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**SOUTH CAROLINA**

South Carolina Early Care and Education Workforce Study  
*Survey of Early Care and Education Teachers and Administrators*

General  
Information

Thank you for taking the time to complete this survey funded by the South Carolina Department of Social Services Division of Early Care and Education. You will be answering questions related to your personal experiences and opinions as a professional in the field of Early Care and Education.

The information that you provide will be used to better understand the experiences of the Early Care and Education workforce throughout the state of South Carolina. This information will help guide decisions intended to support a stable and effective Early Care and Education Workforce.

Please know that no personally identifying information is being requested and the information provided by you cannot be connected to any individual or organization.



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Instructions

- This survey will take approximately **10-15 minutes** to complete.
- Read each question carefully and follow the directions provided throughout the survey.
- If you are uncomfortable answering an item or do not know the answer, you may skip that item.

Thank you for completing this survey!

If you have questions about the survey, please call the Yvonne & Schuyler Moore Child Development Research Center 1-888-335-1002 and reference the Workforce Study.



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Program  
Information

1. What type of program do you work in?

- Child Care Center
- Family Child Care Home
- Group Child Care Home
- Public School- 4K
- Early Head Start/Head Start
- School-Age Out of School Time Provider

2. What is the IRS status of your program

- For-Profit Provider
- Non-Profit Provider
- I do not know

3. What is the licensing status of your program?

- Licensed/Approved Child Care Center
- Licensed, Faith-Based Provider
- Registered, Faith-Based Provider
- Registered, Family Child Care Home Provider
- Licensed, Family Child Care Home Child Care Provider
- Licensed Group Child Care Provider
- Exempt Provider
- I Don't Know

4. What is the ABC Quality Level of the program you work in?

- A+
- A
- B+
- B
- C
- My program doesn't participate in the ABC Quality Program
- I am not sure

5. What zip code is your program located in?

6. What is the enrollment capacity of your program

0 500



7. What is your current age range?

- Under 20 years       30-39 years       50-59 years  
 20-29 years       40-49 years       60+ years

8. What is your gender?

- Female  Male

9. Are you of Hispanic or Latino descent?

- Yes  
 No

10. What is your racial-ethnic background? *(Select all that apply)*

- White       Native Hawaiian or other Pacific Islander  
 African-American or Black       American Indian or Alaskan Native  
 Asian  
 Other (please specify)

11. What languages do you speak fluently? *(Select all that apply)*

- English  
 Gullah/Geechee  
 Portuguese  
 Spanish  
 Other (please specify)

12. Indicate your current hourly wage

\$0 per hour      \$50 per hour      \$100 per Hour

13. If you are not paid hourly, please indicate your annual salary



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Professional and Educational  
Information

14. Please select any Professional Association of which you are a member.

*(Select all that apply)*

- National Association for the Education of Young Children (NAEYC)
- National Association for Family Child Care (NAFCC)
- Southern Early Childhood Association (SECA)
- South Carolina Association for the Education of Young Children (SCAEYC)
- South Carolina Early Childhood Association (SCECA)
- South Carolina Association for Early Care and Education (SCAECE)
- Other (please specify)

**15. Indicate the certificates and credentials you hold. (Select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> None  | <input type="checkbox"/> SC Special Needs Credential (Level 2)     |
| <input type="checkbox"/> National Child Development Associate (CDA)      | <input type="checkbox"/> SC Family Child Care Credential (Level 2) |
| <input type="checkbox"/> SC Early Childhood Credential/ECD 101 (Level 1) | <input type="checkbox"/> SC Infant Toddler Credential (Level 3)    |
| <input type="checkbox"/> SC School-Age Credential/ SAC 101 (Level 1)     | <input type="checkbox"/> SC Preschool Credential (Level 3)         |
| <input type="checkbox"/> SC Infant/Toddler Credential (Level 2)          | <input type="checkbox"/> SC Director Credential (Level 3)          |
| <input type="checkbox"/> SC Preschool Credential (Level 2)               | <input type="checkbox"/> SC Special Needs Credential (Level 3)     |
| <input type="checkbox"/> SC Director Credential (Level 2)                | <input type="checkbox"/> SC Family Child Care Credential (Level 3) |
| <input type="checkbox"/> Other (please specify)                          |  |

**16. What is your highest education level?**

- High School Diploma/GED
- Some college credits
- Two-year college degree (AA,AS)
- Four-year college degree (BA, BS)
- Some graduate credits
- Graduate Degree (MA, MS, M.Ed., Ed.D., or Ph.D.)

**17. In what area is your highest education level?**

- Early Childhood Education/Child Development
- Elementary or Secondary Education
- Special Education
- Social Work
- Business Administration
- Other (please specify)

**18. Please indicate your participation in the T.E.A.C.H. Early Childhood Scholarship Program.**

- never participated  current participant  past participant

19. What are your preferred ways to receive professional development?

(Rank the following: 1= Most Preferred; 6=Least Preferred)

☰	<input type="text"/>	On-line training/course
☰	<input type="text"/>	College classroom
☰	<input type="text"/>	Hybrid courses/trainings (includes both online and classroom components)
☰	<input type="text"/>	Conference
☰	<input type="text"/>	On-site training (located at your place of employment)
☰	<input type="text"/>	Off-site training (located at community agencies)

20. Which of the following are barriers/challenges to furthering your professional development? (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Lack of time  | <input type="checkbox"/> Lack of Incentives                         |
| <input type="checkbox"/> Language barrier                                    | <input type="checkbox"/> Technology limitations                     |
| <input type="checkbox"/> Physical/health condition                           | <input type="checkbox"/> Lack of funds                              |
| <input type="checkbox"/> Lack of transportation                              | <input type="checkbox"/> Educational documents from another country |
| <input type="checkbox"/> Lack of information about educational opportunities | <input type="checkbox"/> Competing demands with family obligations  |
| <input type="checkbox"/> Lack of confidence in academic ability              |   |
| <input type="checkbox"/> Other (please specify)                              |   |



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Employment

21. Which of the following best describes your current position? (If you have multiple positions, select the position where you spend most of your time. If equal time is spent in multiple positions, select your highest position.)

- Owner- Child Care Center
- Owner- Family Child Care Home
- Owner- Group Child Care Home
- Owner/Director Child Care Center
- Director- Child Care Center
- Assistant/Associate Director - Child Care Center
- Teacher - A teacher is defined as an adult with primary responsibility for a group of children.
- Assistant Teacher - An assistant teacher is defined as an adult who works under the direct supervision of a teacher. While an assistant teacher may work independently in the teacher's absence, the vast majority of the time, the assistant teacher works directly with the teacher in the same space and with the same group of children.
- Program Support Staff (e.g. Program coordinator, Office administrative staff, Food preparation staff, Transportation staff)
- Floater - This category is for a teacher that is not assigned to a particular classroom, but works directly with children.
- Other (please specify)

22. If you work directly with children, which of the following is the age group you work with primarily?

- Infants (Birth-12 months)
- Young Toddlers (13-24 months)
- Older Toddlers (25-36 months)
- Preschool (3-5 years)
- Kindergarten (5 years)
- School Age (6 and older)
- Program Administrator - I do not work directly with young children for most of my job

23. How many children are enrolled in your group/classroom?

0 50



24. How many teachers typically work in your classroom?

25. How many children in your group/classroom have an identified special need or developmental delay?

*(Leave Blank if you do not know)*

0 30

26. How many children in your group/classroom have a home language other than English?

*(Leave blank if you do not know)*

0 30

27. How many years have you worked in the early care and education field?

Less than 1 25 50+

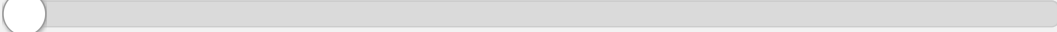
28. In a typical week, how many hours do you work in your position?

0 50

29. How many years you worked for your current employer?

Less than 1 25 50

30. Are you working at another job to supplement your income?

- No
- Yes, 1-10 hours per week
- Yes, 11-20 hours per week
- Other (please specify)
- Yes, 21-30 hours per week
- Yes, 31 hours or more per week

31. Please indicate your agreement with each statement regarding the center/program where you are employed.

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
I know what is expected of me in my job				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was provided an orientation to my position when I was first hired.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a great deal of cooperation among coworkers.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The director is supportive and encouraging.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employees are constantly learning and seeking new ideas.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel supported by my coworkers				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on most coworkers to help out even though it may not be part of their job.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I think about moving to another center/program				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't seem to have as much enthusiasm now as I did when I began my current position.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Necessary materials and supplies are available as needed by the staff.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I could get a higher paying job, I'd leave my current job as soon as possible.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff members are recognized for a job well done.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The director treats all employees fairly.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The director sets priorities, makes plans, and sees they are carried out.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring is available through the director or a coach.				

Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel a great deal of stress in my job				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**32. Overall how satisfied are you in your current employment?**

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very Dissatisfied

33. How satisfied are you with each of the following characteristics of your current employment?

Very Dissatisfied	Somewhat Dissatisfied	Satisfied	Very Satisfied	N/A
Wages				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance benefits				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training Opportunities				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work Hours				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employer's reputation in the community				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program Leadership				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with coworkers				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship with the director				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children that I work with				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families that I work with				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working close to where I live				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My own child can be at the center/program with me during the day.				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Employment Benefits and Options

34. Which of the following are offered by your employer? (Select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Competitive salary  | <input type="checkbox"/> Regular opportunities for recognition and appreciation |
| <input type="checkbox"/> Signing bonus   | <input type="checkbox"/> Emphasis on good working relationships/teamwork        |
| <input type="checkbox"/> Longevity pay or ongoing bonuses                            | <input type="checkbox"/> Opportunities for promotion                            |
| <input type="checkbox"/> Regular cost-of-living increases                            | <input type="checkbox"/> Flexible work schedules                                |
| <input type="checkbox"/> Periodic increase in wages based on performance evaluations |   |
| <input type="checkbox"/> Other (please specify)                                      |   |

35. Does your employer offer any of the employee benefits listed below? (Select all the apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical insurance      | <input type="checkbox"/> Paid Holidays   |
| <input type="checkbox"/> Dental insurance       | <input type="checkbox"/> Paid Planning Time  |
| <input type="checkbox"/> Disability insurance   | <input type="checkbox"/> Paid Time for Early Childhood Conference attendance or training |
| <input type="checkbox"/> Life insurance         | <input type="checkbox"/> Paid Breaks   |
| <input type="checkbox"/> Retirement plan        | <input type="checkbox"/> Free or reduced price child care                                |
| <input type="checkbox"/> Paid Sick Time         | <input type="checkbox"/> None of these   |
| <input type="checkbox"/> Paid Vacation Time     |  |
| <input type="checkbox"/> Other (please specify) |  |

36. What kind of health insurance coverage do you have for yourself?

- Private health insurance plan from your employer or workplace
- Private health insurance plan through your spouse or partner's employment
- Private health insurance plan purchased directly
- Private health insurance plan through state, local government, or community program
- Medicaid
- Medicare
- Military health care
- No coverage of any type
- Other (please specify)



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Technology

37. Indicate the extent to which you agree with the following statements:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am comfortable taking classes online				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to take a course or training to improve my computer skills				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

38. I have access to: *(Select all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Computer with an internet connection              | <input type="checkbox"/> Smartphone        |
| <input type="checkbox"/> Tablet (e.g. iPad) with an internet connection    | <input type="checkbox"/> Fax machine       |
| <input type="checkbox"/> Computer without an internet connection           | <input type="checkbox"/> Scanner           |
| <input type="checkbox"/> Tablet (e.g. iPad) without an internet connection | <input type="checkbox"/> Copier            |
| <input type="checkbox"/> E-reader with internet connection                 | <input type="checkbox"/> None of the above |