

# Kansas ECCE Workforce Study

## Appendix A1 – Survey Instrument for Current ECCE Professionals



Office of Educational  
Innovation and Evaluation

Greetings,

Kansas Child Care Training Opportunities (KCCTO), an organization that provides professional development and technical assistance to early childhood care and education (ECCE) professionals across Kansas, received funding to develop a plan to implement a career pathway for child care workers and professionals.

KCCTO is partnering with the Office of Educational Innovation and Evaluation (OEIE) to administer a workforce study to gather feedback from ECCE professionals who work or worked in the state of Kansas in the ECCE field. We seek to better understand the workforce and the systems that affect turnover and workplace satisfaction of ECCE professionals.

This survey should take 30-40 minutes to complete. Your responses to these survey questions will be kept confidential and your participation is voluntary. You will not be mentioned by name nor will any personally identifying information be included in any reporting of the results. The only identifying information that will be shared with KCCTO is the contact information to provide you with your incentive payment. Your responses will be combined with those from other survey respondents for their use with project planning, reporting, and publications. Information shared will not be used or distributed for any other purposes.

Eligible survey respondents may receive up to a \$100 incentive for completing the survey. Eligible participants may receive \$10 for starting the survey, \$50 for completing at least 50% of the survey, and \$100 for completing the entire survey. **You must be 18 years of age or older to participate in this survey.**

If you have any questions about the workforce study itself, please contact KCCTO ([kccto@ksu.edu](mailto:kccto@ksu.edu)). For technical questions or assistance, please contact [oeiestaff@ksu.edu](mailto:oeiestaff@ksu.edu). You may also contact the Research Compliance Office at Kansas State University with questions about this data collection ([comply@ksu.edu](mailto:comply@ksu.edu)).

Thank you,  
The Office of Education Innovation and Evaluation Team  
Kansas State University

First & Last Name

Email Address

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Mailing Address

Birth Month

Phone Number

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**1. Please select the option that best describes your residency status:**

☐ I currently live in Kansas.

☐ I used to live in Kansas, but don't any longer.

☐ I have never lived in Kansas.

**2. Please select the option that best describes your residency status:**

☐ I currently work in the Early Childhood Care and Education field in Kansas.

(Continue to "Currently work as an ECCE professional" version)

☐ I used to work in the Early Childhood Care and Education field in Kansas, but no longer do.

(Continue to the "Previously worked as an ECCE professional in Kansas" version)

☐ I have never work in the Early Childhood Care and Education field in Kansas.

Please respond to the following items based on your experience(s) **while working in Kansas** as an ECCE professional.

<b>3. Please select the statement or statements that best describe(s) your setting in the ECCE field. I work in the ECCE field in... (Select all that apply.)</b>		
<input type="checkbox"/> A child care center (the facility serves children across multiple ages).	<input type="checkbox"/> A drop-in program.	<input type="checkbox"/> An early childhood program for school-aged children.
<input type="checkbox"/> An early intervention program for children birth to 3 in one or various early childhood care settings.	<input type="checkbox"/> A family child care setting.	<input type="checkbox"/> A Head Start or Early Head Start program.
<input type="checkbox"/> A private preschool setting.	<input type="checkbox"/> A public or school-based preschool setting (non-Head Start).	<input type="checkbox"/> Another setting not listed here. (Please describe)_____

<b>4. How much influence did the following factors have on your decision to enter the ECCE field?</b>					
	Not at all influential	Slightly influential	Somewhat influential	Very influential	Extremely influential
Passion for working with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted to care for my own child(ren) in my own home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I needed a job and fell into child care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worked in a different field and wanted a career change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other factors not listed here. (Please describe):_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. How long have you worked in the Early Childhood Care and Education (ECCE) field?</b>			
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> 6-10 years
<input type="checkbox"/> 11-15 years	<input type="checkbox"/> 16-25 years	<input type="checkbox"/> 26 or more years	

<b>6. What enrollment options does your current Early Childhood Care setting provide? (Select all that apply.)</b>			
<input type="checkbox"/> Full-day care	<input type="checkbox"/> Part-day care	<input type="checkbox"/> Weekend care	<input type="checkbox"/> Overnight care
<input type="checkbox"/> Other (Please describe):_____			

<b>7. Please select the employment status that best describes your schedule:</b>	
<input type="checkbox"/> Full-time employment (40 hours or more a week).	<input type="checkbox"/> Part-time employment (less than 40 hours a week).

<b>8. Please select the position(s) you have held in Early Childhood Care and Education field: (Select all that apply.)</b>	
<b>Please write the number of years you worked in each position that you select.</b>	
<input type="checkbox"/> Family child care worker/provider _____	<input type="checkbox"/> Substitute _____
<input type="checkbox"/> Family child care assistant _____	<input type="checkbox"/> Administrator _____
<input type="checkbox"/> Family child care substitute _____	<input type="checkbox"/> Director _____
<input type="checkbox"/> Assistant teacher _____	<input type="checkbox"/> Supervisor _____
<input type="checkbox"/> Lead teacher _____	<input type="checkbox"/> Family/friend/neighbor _____
<input type="checkbox"/> Special education teacher or special education service provider _____	<input type="checkbox"/> Other position (Please describe): _____
<input type="checkbox"/> Classroom support _____	_____

Great job, you are 25% complete with the survey! Your incentive payment will increase to \$50 once you have completed 50% of the survey, up to \$100 for completing the entire survey.

**9. Please select your gender:**

<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Gender fluid	<input type="checkbox"/> Genderqueer	<input type="checkbox"/> Agender
<input type="checkbox"/> Non-binary	<input type="checkbox"/> Unsure	<input type="checkbox"/> I self-identify as (Please describe): _____	<input type="checkbox"/> Prefer not to respond.	

**10. What is your preferred language to communicate with others?**

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Arabic	<input type="checkbox"/> Chinese	<input type="checkbox"/> English	<input type="checkbox"/> French
<input type="checkbox"/> German	<input type="checkbox"/> Spanish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other language not listed (Please describe): _____	

**11. Please select the age range under which you fall:**

<input type="checkbox"/> 20 years or younger	<input type="checkbox"/> 21-30 years	<input type="checkbox"/> 31-40 years	<input type="checkbox"/> 41-50 years	<input type="checkbox"/> 51-60 years
<input type="checkbox"/> 61-70 years	<input type="checkbox"/> 71-80 years	<input type="checkbox"/> More than 80 years	<input type="checkbox"/> Prefer not to respond	

**12. Are you Hispanic or Latino/Latina?**

<input type="checkbox"/> Hispanic or Latino/Latina (of any race)	<input type="checkbox"/> Not Hispanic or Latino/Latina	<input type="checkbox"/> Prefer not to respond
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**13. Please select your race (Select all that apply.)**

<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Indigenous (Formerly American Indian and Alaska Native)	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> I self identify as (please describe): _____	<input type="checkbox"/> Prefer not to respond	

**14. Please indicate the education/certifications you've obtained: (Select all that apply.)**

<input type="checkbox"/> Did not finish high school nor obtain a GED	<input type="checkbox"/> 2-year college degree in Early Childhood Education
<input type="checkbox"/> Currently enrolled in high school	<input type="checkbox"/> 4-year college degree outside of Early Childhood Education (Please specify area): _____
<input type="checkbox"/> High school diploma or GED	<input type="checkbox"/> 4-year college degree in Early Childhood Education
<input type="checkbox"/> Technical or vocational training	<input type="checkbox"/> 4-year college Early Childhood Unified degree
<input type="checkbox"/> Child Development Associate (CDA) Credential (Please specify area): _____	<input type="checkbox"/> Kansas Teaching License
<input type="checkbox"/> Early Childhood Certificate	<input type="checkbox"/> Currently enrolled in a master's degree program, (Please specify area): _____
<input type="checkbox"/> Some college (Please specify area): _____	<input type="checkbox"/> Master's degree (Please specify area): _____
<input type="checkbox"/> Currently enrolled in Early Childhood Education courses for degree in Early Childhood Education	<input type="checkbox"/> Currently enrolled in a Doctoral degree program (Please specify area): _____
<input type="checkbox"/> Currently enrolled in Early Childhood Education courses for degree outside of Early Childhood Education (Please specify area): _____	<input type="checkbox"/> Doctoral degree (Please specify area): _____
<input type="checkbox"/> 2-year college degree outside of Early Childhood Education (Please specify area): _____	

**15. How many hours of training/professional development have you completed since January 1<sup>st</sup>, 2023? (Please answer both categories below).**

Clocked Hours accrued since January 1 <sup>st</sup> 2023	Credit Hours accrued since January 1 <sup>st</sup> 2023
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> 1-25 hours	<input type="checkbox"/> 1-9 hours
<input type="checkbox"/> 26-50 hours	<input type="checkbox"/> 10-19 hours
<input type="checkbox"/> 51-100 hours	<input type="checkbox"/> 20-29 hours
<input type="checkbox"/> 101-200 hours	<input type="checkbox"/> 30-49 hours
<input type="checkbox"/> Over 200 hours	<input type="checkbox"/> 50+ hours

**Clock Hours:** The total number of actual hours per week spent attending class or other instructional activities that count toward completing a program of study.

**Credit Hours:** The number of credits received for enrolling in, and successfully completing, a given course.

\*Definitions adapted from DHS.gov (<https://studyinthestates.dhs.gov/2016/03/difference-between-clock-hours-and-credit-hours>).

**16. Please provide the most recent primary county in Kansas in which you work in the Early Childhood Care and Education field:**

<input type="checkbox"/> Allen	<input type="checkbox"/> Anderson	<input type="checkbox"/> Atchison	<input type="checkbox"/> Barber	<input type="checkbox"/> Barton
<input type="checkbox"/> Bourbon	<input type="checkbox"/> Brown	<input type="checkbox"/> Butler	<input type="checkbox"/> Chase	<input type="checkbox"/> Chautauqua
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Clark	<input type="checkbox"/> Clay	<input type="checkbox"/> Cloud
<input type="checkbox"/> Coffey	<input type="checkbox"/> Comanche	<input type="checkbox"/> Cowley	<input type="checkbox"/> Crawford	<input type="checkbox"/> Decatur
<input type="checkbox"/> Dickinson	<input type="checkbox"/> Doniphan	<input type="checkbox"/> Douglas	<input type="checkbox"/> Edwards	<input type="checkbox"/> Elk
<input type="checkbox"/> Ellis	<input type="checkbox"/> Ellsworth	<input type="checkbox"/> Finney	<input type="checkbox"/> Ford	<input type="checkbox"/> Franklin
<input type="checkbox"/> Geary	<input type="checkbox"/> Gove	<input type="checkbox"/> Graham	<input type="checkbox"/> Grant	<input type="checkbox"/> Gray
<input type="checkbox"/> Greeley	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Harper	<input type="checkbox"/> Harvey
<input type="checkbox"/> Haskell	<input type="checkbox"/> Hodgeman	<input type="checkbox"/> Jackson	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Jewell
<input type="checkbox"/> Johnson	<input type="checkbox"/> Kearney	<input type="checkbox"/> Kingman	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Labette
<input type="checkbox"/> Lane	<input type="checkbox"/> Leavenworth	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Linn	<input type="checkbox"/> Logan
<input type="checkbox"/> Lyon	<input type="checkbox"/> Marion	<input type="checkbox"/> Marshall	<input type="checkbox"/> McPherson	<input type="checkbox"/> Meade
<input type="checkbox"/> Miami	<input type="checkbox"/> Mitchell	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Morris	<input type="checkbox"/> Morton
<input type="checkbox"/> Nemaha	<input type="checkbox"/> Neosho	<input type="checkbox"/> Ness	<input type="checkbox"/> Norton	<input type="checkbox"/> Osage
<input type="checkbox"/> Osborne	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Phillips	<input type="checkbox"/> Pottawatomie
<input type="checkbox"/> Pratt	<input type="checkbox"/> Rawlins	<input type="checkbox"/> Reno	<input type="checkbox"/> Republic	<input type="checkbox"/> Rice
<input type="checkbox"/> Riley	<input type="checkbox"/> Rooks	<input type="checkbox"/> Rush	<input type="checkbox"/> Russell	<input type="checkbox"/> Saline
<input type="checkbox"/> Scott	<input type="checkbox"/> Sedgwick	<input type="checkbox"/> Seward	<input type="checkbox"/> Shawnee	<input type="checkbox"/> Sheridan
<input type="checkbox"/> Sherman	<input type="checkbox"/> Smith	<input type="checkbox"/> Stafford	<input type="checkbox"/> Stanton	<input type="checkbox"/> Stevens
<input type="checkbox"/> Sumner	<input type="checkbox"/> Thomas	<input type="checkbox"/> Trego	<input type="checkbox"/> Wabaunsee	<input type="checkbox"/> Wallace
<input type="checkbox"/> Washington	<input type="checkbox"/> Wichita	<input type="checkbox"/> Wilson	<input type="checkbox"/> Woodson	<input type="checkbox"/> Wyandotte

**17. Please select your annual salary range as an Early Childhood Care and Education professional:**

<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000 to \$24,999	<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$35,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> \$75,000 or greater	<input type="checkbox"/> Prefer not to respond	

**18. Please select your annual household income range:**

<input type="checkbox"/> Under \$15,000	<input type="checkbox"/> \$15,000 to \$24,999	<input type="checkbox"/> \$25,000 to \$34,999	<input type="checkbox"/> \$35,000 to \$49,999
<input type="checkbox"/> \$50,000 to \$74,999	<input type="checkbox"/> \$75,000 to \$99,999	<input type="checkbox"/> \$100,000 to \$149,999	<input type="checkbox"/> \$150,000 to \$199,999
<input type="checkbox"/> \$200,000 and over	<input type="checkbox"/> Prefer not to respond		

**19. Do you obtain income from sources other than your salary? (Select all that apply)**

<input type="checkbox"/> Financial support from family, partner, and/or roommate.	<input type="checkbox"/> Food, disability, or other government assistance.
<input type="checkbox"/> Working additional part-time, full-time, or freelance jobs.	<input type="checkbox"/> I do not have additional income.
<input type="checkbox"/> Prefer not to respond.	

**20. How many dependents do you support, either in your household or outside of your household?**

<input type="checkbox"/> 0	<input type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> More than 4	<input type="checkbox"/> Prefer not to respond
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**21. During the last few months, was there a time when, because of a lack of money or other resources:**

	Never	Rarely	Occasionally	A moderate amount	A great deal
You were worried you would not have enough food to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were unable to eat healthy and nutritious food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You only ate a few kinds of food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were hungry but did not eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You went without eating for a whole day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were unable to pay rent or your mortgage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You were unable to pay for utilities or other household expenses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. What benefits do you receive as a part of your employment as an Early Childhood Care and Education professional? (Select all that apply.)**

<input type="checkbox"/> 401K or other retirement plan	<input type="checkbox"/> Discounted or covered child care
<input type="checkbox"/> Dental insurance	<input type="checkbox"/> Disability (Long-term or short-term) insurance
<input type="checkbox"/> Health insurance	<input type="checkbox"/> Vision insurance
<input type="checkbox"/> Paid time off	<input type="checkbox"/> Paid vacation leave
<input type="checkbox"/> Paid sick leave	<input type="checkbox"/> Parental leave
<input type="checkbox"/> None	<input type="checkbox"/> Other (Please describe): _____

You have reached 50% survey completion, raising the incentive payment to \$50. We appreciate your time and consideration toward your survey responses. As a reminder, when you complete the survey your incentive payment will increase from \$50 to \$100.

**23. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I feel as if my ECCE setting's problems are my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel 'emotionally attached' to my ECCE setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ECCE setting has a great deal of personal meaning to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel a strong sense of belonging to my ECCE setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
It would be very hard for me to leave my job even if I wanted to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much of my life would be disrupted if I left my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right now, staying with my job is a matter of necessity as much as desire.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One of the downsides to leaving my job is that there are not many job options elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**25. Please indicate how frequently the following statements apply to you:**

	Never	At least a few times a year	At least once a month	Several times a month	Once a week	Several times a week	Every day
In my job, I often have to express emotions towards children which do not match my actual feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my job, I often have to express emotions towards parents which do not match my true feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In my job, I often have to suppress emotions in order to appear 'neutral' on the outside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often have to exaggerate emotions (positive/negative) on the outside while actually feeling indifferent inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26. Please select your level of agreement with the following statements. Thinking about your work environment...**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree	N/A or Prefer not to respond
I feel safe in my setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have adequate access to first aid or other emergency care equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have opportunities to pursue / complete professional development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough physical space to care for the children in my setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is adequate staffing in my setting to provide appropriate care for all children in our setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I communicate with parents on a daily basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. What first aid or emergency care equipment would you like to have at your Early Childhood Care and Education (ECCE) setting that you currently do not?

28. What brought you into the Early Childhood Care and Education (ECCE) field?

29. What motivates you to stay in the Early Childhood Care and Education (ECCE) field?

30. Please select the appropriate responses to the following statements:

	Never	Rarely	Sometimes	Frequently	Always
How often do you think about leaving the ECCE profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you think about changing your current ECCE <b>workplace</b> (i.e., remain in the ECCE workforce but leave for a different center or open your own setting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you think about changing your <b>current position</b> in your ECCE workplace (i.e., different classroom, age group)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you think about changing your <b>current position</b> in your ECCE workplace for a promotion (e.g., becoming a lead teacher or becoming a director)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often do you feel you are well prepared to work with children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. How likely is it that you will look for another job for the next 12 months?

☐ Very unlikely
 ☐ Unlikely
 ☐ Neither unlikely nor likely
 ☐ Likely
 ☐ Very likely

32. How likely is it that you will actually leave your job in the next 12 months?

☐ Very unlikely
 ☐ Unlikely
 ☐ Neither unlikely nor likely
 ☐ Likely
 ☐ Very likely

**33. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I can influence my curriculum, scheduling, and policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have sufficient rights to make decisions that affect my day to day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am involved in the planning of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**34. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I am able to control children's disruptive behavior in my ECCE setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to get children to follow ECCE setting rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can calm a child who is noisy or disruptive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can establish routines to keep activities running smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**35. Do you report to a supervisor at your Early Childhood Care and Education (ECCE) setting?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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**36. (If you responded 'Yes' to item #35) Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I get along with my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel appreciated by my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I receive enough guidance from my supervisor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I feel I can communicate openly with parents of the children in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I can collaborate with parents to provide stronger care for their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I view the families of the children in my care as partners in their child's education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**38. To what extent do you consult with the following entities for additional support?**

	Never	Rarely	Occasionally	A moderate amount	A great deal
Coaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community health workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Links to quality community consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infant/toddler specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional development specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child and Adult Care Food Program (CACFP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family service coordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing surveyors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training organizations (i.e., KCCTO, Child Care Aware)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else not listed here (Please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**39. Please select what training/supports you've received at your most recent Early Childhood Care and Education (ECCE) setting: (Select all that apply):**

<input type="checkbox"/> Job orientation	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Paid breaks	<input type="checkbox"/> Paid child care tuition (for your child)
<input type="checkbox"/> Paid professional development fees	<input type="checkbox"/> Paid tuition (for your schooling)	<input type="checkbox"/> Planning/preparation time	<input type="checkbox"/> Time off for training / professional development
<input type="checkbox"/> Written job description	<input type="checkbox"/> Written personnel policies	<input type="checkbox"/> None	<input type="checkbox"/> Other (Please describe): _____

Way to go! You have nearly completed the survey. Please continue to provide your input for the final 25%. Once the survey is complete, your incentive payment will move from \$50 to \$100.

**40. Please indicate your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
Others in my setting take an active interest in my career development and professional growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am encouraged to pursue further professional development.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The professional development planning in my center takes into account my individual needs and interests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are opportunities in this center for developing new skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is difficult to gain access to in-service courses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41. I have an Individualized Professional Development Plan (IPDP).**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
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**42. How frequently have you accessed the following supports during your time in the ECCE field?**

	Never	Rarely	Occasionally	A moderate amount	A great deal
Coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Mentoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training from organizations such as KCCTO, Child Care Aware, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Coaching:** is a relationship-based process led by an expert with specialized and adult learning knowledge and skills, who often serves in a different professional role than the recipient(s).

**Peer Mentoring:** is a relationship-based process between colleagues in similar professional roles, with a more-experienced individual with adult learning knowledge and skills, the mentor, providing guidance and example to the less-experienced protégé or mentee.

Definitions adapted from the NAEYC (2011) technical glossary ([https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/glossarytraining\\_ta.pdf](https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/our-work/public-policy-advocacy/glossarytraining_ta.pdf)).

**43. How familiar are you with early care and education cooperatives?**

<input type="checkbox"/> Not at all familiar	<input type="checkbox"/> Slightly familiar	<input type="checkbox"/> Somewhat familiar
<input type="checkbox"/> Moderately familiar	<input type="checkbox"/> Extremely familiar	

**44. To what extent are you involved with an early care and education cooperative?**

<input type="checkbox"/> Not at all involved	<input type="checkbox"/> Slightly involved	<input type="checkbox"/> Moderately involved
<input type="checkbox"/> Very involved	<input type="checkbox"/> Extremely involved	

**45. Please select your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	N/A or Prefer not to respond
I feel the only way to advance my career is to seek additional credentials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to community resources to provide adequate child care (e.g., food, medical care, libraries, other activities).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kansas provides adequate support for ECCE settings and workers (e.g., DCF, KDHE).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Licensing to become an ECCE professional was easy to navigate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community supports ECCE settings and workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The qualifications to become an ECCE professional are reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The regulations required to operate a child care center are reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The start-up processes for in-home child care were easy to navigate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**46. What support would you like to see from Kansas (KS)?**

**47. Please select your level of agreement with the following statements:**

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
I view myself as an ECCE professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The parents of the children in my care view me as an ECCE professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community views me as an ECCE professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Society views me as an ECCE professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**48. How often do you communicate with other Early Childhood Care and Education (ECCE) professionals?**

<input type="checkbox"/> I always communicate with other ECCE professionals.	<input type="checkbox"/> I often communicate with other ECCE professionals	<input type="checkbox"/> I sometimes communicate with other ECCE professionals.
<input type="checkbox"/> I rarely communicate with other ECCE professionals.	<input type="checkbox"/> I never communicate with other ECCE professionals	<input type="checkbox"/> I do not communicate with other ECCE professionals but would like to.

**49. How could your community better support Early Childhood Care and Education (ECCE) settings and/or professionals?**

**50. How could Kansas better support Early Childhood Care and Education (ECCE) settings and/or professionals?**

**51. What community resources are not available in your community that would help you provide adequate child care?**

**52. To what extent are you interested in the following professional development activities?**

	Not at all interested	Slightly interested	Moderately interested	Very interested	Extremely interested
Additional training(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional certification(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advancing my degree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring/coaching from peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring/coaching from support agencies (KCCTO, Child Care Aware, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something not listed here (Please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**53. To what extent do the following barriers/reasons prevent you from accessing professional development activities?**

	Not at all	Very little	Somewhat	To a great extent
The cost is a major factor that prevents me from accessing professional development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not have time to access professional development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am unsure how to access professional development activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in professional development activities will not increase my compensation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking part in professional development activities will not yield a promotion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have already taken all the professional development activities that are offered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have other reasons for not taking part in professional development activities (Please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**54. To what extent would the following supports help you to access professional development activities?**

	Not at all	Very little	Somewhat	To a great extent
Accessibility supports (e.g., interpreters, visual aids, mobility assistance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cost assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different delivery options (in-person, online, hybrid training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool of substitute teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training catered to my specific needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training delivered in my first language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training delivered to my workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something not listed here (Please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**55. To what extent would the following incentives drive you to access professional development opportunities?**

	Not at all	Very little	Somewhat	To a great extent
Assistance with business needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with family needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Different delivery options (in-person, online, hybrid training)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stipends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Something not listed here (Please describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Congratulations! You have reached the end of the survey questions. Thank you for the time and effort that you put into completing this survey. Please complete the following instructions to send in your survey and receive your reward.

Once finished, please place your survey in the return envelope included in your packet.  
Mail to the address listed below:

KCCTO Evaluation Team  
Kansas State University  
College of Education  
2323 Anderson Ave, Ste. 220  
Manhattan, KS 66502