization funds, grants or contracts (e.g., United Way, OHA)
 - ☐ Free or reduced-cost facilities, utilities, maintenance, administrative support, staff salaries, or other in-kind support
 - ☐ Fundraising, donations

EXPANSION OF SERVICES

This section is about the likelihood that your program will expand areas of service in the future.

8. Is your program interested in adding or expanding services in any of the following areas?

	No or Unlikely	Yes or Possibly	Yes—already planning this change	N/A— we already do this
Slots for children under 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slots for toddlers 12 - 35 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slots for three-year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slots for four- and five-year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing from part-day to full-day hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing to a year-round calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding night or weekend hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding drop-in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Other" please describe

9. If you answered "Yes or Possibly" or "Yes—already planning this change", tell us WHERE you might want to offer new or expanded services. Indicate the island, along with the town/community name or zip code.

10. What are the main challenges to program expansion and/or reasons why your program is not interested in expanding? (Check all that apply.)

	Our program is successful as is	Not needed by our current families	Not interested or not part of our mission	Not needed in our commu- nity	Space or facility limita- tions	Staff limita- tions	Cost	N/A—We already do This
Adding slots for infants under 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding slots for toddlers 12-35 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding slots for three-year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding slots for four- and five-year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing from part-day to full-day hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changing to a year-round calendar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding night or weekend hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding drop-in care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If "Other" please describe

11. Please comment on challenges to expansion. (We are especially interested in knowing what information, resources, supports, or other changes would make it significantly easier for your program to expand.)

WORKFORCE QUALIFICATIONS and NEEDS

This section is about staffing, benefits, recruitment, and retention.

Enter the NUMBER of each position in the textboxes below.

INSTRUCTIONS FOR THE NEXT 4 QUESTIONS REGARDING NUMBER OF POSITIONS

1. For the following questions enter the number of staff positions (whether filled or vacant) during your program's 2015-2016 school year (e.g., August 2015-July 2016 for year-round programs)
2. If your program uses different job titles, please use the closest match based on our descriptions.
 - "Teachers," "caregivers," and "aides" provide direct care and/or instruction to children.
 - "Other professional" staff work directly with families; design curriculum or program activities; or provide supervision, coaching, or professional development.
 - Include yourself in the column that best represents your duties. Do not include paid consultants or food service, health, maintenance, or office staff.
3. Your program may not have all four types of positions described below. Enter 0 if appropriate.

12. Number of full-time positions

Lead Teacher or Lead Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

13. Number of part-time positions

Lead Teacher or Lead Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

14. Number of positions that had NO turnover or vacancies (i.e., were filled by the same person for the entire year)

Lead Teacher or Lead Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

15. Number of positions filled by a person not meeting the usual qualifications (e.g., hired with a waiver of DHS minimum requirements, a DOE emergency hire)

Lead Teacher or Lead Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

16. Does your program offer any of the following employment benefits?

	Yes, for full-time staff ONLY	Yes, for full-time and part-time staff	No
Medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reduced or free tuition for staff children in your own program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Based on your experience with staff recruitment and hiring in the 2015-2016 school year, would you say that:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A or Don't Know
Staff retention is a challenge for your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants have the necessary educational qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants have the necessary classroom or professional experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified applicants are likely to turn down an offer of employment based on wages, benefits, or other work conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent hires in your program have work-ready skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. When you have a classroom staff vacancy, what is the typical length of time it takes to fill the position?

Please choose **ONE** time frame for your answer, i.e., days, weeks, **OR** months

☐ Days ☐ Weeks ☐ Months ☐ Not Applicable

19. Please comment on your program's challenges and successes relating to recruiting and retaining qualified staff.

INSTRUCTIONS FOR THE NEXT 8 QUESTIONS REGARDING NUMBER OF POSITIONS

- Please use the definitions for staff types used on the previous page.
- Base your answers on the 2015- 2016 school year.
- Degrees in "early childhood" include early childhood education, child development, or a closely related field such as psychology, nursing, family relations, or elementary education.
- Include only degrees or credentials completed, not degrees in progress.
- Your program may not have all four types of positions described below. Enter 0 if appropriate.

Enter the NUMBER of staff at each current highest level of education COMPLETED. Enter 0 if appropriate

20. # with high school diploma or GED

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

21. # with CDA

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

22. # with Associate degree in early childhood or related field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

23. # with Associate degree in other field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

24. # with Bachelor degree in early childhood or related field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

25. # with Bachelor degree in other field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

26. # with graduate degree in early childhood or related field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

27. # with graduate degree in other field

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

The next 4 questions are for DOE and Charter schools only.

Other programs, please go to the next page.

Enter the NUMBER of staff holding each type of current teaching license. Enter 0 if appropriate.

28. # with a Hawai'i teaching license with an early childhood field (e.g., PK-3 or special education PK-3)

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

29. # with a Hawai'i K-6 teaching license

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

30. # with a Hawai'i K-6 special education teaching license

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

31. # with other Hawai'i teaching license

Lead Teacher or Caregiver	<input type="text"/>
Assistant Teacher or Caregiver	<input type="text"/>
Aide or Educational Assistant	<input type="text"/>
Other Professional	<input type="text"/>

PROFESSIONAL DEVELOPMENT

32. Is your program able to offer any of the following supports for staff professional development?

	Yes	No
Tuition reimbursement for job-related college courses	<input type="checkbox"/>	<input type="checkbox"/>
Fee reimbursement to attend professional conferences, workshops, or non-credit courses	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off to attend college courses	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off to attend outside conferences, workshops, or non-credit courses	<input type="checkbox"/>	<input type="checkbox"/>

The next 3 questions are about in-house professional development. By *in-house* we mean: conducted by your own staff or paid consultants, offered only (or primarily) to your own employees, required of all staff or of those in particular positions, and offered during work hours or compensated overtime.

33. Does your program offer in-house workshops, training, or courses? ☐ Yes ☐ No

34. If "Yes", about how many hours per year?

35. Does your program offer any of the following supports for staff professional development?

	Yes	No
Formal performance review	<input type="checkbox"/>	<input type="checkbox"/>
Discussion and self-reflection on teaching	<input type="checkbox"/>	<input type="checkbox"/>
Observation and feedback on teaching (in class or using video)	<input type="checkbox"/>	<input type="checkbox"/>
Consultation or mentoring (including goal setting and follow-up) on specific issues	<input type="checkbox"/>	<input type="checkbox"/>

36. Who provides this support? (Check all that apply. Check "N/A" if your program does not offer this type of support.)

	Director or Supervisor	Peers	Coach or Program Specialist	Outside Consultant	N/A
Formal performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion and self-reflection on teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation and feedback on teaching (in class or using video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation or mentoring on specific issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. Please comment on your program's challenges and successes relating to staff professional development.

PROGRAM ACCESS

38. For the current school year (2016-2017), do you have children on a wait list or have you turned away a family that wanted to enroll because you did not have open slots or sufficient staff?

☐ Yes ☐ No

39. If "Yes" to the previous question, about how many children?

40. Does your program offer scholarships, financial aid, or a sliding fee schedule?

☐ Yes

☐ No

☐ Not applicable as our program does not charge tuition or fees

41. In the **2015-2016** school year, about how many children in your program had the following characteristics? (Enter 0 if appropriate. Please estimate if you do not have exact numbers. Leave blank if you have limited information for making a judgement.)

Received financial aid, scholarships, or sliding fees from your program

Received scholarships, tuition subsidies, or free/reduced price meals from an OUTSIDE agency based on financial need

Family income at or below 100% of federal poverty guidelines

Had an identified special need (IEP or IFSP)

Were homeless

Family spoke Hawaiian at home

Family spoke a language other than Hawaiian or English at home

PROGRAM PRACTICES

42. What languages are used by your staff on a regular basis when working directly with other children? (Check all that apply)

☐ English

☐ Hawaiian

☐ Other (please list all that apply)

43. At the time of enrollment, are parents asked about the results of any prior health or developmental screenings done with their child? ☐ Yes ☐ No

44. Does your program conduct screening in any of the following areas? (Check all that apply. Include parent-completed screens like the ASQ if your program collects the results.)

	Vision	Hearing	Health	Development	Social- Emotional
Screening is done in house for ALL children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening is done in house IF parents or staff have a concern about a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We do not offer this kind of screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. If you do NOT conduct screenings in house: When there is a possible concern about a child, do you refer parents elsewhere to get a screening done (e.g., the child's medical home)?

☐ Yes ☐ No

46. If you DO conduct screenings in house: Are results explained to parents and referrals made for further assessment when appropriate? ☐ Yes ☐ No

47. If you DO conduct screenings in house: Who administers the screenings?

☐ Our own staff

☐ Outside consultants/providers we bring in to do the screening

48. Does your program collect CHILD assessment data? ☐ Yes ☐ No

49. If "Yes" to the previous question, what assessment tools do you use? (Check all that apply.)

- ☐ Teaching Strategies Gold
- ☐ High/Scope Infant-Toddler or Preschool Child Observation Record
- ☐ Work Sampling System
- ☐ Standardized tests (e.g., PPVT, TOEPL, PLS, Battelle, LAP-D)
- ☐ Structured performance probes (e.g., DIBELS, IGDIS)
- ☐ Teacher-designed portfolios
- ☐ Informal observation and note-taking
- ☐ Other (please describe)

50. Does your program collect assessment data on CLASSROOM or TEACHER quality?

- ☐ Yes ☐ No

51. If "Yes" to the previous question, what assessment tools do you use? (Check all that apply.)

- ☐ ECERS
- ☐ ITERS
- ☐ CLASS-IT
- ☐ CLASS-PreK
- ☐ TPOT
- ☐ Program-designed tool
- ☐ Informal observation and note-taking
- ☐ Other published tool (please describe)

ACCREDITATION

52. Is your program accredited?

- ☐ Yes
- ☐ No, but we are currently working on becoming accredited
- ☐ No, but we are interested in learning more about accreditation
- ☐ No, and we are unlikely to seek accreditation

53. If your answer to the question above is "yes", "interested", or "currently working on" accreditation, please name the specific accreditation(s).

54. Please comment on the pros and cons of accreditation for your program.

55. Does your program include any of the following practices relating to FAMILY ENGAGEMENT and SUPPORT? (Check all that apply.)
- ☐ Parent-teacher conferences or meetings
 - ☐ Three or more methods of communication with families are used (e.g., email, newsletter, phone calls, home-school journal, daily notes or photos of class activities, daily informal conversations with families)
 - ☐ Families and teachers jointly set learning goals for each child
 - ☐ Families share their knowledge, skills, time, or materials with our program
 - ☐ We modify our curriculum and practices to include family values, language, culture, and living conditions
 - ☐ Home visits
 - ☐ Family representatives on governing boards or committees
 - ☐ Family input on curriculum or classroom practices and policies
 - ☐ Family input on program reviews/evaluations or continuous quality improvement
 - ☐ Workshops, guest speakers, one-on-one support, or other forms of parent education
 - ☐ Lending library of children's books or educational toys/materials
 - ☐ Social events for families
 - ☐ Families are given information or resources on topics related to child development, parenting, etc
 - ☐ Families are given written or oral referrals to community services and programs
 - ☐ We provide our own support services relating to family or adult wellbeing such as adult education, counseling, or job training
 - ☐ Other (please describe)

STATEWIDE EARLY LEARNING SYSTEM

56. What do you see as the most important needs relating to early learning programs in your community? Rate your **top THREE** choices.

Increasing slots for all age groups	<input type="text"/>
Increasing slots for a particular age group, e.g., infant, toddler, 3-year-olds (Please describe below)	<input type="text"/>
Reducing cost to families	<input type="text"/>
Program quality	<input type="text"/>
Serving a particular population or group, e.g., middle income, homeless, Native Hawaiian (Please describe below)	<input type="text"/>
Offering more of a particular kind of program, e.g., bilingual, respite care, parent-child programs (Please describe below)	<input type="text"/>
Workforce development	<input type="text"/>
Workforce employment conditions	<input type="text"/>
Profitability	<input type="text"/>
Other (Please describe below)	<input type="text"/>
Additional description:	<input type="text"/>

57. In 2013 the Executive Office on Early Learning (EOEL) opened 19 public preK classrooms within the DOE. Increasing the number of public preK classrooms may be a future priority. Please comment on any challenges and/or opportunities that an increase in public preK classrooms would likely create for your program.

58. Please share any additional comments on issues or directions the Executive Office on Early Learning (EOEL) and/or the Hawai'i Children's Action Network (HCAN) should take to support and strengthen the early learning system in our state.

Please go to the next page to finalize and submit your survey.

59. This is the end of the survey. Are you ready to submit your answers? ☐ Yes ☐ No

Click "Done" to finish the survey. This will submit your final answers.

Mahalo for your time and contributions to improving Hawai'i's early learning system.

FCC Survey

Welcome to the 2016 Hawai'i Early Learning Needs Assessment Family Childcare Home and Group Childcare Home Survey.

1. To start the survey, click "Next" below.
2. Please check your answers for completeness and accuracy.
3. Answers are saved one page at a time when you click "Next" at the bottom of each page.
4. At the end of the last page, click "Done" to submit your survey. Once you click "Done," you cannot return to the survey to change your answers.

If you want to start the survey and return to finish at a later time:

- Use the same internet browser and computer each time you enter the survey.
- Do not clear the internet browser history or "cookies" during the time you are completing the survey. This is how SurveyMonkey saves surveys in progress and lets you return to the place you last left off. If your cookies or browser history are cleared, you will need to answer the survey again from the beginning.
- Click "Exit" at the top right corner of a page to leave the survey and return at a later time.
- Click "Done" on the last page to submit your final answers.

Submitting your survey via SurveyMonkey indicates that you consent to the survey and allow us to use the data.

If you have questions about the survey or would like assistance, please contact:

Dr. Barbara DeBaryshe, Interim Director
University of Hawai'i Center on the Family
debarysh@hawaii.edu
(808) 956-4140

Mahalo!

BACKGROUND INFORMATION

1. How many children in each age group are currently enrolled? (Enter 0 if applicable.)

Number of Children

Infants under 12 months	<input type="text"/>
Toddlers age 12 - 35 months	<input type="text"/>
Three-year-olds	<input type="text"/>
Four-and five-year-olds (not eligible for DOE kindergarten)	<input type="text"/>
Children of kindergarten age or older	<input type="text"/>

2. In a typical week, how many hours do you provide care?

3. In addition to yourself, does anyone help care for the children in your childcare business on a regular basis?
- ☐ No
- ☐ Yes, a family or household member
- ☐ Yes, one or more paid employees
4. Is your FCC/GCH business accredited? (For example, by the NAFCC or NECPA.)
- ☐ No
- ☐ No, but I am interested in becoming accredited
- ☐ Yes (please describe below)
5. For the **current school year** (since August 1, 2016), did you have to put a child on a wait list or turn away a family that wanted to enroll in your program? (Because you were at full capacity or you could not accept a new child in a particular age group.)
- ☐ Yes
- ☐ No
6. If "Yes," about how many children?

ABOUT YOUR CHILDCARE BUSINESS

This section is about the children and families enrolled in your FCC/GCC program and the services that you offer.

7. In the **PAST school year (August 1, 2015 - July 31, 2016)** about how many children in your program had the following characteristics? (Enter 0 if none. You may estimate if you do not have exact numbers. Leave blank if you do not know.)

	Number of Children
Received tuition subsidies (such as Childcare Connections) or scholarships to help cover the cost of your program	<input type="text"/>
Family received needs-based benefits like TANF, WIC, or food stamps	<input type="text"/>
Had an identified special need (child had an IEP or IFSP)	<input type="text"/>
Were homeless	<input type="text"/>
Family spoke Hawaiian at home	<input type="text"/>
Family spoke a language other than Hawaiian or English at home	<input type="text"/>

8. What language(s) do you use on a regular basis when working with the children or families in your program? (Check all that apply.)
- ☐ English
- ☐ Hawaiian
- ☐ Other (please describe)

9. Do you plan the daily activities of the children you care for?
- ☐ Yes, at a time when the children are not present
 - ☐ Yes, while caring for the children
 - ☐ I do not usually plan our day's activities
10. Do you use a particular curriculum or activity package? (For example, Creative Curriculum for Family Child Care.)
- ☐ No
 - ☐ Yes (please describe below)
11. Do you collect information on children's interests, skills, and development? (Check all that apply.)
- ☐ Not on a regular basis
 - ☐ Informal observation and note-taking
 - ☐ Portfolios or samples of children's work
 - ☐ Developmental screening or formal assessment (please describe below)
- Description:
12. Do you do any of the following things to help engage and support families?(Check all that apply.)
- ☐ Talk to parents each day, or most days about what their child did while in your care
 - ☐ Decide together with families the kind of activities, learning goals, or discipline strategies you use with their child
 - ☐ Encourage families to share their knowledge, skills, time, or materials with your program
 - ☐ Have social events for families
 - ☐ Lend children's books or educational toys/materials to families
 - ☐ Share information or resources with families about child development, parenting, etc.
 - ☐ Help families find services for their child such as health care, developmental screening, or speech therapy
 - ☐ Help families find services such as food stamps, WIC, or counseling
 - ☐ Other (please describe below)

THE FUTURE OF YOUR CHILDCARE BUSINESS

This section is about your future plans as a FCC/GCH provider.

13. Are you interested in expanding your FCC/GCH business in any of the following ways?

	No or Unlikely	Yes or Possibly
Increasing the number of hours per week I offer care	<input type="checkbox"/>	<input type="checkbox"/>
Adding night or weekend hours (or adding more of such hours)	<input type="checkbox"/>	<input type="checkbox"/>
Adding drop-in care	<input type="checkbox"/>	<input type="checkbox"/>
Starting my own licensed infant-toddler or preschool center	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe below)	<input type="checkbox"/>	<input type="checkbox"/>
Description: <input type="text"/>		

14. Three to five years from now, do you think you will still be running your childcare business?

- ☐ Very likely that I will NOT have my childcare business
- ☐ Somewhat likely that I will NOT have my childcare business
- ☐ Somewhat likely that I WILL have my childcare business
- ☐ Very likely that I WILL have my childcare business

15. Please explain your answer to the question above.

ABOUT YOU

This section is about your education and professional experience.

16. How many years have you run your FCC/GCH business?

- ☐ Less than one year
- ☐ 1 - 5 years
- ☐ 6 - 10 years
- ☐ 11 - 15 years
- ☐ More than 15 years

17. In the past year, have you done any of the following things to learn more about childcare, child development, or running your FCC/GCH business? (Check all that apply.)

- ☐ Attended workshops, informal courses, or early childhood conferences (e.g., PATCH courses, HAEYC meetings)
- ☐ Taken a college class
- ☐ Belonged to a professional group like NAEYC or NAFCC
- ☐ Read books or magazines, watched educational videos, or searched the internet
- ☐ Asked a professional for advice (pediatrician, psychologist, nurse, etc.)
- ☐ Met with other childcare providers to exchange ideas
- ☐ Met with a coach or consultant
- ☐ Worked on earning or renewing my CDA
- ☐ Other (please describe below)

18. Do you have a current Child Development Associate (CDA) credential?

- ☐ Yes
- ☐ No

19. What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Some college courses
- ☐ Associate degree (2 year)
- ☐ Bachelor degree (4 year)
- ☐ Graduate degree

20. If you have an Associate, Bachelor, or Graduate degree, are any of your degrees in early childhood education, child development, or a closely related field?
- ☐ Yes
- ☐ No
21. Are you interested in earning a degree in early childhood education?
- ☐ Yes
- ☐ Not sure
- ☐ No
- ☐ I already have or I am working on a degree in early childhood education
22. Are you currently enrolled in school and working towards earning a college or university degree?
- ☐ Yes
- ☐ No
23. What is your current degree program?
- ☐ Associate degree (2 year)
- ☐ Bachelor degree (4 year)
- ☐ Graduate degree
24. Is your major early childhood education, child development, or a closely related field?
- ☐ Yes
- ☐ No

YOUR THOUGHTS ABOUT RUNNING A CHILDCARE BUSINESS

This section is about your personal perspective on running a childcare business. Please share as much detail as you like: The text boxes will expand as you type.

25. Please tell us what you enjoy most about being a FCC or GCH provider and small business owner.
-
26. What are the biggest challenges for you as a FCC or GCH provider and small business owner?
-
27. Please list up to three key resources, supports, or changes to childcare regulations that would be most helpful to you as a FCC or GCH provider. Be as specific as possible.

STATEWIDE EARLY LEARNING SYSTEM

This last section is about the early learning system in the state. By “early learning” we mean family childcare, group childcare, preschool, home visiting, and parent-child programs that provide education and care to children age birth through kindergarten entry.

28. Please share your comments about the role of FCC or GCH as part of the wider early learning system. What do you most want the general public and/or state policy makers to know about people like yourself who provide childcare in small, home-like settings?

29. What do you see as the most important needs relating to early learning programs in your community? Please select your **top THREE** choices.

Choice 1 - 3

Increasing slots for children in all age groups	<input type="text"/>
Increasing slots for a particular age group (please <u>describe</u> below)	<input type="text"/>
Reducing cost to families	<input type="text"/>
Program quality	<input type="text"/>
Serving a particular population or group, e.g., middle income, homeless, Native Hawaiian (please <u>describe</u> below)	<input type="text"/>
Offering more of a particular kind of program, e.g., bilingual, respite care, parent-child program (please <u>describe</u> below)	<input type="text"/>
Workforce development, e.g. provider education and training	<input type="text"/>
Workforce employment conditions, e.g., wages, benefits	<input type="text"/>
Profitability	<input type="text"/>
Other (please <u>describe</u> below)	<input type="text"/>
Description: <input type="text"/>	

30. Please provide any additional comments you care to share about issues and directions you would like to see the Executive Office on Early Learning or the Hawai'i Children's Action Network take to support and strengthen the early learning community in Hawai'i.

Please go to the next page to finalize and submit your survey.

31. This is the end of the survey. Are you ready to submit your answers?

☐ Yes

☐ No

If you are finished, click "Done" to finish the survey and submit your final answers.

You will not be able to return to the survey again.

Mahalo for your time and contributions to improving Hawai'i's early learning system.

FCIL Survey

Aloha and welcome to the 2016 Hawai'i Early Learning Needs Assessment FCIL Survey.

FCIL Programs

This survey addresses family-child interaction learning (FCIL) programs. For the purpose of this survey, FCIL programs are defined as early learning programs that:

- Are license-exempt and serve children below the age of public kindergarten entry.
- Are delivered in group settings where children attend with a family member.
- Led by trained staff.
- Have an integrated focus on child development, family-child interaction, and 'ohana education.

Please do not include licensed childcare or preschool centers, or home visiting, school-age, or adult education programs that your organization may also sponsor.

Survey Instructions

- Please check your answers for completeness and accuracy.
- Answers are saved one page at a time when you click "Next" at the bottom of the page.
- At the end of the last page, click "Done" to submit your survey. Once you click "Done," you cannot return to the survey to change your answers.

If you want to start the survey and return to finish at a later time:

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- Click "Exit" at the top right corner of a page to leave the survey and return at a later time.
- Click "Done" on the last page to submit your final answers.

Consent

By submitting your survey via SurveyMonkey, you are indicating that you consent to the survey and for us to use the data.

If you have questions about the survey, please contact:

Dr. Barbara DeBaryshe
University of Hawai'i Center on the Family
debarysh@hawaii.edu
808-956- 4140

Mahalo!

PROGRAM BACKGROUND INFORMATION

1. Please list the name(s) of your FCIL program(s)

2. What is your job title?

3. Which age groups does your FCIL program serve? (Check all that apply.)
- ☐ Infants under 12 months
- ☐ Toddlers 12 - 35 months
- ☐ Three-year-olds
- ☐ Four- and five-year-olds (not eligible for DOE kindergarten)
4. How many weeks per calendar year does your FCIL program offer meetings for children and families?
5. How many hours per week does an enrolled child and family attend?
6. Does your program receive any of the following sources of revenue or support? (Check all that apply.)
- ☐ Tuition and/or fees paid by families
- ☐ State or federal programs, grants, or contracts (e.g., NHEA grant, Child and Adult Care Food Program, State DOE or DHS contracts)
- ☐ Community or charitable organization funds, grants or contracts (e.g., United Way, OHA)
- ☐ Free or reduced-cost facilities, utilities, maintenance, administrative support, staff salaries, or other in-kind support
- ☐ Fundraising, donations
- ☐ Other (please specify)
7. What is the cost of tuition/fees for one child to attend for a program year?
8. Does your FCIL program offer scholarships or a sliding fee scale?
- ☐ Yes
- ☐ No
9. In the past school year (August 1, 2015 - July 31, 2016) about how many children received scholarships or a sliding fee scale to cover all or part of the cost of program tuition?

CHILD and FAMILY CHARACTERISTICS

10. Please describe the eligibility criteria for your FCIL program (e.g., age, income, ethnicity). If applicable, distinguish between criteria required for admission vs. those that give a child preference for admission.
11. In the **past school year (August 12, 2015 - July 31, 2016)** how many children did your FCIL program serve in each of the following age groups?
- | | |
|--|----------------------|
| Infants under 12 months | <input type="text"/> |
| Toddlers 12 -- 35 months | <input type="text"/> |
| Three-year-olds | <input type="text"/> |
| Four- and five-year-olds (not eligible for DOE kindergarten) | <input type="text"/> |

12. In the **past school year (August 1, 2015 - July 31, 2016)** school year, about how many children in your program had the following characteristics? (Enter 0 if appropriate. Please estimate if you do not have exact numbers. Leave blank if you have limited information for making a judgement.

Family income at or below 100% of federal poverty guidelines	<input type="text"/>
Had an identified special need (IEP or IFSP)	<input type="text"/>
Were homeless	<input type="text"/>
Family spoke Hawaiian at home	<input type="text"/>
Family spoke a language other than Hawaiian or English at home	<input type="text"/>
Family received needs-based benefits like TANF, WIC, or food stamps	<input type="text"/>
Were considered high-risk using another assessment or standard set by your program (please describe below)	<input type="text"/>

13. Describe high risk criterion from question 12 (if applicable).

14. For the current school year (starting August 1, 2016), do you have children on a wait list or have you turned away a family that wanted to enroll because you did not have open slots or sufficient staff?

☐ Yes
☐ No

15. If "Yes," about how many children?

PROGRAM PRACTICES and SERVICES

16. What languages are used by your staff on a regular basis when working directly with other children? (Check all that apply)

☐ English
☐ Hawaiian
☐ Other (please list all that apply)

17. Which of the following components are included in your FCIL program? (Check all that apply.)

☐ Child curriculum
☐ Parent/family education curriculum
☐ Parent-child interaction time
☐ Culturally-focused curriculum
☐ Cultural practitioners included on a regular basis
☐ Intergenerational learning
☐ Community building events
☐ Civic engagement
☐ Other (please specify)

18. Please name/describe any child and/or parent education curricula your program uses. If the curriculum is published and commercially available (e.g., Parents as Teachers), the name is sufficient. For program designed curricula, please give a brief description.
19. Does your program include any of the following practices relating to FAMILY ENGAGEMENT and SUPPORT? (Check all that apply.)
- ☐ Staff talk to parents/family members on all or most days about what their child did in that day's program meeting
 - ☐ Parent-teacher conferences or meetings
 - ☐ Three or more methods of communication with families are used (e.g., email, newsletter, phone calls, home-school journal, daily notes or photos of class activities, daily informal conversations with families)
 - ☐ Families and staff jointly set learning goals for each child
 - ☐ Families share their knowledge, skills, time, or materials with our program
 - ☐ We modify our curriculum and practices to include family values, language, culture, and living conditions
 - ☐ Home visits
 - ☐ Family representatives on governing boards, committees, or quality improvement teams
 - ☐ Family input on curriculum or classroom practices and policies
 - ☐ Family perspectives included as part of program reviews/evaluations or continuous quality improvement
 - ☐ Workshops, guest speakers, one-on-one support, or other forms of parent education
 - ☐ Lending library of children's books or educational toys/materials
 - ☐ Social events for families
 - ☐ Families are given information or resources on topics related to child development, parenting, etc.
 - ☐ Families are given written or oral referrals to community services and programs
 - ☐ We provide our own support services relating to family or adult well-being such as adult education, counseling, or job training
 - ☐ Other (please describe)

PROGRAM PRACTICES: SCREENING

20. At the time of enrollment, are parents asked about the results of any prior health or developmental screenings done with their child?
- ☐ Yes
 - ☐ No

21. Does your program conduct screening in any of the following areas? (Check all that apply. Include parent-completed screens like the ASQ if your program collects the results.)

	Vision	Hearing	Health	Development	Social-Emotional
Screening is done in house for ALL children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening is done in house IF parents or staff have a concern about a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We do not offer this kind of screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. If you do NOT conduct screenings in house: When there is a possible concern about a child, do you refer parents elsewhere to get a screening done (e.g., the child's medical home)?

- ☐ Yes
☐ No
☐ N/A as we conduct screenings in house

23. If you DO conduct screenings in house: Are results explained to parents and referrals made for further assessment when appropriate?

- ☐ Yes
☐ No
☐ N/A as our program does not conduct screenings

24. If you DO conduct screenings in house: Who administers the screenings?

- ☐ Our own staff
☐ Outside consultants/providers we bring in to do the screening
☐ Parents with staff assistance
☐ N/A as our program does not conduct screenings

PROGRAM PRACTICES: ASSESSMENT

25. Does your program collect CHILD assessment data?

- ☐ Yes
☐ No

Please name/describe child assessments as needed:

26. If "Yes," what child assessment tool(s) do you use? (Check all that apply.)

- ☐ ASQ
☐ ASQ-SE
☐ High/Scope Infant-Toddler or Preschool Child Observation Record
☐ Teaching Strategies Gold
☐ Standardized tests, e.g., PPVT, TOEPL, PLS, Battelle, LAP-D (please describe below)
☐ Structured performance probes (e.g., DIBELS, IGDIS)
☐ Teacher-designed and maintained portfolios

- ☐ Family-designed and maintained portfolios
- ☐ Informal observation and note-taking
- ☐ Other (please describe below)

Please name/describe child assessments as needed:

27. Does your program collect assessment data on CLASSROOM, TEACHER/GROUP LEADER or CURRICULUM quality?

- ☐ Yes
- ☐ No

28. If "Yes," what curriculum/classroom/teacher quality assessment tool(s) do you use? (Check all that apply.)

- ☐ ECERS
- ☐ ITERS
- ☐ CLASS-IT
- ☐ CLASS-PreK
- ☐ TPOT
- ☐ Curriculum fidelity instrument (please describe below)
- ☐ Program-designed tool (please describe below)
- ☐ Informal observation and note-taking
- ☐ Other (please describe below)

Name/describe assessments as needed:

29. Does your program collect FAMILY assessment data on a regular basis?

- ☐ Yes
- ☐ No

30. If "Yes," please name and briefly describe the family assessment tool(s) you use. Please include program-designed tools or procedures.

ACCREDITATION

31. Is your program accredited?

- ☐ Yes
- ☐ No, but we are currently working on becoming accredited
- ☐ No, but we are interested in learning more about accreditation
- ☐ No, and we are unlikely to seek accreditation

32. If your answer to the question above is "yes," "interested," or "currently working on" accreditation, please name the specific accreditation(s).

33. Please comment on the pros and cons of accreditation for your program.

WORKFORCE QUALIFICATIONS and NEEDS

INSTRUCTIONS

- Questions on this page are about staff positions (whether filled or vacant) during your program's 2015 - 2016 school year (August 1, 2015 - July 31, 2016.)
- Programs use many different job titles: Please use the closest match based on our descriptions
 - Lead teachers/facilitators** are those responsible for the daily implementation of child curriculum activities.
 - Assistant teachers/facilitators** and aides support the leads in implementing curriculum activities.
 - 'Ohana educators** are responsible for implementing the parent education curriculum of your FCIL program.
 - Other professional staff** design curriculum or program components; provide supervision, coaching, or professional development; and/or serve as the program director.
 - Other staff** may include positions unique to your program that are not adequately covered by the previous categories. Include yourself in the column that best represents your duties.
 - Do NOT include paid consultants; food service, health, maintenance, and office staff; or others who do not provide educational services.
- Your program may not have all the types of positions described below.

- What title(s) does your program use for these kinds of positions? (Enter N/A if your program does not have this type of staff.)

Lead Teacher/Facilitator	<input type="text"/>
Assistant Teacher/Assistant Facilitator/Aide	<input type="text"/>
'Ohana Educator	<input type="text"/>
Other Professional	<input type="text"/>
Other Staff	<input type="text"/>

- Enter the NUMBER of persons in each position in the grid below.

	Lead Teacher or Facilitator	Asst. Teacher, Asst. Facilitator, Aide	'Ohana Educator	Other Professional	Other Staff
Number of FULL TIME positions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of PART TIME positions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Number of positions with NO turnover or vacancies (i.e., fill be the same person for the entire program year)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

36. Highest level of education COMPLETED. Enter the number of staff holding each type of credential. Do NOT include degrees in progress. ("Early childhood or a related field" includes early childhood education, child development, or closely related fields such as psychology, nursing, family resources, and elementary education.)

	Lead Teacher or Facilitator	Asst. Teacher, Asst. Facilitator, Aide	'Ohana Educator	Other Professional	Other Staff
# with high school diploma or GED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with a Child Development Associate credential (CDA)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with Associate degree in early childhood or related field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with Associate degree in other field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with Bachelor degree in early childhood or related field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with Bachelor degree in other field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with graduate degree in early childhood or related field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# with graduate degree in other field	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

37. Other qualifications.

	Lead Teacher or Facilitator	Asst. Teacher, Asst. Facilitator, Aide	'Ohana Educator	Other Professional	Other Staff
# who live in the community they serve	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# fluent in Hawaiian	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# who are alumni of your program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# of other key non-educational qualifications (please describe below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please describe <input type="text"/>					

38. Does your program offer any of the following employment benefits?

	Yes, for full-time staff ONLY	Yes, for full-time and part-time staff	No
Medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children of staff may attend your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Based on your experience with staff recruitment and hiring, would you say that:

	Strongly Disagree	Disagree	Neutral	Agree	N/A or Strongly Agree	Don't Know
Staff retention is a challenge for your program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants have the necessary educational qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants have the necessary classroom or professional experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified applicants are likely to turn down an offer of employment based on wages, benefits, or other work conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recent hires in your program have work-ready skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicants have the necessary community and/or cultural knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. When you have a staff vacancy, what is the typical length of time it takes to fill the position?

	Days	Weeks	Months	Not Applicable
Please choose ONE time frame for your answer, i.e., days, weeks, OR months	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

41. Please comment on your program's challenges and successes relating to recruiting and retaining qualified staff.

PROFESSIONAL DEVELOPMENT

42. Is your program able to offer any of the following supports for staff professional development?

	Yes	No
Tuition reimbursement for job-related college courses	<input type="checkbox"/>	<input type="checkbox"/>
Fee reimbursement to attend professional conferences, workshops, or non-credit courses	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off to attend college courses	<input type="checkbox"/>	<input type="checkbox"/>
Paid time off to attend outside conferences, workshops, or non-credit courses	<input type="checkbox"/>	<input type="checkbox"/>
Training or collaboration with cultural practitioners	<input type="checkbox"/>	<input type="checkbox"/>
Training or collaboration with kupuna or those with expertise in intergenerational programs	<input type="checkbox"/>	<input type="checkbox"/>

The next question is about in-house professional development. By in-house we mean: conducted by your own staff or paid consultants, offered only (or primarily) to your own employees, required of all staff or of those in particular positions, and offered during work hours or compensated overtime.

43. Does your program offer in-house workshops, training, or courses?

☐ Yes

☐ No

44. If "Yes," about how many hours per year?

45. Does your program offer any of the following supports for staff professional development?

	Yes	No
Formal performance review	<input type="checkbox"/>	<input type="checkbox"/>
Discussion and self-reflection on teaching/client service	<input type="checkbox"/>	<input type="checkbox"/>
Observation and feedback on teaching/client service (in class or using video)	<input type="checkbox"/>	<input type="checkbox"/>
Consultation or mentoring (including goal setting and follow-up) on specific issues	<input type="checkbox"/>	<input type="checkbox"/>

46. Who provides this support? (Check all that apply. Check "N/A" if your program does not offer this type of support.)

	Director or Supervisor	Peers	Coach or Program Specialist	Outside Consultant	N/A
Formal performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion and self-reflection on teaching/client service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observation and feedback on teaching/client service (in class or using video)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation or mentoring on specific issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47. Please comment on your program's challenges and successes relating to staff professional development.

EXPANSION OF SERVICES

48. Is your program interested in adding or expanding services in any of the following areas?

	No or Unlikely	Yes or Possibly	Yes—already planning this change
Serving more children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opening additional FCIL sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving a new or additional demographic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Other," please describe <input type="text"/>			

49. If you answered "Yes or Possibly" or "Yes—already planning this change", tell us WHERE you might want to offer new or expanded services. Indicate the island, along with the town/community name or zip code.

50. What are the main challenges to program expansion and/or reasons why your program is not interested in expanding? (Check all that apply.)

	Our program is successful as is	Not needed by our current families	Not interested or not part of our mission	Not needed in our commu- nity	Space or facility limita- tions	Staff limita- tions	Cost/ funding limita- tions
Serving more children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating additional FCIL sites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving a new or additional demographic group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Other" please describe <input type="text"/>							

51. Please comment on challenges to expansion. (We are especially interested in knowing what information, resources, supports, or other changes would make it significantly easier for your program to expand.)

ISSUES RELATING to FCIL PROGRAMS

52. Please provide a short description of the purpose, philosophy and key components of your FCIL program.

53. What do you most want policy makers and the public to understand about FCIL programs and their role in the wider early learning system?

54. Please comment on challenges and successes relating to funding of your FCIL program. If applicable, address funding stability and your future ability to continue to offer services at no cost or low cost to families.

55. Please describe up to three key resources, supports, or changes to childcare regulations that would be most helpful to you as a FCIL program. Be as specific as possible.

STATEWIDE EARLY LEARNING SYSTEM

This final section is about the state's overall early learning system, i.e., agencies and programs that support healthy development and learning from birth through age five.

56. What do you see as the most important needs relating to early learning programs in your community? Rate your **top THREE** choices.

Increasing slots for all age groups	<input type="text"/>
Increasing slots for a particular age group, e.g., infant, toddler, 3-year-olds (Please describe below)	<input type="text"/>
Reducing cost to families	<input type="text"/>
Program quality	<input type="text"/>
Serving a particular population or group, e.g., middle income, homeless, Native Hawaiian (Please describe below)	<input type="text"/>
Offering more of a particular kind of program, e.g., bilingual, respite care, parent-child programs (Please describe below)	<input type="text"/>
Workforce development	<input type="text"/>
Workforce employment conditions	<input type="text"/>
Profitability	<input type="text"/>
Other (Please describe below)	<input type="text"/>
Additional description:	<input type="text"/>

57. In 2013 the Executive Office on Early Learning (EOEL) opened 19 public preK classrooms within the DOE. Increasing the number of public preK classrooms may be a future priority. Please comment on any challenges and/or opportunities that an increase in public preK classrooms would likely create for your program.

58. Please share any additional comments on issues or directions the Executive Office on Early Learning (EOEL) and/or the Hawai'i Children's Action Network (HCAN) should take to support and strengthen the early learning system in our state.

Please go to the next page to finalize and submit your survey.

59. This is the end of the survey. Are you ready to submit your answers?

☐ Yes
☐ No

Click "Done" to finish the survey.

This will submit your final answers.

Mahalo for your time and contributions to improving Hawai'i's early learning system.

