Early Childhood System Needs Assessment in Texas

Prepared for the Texas Early Learning Council

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November, 2023

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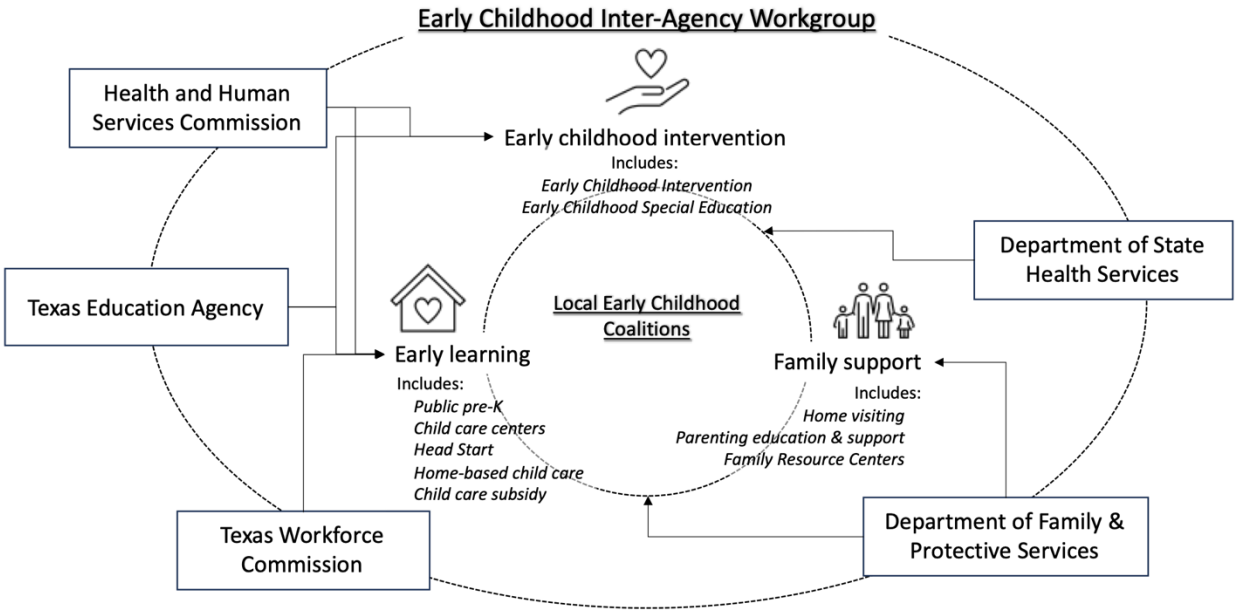
The Early Childhood System in Texas

Texas has the second largest child population in the United States and is home to 10% of all children in the nation. Over 1.8 million children in Texas are younger than the age of 5, which is nearly 1/3 of the state's birth to 17-year-old child population. Texas's population of children younger than five years old is larger than the total population of 10 other states. This large young child population means that Texas also has a large early childhood system, but one that is not large enough for demand. Therefore, Texas must be strategic and precise with how it responds to the needs of families in the state so that limited resources go to communities that need them.

Describing the Early Childhood System in Texas

For the *Preschool Development Grant Birth through Five*, Texas aims to improve and strengthen the early childhood system. The purpose of this Needs Assessment is to describe the pressures and needs of that system and identify points of improvement. It is important to begin by first describing who is included in the early childhood system for the purposes of the grant and of the Needs Assessment. The early childhood system for this grant is made up of three local family-serving sectors (see Figure 1): (1) the early learning and care sector; (2) the early childhood intervention sector; and (3) the early childhood family support sector.

Figure 1



The local early learning sector includes local entities that provide center- and home-based child care, all Head Start programs, and the public pre-K system. This sector also

includes child care subsidies. The local early childhood intervention sector includes local entities that provide Early Childhood Intervention services as well as public schools that provide Early Childhood Special Education. The local early childhood family support sector includes local entities that administer all state and federally-funded home visiting models, parenting support, family-support education (such as parenting groups), and family resource centers. The local early childhood system is connected by early childhood coalitions and other formal and informal partnerships between entities and sectors. These coalitions connect the entities described here, as well as other family-serving entities that are not included in this definition of the early childhood system, such as health care providers and early childhood nutrition services.

The early childhood system also includes several state agencies and programs. These state agencies provide state and/or federal funding to the local sector to provide programs to families. Importantly, the agencies also provide technical support and, for some sectors, regulation of the local entities. At the state level, the early childhood system is connected through the Early Childhood Inter-Agency Workgroup (ECIAW). This group brings together different divisions and programs across five early childhood serving agencies in Texas. These five agencies include (1) Texas Workforce Commission, (2) Texas Education Agency, (3) Texas Health and Human Services Commission, (4) Texas Department of Family and Protective Services, and (5) Texas Department of State Health Services. These agencies oversee a broad scope of work and play an important role in the early childhood system.

The Texas Workforce Commission supports workforce development broadly in the state, including partnering with educational organizations to support career path development and simplification. Additionally, this agency plays an important role in the early childhood system by serving as the Child Care Development Fund lead agency and administering the Child Care Services program, also known as the child care subsidy program, for the state through its local workforce development boards. Further, this agency oversees Child Care Services' child care quality rating system for Texas, called Texas Rising Star.

The Texas Education Agency oversees the entire public school system in Texas. Their influence on the local early childhood system includes their support and rule-setting for public pre-kindergarten and early childhood intervention services provided through local public schools. This agency develops curriculum standards, parameters for public pre-k partnerships, and provides technical support to local schools, to name a few activities. These activities are administered through the Early Childhood Education

Division at the agency. This agency also oversees the administration of Early Childhood Special Education services (Individuals with Disabilities Education Act [IDEA] part B, section 619) for children aged 3 through 5. The administration of these services is through the Special Education Division.

Early Childhood Intervention and Child Care Regulation are housed at the Health and Human Services Commission. Early Childhood Intervention oversees the administration of IDEA part C services in the state through local providers. Child Care Regulation sets the minimum standards for licensing a child care center or home-based child care. This area also investigates child care settings for deficiencies and receives and investigates serious injury or abuse reports. In addition to its regulatory function, this area importantly provides local entities support in becoming a home-based child care provider or a child care center.

The Prevention and Early Intervention Division[a] is currently housed within the Department of Family & Protective Services. This division is the state administrator for federally funded home visiting programs. Further, this agency provides state funding and technical support for local administrations of parent support programs and family resource centers. This division requires local early childhood grantees to participate in early childhood coalitions.

The Department of State Health Services, through their Maternal and Child Health area, has been providing statewide technical support to local early childhood coalitions. This support has focused on promoting coalitions' readiness to address and support families' navigation through developmental support services for their children. The agency has adopted a nationally recognized model to support these local coalitions.

It is important to point out that other aspects of the early childhood system are not included in the work of this grant and of the Needs Assessment. Notably, Child Protective Services, Medicaid and Children's Health Insurance Program, and the Special Supplemental Nutrition Program for Women, Infants, and Children are not included in this scope of the early childhood system, even though they are important services for the health and well-being of young children. Additionally, the local pediatric and children's hospital systems are not included in this conceptualization of the early childhood system. However, these care systems are tangentially involved in the work of

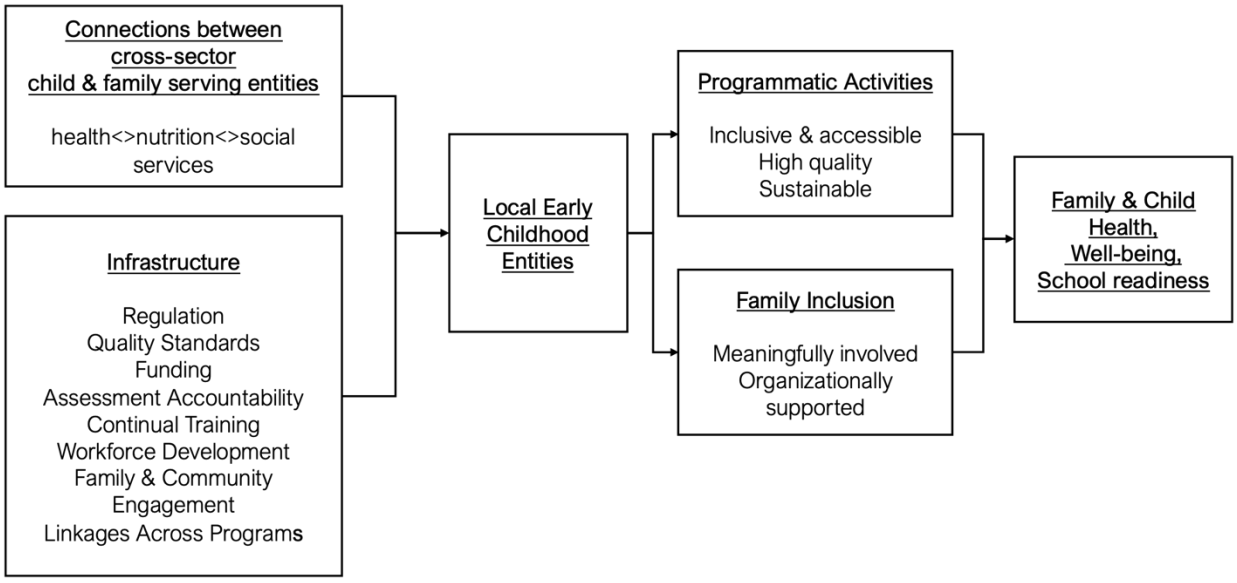
[a] Prevention and Early Intervention will transfer to Family Support Services at the Health and Human Services Commission September 1, 2024

this grant because they participate in local early childhood coalitions throughout the state.

Describing the Framework for the PDG B-5 Needs Assessment

A general framework describing how a high-quality early childhood system impacts family and child health, well-being, and school readiness was adopted by the researchers as a tool to guide the conceptualization and presentation of the research used in the Needs Assessment. Kagan and Gomez[1] presented a framework that describes the components of a high-quality early learning system and its ability to positively impact school readiness. This framework was adapted to make it generalizable to the wider early childhood system and more descriptive of the Texas context (Figure 2).

Figure 2



Within this framework, local early childhood entities are impacted by cross-sector child and family-serving entities as well as the larger infrastructure that supports and impacts the functioning of the local entities. Cross-sector entities are all local organizations that support families with young children but are outside of the early childhood system as defined above, such as child welfare, medical, and nutritional services. The local early childhood entities are strengthened when these cross-sector services coordinate with one another and with the local early childhood entities.

Infrastructure that supports local family-serving entities predominantly includes the work of the state agencies in Texas, but also higher education and professional organizations. State agencies do such things as set quality standards, promote the

infrastructure to engage the broader community, provide training that builds capacity at the local level, fund local entities, and support workforce development.

Local early childhood entities positively impact families through their programmatic activities and family inclusion practices. Programmatic activities include adhering to high-quality program standards, having sustainability in the programming and workforce, and making their programs accessible for and inclusive of families' diverse needs and preferences. An effective local early childhood entity also impacts families through the ways it includes families in programming. These family inclusion practices focus on meaningfully involving and organizationally supporting the families the local entities serve. Programmatic activities and family inclusion practices are how local entities contributing to family well-being, health, and school readiness.

This framework helped shape the scope of this Needs Assessment. The Needs Assessment research team chose this framework because it also conceptually aligns with how Texas would like to support and strengthen the local early childhood system through infrastructure improvement that helps with workforce sustainability; training and workforce development; improvements in cross-sector coordination at both the state and local level; and improved family engagement at the state and local level of the early childhood system. This framework provides a way to describe the strengths and needs of the state's early childhood system so that the Needs Assessment can translate into activities to improve health, well-being, and school readiness for families across the state.

This simplistic overview of the local and state early childhood system highlights the complexities and challenges of the early childhood system in Texas. The system in Texas must be coordinated across many levels and sectors. For example, the early learning sector receives assistance, direction, funding, and regulation from three different state agencies. Therefore, infrastructure improvements for this sector must be coordinated across these agencies so that the work of one agency does not duplicate another agency's efforts or become misaligned with the regulations of another agency. There is a need in the Texas system to create innovative solutions that bring together disparate sectors and funding streams to strengthen the early childhood system across all levels of the system.

Texas agencies and programs have started to develop solutions to this challenge. The maturity of the ECIAW and its collaborative role in administering the Preschool Development Grant shows the support and commitment that exists within the agencies

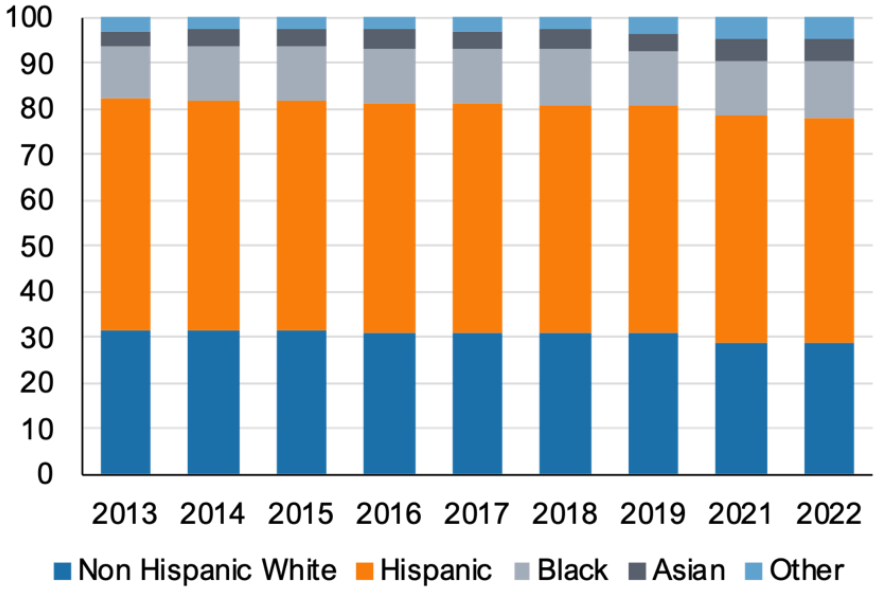
to work together at the state level. The state-level agencies have also been working to support collaborative innovation at the local level through technical assistance, free training, and strategic funding directed at local coalitions. These agencies have been working to include family voice in their activities. Additionally, through funding and training, the state is also encouraging family involvement at the local level. To honor this, this Needs Assessment will begin with an overview of family well-being and needs in Texas.

Families in Texas

The child demographics of Texas are shifting rapidly, with Hispanic children being the majority of the early child population. Every racial and ethnic group in the state is growing faster than non-Hispanic white children (Figure 3).

Figure 3

Percent of Children by Race and Ethnicity



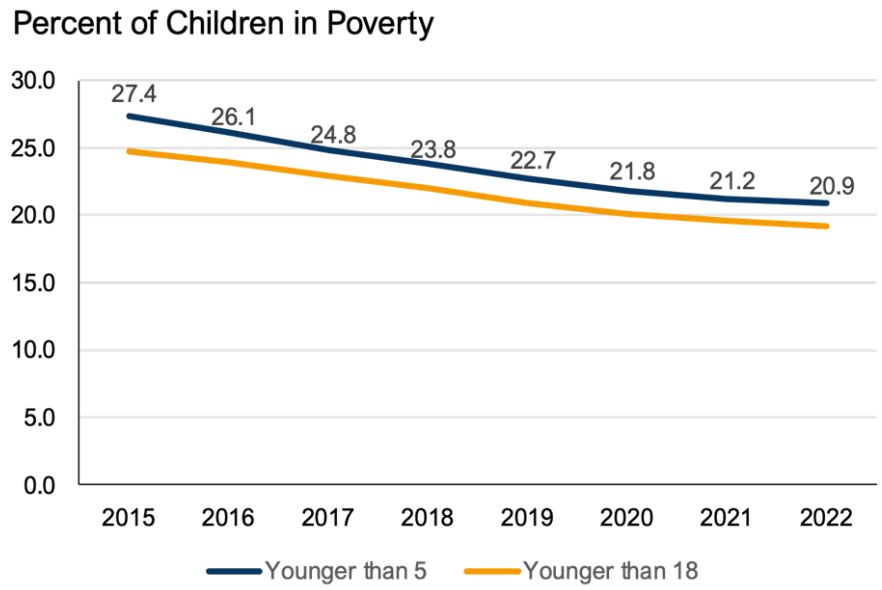
Data Source: American Community Survey table B01001

The percentage of the child population that is black has increased by 8%. The percentage of the child population that is Asian has increased by 32% since 2013. Among Asian populations, Texas has a large Vietnamese and Chinese population. However, it is important to point out that much of the recent growth in the Asian population can be attributed to increases in the South Asian population (Indian and Pakistani). South Asian and Arabic ethnicities are hard to track in Texas because of the way population demographics are collected. However, this growth can be seen in the rise in the number of households in Texas that speak Hindi and Urdu. Further, Arabic is now the fifth most spoken language in the state, highlighting that there are more demographic and cultural shifts within the state than are seen in the race and ethnicity shifts that are commonly tracked.

Texas has also seen encouraging decreases in child poverty (Figure 4). Texas' child poverty rate is among the highest in the nation; however, this rate has decreased by 23% from 2015 to 2022. Nationally, 2021 marked an unprecedented decrease in child

poverty due to COVID-era stimulus payments and changes to the earned income tax credit. Texas' decrease in 2021 was not unprecedented and aligned with the trend that had been established since 2015. Nationally, child poverty increased in 2022, but Texas was able to maintain a decreasing trend in child poverty.

Figure 4



Data Source: American Community Survey table S1701

These decreases in child poverty rates are also encouraging, given that the percentage of households with a single parent has remained stable over the past ten years. In Texas, between 25% and 30% of households that have a child younger than the age of six are headed by a single parent.

Family Well-Being and Quality of Life

To better understand the needs and well-being of families in Texas, a statewide survey of families with children younger than the age of 6 was conducted[b]. Family well-being was measured across three major domains: (1) a family's ability to access their preferred child care setting, (2) their perceived impact of COVID on the family and children, and (3) their overall family quality of life.

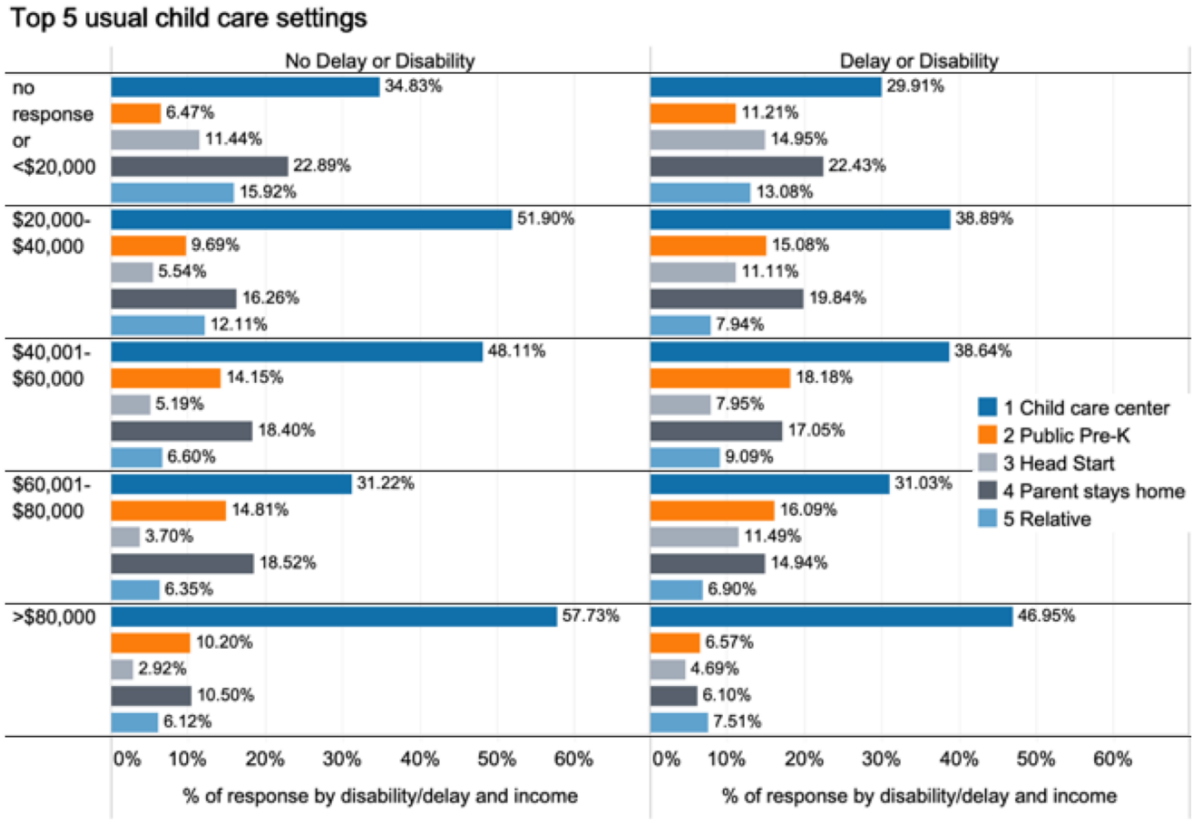
[b] The full methodology for all primary data collection used in the needs assessment including the instruments used, distribution of responses across the state, and demographics of the respondants are described in Appendix A.

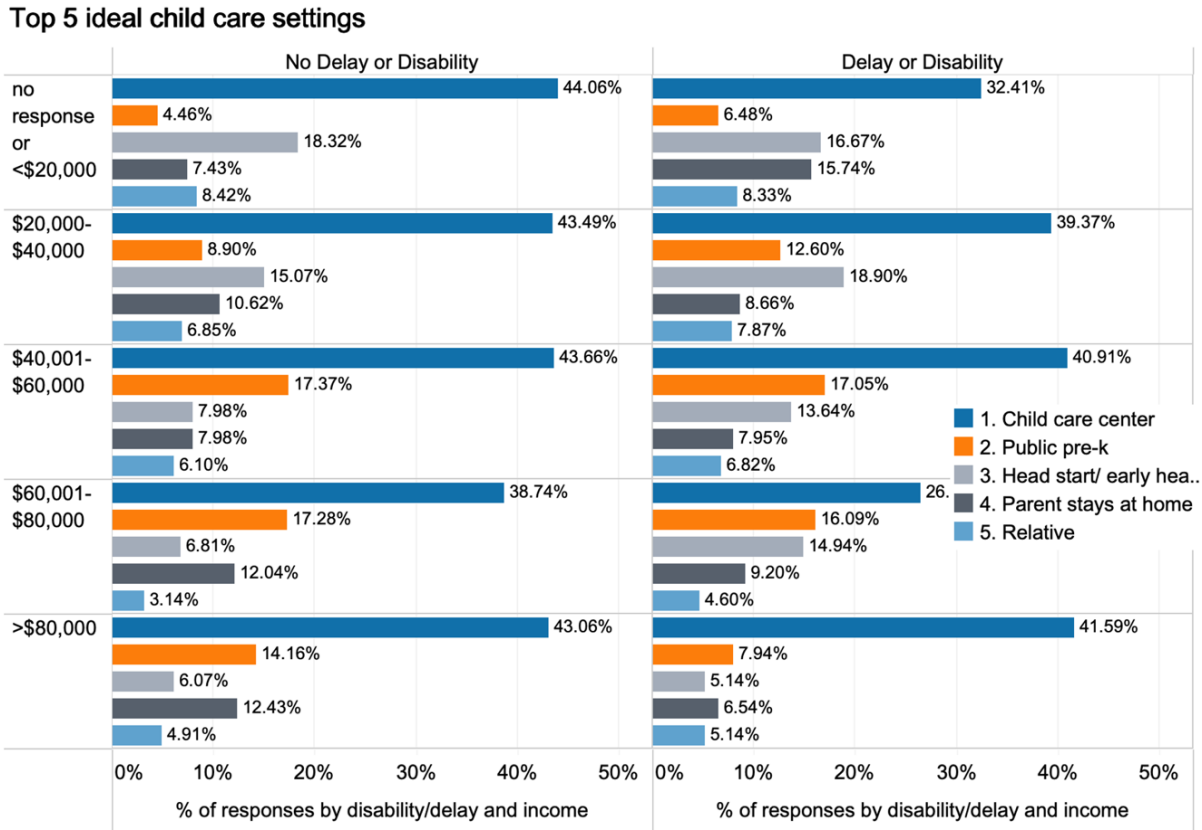
In the past year, families used a variety of child care settings. On average, families indicated 1.8 different settings that they used to provide care for their children. However, income plays a role in this diversity, with those who have family income above $60,000 a year using more types of child care (on average 2) than those with incomes below $60,000 a year only using 1.5 types.

The five top settings that families said were their usual child care included (1) child care center, (2) public pre-k, (3) Head Start, (4) a parent staying at home, or (5) a relative (Figure 5 top graph). The percentage of families that used one of these five settings for child care differed by the family's income and by whether they had a child with a developmental delay or disability. Across all categories, child care centers were the most used setting. Lower-income families were significantly more likely to stay home to care for their children than the highest-income group. Families who had a child with a developmental delay or disability were more likely to use public pre-K and Head Start than those of a child with no delay or disability.

Families were also asked which child care setting they would prefer if availability and cost were not an issue. The top five usual child care settings were also the top five preferred child care settings. However, the distribution of using versus preferred shifted, especially for lower-income families (Figure 5 bottom graph). Fewer than 57% of families with annual incomes below $60,000 had concordance between their usual child care and their ideal child care. In contrast, more than 63% of upper-income families showed concordance. There is a want for Head Start options among lower-income families and families of a child with a developmental delay or disability. For middle-income families, the want for public pre-K is higher than its use. Both options are no or low cost and both have the reputation for being consistent in quality.

Figure 5


Top 5 usual child care settings
No Delay or Disability
Delay or Disability
no response or <$20,000
$20,000-$40,000
$40,001-$60,000
$60,001-$80,000
>$80,000
34.83%
6.47%
11.44%
22.89%
15.92%
29.91%
11.21%
14.95%
22.43%
13.08%
51.90%
9.69%
5.54%
16.26%
12.11%
38.89%
15.08%
11.11%
19.84%
7.94%
48.11%
14.15%
5.19%
18.40%
6.60%
38.64%
18.18%
7.95%
17.05%
9.09%
31.22%
14.81%
3.70%
18.52%
6.35%
31.03%
16.09%
11.49%
14.94%
6.90%
57.73%
10.20%
2.92%
10.50%
6.12%
46.95%
6.57%
4.69%
6.10%
7.51%
1 Child care center
2 Public Pre-K
3 Head Start
4 Parent stays home
5 Relative
0% 10% 20% 30% 40% 50% 60%
% of response by disability/delay and income
0% 10% 20% 30% 40% 50% 60%
% of response by disability/delay and income

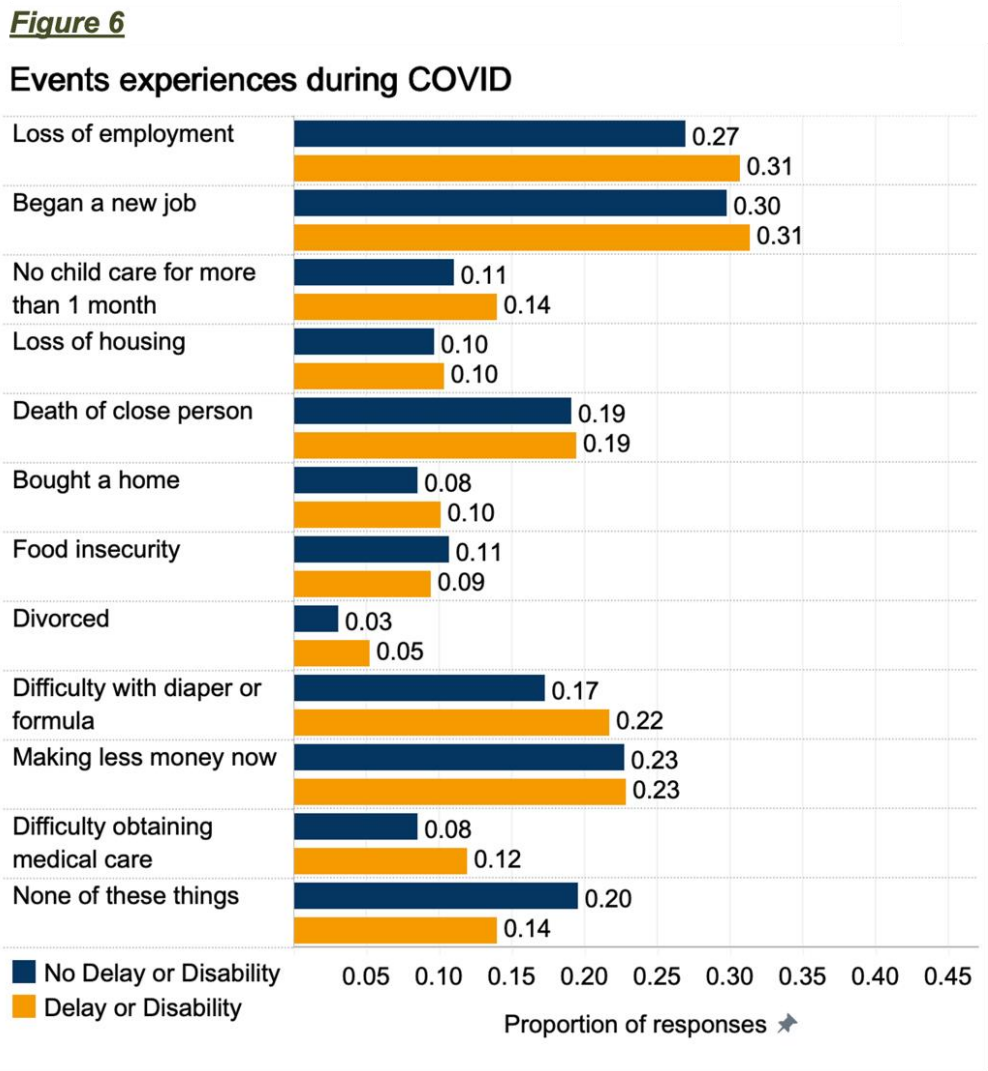

Top 5 ideal child care settings
No Delay or Disability
Delay or Disability
no response or <$20,000
$20,000-$40,000
$40,001-$60,000
$60,001-$80,000
>$80,000
44.06%
4.46%
18.32%
7.43%
8.42%
32.41%
6.48%
16.67%
15.74%
8.33%
43.49%
8.90%
15.07%
10.62%
6.85%
39.37%
12.60%
18.90%
8.66%
7.87%
43.66%
17.37%
7.98%
7.98%
6.10%
40.91%
17.05%
13.64%
7.95%
6.82%
38.74%
17.28%
6.81%
12.04%
3.14%
26.
16.09%
14.94%
9.20%
4.60%
43.06%
14.16%
6.07%
12.43%
4.91%
41.59%
7.94%
5.14%
6.54%
5.14%
1. Child care center
2. Public pre-k
3. Head start/ early hea..
4. Parent stays at home
5. Relative
0% 10% 20% 30% 40% 50%
% of responses by disability/delay and income
0% 10% 20% 30% 40% 50%
% of responses by disability/delay and income

Within this sample, 11% of respondents said they utilized child care subsidies. Those who did use the subsidy had a higher rate of being in their preferred child care setting. These data suggest that both the demand for lower-cost and higher-quality options outpace the use of these options. **Families need help and assistance navigating to their preferred child care option but also need help affording that preferred setting.** Child care subsidies not only help families afford child care but also facilitate them using their preferred child care setting.

Families were also asked about their experiences during COVID-19 and the perceived impact this time had on their children's development, health, and education. In keeping with other studies that assessed the impact of COVID-19 on family well-being[2,3], families were asked if they experienced any of a series of events during the first two years of COVID. Most of these events are common life stressors and some were made worse during COVID, such as difficulties finding child care, difficulties obtaining diapers or formula, and difficulties obtaining medical care.

Overall, very few families experienced none of the events that were asked about (Figure 6).

Figure 6

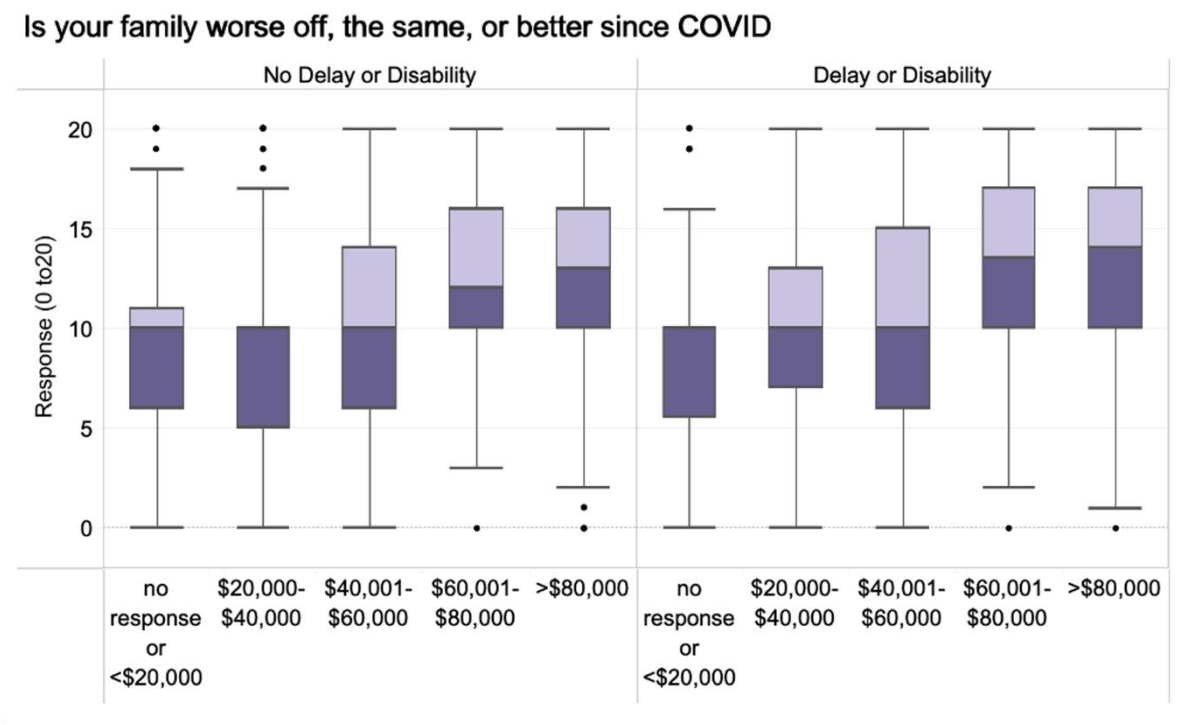


Analyses showed that higher-income families were significantly more likely to say they experienced none of the events than lower-income families. Nearly 1/3 of respondents said they lost a job or began a new job during this time. While these percentages are close, only half of those who said they lost a job indicated that they also began a new job. Loss of employment was more prevalent among those who had a child with a developmental delay or disability. Additionally, these families were significantly more likely to say they had difficulty obtaining diapers or formula. Nearly 1/5 of this sample indicated that they experienced the death of a loved one.

These data paint the picture of an early childhood population that has experienced substantial stress and loss over the course of the past three years. Further, many of these families are not financially where they were before the pandemic with nearly ¼ indicating that they are making less money now than before.

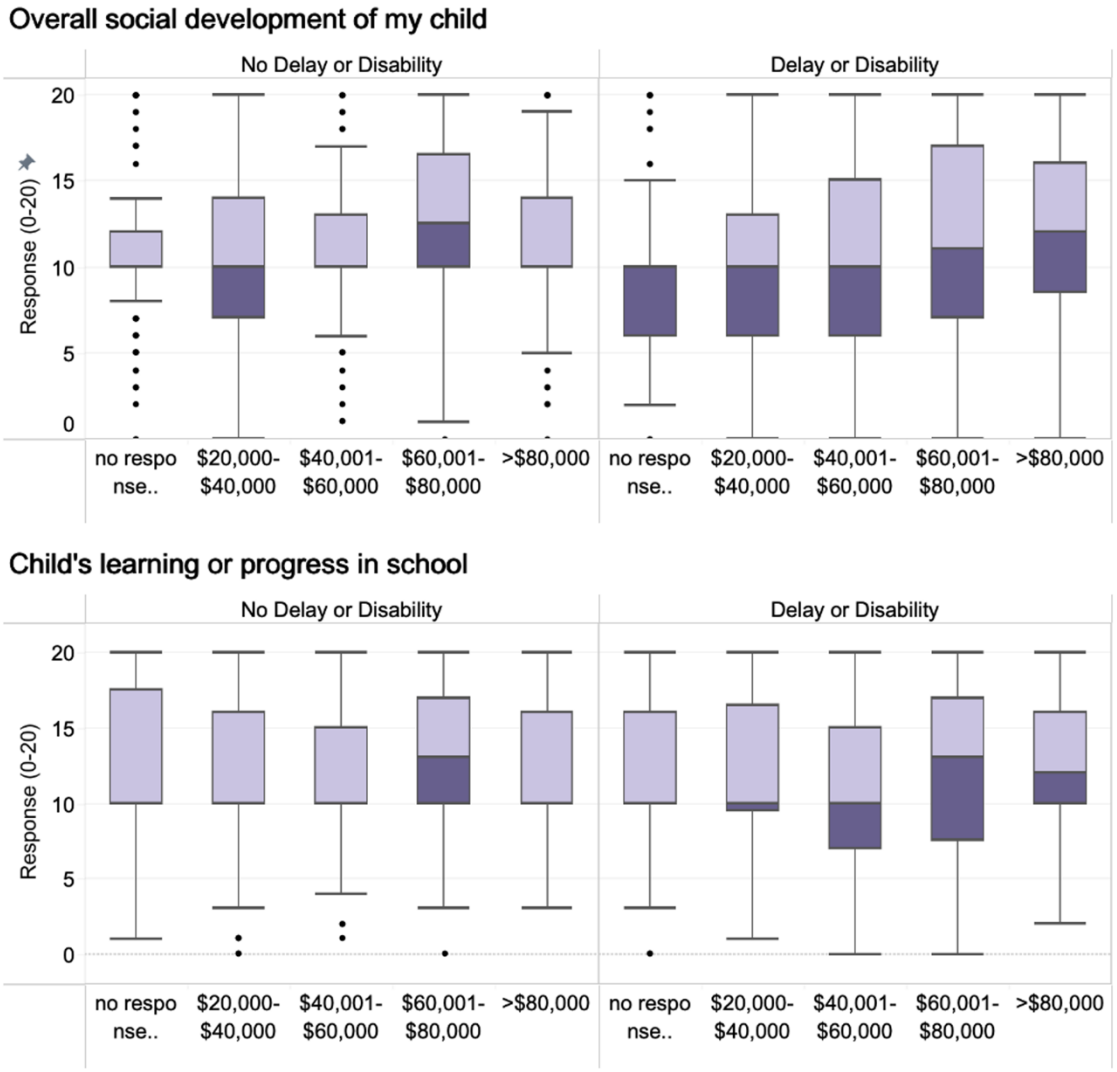
Families were also asked if they were better off now than before COVID. Regardless of child disability status, there were significant differences by income to this question. Those respondents with family income below $60,000 were significantly more likely to say that they were worse off now than before the pandemic (Figure 7).

Figure 7



COVID also impacted children. For many families, there is the perception that this time negatively impacted their child's development. There is also growing evidence that this perception is reflected in assessments of development[4]. Respondents were asked specifically if they thought their child's social development and learning progress was positively or negatively impacted during COVID. As with the overall impact on the family, there are significant differences by income in whether the respondent thought their child was positively or negatively impacted in these two domains (Figure 8). However, what stands out in the data is the extreme variation in responses.

Figure 8



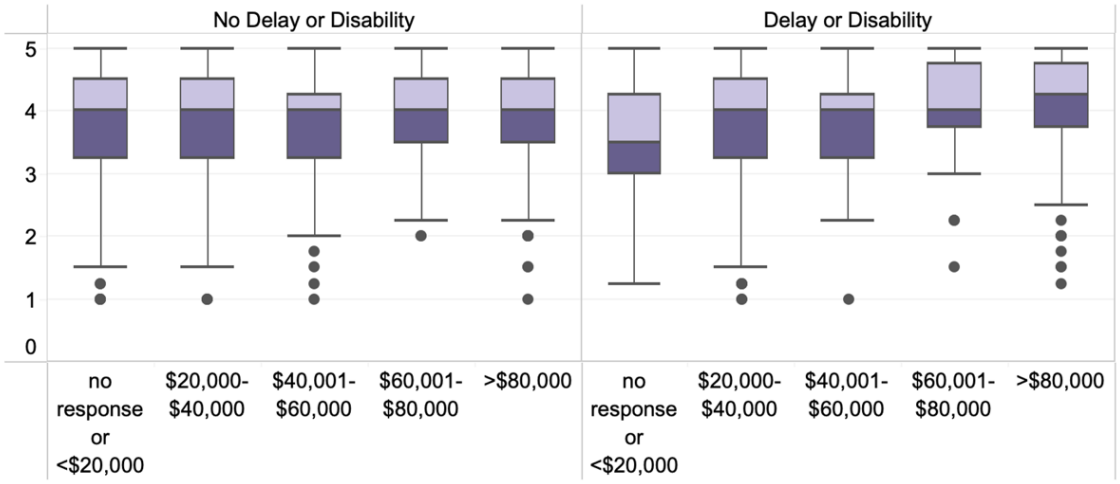
Analysis showed that some of this variation can be attributed to the stressors that families experienced during COVID. Those that experienced a prolonged lapse in child care, perceived that COVID had a more negative impact on their child's social development than those that did not have this experience. Further, those who lost a job also perceived COVID as being negative for their child's social development. Those who had a prolonged lapse in child care also believed that COVID had a more negative impact on their child's learning or progress in school.

These data highlight that some of the negative experiences in the family may not have spared the children. In particular, experiences that disrupted the child's socialization and ability to do things outside the family were seen as detrimental to the child's progress and development.

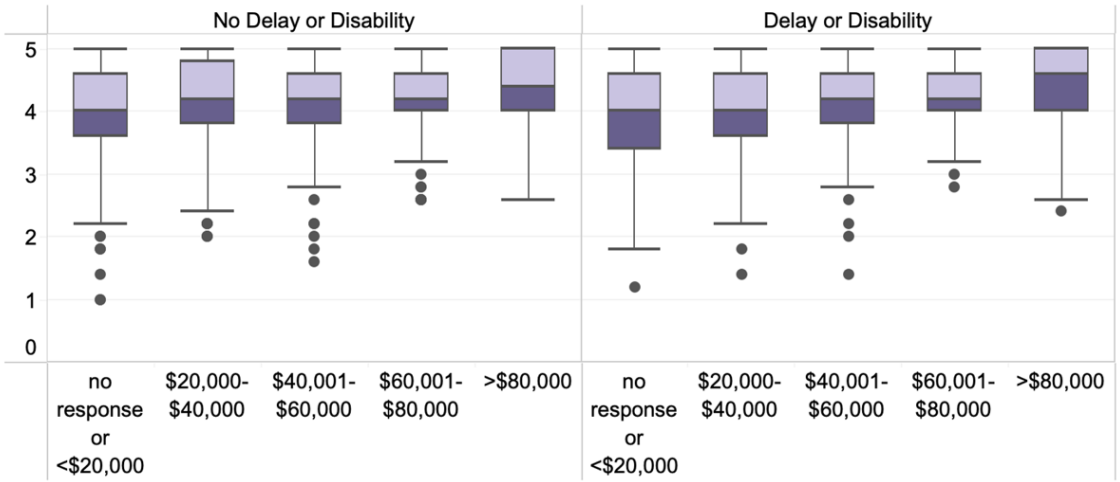
Families were also asked about their current quality of life using a validated tool that assesses the quality of life across four domains[5]: (1) interactions within the family, (2) external parenting support, (3) emotional well-being, and (4) material well-being[5,6]. This measure of quality of life has been shown to predict resiliency in a family in the face of stress and predict a family's ability to recover after a stressor. Across all four domains, there were significant differences by income and by whether the family had a child with a developmental delay or disability (Figure 9). At upper incomes, respondents had better family quality of life. Respondents with a child with a developmental delay or disability and a lower household income had significantly lower quality-of-life scores than even those at the same income level.

Figure 9

Overall *Family Quality of Life-Emotional Well-Being* by Income and Child Disability



Overall *Family Quality of Life-Material Well-Being* by Income and Child Disability



What is striking from these results is the substantial variation in responses across all categories. A series of analyses were conducted to assess if there was a relation between perceptions of how COVID impacted the child and family quality of life scores. These analyses showed that if a family viewed COVID as being negative for their child's development, they had significantly lower family quality of life scores regardless of income level or disability status. These relationships highlight an important need and finding for families. **Families that saw COVID as negative for their children are still struggling to recover and rebuild resiliency in the family.** It is important to point out that this recovery is not just a socio-economic recovery, but an emotional and interpersonal well-being recovery that may take more than a change in the family's economic situation.

Families were also asked an open-ended question about what their child needs. Three major words emerged from these responses: Education, Consistency, and Stability. The sentiments behind these three words fell into three major themes that were present regardless of if the family had a child with a developmental delay or disability.

The first theme was that families expressed that their children needed social-emotional catch-up:

> *my almost 3-year-old is rarely around any kids his age and it has been a struggle trying to teach him the right things such as potty training and learning to share.*

Respondents also talked about how their children (even older ones) are still trying to figure out how to socialize with friends. Respondents also equated this need for social-emotional catch-up with their child's reluctance to express their emotions or needs to adults. Within this theme was another group of parents who believed their child had an undiagnosed delay or who were frustrated that their child had not been diagnosed and were waiting for therapy.

The second theme centered around accommodations. Those who have a child with a delay or disability clearly talk about needing inclusive child care, especially for children that are neurodiverse:

> *Our schools and child care facilities cater to "normal" kids and do not have the training and ability to accommodate kids who have ADHD and developmental delays.*

However, accommodations were also discussed among families without a diagnosis in terms of adults adapting to the world children are growing up in. As one respondent described:

> *My child's biggest need is to have a caregiver who understands the world she was born into and how to have grace for children as they try to understand it.*

This same sentiment that children are growing up in a different world was also articulated by another parent:

> *I think that their greatest need going forward is to be able to deal with the stress they're feeling. I know that they're still grieving and have a lot of sadness inside of them. I'm sure they feel like no one understands what it's like to be them right now.*

The third theme from these responses centered on stability and consistency. This stability and consistency were expressed in terms of child care providers, routines, and general interactions with children. Respondents particularly discussed how child care provider turnover disrupts their child's progress and the quality of the child's education. Many respondents expressed frustration and sympathy with child care workers. As one respondent said:

> *My two children are attending a preschool that pays better than most other preschools/ISDs in the area and turnover is still an issue.*

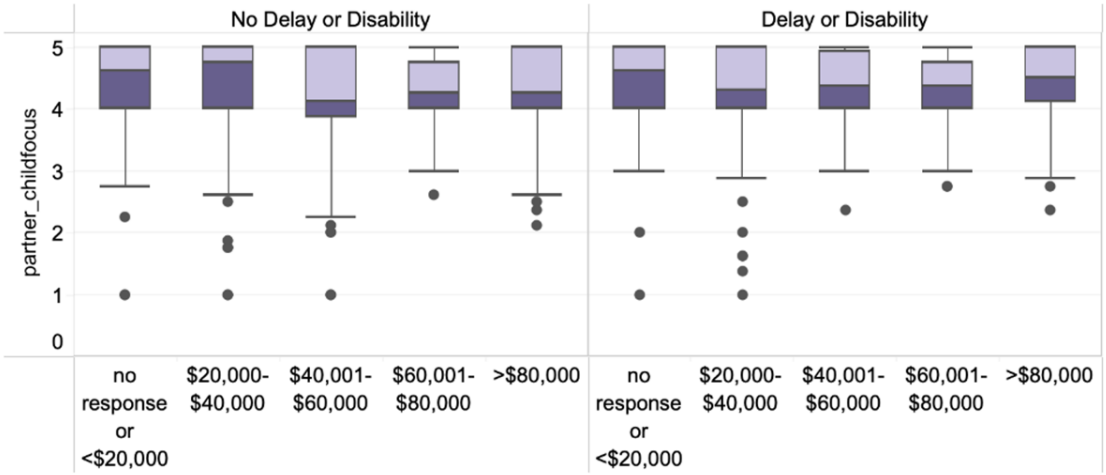
Parental Involvement and Trust in the Early Childhood System

A major activity of the local early childhood entities that promote well-being is to meaningfully include families and organizationally support them. Whether or not a family is meaningfully included is both a perception of the organization and a perception of the family. Families were asked if they viewed either their child care provider or their early intervention provider as a partner to their family. Family-provider partnerships were measured using a validated tool[6] that assesses how much these partnerships support the family and how much they support the child. Partnerships that focus on supporting the child include such things as "builds your child's strengths", "lets you know about the good things your child does" and "treats your child with dignity". Partnerships that focus on supporting the whole family include such things as "protects your family's privacy", "listens without judging your child or family", "pays attention to what you have to say".

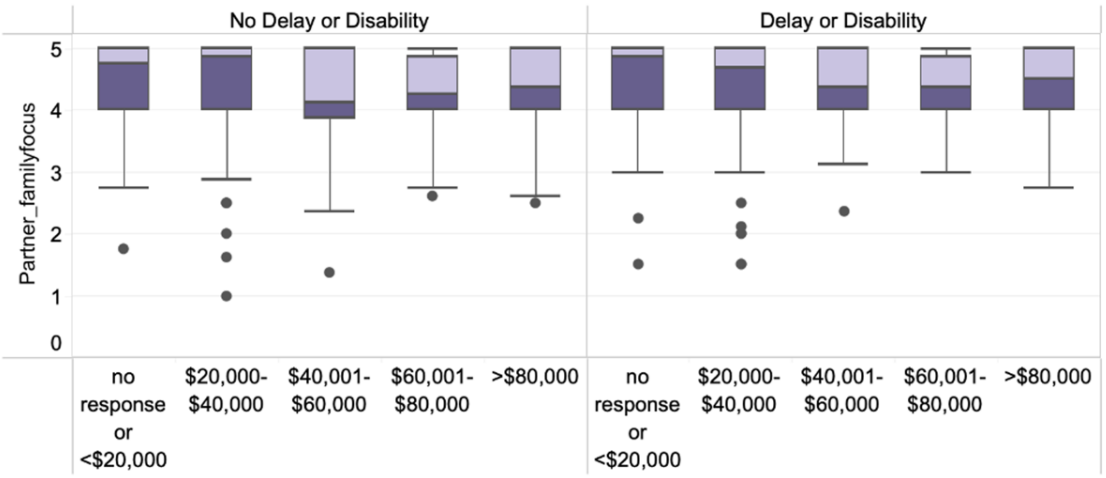
In general, both types of partnerships were rated as being strong by those with and without a child with a developmental delay or disability (Figure 10).

Figure 10

Overall *Family-Provider Partnership*-Child Focus by Income and Child Disability



Overall *Family-Provider Partnership*-Family Focus by Income and Child Disability



Further, there were no significant trends based on family income. As with many of the family metrics, the median values across the sample were high but the metric was marked by substantial variation. Both partnership measures were significantly related to the respondent's rating of the quality of their usual child care provider. Respondents who had lower family-provider partnership scores rated the quality of their child care as lower. This relationship shows that quality care and family-provider partnerships are interrelated for families.

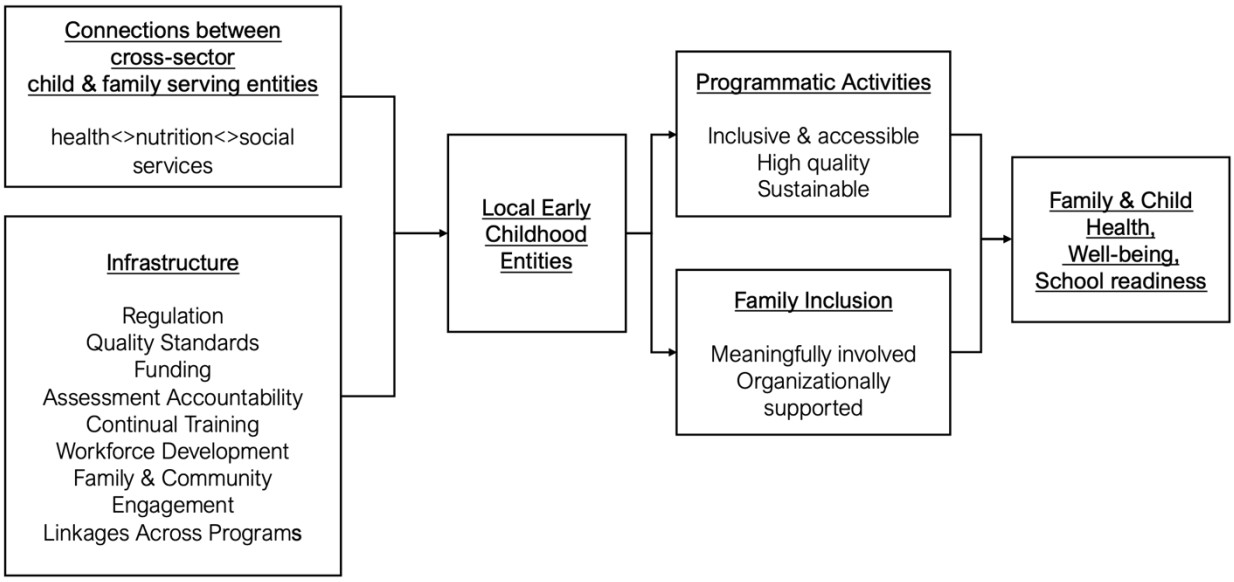
The quality of these partnerships was found to be significantly related to family quality of life. This finding highlights the important relationship between providers and parents that is part of a high-quality early childhood system. There is a clear link between the family's view that their child's providers are partners in their child's development and the family's own quality of life and resiliency. **Strategies for increasing resiliency and quality of life for families should include ways to support the provider-parent relationship.** These strategies should be sensitive to the stress and trauma that many families are struggling to recover.

It is important to point out that there are many ways that the early childhood system can work to better partner with families. While family advisory boards are a way to hear from families, their work must result in clear improvements in the ways the early childhood workforce interacts with families. Further, these data show that, for families, an important aspect of these partnerships is how well the early childhood workforce supports their child and the child's development.

The Early Childhood Workforce

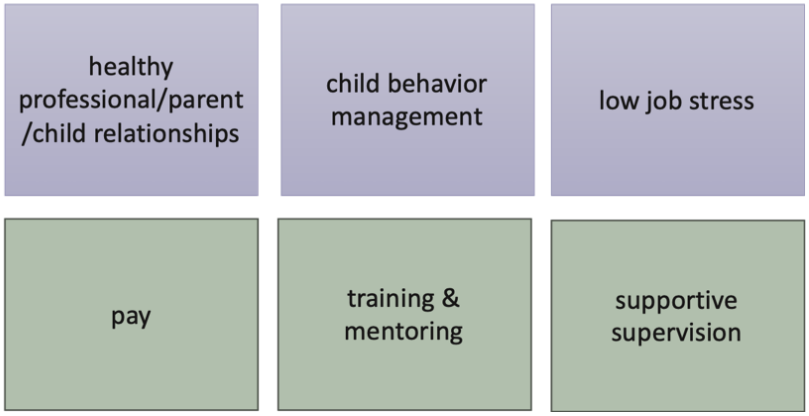
The Needs Assessment framework (Figure 2) centers the early childhood workforce in local early childhood entities. This workforce is influenced by the broader infrastructure of the early childhood system and directly influences family well-being. It is primarily through the early childhood workforce that the early childhood system can promote family well-being. Consequently, pressures on the workforce, such as compensation, regulations, management, and policies, can impact how the workforce delivers programs and includes families.

Figure 2



There is a rich line of academic literature focused on the components of a sustainable early childhood educational workforce [7-9] that is focused on child care, Head Start, and early pre-K. However, the main factors that influence the sustainability of the workforce in this sector are applicable to the entire early childhood workforce. Six factors are important for the retention and stability of the workforce (Figure 11). These are not exhaustive of all aspects of a sustainable workforce but are commonly found to reliably predict quality program delivery and workforce retention.

Figure 11

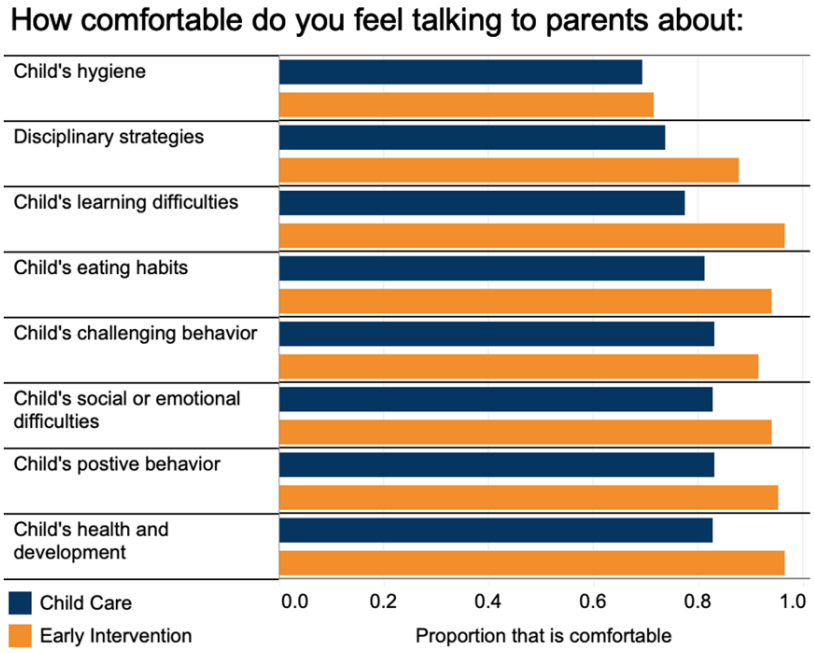


Two factors of retention focus on how the workforce interacts with families and children. They include (1) healthy parent-professional relationships and (2) child behavior management. A third factor of a sustainable workforce focuses on (3) job stress. Job stress can be caused by direct work with families or by the system's pressures on the worker. The final three factors of a sustainable workforce focus on system-level infrastructure that supports the worker including (4) pay, (5) training and mentoring, and (6) supportive supervision. To begin to understand the needs of the workforce, the Needs Assessment will first focus on interactions with the family.

Healthy parent-provider relationships

A key component to having a healthy relationship is communication between providers and parents. Communication difficulties often arise in situations where the provider is discussing hard things with the parent and is uncomfortable. Providers across all early childhood sectors, except early intervention, are uncomfortable discussing learning and developmental concerns about the child with the parent (Figure 12).

Figure 12



All early childhood sectors have discomfort with discussing disciplinary strategies with the parent. It is important to point out that discomfort levels tend to cross topics for individuals. For example, if a provider is uncomfortable with discussing disciplinary strategies, they are also less comfortable discussing the child's challenging behaviors.

The need for more support with having difficult conversations was also highlighted in interviews with child care directors. One director was clear that their philosophy of being a partner with the parent made these conversations easier to have.

> *We always use the language and I always encourage my teachers to use it, "Let us partner with you." We partner with you, we partner with you. If you're doing it, even for potty training, we partner with you. We are partners in this. We are a team. And it's very important to express that philosophy often, to let them know we're a team, we're on each other's side here, we want to do what's best for Susie.*

Several directors talked about how their staff's experience level is a hindrance to having these conversations and how more training could help these conversations:

> *it's hard to have those conversations with parents, especially preschool teachers that are younger. […] Even though we were like, I think this child is autistic, we didn't have the confidence to be able to have that*

conversation with the parents. We didn't know how to because we were like 24 and we just didn't feel comfortable saying, "We think your child is autistic." We didn't know how.

In addition to an explicit desire to have more training on difficult conversations, child care directors also described difficult situations in a way that indicated that having a different strategy or approach to the difficult behavior may have helped.

If we end up getting the pushback and they're like, "Oh no, our kid's fine," we tell them every little incident that happens.

These data on communication combined with the findings on parent ratings of family-provider partnerships show that **it may be possible to improve family well-being by improving providers' comfort and skills with having difficult conversations, especially in the early learning and family support sectors**.

Child Behavior Management

Lack of comfort discussing difficult behaviors with parents has elevated concern based on interviews with child care directors about the impacts of COVID on their operations. As with parents' perceptions of the impact of COVID on their child's development, child care directors and home-based providers reported seeing and experiencing more difficult behavior than they have seen before. One director explained this need by talking about when their center reopened:

There's already going to be separation anxiety. That's totally normal. This was to an extreme that I'd never seen before where it was a month of just crying straight and we would have to do half days because it was not only we were like, this isn't healthy for the kids, but also for the other teachers and for the rest of the class.

The behaviors the directors described seeing now focused on poor social emotional skills, aggressive behaviors, and difficulties with executive functioning. Many directors hypothesized that this was because children were kept at home and away from others for longer than they normally would have been because of COVID fears. Others suggest that social-emotional delays and dysregulation were related to increased screen time while at home during COVID. Aggressive behaviors were also commonly discussed among directors. Directors reported more children "throwing furniture", "screaming," and "hitting" at rates higher than before the pandemic. Lastly, many directors reported that

children were also experiencing difficulties with executive functions such as working in a group or changing tasks. For example, one director said:

> *There is a significant increase in... I want to say defiance almost, just behaviors. If there's a direction given it's either they tune it out, multiple repetitions of instruction and inability to do that executive functioning group activity sort of thing, because everything was so individualized and one-on-one. It's very hard, with some. With older ones where you expect them to have that ability, I feel like executive function has really decreased.*

As another director put it:

> *Yeah, we literally talk about that probably all the time. And I don't know if it's pre-COVID to now, or when we were little compared to now. I don't know. I don't know. But now you see a lot of, oh, I don't know, hyper. You see a lot more kids with ADHD and any type of behavioral issues, you see a lot more now. And like I said, I don't know if it's because pre-COVID, I don't know. I don't know, to be honest with you. It's just you see it a lot. A lot.*

It is important to also acknowledge that these types of behaviors were described in all interviews, regardless of the quality rating of the center or the education level of the director/owner. As a director with a master's degree who is over a high-quality child care center that mainly serves high-income and college-educated parents told us:

> *In my experience in my circle here and kind of the other directors I talk with, most people tend to feel that we are seeing an increase in, people call them behaviors, but essentially social-emotional connections that are not meshing since COVID. Directors really feel like they are seeing kind of the COVID babies that were at home during a crucial part in their development and are now struggling to make those social-emotional connections there…And that is happening in every socioeconomic status. I saw it in my last school that was all lower-income families that were receiving subsidized child care from the state, and I have one subsidized family now. So even a higher social. We still have a child who hits her teachers and bites her teachers. And it is crossing genders. It used to really be focused primarily on boys. And I*

think we're seeing it across both genders, across different ethnic groups. It is definitely increased.

In addition to difficult behavior, there were also directors reporting increased numbers of children with potential developmental delays. For example, one director said,

Another thing that I have noticed, it's a lot of the speech delay. I mean, I'm not a speech pathologist or anything like that, but it makes me wonder. Because now I have a lot of students that need intervention with speech, and also with physical and occupational.

These challenges with child behavior are also reflected in the survey data. Over 60% of respondents across the early intervention and early learning sectors indicated that they wanted more training on dealing with challenging behaviors. Among the family support sector, 36% indicated that they wanted more training on promoting positive parenting. This percentage may seem low, but the scope of work for most of the family support sector is to promote positive parenting; therefore, this reflects a higher percentage than expected.

These conversations also highlight the themes that parents expressed. **There is a need to train the entire early childhood workforce on how to create inclusive environments for neurodiverse and divergent children.** Having better accommodations can help families who have a child with diagnosed delays. Additionally, these accommodations could better equip the early childhood workforce with tools to create adaptive environments for children needing more support in social-emotional learning but whose needs do not rise to the level of a diagnosed delay.

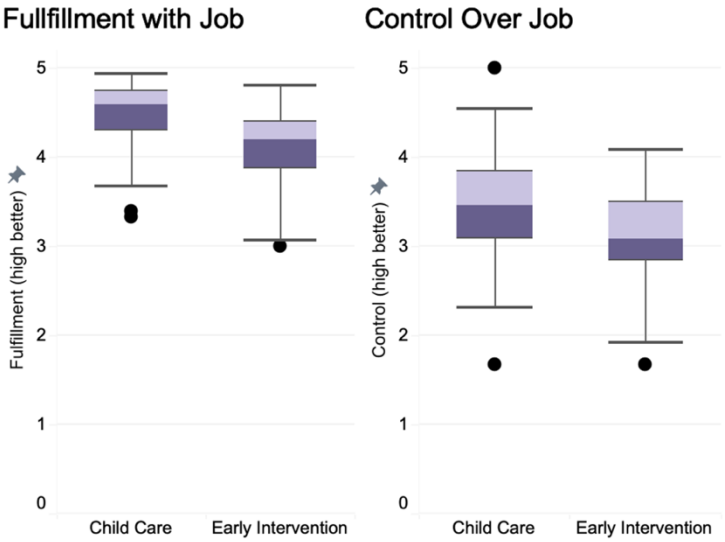
Job Stress

Job stress and low pay are often cited in the literature as being the two clear factors in turnover. Job stress comes in many forms and from many different sources. For example, stress may arise because one feels that their resources are inadequate for their job. In the early childhood setting, stress may also arise because of the way that parents interact with the provider or because the provider is frustrated by the children[10]. However, despite the stressors, jobs can also be fulfilling, which can buffer the negative aspects of the job.

In the early intervention and the early learning sector, providers are fulfilled by their jobs. Early learning providers have significantly higher ratings than early intervention

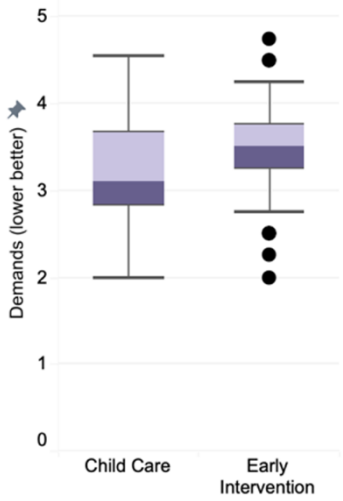
providers on questions such as “I know the children are happy with me” and “I see that my work is making a difference with a child”[10]. Further, those in early learning settings also had higher ratings on items that indicated that they had control over their jobs. These items included such statements as “I have control when daily activities take place” and “I have control over getting parents to work with me on a behavior problem”. As with other measures, the striking part of these answers was not the mean responses to the questions, but the high level of variability in the answers in both sectors (Figure 13).

Figure 13



There are also signs of stress in the early childhood workforce, specifically related to the demands of their jobs. These items include statements such as “All the children need attention at the same time”, “I feel that there are sources of stress in the children’s lives that I can’t do anything about”. The early intervention sector showed more signs of stress than the early learning sector (Figure 14).

Figure 14



The findings that the early intervention sector is reporting less control over their jobs and higher stress is in line with a recent needs assessment that focused specifically on the factors that contributed to turnover in this workforce[11]. Of note, this needs assessment found that allowing flexibility and control over work schedules was an important strategy for reducing turnover in this sector. Additionally, the needs assessment identified reiterating to the therapist the important benefit they provided to the family as a helpful strategy for reducing turnover, which would increase job fulfillment.

Within the early learning sector, reducing teacher-child ratio was cited as an important factor in preventing stress and turnover.

> *…who on God's green Earth would think that one person could handle 10 to 12 two-year-olds by their self? 16 to 18 three and four-year-olds by themselves? And say that that's a licensing ratio. "Oh, this is good by the state. You can handle it." No, you can't handle that.*
>
> *When a lot of our teachers have come to us that have been at previous child care centers, they love that we have low ratios.*
>
> *Again, I'm thankful that we have low ratios when we get together with other directors (…), and we see how maxed out their classes are. So of course their teachers are stressed out and calling in and not coming back. And that's everything that we're trying to prevent.*

In addition to citing lower ratios as important for reducing stress and burnout, a few directors directly talked about how these lower ratios are also better for the children and managing the increase in difficult behaviors that they are seeing in children.

> *Let's say my three-year-old room, they can have one to 15, but we have two to 15, so we don't have to provide that extra teacher, but we do… We feel like if we keep our ratios lower, then it alleviates a lot of the behavioral issues and teacher burnout.*

What was not identified in the report with early intervention providers, however, were other wellness strategies such as training and use of trauma-informed practices (or other universal precautions) and mindfulness techniques. Trauma-informed practice is often described as a switch in attitude from “what is wrong with you” to “what happened to you”. It originated in practices that specifically worked to respond to traumatic events but has gained widespread adoption across many sectors[12]. Within the healthcare sector, these practices have been cited as a way to mitigate burnout among health care providers. In the early learning environment, it has been cited as a step towards better behavior management in the classroom. Evidence-based approaches to discipline in child care settings share many of the same tenants of trauma-informed practice. Further, most home visiting models are designed with a trauma-informed lens.

Trauma-informed attitudes can be assessed with validated measures[13,14]. Trauma-informed attitudes indicate that the provider sees that the child or parent might be doing the best they can, even if that is not making the provider’s job easier. Across all three early childhood sectors in Texas, trauma-informed attitudes are generally high. All sectors showed mean responses indicating a strong leaning toward trauma-informed attitudes. But there were clear variations showing room for improvement.

Mindfulness training within the early learning setting has shown positive impacts on stress and teacher-child interactions[15]. Mindfulness is often taught in early childhood settings as an evidence-based route to teaching children self-regulation and emotional regulation. However, these practices have not always been adopted by the workforce. Mindfulness can be assessed with a validated measure[16] that assesses the individual’s internal mindful practices (intrapersonal), and the practices they engage in with children and others (interpersonal). There were no differences between providers in the early intervention and early learning sectors on either mindfulness scale. Median scores on both scales were generally high with large variations in responses.

What was found were interesting relationships between aspects of job stress, mindfulness, and trauma-informed attitudes. Those with higher trauma-informed attitudes reported significantly better job control. Those with higher intrapersonal mindfulness scores had significantly better ratings on job demands. Both trauma-informed attitudes and intrapersonal mindfulness were associated with better ratings on how the individual rated their job fulfillment. These results point to an important finding. **Training on trauma-informed practice and intrapersonal mindfulness may be a route toward reducing workplace stress among early childhood providers.**

Within the family support sector, these types of practices appear to be more central to supervision and to the culture of the program. Needs Assessment and evaluation work with home visitors in Texas have shown that supervision that promotes mindfulness and self-care in the workforce is associated with lower burnout and turnover. In a recent evaluation of home visiting programs, supervisors and home visitors talked about this relationship[17]. As participants noted:

> *supervisors are very mindful about checking in with us […] Self-care is big. My job loves it. My supervisors just love to talk about self-care all the time.*

> *Learning also how to provide self-care for ourselves 'cause we are adamant about telling our clients, "You have to do self-care and you can't care for others until you care for yourself." But for the most part, we tend to forget about ourselves. I think that is imperative in trying to decrease that burnout.*

However, it must be acknowledged that the promotion of these practices must begin within each provider's training in their discipline and be reinforced in the workplace. Trauma-informed practice is a continuous process and there is evidence emerging that mindfulness training also needs to be boosted[18]. Both approaches impact workplace culture. Therefore, newly hired individuals must learn that culture for these practices to be sustained. Training these practices lengthens onboarding time for newly hired individuals, which extends the time before a new hire reduces job demand burdens on the entire organization. Extended onboarding time caused by training was cited as an operational burden in the early intervention retention needs assessment[11] and in interviews with child care directors and owners. The early intervention sector discussed a need for better training in schools to reduce this on-the-job training time[11]. This need was also mentioned by child care directors and, to some extent, by parents. To

paraphrase an early intervention director in the retention needs assessment, the only way to reduce onboarding training times is to address the training they receive in school.

Pay, Compensation, and Incentives/Stipends

Discussing pay, compensation, and incentives moves the conversation about needs for the system out of the workforce and into a discussion of the system and infrastructure that supports the early childhood system. Compensation levels for the early childhood system are inherently set by the funding that goes into the system. While child care is revenue-generating, the burden of the compensation levels is either passed to parents or offset by funds from grants and stipends to the center or home. The issues of pay within the child care system have been extensively described in the Recommendations to Inform the 2022 Child Care Workforce Strategic Plan[19].

The pay levels of the early childhood workforce vary dramatically across the entire system with direct care providers having a pay range of minimum wage to well over $100,000 per year. These pay levels vary based on the various degrees that are required for the position. For example, some early learning and family support sector positions only require a high school degree whereas other positions require a master's or a nursing degree. However, these inequities are felt and noticed by the providers delivering the services, as stated by a home visitor in a close-to-minimum-wage position.

> *I think that I understand, I think, that you don't need a master's degree to do this kind of work, so the pay isn't gonna be there. It's not gonna be great pay; I get that.*

In addition, and as is seen in the early learning sector[19], there are differences between organizations and regions in pay, even though they are delivering the same services. Some of those inequities have arisen due to local market pressures and some have arisen because individual organizations have worked to provide higher pay to their workforce.

> *The other thing is that before I started, [staff] were grossly underpaid. They were making $10, $11, and $12 an hour and I was able to increase their pay to $15 and $16 and $17 an hour based on experience and education. So that was an incentive…We had to increase tuition a bit, but it wasn't a drastic… Well, it was maybe a 15%*

> *to 20% increase, but we were so undercharging, it almost brought us up to market value.*

For early learning sectors, grants, and donations are commonly used among those that are not-for-profit. However, these can be limited in how they are used to supplement pay. As one center director described:

> *For us, by us serving the low-income families, the amount that the parent pays, we have to supplement or fill in that gap for the money that it actually costs us through grants and donations. Honestly, it's very, very rare for me to find a grant where people want to pay salaries. They're like, "You pay salaries, let me do something." They would rather fix the floor, fix plumbing or anything. People do not want to give you money to do salary.*

The use of these grants and donations to offset costs, however, is not universal across the early learning sectors. Those organizations that are classified as for-profit are often ineligible for local grants and have a limited ability to accept donations. As one director said when asked if they supplemented their operating costs with grants "*We aren't eligible for those because we are for-profit*". The for-profit child care centers that were included in the interviews were all single-site centers that had a subsidy agreement with the state. These were not large corporate and multi-site centers.

Pay is a central system-level retention issue. Across all sectors, there has been a concerted effort to help financially incentivize the early childhood workforce through state initiatives such as using stimulus funds for one-time stipends/incentives and creating retention bonus grants. Further, there have been creative efforts among organizations focused on restructuring costs to provide pay raises to the workforce. The needs assessment for retention in the early intervention sector highlighted this restructuring through examples that organizations gave on how they were able to raise salaries. As one director was quoted in the publication:

> *We put some incentives in place where if we have the funding and everyone is meeting their productivity, we might try to give a productivity or merit bonus, you know, if we have the funding*

Restructuring costs or finding funding for bonuses were also described in interviews with child care directors and owners:

We did a community fundraiser. I did an art auction for the teachers where I had different past families and current families who were artists in the community donate artwork and then we auctioned that off. We ended up raising over $20,000 for the teachers that went on top of their normal pay.

Within the family support sector, organizations also worked to make changes to compensation and working hours. For example, one organization re-classified full-time employment to 36 hours per week without decreasing benefits or total compensation. Across all sectors, the use of relief funding was cited as a major factor in organizations being able to retain staff and stay open.

Among the early learning sector, the unique impact of turnover on overall pay must also be considered. A center must retain teachers in order to keep classrooms open and to keep revenue at a level that allows higher teacher pay. If a center loses a teacher and cannot fill the position quickly, they risk losing revenue because they can be forced to close a class. That revenue loss can mean that the center cannot reopen the class. Many centers are facing this vicious cycle now. They lost teachers during COVID and are operating below their licensed levels because they do not have enough reserved revenue to hire more teachers to open another classroom, which would generate more revenue for the center. Many of the directors who were interviewed and operating below their licensed capacity described this cycle. This is a delicate balance faced by other sectors as well, even those working from grants and contracts that provide annual budgets.

Training and Mentoring

On-going training in the early learning sector has been associated with longevity. Additionally, centralized training has the potential to reduce variability in program quality, helping to ensure that quality is equitably delivered across all areas of the state. Texas has three centralized training portals for the early childhood sector. Further, the Department of Family & Protective Services has a training portal that funded family support sector organizations can access. Department of Family & Protective Services also partners with national organizations to offer free training to family support sector organizations.

The Texas Early Childhood Professional Development System (TECPDS) is a training and career pathway portal that mainly serves the early learning sector. This system helps organizations access standardized training but also tracks training that is

required to meet Child Care Regulation minimum standards, and training that is required for Texas Rising Star quality ratings. TECPDS integrates into other training platforms for the early childhood system including Texas A&M AgriLife Extension, CLI[c] Engage, and the Childcare Education Institute so that training in any of these platforms will automatically be added to the user's profile. TECPDS is a vital tool to meet Texas Rising Star quality ratings and Texas Workforce Commission requires Texas Rising Star providers to use it; thus, over 90% of directors in a Texas Rising Star rated child care center have a TECPDS account[19]. Across the entire early learning sector, the percentage of the wider workforce with an account is estimated to be lower (~60%). However, this use is not evenly distributed across the early learning sector as there are funding streams where the use of this system is higher, for example in the Head Start workforce.

CLI Engage and Texas A&M AgriLife Extension are training sites with a variety of online trainings that meet the necessary core competencies of the child care workforce and provide additional specialized training that can help with business development, inclusion, and classroom instruction. Texas A&M AgriLife Extension trainings used to have small fees associated with them, but TWC has been providing funding to Texas A&M AgriLife, and many of these trainings are currently available at no cost. CLI Engage trainings are free. These resources are not evenly known about in the early learning workforce. While Texas Rising Star directors know of these resources, those who are not part of the quality rating system have a lower awareness of the free CLI Engage trainings[19].

While these training platforms provide very important services to, especially the early learning sector, they may not be filling the training modality wants of the early childhood system. In interviews with child care directors, they stated preferences for team and in-person training either through lunch & learns, paid in-service training, or mentoring programs. Many of the directors in Texas Rising Star rated centers discussed having mentorship models for new or less experienced staff. Further, there was a desire for cross-center and peer-to-peer training programs. As a director who was a former Head Start teacher told us:

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[c] CLI: Children Learning Institute located in the Department of Pediatrics at the University of Texas Health Science Center at Houston McGovern School of Medicine

> *I would love my teachers to be able to go and shadow Head Start…shadow how those teachers teach. Because the most benefit I've ever been able to receive are those teachers that I get for a little bit of time when they're not in school. They get to come and shed light and inspiration and, "Hey, this is what we do at school. Hey ..." It helps significantly. It sets them up for success. It gives them a different perspective and it's just nothing but just all the little details and things like that that they see on a daily basis that they can give.*

Mentoring models were also cited as very helpful with learning to address difficult behaviors and with filling in experience gaps of new child care teachers:

> *Sometimes people need support and mentors, and that's the difference in the program that we now have with Collaborative that she's just joined, where we have mentors who come out and work for the teachers, and they come out and do trainings. So that's something valid and meaningful to that for teachers. They need that support because some of them come in with experience, some of them come in without experience, so those that come in without experience are a little bit more needy than those others.*

Some of this sentiment for mentoring and peer-to-peer training was also expressed as a want to regain connections after the isolation of COVID.

> *Sometimes, and COVID very much was that. It feels like you're just on your own and you're just figuring it out. Thankfully, I had a relationship with another director at another preschool. We're friends and we just would meet regularly and we'd be like, "Okay, let's write this email to the community together. What do you think about this protocol?"*

Across the early learning system, there was also a need for more cost-effective group and pre-service training.

> *[What would be helpful is] access to more cost-effective pre-service training. That would be something that was funded or accessible through some sort of state program where you could sign up and get your 24 hours to start the year as a new early childhood educator, that*

would be very, very helpful because we're having to pay out of pocket to reimburse those people who do that online 24-hour pre-service[d]*.*

The emphasis on free and low-cost training was expressed by all directors. While many talked about the free online trainings that were available, this did not seem to fulfill their wants. **There is a want for in-person and peer-to-peer training for professional skill development and tailored trainings.** Given their desires for group and in-person trainings, it may be that they see the online training as fulfilling requirements but would like in-person and peer-to-peer training for professional skill development and tailored trainings.

Child care directors also talked about the need for just-in-time training focused on difficult behaviors. Further, directors were clear that the training that exists is not enough to deal with the behaviors that they are seeing. This want for more tailored training was articulated by a director who was discussing her struggle to get training to help with some of the behavioral difficulties they are seeing in the center:

That's probably another that we lack in there, is the training as far as that, I guess you could say. It's very overwhelming […] I noticed that we haven't had a lot as far as special needs trainings as far as that. It's more so like you said, classroom management, how to implement this or that, or different things like that. But as far as saying triggers of an ADHD kid or autistic children, stuff like that, there's not much offered.

The need for more specialized training focused on being inclusive or helping children who are neurodivergent or have behavioral problems also came out in other sectors. As discussed in the child behavior management section, all early childhood sectors have expressed a need for more training. Given the sentiments expressed by directors, this want may not be for more training *per se* but a different type of training than what is available that helps with on-the-job skills and practical ways to help children. **There is a need for training in inclusive practices that helps with on-the-job skills and practical ways to help children**.

Child care directors also discussed the need for more training that helps them develop their businesses. One recurring theme in the interviews, especially with home-based owners and directors of small centers, was the want to expand their business but

[d] Pricing in Texas A&M AgriLife extension has pre-service training costing $162

not knowing how to navigate this financially. This theme came up in small centers as not knowing how to navigate the cycle of hiring teachers to re-open rooms. Also, this need for business development training was explicitly stated by one home-based owner:

> *... be able to increase my capacity for children so that way, I could generate revenue or generate the funds and assets so that way, I can open up my own daycare center…There's no organization or entity that does that. I'm basically on my own to find a place, find the funding, figure out how to pay for it, figure out all the stuff that goes into it, and things like that. So having a model or a business plan that's already created for a daycare with things that you need. Here's all the things you need to run a daycare center.*

Indeed, the training offered through AgriLife Extension focuses only on home-based business development and starting home-based child care. In the places where smaller entities go to find training, there is no training that addresses business growth or transitioning from a home-based provider to a center.

Training in the family support sector is discussed differently than it is in the early learning and early intervention sectors. In the early learning and early intervention sectors, training and required continuing education are intertwined. In the family support sector, training is often set by the models that the organizations are using. Additional training can be offered by the state agencies, but training by the model will take priority. This is illustrated by conversations with home visitors surrounding the state's desire to increase parental mental health training among home visitors:

> *The curriculum that we use, since it's very educational focused pre-K readiness, it doesn't address anything about depression or mental health in general. That training, we will get, maybe, an hour and a half training one day. We will squeeze that in…*

Supportive Supervision

Across the early childhood system, it is clear that supportive supervision is a strategy for supporting the well-being of the workforce. Interviews with all of the sectors have resulted in examples of how organizations are working to provide a supportive environment for their staff. The most prevalent examples discussed were activities that help raise morale and wellness for the workforce. These types of activities include such

things as monthly parties, self-care meetings[11], and team building. As a home visitor from the family support sector told us:

> *Our supervisor took that day to do a team building type thing or even a self-care. We'll usually work in the morning, and then we'll do lunch. We'll either go out to lunch together—since we're all in and out all the time throughout the week, it's like, okay. We need to do something. We don't always get to sit down and do lunch together, so we'll sometimes go out to eat, or we'll bring food here, and we'll do a little activity. […] I'd say just kind of get together and talk and take a break.*

Additionally, in the early learning sector, directors talked about letting their teachers and staff "tap out" and strategically moving floaters through the center:

> *We call it a tap out. If you need to tap out, you let us know, we are going to be there. Now also with the second teachers, what they have found helps a lot is that we divide and conquer.*

Within the family support sector, there has been state-level (and model-specific) support for training supervisors on reflective supervision. Reflective supervision is dominant in the infant mental health setting and has been developed and formalized in that setting as a way to support families, the non-therapeutic workforce, and the therapists and consultants providing services[20]. Reflective supervision does not require therapy skills and is marked by openness, collaborative problem-solving, mutual respect, realistic expectations, encouragement of continuous learning, and the ability to ask for help.

An ongoing evaluation of parental mental help support within the family support sector has found that this type of supervision style is identified by home visitors as being valuable, especially when they have a client with a mental health concern or other challenge. Supervision was a powerful remedy to enhance efficacy, skills to address clients' needs, and help home visitors manage feelings of being overwhelmed, sad, or burned out. Supervisors also helped encourage home visitors to take care of themselves and their own needs. Reflective supervision was thought to be helpful in addressing mental health-related case scenarios and problem-solving difficult or unclear situations. One participant shared:

> *I think building in that reflective supervision piece has been really helpful in creating space for us where we feel like we're able to talk about difficult situations in our job.*

A supervisor who used reflective supervision explained her position:

> *I consider my staff my caseload. I need to make sure you guys are okay and rocking. You're the heart of the program, and so if you're not okay, the whole program's gonna feel it.*

Another person whose supervisor was trained in reflective supervision explained that it helped to address feelings of burnout. Reflective supervision also helped build supportive work environments and feelings of community. There were home visitors who also described how this type of supervision helped them create healthier boundaries between their work and home life.

In the retention needs assessment for early intervention, several high-quality supervision techniques that helped build morale and a feeling of teamwork were described[11]. In the early learning setting, directors also described several high-quality supervision techniques. Across both sectors, the collective problem-solving aspects of this type of supervision were not discussed. Across all sectors, both interview and survey data reflect large variations in who is using these practices across the state. **Therefore, across all sectors, more can be done to help encourage and provide training on reflective supervision as a route to prevent the turnover and burnout that is evident in all early learning sectors**.

The Early Childhood Infrastructure

Infrastructure Capacity

The early learning sector includes licensed and registered home-based care, child care centers, Head Start[e], and public pre-K. Head Start funded enrollment in Texas in 2021 had a capacity of over 68,000[21]. The number of children receiving child care subsidies in Texas was on average 135,000 per day in 2022 [22]. In the public school system in the 2021-2022 school year, there were approximately 245,000 students enrolled in early education or pre-K[23]. While there is some overlap in these systems, it is estimated that approximately 448,000 children in Texas are receiving free or subsidized care or education in Texas. This is impressive support capacity given that it is estimated that more than 475,000 children in Texas are living below poverty. However, 17% of the child population in Texas lives between 100% and 200% of the federal poverty level, which is approximately 431,000 children. While income requirements vary dramatically over early learning programs, all serve a large portion of children in this income range, as well as children in foster care, those with qualifying delays or disabilities, and military families regardless of income. Once the size of these additional populations is added, it becomes clear that Texas's early learning capacity does not meet the need. To illustrate this, every month in 2022 and 2023 between 60,000 and 80,000 families were on the waitlist for child care subsidy every month[22].

The early intervention sector includes the Early Childhood Intervention program, locally administered by 40 organizations that provide therapy and early intervention services for children younger than 3 years old through federal (IDEA Part-C) and state general revenue funding. This sector also includes intervention and special education services offered through the public school system for children older than 3 years old (IDEA Part-B, section 619). Qualification for these early intervention services is not based on income but on disability or developmental delay status. In 2022 over 94,000 children younger than 3 years old were referred to early intervention services. Of these, 65,584 children received intervention services with 85.5% qualifying with a developmental delay and 540 received follow-along services. Approximately 40,000 3 and 5-year-olds with developmental delay or disability are served through the public

[e] In Texas, Head Start is not administered through a state agency but is coordinated through the Texas Head Start State Collaborative Office, which is part of the Children's Learning Institute at the University of Texas Health Science Center at Houston.

school system. Both of these programs are operating past their funded capacity, demonstrating a broad need for these services.

The family support sector in Texas is the smallest of the three early childhood sectors and does not exhaustively cover the state. Approximately 20,000 families with children younger than 5 or who were pregnant were served through the family support sector. While most services offered through the family support sector do not have income requirements, most families served are low-income (at or below 200% federal poverty level). Services provided through this sector are often model-based and include home visiting, family resource centers, parenting support services (such as parenting groups), and some mental health support. Services in this sector often work to help connect families to other early childhood system services. The state prioritizes funding to local communities based on the community's maltreatment risk[24] so that these limited services go to the communities that need them the most. Based on the current maltreatment risk assessment, it is estimated that approximately 321,000 children younger than age 5 live in ZIP codes that would be prioritized for family support services[25].

Across the entire early childhood system, services and programs being provided do not have the capacity to meet the needs of families with young children in the state. Further, analyses suggest that these capacity issues are impacting some communities more than others. For example, the percentage of the population served by early intervention services through the public school system (IDEA, Part B, section 619) is not equal across counties, even in large counties the percentage of population served ranges from 1% to 8%. There are 352 ZIP Codes in Texas that are child care deserts and 52.5% of these are in metropolitan core areas. It is well understood that there is a disparity in capacity between rural and urban areas; however, there is substantial variation in capacity within urban areas, as well.

Governance and Quality

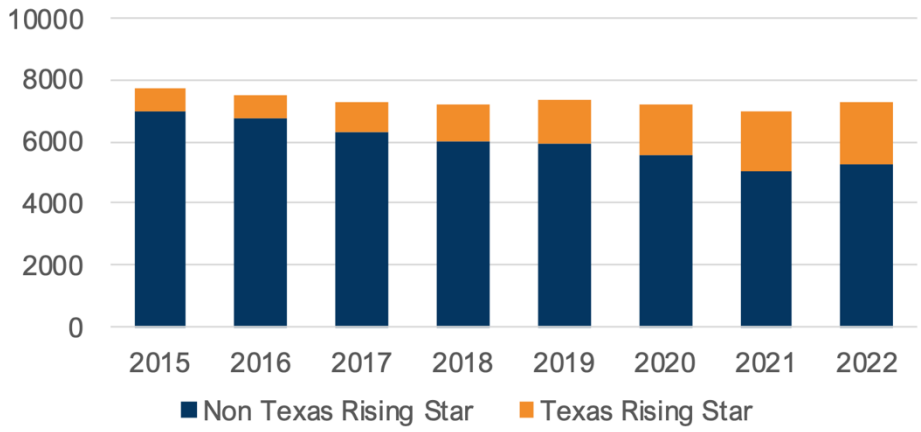
Across the early childhood system, governance and quality tend to be monitored at the level of the agency that contracts the services. For example, the early intervention sector is monitored by the Health and Human Services Commission for IDEA Part C services and by the Texas Education Agency for IDEA Part B, Section 619 services. Quality in the family resource sector is monitored by the Prevention and Early Intervention Division, as well as by the national home visiting models that oversee

training and model fidelity. In both of these sectors, quality metrics are defined and tracked through contract monitoring.

The early learning sector, however, does not have universal quality monitoring. Child care quality monitoring, for programs participating in the state subsidy reimbursement program is through the Texas Rising Star program. Texas state law requires Texas Rising Star ratings to participate in state subsidy reimbursement. This linking is increasing participation in the quality rating system (Figure 15) and will create a more utilized quality monitoring system for many child care programs. However, not all early learning programs participate. For example, Head Start programs only participate if they are a regulated child care provider. Public pre-K programs also do not participate in this quality monitoring program.

Figure 15

Number of Child Care Providers Accepting Subsidies by Texas Rising Star



Connections Between Services

Connections between services within the early childhood system are critical for helping families transition between age-limited services and for helping families receive services for which they are eligible. The early learning system is seen as a vital connector for families in the early intervention sector. However, parts of the early learning sector are struggling to be a connector to additional services.

Part of building the capacity of the early learning sector to better connect families to early intervention is for them to conduct evidence-based developmental screening. Most child care centers that were interviewed believed they were conducting some kind of

developmental screen – yet the content and quality of these screening tools varied significantly.

For screening tools, some centers were using the Ages and Stages Questionnaire (ASQ), a questionnaire that has been validated and is used extensively in health care, while others used tools that they found online or created for their center. For example, one center said,

> *…we utilize the ASQ and the ASQ-SE. So we do them twice a year for children, age one and up. For our infant room, they actually do them every two months. I train and teach my staff that those are meant to be a collaborative tool with parents.*

While another center director said*:*

> *I went online and I found all of the development, physical, emotional, and academic standards for especially my preschoolers and the things that they need to learn there. And so I just googled it, found them, printed them off, and those are the standards that I use.*

Among home-based child care settings, the use of screening was rare with some owners expressing that there was no need for such screening. Other center directors expressed confusion about both the screening process and the difference between screening for developmental delay and milestone tracking.

> *The reason we have not nailed it down is because people will send you a package to use and the instructions are written. For me, I really want someone to come out and train me on how to use the package that you sent me, that's my thing. I mean, I probably could do it, but I'd rather someone who's been officially trained on how to do it, because me, I'm going to overthink it and go the long, long, long way out. So if someone else comes in and tells me exactly how to do it, and then I can follow that instruction and continue that.*

> *…the barriers to that I believe would be that it's too broad. I'm supposed to be checking for everything. So there are some things that are more important than others depending on what age group you're dealing with. I'm supposed to be screening for all of them, or I'm supposed to be*

checking and writing down developmental milestones for every single child in every single area.

There is great variability in directors' and owners' use of developmental screening, their understanding of what it is, and their knowledge about its benefits. This variability creates inequities between centers in how well they can help parents recognize and identify delays and what to do about them. Further, this variability also means that centers and home-based care do not recognize what they can do to help support a child who is behind developmentally. **More between-sector training is needed to help the early learning sectors better recognize and screen for developmental delays**.

The confusion and variability in screening that is seen in the early learning sector's ability to identify delays is also present in their ability to help parents navigate to the early intervention sector. Some child care centers have specific staff that help with navigation:

I do the referral to the inclusion lead, and then the inclusion leads comes in, and go observe the child. She also talks to parent, and if there's any concerns and then she'll follow up with a process that would be like referring the child to either to [Early Childhood Intervention] or to the ISD, depending on the age of the child.

It automatically goes to […] our therapist. And then she just takes it from there. Takes a lot of observations. She makes the contact to the parents. A lot of times parents are in denial and she'll try so many times.

However, this type of high-quality in-center support was very rare. Some centers that have early intervention coming in for one child will ask the therapist for more information or resources for other children. This type of advantageous resource gathering was especially discussed in smaller communities where the director and the early intervention therapist knew each other.

There's a speech person who comes in and works with [an autistic child], and a lot of times when they're servicing them at my daycare, I can ask them for the information to share with the [other] parents.

Many directors acknowledge that they usually just call the school district until they get the right resources:

> *[I contact the regional school district] because I know that they have a lot of resources. I know they're not available to me because I'm not in the school system, but usually when I call and I ask them questions, they're able to send me to somewhere else that could also help me with that.*

However, the most common response from directors was that they simply did not know who to call or contact if they had a child needing developmental services, which often led them to tell parents to contact their pediatrician if there was a problem.

> *But yeah, it's stuff like that where there should be more training on like, "Hey, if this is something that you're observing in your child, this is who you should contact. These are your resources for this." Sometimes, and COVID very much was that, it feels like you're just on your own and you're just figuring it out.*

Another issue discussed by child care centers that were connected to early intervention services was that getting children into services, especially children who were around 3, was a problem. Children who are around three years old are at a transition age between early child intervention services and school-based early intervention services. When the child is identified during this transition period, there is substantial confusion about who is helping the child and who will assess the child. A director of a child care center whose mission is to provide an inclusive environment for children with delays and disabilities expressed her frustration with getting a child help who is in this transition age:

> *[…] the biggest concern that we have right now, is trying to figure out who's going to support the child on which thing and then making it very streamlined. Because that was one of the concerns of the parent, is that she wasn't getting enough information from one group and then like, okay, well which group is doing this part for me? Which group is doing this part? And we really need it to be more streamlined on, okay, well workforce is going to pick up this piece of the puzzle. ECI is going to pick up this piece. We have ACGC, what is their role? And really having good descriptions on what each person's role is and how are we going to get the farthest? How are we going to get help the fastest? From which program? And so that's been our biggest struggle.*

These struggles and lack of knowledge were particularly evident with school-based intervention services. Some directors expressed that they did not know how to help parents with services if the child was out of the early intervention services age range. Other directors expressed frustration with how long it takes to get children assessed and services through the school system.

> *I asked for one child to be screened. Finally, I got somebody in here in... It was March, visited with the parents and then the parents were told, oh, we're so glad to talk to you. Yes, we're going to test him. I'm looking at the schedule, we won't be able to test till May.*

The director went on to explain that she felt the child did not receive bridging services during this waiting time because he was not in pre-K through the school district.

The variability in assessment timelines across districts in Texas has been well documented and there are districts in major metropolitan areas that are particularly struggling to meet assessment timelines. However, the bigger issue for many directors is that they simply did not know how to access the school services. **Linkages between the entire early intervention sector and the early learning sector need to be strengthened to help support parents navigate into early intervention services.**

In addition to connections with intervention services, some child care centers are beginning to form public pre-K partnerships with their local school district. The goal of these partnerships is to raise the capacity of pre-K education in the state. These partnerships have mixed reviews from center directors. One director who felt positively about the partnership explained:

> *I chose to go that route because for our location, […] I wanted to promote for us getting back into the public school because the parents are missing the piece of receiving all services that they could possibly have for their children. […] it helps us have more of an open discussion with potential parents. So when the opportunity came, I didn't want to do it for money […] I just wanted more of an opportunity to help the community and to help students and parents receive the appropriate educational services that they needed.*

However, another director was quite clear about how she felt the partnership was not balanced:

> *Yes, I'm in partnership. I'm in partnership and let me say that it's not fair the way they treat us either. […] They send us a teacher. They send us a certified teacher to teach in that classroom and then they give us a $6,000 stipend for one of my teachers to go in there and help their teacher. But I'm paying all of my teacher's salary and because she's not in my classroom, I'm losing all of the students that I could be paid for if she were in her classroom.*

This variability in public pre-K partnerships is also symptomatic of a different issue identified across the entire early childhood sector: child care providers and workers generally rely on one point of contact to receive information. Relying on a single contact point may be contributing to the variability in knowledge and linkages between the early childhood sector in the state.

In the early learning sector, child care licensing representatives or Texas Rising Star mentors are considered the authority on what a center can and will do. For these centers, their frustration with these representatives was amplified during COVID:

> *We really struggled to implement the Texas licensing requirements in 2022 because they were not communicated very well and they changed all the time. And it seemed like every time we tried to make a plan, someone was changing something.*

While there was frustration with this communication, many also explained that they do what their licensing representative says (even if it is not an accurate interpretation of requirements). This direct statement and theme came out across the state and also highlighted a source of variability in how directors are moving through Texas Rising Star certification and licensing requirements. They are dependent on these local and regional representatives for interpreting and moving through these program changes.

Within the family support sector communication is also not direct and passes through multiple touchpoints. Information from the state is passed through grantees who then pass it to the staff who then provide information to families. In this sector, there are several direct grantees who are not performing services but are subcontracting with local organizations. The state often distributes information about trainings and services through newsletters to these grantees. It is up to the grantees to distribute this information to directors in the local organizations, who then should distribute information to supervisors and to the direct care staff. When asked about trainings the state agency

offers, a common response in interviews from the direct care staff was that they had never heard about them. The variability across organizations in the workforce receiving information on training, services, and connections contributes to the variability in how well the early childhood sector can connect families to other services.

Early Childhood Coalitions

The early childhood coalitions in the state have the potential to bridge local early childhood entities -- as defined for the Preschool Development Grant – with other family service entities such as health care, insurance, and nutrition services. Local coalitions have the potential to help overcome issues related to linking services and help build collective impact programs. Coalitions can also help local organizations attain resources and share knowledge[26].

There is a substantial academic literature that describes what characteristics make coalitions effective and sustainable. Coalitions have the potential to positively impact their community by organizing themselves in an evidence-based manner. The way that the coalition works together predicts how it impacts the community[27,28].

Through this literature on coalitions, seven characteristics were identified that are associated with effective and sustainable coalitions [26,29-32]. These are:

- Connections and trust
- Governance
- Shared leadership
- Dispersed resource contributions
- Shared understanding of data
- Organizational diversity of collaborators
- Family centeredness

The needs assessment for local coalitions was built around these seven characteristics to understand the functioning of coalitions and what they need to be more sustainable.

Impact of COVID

All local organizations in the family support sector that receive funding from Prevention and Early Intervention Division at the Department of Family & Protective Services are part of a local coalition, per funding requirements. These entities are required to report on coalition activities each quarter. Analysis of these reports showed that most coalitions stopped meeting formally through the first year of the pandemic. Into the second year, meetings began again virtually, but there were few organized community activities. Into 2022, coalitions began meeting regularly again and community-directed activities have begun again.

Some coalitions are struggling to re-establish themselves in the community. This struggle is seen with difficulty in bringing organizations back to the coalition. Many

participating organizations appear too overwhelmed with the needs of the organization to have the time and effort to engage in collective impact work. Further, some organizations have lost the staff that championed the work of the coalition, resulting in diminished participation.

Another observation that has emerged from the reports is that some coalitions are only meeting to learn about each other and share what services their organization provides. These coalitions appear to be reestablishing the relationships between their organizations and learn about each other. Despite these struggles, many local early childhood coalitions emerged from COVID with strong connections and are continuing to do high-quality work for families with young children.

Variation in Coalition Types

These data have also highlighted that not all coalitions are cross-sector or have membership across the early childhood system. Some coalitions serve as advisory boards for specific family support models. For example, there is a coalition that serves as the community advisory board for a local Nurse Family Partnership home visiting program. Other coalitions only include members of a single group within the early childhood system. For example, there is a coalition of home visiting models that is focused on promoting best practices among participating home visitors. These types of coalitions play an important role in their community and service for that sector. However, these coalitions are not positioned to support collective impact activities across the broader local early childhood system.

There are also several coalitions that have a diverse membership, but their collective impact work is focused on a single early childhood sector. The most prevalent and developed of this coalition type are the Early Matters coalitions. These coalitions are focused on improving the early learning landscape in their community with the goal of improving school readiness for children entering Kindergarten. They have diverse membership; however, their collective impact and improvement work focuses on the early learning sector.

Early Matters has a unified operating structure across all five of its local coalitions. These coalitions purposefully include business leaders in their work at either a leadership level or through a business-leader subcommittee. The structure and function of these business leaders in the coalition differed in all Early Matters coalitions that were interviewed. In one coalition, these leaders were there to learn more about early child development and supporting families in their workforce. Another coalition was allowing

the business-leader subcommittee to define its scope. Another coalition had a business leader as the chair of the coalition so that leader had a voice in all coalition activities.

Early Matters' unified operating structure also means they have centralized technical assistance to local coalitions. This type of technical assistance is unique among coalitions in Texas. There are efforts in the state to provide guides and overviews of establishing a coalition[33], but technical assistance with a person or peer group is rare. This type of assistance can help build the capacity and effectiveness of the coalition[34].

The remainder of the needs assessment will focus on the early childhood coalitions that are cross-sector and focused on collective impact across the early childhood system. Among these coalitions, there is a distinction between those that are or are advancing toward becoming a Help Me Grow affiliate and those that are not. Help Me Grow is a framework of community collaboration that the state is supporting[35]. This framework is focused on developmental screening and connections to early intervention; however, it does offer the flexibility to support families navigating into family support services, early learning settings, and other resource supports[36]. A major component of the Help Me Grow framework is a centralized access point for families to access services and a database that supports finding resources. There are twelve Help Me Grow affiliates in the state.

Connections and Trust

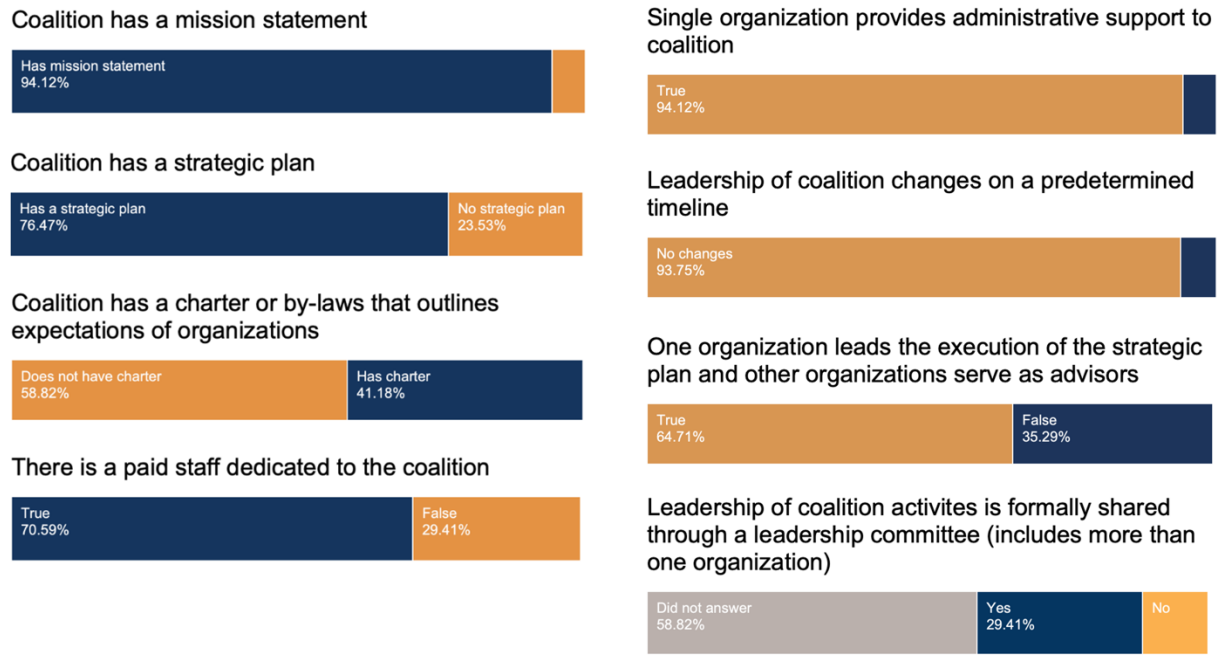
Throughout all early childhood coalitions, there is a high level of trust and connection. One of the strengths of the local early childhood system in Texas is that local organizations have a high level of trust with each other. Most coalitions were formed based on this trust rather than trust being built from the coalition. Trust and existing connections are especially true of organizations in the family support sector and the early intervention sectors. In several communities, family support services and early intervention services are administered in the same organization. In other coalitions, participants tend to have pre-coalition ties that led to the formation of the coalition. In interviews and in surveys, coalition members indicated that trust was a major strength of each of their coalitions.

Governance & Shared Leadership

Well-functioning and sustainable coalitions are built on a shared understanding of the workings of the coalition, shared goals, and why the coalition exists. In general, early childhood coalitions in Texas are operating with an evidence-based governance structure. Almost all have a mission statement and strategic plan (Figure 16). There

were a large number of coalitions that also reported having paid staff dedicated to the coalition's work. The needs assessment surveys about coalitions overlapped with the release of Preschool Development Grant funds to specifically pay for coalition staff support, so it may be that this high percentage is a function of this funding.

Figure 16



One weakness found in the governance domain was the relatively low utilization of by-laws or a charter to outline expectations of participation and membership in the coalition. The low use of these governance tools may be a result of the coalitions being immature, but it also may be a function of the coalition forming out of existing relationships and connections. In these situations, the work of the coalition may have evolved faster than the perceived need to formalize or make clear how the coalition will work since there is an inherent trust that the members will work well together. In subsequent conversations, some coalitions said that they did have membership agreements. These agreements tended to outline the working of the coalition, but not the contribution of the members.

Only one coalition shared administrative burden across organizations. Most coalitions consolidate these activities into a single organization, which likely serves as the backbone agency of the coalition. Administrative consolidation is likely the function of a single organization receiving the funds to provide this support. This finding reflects a strength of the early childhood coalitions in the state. A committed backbone agency

that administratively supports the coalition is seen as a necessary component for a sustainable coalition[33].

There was also only one coalition that indicated that they rotated leadership of the coalition on a predetermined timeline. This low endorsement rate may reflect a misunderstanding of the question where respondents interpreted “leadership” as the administrative leader of the coalition. However, there is evidence that leadership of coalition activities may be static for many. Most coalitions also endorsed that a single organization leads the execution of the strategic plan activities, and the other organizations provide advising or support. Finally, very few coalitions endorsed that they had a leadership committee. While the majority of coalitions skipped this answer, the small number with a leadership committee is probably accurate. Evidence of single-entity leadership was also seen in coalitions that were interviewed and in quarterly progress reports to the state.

Central leadership structures can be a double-edged sword for coalitions. Strong central leadership allows the coalition to have a route to funding. Further, the governance structure of the coalition is clear because final decisions are held by the funded organization. However, the literature shows that strong but dispersed leadership in coalitions is associated with sustainability[30]. In these situations, the success of the coalition is not dependent on a single organization but shared across several strongly committed entities.

Dispersed Resource Contributions

Another way that members of a coalition can share responsibility for the activities of the coalition is through resource sharing. This type of sharing can be in the form of material contributions, but also in the form of expertise (such as data expertise), and in-kind contributions (such as providing meeting space). It has been shown that even in coalitions that have a strong single leader, resource contributions across members can contribute to the sustainability of the coalition[30].

Participating organizations were asked about their resource contributions to the coalition’s activities. These results tend to align with what is seen in the leadership data (Figure 17).

Figure 17

A small percentage of organizations provide material contributions to the organization or share in grant procurement activities. The majority of the organizations provided expertise, feedback on coalition activities, and community connections. These data combined with the leadership data suggest that **coalitions need support to diversify how member organizations are participating and contributing to their early childhood coalitions**. This support may include such things as technical assistance with establishing a project charter, help with cooperative grant applications,

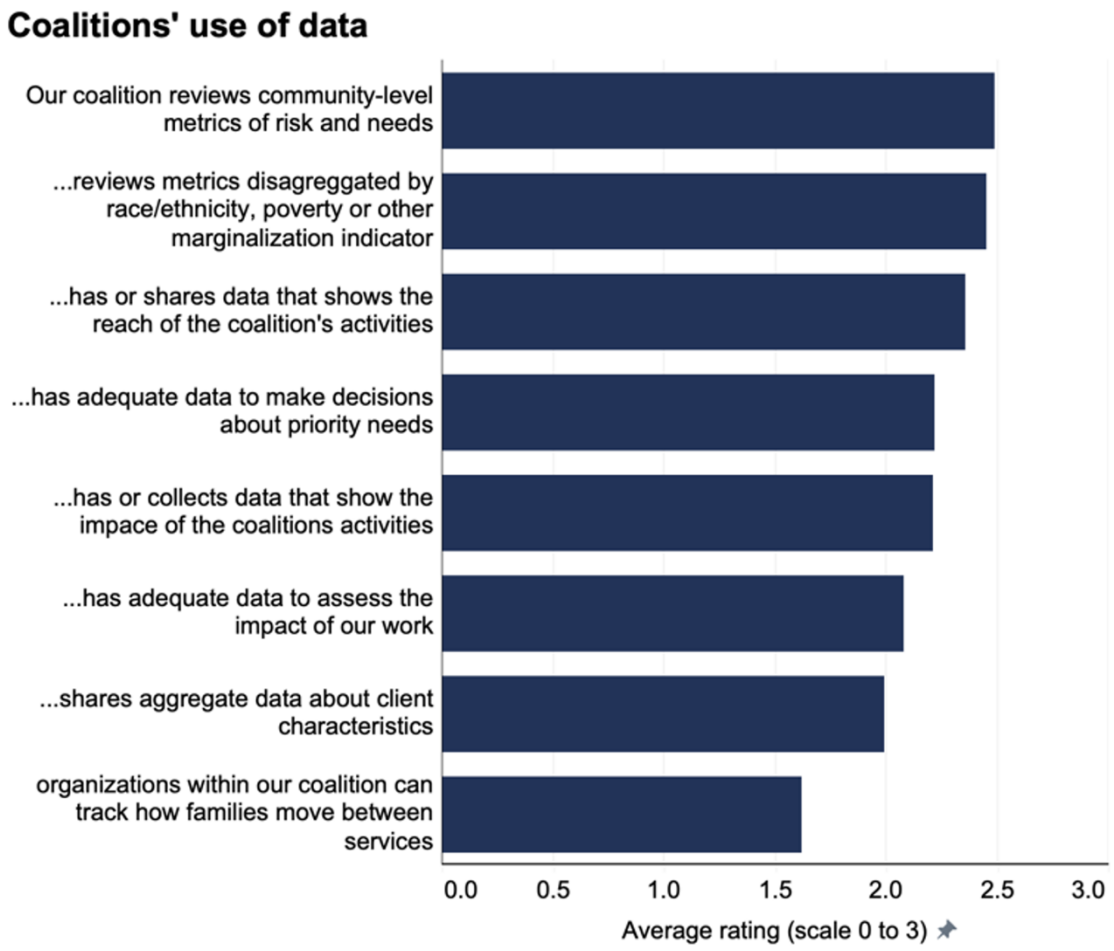
and technical assistance with writing memorandums of understanding that facilitate resource sharing.

Shared Understanding of Data

Having a shared understanding of data is considered a foundational activity to coalition formation. A shared want to improve a community metric(s) that impact or reflect the work of the member organizations is a driving force behind coalition participation. Reviewing data should be a continuous process that can help coalitions track their progress and identify emerging trends in the community that they can impact. The Prevention and Early Intervention Division at the Department of Family & Protective Services has provided local organizations with several tools to make it easier for organizations and coalitions to understand the needs of their communities. Further, the agency also provided in-depth technical assistance focused on how they can better use data in planning and evaluation in 2021 and 2022.

Organizations participating in the coalitions had high ratings for the use of data that helps the coalition understand the community (Figure 18).

Figure 18



Most coalition members believed that the data that they reviewed together was adequate for prioritizing needs and making decisions. However, ratings of how they used data decreased when asked about using it to evaluate the coalition's work. Members felt that they had data to assess the reach of coalition activities but less so to assess impact. Members felt they had less adequate data use when it came to understanding the clients that member organizations served and assessing how clients moved between services offered by coalition members. Help Me Grow's fidelity assessments require affiliated organizations to report referrals and referral uptake. Therefore, these data show that coalition members need assistance and help to better share data within the coalition.

Organizational Diversity of Collaborators

Early childhood coalitions range in size from 20 to over 90 member organizations, with most having more than 50 member organizations. This finding indicates that most

are taking a “big tent” approach to their coalition. The advantage of this approach is that most of the early childhood services are represented in the coalitions. Most coalitions have organizational representation from all of the early childhood sectors including pediatrics and WIC.

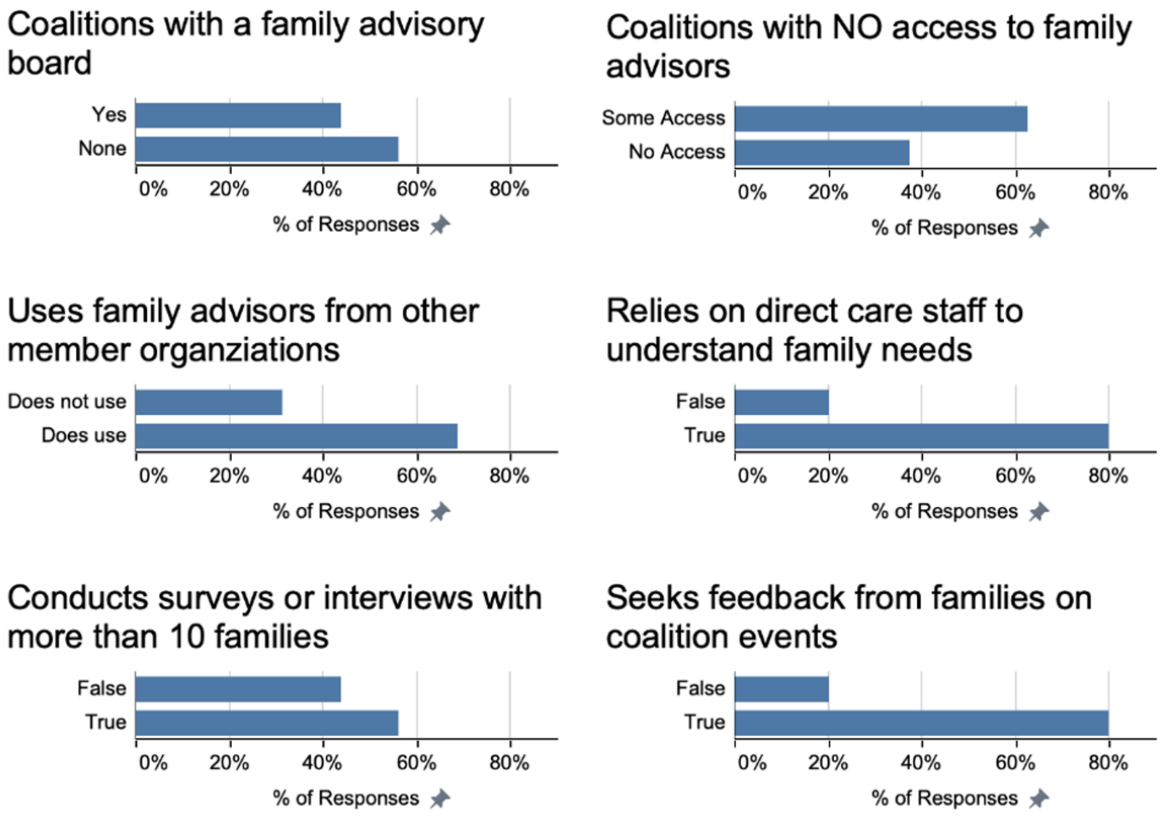
The disadvantage of this approach is that it may not increase awareness or knowledge of people and programs. In one large coalition in a large metropolitan area, members had low recognition and knowledge scores between organizations. Member ratings of how important the other member organizations are to the success of the coalition tended to coalesce on a single entity holding importance. This large membership may be contributing to the lack of shared leadership. In the research literature, large coalitions are seen as a disadvantage because of their increased administrative and coordination burden[27]. However, these larger coalitions may work well in Texas because of the funding support offered and the strong trust that exists within the early childhood coalitions. For coalitions with more than 50 members, by-laws and charters that outline membership responsibilities and contributions may help these coalitions work more effectively.

Family Centeredness

Having family representation in a coalition is not considered a characteristic that contributes to sustainability. However, it is considered a characteristic that is associated with the effectiveness of the coalition in early childhood systems. Early childhood policy and support organizations advocate and provide guidance for including families in coalitions. The BUILD initiative considers family engagement a pilar of creating a better early childhood system[37]. The Center for the Study of Social Policy also provides guidance on how to include families in early childhood coalitions[38].

Coalitions in Texas are moving to better include family members in their work. Most coalition leads indicated that they had some access to families either through a family advisory board or through other means (Figure 19).

Figure 19



Most coalition leads also indicated that the coalition conducts surveys and interviews with families to understand needs. Further, almost all said that they seek feedback from family members about coalition events. Member organizations tended to rate the level at which coalition events were family-centered as high.

Many coalitions are slowly but meaningfully working towards being more inclusive of families. As a director in an interview stated,

> *this is not easy even when you know what to do. Finding and authentically engaging families is hard. Keeping families engaged is hard.*

Improving Cross-sector Early Childhood Coalitions

Coalition member organizations were also asked about their coalition's strengths and what would improve the coalition. Coalition members' reflections about what would improve the coalition aligned with the survey data that was collected. The alignment between the data and the member's thoughts about improvement suggests that

coalitions understand their shortcomings and generally are willing to change and want to improve.

Many comments from members focused on increasing member investment and further developing the coalition. These comments align with the data on shared leadership and governance. Coalitions have a backbone agency that can receive grants and provide administrative support to the coalition, which is a foundational component of a coalition[33]. However, in many early childhood coalitions in Texas, this agency is also the centralized point of the coalition's leadership and activities. Members also recognized this centralization as being a threat to sustainability, as one member worried, *"if [backbone] can't do this anymore, who will?"*

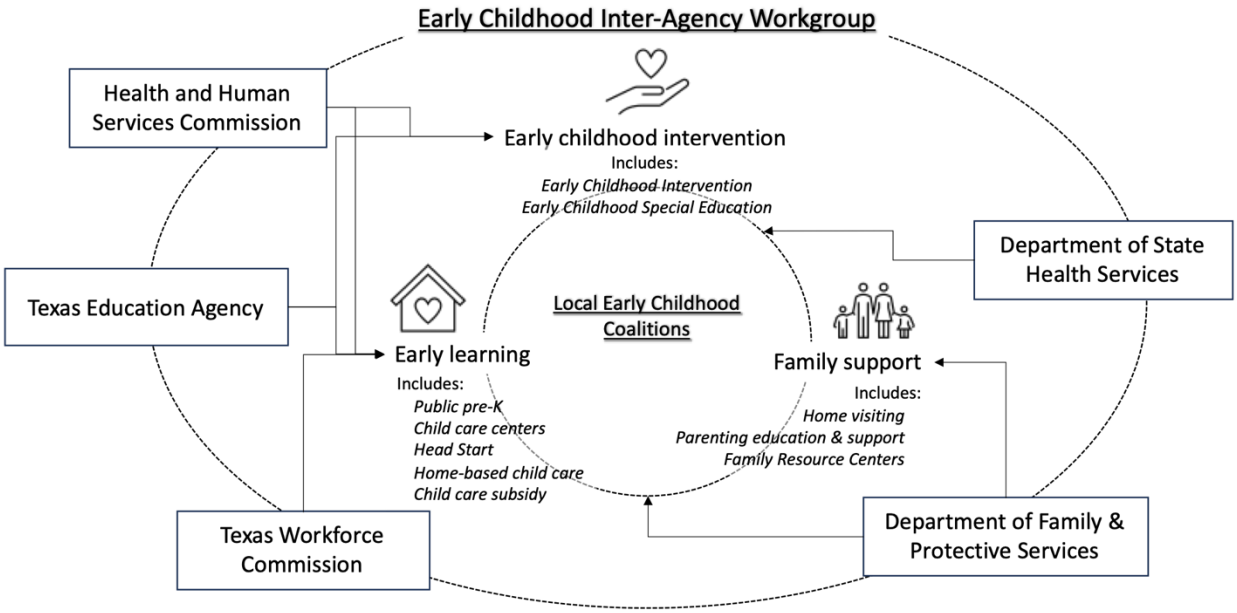
Members also wanted more evaluation support for the coalition. These comments tended to focus on wanting to take "the next step" to understanding if what they were doing was improving the community. Others also identified the need for better evaluation metrics as necessary for funding and sustaining the activities. The comments on funding tended to be concentrated in Help Me Grow affiliates. Help Me Grow can create an increased service burden on participating organizations through the coordination activities that must be done and the increases in services being provided. Evaluation data will help coalitions understand where this service burden is increasing, which will help with funding requests.

Through interviews and the survey results, another need emerged that is the heart of why coalitions exist. Coalitions are a promising way to attain resources and share knowledge[26]. They are considered a way to effectively engage in innovation diffusion in a community[28]. Interviews and data from members suggest that many coalitions need technical assistance on innovation diffusion and how to effectively spread programmatic improvements through member organizations. Early childhood coalition members share information about their core programming with other organizations, but there is little evidence that they share innovations. For example, coalition members were asked about a family engagement training that the state funded to increase family advisory boards and involvement. In the survey, many coalition members indicated that they had gone through this training, but almost none indicated that they shared this training or invited others in the coalition to the training. Helping coalitions engage in cross-sector training is just one way they can better diffuse innovation through their member organizations.

Data Systems and Data Integration

The early childhood system in Texas is complex and spans five different state agencies (see Figure 1). Not only do each of these agencies have different data governance structures, but the individual programs in each agency also have siloed data systems. Connecting and integrating data systems even within an agency is challenging. Additionally, each of these data systems is protected by different federal and state laws that are importantly designed to protect individual-level data from disclosure. These barriers are well known and have been the center of data integration and warehousing discussions in the state for over a decade.

Figure 1



Within the state, “data integration” projects have been historically limited to legislatively requested or commissioned research and evaluation projects. These projects are special projects within the agencies or through academic partners that either match the data across the systems or work within the agencies to have the data matched. These projects can take years to set up and complete. The amount of time these projects take can also mean that the impact of the results is diminished. For example, the Dartmouth Neonatal Intensive Care Unit (NICU) mapping project[39] was established to help the state understand the NICU landscape as it was setting regulatory quality standards for NICUs. This project was built on matching data across three data systems in two different agencies. However, before the analysis project was

completed, the state had established quality metrics and had implemented regulatory reviews for NICUs.

These data-matching projects are important but cannot fill the need for data integration that can be used for timely program improvement and decision-making. The ECIAW and the Texas Early Learning Council Data Roadmap Work Group have been working to map the barriers to data integration in the early childhood system and have arrived at several business cases and policy questions that can help move data integration efforts forward[40]. This work has centered on a fundamental need to understand who is eligible, is accessing, and is enrolling in early childhood services and programs. Part of this need centers on having an unduplicated count of children served across the early childhood system as defined above. The level of integration that will be needed to have this unduplicated count will also help the state answer other fundamental questions focused on understanding how many children are not receiving cross-sector services but should be.

There is a need to integrate data at the local level as, well. The fidelity metrics for Help Me Grow require that participating organizations share aggregated data, at the least. The fidelity metrics also push coalitions to create a data system where service navigation can be tracked. Most affiliates in Texas will not struggle with the aggregate fidelity metrics. They will struggle with the next step of integrating the data to de-duplicate clients and understand the impact of these programs on families through referral completion and acceptance. While de-duplicating clients across programs is a goal of local and state organizations, the barriers and needs for doing this are different at each level.

At the local level, cross-organization data integration is an exponential problem. For example, if five organizations wanted to share data about clients with each other, it would require 25 data use agreements. If ten organizations wanted to do this, it would require 100 data use agreements.

One way that local organizations have tried to address integration is through the use of a centralized referral system. These types of systems are being used throughout the country as a way to help local organizations track clients through a web of referrals and services. These systems address the exponential data use agreement problem. However, these systems are outside of the normal data systems that organizations use for case charting and client tracking. Therefore, they require a service organization to switch between multiple data systems to help a client. This creates a data collection

burden on an already stretched workforce. To paraphrase a member of a coalition that is using one of these systems:

> *If someone doesn't go in the system to mark that the referral was picked up or not, I still don't know if the family got what they needed.*

For local organizations, the ability to track families through a referral route is a real-time data integration issue. This timing is a major difference from the state's data integration needs, which can be on a quarterly or annual time scale. The timing of the data, the need to use the data to improve navigation between services, and the need to identify individuals separate the data integration needs at the local and state level. The important work that the state is doing to move towards data integration can serve as an example for local coalitions. However, the needs at the state and local levels are different and they will need different data integration solutions.

Citations

1. Kagan SL, Gomez RE. *Kagan, Sharon L., and Rebecca E. Gomez, eds. Early childhood governance: Choices and consequences.* Teachers College; 2014.
2. Zalewski M, Liu S, Gunnar M, Lengua LJ, Fisher PA. Mental-Health Trajectories of U.S. Parents With Young Children During the COVID-19 Pandemic: A Universal Introduction of Risk. *Clin Psychol Sci.* 2023;11(1):183-196.
3. Liu S, Zalewski M, Lengua L, Gunnar MR, Giuliani N, Fisher PA. Material hardship level and unpredictability in relation to U.S. households' family interactions and emotional well-being: Insights from the COVID-19 pandemic. *Soc Sci Med.* 2022;307:115173.
4. Deoni SC, Beauchemin J, Volpe A, Da Sa V, Consortium R. The COVID-19 Pandemic and Early Child Cognitive Development: A Comparison of Development in Children Born During the Pandemic and Historical References. *medRxiv.* 2022.
5. Hoffman L, Marquis JG, Poston DJ, Summers JA, Turnbull A. Assessing family outcomes: Psychometric evaluation of the family quality of life scale. *J Marriage Fam.* 2006;68:1069-1083.
6. Summers JA, Poston DJ, Turnbull AP, et al. Conceptualizing and measuring family quality of life. *J Intellect Disabil Res.* 2005;49(Pt 10):777-783.
7. Jennings PA. Comprehensive systems of support: Where do we go from here? *Journal of Applied Developmental Psychology.* 2019;61:56-60.
8. Jeon L, Buettner CK, Grant AA, Lang SN. Early childhood teachers' stress and children's social, emotional, and behavioral functioning. *Journal of Applied Developmental Psychology.*61:21-32.
9. Wells MB. Predicting preschool teacher retention and turnover in newly hired Head Start teachers across the first half of the school year. *Early Child Res Q.* 2015;30:152-159.
10. Cubow B, Spratt K, Ungaretti A, McDonnell K, Breckler S. Development of the Child Care Worker Job Stress Inventory. *Early Child Res Q.* 2001;15(4):515-536.
11. Yeager KH, Argus-Calvo B, Mangadu T, Thimbriel R, Chaib Lozano EE. Perspectives of Early Intervention Program Directors on Provider Retention Efforts. *Topics in Early Childhood Special Education,.* 2023;on-line first.
12. Network TNCTS. https://www.nctsn.org/, 2023.
13. Baker CN, Brown SM, Overstreet S, Wilcox PD, New Orleans Trauma-Informed Schools Learning C. Validation of the Attitudes Related to Trauma-Informed Care Scale (ARTIC). *Psychol Trauma.* 2021;13(5):505-513.
14. Baker CN, Brown SM, Wilcox PD, Overstreet S, Arora P. Development and psychometric evaluation of the attitudes related to trauma-informed care (ARTIC) scale. *School Mental Health.* 2016;8:61-76.
15. Seo S, Yuh J. Mindfulness and Resilience as Mediators in the Relationship Between Job-Related Stress and Teacher–Child Interaction Among Early Childhood Educators. *Early Childhood Education Journal.* 2022;50:1209-1219.
16. Li C, Kee YH, Wu Y. Psychometric properties of the Chinese Version of the Mindfulness in Teaching Scale. *Int J Env Res Pub He.* 2019;16(13):2405.

17. Wood L, McGiffert M, Jacobs A, Buek KW, Mandell DJ. Workplace factors in home visiting that contribute to high quality mental health screening and referal practices. *unpublished data.* 2023.

18. Brophy-Herb HE, Stacks AM, Frosch C. The Effects of a Relationship-Focused Professional Development Intervention on Infant and Toddler Teachers' Mindfulness-Based Strategies for Coping. *Early Childhood Education Journal.* 2022.

19. Prenatal to 3 Policy Impact Center. *Workgroup Recommendations to Inform the 2022 Child Care Workforce Strategic Plan: Prepared for the 88th Legislature of Texas.* University of Texas at Austin;2020.

20. Tomlin AM, Weatherston DJ, Pavkov T. Critical components of reflective supervision: Responses from expert supervisors in the field. *Infant Ment Health J.* 2013;35(1):70-80.

21. Center HSECLK. Head Start Program Fast Facts, 2021. 2023; https://eclkc.ohs.acf.hhs.gov/about-us/article/head-start-program-facts-fiscal-year-2021. Accessed September 1, 2023.

22. Texas Workforce Commission. Child Care by the Numbers. https://www.twc.texas.gov/childcarenumbers/Texas_Statewide_System_monthly.html. Accessed September 1, 2023.

23. Divsion fo Research and Analysis Office of Operations. *Enrollment in Texas Public Schools, 2001-22.* Austin, TX: Texas Education Agency;June 2022.

24. Mandell DJ, O'Neil M, Karimifar M. *2019 Maltreatment Risk in Texas.* Austin TX: University of Texas Health Science Center at Tyler & University of Texas System Administration;2021.

25. Mandell DJ, O'Neil M, Poulos NS. *Maternal, Infant, and Early Childhood Home Visiting Needs Assessment for Texas.* Austin TX: University of Texas Health Science Center at Tyler & University of Texas System. ;2020.

26. Bevc CA, Retrum JH, Varda DM. Patterns in PARTNERing across Public Health Collaboratives. *Int J Environ Res Public Health.* 2015;12(10):12412-12425.

27. Aunger JA, Millar R, Rafferty AM, et al. How, when, and why do inter-organisational collaborations in healthcare work? A realist evaluation. *PLoS One.* 2022;17(4):e0266899.

28. Anderson LM, Adeney KL, Shinn C, Safranek S, Buckner-Brown J, Krause LK. Community coalition-driven interventions to reduce health disparities among racial and ethnic minority populations. *Cochrane Database Syst Rev.* 2015(6):CD009905.

29. Alderwick H, Hutchings A, Briggs A, Mays N. The impacts of collaboration between local health care and non-health care organizations and factors shaping how they work: a systematic review of reviews. *BMC Public Health.* 2021;21(1):753.

30. Bohnett E, Vacca R, Hu Y, Hulse D, Varda D. Resilience and fragmentation in healthcare coalitions: The link between resource contributions and centrality in health-related interorganizational networks. *Soc Networks.* 2022;71:87-95.

31. Gertel-Rosenberg A, Viveriros J, Koster A, et al. Moving the needle on health inequities: principles and tactics for effective cross-sector population health networks. *Curr Opin Pediatr.* 2022;34:27-32.

32. Varda D, Shoup JA, Miller S. A systematic review of collaboration and network research in the public affairs literature: implications for public health practice and research. *Am J Public Health.* 2012;102(3):564-571.

33. Baldwin J, Beseda HG, Davies L, Lopez M. *Early Childhood Implementation Guide.* Austin, TX: the University of Texas at Austin;2023.

34. Anderson-Carpenter KD, Watson-Thompson J, Jones MD, Chaney L. Improving Community Readiness for Change through Coalition Capacity Building: Evidence from a Multi-Site Intervention. *J Community Psychol.* 2017;45(4):486-499.

35. The Texas Department of State Health Services. Help Me Grow Texas. 2023; https://www.dshs.texas.gov/maternal-child-health/programs-activities-maternal-child-health/help-me-grow-texas.

36. National HMG. 2023; https://helpmegrownational.org/. Accessed September 1, 2023.

37. Intiative B. The Early Childhood Systems Working Group www.buildinitative.org, 2022.

38. Center for the Study of Social Policy. EC-LINC. https://cssp.org/our-work/project/early-childhood-learning-and-innovation-network-for-communities/, 2022.

39. Goodman DC, Little GA, Harrison WN, Moen A, Mowitz ME, Ganduglia-Cazaban C. *The Dartmouth Atlas of Neonatal Intensive Care: A Report of the Dartmouth Atlas Project.* 2022.

40. Texas Early Learning Council Data Roadmap Work Group, Early Childhood Interagency Workgroup. *Texas Early Childhood Integrated Data System Roadmap.* April 2022.

Appendix A

Family Survey Methodology

Targeted Study Population

The study included English or Spanish-speaking parents or caregivers of children younger than the age of 6 years old living in the state of Texas. Caregivers were able to read in English or Spanish. There are no family characteristics that resulted in participants being excluded. Respondents were excluded based on data quality metrics meant to identify fraudulent responses.

Recruitment: This study used a comprehensive statewide strategy for recruitment. Partner agencies were used to assist with recruitment. Partners were sent an email requesting their assistance with recruiting participants along with either a flier or a newsletter blurb that they could provide to families. The recruitment flier and newsletter blurb both contained a QR code that families scanned to access the survey (along with the survey link written out). Partners that assisted with distributing the survey included The Texas Education Agency, Texas Workforce Commission, Health and Human Service Commission's Department of Early Childhood Intervention Services, Department of Family & Protective Services, Early Intervention Division, BookSpring, and The Texas Association of Head Start Centers. The members of the Texas Early Learning Council were also asked to distribute the survey through their networks.

Study Procedures

Participants scanned a QR code to answer screening questions and to agree to the study. Once they agreed, a text message was sent to their phone that allowed them to continue to the survey. The survey took between 15 and 30 minutes to complete. The survey was administered through REDCap[41,42]. Those who completed the survey received $35 e-gift card to Amazon as compensation for their effort.

Online surveys that are highly distributed through a community run the risk of being overwhelmed by fraudulent responses that are submitted via script after a human log-in. In data collection logs, these are identified by a few test administrations, and then a string of quick survey administrations over a very short period of time. These appear to be administered through a script and can be identified and excluded through a series of programmed exclusions.

Programmed exclusion criteria for responses included the following: Those that did not assent to the study. Those responses that were too fast. Those that gave inconsistent

ages and inconsistent ZIP codes in different parts of the survey. When an exclusion was triggered, the participant was told that the response limit was met for respondents based on their responses. We have found in the past that giving a reason for exclusion resulted in the script being adjusted to overcome the exclusion.

A series of exclusions were also implemented during data cleaning. These exclusions included responses with an income-to-household ratio that was not in line with the services that the respondents indicated that they received. All respondents who had the same response as another respondent on one of two open-ended questions were also excluded.

Survey Description

The family survey focused on understanding family's use of child care types, their perceived impact of COVID on their children, their family's quality of life, how much they see their main provider as a partner to the family, and trust in child serving institutions.

Demographics were collected for family characteristics and child characteristics. Families were also asked what type of safety-net services they received in the past year. Respondents were also asked if their youngest child was diagnosed with a developmental delay or disability.

Respondents were asked about the types of child care that they used in the past year. They were also asked which type of child care represented their usual care setting. They were also asked about their general satisfaction with the location of the setting, the quality, the cost, the availability of the setting, and how well it fit with their schedule and needs. Respondents were also asked about their use and need for care outside of non-traditional work hours and weekends. Respondents were also asked, "if that types of child care arrangements were equally priced and equally accessible, what would be your ideal child are arrangement?"

Respondents were also asked about whether they experienced twelve hardships during the pandemic. These were taken from other published work and were vetted through stakeholders and families about common experiences that a family with a young child may have experienced. They were also asked if they felt if their family or young children were better or worse off than before the pandemic when it came to social development, learning, overall behavior and health.

Two validated instruments were also included. These instruments focused on family quality of life[5,6] and family-provider partnerships[43]. These two surveys have been used extensively in the developmental disabilities literature. Family Quality of Life focuses on

the family as a whole and measures the family's internal support, emotional well-being, material well-being, and parenting support. Families with a child with a developmental delay or disability were also asked about their disability-related support.

Respondents were also asked about their general trust in two child-serving institutions: pediatrics and child care. Those respondents who had a child with a developmental delay or disability were also asked about their trust in early intervention. These trust questions were taken from several surveys and have been used with other populations in Texas.

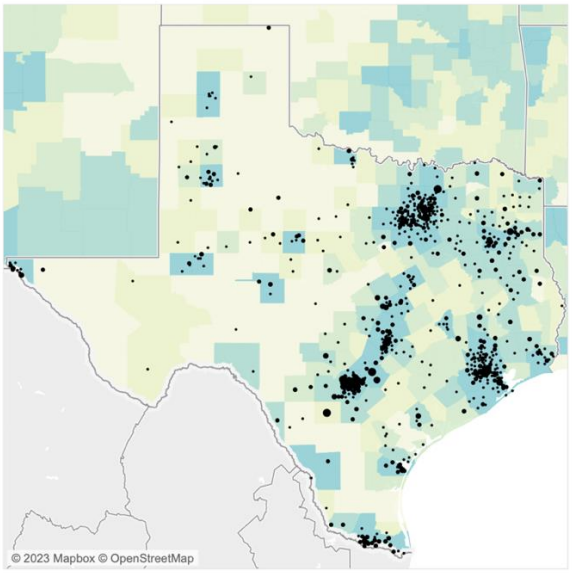
Final Sample

5400 attempts were made to complete the survey. 2,086 of these attempts resulted in the respondent not consenting to the study either because they did not respond to the texted link, or because they bypassed the consent form in an attempt to complete the survey. Another 1314 were automatically stopped from completing the survey because of inconsistency in their responses or because they progressed through the survey too quickly.

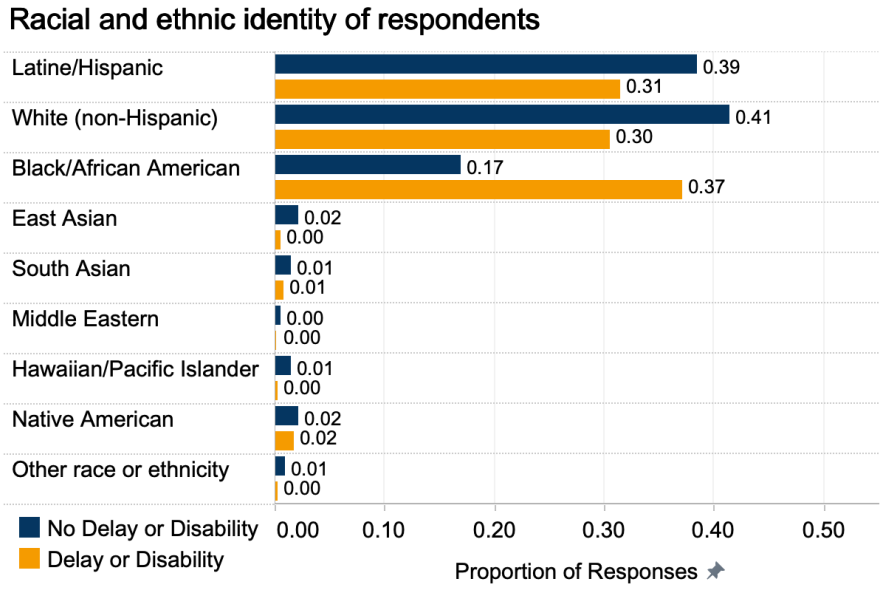
2,089 respondents were analyzed for further anomalies in their data. Of these, 199 were further excluded because of anomalies related to response patterns (services received not matching income to household size information). Most of these responses were submitted within a 2-day window.

The final analysis sample was 1,890 respondents of which 633 indicated that they had a child with a developmental delay or disability. 338 of the respondents were from a micropolitan, small town or rural area of the state. The remaining were from a

metropolitan area. The distribution of the responses over the state is shown in the map.



Responses for those without a child with a developmental delay or disability generally skewed to be white non-Hispanic at a higher rate than the child demographics in the state, but otherwise followed the overall demographics of the state. Among respondents who have a child with a developmental delay or disability, there was a high proportion of respondents who were black or African American.



Family Survey

Thank you for agreeing to participate. We are going to begin by asking a little about you and your family. We recognize that families have lots of different structures. In the survey when we say "youngest child" we mean the youngest child for whom you are a caregiver.

When we say caregiver, we mean that you are primarily responsible for the child. That can be because you are a parent, legal guardian, or are a family member who took responsibility for a child.

Family Demographics

What is your relationship with the youngest child you are a caregiver for?

- ◯ Mother
- ◯ Father
- ◯ Grandparent
- ◯ Other _____

Which of the following describes you? (check all that apply)

- ◯ Latino or Hispanic
- ◯ Non-Hispanic White
- ◯ Black, Afro-Caribbean, or African-American
- ◯ East Asian (Vietnamese, Chinese, Japanese, etc.)
- ◯ South Asian (Indian, Pakistani, Afghani, etc.)
- ◯ Middle Eastern, North African, or Arab
- ◯ Hawaiian/Pacific Islander
- ◯ Native American or Alaskan Native
- ◯ Other, please specify: _____

What is the highest level of education you have completed?

- ◯ Less than a high school diploma or equivalent
- ◯ High school graduate or equivalent (for example: GED)
- ◯ Some college, but no degree
- ◯ College graduate
- ◯ Additional education after college (for example: graduate school)

Are you currently enrolled in school/college and taking classes?

◯ Yes ◯ No

What is your **CURRENT** employment status?

- ◯ Employed, full time (about 40 hours a week)

- ◯ Employed, working less than 40 hours a week
- ◯ Employed, seasonally/occasionally
- ◯ Not employed, **looking** for work
- ◯ Not employed, **NOT** looking for work
- ◯ Waiting on permission to work
- ◯ Retired

What is your household's combined income/total annual income?

- ◯ < 20,000
- ◯ 20,001-40,000
- ◯ 40,001-60,000
- ◯ 60,001-80,000
- ◯ 80,001 - 100,000
- ◯ >100,000

How many people are in your household? *This should be the total number of people that you can claim on your tax returns.*

- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ More than 5

What is your marital status?

- ◯ Married
- ◯ Separated
- ◯ Divorced
- ◯ Widowed
- ◯ Never Married
- ◯ Other_____

Who lives in your home?

- ◯ My Partner/Spouse
- ◯ My / my partner's parents
- ◯ My child/children
- ◯ My / my partner's siblings
- ◯ My / my partner's grandparents
- ◯ Other family members (e.g., aunt, uncle, cousin)
- ◯ Friend(s)
- ◯ Other household members/roommates

◯ Other, specify: _____

Please let us know if you or one of your children have received any of the following support in the past year (check all that apply)

◯ Medicaid/CHIP for my child
◯ Medicaid for me
◯ SNAP (Food Stamps)
◯ TANF (cash assistance)
◯ Child care subsidy
◯ WIC

If you could change one thing about the process for applying for or receiving these services, what would it be?_____

Information about the youngest child

Please provide the ZIP code where your youngest child lives: _____

Do you live with your youngest child?

◯ Yes ◯ No

What is your youngest child's age? _____years _____months

How many other children do you have that are younger than 6 years old? _____

Which of the following best represents your youngest child's racial or ethnic heritage? (check all that apply)

◯ Latino or Hispanic
◯ Non-Hispanic White
◯ Black, Afro-Caribbean, or African-American
◯ East Asian (Vietnamese, Chinese, Japanese, etc.)
◯ South Asian (Indian, Pakistani, Afghani, etc.)
◯ Middle Eastern, North African, or Arab
◯ Hawaiian/Pacific Islander
◯ Native American or Alaskan Native
◯ Other
◯ If other, please specify: _____

Did your child(ren) younger than 6 do any of the following in the past year?

◯ Visited a pediatrician
◯ Attended child care, pre-school, Head Start, or public pre-school**
◯ Received therapy for a developmental delay*

◯ Received therapy for a disability or disorder*

Do you have a child younger than the age of 6 years old that has been diagnosed with a developmental delay, disability, or a developmental disorder?

◯ Yes ◯ No

Have you or anyone in your immediate family received home visiting services or other services that support parenting?

Home visiting programs focus on a professional coming to your home to provide families help, support, information and parenting education.

◯ Yes ◯ No

Child Care

Please indicate what type of child care help you have for your children younger than the age of six (6). Select all that apply.

- ◯ Child Care Center**
- ◯ Drop-in child care** (child care you can access last-minute, in an emergency, or when you need occasional care)
- ◯ Formal child care in someone else's home**
- ◯ Public school Pre-K or Kindergarten Program**
- ◯ Head Start / Early Head Start Program**
- ◯ On-site before and/or after school care**
- ◯ Relative (e.g., grandparent, aunt/uncle, etc.)
- ◯ My spouse/partner or I provide care for our child
- ◯ Non-relative friend or neighbor (informal agreement)
- ◯ Nanny or nanny share**
- ◯ Community pod or co-op**
- ◯ Other, please specify

Please indicate what type of child care help you **USUALLY** have for your children younger than the age of six (6). You may have more than one, but indicate the one you use most often.

- ◯ Child Care Center**
- ◯ Drop-in child care**
- ◯ Formal child care in someone else's home**
- ◯ Public school Pre-K or Kindergarten Program**
- ◯ Head Start / Early Head Start Program**
- ◯ On-site before and/or after school care**
- ◯ Relative (e.g., grandparent, aunt/uncle, etc.)
- ◯ My spouse/partner or I provide care for our child
- ◯ Non-relative friend or neighbor (informal agreement)
- ◯ Nanny or nanny share**
- ◯ Community pod or co-op**
- ◯ Other, please specify

[For those with out of home arrangements]

How satisfied are you with your current child care arrangement for your children younger than 6 years old in the following areas? (5-point Likert scale for each: Very dissatisfied, dissatisfied, neither satisfied nor dissatisfied, satisfied, very satisfied)

Location of my child care provider relative to my work or school

Location of my child care provider relative to my home

Quality of my child care provider

Cost of my child care provider

Hours of availability of my child care provider

Ability of my child care provider to accommodate my schedule

Ability of my child care provider to accommodate my child's needs *

What hours and days are you using child care in an average week?

_____ to _____ Monday

_____ to _____ Tuesday

_____ to _____ Wednesday

_____ to _____ Thursday

_____ to _____ Friday

_____ to _____ Saturday

_____ to _____ Sunday

[All child care options except parent-/spouse-only care]** If money and availability were not issues, when would you **need** to have child care available to you?
(click here if your child care options are available to you during the days/hours that you want or need them ◯)

_____ to _____ Monday

_____ to _____ Tuesday

_____ to _____ Wednesday

_____ to _____ Thursday

_____ to _____ Friday

_____ to _____ Saturday

_____ to _____ Sunday

[For those with out of home arrangements]

Thinking about the child care arrangement you use for your **youngest** child, what were the most important factors in choosing this type of child care arrangement? (Select the 5 most important factors)

- ◯ To keep this child in the same arrangement as my other child(ren)
- ◯ Located near my work or school
- ◯ Located near my home
- ◯ Flexible hours (early morning, night, and weekend care)
- ◯ Only arrangement with openings
- ◯ Could accommodate my child's special needs or disabilities
- ◯ Cost of care
- ◯ Eligible for use with child care subsidy
- ◯ Individualized attention provided to each child
- ◯ Reviews/reputation of child care provider
- ◯ Accreditation/licensing of child care provider
- ◯ Quality of caregivers and teachers
- ◯ Cleanliness/prevention of illness
- ◯ Safe physical setting
- ◯ Opportunities for cognitive development
- ◯ Opportunities for social-emotional learning
- ◯ Provider's values and principles
- ◯ Trust in child care provider
- ◯ Approaches to guidance and discipline of children
- ◯ Bilingual educational opportunities
- ◯ Diversity of children and teachers
- ◯ Caregivers who look and/or sound like my family
- ◯ Approaches to guidance and discipline of children
- ◯ Other, please specify

[For those with CARE before 7am, after 7pm, overnight, or on weekends] Thinking about the child care arrangement **specifically during non-traditional hours (overnight, on weekends, or during extended hours)**, what were the most important factors in choosing this type of child care arrangement? *(Select the 5 most important factors)*

- ◯ To keep this child in the same arrangement as my other child(ren)
- ◯ Located near my work or school
- ◯ Located near my home
- ◯ Flexible hours (early morning, night, and weekend care)
- ◯ Only arrangement with openings
- ◯ Cost of care
- ◯ Eligible for use with child care subsidy
- ◯ Individualized attention provided to each child

- ◯ Reviews/reputation of child care provider
- ◯ Accreditation/licensing of child care provider
- ◯ Quality of caregivers and teachers
- ◯ Cleanliness/prevention of illness
- ◯ Safe physical setting
- ◯ Opportunities for cognitive development
- ◯ Opportunities for social-emotional learning
- ◯ Provider's values and principles
- ◯ Trust in child care provider
- ◯ Approaches to guidance and discipline of children
- ◯ Bilingual educational opportunities
- ◯ Diversity of children and teachers
- ◯ Caregivers who look and/or sound like my family
- ◯ Approaches to guidance and discipline of children
- ◯ Other, please specify

[ONLY CARE before 7am, after 7pm, overnight, or on weekends] Thinking of the barriers to accessing child care **during non-traditional child care hours (overnight, on weekends, or during extended hours),** to what extent do you agree or disagree with the following statements? *(Likert: Strongly disagree, disagree, neither agree nor disagree, agree, strongly agree)*

There are no providers near me that offer care during the hours my child needs care

My preferred type of child care arrangement is not available

High quality child care is not available

The cost of child care in my area is too high

There are no providers near me that accept child care subsidy

[ONLY CARE before 7am, after 7pm, overnight, or on weekends] Are there any additional barriers to accessing child care **during non-traditional child care hours (overnight, on weekends, or during extended hours)** that were not mentioned in the previous question? *(Open-ended)*

[For all] If all types of child care arrangements were equally priced and equally accessible to your family, what would be your ideal child care arrangement for your youngest child? (select only one)

- ◯ Child Care Center
- ◯ Drop-in child care
- ◯ Formal child care in someone else's home
- ◯ Public school Pre-K or Kindergarten Program
- ◯ Head Start / Early Head Start Program
- ◯ On-site before and/or after school care
- ◯ Relative (e.g., grandparent, aunt/uncle, etc.)

◯ My spouse/partner or I would provide care for our child
◯ Non-relative friend or neighbor (informal agreement)
◯ Nanny or nanny share
◯ Community pod or co-op
◯ Other, please specify _____

Family experiences during the pandemic

Between March 2020 (the beginning of COVID-19) to the end of 2022 (last year), did you or anyone in your home experience any of the following?

- ◯ Loss of employment
- ◯ Began a new job
- ◯ Lapse or inability to find child care for more than 1 month
- ◯ Needed to move because you could no longer afford your housing
- ◯ Death of a family member or close friend
- ◯ Bought a home
- ◯ Went more than 1 day with little or no food
- ◯ Went through a divorce
- ◯ Had a child diagnosed with a developmental delay or disorder*
- ◯ Had difficulty obtaining diapers, formula, or other baby care products
- ◯ Making less money now than at the beginning of this time
- ◯ Had difficulty obtaining medical care or prescriptions

Using the sliding scale below, do you think that your family is worse off, about the same, or better off than before the pandemic? (scale 1 to 20)

Much worse ----------about the same----------Much better

Using the sliding scale below, what impact did this time have on your child(ren) who are younger than 6 with the following: (scale 1 to 20)

Overall social development of my child

Very positive ----------neutral----------Very negative

My child's learning or progress in school

Very positive ----------neutral----------Very negative

My child's general health

Very positive ----------neutral----------Very negative

My child's behavior

Very positive ----------neutral----------Very negative

For your child / children, what do you see as the biggest need that they have moving forward?

_____

Family Quality of Life

Now we want to ask you about your family. Your "family" may include many people – mother, father, partners, children, aunts, uncles, grandparents, etc.

For this survey, please consider your family as those people who think of themselves as part of your family (even though they may or may not be related by blood or marriage), and who support and care for each other on a regular basis. For this survey, please DO NOT think about relatives (extended family) who are only involved with your family every once in a while. Please think about your family life over the past 12 months.

The items below are things that hundreds of families have said are important for a good family quality of life. We want to know how satisfied you are with these things in your family. Please select the answers that reflect your level of satisfaction with each item.

My family enjoys spending time together.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members help the children learn to be independent.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family has the support we need to relieve stress.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members have friends or others who provide support.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members help the children with schoolwork and activities.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members have transportation to get to the places they need to be.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members talk openly with each other.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members teach the children how to get along with others.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members have some time to pursue our own interests.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Our family solves problems together.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members support each other to accomplish goals.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family members show that they love and care for each other.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family has outside help available to us to take care of special needs of all family members

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Adults in our family teach the children to make good decisions.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family gets medical care when needed.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family has a way to take care of our expenses.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Adults in my family know other people in the children's lives (friends, teachers, etc.).

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family is able to handle life's ups and downs.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Adults in my family have time to take care of the individual needs of every child.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family gets dental care when needed.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family feels safe at home, work, school, and in our neighborhood.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

[For those with a child with a developmental delay or disability]

My child with a delay or disability has support to accomplish goals where she/he has child care.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My child with a delay or disability has support to accomplish goals at home.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My child with a delay or disability has support to make friends.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

My family has good relationships with the service providers who provide services and support to my child with a delay or disability.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Family Provider Partnership Quality

[For those with a child with a developmental delay or disability]

These questions are about how you feel about the main person who works with you and your child. We will use what we learn from families to inform policy makers and service providers for children and families.

There may be many different service providers who work with your child with special needs, such as teachers, social workers, or speech, occupational, physical, or behavior therapists. Think about the service provider who has worked THE MOST with your child over the last six months. Please tell us what type of service provider you are thinking about.

- ◯ Behavior therapist
- ◯ Special education teacher
- ◯ Occupational therapist
- ◯ Physical therapist
- ◯ Social worker
- ◯ Counselor or therapist
- ◯ Speech therapist
- ◯ Early intervention specialist
- ◯ Case manager or service coordinator
- ◯ Doctor
- ◯ Nurse
- ◯ Other (please specify)_____ _____

[For those without a child with a developmental delay or disability]

These questions are about how you feel about the main person who provides out of home child care to your child (referred to as a "teacher"). We will use what we learn from families to inform policy makers and different service providers for children and families.

There may be many different teachers who work with your child. Think about the teacher who has worked THE MOST with your child over the last six months.

[for all]

How satisfied are you that your child's <service provider/teacher>….

Helps you gain skills or information to get what your child needs.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Has the skills to help your child succeed.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Provides services that meet the individual needs of your child.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Speaks up for your child's best interests when working with others.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Let's you know about the good things your child does.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Is available when you need them.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Treats your child with dignity.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Builds on your child's strengths.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Values your opinion about your child's needs.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Is honest, even when there is bad news to give.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Keeps your child safe when your child is in his/her care.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Uses words that you understand.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Protects your family's privacy.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Shows respect for your family's values and beliefs.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Listens without judging your child or family.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Is a person you can depend on and trust.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Pays attention to what you have to say.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Is friendly.

◯ Very dissatisfied ◯ Dissatisfied ◯ Neither ◯ Satisfied ◯ Very satisfied

Trust in Child Serving Institutions

Now we would like to ask you about general trust in different child serving institutions that you may interact with. For these questions we would like you to think generally about the services we are asking about, not about your specific provider.

The first group of providers that we would like to ask about are pediatricians, or doctors that primarily care for children.

Pediatricians do their best to make families' lives better.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

In general, pediatricians are not sensitive to my family's needs.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians often want to know more about my business than they need to know.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians don't always keep my information totally private.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians do not care about helping people like me.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians value the needs of my family.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Families get the same quality of services from pediatricians no matter their background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians understand the difficulties families like mine face.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians respect my family's background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians have a reputation for reporting families to CPS.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Pediatricians talk down to me or talk over my head.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

I feel I can be myself at a pediatrician's office.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Now we would like to ask you about early learning programs, in general. For this we mean wherever you would take your child for all-day care that is outside of your home, including child care, Head Start / Early Head Start, and schools.

Early learning programs do their best to make families' lives better.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

In general, early learning programs are not sensitive to my family's needs.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs often want to know more about my business than they need to know.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs don't always keep my information totally private.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs do not care about helping people like me.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs value the needs of my family.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Families get the same quality of services from early learning programs no matter their background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs understand the difficulties families like mine face.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs respect my family's background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs have a reputation for reporting families to CPS.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Early learning programs talk down to me or talk over my head.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

I feel I can be myself at an early learning program.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

[For those with a child with a developmental delay or disability]

Now we would like to ask you about therapies, early childhood special education, and early intervention services in general. For this question, we mean therapies or intervention services that help young children with a physical, mental, or emotional disability or delay. In the questions below we refer to these services as "early intervention services".

Providers of early intervention services do their best to make families' lives better.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

In general, providers of early intervention services are not sensitive to my family's needs.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services often want to know more about my business than they need to know.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services don't always keep my information totally private.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services do not care about helping people like me.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services value the needs of my family.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Families get the same quality of services from early intervention services no matter their background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services understand the difficulties families like mine face.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services respect my family's background.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services have a reputation for reporting families to CPS.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Providers of early intervention services talk down to me or talk over my head.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

I feel I can be myself around early intervention services providers.

◯ Strongly disagree ◯ Disagree ◯ Agree ◯ Strongly agree

Child Care Director Interviews Methodology

Targeted Study Population

Participants were selected from a publicly available list of childcare providers that was obtained from Child Care Regulation. Child care providers were filtered based on the availability of the director's email contact information, if the childcare center offered to care to children 0 to 5 years old, and were located within Texas. Based on these filters, childcare centers were randomly and conveniently selected within each major geographic area of Texas. After initial selection, additional child care sites were selected to provide representation of medium-size, large, and home-based childcare operations.

Interviews Guide

Questions for semi-structured interviews were open-ended questions that aimed to identify the needs of childcare centers related to workforce and training, as well as the impacts of COVID-19 on child care staff, behavioral management, and screening and referrals for child development. Additional probing questions were asked based on responses from child care directors to ensure that a complete understanding of the subject was gained during interviews.

Procedures

Initial solicitation to participate in the study was sent to the email provided in the contact list. An additional follow-up email and phone calls were made if no response was received from the initial email. All interviews were scheduled via email or phone for a 60-minute Zoom interview with two researchers. The primary interviewer was the central interviewer who asked most of the interview and follow-up questions. The secondary interviewer primarily listened to interview questions and responses to ensure that all interview questions were answered. The secondary interview also asked follow-up questions if a response was unclear or additional probing questions were needed. Having two interviewers allowed for a comprehensive understanding of interview data.

All interviews were completed virtually on Zoom and were audio recorded. Informed consent was read to each participant prior to recording. Consent included two statements with individual confirmations. The first focused on purpose and participation in the study. The second included a statement of consent to record. All interviews lasted between 40-60 minutes. Audio recordings were uploaded to Rev, a professional transcription service, for transcribing. Transcribed files were downloaded from Rev as a Microsoft Word Document and uploaded to NVIVO, a qualitative data management software.

Data Analyses

Content and thematic analysis were completed on transcribed interviews. Content analysis was used to record direct responses to questions. This allowed the development of a codebook based on interview questions. Transcripts were further coded using this codebook in NVIVO. A single coder who attended all interviews completed the first round of content coding on all transcripts. A second review of content codes was completed by the same coder to ensure that coding strategies were applied the same throughout coding. We believe that content analysis is best used to highlight the direct voices of childcare providers when asked poignant questions such as difficulties maintaining the workforce during COVID-19 and classroom management.

Reflexive thematic analysis was used to identify larger content areas that provided contextual understanding that connected responses. It was also used to highlight underlying meaning or bridge questions in unexpected ways. To complete reflexive thematic analysis, initial themes or sentiments were identified during the first and second rounds of content coding by the same coder who completed content coding and was present at all interviews. These preliminary themes were then discussed in a team meeting to identify sentiments that should be combined or separated to ensure that a single theme represented a complex, complete understanding of responses.

Final Sample

In total, 19 interviews were completed. One interview included two participants, the Director and Assistant Director, while all other interviews included only a single person who was either the Director or Director/Owner. All areas of the state were represented in the data. Most preschools and childcare centers were center-based (n=17), while home-based childcare providers were included (n=2). Most childcare centers were participating in or working toward designation in the Texas Rising Star quality rating program (n=16). Participants also represented a mix of for-profit (n=12) and not-for-profit childcare centers (n=6).

Early Childhood Workforce Survey Methodology

Targeted Study Population

The targeted study population was a director working within child care or Early Childhood Intervention (ECI) and those that provide direct care or support to children in these settings in Texas. The family support sector was not included as they are currently being included in a statewide evaluation.

For the child care workforce, the survey was sent to a representative sample of child care centers and home-based child care providers in the state (n=208). Each center was asked to have the director and two child care staff (if they have any) complete the survey. The child care site population was defined as all child care centers and home-based providers that are licensed in the state of Texas, are currently open, and whose license is active. Only child care with a publicly available email address was included. Child care sites were assigned to Rural Urban Commuting Areas (RUCA) based on their operating location. Child care sites were randomly sampled using a proportional-to-size approach that included center/home-based and RUCA as strata in the sampling. This approach was better at capturing and including rural and home-based sites than a simple random sample.

All ECI agencies in the state (n=40) were included in the survey. Each agency was asked to have four ECI therapists or early childhood interventionists complete the survey.

Study Procedures

Child care organizations that were sampled were sent a custom link to the survey. This link was specific to each organization and allowed the research team to track which sampled units completed at least one survey. All ECI agencies were sent a custom link that identified them as an ECI provider. After agreeing to participate, participants were routed through the survey based on whether they were child care, ECI, or a director.

Survey Description

Respondents were asked about basic demographics that describe them and their experience in their job. The ECI workforce was also asked about their role in the agency and their use of teletherapy.

All respondents were asked about their professional development including their use of online training sites. They were also asked if they were paid or reimbursed for their time in training and their wants for additional training. The child care workforce was also

asked about their training history in several topics related to higher-quality teacher-child interactions.

All respondents were asked to complete the Attitude Related to Trauma Informed Care[13]. This is a validated scale that helps assess whether an individual's attitudes align with a trauma-informed approach. This scale is used widely across many settings. The 10-item child care version was used in this survey. These ten items were about interactions with children while working with them, generally. No adjustments were made to the questions to have the items fit an ECI context.

All respondents were also asked about their comfort with eight common conversations that someone who works with children would have with a parent. These conversation topics were taken from other surveys that have been conducted with the early childhood workforce. They were refined based on conversations with stakeholders in child care.

All respondents were asked about work stress using a job stress inventory developed in the child care setting [10]. Three Items from this inventory were excluded for those in ECI. The inventory measures three domains of job stress including control over their environment and conditions, fulfillment with the job, and demands of the job.

All respondents were asked about their job-related mindfulness using an adapted version of the mindfulness in teaching scale [15,16]. As with the attitudes towards trauma-informed care, many items were worded to be general and applicable to anyone who works with children. Item adaptation was to replace "teach" with "work with".

Respondents who identified themselves as direct care staff were also given a subset of questions that were adapted from the organizational health inventory that is used in schools. The 19 Items that were used focused on the role of the director in creating a positive work environment and the support between staff. These questions were adapted to change "principal" to "director" and "teachers" to "staff".

All respondents were given an inventory of family-centered practices that are applicable to the early childhood setting. They were asked to rate how well they or their organization implemented each of the practices.

Child care directors/owners were asked about the characteristics of their program including hours of operation. For those who offered care during non-traditional work hours, they were asked about facilitators and barriers to offering care during these times. All directors were asked about their standard on-boarding training and their organization's support for trauma-informed care practices. Finally, all directors were

asked about their family support practices using items selected from the self-assessment from the National Quality Standards for Family Engagement and the Center for Social Science Policy's organizational self-assessment.

Included sample

The sample included 60 child care workers and 86 early intervention workers. 47 of the childcare workforce were also a director or an owner of a home-based child care site. 23 of the early intervention workers were supervisors.

Workforce Survey

Thank you for agreeing to participate. Your voice matters! The information you provide will be used to inform the state's efforts to support early childhood providers.

What type of program do you work for?

- ◯ Public school pre-kindergarten
- ◯ Child care/early education (not in a public school)
- ◯ Early Childhood Special Education (ECSE)
- ◯ Early Childhood Intervention (ECI)

FOR CHILD CARE/EARLY ED>> What is the name of the child care center or program you work for?

FOR PRE-K AND EARLY CHILDHOOD ECSE>> Please select the district where you work.

[DROPDOWN LIST]

FOR ECI>> What is the name of the agency you work for?

[DROPDOWN LIST]

Please provide your work email address. [email]

This email address will be your survey password if you choose to save and return later.

We will not share your personal information with anyone outside the research team and will destroy the connection between your email and responses once the survey is closed. We will not use your information if you decide not to participate in the study.

Please enter your email address again for verification. Addresses must match. [email2]

When did you begin your employment here*?*

[_____] month [____] year

What best describes your current job position?

- ◯ Owner of family-based care
- ◯ Supervisor or program director
- ◯ Caregiver or classroom teacher
- ◯ Licensed therapist, or early intervention specialist, or special education

JOB CHARACTERISTICS [FOR ECI AND ECSE]

What is your job title and/or how would you describe what you do?

_____

In your current position do you participate in individual and/or group supervision to review cases or workplace issues?

- ◯ Yes
- ◯ No

How often do you receive individual supervision in your current job to review cases or workplace issues?

- ◯ Never
- ◯ Monthly
- ◯ Twice a month
- ◯ Weekly
- ◯ As frequently as desired or needed

How often do you receive group supervision in your current job to review cases or workplace issues?

- ◯ Never
- ◯ Monthly
- ◯ Twice a month
- ◯ Weekly

[For ECI only] How much would you say you agree or disagree with the following statements?

Therapies are more effective when provided in person

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

Families prefer therapies provided in person

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

Therapists prefer to provide therapy in person

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

[FOR ECI ONLY] In the past year, what percentage of the time have you provided services by televisit?

- ◯ 0-20%
- ◯ 20-40%
- ◯ 40-60%
- ◯ 60-80%
- ◯ 80-100%

PERSONAL CHARACTERISTICS [FOR ALL RESPONDENTS]

Now we would like to get some information about you and your background.

What is your age? _____

Which of the following describes your racial or ethnic heritage? Select all that apply.

- ◯ Latina/o or Hispanic
- ◯ Non-Hispanic, White
- ◯ Black, Afro-Caribbean, or African-American
- ◯ East Asian (Vietnamese, Chinese, Japanese, etc.)
- ◯ South Asian (Indian, Pakistani, Afghani, etc.)
- ◯ Middle Eastern, North African, or Arab
- ◯ Hawaiian/Pacific Islander
- ◯ Native American or Alaskan Native
- ◯ Prefer to self-describe {race_ethnicity_other}
- ◯ Prefer not to respond

With which gender do you most identify?

- ◯ Man
- ◯ Woman
- ◯ Prefer not to respond

What is your highest degree completed?

◯ High school diploma or equivalent
◯ Associates degree
◯ Bachelor's degree
◯ Master's degree
◯ Doctorate

What is your current **household income** before taxes? (Estimate the combined incomes of all people contributing to your household)

◯ Less than $25,000
◯ $25,000 – $39,999
◯ $40,000 – $59,999
◯ $60,000 – $79,999
◯ $80,000 or more

TRAINING AND PROFESSIONAL DEVELOPMENT

Now we would like to ask you some questions about training and professional development you may have received related to your job.

Do you have an account with the Texas Early Childhood Professional Development System (TECPDS) Workforce Registry?

- ◯ Yes
- ◯ No
- ◯ Don't know, not familiar with this

Do you have a Children's Learning Institute (CLI) Engage account?

- ◯ Yes
- ◯ No
- ◯ Don't know, not familiar with this

Which of the following best describes the primary way that you obtain your professional development hours?

- ◯ Trainings are hosted by my program (e.g., during a staff meeting, on a day that the children are not at the center, or after hours)
- ◯ On my own (e.g., selecting online or in-person trainings and attending on a day off or after hours)

Does your employer pay you for the time you spend on professional development (i.e., count the training time as work hours)? Please select the option that is most true for your employer.

- ◯ No, they do not pay me for the time I spend obtaining any of my professional development hours
- ◯ They pay me for some, but not all of the time I spend obtaining my required professional development hours
- ◯ They pay me for all of the time I spend obtaining my required professional development hours but do not pay for any additional professional development hours
- ◯ They pay me for all of the time I spend obtaining my required professional development and additional hours
- ◯ Something else, please describe: _____

[FOR CHILDCARE AND PRE-K ONLY] Since you started working in your current position, have you completed any continuing education or specialized training in these topics related to teacher-child interaction:

Warm and responsive style

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

Language facilitation and support

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

Play-based interactions and guidance

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

Support for children's self-regulation

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

Instructional formats and approaches to learning

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

Scoring and interpreting developmental screeners

◯ Don't know ◯ Never ◯ More than a year ago ◯ In the past year

[FOR CHILDCARE AND PRE-K ONLY] In your program, what are the top **TWO training needs** among staff? Please select only two.

- ◯ Child growth and development
- ◯ Supporting children with special needs
- ◯ Addressing challenging behaviors
- ◯ Responsive interactions and guidance
- ◯ Fostering culturally responsive environments
- ◯ Family and community relationships
- ◯ Health, safety, and nutrition
- ◯ Professionalism and ethics
- ◯ Staff mental health and wellbeing

What type of training do you think would be most useful for you in your job?

_____ _____

ATTITUDES AND BELIEFS

People who work in human services, social work, health care, education, and related fields have a wide variety of beliefs about their clients, their jobs, and themselves. For each item, select the response along the dimension between the two options that best represents your personal belief during the past two months at your job.

NOTE: The ARTIC scale is proprietary and cannot be distributed.

Please indicate how comfortable you feel talking to parents about the following topics.

Their child's positive behavior

- ◯ Very uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Somewhat comfortable
- ◯ Completely comfortable

Their child's physical health or development

- ◯ Very uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Somewhat comfortable
- ◯ Completely comfortable

Their child's learning difficulties

- ◯ Very uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Somewhat comfortable
- ◯ Completely comfortable

Their child's eating habits

- ◯ Very uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Somewhat comfortable
- ◯ Completely comfortable

Their child's challenging behavior

- ◯ Very uncomfortable
- ◯ Somewhat uncomfortable
- ◯ Somewhat comfortable

◯ Completely comfortable

Their child's hygiene

◯ Very uncomfortable
◯ Somewhat uncomfortable
◯ Somewhat comfortable
◯ Completely comfortable

Their child's social or emotional difficulties

◯ Very uncomfortable
◯ Somewhat uncomfortable
◯ Somewhat comfortable
◯ Completely comfortable

Disciplinary strategies to use with their child

◯ Very uncomfortable
◯ Somewhat uncomfortable
◯ Somewhat comfortable
◯ Completely comfortable

JOB STRESS

How often do the following things happen at work?

[*ITEMS WITH A * ARE FOR CHILD CARE/PRE-K ONLY AND WILL BE SKIPPED FOR THOSE IN ECI OR ECSE; ITEMS WITH A ** ARE FOR CHILD CARE ONLY]*

**I feel like I have to be both a friend and a business person with the parents.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel like I become close to the children.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel the satisfaction of knowing I am helping the parents.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I know that I am appreciated by the parents

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

Parents are slow or late to pay for care.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I know the children want to be with me.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel like I am doing a “real” job.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

*Parents come late to pick up their children.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I know the children are happy with me.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I have one-on-one time with the children.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I have fun with the children.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I need to be nice no matter how I really feel.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel the love of the children for me.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel like I am teaching the children the skills they need for school.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I know that the work I am doing is important.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel like I am helping the children grow and develop.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I have to work long hours.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

Children have behavior problems that are hard to deal with.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel like I have to be a parent and a teacher to the children.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I see that my work is making a difference with a child.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I get praise from the parents for the work that I do.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I buy supplies for children out of my own money.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

*Parents blame their children's bad behavior on preschool/child care.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel respected for the work that I do.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

I feel there are major sources of stress in the children's lives that I can't do anything about.

◯ Very rarely ◯ Rarely ◯ Occasionally ◯ Frequently ◯ Very frequently

How much control do you have over the following things at work?

When daily activities take place.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

The types of daily activities that you do.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

*When the children go on field trips or other outings.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

How often you work late.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

Getting parents to be consistent with you in how to deal with the child.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

Getting the parents to work with you on a behavior problem.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

Getting parents to follow the rules and policies.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

How much you are paid.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

When you are paid.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

The number of children you care for.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

Taking time off from work when you need it.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

How easy it would be for you to change jobs.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

Taking time by yourself during the workday.

◯ Very little ◯ A little ◯ A moderate amount ◯ A good amount ◯ Very much

In the last month, how often have you been upset because of something that happened unexpectedly?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt that you were unable to control the important things in your life?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt nervous and stressed?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt confident about your ability to handle your personal problems?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt things were going your way?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you found that you could not cope with all the things you had to do?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you been able to control irritations in your life?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt that you were on top of things?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you been angered because of things that happened that were outside of your control?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

◯ Never ◯ Almost never ◯ Sometimes ◯ Fairly Often ◯ Often

MINDFULNESS [FOR ALL RESPONDENTS]

When I am working with children it seems I am “running on automatic,” without much awareness of what I am doing.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I am upset with a child at work, I calmly tell them how I am feeling.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I am working with children, I have difficulty staying focused on what is happening in the present.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I am working, I find myself doing things without paying attention.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I'm upset with a child at work, I notice how I am feeling before I take action.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I am working, I get so focused on the goal I want to achieve that I lose touch with what I'm doing right now to get there

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

I am aware of how my moods affect the way I treat the children I work with.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

At work I tend to walk quickly to get where I'm going without paying attention to what I experience on the way

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

I rush through activities with children without being really attentive to them.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When something painful happens at work I tend to blow the incident out of proportion.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

I listen carefully to ideas from children and parents, even when I disagree with them.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

I am often so busy thinking about other things that I am not really listening to the children I work with.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

When I’m really struggling with my job, I tend to feel like other staff must be having an easier time of it.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

Even when it makes me uncomfortable, I allow the children I work with to express their feelings.

◯ Never true ◯ Rarely true ◯ Sometimes true ◯ Often true ◯ Always true

WORK CLIMATE [FOR ALL FRONTLINE STAFF]

This section will ask questions about the climate of your workplace and the supervision you receive. Please remember that your responses <u>will not be shared</u> with your program or supervisor.

How many hours are you officially expected (paid) to work in a week? [____] hours

The following are statements about your workplace. Please indicate the extent to which each statement characterizes your workplace from rarely occurs to very frequently occurs.

For these questions "director" refers to the principal, supervisor, director, or leader at your organization. If there is more than one person in leadership, answer these questions about the general leadership of your organization.

The director explores all sides of topics and admits that other opinions exist.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director treats all staff as his or her equal.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director goes out of his or her way to show appreciation to staff.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director discusses classroom issues with staff.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director accepts questions without appearing to snub or quash the staff.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director lets staff know what is expected of them.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director conducts meaningful evaluations.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director maintains definite standards of performance.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director is friendly and approachable.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The director looks out for the personal welfare of staff members.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff exhibit friendliness to each other.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff express pride in their work.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff identify with the program.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff accomplish their jobs with enthusiasm.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

The working environment is orderly and serious.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff in this program like each other.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

There is a feeling of trust and confidence among the staff.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff show commitment to the children they work with.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

Staff are indifferent to each other.

◯ Rarely occurs ◯ Sometimes occurs ◯ Often occurs ◯ Very frequently occurs

FAMILY-CENTERED PRACTICES [for ECI and ECSE]

In the past year, to what extent did you…

Suggest treatment/management activities that fit with each family's needs and lifestyle?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Offer parents and children positive feedback or encouragement?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Take the time to establish rapport with parents and children?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Discuss expectations for each child with other service providers to ensure consistency of thought and action?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Tell parents about additional services or treatments for their child?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent

◯ Not at all

Accept parents and their family in a non-judgmental way?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Trust parents as the “experts” on their child?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Discuss/ explore each family’s feelings about having a child with special needs or developmental delay?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Anticipate parents’ concerns by offering information even before they ask?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Make sure parents had a chance to say what was important to them?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Let parents choose when to receive information and the type of information they wanted?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Help each family to secure a stable relationship with at least one service provider who works with the child and parents over a long period of time?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Answer parents' questions completely?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Tell parents about results from tests and/or assessments?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Provide parents with written information about their child's condition, progress, or treatment?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Tell parents details about their child's services, such as the types, reasons for, and durations of treatment/management?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Treat each parent as an individual rather than as a 'typical' parent of a child with a 'problem'?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Treat parents as equals rather than just as the parent of a patient?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Make sure parent had opportunities to explain their treatment goals and needs?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Help parents to feel like a partner in their child's care?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Help parents to feel competent in their roles as parents?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Treat children and their families as people rather than as a ‘case’?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Promote family-to-family connections for social, informational, or shared experiences?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Provide support to help families cope with the impact of their child’s condition?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Provide advice on how to get information or to contact other parents?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Provide opportunities for the entire family, including siblings, to obtain information?

- ◯ To a very great extent
- ◯ To a great extent

◯ To a moderate extent
◯ To a small extent
◯ Not at all

Have information available about different concerns?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

[FOR CHILDCARE AND PRE-K] FAMILY-CENTERED PRACTICES

In the past year, to what extent did you…

Suggest enrichment activities that fit with each family's needs and lifestyle?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Offer parents and children positive feedback or encouragement?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Take the time to establish rapport with parents and children?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Discuss expectations for each child with other service providers to ensure consistency of thought and action?

◯ To a very great extent

- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Tell parents about activities and supports for their child?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Accept parents and their family in a non-judgmental way?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Trust parents as the “experts” on their child?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Discuss/ explore each family’s feelings about their child’s development and learning?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Anticipate parents’ concerns by offering information even before they ask?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent

- ◯ To a small extent
- ◯ Not at all

Make sure parents had a chance to say what was important to them?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Let parents choose when to receive information and the type of information they wanted?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Help each family to secure a stable relationship with at least one service provider who works with the child and parents over a long period of time?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Answer parents' questions completely?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Tell parents about results from tests and/or assessments?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent

◯ Not at all

Provide parents with written information about their child's development, learning, and behavior needs?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Tell parents details about their child's learning, such as the types and reasons for specific activities or supports to be provided?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Treat each parent as an individual rather than as a 'typical' parent of a child in the program?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Treat parents as equals?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Make sure parents had opportunities to explain their goals and needs for their child's care and education?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent

- ◯ To a small extent
- ◯ Not at all

Help parents to feel like a partner in their child's development and education

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Help parents to feel competent in their roles as parents?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Treat children and their families as people rather than as typical 'clients'?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Promote family-to-family connections for social, informational, or shared experiences?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ Not at all

Provide support to help families cope with the impact of their child's challenging behavior (e.g., telling them about assistance programs or service providers)?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a moderate extent
- ◯ To a small extent

◯ Not at all

Provide advice on how to get information or to contact other parents?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Provide opportunities for the entire family, including siblings, to obtain information?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

Have information available about different child health and development topics?

◯ To a very great extent
◯ To a great extent
◯ To a moderate extent
◯ To a small extent
◯ Not at all

[FOR PRINCIPALS/DIRECTORS ONLY] PROGRAM CHARACTERISTICS

Earlier, you indicated that you are a principal, supervisor or director. We would like to ask you some questions about your experiences as a leader at your program. Remember that your responses <u>will not be shared</u> with your program or employees.

[FOR SCHOOL PRINCIPALS AND CHILD CARE DIRECTORS ONLY]

First, please provide some basic information about your program:

[FOR SCHOOL PRINCIPALS ONLY] *Please select the name of your school:*

[DROPDOWN LIST]

[FOR CHILD CARE ONLY] Please indicate which describes your center or site:

- ◯ For Profit
- ◯ Not for Profit

Does your program use a purchased educational curriculum to develop lesson plans for the children?

- ◯ Yes
- ◯ Not purchased, but we have lesson plans that we use
- ◯ No

Are you currently participating in Texas Rising Star?

- ◯ Yes
- ◯ No, but working towards it
- ◯ No

Is your program nationally accredited? Please select all that apply:

- ◯ No
- ◯ Yes – NAEYC (National Association for the Education of Young Children)
- ◯ Yes – NAFCC (National Association of Family Child Care)
- ◯ Yes -- Something else: _____

How many children can your program serve? Please indicate the number of filled and vacant slots for each age group.

Infants (<12 months):	Filled slots_____	Vacant slots_____
12-24 months:	Filled slots_____	Vacant slots_____
2-3 year olds:	Filled slots_____	Vacant slots_____
3-5 year olds:	Filled slots_____	Vacant slots_____

[If there are any vacant slots] What is the primary reason for vacancies?

- ◯ Not enough children have applied to fill the slot
- ◯ We do not have enough staff to cover more children
- ◯ Other _____

For each age group, please provide the number of children you currently serve and the number of adults working with each group. Then please provide the numbers of children and adults you would ideally LIKE to have for each group.

Infants (<12 months)	Current_____	Target_____
12-24 months	Current_____	Target_____
2-3 year olds	Current_____	Target_____
3-5 year olds	Current_____	Target_____

Which of the following describes the number of weekdays that children enroll in care at your program? Please select all that apply.

- ◯ Children enroll in 5 day per week care
- ◯ Children enroll in 3 day per week care
- ◯ Children enroll in 2 day per week care
- ◯ Something else, please describe: _____

What are your current hours of operation?

Monday	Time open_____	Time close_____
Tuesday	Time open_____	Time close_____
Wednesday	Time open_____	Time close_____
Thursday	Time open_____	Time close_____
Friday	Time open_____	Time close_____
Saturday	Time open_____	Time close_____
Sunday	Time open_____	Time close_____

[FOR CHILDCARE PROGRAMS THAT PROVIDE CARE BEFORE 8 AM, AFTER 6PM, OR ON WEEKENDS]

Please tell us why your program decided to offer (or not to offer) services during non-traditional hours. Non-traditional hours include before 8 am, after 6 pm, or on weekends.

How much would you say you agree or disagree with the following statements?

To earn more money to support the business

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

To attract more families to the program

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

To meet my or staff's scheduling needs

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

To partner with an employer to meet their employees' needs

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

To meet a need among families in my community

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

Other reason (*please describe*)_____

[QUESTIONS FOR CHILD CARE PROGRAMS THAT DO NOT PROVIDE NON-TRADITIONAL HOURS]

There is not demand for non-traditional hours care from parents.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

When parents' work schedules are variable, it's hard for me to keep my program at or near capacity

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

When parents' work schedules are variable, it's hard for me to meet ratio requirements

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

I am not able to set tuition rates to cover the cost of providing this type of care

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree
- ◯ Somewhat agree
- ◯ Agree
- ◯ Strongly agree

Licensing requirements for late-night and overnight care are hard to meet (such as safe sleeping requirements)

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Somewhat disagree

◯ Somewhat agree
◯ Agree
◯ Strongly agree

It's hard to find staff willing to work nontraditional hours

◯ Strongly disagree
◯ Disagree
◯ Somewhat disagree
◯ Somewhat agree
◯ Agree
◯ Strongly agree

It's hard to become part of the subsidy payment system

◯ Strongly disagree
◯ Disagree
◯ Somewhat disagree
◯ Somewhat agree
◯ Agree
◯ Strongly agree

It takes away from my personal and family time

◯ Strongly disagree
◯ Disagree
◯ Somewhat disagree
◯ Somewhat agree
◯ Agree
◯ Strongly agree

Other (*please describe*): _____

[For all childcare]

What types of supports would most help you in serving children during nontraditional hours? Rank the following:

◯ A higher reimbursement rate for nontraditional hours care
◯ A higher overall reimbursement rate
◯ Additional financial incentives
◯ Contracted slots
◯ Higher enrollment during nontraditional hours
◯ Changing existing policies

What changes to existing policy or policies would help you in serving children during nontraditional hours? _____

What business supports would help you in serving children during nontraditional hours?

_____

In the past year, have you had to ask any parent to remove their child from your program due to behavior problems or other difficulties?

◯ Yes ◯ No

If yes, how many children were removed from your program in the past year? ____

Would you say that you are able to recruit qualified staff to fill vacant positions:

◯ All of the time
◯ Most of the time
◯ Some of the time
◯ A little of the time
◯ None of the time

What problems, if any, do you have recruiting candidates for open positions?

_____

How much would you say you agree or disagree with the statement “Open positions (vacancies) are a problem for my program”?

◯ Strongly Disagree
◯ Disagree
◯ Somewhat disagree
◯ Somewhat agree
◯ Agree
◯ Strongly Agree

Approximately how many people are employed by your current program?

◯ 1-10
◯ 11-20
◯ 21-40
◯ 41-60
◯ More than 60

Do you conduct any developmental screenings for the children you serve?

◯ Yes ◯ No

What type of tools do you use to screen for developmental delays?

◯ Ages and Stages Questionnaires (ASQ or ASQ-SE)
◯ Child Development Inventory (CDI)
◯ Modified Checklist for Autism in Toddlers (M-CHAT)

◯ Assessment provided by curriculum
◯ Assessment developed by us using curriculum or on-line resources
◯ Other _____

Who conducts the screenings?

◯ Director or supervisor
◯ Family support specialist or early intervention specialist
◯ Our teachers

What type of training do staff receive to administer and score the developmental screens?

◯ Online training by the publisher
◯ Online training from a third party (such as DSHS or UT Austin)
◯ Training through local ECI (Early Childhood Intervention) provider

Does your program reserve or prioritize slots for children who are receiving Early Childhood Intervention (ECI) services or Early Childhood Special Education (ECSE) services?

◯ Yes ◯ No

Does your program reserve or prioritize slots for children in foster care?

◯ Yes ◯ No

Does your facility have a quiet space for therapists to work with children away from others?

◯ Yes ◯ No

Has your program served children with physical disabilities (mobility impairment)?

◯ Yes ◯ No

Have any of the following impacted your ability to serve children with physical disabilities:

◯ We have never had a child with mobility impairment apply
◯ Our playground and/or play areas cannot accommodate a child with mobility impairment
◯ We do not have staff that can support a child with mobility impairment
◯ Insurance requirements prevent us from serving children with mobility impairments

POLICIES AND PRACTICES [FOR ALL DIRECTORS]

Do you typically provide an orientation for families about the program's philosophy, goals and objectives? Check all that apply.

◯ No, we don't do an orientation
◯ Yes, we give parents a handbook
◯ Yes, we do group orientation in-person at the beginning of the year

◯ Yes, we do group orientation in-person at scheduled points in the year
◯ Yes, we do an orientation for each family at the time they enroll their child

Trauma-informed care is an approach to engaging people with trauma histories in human services, education, and related fields that recognizes and acknowledges the impact of trauma on their lives. Please indicate to what degree each of the following are true about your program.

Hiring preference is given to prospective candidates with experience and training in trauma-informed care.

◯ Not at all true ◯ Somewhat true ◯ Mostly true ◯ Completely true

Supervisors and practitioners receive training in trauma specific evidence-based and emerging best practices on an ongoing basis.

◯ Not at all true ◯ Somewhat true ◯ Mostly true ◯ Completely true

Support staff receive ongoing training, performance evaluations, and supervisory assistance in integrating trauma-informed care principles in their work.

◯ Not at all true ◯ Somewhat true ◯ Mostly true ◯ Completely true

Performance evaluations for staff include standards for trauma-informed care (e.g., treating patients with respect, promoting safe environment).

◯ Not at all true ◯ Somewhat true ◯ Mostly true ◯ Completely true

A written process is in place to regularly evaluate and monitor performance on trauma-informed care.

◯ Not at all true ◯ Somewhat true ◯ Mostly true ◯ Completely true

This section will ask about ways that you and your staff may interact with families in your program. Please indicate how often your program does the following things:

Please respond Never, rarely, sometimes, often for all questions

Uses intake forms, applications, and surveys that are gender-neutral.

◯ never ◯ rarely ◯ sometimes ◯ often

Provides information specific to fathers/male family members.

◯ never ◯ rarely ◯ sometimes ◯ often

Invites fathers to attend programs and working to engage them in activities.

◯ never ◯ rarely ◯ sometimes ◯ often

Are aware of barriers that limit father involvement, such as a difficult relationship with the child's mother, lack of information or a non-custodial relationship with child.

◯ never ◯ rarely ◯ sometimes ◯ often

Encourages fathers and male family members to engage in all aspects of the program, including taking on leadership roles.

◯ never ◯ rarely ◯ sometimes ◯ often

Staff are trained to be knowledgeable about the parenting practices and approaches to family decision-making of different cultural and ethnic groups (including the role of fathers, grandparents and extended family members in parenting and the transmission of cultural beliefs).

◯ never ◯ rarely ◯ sometimes ◯ often

Staff gather information about family interests, beliefs and expectations, including those relating to the child's culture and language development, and seek to partner with families in incorporating those features into program activities and structure.

◯ never ◯ rarely ◯ sometimes ◯ often

The program displays diverse families and family structures in books and program materials.

◯ never ◯ rarely ◯ sometimes ◯ often

Provides opportunities for families to volunteer and contribute to the program.

◯ never ◯ rarely ◯ sometimes ◯ often

Asks families for regular input on programmatic decisions.

◯ never ◯ rarely ◯ sometimes ◯ often

Provides families with roles in evaluating the program (e.g., parent questionnaires, group evaluation meetings).

◯ never ◯ rarely ◯ sometimes ◯ often

Parents and or staff have access to a mental health consultant who can help them proactively address the needs of children and other family members during stressful times.

◯ never ◯ rarely ◯ sometimes ◯ often

Early Childhood Coalitions Methodology

Target Sample

Early childhood coalitions in the state were identified through state agency partners, web searches, and other stakeholder conversations. This resulted in a list of 42 early childhood coalitions with a probably primary contact. All of these contacts were sent an email explaining the study and inviting them to participate. In the survey to the main contact of the coalitions, they were asked to either cut and paste or upload their contact list for primary coalition members.

These member lists were culled to focus on a single member per organization. If it was clear that an organization had more than one program, an email was sent to one person in each program. For example, if the city health department was in the coalition and had a home visiting program representative and a WIC representative, one email was sent to the home visiting contact and one to the WIC contact. These members were sent an email explaining how we got their email and the purpose of the study.

Coalitions were offered a $2000 donation in goods if 80% of the coalition responded to the survey and $1000 if 50% of the coalition responded to the survey.

Survey Description

Main Contacts: main contacts were asked to either fill out the survey or pass it along to the leader/leadership team of the coalition. The survey focused on the structure and governance of the coalition.

Coalition Members: Members were sent a survey that focused on their organization's or program's role in the coalition and the resources the program/organization contributed to the coalition. Members were also given a random sample of 15-20 other organizations and asked to rate that organization's contribution to the coalition and if that organization was seen as indispensable to the workings of the coalition.

Early Matters Interviews

During the course of the study, the Early Matters Texas groups were identified. These coalitions focus exclusively on the preschool and child care landscape as a route to improve school readiness locally. A joint interview with two Early Matters state leaders was conducted to understand the history and purpose of these coalitions. This interview focused on the Early Matters Structure and the support that they provided to other Early Matters coalitions. Two other interviews were conducted with Early Matters coalitions. These interviews focused on the function and goal of the coalition, how business

leaders were incorporated into the coalition and their interaction with other early childhood coalitions in their area.

Included Sample

Sixteen coalition leaders or contacts responded to the initial survey. 136 coalition members responded to the member survey.

Coalition Survey

[For Backbone organization only]

Please tell us the name of your coalition

Is your organization the "lead" organization or main contact for the coalition?

Please describe the core focus of the coalition:_____

Please provided the coalition's mission statement (write NA if there is no mission statement):

_____

Please enter the name of the organizations in your coalition. Please begin with the organizations that are most active in the work of the coalition.

_____

Please provide one contact person for that organization:

_____

Note: Coalitions were also given the option to upload a spreadsheet of contacts instead of entering the information

Please indicate if any of the following describes your coalition

true	false	one agency provides the administrative support (does not rotate)
true	false	the leading organization changes every year or on a pre-determined timeline
true	false	there is a charter (or by-laws) that outlines the expectations of those that participate in the coalition
true	false	there is a strategic plan that was developed by the coalition
true	false	there is a mission statement that was developed by the coalition
true	false	organizations that are not involved in the core focus of the coalition are invited to meetings
true	false	one organization leads the execution of the strategic plan and the rest serve as advisors to that organization
true	false	the activities of the coalition are performed by more than one organization
true	false	the coalition has completed at least one community event in the past year

true	false	the coalition has a file share or database where coalition members can share information about resources with each other

Our coalition has a family advisory board or a family representative: ◯ Yes ◯ No

[**If yes]** Family members are paid for their time

true	false	Family members are provided training about early childhood services in the area
true	false	Family members help design community outreach activities
true	false	Family members are given specific time on meeting agendas to discuss emerging needs
true	false	Family members were involved in our strategic planning or have had a major influence on one coalition activity

Please briefly describe how the families were chosen:_____

true	false	We use family advisory boards from member organizations to inform the coalition's work
true	false	We rely on direct care staff in coalition organizations to understand family needs
true	false	We have conducted a survey or interviews with more than 10 family members about their needs
true	false	We have sought feedback from families about activities that our coalition has conducted
true	false	We do not have access to family advisors

[for member organization]

From this list, what best categorizes your organization and the services that your organization brings to the coalition? (Choose all that apply)

- ◯ WIC
- ◯ ECI
- ◯ Family resource center
- ◯ Home Visiting
- ◯ non-home visiting Parenting support
- ◯ housing
- ◯ benefits navigation
- ◯ domestic violence shelter
- ◯ Community Health Center/ FQHC / Physician Practice
- ◯ Mental health provider
- ◯ Employer/Business Group
- ◯ Faith-Based Organization
- ◯ Health Insurer
- ◯ Hospital
- ◯ School (K-12)
- ◯ Preschool or childcare
- ◯ Library
- ◯ Local Government Agency
- ◯ Local Health Department/Agency
- ◯ State Health Agency
- ◯ Philanthropy
- ◯ Other

Indicate the degree to which you agree with each of the following statements

We participate in the coalition to understand the other programs in our community

◯ true ◯ mostly true ◯ mostly false ◯ false

We provide information to families in our organization that we received from the coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

We coordinate our activities with at least one other partner in the coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

Our organization regularly shares referral and resource lists with the whole coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition has a central place to share resources member organizations update

◯ true ◯ mostly true ◯ mostly false ◯ false

For your organization, please indicate which of the following statements is true about your involvement in the coalition

- ◯ We provide or use our funding for coalition activities (not including staff time);

- ◯ we write grants with others in the coalition to fund activities
- ◯ We provide in-kind resources to the coalition (e.g., meeting space);
- ◯ Staff that participate in the coalition are paid for their time;
- ◯ Staff that participate in the coalition volunteer their time;
- ◯ We contribute data resources including data sets, collection and analysis;
- ◯ We provide information and feedback about coalition activities;
- ◯ We provide specific health expertise to help with the coalition's work
- ◯ We provide expertise other than in health to help with coalition work
- ◯ We contribute community connections to the coalition
- ◯ We help with facilitation/leadership when the lead agency has a conflict

Has your organization participated in the National Family Support Network's "The Standards of Quality for Family Strengthening and Support" training or technical assistance?

[If yes]

Are any of the following true about the coalition's involvement in this training

- ◯ a sub-group of the coalition attends meetings and technical assistance sessions also
- ◯ we discussed meeting topics in coalition meetings
- ◯ working sessions with coalition members were conducted (i.e. worked through a self assessment together)

Our coalition shares information among members that:

provides advice on how to connect parents to each other (e.g., through a community's resource library, support groups, or the Internet)?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a fairly great extent
- ◯ To a moderate extent
- ◯ To a small extent
- ◯ To a very small extent
- ◯ Not at all

provides opportunities for the entire family to obtain information about early childhood issues?

- ◯ To a very great extent
- ◯ To a great extent
- ◯ To a fairly great extent
- ◯ To a moderate extent

◯ To a small extent
◯ To a very small extent
◯ Not at all

provides advice on how to support or help families cope with the impact of their child's difficult behaviors (e.g., parenting programs, counseling, direct support)?

◯ To a very great extent
◯ To a great extent
◯ To a fairly great extent
◯ To a moderate extent
◯ To a small extent
◯ To a very small extent
◯ Not at all

Please indicate which of the following statement are true about how the coalition uses data

Our coalition reviews community-level metrics of risk and need

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition reviews community metrics disaggregated by race/ethnicity, poverty, or other marginalization indicator

◯ true ◯ mostly true ◯ mostly false ◯ false

We share aggregate data about client characteristics with the coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition collects or shares data that shows the reach of our activities (i.e. how many families were touched or services were provided)

◯ true ◯ mostly true ◯ mostly false ◯ false

Organizations within our coalition can track how families move between different services

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition collects or shares data that show the impact of our activities (i.e. improvements in a metric)

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition has adequate data to make decisions about needs in the community

◯ true ◯ mostly true ◯ mostly false ◯ false

Our coalition has adequate data to assess the impact of our work

◯ true ◯ mostly true ◯ mostly false ◯ false

What do you think are the strengths of your coalition? _____

What would make your coalition's work stronger? _____

Do you participate in any other coalitions in your community?

Please name each one _____

Now we are going to ask you questions about each organization that is involved in the coalition. Your answers will remain anonymous, and we will not share them in any way that can identify you or that organization.

[for 15-20 random organizations in the coalition]

Please indicate how much <this partner> helps with the following:

influence within the community

directly providing help to families with children younger than 5

providing resources for families with children younger than 5

If <this partner> left the coalition, activities of the coalition would not get done

◯ true ◯ mostly true ◯ mostly false ◯ false

<This partner> provides funding and other material support for work that is central to the coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

<This partner> is a reliable partner in the coalition

◯ true ◯ mostly true ◯ mostly false ◯ false

Citations For Appendix

41. Harris PA, Taylor R, Minor BL, et al. The REDCap consortium: Building an international community of software partners. *Journal of Biomedical Informatics.* 2019;95.

42. Harrris PA, Taylor R, Thielke R, Payne J, Gonzalez JG, Conde JG. Research electronic data capture (REDCap)—A metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical informatics.* 2009;42(2):377-381.

43. Summers JA, Hoffman L, Marquis J, Turnbull A, Poston D, Nelson LL. Measuring the quality of family-professional partnerships in special education services. *Exceptional Children.* 2005;72(1):65-83.