Evaluating Ohio's Child Care Capacity and Ability to Serve Special Needs:
Results from a Survey of Ohio's Child Care Providers

Review conducted through Ohio PDG Needs Assessment project

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THE OHIO STATE UNIVERSITY

CRANE CENTER FOR EARLY CHILDHOOD
RESEARCH AND POLICY

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INTRODUCTION

Ohio's community- and school-based child care providers are an integral part of the birth-to-five (B5) support landscape. Operating in all 88 counties, roughly 8,300 licensed home-, center-, and school-based providers care for about 285,000 children in Ohio every day, ensuring children's safety and development, facilitating parents' work, and fueling economic activity in the state.

The integral nature of these businesses and organizations means there is an urgent need to understand how they make decisions about their business operations, and how these decisions reflect policy crafted by the Department of Children and Youth (DCY), and Ohio's lawmakers. Every day, Early Childhood Education (ECE) providers make decisions around capacity, the ability to serve children with special needs, and investments in quality services; these decisions, in turn, affect Ohio's children, families, and economy.

REPORT OVERVIEW

To expand the state's understanding of these vital dimensions of the ECE market, we surveyed Ohio's child care providers in 2024 and 2025. We surveyed licensed Ohio childcare providers about their current capacity to serve children, experiences with Step Up to Quality, desired operational capacity by child age, special needs status, and payment sources. Our goal was to understand the factors that limit providers' ability to operate at their desired capacity, including workforce, facilities and demand shortages, and to observe any trends related to this capacity by provider type, region, or other factors. The analyses in this report provide insight into these important questions.

The report is broken down into five sections that highlight responses to the survey. We report on the results of quantitative analyses for each section. We compliment the quantitative analyses with qualitative reports obtained from open-ended responses that Ohio's ECE providers filled in. These results, highlighted in "In their Words" call-out boxes, provide a different window into the experience of ECE providers in the state.

KEY FINDINGS:

1. Survey Response Rates:
   - 1,770 providers responded to the survey, for a total response rate of 20%
   - Centers and home-based providers had higher response rates (25-30%); School-based providers had a lower response rate (16%)
   - Rural providers were harder to reach
   - The respondent sample matched the overall population of providers in terms of the share that accept PFCC and the share participating in SUTQ

2. Capacity
   - The average center-based provider in the sample has current enrollment of 11 infants, 16 toddlers, and 33 preschoolers

- Estimates based on survey results of total state capacity at center-based respondents: 27,600 infant spots, 49,000 toddler spots, 125,000 preschool spots; estimates by county are illustrated in Figure 5
- 40% to 60% of respondents indicated having a waitlist at least some of the time, and that waits are more common for younger children
- About half of center-based and about 65% of home-based respondents indicated wanting to serve more children
- The most reported limitations to expanding capacity were the costs of maintaining an appropriate facility (reported by 90% of respondents); and the challenges and costs of finding and keeping employees (reported by 60-80%) of center-based respondents
- Many Type B home respondents indicated wanting to grow, but were limited by DCY rules governing groups size and ratio, and local zoning rules forbidding the use of a rental home for Type A providers
- Challenges associated with PFCC were also reported as limiting capacity and enrollment, such as low reimbursement rates, low eligibility thresholds, and slow processing time for new enrollees

3. Ability to Serve Special Health Needs
   - Most respondents indicated being able to serve children with emotional, behavioral, developmental, or learning disabilities
   - Many respondents reported that they receive requests to care for children with emotional, behavioral, developmental, or learning needs more than once per month, and that these needs are becoming more common and more severe
   - The most reported limitations to serving children with special health needs were workforce related, including the costs of recruiting and retaining enough appropriately trained staff, and the concern of being able to provide the best care for children with special health needs
   - Fewer (50 to 70% of respondents) indicated the ability to serve children with physical health needs
   - Home care respondents indicated that facility challenges relating to size and accessibility limit their ability to serve children with physical health needs

4. Ability to Serve Special Service Needs
   - In terms of non-traditional hours, about 65% of respondents indicated the ability to provide early-morning care (5:30am-7:30am), while about 40% indicated the ability to provide aftercare (5:30pm-7:30pm). Most respondents that reported the ability to provide before and aftercare currently serve children with this need
   - Only about 25% of respondents indicated the ability to provide overnight care, and about 10% are currently providing overnight care
   - About 70% of respondents indicated a willingness to offer part-time care, for a few days per week or a few hours per day
   - Over 90% of respondents indicated the ability to meet children's dietary needs, like nut-free, vegetarian or vegan, or Halal or Kosher

- 75% of respondents reported an ability to serve English Language Learners (ELL), and about 30% currently serve ELLs
- Respondents' ability to meet special service needs is limited by the challenge of finding and keeping employees with appropriate training

5. Experiences with Step Up to Quality
   - Referring to their last rating in Ohio's 5-tier Quality Rating Improvement System (QRIS), center- and school-based respondents indicated spending over 200 administrative hours on their most recent SUTQ evaluation. Learning about SUTQ, completing paperwork, and trainings took the most time.
   - Center- and school based-respondents also indicated that each teacher spent about 200 hours, including 45 hours on trainings, 36 hours on child assessments, and 70 hours learning about SUTQ and completing paperwork; most of the time spent by teachers was completed during paid, regular work hours
   - Home-based respondents indicated spending 129 hours on their previous rating; 50% indicated that all SUTQ tasks were completed after regular work hours
   - Respondents indicated that much of the time spent on SUTQ requirements was administrative in nature, and did not contribute to improved program quality
   - Respondents indicated that the support they received from DCY and other community resources in navigating SUTQ was vital, and wished for more one-on-one support

METHODS AND DATA

Beginning in February 2024, the research team developed questions for providers regarding current capacity to serve children, experiences with Step Up to Quality, quality practices, as well as desired operational capacity by child age, special needs status, and payment source. DCY partners provided feedback, and the finalized questions were submitted to the team at the Crane Center's Data Management Core for instrument creation in Qualtrics. The survey instrument was tested by the research team from June 18th to the 28th 2024. The final set of questions is included in the Appendix.

Upon finalization of the instrument, the survey was distributed to all licensed Type A, Type B, center-based, and school-based child care providers in the state between July 1, 2024 and April 10, 2025. Note that because of the survey timing, all responding providers had been evaluated under the old Step Up to Quality (SUTQ) system; their responses refer to the system before changes were implemented.

On July 1st the individual survey links were shared with DCY partners, who disseminated them to providers via email. As well as links disseminated by DCY partners, the research team generated and disseminated additional individual links in response to provider referrals. Emailed survey completion reminders including the date the survey would close, were sent to providers who had not completed a survey, on July 26th and 30th. Participants received a $40 gift card as incentive for completed survey participation. Surveys were returned between July 16th and August 13, 2024. In total 2,039 surveys were started, and 1,507 were completed. After removing repeat observations for the same provider–where multiple people from the same organization completed the

survey–we were left with a sample of 1,491 completed surveys from home- and center-based child care providers in the state.

On January 30, 2025 a second round of the survey was sent to school-based providers, including school-based preschools and school-age care providers. An additional 1,795 individual links were created. Between February 6th and February 26th, 2025, individual links to the second round of the survey were created for a further 65 providers. The second round of surveys were returned between February 6th and April 10, 2025. In total 440 surveys were started and 406 were completed from the second round. After removing duplicate responses for the same provider and responses pertaining to entire school districts, we were left with 279 useable responses.

RESULTS

Survey Response Rates and Provider Characteristics
A total of 1,770 childcare providers completed the survey, for a response rate of 20%. Table 1 presents the number of total respondents, share of total respondents, and response rates by provider type. Nearly half of respondents were childcare centers (48%), followed by Type B Homes (31%). The response rates varied across provider type, with only 16% of school-based preschools responding to the survey. Note that all school-based preschool providers also provided school-aged care; as such, we call these respondents "school-based preschools" (SB preschools) throughout. The highest response rate was among Type B homes, where 29% of licensed providers responded to the survey. We also show the response rates for centers and homes by county (Figure 1). In some smaller, rural counties with fewer licensed providers, we received survey responses from all providers. Around Ohio's large urban centers, response rates all hovered around 25-30% of all providers.

Table 1. Respondents by Provider Type

| Provider Type	N	Share of total sample (%)	Response rate (%)
Child Care Center	851	48	25
School-Based Preschool	279	16	16
Type A Home	93	5	28
Type B Home	547	31	29
Total	1770	100	
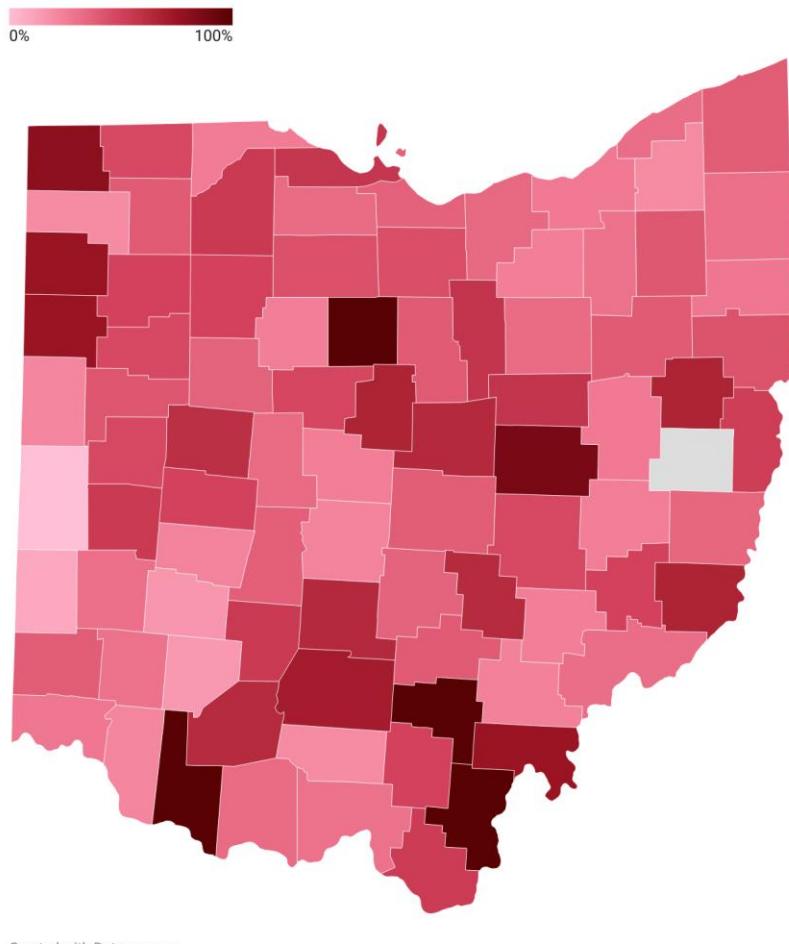
Figure 1. Survey response rates among Center- and Home-based providers, by county.

Across center-based programs (i.e., childcare centers, and school-based programs), most respondents were program directors or principals (68%), followed by teachers who also serve as program administrators (14%), and other administrative staff (11%). Five percent of respondents reported being assistant teachers or lead teachers (Table 2).

Table 2. Center-Based Respondents by Role

Respondent's Role in program	N	%
Program director/principal	768	68
Program administrator and teacher	162	14
Other administrative staff	120	11
Lead teacher	61	5
Assistant teacher	11	1
Other support staff	3	0.3
Total	1125	100.00

Figure 2 shows average program size among center-based and school-based preschool respondents. For each group, we report the average number of teachers and classrooms. Both child care centers and school-based preschools have an average of 5 classrooms per program. Centers employ an average of 13 teachers, while SB preschools employ an average of 10 teachers per program. Below, we illustrate the number of classrooms serving each age group among center-based providers (Figure 3). Nearly 30% of center-based providers in our survey do not serve infants and toddlers, and 50% have two or fewer infant classrooms. The average number of preschool classrooms among center-based programs in the sample is 2.8. Ninety percent of centers have 5 or fewer preschool classrooms.
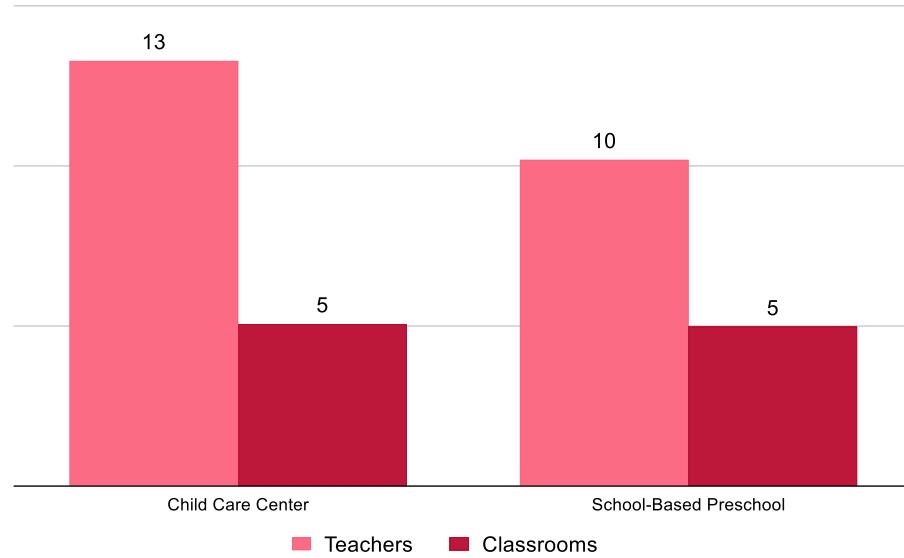
Figure 2. Total number of teachers and classrooms in responding center-based programs, by provider type.
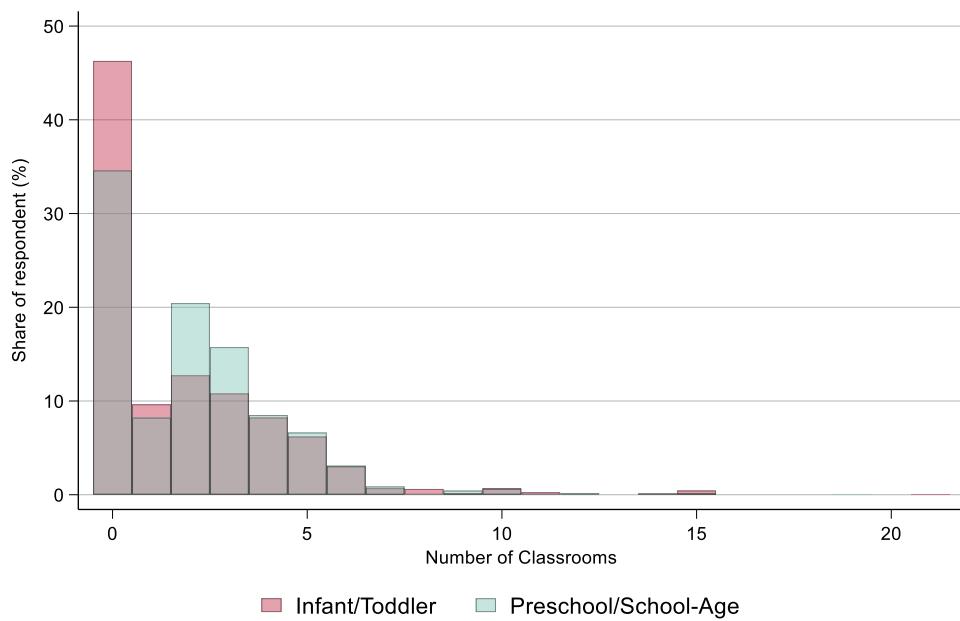
Figure 3. Number of classrooms serving infant/toddler and preschool/school-aged groups, center-based respondents.

Table 3 presents the share of respondents that accept each source of tuition. Most respondents accept private pay, ranging from 78% to 90% across respondent types. Most childcare centers (66%) and family childcare homes (95%) who completed the survey also accept Publicly Funded Childcare (PFCC). These are aligned with the population shares of centers and homes that accept PFCC (73% of all centers and about 95% of all homes). About 10% of responding school-based programs accept PFCC. The Early Childhood Education (ECE) Grant is also a funding source for many respondents, with 14% of centers, 42% of school-based programs, and 12-26% of homes receiving ECE grant funding.

The share of respondents that accept Childcare Choice Program funds ranges from 3% of school-based programs, to 25% in childcare centers and Type A homes. Finally, many responding school-based programs (49%) are reliant on Preschool Special Education funding. The least common sources of tuition among respondents were Early Head Start (3-8%), Head Start (2-9%), and "Other" funding sources, which included local pre-kindergarten funding streams (i.e. Preschool Promise), and funding from counties (i.e. Franklin County RISE program).

Table 3. Share of Respondents Accepting Each Source of Tuition, by Provider Type (%)

	Private pay	PFCC	ECE Grant	CC Choice	Special Ed	Early HS	HS	Other
Child Care Center	90	66	14	24	1	6	9	12
School-Based PS	78	10	42	3	49	0	0	8
Type A Home	88	99	26	25	4	8	6	9
Type B Home	82	95	12	14	3	3	2	5

In open-ended comments, several respondents indicated that the requirements of mixing funding sources – and of serving children with overlapping care arrangements–limited their ability to operate. In particular, school-based respondents appeared to view the rules governing the ECE Grant versus PFCC as limiting. Some home-based respondents also appear to have the impression that competitive grant funding is not equally available, and that with more access to grants, they could expand capacity, potentially transitioning to becoming centers (see In Their Words 1).

In Their Words 1:
Challenges Using Grants to Increase Capacity

Some respondents have the impression that grant requirements are limiting and have restrictive parameters for non-center-based providers, making them inequitable as they are thought to be inaccessible for many applicants.

> *The biggest challenge that I have faced is not being able to apply for the competitive center grant that was just given… I was actually looking for a center [to move in to] but… in order to change the building's capacity, you have to have an engineer or an architect which can cost thousands of dollars.*
> -Survey 1, Family Child Care Provider - Type A (serves 7-12 children)

> *The competitive grants make it unable for all programs to benefit. No equal funding.*
> -Survey 1, Family Child Care Provider - Type B (serves 6 or fewer children).

> *Lack of funding outside of ECE grant for public schools that DO NOT want to participate in PFCC and lack of ability to utilize ECE Grant if students utilize care outside of our hours at a provider that utilizes PFCC [is a limiting factor to our ability to meet desired maximum capacity].*

Provider Capacity

In this section, we report on issues surrounding the capacity to serve different age groups. To gauge capacity, we asked respondents three questions. First, we asked them to report on their current enrollment by age group. Second, we asked them about their maximum capacity given current constraints on staff, facilities, and other limiting factors. And finally, we asked them to report on their ideal capacity if they were not limited by any constraints. We also asked them directly if they are generally able to meet local demand for their services. For respondents who wished to expand their capacity but reported limitations, we asked them which factors limited their maximum capacity; we reported these factors. Finally, we left open-ended survey response options for respondents to comment on anything we missed, and report on several themes that emerged from the comments in call-out boxes.

Figure 4 presents the average current responder enrollment, maximum capacity given current constraints, and ideal capacity by provider type, with current enrollment in pink, maximum capacity in teal, and ideal capacity in maroon. Panels A through C show these numbers by child age group. Note that we did not specify age limits for each group, and instead allowed respondents to use their own, subjective definitions of infants, toddlers, and preschool-aged children. In computing the averages, we excluded respondents who did not indicate serving any children of the specified age group. In general, across age groups, average current enrollment is below maximum enrollment, suggesting that many providers have space to serve more children. We also find that for centers and homes, average ideal capacity is greater than the current maximum capacity, suggesting that respondents would like to serve more children than they are able to, but are limited by current constraints. Later in this section, we explore the constraints that respondents view as limiting their capacity.

Panel A. Infant

Panel B. Toddler

Panel C. Preschool
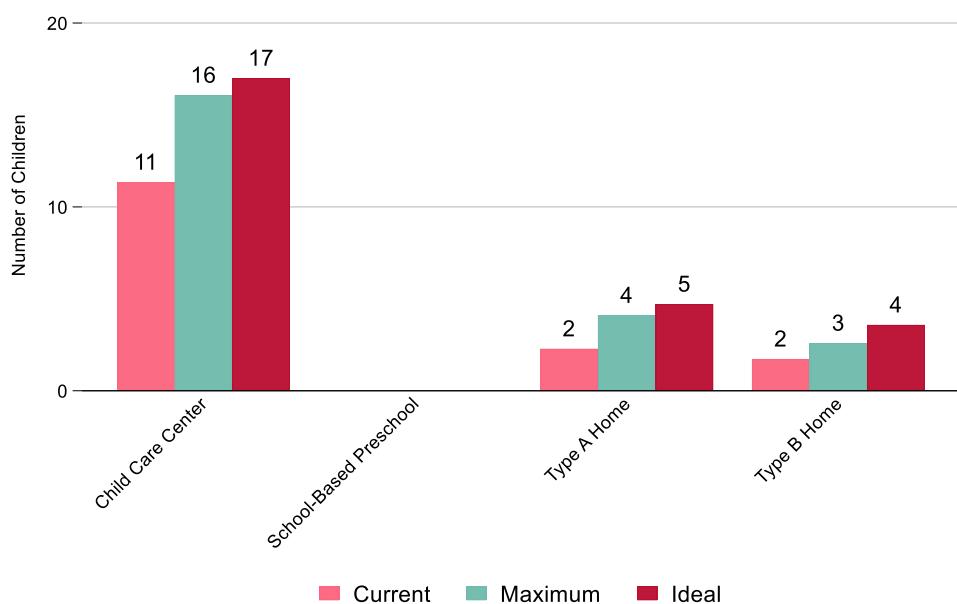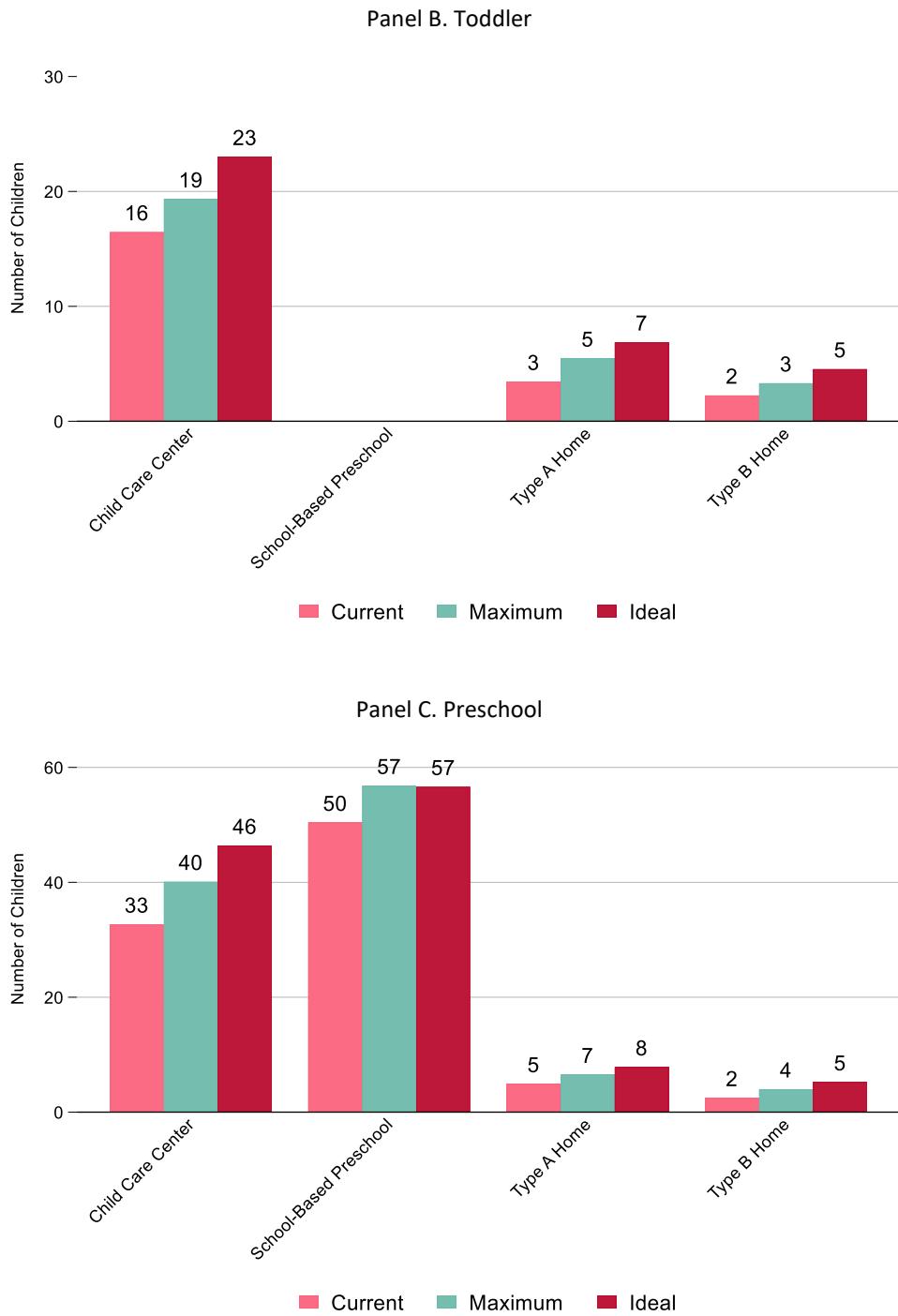
Figure 4. Current enrollment, maximum capacity and ideal capacity, by age group and provider type.

Surveyed center-based respondents indicate that on average, they can serve 16 infants, 19 toddlers and 40 preschoolers. Their current average enrollment for each age group is 11, 16 and 33, respectively. They also indicate that their ideal capacity is greater than their current maximum, especially for toddlers and preschoolers, indicating a desire to serve more of these age groups. In contrast, school-based preschools appear to be operating near their ideal capacity. This may reflect new challenges that community-based preschool operators face in recruiting preschool-age students as school-based preschool programs expand across the state (see In Their Words 2).

On average, home-based respondents also indicate lower current enrollment than their maximum across age groups, although on average, they only indicate the ability to serve one or two additional children given current limitations. Many home-based respondents also reported that their ideal capacity is greater than their current capacity. Type B homes in particular, indicated wanting to serve one-to-two additional children in each age group. One theme that emerged that helps explain this is that several Type B respondents have a desire to transition into Type A homes, but are constrained by local and state regulation (see In Their Words 3).

Using the capacity reported by age group, we were able to estimate the capacity of center-based respondents by age group and county.[1] We show these estimates in Figure 5. To create the estimates, we assumed that the providers who responded to the survey were representative of other non-respondents in their county in terms of capacity. Then, we summed the total estimated capacity across respondents. Using this approach, we estimate that within Ohio's center-based child care providers, there are about 27,600 infant spots, about 49,000 toddler spots, and about 125,000 preschool spots. Given there are about 125,000 babies born per year in Ohio, these numbers suggest that Ohio's center-based child care providers have capacity to serve about 1-in-5 infants, about 1-in-4 toddlers, and about 1-in-3 preschoolers.

Panel A: Infants
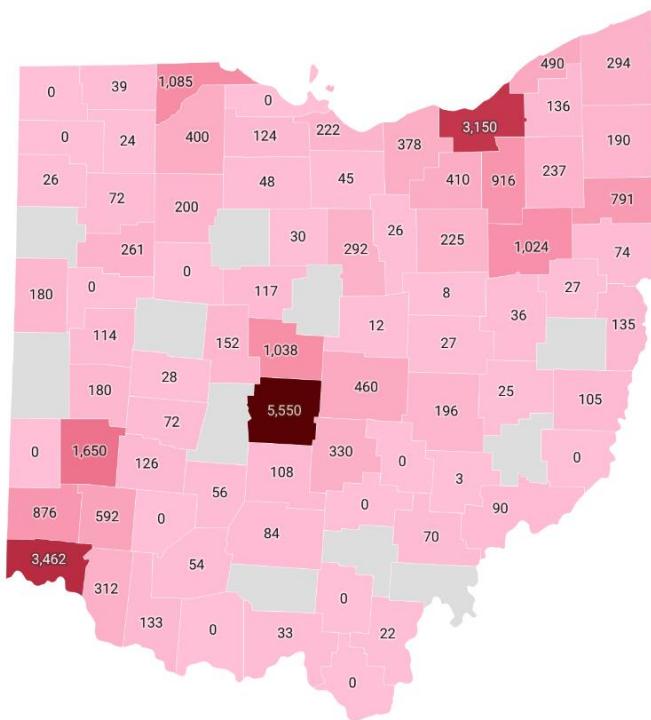
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[1] Note that we do not complete this exercise for home-based providers, since capacity of these providers is strictly limited by licensing rules; or for school-based preschools due to their low response rate.

Panel B: Toddlers
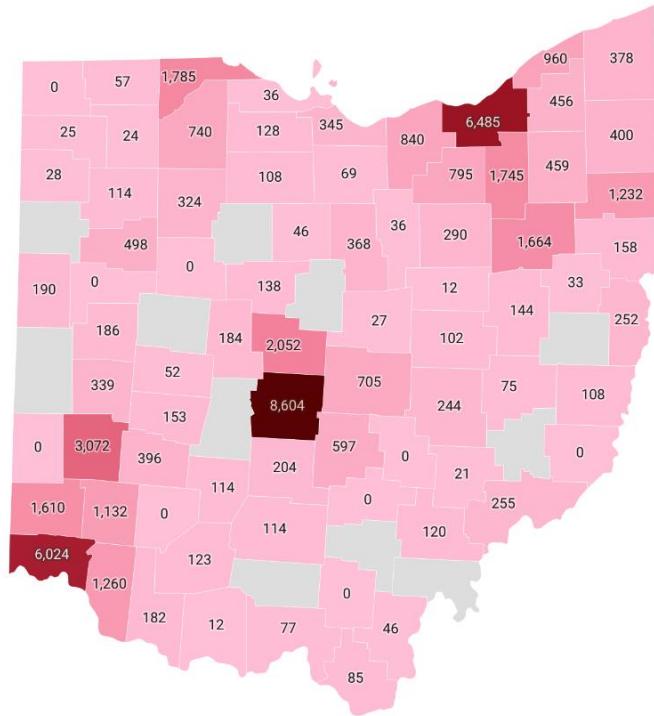
Panel C: Preschool
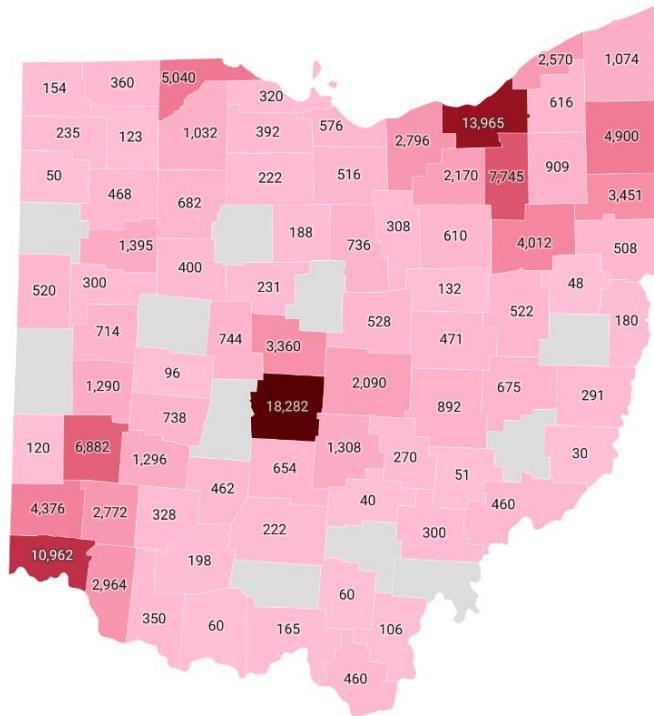
Figure 5. Estimated total capacity among center-based providers, by county and age group.
Note: counties shaded grey did not have any center-based survey respondents. Otherwise, data for all counties with any responses is presented, including counties with very few responding providers. Counties with estimated zero capacity are due to all survey respondents reporting they do not serve any children of a given age group; these should be interpreted with caution.

The statistics above show that on average, respondents appear to have the ability to increase their enrollment. However, many respondents also reported that at least some of the time, they were unable to serve children without a wait. We show the share of respondents by type that indicated that they had a waitlist at least some of the time (Figure 6, Panel A). The share with a waitlist varied from a low of 40% of Type B Homes, to nearly 60% among school-based preschools. In Panel B of the figure, we also show that among centers and homes that reported having a waitlist, about 50-70% of respondents had a wait for children of all ages. About 50% of centers with a wait reported having a wait for infants/toddlers, but not for preschoolers.

Panel A: Share of respondents who indicate that they sometime have a waitlist, by provider type
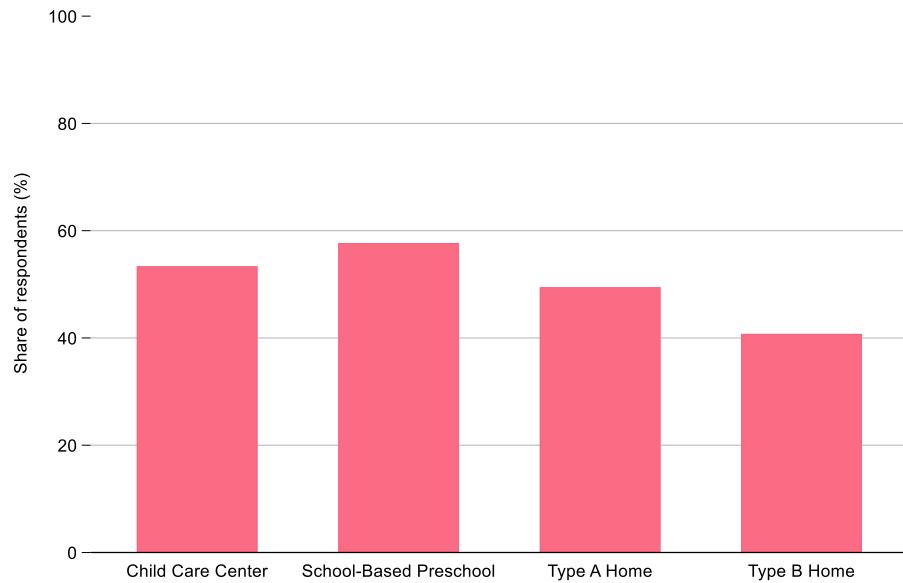
Panel B: Waitlists by age group among center- and home-based respondents with a wait, by provider type
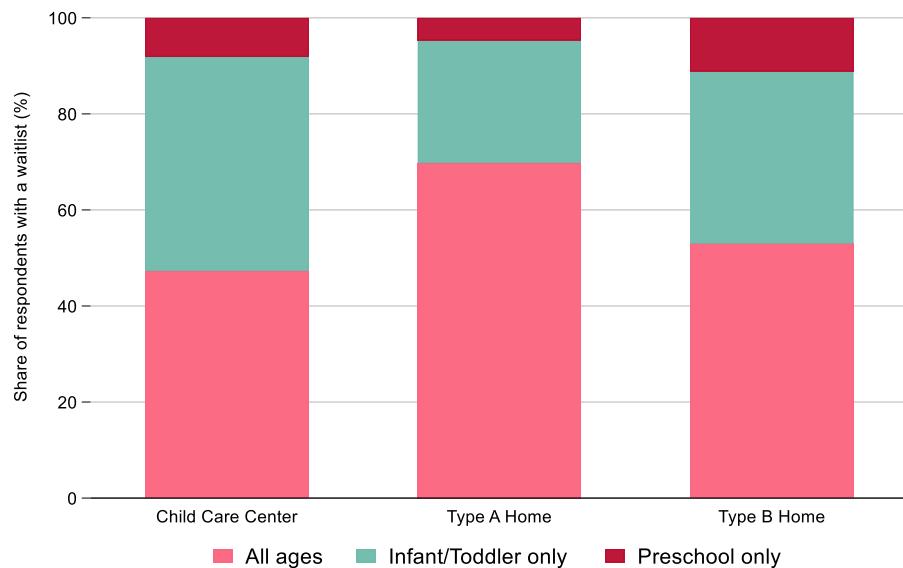
Figure 6. Reported waitlists, by provider type.

The share of survey respondents with a waitlist also varied by county (Figure 7). Combining all center- and home-based respondents, no respondents in Carroll, Clinton, Noble, Paulding and Preble counties indicated they had a waitlist; by contrast, all respondents in Adams, Harrison, Morgan, Pike, Brown, and Wyandot counties indicated that at some point, they could not serve all children. In Franklin, Harrison, and Cuyahoga counties, about half of responding providers indicated they had a waitlist.

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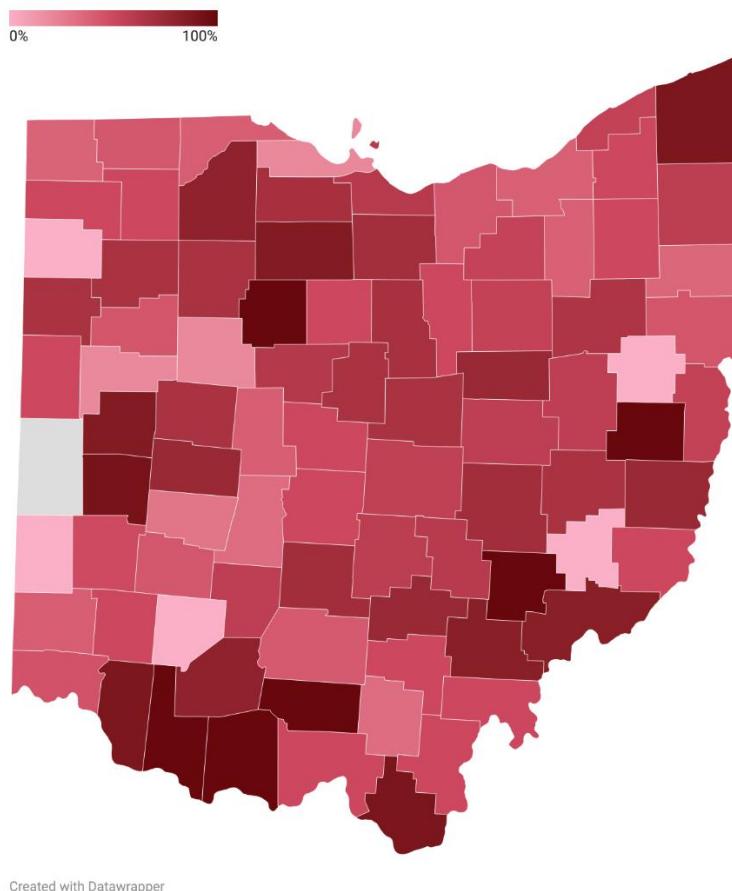
Figure 7. Share of survey respondents that indicated they sometimes have a waitlist, center- and home-based providers, by county.

We also directly asked providers if they cared to expand their capacity (Table 4). About half of center-based respondents indicated that they would like to increase their capacity but are limited in some way. Forty-one percent of school-based respondents also indicated a desire to serve more children. A large share of home-based providers that responded to our survey indicated a desire to serve more children: about 65% of Type A and Type B want to expand their capacity but are limited.

Table 4. Ideal Respondent Capacity vs Current, by Provider Type

	Capacity: Current capacity lower than ideal capacity		
Provider Type	No, we are happy with our current maximum capacity (N)	Yes, we would like to increase our capacity but are limited (N)	Total (N)
Child Care Center	413	418	831
School-Based Preschool	163	116	279
Type A Home	32	59	91
Type B Home	174	352	526
Total	782	945	1727

To explore the factors limiting capacity, we asked respondents who indicated that they wished to expand their capacity which specific factors limited their ability to expand. We grouped potential reasons into workforce challenges, administrative challenges, facility challenges and marketplace challenges, and asked providers to select all that applied in each category. Tables 5 through 8 report the share of respondents who indicated each factor as a limiting factor to operating at their ideal capacity. Across all categories, the most commonly reported factors that limit capacity among Ohio's ECE providers are the challenge of offering competitive wages (61%-84% of respondents) and benefits (57% of centers), and the associated recruitment and retention challenges (75% of centers); the costs of maintaining facilities at appropriate levels (87% to 92% of respondents); and the challenges associated with children transitioning in-and-out of programs, or having unstable attendance (~50% of respondents). Homing in on workforce challenges, while 44% of center respondents reported challenges finding teachers with appropriate qualifications, relatively few respondents indicated that they were limited by the challenge of keeping teachers up-to-date on trainings.

Table 5. Share of Respondents with Limited Capacity Reporting each Workforce Challenge, by Provider Type (%)

Workforce Challenges	Centers	SB Preschools	Type A home	Type B home
Offering fair/competitive wages to employees	81	61	84	80
Offering employee benefits	57	29	59	39
Difficulty recruiting/retaining quality ECE teachers	75	56	43	20
Difficulty recruiting/retaining quality non-teaching staff	26	47	28	15
Difficulty ensuring teachers meet required qualifications	44	27	24	16
Difficulty ensuring teachers complete required trainings	27	16	21	15

We asked respondents about how the administrative challenges of participating in PFCC or SUTQ limited their ability to operate at their desired capacity (Table 6). In general, administrative challenges of the old SUTQ system were seen to be a limiting factor. In particular, 49% of centers, and about 35% of homes reported that the stress associated with SUTQ limited their ability to serve more children. Thirty-five to forty-five percent of respondents also indicated that SUTQ requirements took too much time away from children to allow for expanded capacity. Centers and school-based preschool respondents also indicated that the administrative challenges of meeting licensing rules was also a limiting factor to expanded capacity. In open-ended feedback, several respondents felt limited by ratio and group size limits in the licensing rules (see In Their Words 5).

Table 6. Share of Respondents with Limited Capacity Reporting each Administrative Challenge, by Provider Type (%)

Administrative Challenges	Centers	SB Preschools	Type A home	Type B home
Stress of administering and participating in PFCC	29	18	31	28
Stress of administering and participating in SUTQ	49	44	38	30
Completing PFCC requirements takes too much time away from children	13	8	40	22
Completing SUTQ requirements takes too much time away from children	39	41	45	35
Completing PFCC requirements takes too much time outside of work hours	13	9	33	20
Completing SUTQ requirements takes too much time outside of work hours	32	34	43	27
PFCC subsidies do not cover the cost of providing quality care	40	16	50	42

Other administrative challenges of participating in PFCC (besides stress and time)	23	16	26	21
Other administrative challenges of participating in SUTQ (besides stress and time)	29	38	19	17
Administrative challenges of meeting licensing standards	40	40	29	20

Note. SUTQ = Step Up to Quality. PFCC = Publicly Funded Child Care.

In Their Words 5:
Licensing And Ratio

Student to staff to square footage ratios are felt to be a pinch by many home respondents. Center respondents take issue with the ratio limitations as well.

> *The rule that limits 12 children in the type A. I have plenty of square footage, can hire a second employee and welcome more children but we are capped at 12.*
>
> -Survey 1, Family Child Care Provider - Type A (serves 7-12 children)

> *My biggest struggle is having to turn families away because we are always at capacity. I am currently experiencing having to terminate families because we have multiple families having babies and can not accommodate all children because of licensing requirements.*
>
> -Survey 1, Family Child Care Provider - Type A (serves 7-12 children)

> *Ohio's law is 6 kids, other states for type B hold 10 kids. And I was told in order to go type A, I need college, and I don't have time for that. I work over 100+ hours a week barely making ends meet. It's hard!!!!*
>
> -Survey 1, Family Child Care Provider - Type B (serves 6 or fewer children)

> *Ratios that limit how many students of a certain age are allowed on the property at a given time. Students that are too young stops us from adding younger students because our license says we can only have 7 students under the age of 2 1/2 years old at a time. This restriction is unnecessary if we follow all the other rules.*
>
> -Survey 1, Center Provider

Fewer respondents noted that administrative, stress, or time burdens associated with PFCC was a limiting factor to expanded capacity; however, 40-50% of centers and homes indicated that insufficiently high subsidy rates in PFCC was a limitation on capacity. In open-ended responses, respondents indicated that PFCC rates continued to fall behind cost-of-living increases (see In Their Words 6).

In Their Words 6:
PFCC Reimbursement Rates, Eligibility, And Processing Times

The lack of parity between cost-of-living increases and PFCC tuition reimbursement is causing hardship for families and for responding providers. As wages increase, the current PFCC eligibility threshold also prices many families out of receiving the needed benefit. Wait times for family approvals were also challenging, causing delays in payments and lost clients.

> *It's very hard for parents to get approved for vouchers. Cost of living has gone up but they still say that the parent makes too much. I have never been so broke. A lot of parents keep being denied.*
> *-Survey 1, Family Child Care Provider - Type B (serves 6 or fewer children).*
>
> *It seems that people are not qualifying for PFCC or have difficulty getting approved. Many single parents have to include child support and they often do not receive it. Even parents applying for the access grant are not getting approved. It seems that the income qualification is too low and not keeping pace with inflation.*
> *-Survey 1, Center Provider*
>
> *Parents are struggling to meet PFCC requirements. They have a hard time renewing their applications for PFCC and the income guidelines are too low. Childcare choice is not ideal either because it does not pay the same amount as PFCC and parents are struggling with paying the gap, we as providers should not have to take on the burden of that gap.*
> *-Survey 1, Center Provider*
>
> *The over income parents are continuing to rise because of the low income that the government expects for enrollment that hasn't risen in years.*
> *-Survey 1, Preschool/School based*
>
> *PFCC applications are not getting processed quickly… we are losing families because they lose the job [they had] lined up, because of how long it's taking to process their [PFCC] application.*
> *-Survey 1, Center Provider*

Challenges with facilities and materials were also viewed as limiting capacity (Table 7). About 90% of all respondents indicated that the cost of maintaining their facility limited their capacity, making it the most reported challenge. Between 40% and 65% of centers and homes also noted the high costs of rents as a limiting factor. Finally, about 40% of respondents indicated that their capacity is limited by insufficient local demand (Table 8).

Table 7. Share of Respondents with Limited Capacity Reporting each Facilities Challenge, by Provider Type (%)

Facilities Challenges	Centers	SB Preschools	Type A home	Type B home
Difficulty finding a facility/space that will accommodate desired capacity	37	69	38	41
Cost of renting/leasing quality facility/space	42	24	57	64
Cost of maintaining your facility/space at standard	87	91	90	92
Cost of obtaining/maintaining a quality curriculum	28	19	36	24
Cost of obtaining/maintaining quality educational or safety materials	45	24	52	32

Table 8. Share of Respondents with Limited Capacity Reporting each Market Challenge, by Provider Type (%)

Market Challenges	Centers	SB Preschools	Type A home	Type B home
Not enough children need care	40	40	40	36
Children transitioning in and out of program frequently	49	38	56	55
Unstable child attendance that limits ability to take on new children	57	36	54	49

Special Health Needs

We asked respondents a series of questions to understand their ability to serve children with different special health needs, like developmental or physical disabilities; and their ability to serve children with special services needs, like overnight care. In the cases where providers indicated they were unable to serve a specific need, we asked them what factors limited their capacity. In this section, we describe their responses to these questions.

Figure 8 presents the share of respondents that are able to serve, that currently serve, and that are unable to serve children with a series of special health needs, by type of need. Most survey respondents indicated that they are currently serving, or able to serve children with social, emotional, or behavioral health needs; speech and language development challenges; with symptoms of neurodevelopment disorders like Autism or ADHD; or with symptoms of learning disabilities, like dyslexia. Only about 10% of respondents indicated they could not serve these needs. We also asked how often providers encountered children with these needs. Among those who indicated being able to serve children with these special health needs, over 30% indicated receiving requests for care from children with emotional or developmental health needs at least once per month. In open-ended comments, respondents indicated that behavioral and developmental challenges were becoming more common, and more severe, making this population more difficult to serve (see In Their Words 7).
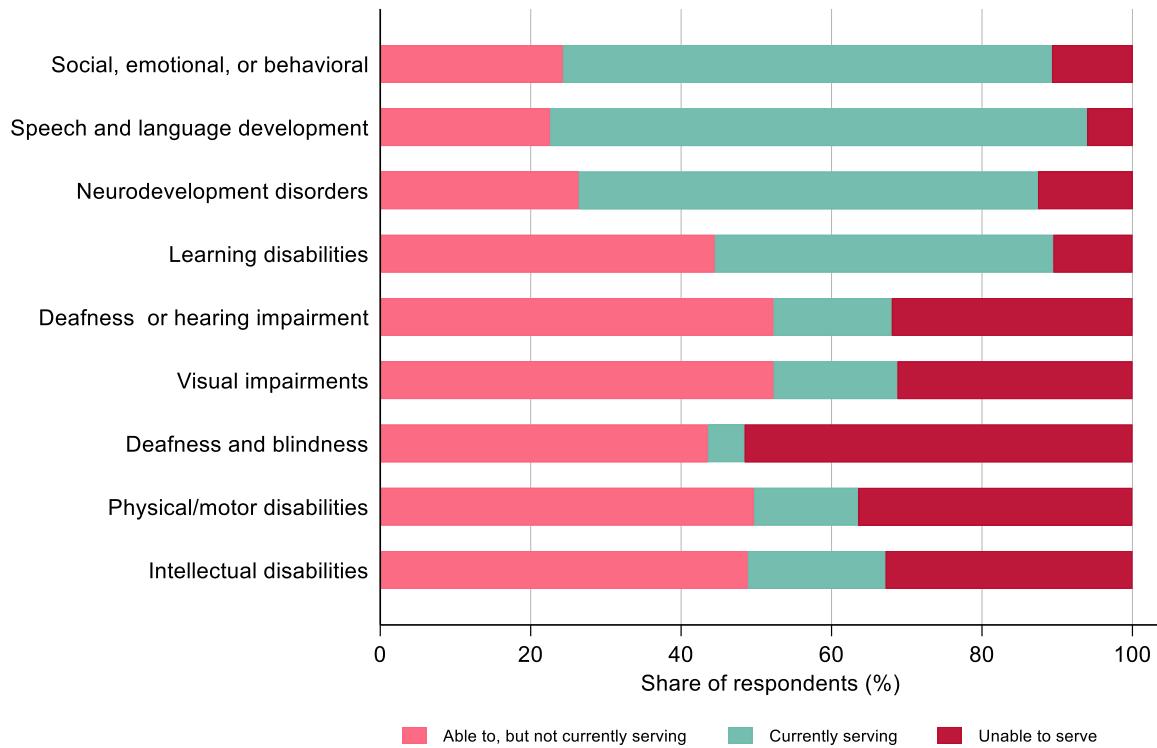
Figure 8. Share of respondents by ability to serve special needs, by need type.

Fewer respondents had the ability to serve children with physical health needs. Thirty percent indicated they could not serve children with deafness, hearing impairments, or visual impairments; and over 50% indicated they could not serve deafblind children. Motor disabilities and intellectual disabilities (like Down Syndrome) were also a challenge for nearly 40% of respondents. Only 10 to 20% of respondents indicated that they were currently serving children with physical and intellectual health needs. Sixty-three percent of respondents indicated that they rarely had children with physical and intellectual health needs request care, with requests coming once per year or less.

In Their Words 7:
Increases In Developmental Needs Among Ohio's Young Children

Respondents are encountering higher needs amongst their enrolled children with special needs. Additionally, a concern was noted regarding the possibility of children having behavioral challenges as a representing a potential hazard to others, and thus a limiting factor to enrollment in some centers.

> *The increasing intensity of the students makes placement more challenging.*
> -Survey 2, School Based Preschool Provider

> *We are seeing a huge increase in the number of students that are identified for special education. We are running out of seats for those children and had to move to having some half day classes in order to increase seats.*
> -Survey 2, School Based Preschool Provider

We asked respondents that indicated challenges serving children with emotional, developmental or physical health needs to report the factors that limited their ability to serve these children. We report the share of each type of provider that noted each challenge as a limitation to their service ability. Most respondents indicated that workforce limitations are important factors. Seventy to eighty-five percent of center- and school-based respondents noted that the challenges and costs of finding and paying extra staff with appropriate training to support children with special health needs limits their capacity. Most (70 to 90%) respondents across type also noted their ability to ensure the safety and learning of children with special health needs in their care limits their ability to serve; a smaller share (~40%) also worried about ensuring the safety of other, peer children. In open-ended comments, respondents highlighted their desire to provide the best experience for children in their care, and the fact that they required specially trained staff to serve many special heath needs (see In Their Words 8).

Table 9. Share of Respondents with Limited Ability to Serve Special Health Needs Reporting each Challenge, by Provider Type

Challenges	Centers	SB Preschools	Type A home	Type B home
Difficulty ensuring accessibility of the facility	39	44	67	66
Insufficient space in the facility	29	35	58	52
Challenge in providing facility or materials that meet licensure requirements	32	34	27	35
Challenge of properly insuring business against potential risk	21	11	33	28
Challenge of recruiting/retaining staff with appropriate training	86	72	56	38
Cost of additional employees to meet child's special needs	86	74	84	69
Difficulty ensuring safety/learning of child with special needs	88	79	80	68
Difficulty ensuring safety/learning of other enrolled children	45	38	27	32
Stress of additional compliance requirements	44	25	49	40

Facility considerations are limiting factors for home-based respondents: about 65% cannot ensure their space is accessible, and about 55% do not have sufficiently large space to accommodate special health needs. Forty-five percent of community-based respondents reported that their capacity to serve children with special health needs is limited by the additional compliance tasks associated with serving such children.

In Their Words 8:
Training To Serve Children with Special Health Needs

Insufficient training in special education for staff, the small reserve of trained and available staff to hire, and the challenges of serving this population were key factors described as limiting the capacity to care for children with special needs.

We are inclusive, but we do not have any specialized trainings or supports to support children who are not typically developing, but that is who calls and needs care. We find ourselves discharging or turning families away because we cannot meet their needs and we do not have adequate staffing to meet their higher needs.

-Survey 1, Center Provider

We might be able to serve that family - but knowing that other programs in the area have the teachers trained and the resources available is often where we struggle taking children in that have severe needs. We never want to take someone on just for the income - we want to make sure that what we are doing will be helpful.

-Survey 1, Center Provider

Stress of parent dissatisfaction if increased needs are not met properly [is a limiting factor to our ability to serve children with special needs].

-Survey 1, Center Provider

Stress to teachers- too many kids and the ratios are too high- many more behavior issues from children.

-Survey 1, Center Provider

Special Services Needs

We also asked responding providers about their ability to meet special services needs, and report results in Figure 9. In terms of meeting the family needs for care during non-traditional hours, most (~65%) respondents indicated their ability to serve children during early morning hours (6:30 am- 8:30am); a smaller share (~40%) can care for children during extended aftercare hours (5:30pm – 7:40pm). For both before- and after-hours care, most respondents that indicated an ability to serve these needs also reported they are currently providing the service. Only about 25% of respondents indicated their ability to serve children overnight, and only about 10% reported they are currently providing overnight care. About 70% of respondents reported the ability to offer part-time care (partial days or weeks), and only about 20% currently provide part-time care. Most respondents (90-95%) reported the ability to serve various nutritional needs, like vegetarian, nut-free, or Kosher/Halal. Finally, 75% of respondent reported the ability to serve English Language Learners, with about half noting they currently serve such children.
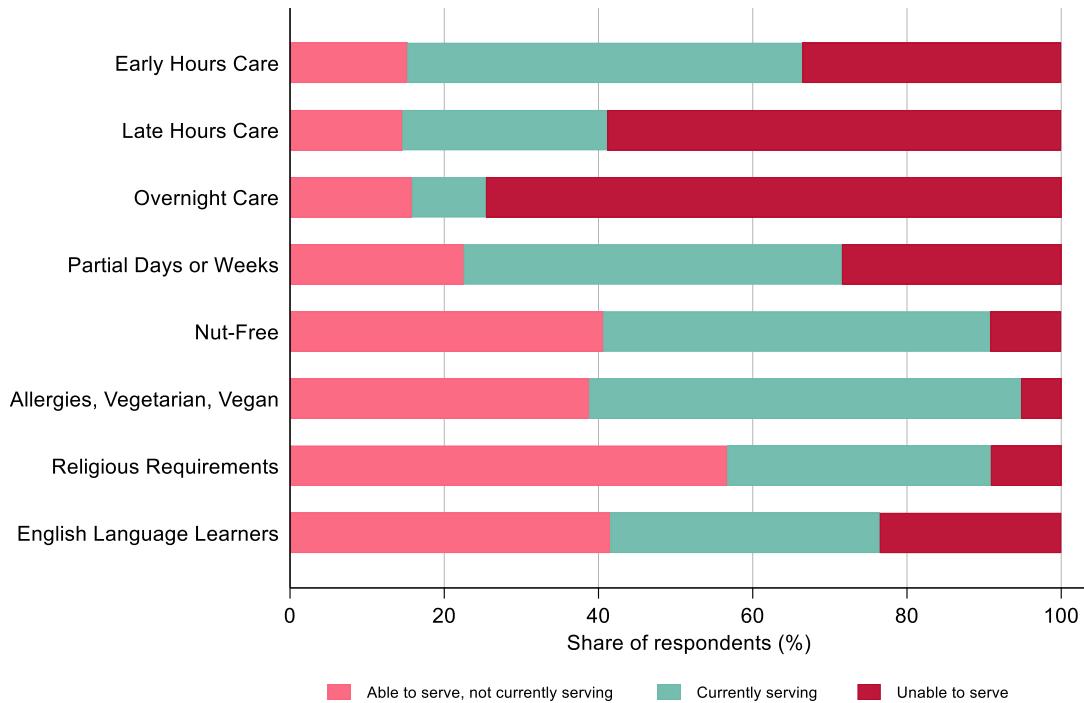
Figure 9. Share of responding providers by ability to serve special service needs, by need type.

Table 10 illustrates the factors that limit respondents' ability to meet special service needs. The most commonly reported limitations to meeting children's special service needs relate to facilities and workforce. About 55% of center- and school-based respondents indicated that the cost of additional employees limits their capacity to meet children's special service needs; about 50% reported challenges recruiting and retaining staff with the appropriate training to meet such needs. About 50% of center- and school-based respondents also noted that their facilities are not suitable for overnight stays, as compared to about 30% of home-based respondents. In open-ended comments, some respondents also indicated challenges associated with transportation of children, especially those with special health needs (see In Their Words 9) is a limitation.

Table 10. Share of Respondents with Limited Ability to Serve Special Service Needs Reporting each Challenge, by Provider Type

Challenges	Centers	SB Preschools	Type A home	Type B home
Inappropriate space for long/overnight stays	53	52	36	30
Inappropriate space to prepare different foods	21	20	14	23
Cost of additional employees to meet child's service needs	58	51	68	38
Cost of ELL curriculum	21	12	22	28
Cost of food	23	17	34	37
Recruiting/Retaining staff with appropriate training to meet child's service need	58	40	50	32
Stress of additional compliance requirements	35	25	44	36
Does not align with my business model or organizational mission	40	55	16	21

In Their Words 9:
Transportation For Children with Special Health Needs

Responding providers report transportation for preschool students, and especially transportation for preschoolers with special needs, as a particular area of difficulty limiting capacity to serve these populations.

> *Busing is an issue for parents, as preschool children are only bussed if they are located at an already used bus stop.*
> -Survey 2, School Based Preschool Provider

> *[A lack of] transportation and language support for immigrant students/non-English speaking parents [is a limiting factor to our ability to serve children with special needs].*
> -Survey 2, Center Based Preschool Provider

> *Being able to put them in vehicle [is a limiting factor to our ability to serve children with special needs].*
> -Survey 1, Family Child Care Provider - Type B (serves 6 or fewer children).

> *Transportation of peer model students to and from their home [is a limiting factor to our ability to serve children with special needs].*
> -Survey 2, School Based Preschool Provider

Experiences with Step Up to Quality (SUTQ)

We surveyed responding providers about their experiences with SUTQ. For all questions, we asked respondents to refer to the last time they were rated under Ohio's former 5-tier QRIS, before the recent changes to SUTQ were implemented beginning July 2024. The results in this section therefore indicate how respondents viewed the "old" SUTQ system, providing a benchmark to help evaluate the new process. The research team will be re-fielding the survey in coming years to gauge how the new SUTQ system and process has changed providers' experiences.

We began by gauging respondents' experience with SUTQ. Overall, 72% of provider respondents indicated being currently rated, and 6% indicated having been previously rated. For comparison, about 66% of providers in Ohio were SUTQ during the survey period. A higher share of home-based respondents (70%-86%) indicated being currently rated.

Table 11. Rating Status among Respondents, by Provider Type

Respondent type	Rating status			
	Currently rated (%)	Never rated (%)	Previously rated, not currently (%)	Unsure (%)
Childcare Center	68	23	9	0
Preschool/School-based	70	24	3	3
Type A Home	86	8	7	0
Type B Home	79	16	5	0
Overall (%)	72	21	6	.5

Figure 10 presents the distribution of respondents by star rating for each type of provider. Among centers, a large share of responding providers have a 5-star rating, and a 1-star rating. Fewer respondents are rated between 2 and 4 stars. Among home-based respondents, most Type A respondents are 1-, 3- or 5-star rated, while the majority of Type B rated respondents have 1 star. The pattern of quality ratings among responding providers aligns with the ratings of general population of providers in Ohio. The vast majority of responding school-based preschools are 5-start rated, reflecting the fact that many must also meet requirements through Ohio's Department of Education and Workforce (ODEW). In open-ended comments, some respondents indicated frustration with the duplication of many requirements in SUTQ and ODEW regulations (see In Their Words 10).
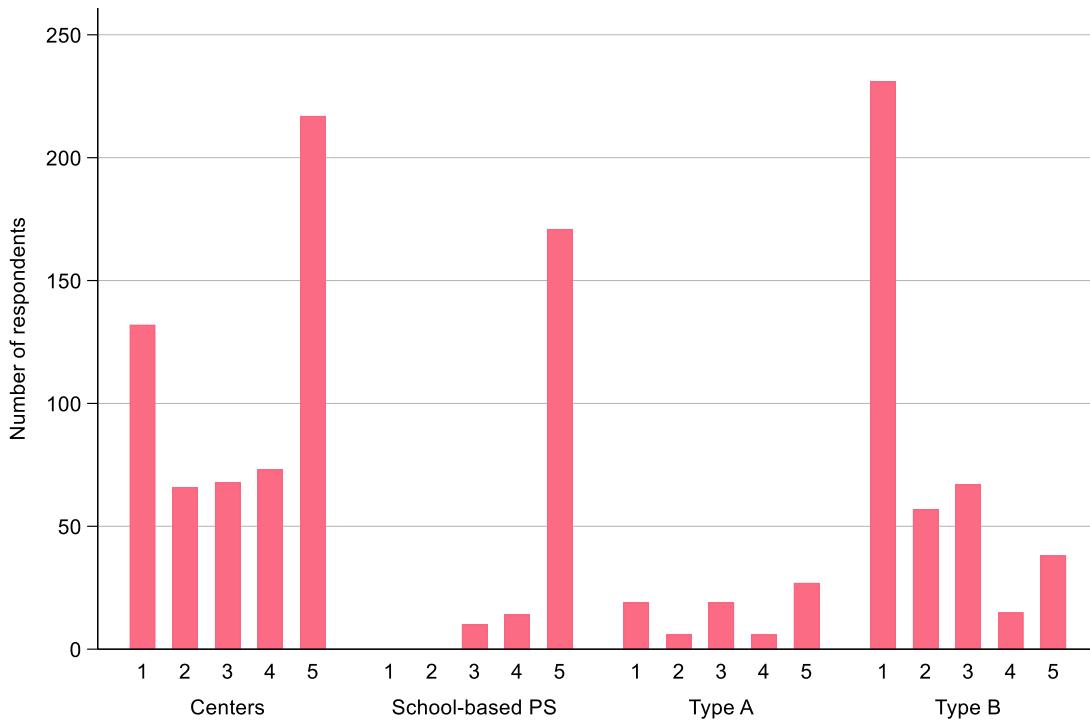
Figure 10. SUTQ star rating among currently rated respondents, by provider type.

In Their Words 10:

Duplicative Nature of SUTQ and ODEW Requirements For School-Based Respondents

SUTQ requirements feel excessive to school-based responding providers, and redundant as they must already do the work to meet ODEW's licensing requirements.

> *Because we're also part of ODE, SUTQ seems redundant and wasteful of time. It seems like either ODE or SUTQ would be sufficient rather than having to meet the requirements of both. Or ODE and SUTQ should have similar requirements.*
>
> *-Survey 2, School Based Preschool Provider*

> *SUTQ has been time consuming for school districts since its inception. Forcing staff in school districts who already have to comply with licensure through ODE, just makes for extra "busy" work. The whole thing feels like jumping through hoops.*
>
> *-Survey 2, School Based Preschool Provider*

> *It doesn't make any sense that SUTQ compliance is more labor intensive - especially for school-based programs- than requirements for grades K-12. It makes sense more for home-based and other programs that don't have the built-in accountability that schools already have in place.*
>
> *-Survey 2, School Based Preschool Provider*

> *The [SUTQ] requirements were heavy on top of actually teaching students, meeting with parents, etc. Staff must follow all the requirements of district staff including hours, professional development,*

To gauge the administrative burden that SUTQ places on responding providers, we asked them to report on the time any administrative staff spent obtaining their previous rating. Figure 11 shows the distribution of time responses. Panel A shows the responses from center- and school-based preschools, for whom the hours estimate includes all time spent by any administrative staff. Most respondents (32%) indicated that their administrators spent a total of between 80 and 100 hours on their most recent SUTQ evaluation. Another 40% indicated they spent between 40 and 80 hours in total. Over 50% of respondents indicated that their most recent SUTQ evaluation took over 60 administrative hours. In panel B, we show the same responses for home-based respondents, where the total time estimate only includes time the owner-operator spent on their most recent SUTQ rating. About 30% of homes indicated that they spent less than 20 hours on their SUTQ rating. About 22% indicated spending more than 60 hours.

Panel A. Centers and SB Preschools
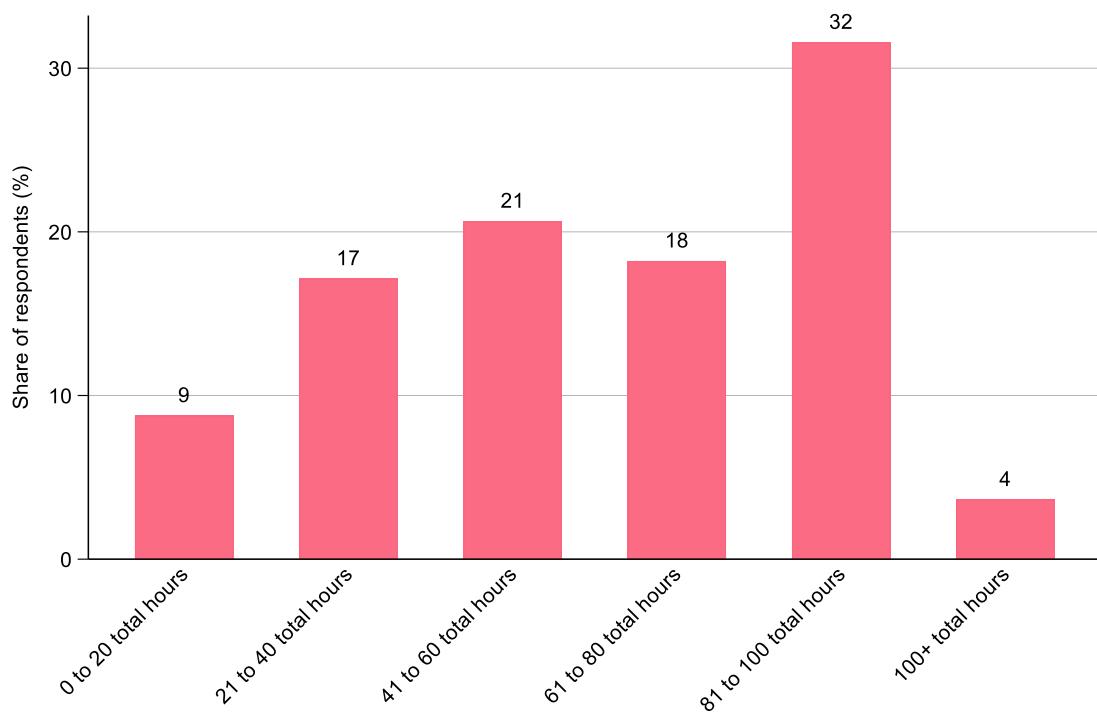
Panel B. Type A and B homes
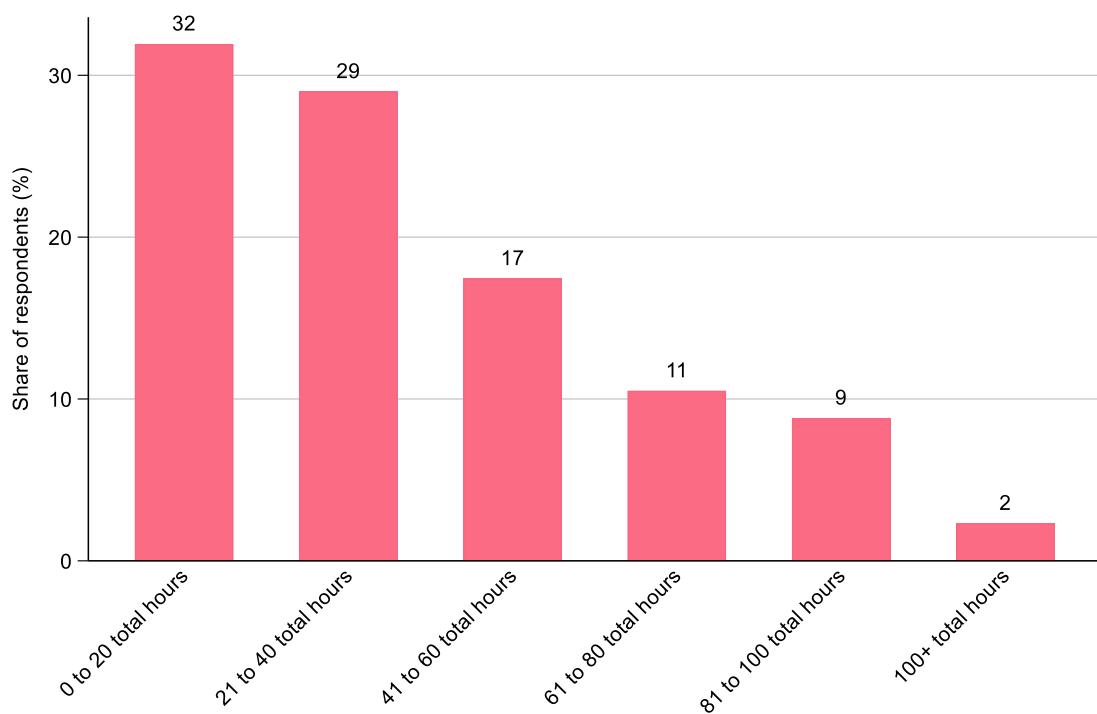
Figure 11. Total administrative time spent for SUTQ rating, by respondent type.

To identify which tasks took the most time, we also asked respondents to report how many hours they and their staff spent on specific SUTQ tasks. Table 12 presents the average number of hours that respondents spent completing different tasks related to obtaining their SUTQ rating. For centers and school-based preschools, we show the total number of hours that administrators spent, as well as the total hours spent by each teacher. Centers reported that administrators spent the most time learning about the SUTQ process (39 hours) and completing paperwork (43 hours). They also reported spending 34 hours completing trainings. Observations, self-assessments, and preparing for the site visit took about 54 hours in total. Center- and school-based respondents also reported that each teacher spent about 46 hours completing trainings, and spent over 30 hours each learning about the process, completing paperwork, and completing the child assessments. Home-based respondents reported spending the most time completing training (about 29 hours), learning about the process (20 hours), and competing child assessments (19 hours). In open-ended comments, some respondents expressed frustration at the paperwork requirements of SUTQ (see In Their Words 11).

Table 12. Average Number of Hours Spent in Specific SUTQ-Related Activities, by Respondent Type and Role

Activity	Centers & SB Preschools		Homes
	Administrators	Teachers	Total
Learning about SUTQ	39	32	20
Completing paperwork	43	34	17
Training	34	46	29
Observations and self-assessments	27	22	15
Child assessments	22	36	19
Writing documents	23	15	14
Preparing for site visit	27	23	15
Total*	**215**	**209**	**129**

*Note: that when we total the reported time across tasks, we find that administrators reported spending a total of 215 hours for centers, and 129 hours for homes. These numbers are greater than the overall estimates respondents gave of the time they spent on SUTQ. Survey respondents are often able to recollect more accurate responses when asked detailed questions.

In Their Words 11:
Paperwork And Time Spent On SUTQ

The burden of an extensive time commitment, sense of pointlessness to the amount of required paperwork, and concern that SUTQ participation was unlikely to ensure quality were chief among the concerns expressed by responding providers.

There is a lot of required paperwork along with qualification expectations from state and county that takes away the passion of caring for children, along with the unannounced visits that you are unable to prepare for which seems like we are targeted for write-ups and being judged on how we run our programs.

-Survey 1, Family Child Care Provider - Type A (serves 7-12 children)

It [SUTQ] was tedious and stress inducing.

Survey 1, Center Provider

I feel a lot of time is spent just trying to figure out what it is that the State wants. The forms and checklist are very repetitive and make you feel like you are missing things when in reality you have already completed a certain form they are just asking for it twice. I felt like I had a TON of wasted time for no reason whatsoever. Just to prove to someone else that I was doing something that we clearly do every day.

-Survey 1, Center Provider

The SUTQ system does not equal quality. Some of the worst programs I know in our community are rated 5 star/gold. They are not quality programs but have figured out how to complete all the paperwork…that's all.

Finally, we asked respondents what share of the total time they spent on SUTQ was done outside of normal work hours and was unpaid. Figure 12 shows the results where we graph the share of respondents that reported that none (1) versus all (5) the time spent on SUTQ was completed in unpaid, after-work hours. In Panel A, we show the number of administrative hours for center- and school-based respondents that occurred outside of normal work hours. Twenty-four percent of respondents reported that none of the SUTQ time happened during unpaid hours, and 14% indicated that all the work was completed during unpaid hours. Panel B shows the same results for teacher time at centers. Thirty-nine percent of respondents reported that teachers spent no time out of normal work hours on SUTQ. Panel C shows that among home-based respondents, 50% of respondents reported that virtually all SUTQ tasks are completed outside of normal working hours. In open-ended comments, many respondents had glowing praise for the community and DCY specialists who helped them complete the SUTQ tasks, and wished more in-person support was available (see In Their Words 12).

Panel A. Director and administrative staff, Centers
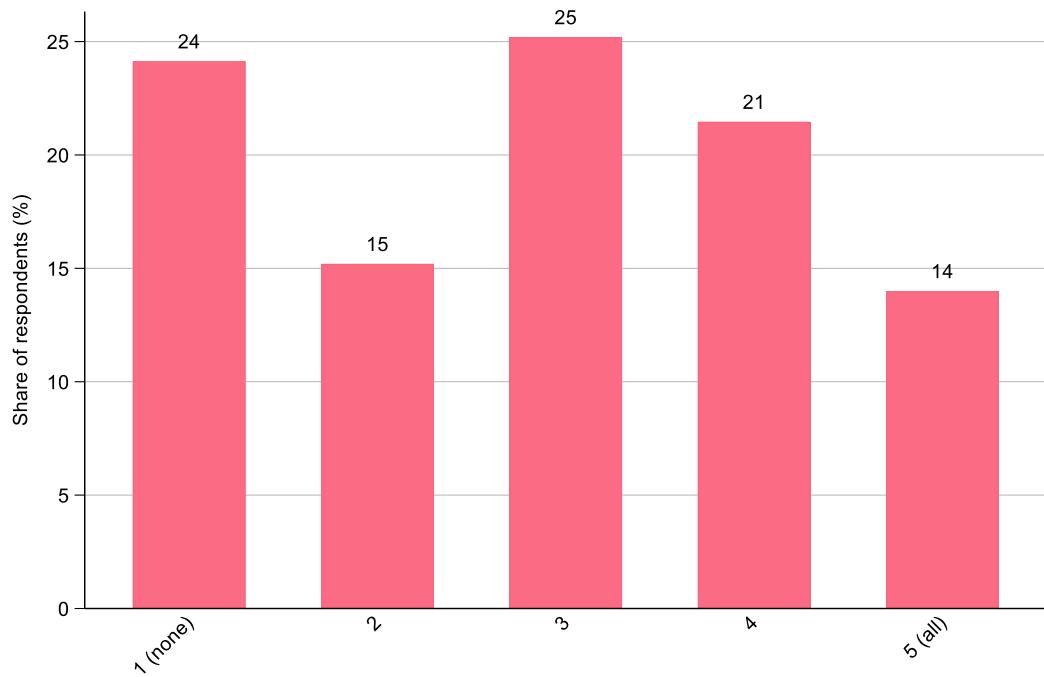
Panel B. Teachers, Centers
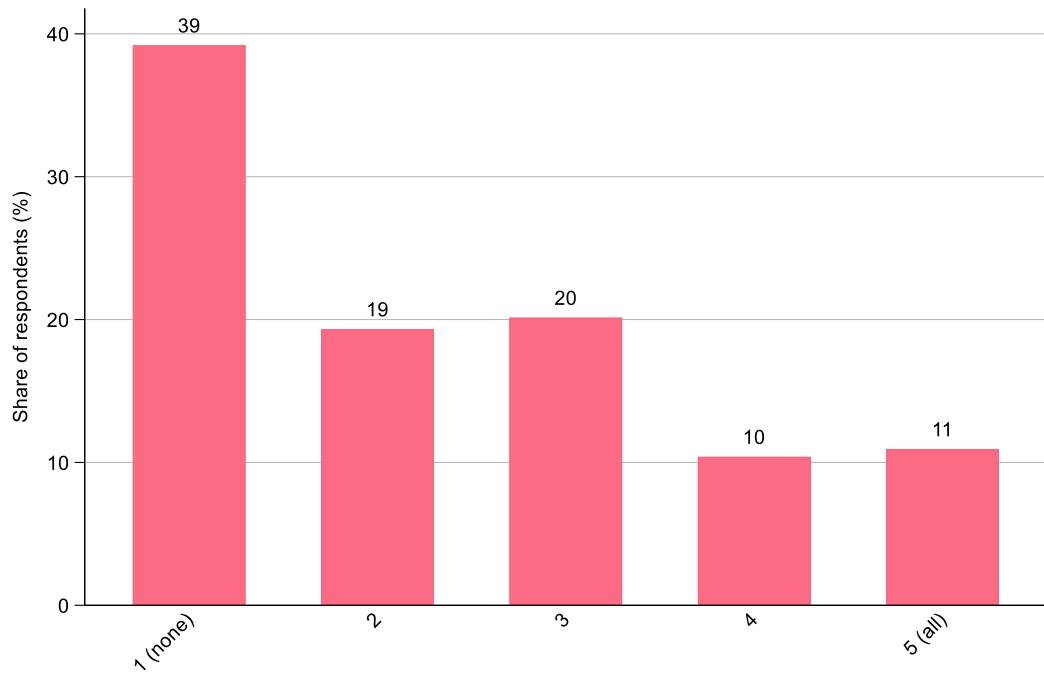
Panel C: Homes
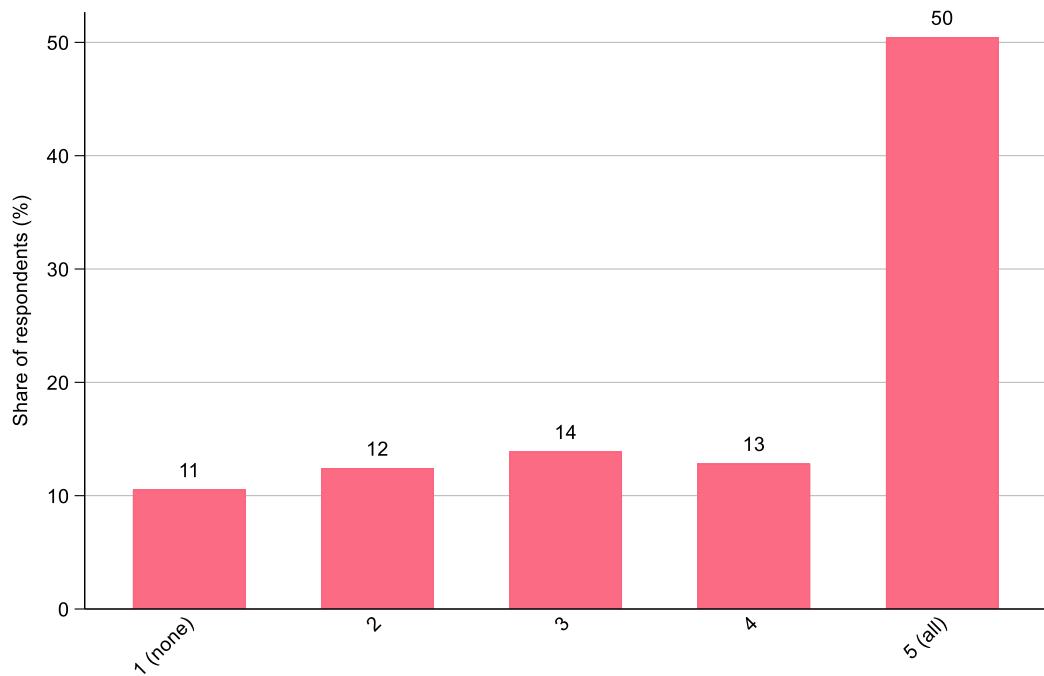
Figure 12. Share of time spent on SUTQ outside of work, by various roles and provider type.

CONCLUSIONS AND POLICY IMPLICATIONS

As states across the nation continue to struggle with meeting demand for child care, there is increasing need to understand the experiences of community- and school-based providers of care for the birth-to-five population. The results of this survey help shed light on issues of capacity, ability to meet special needs, and experiences navigating state systems like Step Up to Quality among Ohio's child care providers. The survey results are based on a sample of about 1,700 Ohio child care providers, including 25%-30% of Ohio's community-based providers. The relatively large sample size adds to the validity of the survey results.

The survey sheds light on the capacity of child care providers. Based on survey responses, we estimate total capacity by age group and find that child care centers in the state have the capacity to serve about 1-in-5 of Ohio's infants, about 1-in-4 of its toddlers, and about 1-in-3 of its preschoolers. Adding in the capacity of Ohio's home-based providers and school-based preschools – which report being able to serve about 60 children each on average – the state does have significant capacity in B-5 care. However, between 40% and 60% of responding providers indicated that they had a waitlist at least some of the time. Thus, capacity limitations are isolated to certain providers, or certain times, indicating a coordination problem.

> **Recommendation:** Collect information on the presence of a waitlist from providers during their licensing process. This information for the entire sample of providers can improve understanding of areas where demand outstrips supply.

When we asked responding providers what factors were most limiting to expanding their capacity, they reported that finding and keeping qualified workers – along with struggles to pay a competitive wage – were important. Surprisingly, the most commonly reported limitation was not workforce related, but rather to do with the costs of maintaining their facilities to standard. Facilities maintenance is potentially a more tractable problem since many maintenance costs are one-time. The state may have the ability to offer grant programs to support facility expansions.

> **Recommendation:** Consider offering competitive grants to support providers who are interested in expanding capacity, but limited by facility size. For example, Colorado recently offered an "Emerging and Expanding Grant" program to support facility expansion. Colorado's experience suggests that grant funding is also needed to support maintenance of facilities, and technical support in facility expansion is also important.[2]

Home-based respondents also indicated a desire to expand capacity, either by serving a few more children under their current license, or by transitioning from a Type B to Type A provider license.

These respondents indicated being limited by local and state laws. For instance, several home-based respondents were frustrated that local zoning laws limited them to Type B license if they lived in a rented home. Other Type B respondents referred to other states, which allow home-based respondents to serve more children under certain circumstances (i.e. experienced provider-type license, serving larger group sizes of older children).

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[2] Schultz Patel, M. & Gowensmith, D. (2023). Emerging and Expanding Grants. *Colorado Evaluation & Action Lab Stimulus Evidence-Building Briefs.* Accessed on June 15, 2025 at https://cdec.colorado.gov/emerging-and-expanding-grants

> **Recommendation:** Work with home-based providers, and local communities to overcome administrative burdens where possible in order to expand home-based capacity. Explore alternative licensing rules in other states that could allow some home-based providers to serve more children under certain conditions.

Most respondents noted the ability to serve children with emotional, behavioral, or developmental needs; fewer could serve physical health needs. Some also indicated that children with special needs are becoming more common, with more severe challenges, especially after COVID-19. In terms of limiting factors, finding, paying, and keeping teachers with appropriate training to address special needs was noted as an important challenge. Very few respondents had the ability to serve children for overnight care.

> **Recommendation:** Ensure that the set of Ohio-Approved Professional Development trainings includes many options to support providers as they serve more children with special health needs. Support the ECE workforce in gaining news skills in trauma-informed care and peer-based classroom management, through grants.

Finally, we uncovered that respondents perceive the old SUTQ process to be time-intensive. Administrators and home-based respondents indicated spending upwards of 100 to 200 hours completing requirements. Centers also noted that each teacher spent about 200 work hours completing requirements. If we value this time spent at the average reported teacher wage in our salary ($15/hour), every SUTQ evaluation costs a provider about $3,000 per teacher. These numbers offer an excellent baseline to evaluate the changes that Ohio implemented to its QRIS in 2024. Follow-up surveys with this same set of respondents will allow us to track the time and cost savings of a simplified QRIS for providers.

REFERENCE

Schultz Patel, M. & Gowensmith, D. (2023). Emerging and Expanding Grants. *Colorado Evaluation & Action Lab Stimulus Evidence-Building Briefs.* Accessed on June 15, 2025 at https://cdec.colorado.gov/emerging-and-expanding-grants

APPENDIX A

PDG Survey

Survey Introduction   The Department of Children and Youth are working with researchers at The Ohio State University to learn about your capacity to serve children, your experiences with Step Up to Quality, and how you engage in quality practices with the children you serve.   This survey is anonymous, and only Ohio State researchers will see information that can identify you. In any published documents or reports to state officials, the responses you provide will not be linked to you or the program you work for.

Survey Instructions   This survey will take approximately 30 minutes to complete. Even if you aren't sure about your responses, it is ok to give your best guess. It is best to complete it on a tablet or laptop, however it is also possible to complete on your smartphone.   Any colleagues that you would recommend to us are also welcome to complete the survey and receive the gift card. Please share this email contact with them (Krista Pattison – pattison.52@osu.edu), and when they reach out, we'll send the survey to them.

Survey Incentive   You will receive a $40 virtual gift card for completing and submitting the survey. Be sure to include the email address where we can send your virtual gift card. The virtual gift card can be easily used online at over 200 retailers.

Section I: Background Information: For the purposes of these questions "teacher/caregiver" can mean anyone who contributes to teaching children, and "administrator " can be anyone on staff who is responsible for performing the administrative functions (running the program, keeping up required documentation, etc.) at your center. (for researcher use only – will not be used to identify any of your responses)

PDGS1 Your program name:

_____

PDGS2 Your first and last name (in order to receive your gift card):

_____

PDGS3 Your email address (in order to receive your gift card):

_____

PDGS4 What type of program are you?

○ Family Child Care Provider - Type A (serves 7-12 children). (1)

○ Family Child Care Provider - Type B (serves 6 or fewer children). (2)

○ Center Provider. (3)

○ Preschool/School based. (4)

Display this question:

If What type of program are you? = Center Provider.

Or What type of program are you? = Preschool/School based.

PDGS5 What is your primary role/title?

○ Program director/principal. (1)

○ Other administrative staff. (2)

○ Lead teacher. (3)

○ Assistant teacher. (4)

○ Program administrator and teacher. (5)

○ Sole employee at a single-staff preschool. (6)

○ Other support staff (i.e. floater, nurse, food preparation, etc.). (7)

PDGS6 Which sources of tuition payment do you accept? (Check all that apply.)

☐   Private Pay (families pay tuition to you directly). (1)

☐   Early Childhood Education Grant from Ohio Department of Education and Workforce. (2)

☐   Early Head Start. (3)

☐   Head Start. (4)

☐   Preschool Special Education. (5)

☐   Publicly Funded Child Care (PFCC /Title XX). (6)

☐   Child Care Choice Program. (7)

☐   Other (please specify). (8) _____

Display this question:

If What type of program are you? = Center Provider.

Or What type of program are you? = Preschool/School based.

PDGS7 How many teachers/caregivers work at your center? Write 1 if you are a single-staff preschool.

_____

Display this question:

If What type of program are you? = Center Provider.

Or What type of program are you? = Preschool/School based.

PDGS8 How many classrooms do you currently have open?

_____

PDGS9a If you have more than 1 classroom, tell us more about the age of children in each class and how you staff the classrooms.   **First, tell us about classrooms that serve infants and toddlers (age 0 to 36 months).**

	We have...	That serve children ages:		In these classrooms, we aim for a staff:child ratio of:
		Minimum months (1)	Maximum months (2)	1 staff per how many children? (1)
1 (PDGS9aa)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9ab)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9ac)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9ad)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9ae)	▼ 1 classroom (1 … 5+ classrooms (5)			

PDGS9b **Now tell us about classrooms that serve preschoolers and school-aged children (3 years old and up).**

	We have…	That serve children ages:		In these classrooms, we aim for a staff:child ratio of:
		Minimum years (1)	Maximum years (2)	1 staff per how many children? (1)
1 (PDGS9ba)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9bb)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9bc)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9bd)	▼ 1 classroom (1 … 5+ classrooms (5)			
(PDGS9be)	▼ 1 classroom (1 … 5+ classrooms (5)			

End of Block: Section I: Background Information

Start of Block: Section II: Capacity and Demand by Age

nr_text3 **Section II: Capacity and demand by age**   The following questions ask about your capacity to serve children of different ages, things that limit your capacity or enrollment, and your ability to meet demand for child care.

---

nr_text4 **Capacity by Age:**

PDGS10 As of today, **how many children in each age group are currently enrolled in your program?**

○ Infants (birth to 18 months). (1) _____

○ Toddlers (18 months to 3 years). (2) _____

○ Preschool (3 years to 5 years). (3) _____

○ School-Age (kindergarten +). (4) _____

PDGS11 As of today, given limitations of space, staffing, and/or administrative workload, **what is the maximum number of children in each age group that you are you able to serve?**   We will refer to this as your current maximum capacity going forward. It may or may not be the same as your licensed capacity or your current enrollment.   *(Example: You currently have 2 enrolled infants. You have sufficient space/equipment to care for 10 infants. However, you only have enough staff to care for 5 infants. Your current maximum capacity would be 5 infants.)*

○ Infants (birth to 18 months). (1) _____

○ Toddlers (18 months to 3 years). (2) _____

○ Preschool (3 years to 5 years). (3) _____

○ School-Age (kindergarten +). (4) _____

PDGS12 Now imagine you are not limited by space, staffing, or other factors. **How many children in each age group would you ideally like to serve?**   We will refer to this as your desired capacity going forward. It may or may not be the same as your licensed capacity, or as your current maximum capacity.   *(Example: You have sufficient space/equipment to*

care for 10 infants, but you only have enough staff to care for 5 infants. However, you would ideally like to maintain enough staff to serve 10 infants. Your desired capacity would be 10 infants.)

◯ Infants (birth to 18 months). (1) _____

◯ Toddlers (18 months to 3 years). (2) _____

◯ Preschool (3 years to 5 years). (3) _____

◯ School-Age (kindergarten +). (4) _____

nr_text5 **Limitations to capacity**

PDGS13 Is your current maximum capacity less than your desired capacity for any age groups?

◯ Yes, we would like to increase our capacity but are limited. (1)

◯ No, We are happy with our current maximum capacity. (2)

Skip To: nr_text6 If Is your current maximum capacity less than your desired capacity for any age groups? = No, We are happy with our current maximum capacity.

PDGS14a Which of the following workforce challenges limit your ability to meet your desired capacity? (Check all that apply):

☐ Challenge of offering a fair/competitive wage to employees. (1)

☐ Challenge of offering employee benefits. (2)

☐ Difficulty recruiting/retaining quality ECE teachers. (3)

☐ Difficulty recruiting/retaining quality non-teaching staff. (4)

☐ Difficulty ensuring teachers meet required qualifications. (5)

☐ Difficulty ensuring teachers complete required trainings. (6)

PDGS14b Which of the following administrative challenges limit your ability to meet your desired capacity? (Check all that apply):

☐ Stress of administering and participating in Publicly Funded Child Care (PFCC). (1)

☐ Stress of administering and participating in Step Up to Quality (SUTQ). (2)

☐ Completing PFCC requirements take too much time away from children. (3)

☐ Completing SUTQ requirements take too much time away from children. (4)

☐ Completing PFCC requirements take too much time outside of work hours. (5)

☐ Completing SUTQ requirements take too much time outside of work hours. (6)

☐ PFCC subsidies do not cover the cost of providing quality care. (7)

☐ Other administrative challenges of participating in PFCC (besides stress and time). (8)

☐ Other administrative challenges of participating in SUTQ (besides stress and time). (9)

☐ Administrative challenges of meeting licensing standards. (10)

PDGS14c Which of the following facilities challenges limit your ability to meet your desired capacity? (Check all that apply):

☐ Difficulty finding a facility/space that will accommodate desired capacity. (27)

☐ Cost of renting/leasing quality facility/space. (28)

☐ Cost of maintaining your facility/space at standard (i.e. repairs, updates). (29)

☐ Cost of obtaining/maintaining a quality curriculum. (30)

☐ Cost of obtaining/maintaining quality educational or safety materials. (31)

PDGS14d Which of the following market challenges limit your ability to meet your desired capacity? (Check all that apply):

☐ Not enough children need care (insufficient demand). (1)

☐ Children transitioning in and out of program frequently (unstable enrollment). (2)

☐ Unstable child attendance that limits ability to take on new children. (3)

PDGS14e Describe any other factors that limit your ability to meet your desired maximum capacity that we have not asked about

_____

_____

_____

_____

_____

nr_text6 **Meeting demand**

PDGS15 Are you able to serve all children who come to you for care?

◯ Yes, we usually have spots available for children needing care and can serve them immediately. (1)

◯ No, at least some of the time, we do not have a spot available for a child needing care and cannot serve them immediately. (2)

PDGS16 If not, which of the following best describes your situation?

○ We rarely or never have open spots available for children of any age. (1)

○ We rarely or never have open spots available for infants/toddlers, but we can generally serve preschool children without a wait. (2)

○ We rarely or never have open spots available for preschool children, but we can generally serve infants/toddlers without a wait. (3)

PDGS17 Are there any other issues you face in operating at your desired capacity, or meeting the demand for care in your area that we have not asked about? Please describe them here:

_____

nr_text7 **Section III: Serving Special Needs**   The following set of questions ask about your ability to serve children with special needs. We understand that serving children with special needs might require your program to have special facilities or staff with specific training that limit your ability to serve these children. We are interested in hearing about how these factors limit your ability to serve children with special needs.

nr_text8 **Capacity by Special Health Needs:**   In this section, we are going to ask you about children with special health and development needs. We understand that most of the conditions we refer to vary in severity. When answering, **please imagine a case where the child's needs are severe enough that you would need to adjust your facility, classrooms, or practices** to serve them.

PDGS18 First we will ask about developmental delays, learning disabilities, or social, emotional, or behavioral disorders. Children may not receive diagnoses from a doctor for these conditions before age 5. However, early childhood

practitioners and families might start to notice signs of these conditions early on. **Please describe your capacity to serve children with early signs or symptoms of the following conditions:**

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Social, emotional, or behavioral needs (i.e. behavioral problems, trauma, mental health disorders). (PDGS18a)	○	○	○
Speech and Language Development Delays. (PDGS18b)	○	○	○
Neurodevelopment Disorders (i.e., Autism Spectrum Disorder, ADHD). (PDGS18c)	○	○	○
Learning Disabilities (i.e., dyslexia). (PDGS18d)	○	○	○

PDGS19 How frequently do children with developmental, learning, or socioemotional/behavioral needs come to your program requesting care?

○ Once a year or less. (1)

○ A few times a year. (2)

○ At least once a month. (3)

○ Multiple times per month. (4)

PDGS20 Suppose you have a spot available in your program and a child with a developmental, learning, or socioemotional/behavioral need requests care. How often do you have the ability to serve them?

○ Almost always. (1)

○ Sometimes. (2)

○ Almost never. (3)

○ N/A. I cannot serve these children or they rarely request service. (4)

PDGS21 Physical health needs are often diagnosed at birth, or very early on in life, before the age of 5. **Please describe your capacity to serve children with any of the following diagnosed physical health needs:**

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Deafness or Hearing Impairment. (PDGS21a)	○	○	○
Visual Impairments. (PDGS21b)	○	○	○
Deaf and Blind. (PDGS21c)	○	○	○
Physical/Motor Disabilities (i.e., wheelchair accessibility). (PDGS21d)	○	○	○
Intellectual Disabilities (i.e., Down, fragile x, fetal alcohol, or Prader-Willis syndrome). (PDGS21e)	○	○	○

PDGS22 How frequently do children with physical health needs come to your program requesting care?

○ Once a year or less. (1)

○ A few times a year. (2)

○ At least once a month. (3)

○ Multiple times per month. (4)

PDGS23 Suppose you have a spot available and a child with a physical health need requests care. How often do you have capacity to serve them?

○ Almost always. (1)

○ Sometimes. (2)

○ Almost never. (3)

○ N/A. I cannot serve these children or they rarely request service. (4)

Display this question:

If First we will ask about developmental delays, learning disabilities, or social, emotional, or beh... = We are unable to serve children with this need.

Or Physical health needs are often diagnosed at birth, or very early on in life, before the age of 5... = We are unable to serve children with this need.

PDGS24 Please indicate **which of the following limits your ability to serve children with the emotional, developmental, learning or physical needs described above** (check all that apply):

☐ Difficulty ensuring accessibility of the facility (i.e., wheelchair accessibility). (1)

☐ Insufficient space in the facility. (2)

☐ Challenge in providing facility or materials that meet licensure requirements. (3)

☐ Challenge of properly insuring business against potential risk. (4)

☐ Challenge of recruiting/retaining staff with appropriate training. (5)

☐ Cost of additional employees to meet child's special needs. (6)

☐ Difficulty ensuring safety/learning of child with special needs. (7)

☐ Difficulty ensuring safety/learning of other enrolled children. (8)

☐ Stress of additional compliance requirements. (9)

☐ Other (please describe). (10) _____

nr_text8 **Capacity by Special Service Needs**   In this section, we will ask you about your ability to serve children with special service needs.

PDGS25 Please describe your capacity to serve children with any of the following needs for non-traditional hours of care. If your program is not open during the hours listed, select that you are unable to serve children.

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Early hours care (approximately 6:30am-8:30am). (PDGS25a)	○	○	○
Late hours care (approximately 5:30pm-7:30pm). (PDGS25b)	○	○	○
Overnight care (approximately 7:30 pm-8 am). (PDGS25c)	○	○	○
Partial Days or Partial Weeks. (PDGS25d)	○	○	○

PDGS26 Please describe your capacity to serve children with any of the following dietary needs…

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Nut-Free Program/Facility. (PDGS26a)	○	○	○
Allergies, Vegetarian, Vegan. (PDGS26b)	○	○	○
Religious Requirements (i.e., Halal, Kosher). (PDGS26c)	○	○	○

PDGS27 Please describe your capacity to serve children who are English Language Learners (ELL) (English is not the child's primary language)...

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
English Language Learners (ELL). (PDGS27a)	○	○	○

Display this question:

If Please describe your capacity to serve children with any of the following needs for non-tradition... = We are unable to serve children with this need.

Or Please describe your capacity to serve children with any of the following dietary needs… = We are unable to serve children with this need.

PDGS28 Please indicate **which of the following limits your ability to serve children needing non-traditional hours of care, with dietary needs, or with ELL service needs** (check all that apply):

☐ Inappropriate space for long/overnight stays (bathing, long sleep, etc.). (1)

☐ Inappropriate space to prepare different foods. (2)

☐ Cost of additional employees to meet child's service needs. (3)

☐ Cost of ELL curriculum. (4)

☐ Cost of food. (5)

☐ Recruiting/Retaining staff with appropriate training to meet child's service need. (6)

☐ Stress of additional compliance requirements. (7)

☐ Does not align with my business model or organizational mission. (8)

☐ Other (please describe). (9) _____

nr_text9 **Section IV: Step Up To Quality and Administrative Burden**   The next section asks about your experience with Step Up to Quality. We understand that Step Up to Quality requirements are changing July 7, 2024. We would like to understand how the **current SUTQ** system works for you. Please respond to the following questions based on your experience using SUTQ **prior to April 2024**. We understand that it may be difficult to estimate or remember some details. It is ok to give a ballpark answer.

PDGS29 Most recent SUTQ star rating:

○ Never been rated. (1)

○ Not currently rated, but previously rated. (2)

○ 1 Star. (3)

○ 2 Star. (4)

○ 3 Star. (5)

○ 4 Star. (6)

○ 5 Star. (7)

Skip To: End of Block If Most recent SUTQ star rating: = Never been rated.

Skip To: End of Block If Most recent SUTQ star rating: = Not currently rated, but previously rated.

---

nr_text10 **Time on SUTQ**   We are interested in getting estimates of the time it took to meet SUTQ requirements. Please think about all the hours that you (and any of your staff) spent on the process, including preparation, administrative tasks, trainings, evaluations, and anything else that took you time. It's ok to give a ballpark estimate.

Display this question:

If What type of program are you? = Center Provider.

Or What type of program are you? = Preschool/School based.

PDGS30a Overall, the last time you were evaluated under SUTQ, **how many hours in total did you and any other administrative staff spend in the process to obtain your rating? Add up the time across all administrators.** It's ok to give a ballpark estimate.

○ 0 to 20 total hours. (1)

○ 21 to 40 total hours. (2)

○ 41 to 60 total hours. (3)

○ 61 to 80 total hours. (4)

○ 81 to 100 total hours. (5)

○ Other amount of hours *(your best estimate)*. (6) _____

Display this question:

If What type of program are you? = Family Child Care Provider - Type A (serves 7-12 children).

Or What type of program are you? = Family Child Care Provider - Type B (serves 6 or fewer children).

PDGS30b Overall, the last time you were evaluated under SUTQ, **how many hours in total did you spend in the process to obtain your rating?** It's ok to give a ballpark estimate.

○ 0 to 20 total hours. (1)

○ 21 to 40 total hours. (2)

○ 41 to 60 total hours. (3)

○ 61 to 80 total hours. (4)

○ 81 to 100 total hours. (5)

○ Other amount of hours *(your best estimate)*. (6) _____

Display this question:

If What type of program are you? = Center Provider.

Or What type of program are you? = Preschool/School based.

PDGS31a Many programs and teachers complete SUTQ requirements after work (i.e. during unpaid hours). **What portion of the time the program director and other administrative staff spent occurred in unpaid, after work hours?**

	1 (none) (1)	2 (2)	3 (3)	4 (4)	5 (all) (5)
(4)	○	○	○	○	○

PDGS31b Many programs and teachers complete SUTQ requirements after work (i.e. during unpaid hours). **What portion of the time you spent occurred after work hours?**

	1 (none) (1)	2 (2)	3 (3)	4 (4)	5 (all) (5)
(4)	○	○	○	○	○

nr_text11 Overall, the last time you were evaluated under SUTQ, **how many hours did each teacher spend in the process to obtain your rating? Report the per teacher number of hours.** It's ok to give a ballpark estimate.

PDGS32a **Hours that each lead teacher** spent on your most recent SUTQ rating process:

○ 0 to 10 total hours. (1)

○ 11 to 20 total hours. (2)

○ 21 to 30 total hours. (3)

○ 31 to 40 total hours. (4)

○ 41 to 50 total hours. (5)

○ Other amount of hours *(your best estimate)*. (6) _____

PDGS32b **Hours that each assistant teacher** spent on your most recent SUTQ rating process:

○ 0 to 10 total hours. (10)

○ 11 to 20 total hours. (11)

○ 21 to 30 total hours. (12)

○ 31 to 40 total hours. (13)

○ 41 to 50 total hours. (14)

○ Other amount of hours *(your best estimate)*. (15) _____

PDGS33 Many teachers complete SUTQ requirements after work (i.e. during unpaid hours). **What portion of the time teachers spent occurred in unpaid, after work hours?**

	1 (none) (1)	2 (2)	3 (3)	4 (4)	5 (all) (5)
(4)	○	○	○	○	○

nr_text12 Now we will ask you about the time you spent on specific tasks to complete your SUTQ evaluation. It's ok to give ballpark estimates.   **How much time did you spend...**

PDGS34a **Learning about SUTQ requirements?** This includes tasks like understanding the points structure, learning which forms to compete, understanding how the submission and evaluation process works, and contacting state, county, or other support consultants for help (SST, OCCRRA, etc).

Display this choice:

    If What type of program are you? = Center Provider.

    Or What type of program are you? = Preschool/School based.

  ○ **Total hours** that **program director and administrative staff** spent. (1)

_____

Display this choice:

    If What type of program are you? = Center Provider.

    Or What type of program are you? = Preschool/School based.

  ○ **Hours** that **each lead teacher** spent. (2) _____

Display this choice:

    If What type of program are you? = Center Provider.

    Or What type of program are you? = Preschool/School based.

  ○ **Hours** that **each assistant teacher** spent. (3) _____

Display this choice:

    If What type of program are you? = Family Child Care Provider - Type A (serves 7-12 children).

    Or What type of program are you? = Family Child Care Provider - Type B (serves 6 or fewer children).

  ○ **Total hours** that you spent. (4) _____

PDGS34b **Completing SUTQ paperwork and enter information into Ohio's data systems?** This includes tasks like gathering information to complete forms, completing the forms, completing the registration process in the Ohio Child

Care Licensing and Quality System (OCLQS), scanning and uploading documents in OLCQS, and verifying all staff have profiles in the Ohio Professional Registry (OPR).

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34c **Completing required trainings?** This includes all training required for professional development.

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34d **Completing observations and self-assessments?** This includes completing the classroom observations, program and classroom self-assessments.

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34e **Completing child assessments and screenings?**

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34f **Writing SUTQ required plan documents that you had not already created?** This could include documents like the written wage structure, information to families for transitioning children, classroom action
plan, Continuous Improvement Plan, etc. Only include documents that you wrote specifically because they were required for your SUTQ evaluation.

○ **Total hours** that **program director and administrative staff** spent. (1)
_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34g **Preparing for the on-site visit?** This includes gathering documentation, preparing teachers for the interview, and preparing classrooms for observation.

    ○ **Total hours** that **program director and administrative staff** spent. (1)

_____

    ○ **Hours** that **each lead teacher** spent. (2) _____

    ○ **Hours** that **each assistant teacher** spent. (3) _____

    ○ **Total hours** that you spent. (4) _____

PDGS34h **Other activity (specify)**

_____

PDGS34ha **Other activity (specify):** **${PDGS34h/ChoiceTextEntryValue}**

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS35 Is there anything else you would like to tell us about the time you spent on your last SUTQ evaluation?

_____

End of Block: Section IV: Step Up To Quality and Administrative Burden

Start of Block: Section V: Un-Rated Providers

nr_text13 **Section V: Un-Rated Providers**   In this section we'd like to learn more about your decision not to participate in Step Up to Quality.

PDGS36 Why did you choose not to participate in SUTQ? Choose all that apply…

☐   Time to complete requirements: takes too much time away from kids. (1)

☐   Time to complete requirements: takes too much time during non-work hours. (2)

☐   Don't accept PFCC, therefore not required. (3)

☐   We are a center that accepts less than 25% PFCC, therefore not required to receive PFCC. (4)

☐   Home-based provider, therefore not required to receive PFCC. (5)

☐   Families of children served in program do not seem to care about/view SUTQ participation as proof of quality. (6)

☐   Have another accreditation (Montessori, Waldorf, ASCI, etc.). (7)

☐   Participation in SUTQ doesn't improve the quality of my program. (8)

☐   The costs of achieving high quality levels are too high. (9)

☐   Other (please specify). (10) _____

PDGS37 Have you ever participated in SUTQ in the past?

○ Yes. (1)

○ No. (2)

Display this question:

If Have you ever participated in SUTQ in the past? = Yes.

PDGS38 If yes, what was your last year of participation?

_____

Display this question:

If Have you ever participated in SUTQ in the past? = Yes.

PDGS39 And your last star rating?

○ 1 Star. (1)

○ 2 Star. (2)

○ 3 Star. (3)

○ 4 Star. (4)

○ 5 Star. (5)

○ Unsure. (6)

End of Block: Section V: Un-Rated Providers

Start of Block: Section VI: Wages

nr_text14 **Section VI: Wages**   The following questions ask about the wages you pay your staff. For the purposes of these questions "teacher" can mean anyone who contributes to teaching children, and "administrator" can be anyone on staff who is responsible for performing the administrative functions *(running the program, keeping up required documentation, etc.)* at your center/school.

PDGS40 How much does your lowest-paid teacher earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

    ◯ $ / hour (1) _____

    ◯ $ / year (2) _____

PDGS41 How much does your highest-paid teacher earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

    ◯ $ / hour (1) _____

    ◯ $ / year (2) _____

PDGS42 How much does your lowest-paid administrator earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

○ $ / hour (1) _____

○ $ / year (2) _____

PDGS43 How much does your highest-paid administrator earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

○ $ / hour (1) _____

○ $ / year (2) _____

End of Block: Section VI: Wages

Start of Block: Section VII: Curriculum, Assessments, and Other Content

nr_text15 **Section VII. Curriculum, Assessments, and Other Content**   The next set of questions are about the use of curriculum and assessments at your program. For these questions, please focus on curriculum and assessments used for **preschool children/classrooms.**

PDGS44 Do you ever serve any infants/toddlers children (up to age 3)?

○ Yes. (1)

○ No. (2)

PDGS45 Is a specific curriculum or a combination of curricula use with infants/toddlers?

○ Yes, specific curriculum. (1)

○ Yes, combination. (2)

○ No curriculum. (3)

○ Don't know. (4)

PDGS46 Which curricula do you use? (select all that apply)

☐ Creative Curriculum. (1)

☐ High/Scope. (2)

☐ High Reach. (3)

☐ Let's Begin with the Letter People. (4)

☐ Montessori. (5)

☐ Bank Street. (6)

☐ Creating Child Centered Classrooms – Step by Step. (7)

☐ Scholastic Curriculum. (8)

☐ Locally Designed Curriculum. (9)

☐ Frogstreet - Toddler. (10)

☐ Other. (11) _____

☐ Other. (12) _____

☐ Other. (13) _____

PDGS47 Do you ever serve any preschool children (age 3 to 5)?

○ Yes. (1)

○ No. (2)

Skip To: End of Block If Do you ever serve any preschool children (age 3 to 5)? = No.

PDGS48 Is a specific curriculum or a combination of curricula used with preschool children?

○ Yes, specific curriculum. (1)

○ Yes, combination. (2)

○ No curriculum. (3)

○ Don't know. (4)

Skip To: PDGS53 If Is a specific curriculum or a combination of curricula used with preschool children? = No curriculum.

Skip To: PDGS53 If Is a specific curriculum or a combination of curricula used with preschool children? = Don't know.

PDGS49 Which curricula do you use? (select all that apply)

☐ Creative Curriculum. (1)

☐ High/Scope. (2)

☐ High Reach. (3)

☐ Let's Begin with the Letter People. (4)

☐ Montessori. (5)

☐ Bank Street. (6)

☐ Creating Child Centered Classrooms – Step by Step. (7)

☐ Scholastic Curriculum. (8)

☐ Frogstreet Pre-K. (9)

☐ Curiosity Corner. (10)

☐ World of Wonders. (11)

☐ Ready to Advance. (12)

☐ Pre-K on My Way. (13)

☐ Amplify Core Knowledge – Language Arts. (14)

☐ Locally Designed Curriculum. (15)

☐ Other. (16) _____

☐ Other. (17) _____

☐   Other. (18) _____

PDGS50 Thinking about your program's primary preschool curriculum, **how many hours of training in using this curriculum did you or teachers in your program receive in the past 12 months? (report the number of hours per teacher)**

○ 5 hours or less. (1)

○ 6-10 hours. (2)

○ 11-20 hours. (3)

○ 21-30 hours. (4)

○ 31-40 hours. (5)

○ Other amount of time. (6) _____

PDGS51 Thinking about your program's primary preschool curriculum, **who provided your program with the most training on this curriculum in the past 12 months?** (check all that apply)

☐ Staff at our school/program. (1)

☐ Staff from another early childhood program. (2)

☐ Consultants from curriculum developers. (3)

☐ University professors or instructors. (4)

☐ OCCRRA or other state training partners. (5)

☐ No training in the past 12 months. (6)

☐ Other. (7) _____

☐ ⊗Don't know. (8)

PDGS52 Have preschool teachers at your program received any of the following specific supports to help them use the primary curriculum in the past 12 months? (check all that apply)

☐ Help understanding the curriculum. (1)

☐ Provide opportunities to observe someone implementing the curriculum. (2)

☐ Refresher training on the curriculum. (3)

☐ Help implementing the curriculum. (4)

☐ Help planning curriculum-based activities. (5)

☐ Help individualizing the curriculum for children. (6)

☐ Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities. (7)

☐ Feedback on implementing the curriculum. (8)

☐ ⊗No support in past 12 months. (9)

☐ Other. (10) _____

☐ ⊗Don't know. (11)

PDGS53 Does your program use a child assessment with preschool children?

○ Yes. (1)

○ No. (2)

Skip To: PDGS56 If Does your program use a child assessment with preschool children? = No.

PDGS54 If so, what is your main child assessment tool?

_____

PDGS55 If you use a child assessment with preschool children, **how do you use the information from those assessments in planning for each child?** Select all that apply…

☐ To identify child's developmental level. (1)

☐ To individualize activities for child. (2)

☐ To determine if child needs referral for special services. (3)

☐ To determine child's strengths and weaknesses. (4)

☐ To identify activities for parents to do with child at home. (5)

☐ Other (please specify). (6) _____

PDGS56 Outside of curriculum-focused training, teachers often receive other types of professional development and training. Thinking about preschool teachers in your program, please indicate which **topics they received training on** and the **approximate number of hours of PD on each topic in the past 12 months?**

☐ Trauma. (1) _____

☐ Developmental Milestones. (2) _____

☐ Critical Conversations. (3) _____

☐ Classroom Management. (4) _____

☐ Family Engagements. (5) _____

☐ Other (Type and hours). (6) _____

☐ Other (Type and hours). (7) _____

☐ ⊗Received no other types of training. (8)

PDGS57 Programs can sometimes offer extra supports to enable teachers to take PD. **Does your program do any of the following?** (select all that apply)

☐   Provide extra pay for Professional Development taken after hours. (1)

☐   Hire substitute teachers so that teachers can take Professional Development during normal hours. (2)

☐   Pay costs for professional development. (3)

☐   Hire professional development to be provided at the program. (4)

☐   Other. (5) _____

End of Block: Section VII: Curriculum, Assessments, and Other Content

Start of Block: Section VIII: Quality Knowledge and Practices

nr_text16 **Section VIII: Quality Knowledge and Practices**   These following questions ask about your approaches in the classroom, and your knowledge about reading best practices. In each situation, please tell us which is the best option - the option you would recommend to teachers.

PDGS58 A small group of children is painting on paper at a table. One child asks if they can paint some rocks they collected earlier in the day. **The best thing to do is:**

○ Get the rocks and let the child paint them. (1)

○ Tell them rocks aren't for painting. (0)

○ Tell them it would make too much of a mess. (0)

○ Tell the child that is something they can do at home, not at school. (0)

PDGS59 Which of the following are ways to promote oral language development in young children? Select all that apply.

☐ Teaching children individual phonemes (letter sounds). (1)

☐ Having conversations where the child and caregiver take turns. (0)

☐ Asking young children open- and closed-ended questions. (0)

☐ Reading aloud to young children. (0)

PDGS60 A child is crying at drop-off because she misses her caregiver. **Which of the following is most likely to help the child in that moment:**

○ Let the child sit alone for a while until she calms down. (0)

○ Talk with the parent to figure out what happened. (0)

○ Encourage the child's friends to try to distract her. (0)

○ Spend time with her until the child feels better. (1)

PDGS61 A child hits another child. **The most effective response is to:**

○ Separate the children by moving the child who was hit into another center. (0)

○ Remind the child that hands are not for hitting, then help re-engage him in an activity. (1)

○ Ignore the behavior. (0)

○ Tell the child's parents about the misbehavior. (0)

PDGS62 Which of the following are ways to encourage print awareness in infants? Select all that apply.

☐ Exposing young children to positive experiences with print, which includes reading books aloud and playing with toys that highlight letters and numbers. (1)

☐ Ensuring infants physically experiment with the books adults read to them and look at the pictures they contain. (1)

☐ Allowing children to mimic how adults hold and manipulate books. (1)

☐ Telling children an oral story from memory. (0)

PDGS63 A child is trying to put together a puzzle that is too difficult for her. **The best thing to do is:**

○ Sit with her and give her hints that help her complete the puzzle. (1)

○ Provide her a puzzle that is easier for her to complete. (0)

○ Encourage her to keep trying it on her own. (0)

○ Complete the puzzle for her as a demonstration. (0)

PDGS64 Which of the following is NOT an emergent literacy component supporting later acquisition of the components of the Simple View of Reading?

○ Oral Language. (0)

○ Print Awareness. (0)

○ Word Memorization. (1)

○ Phonological Processing (use of sounds to understand written and spoken language). (0)

PDGS65 Which of the following is NOT a component of decoding?

○ Basic and advanced phonics. (0)

○ Vocabulary building. (1)

○ Applying letter-sound correspondence. (0)

○ Word analysis skills. (0)

End of Block: Section VIII: Quality Knowledge and Practices

Start of Block: End of Survey Message

nr_text15 **Thank you for completing the survey! Your experiences will be used to improve child care policy in the state. In the coming week, you will receive an email from TangoCard with your $40 gift card along with instructions about how to spend it. If you do not receive the email *within a week of completing the survey*, try searching your email inbox for "tango", or you can contact pattison.52@osu.edu for help.**

End of Block: End of Survey Message

APPENDIX B

PDG Survey 2- Preschools and Aftercare

Survey Introduction   The Department of Children and Youth are working with researchers at The Ohio State University to learn about your capacity to serve children, your historic experiences with Step Up to Quality, and how you engage in quality practices with the children you serve. We are particularly interested in your Step Up to Quality experiences **prior to April 2024**, before the implementation of the bronze-silver-gold rating system. We understand that it may be difficult to estimate or remember some details. It is ok to give a ballpark answer.   This survey is anonymous, and only Ohio State researchers will see information that can identify you. In any published documents or reports to state officials, the responses you provide will not be linked to you or the program you work for.

Survey Instructions   This survey will take approximately 30 minutes to complete. Even if you aren't sure about your responses, it is ok to give your best guess. It is best to complete it on a tablet or laptop, however it is also possible to complete on your smartphone.   Any colleagues who are also working in preschool or school age childcare, that you would recommend to us, are also welcome to complete the survey and receive the gift card. Please share this email contact with them (Krista Pattison – pattison.52@osu.edu), and when they reach out, we'll send the survey to them.

Survey Incentive   You will receive a $40 virtual gift card for completing and submitting the survey. Be sure to include the email address where we can send your virtual gift card. The virtual gift card can be easily used online at over 200 retailers.

Section I: Background Information: For the purposes of these questions "teacher/caregiver" can mean anyone who contributes to teaching children, and "administrator " can be anyone on staff who is responsible for performing the administrative functions (running the program, keeping up required documentation, etc.) at your center. (for researcher use only – will not be used to identify any of your responses)

PDGS1 Your program name:

_____

PDGS2 Your name (in order to receive your gift card):

◯ First name (4) _____

◯ Last name (5) _____

PDGS3 Your email address (in order to receive your gift card):PDGS4 What type of program are you? (Check all that apply)

☐ Extended care school age provider (before care) (1)

☐ Extended care school age provider (after care) (2)

☐ School based preschool provider (3)

☐ Center based preschool provider (5)

☐ 24 hour care provider (6)

☐

PDGS5 What is your primary role/title?

○ Program director/principal. (1)

○ Other administrative staff. (2)

○ Lead teacher. (3)

○ Assistant teacher. (4)

○ Program administrator and teacher. (5)

○ Sole employee at a single-staff preschool. (6)

○ Other support staff (i.e. floater, nurse, food preparation, etc.). (7)

PDGS6 Which sources of tuition payment do you accept? (Check all that apply.)

☐ Private Pay (families pay tuition to you directly). (1)

☐ Early Childhood Education Grant from Ohio Department of Education and Workforce. (2)

☐ Preschool Special Education. (5)

☐ Publicly Funded Child Care (PFCC /Title XX). (6)

☐   Child Care Choice Program. (7)

☐   Other (please specify). (8) _____

PDGS7 How many teachers/caregivers work at your center? Select 1 if you are a single-staff preschool.

○ 1 (4)

○ 2-5 (5)

○ 6-10 (6)

○ 11-20 (7)

○ 21-30 (8)

○ 31 or more (9)

PDGS8 How many classrooms do you currently have open?

○ 1 (3)

○ 2-5 (4)

○ 6-10 (5)

○ 11 or more (6)

PDGS9b **Tell us about classrooms that serve preschoolers and school-aged children (3 years old and up).**

	We have...	This classroom serves children up until this age:	In these classrooms, we aim for a staff:child ratio of:	This classroom serves children starting at this age:

1 (PDGS9ba)	▼ 1 classroom (1 ... 5+ classrooms (5)	▼ 3 years old (1 ... 13 or older (7)	▼ 1 staff per 4 children or less (1 ... 1 staff per 16 or more children (9)	▼ 3 years old (1 ... 13 or older (7)
(PDGS9bb)	▼ 1 classroom (1 ... 5+ classrooms (5)	▼ 3 years old (1 ... 13 or older (7)	▼ 1 staff per 4 children or less (1 ... 1 staff per 16 or more children (9)	▼ 3 years old (1 ... 13 or older (7)
(PDGS9bc)	▼ 1 classroom (1 ... 5+ classrooms (5)	▼ 3 years old (1 ... 13 or older (7)	▼ 1 staff per 4 children or less (1 ... 1 staff per 16 or more children (9)	▼ 3 years old (1 ... 13 or older (7)
(PDGS9bd)	▼ 1 classroom (1 ... 5+ classrooms (5)	▼ 3 years old (1 ... 13 or older (7)	▼ 1 staff per 4 children or less (1 ... 1 staff per 16 or more children (9)	▼ 3 years old (1 ... 13 or older (7)
(PDGS9be)	▼ 1 classroom (1 ... 5+ classrooms (5)	▼ 3 years old (1 ... 13 or older (7)	▼ 1 staff per 4 children or less (1 ... 1 staff per 16 or more children (9)	▼ 3 years old (1 ... 13 or older (7)

End of Block: Section I: Background Information

Start of Block: Section II: Capacity and Demand by Age

nr_text3 **Section II: Capacity and demand by age** The following questions ask about your capacity to serve children of different ages, things that limit your capacity or enrollment, and your ability to meet demand for child care.

----

nr_text4 **Capacity by Age:**

PDGS10 As of today, **how many children in each age group are currently enrolled in your program?** (enter 0 for any age group that has no children enrolled)

○ Preschool (3 years to 5 years) (1) _____

○ Before care school-age (kindergarten+) (2) _____

○ After care school-age (kindergarten+) (3) _____

○ School-Age (kindergarten +). (4) _____

○ 24 hr wraparound care (5) _____

PDGS11 As of today, given limitations of space, staffing, and/or administrative workload, **what is the maximum number of children in each age group that you are you able to serve?** (enter 0 for any age group that you are not able to serve) We will refer to this as your current maximum capacity going forward. It may or may not be the same as your licensed capacity or your current enrollment. *(Example: You currently have 10 enrolled preschoolers. You have sufficient space/equipment to care for 24 preschoolers. However, you only have enough staff to care for 12 preschoolers. Your current maximum capacity would be 12 preschoolers.)*

○ Preschool (3 years to 5 years) (1) _____

○ Before care school-age (kindergarten+) (2) _____

○ After care school-age (kindergarten+) (3) _____

○ School-Age (kindergarten +). (4) _____

○ 24 hr wraparound care (5) _____

PDGS12 Now imagine you are not limited by space, staffing, or other factors. **How many children in each age group would you ideally like to serve?** (enter 0 for any age group that you prefer not to serve) We will refer to this as your desired capacity going forward. It may or may not be the same as your licensed capacity, or as your current maximum capacity. *(Example: You have sufficient space/equipment to care for 10 infants, but you only have enough staff to care*

for 5 infants. However, you would ideally like to maintain enough staff to serve 10 infants. Your desired capacity would be 10 infants.)

   ○ Preschool (3 years to 5 years). (3) _____

   ○ Before care school-age (kindergarten+) (1) _____

   ○ After care school-age (kindergarten+) (2) _____

   ○ School-Age (kindergarten +). (4) _____

   ○ 24 hr wraparound care (5) _____

nr_text5 **Limitations to capacity**

PDGS13 Is your current maximum capacity **less than** your desired capacity for any age groups?

   ○ Yes, we would like to increase our capacity but are limited. (1)

   ○ No, We are happy with our current maximum capacity. (2)

Skip To: nr_text6 If Is your current maximum capacity less than your desired capacity for any age groups? = No, We are happy with our current maximum capacity.

PDGS14a Which of the following workforce challenges limit your ability to meet **your desired capacity**? (Check all that apply):

☐ Challenge of offering a fair/competitive wage to employees. (1)

☐ Challenge of offering employee benefits. (2)

☐ Difficulty recruiting/retaining quality ECE teachers. (3)

☐ Difficulty recruiting/retaining quality non-teaching staff. (4)

☐ Difficulty ensuring teachers meet required qualifications. (5)

☐ Difficulty ensuring teachers complete required trainings. (6)

PDGS14b Which of the following administrative challenges limit your ability to meet **your desired capacity**? *For all Step Up to Quality related questions, please reflect on your experiences prior to April 2024*. (Check all that apply):

☐ Stress of administering and participating in Publicly Funded Child Care (PFCC). (1)

☐ Stress of administering and participating in Step Up to Quality (SUTQ). (2)

☐ Completing PFCC requirements take too much time away from children. (3)

☐ Completing SUTQ requirements take too much time away from children. (4)

☐ Completing PFCC requirements take too much time outside of work hours. (5)

☐ Completing SUTQ requirements take too much time outside of work hours. (6)

☐ PFCC subsidies do not cover the cost of providing quality care. (7)

☐ Other administrative challenges of participating in PFCC (besides stress and time). (8)

☐ Other administrative challenges of participating in SUTQ (besides stress and time). (9)

☐ Administrative challenges of meeting licensing standards. (10)

PDGS14c Which of the following facilities challenges limit your ability to meet **your desired capacity**? (Check all that apply):

☐ Difficulty finding a facility/space that will accommodate desired capacity. (27)

☐ Cost of renting/leasing quality facility/space. (28)

☐ Cost of maintaining your facility/space at standard (i.e. repairs, updates). (29)

☐ Cost of obtaining/maintaining a quality curriculum. (30)

☐ Cost of obtaining/maintaining quality educational or safety materials. (31)

PDGS14d Which of the following market challenges limit your ability to meet **your desired capacity**? (Check all that apply):

☐ Not enough children need care (insufficient demand). (1)

☐ Children transitioning in and out of program frequently (unstable enrollment). (2)

☐ Unstable child attendance that limits ability to take on new children. (3)

PDGS14e Describe any other factors that limit your ability to meet **your desired maximum capacity** that we have not asked about

_____

_____

_____

_____

_____

nr_text6 **Meeting demand**

PDGS15 Are you able to serve **all** children who come to you for care?

○ Yes, we usually have spots available for children needing care and can serve them immediately. (1)

○ No, at least some of the time, we do not have a spot available for a child needing care and cannot serve them immediately. (2)

PDGS16 Are you typically at **maximum enrollment capacity**?

○ Yes, we rarely or never have open spots available for children of any age. (1)

○ No, we tend to have some spots open for certain age groups, but none available for other age groups. (2)

Q119 Which age groups do you tend to **NOT have openings for**? (fill in each blank with one group for whom you rarely/never have open spots, you can use as many lines as needed)

○ We rarely or never have open spots available for this age group... (1)

_____

○ We rarely or never have open spots available for this age group... (2)

_____

○ We rarely or never have open spots available for this age group... (3)

_____

PDGS17 Are there any other issues you face in **operating at your desired capacity**, or **meeting the demand for care in your area** that we have not asked about? Please describe them here:

_____

nr_text7 **Section III: Serving Special Needs**   The following set of questions ask about your ability to serve children with special needs. We understand that serving children with special needs might require your program to have special facilities or staff with specific training that limit your ability to serve these children. We are interested in hearing about how these factors limit your ability to serve children with special needs.

nr_text8 **Capacity by Special Health Needs:**   In this section, we are going to ask you about children with special health and development needs. We understand that most of the conditions we refer to vary in severity. When answering, **please imagine a case where the child's needs are severe enough that you would need to adjust your facility, classrooms, or practices** to serve them.

PDGS18 First we will ask about developmental delays, learning disabilities, social, emotional, or behavioral disorders. Children may not receive diagnoses from a doctor for these conditions before age 5. However, early childhood practitioners and families might start to notice signs of these conditions early on. **Please describe your capacity to serve children with early signs or symptoms of the following conditions:**

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Social, emotional, or behavioral needs (i.e. behavioral problems, trauma, mental health disorders). (PDGS18a)	○	○	○
Speech and Language Development Delays. (PDGS18b)	○	○	○
Neurodevelopment Disorders (i.e., Autism Spectrum Disorder, ADHD). (PDGS18c)	○	○	○
Learning Disabilities (i.e., dyslexia). (PDGS18d)	○	○	○

PDGS19 How frequently do children with **developmental, learning, or socioemotional/behavioral needs** come to your program requesting care?

○ Once a year or less. (1)

○ A few times a year. (2)

○ At least once a month. (3)

○ Multiple times per month. (4)

PDGS20 Suppose you have a spot available in your program and a child with a developmental, learning, or socioemotional/behavioral need requests care. **How often do you have the ability to serve them?**

○ Almost always. (1)

○ Sometimes. (2)

○ Almost never. (3)

○ N/A. I cannot serve these children or they rarely request service. (4)

PDGS21 Physical health needs are often diagnosed at birth, or very early on in life, before the age of 5. **Please describe your capacity to serve children with any of the following diagnosed physical health needs:**

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Deafness or Hearing Impairment. (PDGS21a)	○	○	○
Visual Impairments. (PDGS21b)	○	○	○
Deaf and Blind. (PDGS21c)	○	○	○
Physical/Motor Disabilities (i.e., wheelchair accessibility). (PDGS21d)	○	○	○
Intellectual Disabilities (i.e., Down, fragile x, fetal alcohol, or Prader-Willis syndrome). (PDGS21e)	○	○	○

PDGS22 How frequently do children with **physical health needs** come to your program requesting care?

    ○ Once a year or less. (1)

    ○ A few times a year. (2)

    ○ At least once a month. (3)

    ○ Multiple times per month. (4)

PDGS23 Suppose you have a spot available and a child with a physical health need requests care. **How often do you have capacity to serve them?**

    ○ Almost always. (1)

    ○ Sometimes. (2)

    ○ Almost never. (3)

    ○ N/A. I cannot serve these children or they rarely request service. (4)

Display this question:

If First we will ask about developmental delays, learning disabilities, social, emotional, or behavi... = We are unable to serve children with this need.

Or Physical health needs are often diagnosed at birth, or very early on in life, before the age of 5... = We are unable to serve children with this need.

PDGS24 Please indicate **which of the following limits your ability to serve children with the emotional, developmental, learning or physical needs described above** (check all that apply):

☐ Difficulty ensuring accessibility of the facility (i.e., wheelchair accessibility). (1)

☐ Insufficient space in the facility. (2)

☐ Challenge in providing facility or materials that meet licensure requirements. (3)

☐ Challenge of properly insuring business against potential risk. (4)

☐ Challenge of recruiting/retaining staff with appropriate training. (5)

☐ Cost of additional employees to meet child's special needs. (6)

☐ Difficulty ensuring safety/learning of child with special needs. (7)

☐ Difficulty ensuring safety/learning of other enrolled children. (8)

☐ Stress of additional compliance requirements. (9)

☐ Other (please describe). (10) _____

nr_text8 **Capacity by Special Service Needs**   In this section, we will ask you about your ability to serve children with special service needs.

PDGS25 Please describe your capacity to serve children with any of the following **needs for non-traditional hours of care**. If your program is not open during the hours listed, select that you are unable to serve children.

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Early hours care (approximately 6:30am-8:30am). (PDGS25a)	○	○	○
Late hours care (approximately 5:30pm-7:30pm). (PDGS25b)	○	○	○
Overnight care (approximately 7:30 pm-8 am). (PDGS25c)	○	○	○
Partial Days or Partial Weeks. (PDGS25d)	○	○	○

PDGS26 Please describe your capacity to serve children with any of the following **dietary needs…**

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
Nut-Free Program/Facility. (PDGS26a)	○	○	○
Allergies, Vegetarian, Vegan. (PDGS26b)	○	○	○
Religious Requirements (i.e., Halal, Kosher). (PDGS26c)	○	○	○

PDGS27 Please describe your capacity to serve children who are **English Language Learners (ELL)** (English is not the child's primary language)…

	We currently serve children with this need. (1)	We are able to serve children with this need, but do not currently serve any. (2)	We are unable to serve children with this need. (3)
English Language Learners (ELL). (PDGS27a)	○	○	○

Display this question:

If Please describe your capacity to serve children with any of the following needs for non-tradition… = We are unable to serve children with this need.

Or Please describe your capacity to serve children with any of the following dietary needs… = We are unable to serve children with this need.

PDGS28 Please indicate **which of the following limits your ability to serve children needing non-traditional hours of care, with dietary needs, or with ELL service needs** (check all that apply):

☐ Inappropriate space for long/overnight stays (bathing, long sleep, etc.). (1)

☐ Inappropriate space to prepare different foods. (2)

☐ Cost of additional employees to meet child's service needs. (3)

☐ Cost of ELL curriculum. (4)

☐ Cost of food. (5)

☐ Recruiting/Retaining staff with appropriate training to meet child's service need. (6)

☐ Stress of additional compliance requirements. (7)

☐ Does not align with my business model or organizational mission. (8)

☐ Other (please describe). (9) _____

nr_text9 **Section IV: Step Up To Quality and Administrative Burden**   The next section asks about your experience with Step Up to Quality. We understand that Step Up to Quality requirements changed July 7, 2024. We would like to understand how the **previous SUTQ** system worked for you. Please respond to the following questions based on your experience using SUTQ **prior to April 2024**. We understand that it may be difficult to estimate or remember some details. It is ok to give a ballpark answer.

PDGS29 Most recent SUTQ star rating:

○ Never been rated. (1)

○ Not currently rated, but previously rated. (2)

○ 1 Star. (3)

○ 2 Star. (4)

○ 3 Star. (5)

○ 4 Star. (6)

○ 5 Star. (7)

○ Unsure. (9)

Skip To: End of Block If Most recent SUTQ star rating: = Never been rated.

Skip To: End of Block If Most recent SUTQ star rating: = Not currently rated, but previously rated.

---

nr_text10 **Time on SUTQ**   When answering these questions, reflect on the last time you went through the old, 5-star Step Up process. We are interested in getting estimates of the time it took to meet SUTQ requirements. Please think about all the hours that you (and any other staff) spent on the process, including preparation, administrative tasks, trainings, evaluations, and anything else that took you time. It's ok to give a ballpark estimate.

PDGS30a Overall, *the last time you were evaluated under the SUTQ 1-5 star system*, **how many hours in total did you and any other administrative staff spend in the process to obtain your rating? Add up the time across all administrators.** It's ok to give a ballpark estimate.

○ 0 to 20 total hours. (1)

○ 21 to 40 total hours. (2)

○ 41 to 60 total hours. (3)

○ 61 to 80 total hours. (4)

○ 81 to 100 total hours. (5)

○ Other amount of hours *(your best estimate)*. (6) _____

PDGS31a Many programs and teachers completed the former SUTQ requirements after work (i.e. during unpaid hours). **What portion of the time the program director and other administrative staff spent occurred in unpaid, after work hours?**

	1 (none) (1)	2 (2)	3 (3)	4 (4)	5 (all) (5)
(4)	○	○	○	○	○

---

nr_text11 Overall, *the last time you were evaluated under the SUTQ 1-5 star system*, **how many hours did each teacher spend in the process to obtain your rating? Report the per teacher number of hours.** It's ok to give a ballpark estimate.

PDGS32a **Hours that each lead teacher** spent on your most recent *1-5 star* SUTQ rating process:

○ 0 to 10 total hours. (1)

○ 11 to 20 total hours. (2)

○ 21 to 30 total hours. (3)

○ 31 to 40 total hours. (4)

○ 41 to 50 total hours. (5)

○ Other amount of hours *(your best estimate)*. (6) _____

PDGS32b **Hours that each assistant teacher** spent on your most recent *1-5 star* SUTQ rating process:

○ 0 to 10 total hours. (10)

○ 11 to 20 total hours. (11)

○ 21 to 30 total hours. (12)

○ 31 to 40 total hours. (13)

○ 41 to 50 total hours. (14)

○ Other amount of hours *(your best estimate)*. (15) _____

PDGS33 Many teachers completed the former SUTQ requirements after work (i.e. during unpaid hours). **What portion of the time teachers spent occurred in unpaid, after work hours?**

	1 (none) (1)	2 (2)	3 (3)	4 (4)	5 (all) (5)
(4)	○	○	○	○	○

nr_text12 Now we will ask you about the time you spent on specific tasks to complete your *1-5 star SUTQ ratings* evaluation. It's ok to give ballpark estimates.   **How much time did you spend...**

PDGS34a **Learning about SUTQ requirements?** This includes tasks like understanding the points structure prior to April 2024, learning which forms to compete, understanding how the submission and evaluation process worked, and contacting state, county, or other support consultants for help (SST, OCCRRA, etc). **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (5) _____

PDGS34b **Completing SUTQ paperwork and entering information into Ohio's data systems prior to April 2024?** This includes tasks like gathering information to complete forms, completing the forms, completing the registration process in the Ohio Child Care Licensing and Quality System (OCLQS), scanning and uploading documents in OLCQS, and verifying all staff have profiles in the Ohio Professional Registry (OPR). **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

○ **Total hours** that **program director and administrative staff** spent. (1)

_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (5) _____

PDGS34c **Completing trainings required under the 1-5 star system?** This includes all training required for professional development. **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

    ○ **Total hours** that **program director and administrative staff** spent. (1)

_____

    ○ **Hours** that **each lead teacher** spent. (2) _____

    ○ **Hours** that **each assistant teacher** spent. (3) _____

    ○ **Total hours** that you spent. (4) _____

PDGS34d **Completing observations and self-assessments required under the 1-5 star system?** This includes completing the classroom observations, program and classroom self-assessments. **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

    ○ **Total hours** that **program director and administrative staff** spent. (1)

_____

    ○ **Hours** that **each lead teacher** spent. (2) _____

    ○ **Hours** that **each assistant teacher** spent. (3) _____

    ○ **Total hours** that you spent. (4) _____

PDGS34e **Completing child assessments and screenings required under the 1-5 star system?** It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.

    ○ **Total hours** that **program director and administrative staff** spent. (1)

_____

    ○ **Hours** that **each lead teacher** spent. (2) _____

    ○ **Hours** that **each assistant teacher** spent. (3) _____

    ○ **Total hours** that you spent. (4) _____

PDGS34f **Writing SUTQ required plan documents that you had not already created as required under the 1-5 star system?** This could include documents like the written wage structure, information to families for transitioning children, classroom action plan, Continuous Improvement Plan, etc. Only include documents that you wrote specifically because they were required for your former SUTQ evaluation. **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

○ **Total hours** that **program director and administrative staff** spent. (1)
_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34g **Preparing for the on-site visit required under the 1-5 star system?** This includes gathering documentation, preparing teachers for the interview, and preparing classrooms for observation. **It's ok to give ballpark estimates, enter 0 in any box that does not apply to your program.**

○ **Total hours** that **program director and administrative staff** spent. (1)
_____

○ **Hours** that **each lead teacher** spent. (2) _____

○ **Hours** that **each assistant teacher** spent. (3) _____

○ **Total hours** that you spent. (4) _____

PDGS34h **Other activity (specify)**

_____

PDGS34ha **Other activity (specify):** **${PDGS34h/ChoiceTextEntryValue}**

◯ **Total hours** that **program director and administrative staff** spent. (1)
_____

◯ **Hours** that **each lead teacher** spent. (2) _____

◯ **Hours** that **each assistant teacher** spent. (3) _____

◯ **Total hours** that you spent. (4) _____

PDGS35 Is there anything else you would like to tell us about the time you spent on the last SUTQ evaluation you recieved prior to April 2024?

_____

Display this question:

If Most recent SUTQ star rating: = Never been rated.

Or Most recent SUTQ star rating: = Not currently rated, but previously rated.

nr_text13 **Section V: Un-Rated Providers**   In this section we'd like to learn more about your decision not to participate in the Step Up to Quality 1-5 star system.

Display this question:

If Section V: Un-Rated Providers In this section we'd like to learn more about your decision not to... Displayed

PDGS36 **Why did you choose not to participate** in SUTQ prior to April 2024? Choose all that apply…

- [ ] Time to complete requirements: took too much time away from kids. (1)

- [ ] Time to complete requirements: took too much time during non-work hours. (2)

- [ ] Didn't accept PFCC, therefore not required. (3)

- [ ] We were a center that accepted less than 25% PFCC, therefore not required to receive PFCC. (4)

- [ ] Families of children served in program did not seem to care about/view SUTQ participation as proof of quality. (6)

- [ ] Had another accreditation (Montessori, Waldorf, ASCI, etc.). (7)

- [ ] Participation in SUTQ didn't improve the quality of my program. (8)

- [ ] The costs of achieving high quality levels were too high. (9)

- [ ] Other (please specify). (10) _____

PDGS37 Have you **ever participated** in SUTQ in the past?

- ◯ Yes. (1)

- ◯ No. (2)

PDGS38 If yes, what was your **last year of participation?**

_____

PDGS39 And your **last star rating?**

○ 1 Star. (1)

○ 2 Star. (2)

○ 3 Star. (3)

○ 4 Star. (4)

○ 5 Star. (5)

○ Unsure. (6)

End of Block: Section V: Un-Rated Providers

Start of Block: Section VI: Wages

nr_text14 **Section VI: Wages**   The following questions ask about the **wages you pay your staff**. For the purposes of these questions "teacher" can mean anyone who contributes to teaching children, and "administrator" can be anyone on staff who is responsible for performing the administrative functions *(running the program, keeping up required documentation, etc.)* at your center/school.

PDGS40 How much does your lowest-paid teacher earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

○ $ / hour (1) _____

○ $ / year (2) _____

PDGS41 How much does your highest-paid teacher earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

◯ $ / hour (1) _____

◯ $ / year (2) _____

PDGS42 How much does your lowest-paid administrator earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

◯ $ / hour (1) _____

◯ $ / year (2) _____

PDGS43 How much does your highest-paid administrator earn? Report their pay either hourly or as an annual salary. Please select Hourly or Annually first.

◯ $ / hour (1) _____

◯ $ / year (2) _____

End of Block: Section VI: Wages

Start of Block: Section VII: Curriculum, Assessments, and Other Content

nr_text15 **Section VII. Curriculum, Assessments, and Other Content**   The next set of questions are about the use of curriculum and assessments at your program. For these questions, please focus on curriculum and assessments used for **preschool children/classrooms.**

PDGS44 Do you ever serve any **preschool children** (age 3 to 5)?

◯ Yes. (1)

◯ No. (2)

Skip To: End of Block If Do you ever serve any preschool children (age 3 to 5)? = No.

PDGS48 Is a **specific curriculum or a combination of curricula** used with preschool children?

○ Yes, specific curriculum. (1)

○ Yes, combination. (2)

○ No curriculum. (3)

○ Don't know. (4)

Skip To: PDGS53 If Is a specific curriculum or a combination of curricula used with preschool children? = No curriculum.

Skip To: PDGS53 If Is a specific curriculum or a combination of curricula used with preschool children? = Don't know.

PDGS49 Which curricula do you use? (**select all that apply**)

- [ ] Abeka (1)

- [ ] Access (2)

- [ ] Admin/Teacher Created (5)

- [ ] Bee Curious (3)

- [ ] Brightwheel (4)

- [ ] Conscious Discipline (6)

- [ ] Corproate Curriculum (Primrose, Goddard, KinderCare, etc.) (7)

- [ ] Creative Curriculum (8)

- [ ] Early Foundations (9)

- [ ] Full Circle Curriculum (10)

- [ ] Fun Shine (11)

- [ ] Gee Whiz (12)

- [ ] Heggerty (13)

- [ ] Learning Beyond Paper (14)

- [ ] Learnin Without Tears (15)

- [ ] Mother Goose Time (19)

- [ ] Ohio Early Learning Content Standards (20)

☐ Pinnacle (21)

☐ Read It Again (22)

☐ Red Leaf Press (23)

☐ Reggio Emilia (24)

☐ Tara West (25)

☐ Teaching Strategies (26)

☐ Zoo Alive (27)

☐ Other (16) _____

☐ Other (17) _____

☐ Other (18) _____

PDGS50 Thinking about your program's primary preschool curriculum, **how many hours of training in using this curriculum did you or teachers in your program receive in the past 12 months? (report the number of hours per teacher)**

◯ 5 hours or less. (1)

◯ 6-10 hours. (2)

◯ 11-20 hours. (3)

◯ 21-30 hours. (4)

◯ 31-40 hours. (5)

◯ Other amount of time. (6) _____

PDGS51 Thinking about your program's primary preschool curriculum, **who provided your program with the most training on this curriculum in the past 12 months?** (check all that apply)

☐ Staff at our school/program. (1)

☐ Staff from another early childhood program. (2)

☐ Consultants from curriculum developers. (3)

☐ University professors or instructors. (4)

☐ OCCRRA or other state training partners. (5)

☐ No training in the past 12 months. (6)

☐ Other. (7) _____

☐ ⊗Don't know. (8)

PDGS52 Have preschool teachers at your program received **any of the following specific supports to help them use the primary curriculum in the past 12 months?** (check all that apply)

☐ Help understanding the curriculum. (1)

☐ Provide opportunities to observe someone implementing the curriculum. (2)

☐ Refresher training on the curriculum. (3)

☐ Help implementing the curriculum. (4)

☐ Help planning curriculum-based activities. (5)

☐ Help individualizing the curriculum for children. (6)

☐ Help identifying and/or receiving additional resources to expand the scope of the curriculum and activities. (7)

☐   Feedback on implementing the curriculum. (8)

☐   ⊗No support in past 12 months. (9)

☐   Other. (10) _____

☐   ⊗Don't know. (11)

PDGS53 Does your program use a **child assessment** with preschool children?

◯   Yes. (1)

◯   No. (2)

Skip To: PDGS56 If Does your program use a child assessment with preschool children? = No.

PDGS54 If so, what is your **main child assessment tool**?

_____

PDGS55 If you use a child assessment with preschool children, **how do you use the information from those assessments in planning for each child?** Select all that apply...

☐   To identify child's developmental level. (1)

☐   To individualize activities for child. (2)

☐   To determine if child needs referral for special services. (3)

☐   To determine child's strengths and weaknesses. (4)

☐   To identify activities for parents to do with child at home. (5)

☐   Other (please specify). (6) _____

PDGS56 Outside of curriculum-focused training, teachers often receive other types of professional development and training. Thinking about preschool teachers in your program, please indicate which **topics they received training on** and the **approximate number of hours of PD on each topic in the past 12 months?**

☐   Trauma. (1) _____

☐   Developmental Milestones. (2) _____

☐   Critical Conversations. (3) _____

☐   Classroom Management. (4) _____

☐   Family Engagements. (5) _____

☐   Other (Type and hours). (6) _____

☐   Other (Type and hours). (7) _____

☐   ⊗Received no other types of training. (8)

PDGS57 Programs can sometimes offer extra supports to enable teachers to take PD. **Does your program do any of the following?** (select all that apply)

☐ Provide extra pay for Professional Development taken after hours. (1)

☐ Hire substitute teachers so that teachers can take Professional Development during normal hours. (2)

☐ Pay costs for professional development. (3)

☐ Hire professional development to be provided at the program. (4)

☐ Other. (5) _____

End of Block: Section VII: Curriculum, Assessments, and Other Content

Start of Block: Section VIII: Quality Knowledge and Practices

Display this question:

If Do you ever serve any preschool children (age 3 to 5)? = Yes.

nr_text16 **Section VIII: Quality Knowledge and Practices**   These following questions ask about your approaches in the classroom, and your knowledge about reading best practices. In each situation, please tell us which is the best option - the option you would recommend to teachers.

Display this question:

If Do you ever serve any preschool children (age 3 to 5)? = Yes.

PDGS58 A small group of children is painting on paper at a table. One child asks if they can paint some rocks they collected earlier in the day. **The best thing to do is:**

○ Get the rocks and let the child paint them. (1)

○ Tell them rocks aren't for painting. (0)

○ Tell them it would make too much of a mess. (0)

○ Tell the child that is something they can do at home, not at school. (0)

PDGS59 Which of the following are ways to **promote oral language development** in young children? Select all that apply.

☐ Teaching children individual phonemes (letter sounds). (1)

☐ Having conversations where the child and caregiver take turns. (0)

☐ Asking young children open- and closed-ended questions. (0)

☐ Reading aloud to young children. (0)

PDGS60 A child is crying at drop-off because she misses her caregiver. **Which of the following is most likely to help the child in that moment:**

○ Let the child sit alone for a while until she calms down. (0)

○ Talk with the parent to figure out what happened. (0)

○ Encourage the child's friends to try to distract her. (0)

○ Spend time with her until the child feels better. (1)

PDGS61 A child hits another child. **The most effective response is to:**

○ Separate the children by moving the child who was hit into another center. (0)

○ Remind the child that hands are not for hitting, then help re-engage him in an activity. (1)

○ Ignore the behavior. (0)

○ Tell the child's parents about the misbehavior. (0)

PDGS63 A child is trying to put together a puzzle that is too difficult for her. **The best thing to do is:**

○ Sit with her and give her hints that help her complete the puzzle. (1)

○ Provide her a puzzle that is easier for her to complete. (0)

○ Encourage her to keep trying it on her own. (0)

○ Complete the puzzle for her as a demonstration. (0)

PDGS64 Which of the following is **NOT an emergent literacy component** supporting later acquisition of the components of the Simple View of Reading?

○ Oral Language. (0)

○ Print Awareness. (0)

○ Word Memorization. (1)

○ Phonological Processing (use of sounds to understand written and spoken language). (0)

PDGS65 Which of the following is **NOT a component of decoding**?

○ Basic and advanced phonics. (0)

○ Vocabulary building. (1)

○ Applying letter-sound correspondence. (0)

○ Word analysis skills. (0)

End of Block: Section VIII: Quality Knowledge and Practices

Start of Block: End of Survey Message

nr_text15 **Thank you for completing the survey! Your experiences will be used to improve child care policy in the state. In the coming week, you will receive an email from TangoCard with your $40 gift card along with instructions about how to spend it. If you do not receive the email** *within a week of completing the survey***, try searching your spam folder for "tango", or you can contact pattison.52@osu.edu for help.**

End of Block: End of Survey Message

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