

Overview

Thank you for taking the time to help us gather more information on the current supply of publicly-funded pre-K in Vermont.

To complete this survey, you will need your enrollment information on your pre-K children handy. Once you have this information ready, this survey should take approximately 5-7 minutes to complete.

The information collected through this survey will inform analysis to be conducted by an advisory work group comprised of Building Bright Futures, Let's Grow Kids, the Vermont Department for Children and Families' Child Development Division, Vermont Birth to Five, the Vermont Child Care Providers Association, and the Vermont Association for the Education of Young Children. The findings of the analysis will be made available through a report, to be published by Building Bright Futures.

If you have any questions or concerns regarding this survey, please contact:

**Nick Adams, Director, Vermont Insights a program of Building Bright Futures:
nadams@buildingbrightfutures.org**

or

**Jen Horwitz, Policy & Research Director, Let's Grow Kids
jen@letsgrowkids.org**

Thank you very much for your time and your input.

Pre-K Program Information

* 1. Please select the designation that best represents your program:

- I represent a school-based pre-K program
- I represent a center-based prequalified pre-K program
- I represent a home-based prequalified pre-K program
- I am not affiliated with a school-based or prequalified pre-K program

Home-Based Prequalified Pre-K Providers

* 2. Please select your name/the name of your program from the dropdown menu.

* 3. Of the pre-K who attend your program, how many receive Act 166 funding to participate in your program?

* 4. How many individual pre-K children are enrolled in your program?

* 5. Of the pre-K who attend your program, how many do not receive Act 166 funding to participate in your program?

* 6. Of the children who attend your program and receive Act 166 funding, how many attend your program only for the time covered by Act 166 funding (max of 10 hours per week, 35 weeks per year)?

* 7. Of the children who attend your program and receive Act 166 funding, how many attend your program part-time (less than 30 hours per week)?

* 8. Of the children who attend your program and receive Act 166 funding, how many attend your program full-time (30 or more hours per week)?

* 9. Do you offer transportation to or from your program for children participating in pre-K programming?

Yes

Case-by-case basis

No

Center-Based Prequalified Pre-K Providers

* 10. Please select the name of your program from the dropdown menu. If you are responsible for multiple programs, please complete this survey for each prequalified program. A link to continue the survey for a additional pre-K programs will be available at the end of the end of this set of questions.

* 11. How many individual pre-K children are enrolled in your program?

* 12. Of the pre-K children who attend your program, how many receive Act 166 funding to participate in your program?

* 13. Of the pre-K children who attend your program, how many do not receive Act 166 funding to participate in your program?

* 14. Of the children who attend your program and receive Act 166 funding, how many attend your program only for the time covered by Act 166 funding (max of 10 hours per week, 35 weeks per year)?

* 15. Of the children who attend your program and receive Act 166 funding, how many attend your program part-time (less than 30 hours per week)?

* 16. Of the children who attend your program and receive Act 166 funding, how many attend your program part-time (less than 30 hours per week)?

* 17. Of the children who attend your program and receive Act 166 funding, how many attend your program full-time (30 or more hours per week)?

* 18. Does your program offer pre-K programming beyond the 10 hours covered by Act 166 funding?

* 19. How many sessions do you offer, per week, of publicly-funded pre-K? For example, if your program provides pre-K programming to two groups of children, one group in the morning and a different group in the afternoon, your program offers two sessions.

* 20. How many slots do you offer per session? (Please enter a number)

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7	<input type="text"/>
Session 8	<input type="text"/>
Session 9	<input type="text"/>
Session 10	<input type="text"/>

21. Please select the days of the week you offer each session using the chart below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 22. Please enter the timeframe for each session

	Half-Day: AM Only (4 hours or less)	Half-Day: AM to Early PM (4-5 hours)	Half-Day: Late AM to PM (4-5 hours)	Half-Day: PM Only (4 hours or less)	Full Day: Full Day Only	Full Day: Full Day Program With Option to Attend Half Day
Session 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 23. How many pre-K classrooms does your program operate to provide programming to these children?

* 24. Do you offer transportation to or from your program for children participating in pre-K programming?

Yes

Case-by-case basis

No

School-Based Prequalified Pre-K Providers

* 25. Please select the name of your program from the dropdown menu. If you are responsible for multiple programs, you will be complete the questions for additional programs using the questions on the following pages.

* 26. How many children participate in your school's pre-K program (as of October 1, 2017)?

* 27. What type of enrollment system does your school use for your pre-K program? Select all that apply.

Set enrollment date

Rolling enrollment

Lottery system

Other (please specify)

* 28. Does your school offer pre-K programming beyond the 10 hours covered by Act 166 funding?

Yes

No

School-Based Prequalified Pre-K Extended Program Questions

* 29. Of the children enrolled in your school's pre-K program as of October 1, 2017, how many children participate in the pre-K programming offered beyond the 10 hours paid for through Act 166?

* 30. If your school offers pre-K programming beyond the 10 hours covered by Act 166 funding, do you charge additional tuition to families for programming beyond 10 hours?

School-Based Prequalified Pre-K Program Questions Continued

* 31. How many sessions do you offer, per week, of publicly-funded pre-K? For example, if your program provides pre-K programming to two groups of children, one group in the morning and a different group in the afternoon, your program offers two sessions.

* 32. How many slots do you offer per session? (Please enter a number)

Session 1	<input type="text"/>
Session 2	<input type="text"/>
Session 3	<input type="text"/>
Session 4	<input type="text"/>
Session 5	<input type="text"/>
Session 6	<input type="text"/>
Session 7	<input type="text"/>
Session 8	<input type="text"/>
Session 9	<input type="text"/>
Session 10	<input type="text"/>

33. Please select the days of the week you offer each session using the chart below:

	Monday	Tuesday	Wednesday	Thursday	Friday
Session 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 34. Please enter the timeframe for each session

	Half-Day: AM Only (4 hours or less)	Half-Day: AM to Early PM (4-5 hours)	Half-Day: Late AM to PM (4-5 hours)	Half-Day: PM Only (4 hours or less)	Full Day: Full Day Only	Full Day: Full Day Program With Option to Attend Half Day
Session 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Session 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 35. How many pre-K classrooms does your school operate to provide programming to these children?

* 36. Does your school offer transportation for children enrolled in your pre-K program?

Yes

No

Additional Submissions

* 37. Do you need to submit a response for an additional program?

Yes

No

Thank You

Thank you for taking the time to share your information with us. If you have any concerns or questions about this survey, please contact Nick Adams, nadams@buildingbrightfutures.org, or Jen Horwitz, jen@letsgrowkids.org.

Additional Prequalified Pre-K Program Response

This page would restart the survey for those who need to enter information for more than one program. Links beyond this page are not active yet, as copies of earlier pages will be used to populate future additional pages.

* 38. Please select the designation that best represents your program:

- I represent a school-based prequalified pre-K program
- I represent a home-based prequalified pre-K program
- I represent a center-based prequalified pre-K program

Disqualification

Thank you for your interest in completing this survey. At this time, we are only collecting responses from school-based or prequalified center-based or home-based pre-K programs in Vermont.