

Child Care Provider Expansion Initiative Interim Reporting Form

Thank you for starting your Interim Reporting Form for your Expansion Initiative award. Documentation of your expenses is not requested at this time, though you will need to reference your expenses to complete this form.

Submit this form by your Interim Reporting Date to remain in good standing with your Agreement. Failure to submit Interim Reports may result in delay or recoupment of award funds.

Start-up Awardees: Your Interim Reporting Form will be reviewed and approved before your Initial Operating Award can be issued. Timely, accurate submission of your Interim Reporting Form is important to the disbursement of your Initial Operating Award.

* 1. Please enter the business owner/director's (main contact) information below:

Name

Business Name

Zip/Postal Code

Email Address

* 2. Please enter your award number:

* 3. Please review your contact information and award number above. **Incorrect information can result in delays in application processing and funding.**

I confirm that the information above is correct.

* 4. Please mark which categories you have supported with the funding received from the award to date. Check as many as apply.

- Staff wages
- Staff benefits
- Staff training/professional development
- Outreach costs associated with recruitment
- Regular monthly rent or mortgage payment
- Utility bills of your secured location

- Office furnishings and equipment
- Office supplies
- Furnishings for the indoor children's space
- Playground equipment
- Equipment to operate the child care program
- Classroom supplies
- Safety supplies
- Kitchen supplies (excluding food)
- Health and wellbeing supplies
- Permitting fees
- Minor renovations

* **5. Startup Awardees:** Please share which categories you have supported with the funding received from your award as of your Interim Report Date and how much you anticipate spending in each category (of your total Startup Award). You do not need to have spent the entire Startup Award funding at this time. You can report how you use any unspent funds in future reports and can adjust use within the guidelines of the program.

Initial Operating Awardees: Please share which categories you have supported with the funding received from your award as of your Interim Report Date and how much you anticipate spending in each category (of your total award). You do not need to have spent the entire funding at this time. You can report how you use any unspent funds in future reports and can adjust use within the guidelines of the program.

Personnel Costs - Amount Spent as of Interim Report Date

\$ _____

Personnel Costs - Anticipated Amount (Total Past and Upcoming Expenses)

\$ _____

Rent/Mortgage/ Utilities - Amount Spent as of Interim Report Date

\$ _____

Rent/Mortgage/ Utilities - Anticipated Amount (Total Past and Upcoming Expenses)

\$ _____

Purchases of or updates to equipment and supplies - Amount Spent as of Interim Report Date

\$ _____

Purchases of or updates to equipment and supplies - Anticipated Amount (Total Past and Upcoming Expenses)

\$ _____

Permitting fees - Amount Spent as of Interim Report Date

\$ _____

Permitting fees - Anticipated Amount (Total Past and Upcoming Expenses)

\$ _____

Minor renovations - Amount Spent as of Interim Report Date

\$ _____

Minor renovations - Anticipated Amount (Total Past and Upcoming Expenses)

\$ _____

The next section will ask you about slots that you have opened and filled by age group. If you are not adding capacity for a certain age group, please enter 0. You will also be asked when you anticipate having your slots (by age group) filled. If you are not adding capacity or have already filled your capacity for that age group, please enter N/A.

* 6. As of your Interim Report Date, how many new **infant slots (0-17 months)** have been opened since having received your award?

* 7. As of your Interim Report Date, how many new **infant slots (0-17 months)** have been filled since having received your award?

* 8. When do you anticipate having your new **infant slots (0-17 months)** filled?

* 9. As of your Interim Report Date, how many new **toddler slots (18-35 months)** have been opened since having received your award?

* 10. As of your Interim Report Date, how many new **toddler slots (18-35 months)** have been filled since having received your award?

* 11. When do you anticipate having your new **toddler slots (18-35 months)** filled?

* 12. As of your Interim Report Date, how many new **preschool slots (36 months-5 years)** have been opened since having received your award?

* 13. As of your Interim Report Date, how many new **preschool slots (36 months-5 years)** have been filled since having received your award?

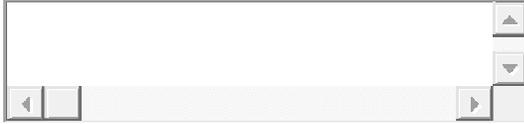
* 14. When do you anticipate having your new **preschool slots (36 months-5 years)** filled?

* 15. As of your Interim Report Date, how many new **school-age slots (5+ years)** have been opened since having received your award?

* 16. As of your Interim Report Date, how many new **school-age slots (5+ years)** have been filled since having received your award?

* 17. When do you anticipate having your new **school-age slots (5+ years)** filled?

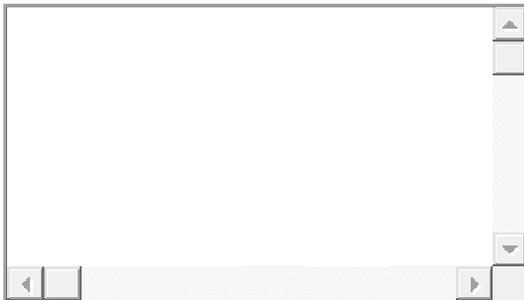
* 18. Please share your plan for how you intend to fill the new slots that are currently open. If all your new slots are filled, type "N/A."



* 19. Did you update the [Texas Child Care Availability Portal](#) with your newly added capacity? This is a requirement for recipients of Expansion funding.

- Yes
- No

* 20. Please describe how you will continue to sustain the progress you have made so far on your expansion project. Be sure to specifically mention what you are doing to sustain the slots you have made available and/or will be making available. For example, you can tell us about your participation in Texas Child Care Business Coaching or your strategies for marketing and staff retention.



Next



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The next section asks you to share information about the Expansion Initiative's implementation and impact. **This data will not be considered in relation to your individual award.** This information will guide technical assistance offerings and provide insight for future funding initiatives. Information you share below, including open responses, may be used in a deidentified, aggregate way for reporting and evaluation purposes.

* 21. For Startup Awardees: Did you have any difficulty finding allowable expenses on which to use your Startup Award funds?

- Yes
 No
 I did not receive a Startup Award; I received an Initial Operating Award.

Comments:

* 22. Please select any challenges you have encountered during your expansion implementation so far. Remember, this information will not be considered in relation to your individual award.

- Getting qualified applicants for job postings
 Retaining existing staff
 Getting applicants to accept positions I offer them
 Training staff
 Keeping my project on track with its timeline
 Keeping expenses within the limits of my budget
 Enrollment
 Collecting tuition/fees
 Unexpected financial changes have made my budget and cash flow out of date
 I have not experienced any challenges so far.
 Other (please specify)

* 23. Please elaborate on the challenge(s) you selected. Did something unexpected happen? Was something more challenging than you anticipated?

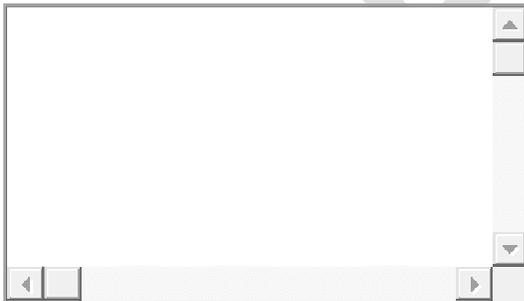
Is there any information or resources that could be provided to help you with this challenge?



* 24. What have you **LIKED** about your experience with the Expansion Initiative so far?



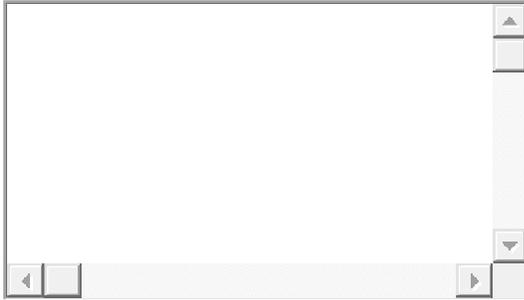
* 25. What have you **DISLIKED** about your experience with the Expansion Initiative so far?



* 26. How would you describe your experience with your **expansion coach**?

- Extremely helpful
- Significantly helpful
- Moderately helpful
- Not so helpful
- Not at all helpful
- I did not have a coach

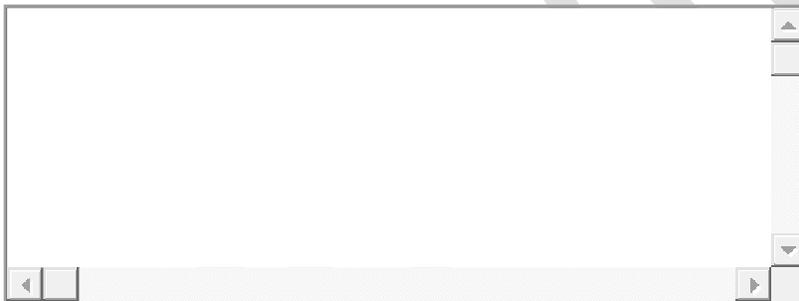
What is the reason you feel this way?



* 27. Thinking about responsiveness, helpfulness, and timeliness, how would you describe your satisfaction with the customer service you received when you directly communicated with the Expansion Initiative team?

- Extremely satisfied
- Highly satisfied
- Moderately satisfied
- Not so satisfied
- Dissatisfied

What is the reason you feel this way?



* 28. Thinking about your knowledge of child care business operations, how would you describe your level of knowledge before the Expansion Initiative?

- Extremely knowledgeable
- Highly knowledgeable
- Moderately knowledgeable
- A little knowledgeable
- Not very knowledgeable

* 29. How would you describe your level of knowledge of child care business operations now?

- Extremely knowledgeable
- Highly knowledgeable

- Moderately knowledgeable
- A little knowledgeable
- Not very knowledgeable

* 30. Before the Expansion Initiative, for how much longer did you plan to continue working as a child care provider?

- Indefinitely or for many more years - I had no plans to stop working as a child care provider
- I was planning on stopping soon to retire or take a break from the workforce
- I was planning on stopping soon to move to a different career field
- Unsure
- I was not working in child care before the Expansion Initiative

* 31. If you were planning on stopping, what most likely would have happened to your business?

- Not Applicable (I was not planning on stopping or I was not working in child care before the Expansion Initiative)
- The business would have closed
- I would have sold the business or transferred ownership
- Other (please specify)



* 32. How would you describe the space that your new or expanded operation uses?

- My expanded capacity uses the same space (location and square footage) that it did pre-expansion
- My program expanded within the same space that I already owned or leased before I decided to expand, but was not using for this program before (e.g., another area of the owned/leased building)
- My program expanded into a newly created addition to a space that I already owned or leased before I decided to expand (e.g., newly built connected addition or freestanding garage/barn on same property)

- My program is now using a pre-existing area that I didn't own/lease before in the same building in which I did own/lease space before (e.g., an additional suite)
- My program expanded/opened using an existing space that was already outfitted for a child care program (e.g., most recent occupant was a child care program)
- My program expanded/opened using an existing commercial space (not already outfitted for a child care program)
- A new facility was constructed on newly purchased property for the new/expanded program
- An unfit building was renovated on newly purchased property for the new/expanded program
- I started a new program in my home
- Other (please specify)

* 33. Would you have been able to expand your program without the Expansion Initiative?

- Yes, in the same way
- Yes, but differently (i.e. less capacity, lower quality, or longer timeframe)
- Unsure
- No

Comments?

* 34. Do you feel like you have developed as a business owner through the Expansion Initiative process? What makes you feel this way?

* 35. So far, how has your **CHILD CARE PROGRAM** changed as a result of receiving the Expansion Award?

* 36. So far, how has your Expansion Award impacted **YOUR COMMUNITY?** Think about parents and children as well as the local workforce. Stories and stats are welcome but no names, please.

* 37. For this question, please consider what you know of the experiences of the adult family members of children enrolled in your program. Please select as many responses as apply. Note that you will be asked about the gender of the person you are thinking about as you answer the question. If a woman was able to rejoin the workforce, please check off both *any person* and *woman*.

As a result of my new/expanded program, I am aware of adult family members of enrolled children who were able to _____ because they enrolled their children in care.

- Increase their participation in the workforce (work more hours) – Any Person
- Increase their participation in the workforce (work more hours) – Woman
- Rejoin the workforce/Take on a new job – Any Person
- Rejoin the workforce/Take on a new job – Woman
- Engage in education or professional training they were already participating in more consistently than they were able to before – Any Person

- Engage in education or professional training they were already participating in more consistently than they were able to before – Woman
- Continue education or start professional training, and they were not doing this before – Any Person
- Continue education or start professional training, and they were not doing this before – Woman
- I am unaware of these circumstances
- None of these are true for my enrolled families
- Other (please specify)

38. Is there anything else you would like to share with us about your experience with the Expansion Initiative?

* 39. I certify that the information submitted in this Interim Reporting Form is true, accurate, and complete.

- Yes

You have completed all the questions for the Interim Reporting Form. Your Interim Reporting Form will not be submitted until you hit the DONE button on SurveyMonkey.com.

Submit your Interim Report at
<https://www.surveymonkey.com/r/CCPEI-Interim>