Virginia Preschool Development Grant Birth through Five Summer 2021 Family Day Home Survey

GENERAL INFORMATION

The following questions ask for your full name and contact information. Please be sure the information you provide is accurate. We will use it to email you a **\$20 Walmart gift card** about 2 business days after we receive your finished survey. Please note, if you have taken a PDG B-5 survey in the past, we may link your responses to this survey to prior survey responses. Your information will be kept confidential. Your responses will never be released to anyone in your site, community, or elsewhere.

Please provide your full name, email address, and phone number.

First Name:
Last Name:
Maiden Name (if applicable):
Primary Email Address:
Alternative Email Address:
Cell Phone or Primary Contact Number:

YOU AND YOUR FAMILY DAY HOME

The following questions ask you to provide general information about yourself and your site. Throughout the survey, we define "site" as your Licensed Family Day Home. A Family Day Home is an early childhood program in a home (typically, the home of a caregiver, early childhood educator, or teacher). Family Day Homes are sometimes referred to as "Family Child Care Homes" or "Home-Based Child Care." We refer to the coronavirus pandemic, or COVID-19, as COVID. When we use the phrase "Since January," we are referring to any time since January 1, 2021.

Are you currently still serving children as a licensed family day home provider? Mark one.

O I am still serving children as a licensed family day home provider.

O I am no longer serving children as a licensed family day home provider.

What is this site's address?

 Street Address:

 Zip Code:

County or City: ______

Which best describes your role at this site? If you are no longer working there, please mark the role that you had most recently at the site. *Mark one*.

- **O** Owner / Director / Site Leader
- O Employee / Staff / Teacher / Assistant Teacher
- O Other (please explain): _____

Are there any other teachers/staff members who work for pay at this site? Mark one.

- O No
- **O** Yes, number of other teachers/staff members:

ENROLLMENT AND ATTENDANCE

This section asks questions about enrollment and attendance at your site. Enrollment refers to children who are registered for and/or on your site's roster. Attendance refers to the children who are enrolled at your site and are receiving teaching and/or care on a regular basis.

The next items are about the number of children currently enrolled at your site. Please enter how many children in each age group are **currently (summer of 2021)** enrolled. *Your best guess is fine. Please enter only numerals.*

	Currently (summer 2021)
Infants (0-15 months old)	
Toddlers (16-35 months old)	
3 year olds	
4 or 5 year olds (not including kindergartners)	
Kindergartners	
First graders or older	

Are any of the children you teach and care for regularly related to you (e.g., your children, stepchildren, nieces and nephews, grandchildren)?

O No

O Yes, number of children: _____

The following items ask about **only** the children enrolled at your site who are <u>age 0-5 BUT not yet enrolled in kindergarten</u>. If you serve school-age children, in kindergarten or above, please do not include them in your responses.

Of the children age 0-5 (but not yet in kindergarten) enrolled at your site, how many of the children are... Please count each child only once.

	# of children
White, non-Hispanic	
Black, non-Hispanic	
Hispanic, regardless of race	
Asian, non-Hispanic	
Native Hawaiian or other Pacific Islander, non-Hispanic	
American Indian or Alaskan Native, non-Hispanic	
Multiracial/other	
Don't know	

As far as you know, how many of the children <u>age 0-5 (but not yet in kindergarten)</u> enrolled at your site have **special needs**? By special needs we mean: an IFSP or IEP, a diagnosed disability, a chronic illness or medical problem, or a severe social/emotional problem.

As far as you know, how many of the children <u>age 0-5 (but not yet in kindergarten)</u> enrolled at your site are from families who **speak a language other than English** at home?

As far as you know, how many of the children <u>age 0-5 (but not yet in kindergarten)</u> enrolled at your site are **unhoused or experiencing homelessness**? This includes families who share the housing of other persons because of a loss of housing, economic hardship, or other reason.

At some sites, COVID created challenges for enrollment and attendance. Think back to before the pandemic (March 2020). Please indicate how much you agree with each of the following statements about enrollment and attendance at your site. *Mark one response per line. If you did not serve children before March 2020, please skip the first two items.*

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Not applicable
Relative to before COVID (March 2020), I am experiencing more enrollment challenges.	О	О	О	Ο	О	О
Relative to before COVID (March 2020), I am experiencing more attendance challenges.	О	Ο	Ο	Ο	О	О
Fluctuating enrollment and/or attendance makes staffing difficult.	О	Ο	О	Ο	О	О

Are there currently unfilled openings for children age 0-5 (but not yet in kindergarten) at this site? Mark one.

0 No

O Yes

0 Don't know

Does this site currently have a waitlist? Mark one.

- $0 \, \mathrm{No}$
- O Yes

 $0 \ {\rm Don't\, know}$

About how many children are currently on the waitlist? Your best estimate is fine. If there are no children on a waitlist, write 0.

Infants and toddlers (age birth through 2) _____

Preschool-age children (age 3-5, excluding kindergarten seats)

School-age children (kindergarten and above) _____

PRESCHOOL DEVELOPMENT GRANT – TEACHER RECOGNITION PROGRAM

In 2019, Virginia received a Preschool Development Grant Birth through Five (PDG B-5) award to strengthen its early childhood care and education system. This section is about the Teacher Recognition Program, which is part of the PDG B-5.

Some teachers participating in the PDG B-5 received payments as part of the Teacher Recognition Program. Have you heard of the PDG B-5 Teacher Recognition Program? *Mark one.*

- O No
- O Yes
- O Don't know

Since January, did you receive a payment as part of the Teacher Recognition Program? Mark one.

- O No
- O Yes
- O Don't know

How many payments did you receive as part of the Teacher Recognition Program? Your best guess is fine. Mark one

- **O** 0 payments
- O 1 payment
- O 2 payments
- O 3 payments
- O 4 payments
- O 5 payments
- O 6 payments
- O Don't know

STOP!

If you have **NOT** heard of the Teacher Recognition Program **AND** did **NOT** receive any payments through the Teacher Recognition Program, **SKIP to page 7**.

Otherwise, CONTINUE.

	Not at all clear	A little bit clear	Somewhat clear	Very clear	Don't know
The purpose of the Teacher Recognition Program	0	0	0	0	0
Who is eligible for the Teacher Recognition Program	0	0	0	0	0
How to stay eligible for the Teacher Recognition Program	0	0	0	0	0
That the Teacher Recognition Program involves receiving a payment	0	0	0	0	0
The amount of money the payments would be	0	0	0	0	0
When in the year you would receive the payment	0	0	0	0	0

How clear were the following parts of the Teacher Recognition Program? Mark one response per line.

Did you know you needed to keep serving children at your family day home in order to remain eligible for the Teacher Recognition Program? *Mark one*.

O No

O Yes

0 Don't know

As far as you know, what was the main goal of the Teacher Recognition Program?

STOP!

If you did **NOT** receive a payment through the Teacher Recognition Program, **SKIP to page 7**.

If you **DID** receive a payment through the Teacher Recognition Program, **CONTINUE**.

Overall, how much did receiving the payment(s) through the Teacher Recognition Program ... Mark one response per line.

	Not at all	A little bit	Somewhat	Very much	Not applicable
Make you feel happy	0	0	0	0	0
Help you meet your financial needs	0	0	0	0	0
Make you feel like your hard work was valued	0	0	0	0	0
Reduce some of your stress	0	0	0	0	0
Make you more excited about the work you do	0	0	0	0	0

Teachers can use the money they received through the Teacher Recognition Program however they wish. Think about the way you used the money you received through the Teacher Recognition Program. Did the payment(s) help with any of the following expenses? *Mark one response per line*.

	Not at all	A little bit	Somewhat	Very much	Not applicable
Personal or family needs (e.g., housing, food, bills, household supplies)	0	0	0	0	0
Paying off debts (e.g., student loans, credit card debt)	0	0	0	0	0
Addressing emergency needs (e.g., costs related to the coronavirus pandemic)	0	0	0	0	0
Saving money (e.g., for retirement, for emergencies, etc.)	0	0	0	0	0
Materials for your family day home	0	0	0	0	0
Your own professional development or education	0	0	0	0	0
Rewards or treats (e.g., taking vacation or breaks, movies, concerts)	0	0	0	Ο	0

Were there other ways the Teacher Recognition Program was helpful for you and your family? If so, please describe.

How much do you disagree or agree with the following statement?

The Teacher Recognition Program led me to keep serving children at my site longer than I might have otherwise. *Mark one.*

- **O** Strongly disagree
- **O** Disagree
- **O** Neither disagree nor agree
- **O** Agree
- **O** Strongly agree
- **O** Not applicable

Is there anything you would like to share about what the Teacher Recognition Program meant to you?

What parts of the Teacher Recognition Program were unclear to you, if any?

Some teachers received text messages from the PDG B-5 Team about the Teacher Recognition Program. The next set of questions are about those text messages.

Did you receive any text messages from the PDG B-5 Team at VECF about the Teacher Recognition Program? *Mark* one.

- O No
- **O** Yes, one text message
- **O** Yes, more than one text message
- **O** Don't know

These messages came from the phone number (844) 202-9574. Think back to when you received the message(s). Which of the following statements best describes what you typically did when you received the message(s)? If you received more than one text message, please choose the statement that best describes what you typically did when you received the messages. Mark one.

- **O** Not applicable; I do not remember receiving the text message(s).
- **O** I did not read the text message(s).
- **O** I skimmed the text message(s) quickly.
- **O** I read the text message(s) carefully and fully.

STOP!

If you do NOT remember receiving the text messages, SKIP to page 9.

Otherwise, **CONTINUE**.

Think back to when you received the message(s). Did you ever click the link provided in the text message(s) for more information about the Teacher Recognition Program? *Mark one.*

- O No
- O Yes
- O Don't know

To what extent do you agree with the following statements about the text messages from the PDG B-5 Team at VECF? *Mark one response per line.*

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I liked receiving the text message(s).	О	О	О	Ο	О	О
I found the text message(s) helpful.	О	Ο	О	Ο	Ο	Ο
I received too many text messages about the Teacher Recognition Program.	О	Ο	О	Ο	О	Ο

Were the following statements true for you about these text messages? Mark one response per line.

	No	Yes
The text message(s) helped me understand the Teacher Recognition Program eligibility rules.	О	Ο
The text message(s) reminded me about payments that I had forgotten were coming.	Ο	Ο
The text message(s) made me feel like my work as an early childhood educator is appreciated.	Ο	Ο

Is there anything else you would like to share about your experience with the text message(s) you received about the Teacher Recognition Program?

YOUR TEACHING, CURRICULA, AND PROFESSIONAL DEVELOPMENT

The next set of questions is about curricula and professional development. Please think of the teaching activities you have done since January with children age 0-5 (but not yet in kindergarten).

At some early childhood sites, teachers use a curriculum to guide their teaching. Since January, how often have you used a curriculum to plan lessons or activities for the children you teach? *Mark one*.

- 0 Never
- O Rarely
- **O** Occasionally
- **O** Regularly (i.e., every day or every week)

Which best describes the curriculum you have used most since January? Mark one.

- **O** I use a curriculum developed by an external organization or company (e.g., Creative Curriculum, Frog Street).
- **O** I use a curriculum developed in my district or community.
- **O** I use a curriculum developed by me or others at my site.
- O Other (please specify):
- **O** Not applicable; I have not used a curriculum since January

Have you ever received any training on how to use this curriculum? Mark one.

- O No
- O Yes
- O Don't know
- **O** Not applicable; I have not used a curriculum since January

How would you describe the amount of training you have received on this curriculum? Mark one.

- **O** I have received **too little** training on this curriculum.
- **O** I have received **the right amount** of training on this curriculum.
- **O** I have received **too much** training on this curriculum.
- **O** Not applicable; I have not used a curriculum since January

Since January, how useful has this curriculum been in helping support children's learning? Mark one.

- **O** Not useful
- O Somewhat useful
- O Very useful
- **O** Not applicable; I have not used a curriculum since January

The following questions ask about professional development. Professional development opportunities are experiences designed to support your teaching practice, including courses, workshops, professional learning communities, and coaching/mentoring experiences.

Since January, have you received any professional development, either in person or virtually? Mark one.

- O No
- O Yes
- O Don't know

How would you describe the amount of professional development you have received since January? Mark one.

- O I have received too little professional development.
- **O** I have received the right amount of professional development.
- **O** I have received **too much** professional development.

Thinking about **all** the professional development you have received since January, how useful and relevant was it for your current needs? *Mark one*.

- **O** Not at all useful
- **O** A little bit useful
- **O** Moderately useful
- **O** Very useful
- **O** Not applicable; I have not received professional development since January.

TEACHER-CHILD INTERACTIONS AND CLASS

The next set of questions asks about the interactions you have with the children you teach and care for at your site, as well as your experience with Classroom Assessment Scoring System, or CLASS. CLASS is a tool that measures the quality of teacher-child interactions.

Please indicate how much you agree with the following statements. Mark one response per line.

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Don't know
I have a clear understanding of what CLASS measures.	Ο	О	Ο	Ο	О	О
Children learn more in classrooms with higher CLASS scores.	О	О	Ο	Ο	О	О
Ensuring high quality teacher-child interactions is a priority at my site.	Ο	О	Ο	Ο	О	О
CLASS is a good way to measure the quality of teachers' interactions with children.	О	О	Ο	Ο	О	О
With practice and support, teachers can improve their CLASS scores.	О	О	Ο	Ο	О	О
A focus on CLASS would improve the quality of early childhood programs in the state.	О	О	Ο	Ο	О	О
I believe CLASS is improving my teaching practice.	О	Ο	Ο	Ο	Ο	О

Have you ever attended a training that introduced you to the CLASS observation tool? Mark one.

- O No
- O Yes
- **O** Don't know

Since January, how often has someone observed your teaching (either in person or virtually) using the CLASS tool? *Mark one.*

0 Never

- O Once
- O Twice
- **O** Three or more times
- O Don't know

Since January, has someone provided you with specific feedback about your teaching, instruction, or interactions with children based on a CLASS observation? *Mark one*.

O No

- O Yes, once
- O Yes, two times
- **O** Yes, three or more times

The amount of feedback I have received about my teaching since January is... Mark one.

- **O** Not enough
- O About right
- $0 \ {\rm Too \ much}$

What comments and/or concerns do you have about the use of CLASS at your site?

JOB SATISFACTION AND WELLBEING

Working with young children can be both very rewarding and challenging. Supporting young children's learning requires supporting educators' wellbeing as well. These questions ask about you and your current or past work with young children. There are no right or wrong answers.

How likely is it that you will continue working at your site? Please rate how likely you find each of the following statements. *Mark one response per line.*

	Not likely	A little bit likely	Moderately likely	Very likely
Thinking ahead to <u>three months from now</u> , I will be teaching and caring for children at this site.	Ο	О	О	Ο
Thinking ahead to <u>one year from now</u> , I will be teaching and caring for children at this site.	Ο	О	О	Ο
Thinking ahead to <u>three years from now</u> , I will be teaching and caring for children at this site.	Ο	О	О	Ο

To what extent do you agree with the following statement: I view being an early childhood educator as my long-term career. *Mark one*.

- **O** Strongly disagree
- **O** Disagree
- **O** Neither disagree nor agree
- **O** Agree
- **O** Strongly agree

Think about your position at your site. How satisfied are you with each of the following? Mark one response per line.

	Not at all satisfied	A little bit satisfied	Somewhat satisfied	Very Satisfied
The job overall	О	О	О	О
The professional development/training opportunities	О	О	О	О
The pay	О	О	О	Ο
The benefits	О	О	О	О
The convenience (e.g., location, hours)	О	О	О	О

, 8 8		1	1		
	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
Teaching children in this age group is very satisfying.	О	О	О	О	О
Attending to the many needs of the children in my classroom is overwhelming.	Ο	Ο	Ο	Ο	О
I can generally deal successfully with behavior problems.	Ο	Ο	Ο	Ο	Ο
I feel I can get through to all children, even the ones with the most challenges.	Ο	Ο	Ο	Ο	Ο
The number of children I am caring for feels too high.	Ο	Ο	О	Ο	Ο
Most of the parents of the children respect and support the things I do.	Ο	Ο	Ο	Ο	О

Please indicate how much you agree with the following statements. Mark one response per line.

How much do you feel each of these groups value the importance of early childhood educators like you? Mark one response per line.

	Not at all	A little bit	Somewhat	Very much
People in my community	О	О	О	О
State policymakers (e.g., Virginia Department of Education, Department of Social Services, Governor's Office)	О	О	О	О

Please indicate how often you have felt this way during the past week. Mark one response per line.

	Rarely or never	Some or a little	Occasionally or moderately	Most or all of the time	Don't know
I did not feel like eating, my appetite was poor.	Ο	О	О	О	О
I had trouble keeping my mind on what I was doing.	Ο	О	О	Ο	О
I felt depressed.	Ο	Ο	О	О	О
That everything I did was an effort.	Ο	Ο	О	О	О
My sleep was restless.	Ο	О	О	О	Ο
I felt sad.	Ο	О	О	О	О
I could not "get going."	Ο	О	О	О	О

Since January, have you talked with, or considered talking with, a professional to discuss any mental health concerns (e.g., counselor, therapist, psychiatrist, clergy member)? *Mark one*.

O No, I have not talked with or considered talking with a professional to discuss mental health concerns.

O I have considered talking with a professional to discuss mental health concerns, but I have not done so.

O Yes, I have talked with a professional to discuss mental health concerns.

EARNINGS AND BENEFITS

One common challenge for early childhood educators is making ends meet. This section asks you about your earnings and overall financial security.

Thinking back to 2020, about how much did you earn that year altogether for teaching and caring for young children in this site, before subtracting out any expenses? *Your best estimate is fine. Please enter numerals only.*

Thinking back to 2020, about how much did you spend that year on teaching and caring for young children in this site (e.g., on supplies, wages for assistants and other staff, food, etc.)? *Your best estimate is fine. Please enter numerals only.* \$_____

Relative to before the coronavirus pandemic, would you say that it is harder or easier now to cover your costs and keep your site open? *Mark one.*

- **O** It is harder to stay open now than it was before the coronavirus pandemic
- **O** It is easier to stay open now than it was before the coronavirus pandemic
- **O** It feels about the same
- **O** Not applicable

Overall, how many **hours** did you work at your site last week? Please count all hours you worked, <u>including paid and</u> <u>unpaid hours</u>. *Your best guess is fine*. _____ hours

Do you work for pay in addition to your work at this site? Mark one.

- O No
- O Yes

Please estimate your total household income per year (before taxes) from all sources. Mark one.

- O Less than \$15,000 per year
- **O** Between \$15,000 and \$24,999 per year
- **O** Between \$25,000 and \$34,999 per year
- **O** Between \$35,000 and \$44,999 per year
- **O** Between \$45,000 and \$54,999 per year
- **O** Between \$55,000 and \$64,999 per year
- **O** Between \$65,000 and \$74,999 per year
- **O** Between \$75,000 and \$99,999 per year
- O Between \$100,000 and \$149,999 per year
- **O** More than \$150,000 per year

Read the three statements below. In the **past three months**, how true was each statement below for you or members of your household? *Mark one response per line*.

	Never	Sometimes	Often
	true	true	true
I/we have worried that my/our food might run out before I/we have money to get more.	Ο	О	Ο
The food that I/we bought just didn't last, and I/we didn't have the money to get more.	Ο	О	Ο
I/we couldn't afford balanced meals.	Ο	О	Ο

Please indicate how often you have felt this way during the past three months. Mark one response per line.

	Rarely or never	Some or a little	Occasionally or moderately	Most or all of the time	Don't know
I worry I will run out of money before I am paid again.	О	Ο	О	О	О
I am unable to sleep well because of financial worries.	О	Ο	О	О	О
I make purchases on credit cards hoping that I will have the money later.	О	Ο	О	О	О
Many of my bills are past due.	О	О	О	О	Ο

In the past three months, have you had enough money to pay for: Mark one response per line.

	No	Yes	Not applicable
Education debt (e.g., student loans)	О	О	О
Other debt	О	О	О
Medical needs	О	О	О
Mortgage/rent/utilities	О	О	О
Transportation (e.g., bus pass, car maintenance, gas)	О	О	О
Child care needs	О	О	О
Unexpected events or emergencies	О	О	О

In the **past three months**, have you or someone in your household received any of the following forms of assistance? *Mark all that apply. If you have not received any, mark "None."*

- □ A government payment we received in response to COVID
- \Box Child care subsidy (CCSP)
- □ TANF (Temporary Assistance for Needy Families)/VIEW (Virginia Initiative for Employment Not Welfare)
- □ WIC (Women, Infants & Children nutrition service)
- □ SNAP (food stamps)
- \square Meals from the school lunch or school breakfast program
- □ Food from a food bank, food pantry, or other community organization
- Medicaid
- □ Subsidized housing/Section 8 voucher
- □ Unemployment
- Disability, e.g., SSI (Supplemental Security Income) or SSDI (Social Security Disability Insurance)
- □ EITC (Earned Income Tax Credit)
- Other (please specify):
- \Box None. I/we have not received any of these supports.

Do you currently have healthcare benefits from any of the following sources? Mark all that apply.

- 🗌 No
- \Box Yes, through my site
- \Box Yes, through another employer
- \Box Yes, through my spouse's policy
- □ Yes, through Medicare/Medicaid
- \Box Yes, through my parents' insurance
- □ Yes, through the Affordable Care Act/"Obamacare"
- Other (please specify):

ABOUT YOU (DEMOGRAPHICS)

This final section is about you, your experiences, and your education. As a reminder, you may skip any items you do not wish to answer.

In what year were you born?

What is your gender? Mark one.

- **O** Female
- **O** Male
- O Write in:

Which o	of the following best describes your sexual orientation? Mark one.
0	Heterosexual/"straight"
0	Gay or lesbian
0	Bisexual
0	Queer
0	Write in:
What is	the best description of your race/ethnicity? Mark all that apply.
	White
	Black
	Hispanic
	Asian
	Native Hawaiian or other Pacific Islander
	American Indian or Alaskan Native
	Other (please specify):
	fluent in any language(s) other than English? <i>Mark all that apply</i> . No Yes, Spanish Yes, Vietnamese Yes, Arabic Other (please specify): any people in the following age ranges live in your household? 5 or younger Between 6 and 17
	18 or older (<i>include yourself</i>)
Are you	currently married or living with a partner? Mark one.

0 No

O Yes

What is your current vaccination status against COVID-19? Please remember that this survey is completely confidential; your individual responses will not be shared with anyone. Mark one.

- **O** I am fully vaccinated.
- **O** I am partially vaccinated.
- **O** I am not vaccinated.
- **O** Prefer not to say

If you are not vaccinated, why have you not gotten a COVID-19 vaccine? Mark all that apply.

- \Box I do not want the COVID vaccine.
- \Box Busy/don't have time
- \Box Difficulty with traveling to a vaccination site
- □ Just haven't gotten around to it
- \Box Don't know how or where to get the vaccine
- \Box Concerned about safety and/or side effects
- □ Already had COVID-19
- \Box Health condition that prevents it
- \Box Prefer not to say
- □ Other (please specify): _____

Do you hold a Child Development Associate (CDA) credential? Mark one.

- $0 \, \mathrm{No}$
- **O** No, but I am currently working towards a CDA.
- **O** Yes, I hold a CDA.

What is the highest level of education you have completed? Mark one.

- **O** Less than high school/no GED (General Education Diploma)
- **O** A high school diploma or GED (General Education Diploma)
- O Some college, but no degree
- **O** An associate's degree (A.A.)
- **O** A bachelor's degree (B.A. or B.S.)
- O Some graduate work but no degree
- **O** A graduate degree (M.A. or M.S.)
- **O** A graduate degree beyond a master's (Ph.D. or Ed.D.)

If you have a degree (e.g., A.A., B.A., M.A., Ph.D.), is it in early childhood education or a related field? *Please do not include a Child Development Associate (CDA) credential. Mark one.*

0 No

O Yes

O Not applicable

For about how long have you worked for pay...

At this site, teaching and caring for children?

_____ months

_____years

As an early childhood educator (in any role and at any site, including this one)?

_____ months

_____ years

Thank you for taking the time to participate in this survey and for sharing your experiences with us. Below, please provide any additional comments about you, your work, and your experiences working with young children.

Thank you for completing the Summer 2021 Virginia PDG B-5 Family Day Home Survey! Please mail your survey back to UVA using the return envelope addressed to EdPolicyWorks. If you cannot locate your return envelope, please contact Grace Kegley by email (kgk4pu@virginia.edu) or phone (434-297-6882). We will email your \$20 Walmart gift card within two business days of receipt. If you cannot find the gift card, or if you have any other questions, please contact Grace Kegley.

PDG registration for the 2021-2022 program year will open in early August through LinkB5. Please be sure to register by September 17th in order to be eligible to participate in the 2021-2022 Teacher Recognition Program, which provides payments to teachers and family day home providers. For questions about the Teacher Recognition Program, please contact our partners at VECF (pdgb5@vecf.org).