**DRAFT – OUTREACH SURVEY**

CCR&R COVID-19 Outreach Survey

*GUIDANCE: This is completed for every contact with the organization/facility. It is intended just to organize the screening data that you would need to start an application (or not) and give basic information about the current state of the sector.*

Date of Contact:

Source of Contact:

 Initiated by Intermediary Initiated by Facility/Organization

Name of Facility/Organization

Location of Facility/Organization

Open/Closed Status of Facility/Organization

 Open Closed

Is the facility/organization closed because of [Location] Emergency Order?

 Yes No

If closed because of the Order:

Did this organization/facility attempt to get a waiver?

 Yes No

If yes, was that waiver:

 Granted Denied Pending

If closed for another reason:

 What is the reason for closure: [free text]

If closed, do you plan re-open?

 Yes No

How long has this organization/facility been in operation: \_\_\_\_\_ years

Estimated daily number of children served prior to [Consider a lookback date appropriate to your local context – should reflect a time where average enrollment was representative of operations prior to the effects of COVID-19]: \_\_\_\_\_

 Estimated percent infants / Toddlers (infant – 36 months): \_\_\_\_\_

 Estimated percent Preschool / PreK (3-4 years old): \_\_\_\_\_

 Estimated percent School-age (5+): \_\_\_\_\_

Estimated daily number of children served post [use same lookback date suggested above]: \_\_\_\_\_

 Estimated percent infants / Toddlers (infant – 2 years old): \_\_\_\_\_

 Estimated percent Preschool / PreK (3-4 years old): \_\_\_\_\_

 Estimated percent School-age (5+): \_\_\_\_\_

What are your current financial concerns by Facility/Organization [from your survey] – ***select all that apply***

* Housing Support (Rent/mortgage)
* Utilities
* Paid sick leave for self or staff
* Paying for substitutes
* Lost income (replace co-pays, private pay, or other funding sources)
* Additional costs for cleaning and sanitizing, or health and safety materials
* Increased cost of food
* Increase compensation for hazard pay
* Professional service needs – legal, HR, etc.
* Reopening costs
* Marketing/communication of open/closed status
* Immediate need for professional development, training or consultation
* Other [text box]

Take an Application

 Yes No

If no, why: [free text]

Race, Gender – Reminder this is for data collection only.

* Is your business owned or controlled by a person or people of color? (Answer “yes” if more than half of the owners identify as Hispanic or a race other than White)
* Is your business owned or controlled by a women? (Answer “yes” if at least half of the owners identify as women)
* Is your business owned or controlled by individuals with gross annual household incomes at $59,172 per year or below? (Answer “yes” if more than half of the owners have gross annual household incomes at or below $59,172 per year)

Alternate question for race/gender:

Please check all that apply. This is for data collection only.

* African-American owned business
* Latinx-owned business
* Asian-American owned business
* LGBTQ-owned business
* Woman-owned business
* White-owned business
* Disabled-owned business
* Veteran-owned business
* Immigrant-owned business
* Other minority owned business