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2022 NH Childhood Behavioral & Mental Health Needs Assessment Survey Instrument

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[BEGIN Consent Block]



University of New Hampshire

INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS IN RESEARCH

CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

RESEARCHER AND TITLE OF STUDY

My name is Jess Carson, and I am a research assistant professor at the Carsey School of Public Policy, at the University of New Hampshire. This project is the 2022 Behavioral and Mental Health Workforce Survey for the statewide Preschool Development Grant (UNH IRB #IRB-FY2022-291).

WHAT IS THE PURPOSE OF THIS FORM?

This consent form describes the research study and helps you to decide if you want to participate. It provides important information about what you will be asked to do in the study, about the risks and benefits of participating in the study, and about your rights as a research participant. You should:

- Read the information in this document carefully, and contact me with any questions, particularly if you do not understand something.
- Not agree to participate until all your questions have been answered, or until you are sure that you want to.
- Understand that your participation in this study involves you taking a one-time online survey that will last about 5 minutes for directors and 10-15 minutes for staff.
- Understand that the potential risks of participating in this study are minimal.

WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of this study is to help us understand the current capacity, training needs, and challenges facing the behavioral and mental health workforce serving children 0-8 years old and their families in New Hampshire.

We expect about 150 people will be involved in this study. You must be 18 years old to participate.

WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?

Participation involves taking a one-time online survey, which will involve answering questions about your role, expertise, education, and certifications. Directors will be asked about workforce challenges including issues of staff turnover, staff recruitment and retention, and position vacancies. You must be at least 18 years old to participate, must be employed in a children's program at a Community Mental Health Center in New Hampshire, and must either be a director of a children's program or provide services for children aged 0-8 and their families. We expect this survey will take about 5 minutes for directors to complete and about 10-15 minutes for staff to complete.

You should complete the survey only once. You will receive compensation for only one set of responses if you are eligible to participate in the study. The researcher(s) may exclude your data or not provide compensation to you if they determine that you did not meet the eligibility criteria for the study. For questions about compensation or eligibility, please contact the researcher (information provided at the end of the form).

WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?

Your answers will be combined with the answers of about 150 others across the state and used for research purposes only. Data will be kept in secured files, available only to the researchers, who will make every effort to maintain the confidentiality of the data. Research via the internet presents minimal risk of a breach of confidentiality.

WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?

You are not anticipated to receive any direct benefits from participating in this research. However, your input is important! Leaders across the state, including the DHHS Bureau of Children's Behavioral Health, will use the information collected here to support the behavioral and mental health workforce and help meet families' needs for services.

WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?

If you are at least 18 years old, employed in a children's program at a Community Mental Health Center, and either are a director or provide services to children 0-8 and their families, you are eligible to participate and receive a \$20 gift card to Amazon. You should complete the survey only once. You will receive compensation for only one set of responses if you are eligible to participate in the study. We may exclude your data or not provide compensation to you if we determine that you did not meet the eligibility criteria for the study. You will need to provide both your name and email address to receive the compensation.

DO YOU HAVE TO TAKE PART IN THIS STUDY?

Taking part in this study is completely voluntary. You may choose not to take part at all. If you agree to participate, you may refuse to answer any question. If you decide not to participate or not to complete this survey, you will not be eligible for compensation.

CAN YOU WITHDRAW FROM THIS STUDY?

If you agree to participate in this study and you then change your mind, you may stop participating at any time. Any data collected as part of your participation will remain part of the study records. If you decide to stop participating at any time, you will not be eligible for compensation.

HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?

I plan to maintain the confidentiality of all data and records associated with your participation in this research.

There are, however, rare instances when I may be required to share individually identifiable information with the following:

- Officials at the University of New Hampshire,
- Regulatory and oversight government agencies, or
- The sponsor(s).

Further, any communication via the internet poses minimal risk of a breach of confidentiality.

To help protect the confidentiality of your information, responses will be reviewed to ensure they meet eligibility requirements. Once deemed eligible, we will send an e-gift card via email and then separate your name and email address from your survey responses. Your email address will be removed from our records. Your name will be stored in separate list to meet UNH tax policy rules, and that list will be stored in a secure cloud-based storage location (i.e., Box or OneDrive), not linkable to your survey responses. Only the research team will have access to this data, including me (Jess Carson), Carsey School Policy Analyst Sarah Boege, Carsey School Research Assistant Kamala Nasirova, and UNH Survey Center Project Director Zachary Azem. Data, once de-identified, may be used for future studies. I will report the results only in aggregate, and not report responses for any individual respondent nor describe responses among respondents that have five or fewer members in the sample. The results may be used in reports, presentations, and publications.

IS THERE ANYTHING ELSE YOU SHOULD KNOW ABOUT THIS STUDY?

You may stop this survey and return to it later without losing your place if needed.

WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY

If you have any questions pertaining to the research you can contact Jess Carson, 603-862-3215 or jessica.carson@unh.edu to discuss them.

If you have questions about your rights as a research subject you can contact Melissa McGee in UNH Research Integrity Services, 603-862-2005 or melissa.mcgee@unh.edu to discuss them.

To download this form for your records, click [here](#).

- Click here if you consent to participate in the research study.
- Click here if you decline to participate in the research study.

[END Consent Block]

[Insert CAPTCHA here. If fail to answer, **SKIP TO: End of survey**]

[BEGIN Eligibility Block]

Q1 Are you at least 18 years old?

- Yes (1)
- No (0)

➔ *(If Q1 = 0 ("No")* **SKIP TO: End of survey**)

Thank you for your interest, but we are only surveying adults.

Q2 Are you employed in a children's program at a Community Mental Health Center in New Hampshire?

- Yes (1)
- No (0)

→ (If Q2 = 0 ("No") **SKIP TO: End of survey**)

Thank you for your interest, but we are only surveying employees of children's programs at Community Mental Health Centers.

Q3 Do you provide services for children aged 0-8 and their families?

- Yes (1)
- No, but I'm a director of a children's program (2)
- No, I **only** provide services for children aged 9 and older and their families (0)

→ (If Q3 = 0 ("No") **SKIP TO: End of survey**)

Thank you for your interest, but we are only surveying those who provide services for children aged 0-8 and their families.

[END Eligibility Block]

Section A: Roles, Education, and Experience

[BEGIN Section A]

A0. [Survey Center: Please insert honeypot question here with 5 response options. If any response, **SKIP TO: End of survey**]

Director screener question

A1. Are you the Director of a children's mental health program at a Community Mental Health Center?

- Yes (1)
- No (0)

➔ (If A1 = 1("Yes"))

A2. How would you describe your level of experience with treating children aged 0-8 and their families?

- Not at all experienced (1)
- Slightly experienced (2)
- Moderately experienced (3)
- Very experienced (4)
- Extremely experienced (5)

➔ (If A1 = 1("Yes"))

A3. At which Community Mental Health Center do you work?

- Center for Life Management (1)
- Community Partners (2)
- Greater Nashua Mental Health (3)
- Lakes Region Mental Health Center (4)
- Mental Health Center of Greater Manchester (5)
- Monadnock Family Services (6)
- Northern Human Services (7)
- Riverbend Community Mental Health (8)
- Seacoast Mental Health Center (9)
- West Central Behavioral Health (10)

➔ (If A1=1("Yes"), **conclude Section A here and SKIP TO: Section C Workforce Challenges**)

➔ (If A1=0("No"))

A4. How many years have you been working in behavioral and mental health services?

- Less than 1 year (1)
- 1 - 3 years (2)
- 4 - 5 years (3)
- 6 - 10 years (4)
- 11 - 19 years (5)
- 20+ years (6)

Section A: Roles, Education, and Experience

A5. How many years have you provided behavioral and mental health services for children aged 0-8 and their families?

- Less than 1 year (1)
- 1 - 3 years (2)
- 4 - 5 years (3)
- 6 - 10 years (4)
- 11 - 19 years (5)
- 20+ years (6)

A6. How many years have you been working in this field in New Hampshire?

- Less than 1 year (1)
- 1 – 3 years (2)
- 4 – 5 years (3)
- 6 – 10 years (4)
- 11 – 19 years (5)
- 20+ years (6)

A7. What percent of your work is with children under the age of 8 and their families?

- 80 – 100% (1)
- 60 – 80% (2)
- 40 – 60% (3)
- 20 – 40% (4)
- Less than 20% (5)

A8. Regarding your work with children under the age of 8, what age ranges do you currently serve? (Please select all that apply)

- Infants and toddlers (0- 3 years old) and their parents (1)
- Preschoolers (3-5 years old) and their parents (2)
- Young children (6-8 years old) and their parents (3)

A9. At which Community Mental Health Center do you work?

- Center for Life Management (1)
- Community Partners (2)
- Greater Nashua Mental Health (3)
- Lakes Region Mental Health Center (4)
- Mental Health Center of Greater Manchester (5)
- Monadnock Family Services (6)
- Northern Human Services (7)
- Riverbend Community Mental Health (8)
- Seacoast Mental Health Center (9)
- West Central Behavioral Health (10)

A10. How would you describe your current role within your organization? (Please select all that apply)

- Home visitor (1)

Section A: Roles, Education, and Experience

- Family support provider and or Parent Educator (2)
- Mental Health Therapist, (e.g., clinical mental health counselor, family therapist, or social worker) (3)
- Psychologist (4)
- Social worker or case manager (5)
- Other (please specify) (97)_____

A11. What is the highest level of education you have achieved in a psychology, mental health, social work, family studies, early childhood behavioral analysis or a related field?

- Associates Degree (1)
- Bachelor's Degree (2)
- Master's Degree (3)
- Certificate of Advanced Graduate Study (4)
- Doctorate (5)
- None of the above (6)
- Other (please specify) (97)_____

A12. Do you currently hold a relevant NH License? (Please select all that apply)

- Clinical Mental Health Counselor (LCMHC) (1)
- Clinical Social Worker (LCSW) (2)
- School Social Worker (C-SSWS) (3)
- Licensed Independent Clinical Social Worker (LICSW) (4)
- Licensed Marriage and Family Therapist (LMFT) (5)
- Licensed Clinical Psychologist (6)
- None (7)
- Other (please specify) (97)_____

A13. Are you in the process of obtaining any of these NH Licenses? (Please select all that apply)

- Clinical Mental Health Counselor (LCMHC) (1)
- Clinical Social Worker (LCSW) (2)
- School Social Worker (C-SSWS) (3)
- Licensed Independent Clinical Social Worker (LICSW) (4)
- Licensed Marriage and Family Therapist (LMFT) (5)
- Licensed Clinical Psychologist (6)
- None (7)
- Other (please specify) (97)_____

[END Section A]

Section B: Certifications and Expertise

[BEGIN Section B]

B1. Are you familiar with the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, (DC 0-5)?

- Yes (1)
- No (0)
- Not sure (98)

→ (If B1 =1(“Yes”) AND A10>2 & A10<6(indicated Master’s degree or higher))

B2. Which best describes your use of the DC 0-5?

- I have heard of it but do not use it (1)
- I use it in diagnosis and assessment, but have not had formal training (2)
- I have received training and use it in diagnosis and assessment (3)
- I have received Train the Trainer training in the DC 0-5 (4)
- I would like to receive training in using the DC 0-5 (5)
- Would like to become a DC 0-5 Trainer (6)

B3. What is your experience with the following certification(s) or endorsements? (Please select all that apply)

	I have this certificate (1)	I’m in the process of attaining it (2)	I’m interested in attaining in the future (3)	I’m not planning to seek this certification (4)
Early Childhood/Infant Mental Health Post-Graduate Certificate (B3a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Early Childhood Mental Health Consultant (B3b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intermediate Early Childhood and Family Mental Health Credential (NH-ECFMHC) (B3c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advanced Early Childhood and Family Mental Health Credential (NH-ECFMHC) (B3d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I have this certificate (1)	I’m in the process of attaining it (2)	I’m interested in attaining in the future (3)	I’m not planning to seek this certification (4)
Advanced – Reflective Practice Consultants NH-ECFMHC-RPC (B3e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Certifications and Expertise

Brief Strategic Family Therapy (B4i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Functional Family Therapy (B4j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Modular Approach to Therapy for Children (MATCH) (B4k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (B4l) _____						

B5. Which parent education programs do you currently use in your work? (Please select all that apply)

	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I have a certification (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
Positive Solutions for Families (B5a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-2-3 Magic (B5b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurturing Parenting Program (B5c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Circle of Security (B5d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growing Great Kids (B5e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I have a certification (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
Parenting Through Change (B5f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raising a Thinking Child (B5g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Systematic Training for Effective Parenting (B5h)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Incredible Years (B5i)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Certifications and Expertise

Parents as Teachers (PAT) (B5j)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I have a certification (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
Sober Parenting Journey (B5k)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting Second Time Around (B5l)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (B5m) _____					

B6. If your role includes home visiting, do you follow a particular model?

- Yes (1)
- No (0)
- Not applicable (96)

➔ (If B6=1("Yes"))

B7. Which home visiting models do you currently use in your work? (Please select all that apply)

	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I have a certification (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
Parents as Teachers (PAT) (B7a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthy Families America (HFA) (B7b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triple P-Positive Parenting Program (B7c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I have a certification (3)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
SafeCare (B7d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurturing Parenting (B7e)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section B: Certifications and Expertise

Nurse-Family Partnership (NFP) (B7f)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Play and Learning Strategies (PALS) (B7g)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) (B7h)	_____				

B8. Which Early Childhood Consultation and Staff Training Models are you familiar with? (Please select all that apply)

	<i>I use it in my work (1)</i>	<i>I have training in it (2)</i>	<i>I am a trainer (3)</i>	<i>I am familiar with it (4)</i>	<i>I'm interested in seeking training (4)</i>	<i>Not relevant/I'm not interested (5)</i>
Play-based coaching (B8a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trauma-informed care (B8b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pyramid Model (B8c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice-Based Coaching (B8d)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B9. Do you have any other comments relating to your experience and qualifications that you wish to share?

B10. Are there any other training needs that you want to share?

B11. Please select the name of any one town in your Community Mental Health Center's service area [dropdown town list]

[END Section B]

[BEGIN Section C]

DISPLAY SECTION C ONLY IF A1=1("Yes")

(If A1=0("No"), **SKIP TO: "Section D: Demographics"**)

C1. Please select the name of any one town in your Community Mental Health Center's service area [dropdown town list]

C2. About what percent of the direct service positions in your children's program are vacant?

- Under 5% (1)
- 5 –10% (2)
- 10 – 20% (3)
- 20 – 30% (4)
- 30 – 40% (5)
- 40 – 50% (6)
- 50 – 60% (7)
- More than 60% (8)
- No vacancies (9)
- Not sure/prefer not to say (99)

→ (If C2<9 (at least some vacancies))

C3. How would you describe these vacant positions? (Please select all that apply)

- Entry level/family support (1)
- Case management (2)
- Clinician (3)
- Intake and assessment clinician (4)
- Clinical supervisory (approved for licensing supervision) (5)
- Managerial (6)
- Working with specific subpopulations (7)
- Other (please specify) (97)_____

C4. About what percent of staff positions are currently vacant in your children's program?

- Under 5% (1)
- 5 –10% (2)
- 10 – 20% (3)
- 20 – 30% (4)
- 30 – 40% (5)
- 40 – 50% (6)
- 50 – 60% (7)
- More than 60% (8)
- No vacancies (9)
- Not sure/prefer not to say (98)

Section C: Workforce Challenges (DIRECTORS ONLY)

C5. On average, how long would you say it takes to fill each type of vacant position?

	<i>Under 3 Months (1)</i>	<i>3 – 6 Months (2)</i>	<i>6 – 9 Months (3)</i>	<i>Over 9 Months (4)</i>	<i>Don't know/Prefer not to say (98)</i>
Family support position (C4a)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinician position (C4b)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Supervisory or Managerial position (C4c)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C6. Which of the following positions tend to experience staff turnover at your organization? (Please select all that apply)

- Family support provider (1)
- Case manager (2)
- Unlicensed master's level therapist/counselor (3)
- Licensed master's level therapist/counselor (4)
- Psychologist (5)
- Program coordinator (6)
- Program manager (7)
- Program Director (8)
- Other (please specify) (97) _____

C7. Listed below are the positions you identified as experiencing staff turnover. Please rank the list according to how difficult the position is to fill, where 1 is the most difficult type, and [pipe in # of positions selected in C6] represents the easiest kind of position to fill.

C8. What do you think are the main reasons for staff turnover where you work? (Select all that apply)

- Low pay (1)
- Administrative burden (2)
- Challenges of attracting staff to rural areas (3)
- Lack of opportunity for growth (4)
- Overwhelming caseloads (5)
- Licensing or credentialing requirements (6)
- Frustration with lack of program/system resources (7)
- Seeking alternate setting (8)
- Burnout (9)
- Other (please specify) (97) _____
- Not sure/prefer not to say (98)

Section C: Workforce Challenges (DIRECTORS ONLY)

C9. Listed below are the reasons you identified as main reasons for staff turnover. Please rank the list according to how much each factor contributes to staff turnover, where 1 is the most contributing factor, and [*pipe in # of reasons selected in C8*] represents the least contributing factor.

C10. About what percent of your staff work exclusively with children 0-8 and their families?

- 0 – 10% (1)
- 10 – 30% (2)
- 30 – 50% (3)
- 50 – 70% (4)
- Above 70% (5)

C11. Of the children your program serves annually, about what percentage are under the age of 8?

- Under 5% (1)
- 5 – 10% (2)
- 10 – 20% (3)
- 20 – 30% (4)
- 30 – 40% (5)
- 40 – 50% (6)
- 50 – 60% (7)
- More than 60% (8)

[BEGIN Section D]

Section D: Demographics

D1. Before we finish, we would like to get some information on your background. Please select "90" below, confirming you are about 90 percent done with the survey and have only a few questions remaining.

(10) (20) (30) (40) (50) (60) (70) (80) (90) (100)

D2. Which of the following best describes your gender?

- Female (1)
- Male (2)
- Transgender (3)
- Nonbinary or gender non-conforming (4)
- None of these (5)
- Prefer not to say (65)

D3. Which of the following ethnic or racial groups do you identify with? (Please select all that apply)

- Native American, Inuit, or Aleut (1)
- Asian American/Pacific Islander (2)
- African American/Black/Caribbean American (3)
- White (4)
- Latinx, Hispanic, or Spanish origin (5)
- Other (please specify) (97) _____
- Prefer not to say (99)

D4. What is your age? (Please enter a number only) _____

[END Section D]

Compensation

To receive compensation for this survey, please enter your first name, last name, and a valid email address, below.

First name _____

Last name _____

Email address _____

This survey was created with support from the Preschool Development Grant Birth through Five Initiative (PDG B-5) awarded to the University of New Hampshire, Grant Number 90TP0060, from the Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services.