

Instruments 1a & 1b: Selection Surveys

- **Selection Surveys**
 - [Instrument 1a: Professional Selection Survey](#)
 - [Instrument 1b: Parent Selection Survey](#)

Instrument 1a: Questions for Professional Selection Survey

Please see below for questions to be included in an online survey to help us select a diverse cohort of early childhood professionals. The survey would be completed online via a survey link and administered by the National Center for the Strategic Support of the Preschool Development Grants Birth through Five.

Thank you for your interest in the Working Partner Groups for early education professionals! Below we offer more information about the group and how to apply.

About the Group:

The members of this group will meet online to discuss their professional experiences with early childhood programs and services. Your feedback and experiences will be shared with the Administration for Children and Services (ACF) to help improve early childhood programs and services.

The professionals who participate in the Working Partner Group will receive \$100 for each discussion (up to a maximum of three discussions per year).

About the Application Process:

We are asking each person interested in the group to answer a few questions so that we can get to know them a little better. These questions help us choose group members who reflect the wide range of professionals' experiences in early childhood programs and services. Keep in mind that:

- All questions are optional. If you don't want to answer, simply skip the question.
- All responses will be kept private and only shared with the meeting organizers.

Participants will be selected to ensure a representative group of professionals from different parts of the country, with a range of racial and ethnic backgrounds, who are working within a variety of early childhood services and programs. Our team's selection of professional participants will be reviewed by an advisory group of diverse early childhood experts to ensure a fair selection process.

Please click the link to complete the following short interest form **by DATE**. If you are selected to participate, we will let you know via email or phone by the **DATE**.

--SURVEY BEGINS--

1. What option below best describes the setting you work in?
 - a) Child care center
 - b) Family child care
 - c) Head Start or Early Head Start
 - d) Migrant and Seasonal Head Start
 - e) Tribal child care
 - f) Home visiting

- g) School-based Pre-k
 - h) Kindergarten classroom
 - i) Family, friend, or neighbor care
 - j) Other program or service (open-ended)
2. What city is your workplace located in? (open ended)
 3. Where do you currently live (state or territory)?
[insert list of US states and territories]
 4. How many years have you worked in the early childhood field?
 - a) 0-5 years
 - b) 6-10 years
 - c) 11-20 years
 - d) More than 20 years
 5. What is your current role?
 - a) Direct service professionals (teacher, assistant teacher, caregiver, home visitor, parent educator, etc.)
 - b) Program manager or director
 - c) Coach, teacher trainer or professional development professionals
 - d) Other [open-ended]
 6. If you are a direct service professionals, what age group do you work with most frequently? Select all that apply.
 - a) Prenatal/Expectant Families
 - b) Infants (birth to 12 months)
 - c) Toddlers (12 to 36 months)
 - d) Preschoolers (3 years to 5 years)
 7. What is the highest degree or level of school you have completed?
 - a) Completed some high school
 - b) High school graduate
 - c) CDA credential
 - d) Some college credit (no degree)
 - e) Associate's degree
 - f) Bachelor's degree
 - g) Some graduate school (no degree)
 - h) Master's degree
 - i) Doctoral degree

8. What is your race and/or ethnicity? For example: African American/Black; American Indian/Alaska Native; Asian American; Hispanic/Latino; White. Answers to this question will help us make sure that our group is diverse and represents a range of perspectives and lived experiences.
[open-ended response]
9. What is your first name? (open-ended)
10. What is your last name? (open-ended)
11. What is your email? (open-ended)
12. What is your phone number? (open-ended)
13. Can the meeting organizers text the number above about the Working Partner Group? (Your phone number will not be shared with any other groups.) Yes / No
14. The group meetings will take place online. Do you have stable internet access and a device (like a cell phone or tablet) to join an online meeting, like a Zoom call?
 - a) Yes
 - b) No
15. What is your preferred method of communication with meeting organizers?
 - a) Email
 - b) Text
 - c) Phone call
16. What time of day could you meet virtually? Select all that apply
 - a) Morning
 - b) Early Afternoon
 - c) Late Afternoon
 - d) Evening
17. What day of the week is best for you to meet virtually? Select all that apply.
 - a) Monday
 - b) Tuesday
 - c) Wednesday
 - d) Thursday
 - e) Friday
 - f) Saturday

g) Sunday

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information that will be used to choose group members who reflect the wide range of families' experiences with early childhood programs and services so that ACF can then select a subgroup of applicants for meetings where they will be asked to share lived experiences related to early childhood programs and services. Public reporting burden for this collection of information is estimated to average 10 minutes per person to complete the recruitment survey. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0531 and the expiration date is 09/30/2025. If you have any comments on this collection of information, please contact Judy Willgren, Office of Early Childhood Development, by email at Judy.Willgren@acf.hhs.gov.

Instrument 1b: Parent Selection Survey

Please see below for questions to be included in an online survey to help us select a diverse cohort of families. The survey would be completed online via a survey link and administered by the National Center for the Strategic Support of the Preschool Development Grants Birth through Five.

For Family Selection Survey:

Thank you for your interest in the Early Education Working Partner Group for families! Below we offer more information about the group and this form.

About the Group:

The members of this group will meet online to discuss their experiences with early childhood programs and services, such as child care and Head Start. These experiences and feedback will be shared with the Administration for Children and Services (ACF) to help improve early childhood programs and services.

Families who participate in the Working Partner group will receive \$100 for each discussion they participate in (up to a maximum of three discussions per year).

About the Application Process:

We are asking each person interested in the group to answer a few questions so that we can get to know them a little better. These questions help us choose group members who reflect the wide range of families' experiences with early childhood programs and services. Keep in mind that:

- All questions are optional. If you don't want to answer, simply skip the question.
- All responses will be kept private and only shared with the meeting organizers.

Participants will be selected to ensure a representative group of professionals from different parts of the country, with a range of racial and ethnic backgrounds, who are working within a variety of early childhood services and programs. Our team's selection of professional participants will be reviewed by an advisory group of diverse early childhood experts to ensure a fair selection process.

Please click the link to complete the following short interest form **by DATE**.

If you are selected to participate, we will let you know via email or phone by **DATE**.

--ONLINE SURVEY BEGINS--

*First, let's learn a little more about your child. You may have more than one child aged birth to five years old. For this survey, select **one of your children** in this age range who is currently receiving services or enrolled in one of the following programs.*

1. How old is this child?
 - a) 0 – 12 months
 - b) 13 – 24 months
 - c) 25 – 36 months

- d) 3 – 4 years old
 - e) 4 – 5 years old
 - f) 5 – 6 years old
2. What is your relationship to this child?
- a) Parent
 - b) Guardian
 - c) Grandparent or Great Grandparent
 - d) Foster Parent
 - e) Family Relatives
 - f) Other
3. Where does your child receive care and education services? Select all that apply.
- a) Child care center
 - b) Licensed family child care
 - c) Head Start or Early Head Start
 - d) Migrant and Seasonal Head Start
 - e) Tribal child care
 - f) Home visiting
 - g) Pre-k at your community school
 - h) Kindergarten classroom
 - i) Care by your family, friend, or neighbor
 - j) Other program/service (open-ended)
 - k) My child is not enrolled in any early childhood programs or services.
4. Do you receive child care subsidy or other public funding to help enroll your child in a child care program?
- a) Yes
 - b) No
5. Is your child receiving early intervention, special education, or other disability services?
- a) Yes
 - b) No
 - c) Not sure
 - d) Currently being evaluated for a delay/disability

Next, we'd like to learn more about you. Remember, all questions are optional, but your answers help us make sure our group and represents a range of families and lived experiences.

6. What is your first name? (open-ended)

7. What is your last name? (open-ended)

8. What is your race and/or ethnicity? *For example, African American, Black, Alaska Native, American Indian, Asian American, Chinese, Filipino, Hispanic, Indian, Iranian, Korean, Latino, White Non-Hispanic, etc. (Answers to this question will help us make sure that our group is diverse and represents a range of perspectives and lived experiences.)*
[open-ended response]

9. How would you identify your gender?
 - a) [Open-ended]

10. Do you have a disability?
 - a) Yes
 - b) No
 - c) Prefer not to answer

11. What is your first language?
 - a) English
 - b) Spanish
 - c) Chinese
 - d) Tagalog
 - e) Vietnamese
 - f) Arabic
 - g) French
 - h) Korean
 - i) Russian
 - j) Portuguese
 - k) Other

12. SKIP LOGIC if not English on 9: Do you speak English as a Second Language?
 - a) Yes
 - b) No
 - c) Prefer not to say

13. What is your home city? (open ended)

14. Where do you currently live (state or territory)?
[insert list of US states and territories]

Finally, let us know how to contact you if you are selected for the working partner group and when you are available to join a meeting.

15. What is your email? (open-ended)

16. What is your phone number? (open-ended)

17. Can the meeting organizers text the number above about the Working Partner Group? (Your phone number will not be shared with any other groups.) Yes / No

18. What is your preferred method of communication with meeting organizers:
 - a) Email
 - b) Text
 - c) Phone call

19. The group meetings will take place online. Do you have stable internet access and a device (like a cell phone or tablet) to join an online meeting, like a Zoom call?
 - a. Yes
 - b. No

20. What time of day could you meet virtually? Select all that apply.
 - a. Morning
 - b. Early Afternoon
 - c. Late Afternoon
 - d. Evening

21. What day of the week is best for you to meet virtually? Select all that apply.
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