

APPENDIX B1.

FINAL VERSION January, 1993

DIRECTOR INTERVIEW  
COST AND QUALITY CHILD CARE STUDY: COVER PAGE  
(to be removed before data entry)

STATE 1 2 3 4 DATE \_\_\_\_\_

AUSPICE: For Profit Not For Profit

CENTER NAME \_\_\_\_\_

OBSERVER'S NAME \_\_\_\_\_

DIRECTOR'S NAME \_\_\_\_\_

CENTER TELEPHONE ( ) \_\_\_\_\_

*NOTE THAT ALL INSTRUCTIONS TO YOU ARE PRINTED IN BOLD, SMALL CAP ITALICS.*

**\*\* ALL ITEMS THAT ARE DOUBLE STARRED IN THIS INTERVIEW ARE CRITICAL PIECES OF DATA THAT MUST BE COLLECTED. IF YOU FAIL TO GET A REASONABLE ANSWER (WE DO NOT NEED PERFECTION) TO 2 OR MORE OF THESE ITEMS, AFTER TRYING VARIOUS WAYS TO HELP THE DIRECTOR, THE CENTER WILL NOT BE ABLE TO PARTICIPATE IN THE STUDY. YOU SHOULD END THE INTERVIEW AT THE POINT WHERE YOU ARE SURE THAT YOU WILL NOT BE ABLE GET ANSWERS (EITHER DURING THE INTERVIEW OR AT A LATER DATE) TO THESE CRITICAL QUESTIONS. THE TRICK, OF COURSE IS LEARNING WHAT CONSTITUTES A REASONABLE ANSWER TO A CRITICAL QUESTION. A SUGGESTED RULE OF THUMB IS THAT THERE IS SOME BASIS FOR THE ANSWER WHICH MAKES SENSE TO YOU. THESE QUESTIONS ARE LISTED IN THE TABLE ON THE NEXT PAGE. PLEASE CHECK OFF AS YOU COLLECT THESE DATA AND COMPLETE THE TABLE AT THE END OF THE INTERVIEW.**

*GIVE THE DIRECTOR HER/HIS VERSION OF THE INTERVIEW QUESTIONNAIRE, WHICH YOU NEED TO COLLECT AT THE END OF THE INTERVIEW, EXCEPT FOR THOSE PORTIONS WHICH THE DIRECTOR WISHES TO COMPLETE AND RETURN TO THE OBSERVERS WHEN THEY VISIT, OR, BY MAIL.*

**CONTACT PERSON FOR ADDITIONAL COST INFORMATION:**

\_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_

**APPENDIX B1.**

**CHECK LIST: STATUS OF DATA COLLECTION**

The table below lists critical data that must be collected. During the interview or after you complete it, use this check list to identify remaining data which must be collected, how to proceed in collecting it, and data which it is impossible to collect.

In column (1) list data you were not able to collect.

In Column (2) indicate the mechanism for completing data collection if it is possible to do so:

- (1) call back the director;
- (2) call central office (name and phone number should be on cover sheet)
- (3) other (specify) \_\_\_\_\_

In Column (3) check if you do not believe the data can be collected and explain why.

(1) Data Description	(2) Next Step	(3) Cannot be collected and why
A16 - A18		
B6		
B15		
Section C		
D1		
D3-D9		
D11-D18		
Section E		
Section F		
G10		
H1, part 3		
I1-I5		
Other, specify		

## APPENDIX B1.

### INTRODUCTION

**INTERVIEWER:** REVIEW THIS INFORMATION WITH THE DIRECTOR BEFORE YOU START THE DIRECTOR'S INTERVIEW. WHILE ALL PARTICIPATING CENTERS WILL HAVE HAD CONTACT WITH THE LOCAL STUDY OFFICE AND WILL HAVE AGREED TO BE A PART OF THE SAMPLE, SPEND A FEW MINUTES TALKING ABOUT THE STUDY, ITS GOALS AND PURPOSES.

**STUDY PURPOSE:** TO GATHER SPECIFIC COST AND PROGRAM INFORMATION ABOUT CHILD CARE AND EDUCATION PROGRAMS. THIS IS A NATIONAL STUDY OF GREAT SIGNIFICANCE IN WHICH WE WILL LEARN:

- WHAT RESOURCES ARE NEEDED FOR A GOOD CHILD CARE PROGRAM, AND HOW CENTERS USE RESOURCES TO DEVELOP EFFECTIVE PROGRAMS FOR CHILDREN
- ABOUT SIMILARITIES AND DIFFERENCES IN PROGRAMS IN DIFFERENT PARTS OF THE COUNTRY.
- HOW CENTERS OPERATE UNDER DIFFERENT AUSPICES.

**PROCEDURES FOR VISITING CENTERS:** WE WILL VISIT CENTERS ON TWO DIFFERENT DAYS.

1. THIS VISIT IS TO COMPLETE THE DIRECTOR INTERVIEW ABOUT THE CENTER'S PROGRAM, FINANCES, AND THE LEADERSHIP OF THE CENTER, AND TO GET SOME INFORMATION ON THE FACILITY. THE INTERVIEW WILL TAKE 2 TO 2 1/2 HOURS, THOUGH IT MAY BE NECESSARY TO TALK AGAIN BY PHONE ABOUT SOME DETAILS.

2. IN THE SECOND VISIT TWO OBSERVERS WILL COME TO OBSERVE TWO RANDOMLY SELECTED CLASSROOMS. THEY WILL ASK THE STAFF IN THOSE ROOMS TO COMPLETE A SHORT QUESTIONNAIRE (10-20 MINUTES) AND THEY WILL ALSO DISTRIBUTE A QUESTIONNAIRE TO THE PARENTS. TELL THE DIRECTOR BRIEFLY ABOUT THE OTHER TWO TEAM MEMBERS AND ABOUT THE

**CONFIDENTIALITY:** WE WILL MAINTAIN STRICT CONFIDENTIALITY IN HANDLING ALL DATA. CENTERS ARE ONLY REFERRED TO BY THEIR CODE NUMBERS, SO THERE IS NO WAY TO IDENTIFY CENTERS. THE COVER SHEET OF THE DIRECTOR'S INTERVIEW WILL BE TORN OFF AFTER THE INTERVIEW AND KEPT IN A LOCKED FILE, AS WILL THE LIST OF PARTICIPATING CENTERS. INFORMATION WILL BE SUMMARIZED IN THE STUDY REPORTS SO THAT NO CENTER CAN POSSIBLY BE IDENTIFIED.

**END PRODUCT OF THE STUDY AND STUDY FUNDING:** RESULTS WILL BE PUBLISHED IN POLICY REPORTS TO THE PUBLIC, GOVERNMENT LEADERS, PROVIDERS AND PARENTS. THE STUDY IS FUNDED BY SEVERAL FOUNDATIONS AND HAS A NATIONAL ADVISORY COMMITTEE THAT IS OFFERING ADVICE AND GUIDANCE TO THE PROJECT. COLORADO AND NORTH CAROLINA HAVE STATE LEVEL ADVISORY COMMITTEES.

**OUR GRATITUDE TO PARTICIPATING CENTERS:** WE RECOGNIZE THE IMPORTANCE OF DIRECTOR AND CENTER PARTICIPATION, AND REALLY APPRECIATE THEIR COOPERATION. WE ALSO REALIZE HOW MUCH WE ARE INTRUDING ON THEIR DAILY ROUTINE. AS A TOKEN OF APPRECIATION WE WILL HOLD A WORKSHOP THIS SUMMER FOR DIRECTORS AND LEAD TEACHERS WHO PARTICIPATE IN THE STUDY TO SHARE OUR EXPERIENCE, AND HOLD USEFUL TRAINING SESSIONS: FOR INSTANCE, IN USING ECERS AND ITERS, IN FINANCIAL ADMINISTRATION, AND IN LEADERSHIP.

**APPENDIX B1.**

CODE:        -    -   -   -   -   -        0        0        0        0        0  
             S    Center   M D D   Obs   Room   Gen   Eth   Cno   T

SECTION A: GENERAL CENTER INFORMATION

The questions in this section ask about the general structure and history of your program. The first group of questions has to do with how the program at your center is organized. We want to know about the services you provide for children and families.

**A1.** What is the date when this center started to operate?

Month\_\_\_\_\_ Year\_\_\_\_\_

**A2.** What is the date when you began work as the director of this center?

Month\_\_\_\_\_ Year\_\_\_\_\_

**A3.** Centers have different purposes and goals for the services they provide. These are sometimes summarized in terms of the center's philosophy. The goals and philosophy describe how the center tries to provide services that are appropriate for the families they serve. Please tell me, does your center have a written statement of your goals and/or philosophy? **(CIRCLE CORRECT ANSWER.)**

YES [1]    NO [0]

**INTERVIEWER: IF THE CENTER HAS A WRITTEN STATEMENT, ASK THE DIRECTOR FOR A COPY.**

**A4.** Do you use a specific curriculum approach based on a particular philosophy, like Montessori, High/Scope, a particular religious view, or other? **(IN THE BRACKET TO THE RIGHT, WRITE IN THE NUMBER FOR THE CORRECT ALTERNATIVE.)**

[    ]

- 1. No
- 2. Yes, Montessori
- 3. Yes, High/Scope
- 4. Yes, Waldorf
- 5. Yes, Piaget
- 6. Yes, a particular religious orientation
- 7. Yes, Other (SPECIFY) \_\_\_\_\_

**A5.** What are the programs you offer in this center? **(WRITE 1 IN THE BRACKET TO THE RIGHT OF EACH ALTERNATIVE THAT APPLIES.)**

- 1. Full-day program defined as more than 30 hours per week and at least five days per week.....[    ]
- 2. Part-day or part-week program such as two or three hours in the morning and/or in the afternoon (pre-school).....[    ]
- 3. Part day extended care before, during, or after the preschool program.....[    ]
- 4. Head Start sponsored part-day program.....[    ]

**APPENDIX B1.**

- 5. Public schools sponsored part-day program.....[ ]
- 6. Before and after school care for school-agers.....[ ]
- 7. Summer camp programs for school-agers.....[ ]
- 8. Evening care.....[ ]
- 9. Weekend care.....[ ]
- 10. Sick care.....[ ]
- 11. 24 hour care.....[ ]
- 12. Bilingual program .....[ ]

**A6.** What is the legal maximum number of children which can be present in your center at one time according to your license? That is, what is the legal capacity of the center? **(INTERVIEWER: COLLECT THIS INFORMATION IN ACCORDANCE WITH YOUR STATE'S LAW, WHICH MAY SPECIFY TOTAL CAPACITY FOR THE WHOLE CENTER, OR BY AGE GROUPS. CAPACITY, THE LEGAL MAXIMUM NUMBER OF CHILDREN, IS USUALLY BASED ON USABLE SPACE PER CHILD, THAT IS, ON THE PHYSICAL SIZE OF THE CENTER.)**

MAXIMUM NUMBER INFANTS \_\_\_\_\_

MAXIMUM NUMBER TODDLERS \_\_\_\_\_

MAXIMUM NUMBER PRE-SCHOOL \_\_\_\_\_

MAXIMUM NUMBER OF SCHOOL-AGED (over 60 months) \_\_\_\_\_

MAXIMUM TOTAL NUMBER OF CHILDREN \_\_\_\_\_

**A7.** Are there families who are waiting to enroll their child but you cannot admit at this time? That is, do you have a waiting list of children?

YES [1] NO [0]

**A8.** How many children are on your waiting list today in the following age categories? **(WRITE THE NUMBER IN EACH AGE GROUP IN THE SPACE PROVIDED.)**

1. Less than 12 months old \_\_\_\_\_

2. 12 months to 29 months old \_\_\_\_\_

3. 30 months to 5 years old \_\_\_\_\_

4. School-aged Children over 60 months or five years old \_\_\_\_\_

**A9.** What days of the week is your center regularly open? **(CIRCLE THE NUMBER FOR ALL DAYS THE CENTER IS REGULARLY OPEN)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7

**A10.** What hours of the day is your center open Monday through Friday?

The center opens **(EXACT MILITARY CLOCK TIME)** \_\_\_\_\_

The center closes **(EXACT MILITARY CLOCK TIME)** \_\_\_\_\_

**APPENDIX B1.**

**A11.** Are there any whole months of the year when your center is closed?  
**(CIRCLE THE NUMBER FOR ANY WHOLE MONTHS (100% OF THE MONTH) THE CENTER IS CLOSED.)**

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	2	3	4	5	6	7	8	9	10	11	12

Legal Status. We are interested in knowing the legal status of your center, that is, whether it is a for-profit, private nonprofit, or a public agency. Also, if you are affiliated with some other organization we want to be able to describe that agency.

**A12.** A child care center may be classified as a nonprofit by the state or federal government, or the center may be considered for-profit if it is operated by an individual, group, or company which has the potential to earn profits from providing the services.

How is the operator of this center (the person or organization who runs the center) organized?

**(WRITE THE NUMBER IN THE BRACKET FOR THE CORRECT ALTERNATIVE.)**

[ ]

For profit

1. an independent owner/operator
2. a local or regional chain of two or more centers
3. a national chain which franchises to a local operator
4. a national chain which operates the center directly
5. an on-site center operated by a business for its employees

Not-for-profit

6. a parent cooperative
7. a private grade or high school or college
8. a church
9. affiliated with, but not operated by, a church
10. an independent nonprofit center, but not one of the above
11. a nongovernmental community agency
12. other

As a public agency

13. public college or university
14. public elementary or high school
15. state or local government agency, but not one of the above
16. federal agency, but not Head Start
17. other

**A13.** Is your center or its sponsor certified as a nonprofit corporation by the United States Federal government? That is, is it exempt from paying Federal taxes on its income? For instance, has your center (or its sponsor) received from the U.S. Internal Revenue Service a determination that it is tax-exempt under section 501 (c) (3) or some other section of the Internal Revenue Code? Please note that this question does not refer to paying Social Security taxes or to withholding of employees' individual income taxes.

APPENDIX B1.

YES [1] NO [0] DON'T KNOW [99]

A14. Sometimes a center is owned (or sponsored) by one organization or person and operated by a different organization or person. Is your center owned and operated by the same organization?

YES [1] NO [0]

A15. (IF THE ANSWER TO A14 IS NO) Choose one of the following types of organizations which owns or sponsors the center.

(WRITE THE NUMBER CORRESPONDING TO THE CORRECT ALTERNATIVE IN THE BRACKET.) [ ]

- 1. For-profit
- 2. Not-for profit
- 3. Public agency

\*\*A16. Present Enrollment and Staffing. I want to collect information to describe the make up of your individual classes today. How many classes or rooms do you have in the center?

Number of rooms [ ]

(INTERVIEWER: IN THIS QUESTION, WE ASK FOR NUMBERS IN TERMS OF THE FULL-TIME EQUIVALENT FTE CHILDREN AND STAFF. PLEASE CONSULT THE DEFINITIONS IN THE INTERVIEWERS INSTRUCTION SHEET AND THE SHORT DEFINITIONS BELOW FOR INSTRUCTIONS ON COUNTING FTE CHILDREN AND STAFF.

ALSO, IF THE DIRECTOR HAS NOT CHECKED ON THE DAY'S ATTENDANCE IT WILL BE NECESSARY FOR YOU TO ASK IF YOU CAN HAVE IT BEFORE YOU LEAVE.)

TO COLLECT THE DATA IN THE FOLLOWING TABLE, ASK THE DIRECTOR TO DESCRIBE THE COMPOSITION OF EACH ROOM AT THE CENTER, STARTING WITH THE AGE OF CHILDREN IN THE ROOM.

DEFINITIONS: Use the following definitions to complete this section:

Teacher refers to persons in charge of a group or classroom of children, often with staff supervisory responsibilities. This category includes head or lead teachers.

Assistant Teacher/Aide refers to persons working under the supervision of a teacher.

Teacher-Director refers to a person with both teaching and administrative duties on a regular basis (teaching is not limited to filling in for absent teachers.)

Floater refers to a regular paid staff person who is not regularly assigned to the room, but is in the classroom today.

**APPENDIX B1.**

FTE means "full time equivalent." The objective is to count the number of full-time slots for children and full-time staff positions.

**For children:**

1/2 day per week	=	.1 or 1/10th FTE
1 whole day per week	=	.2 or 1/5th FTE
Three 1/2 days per week	=	.3 FTE

**For staff:** Count 7 or 8 hours as 1 day and .2 or 1/5th FTE.

1/2 day per week	=	.1 or 1/10th FTE
1 whole day per week	=	.2 or 1/5th FTE
Three 1/2 days per week	=	.3 FTE
2 hours for a staff person	=	.05 or 1/20th FTE

**A16XA.** How many hours per day do you consider to be full day for a typical infant-toddler in your center?

6                      7                      8                      9                      10                      11                      12

**A16XB.** How many hours per day do you consider to be full day for a typical preschooler in your center?

6                      7                      8                      9                      10                      11                      12

**A16XC.** How many hours per day do you consider to be full day for a typical school-aged child in your center?

6                      7                      8                      9                      10                      11                      12

Column 1: Age of Children in Months. Circle each number that applies.

1. < 1 year old
2. 2 years old
3. 3 years old
4. 4 years old
5. 5 years old
6. 6 years old or more

Column 2: Number of FTE teachers or group leaders in the room today.  
Count floaters and substitutes in the classification of the person they are replacing. Do not double count.

Column 3: Number of FTE assistant teachers/aides in the room today.  
Count floaters and substitutes in the classification of the person they are replacing. Do not double count.

Column 4: FTE Licensed Capacity for the Room.

**APPENDIX B1.**

Column 5: Your preferred maximum FTE enrollment in this room.

Column 6: The number of FTE children enrolled in this room.

Column 7: The number of FTE children present today.

**ENROLLMENT and STAFFING**

Room	(1) Ages of children	(2) # FTE Teachers	(3) # FTE Assts + Aides	(4) Legal FTE Capacity	(5) Preferre d Max enrol- lment	(6) # FTE children enrolled	(7) # FTE children today
Room 1	1 2 3 4 5 6						
Room 2	1 2 3 4 5 6						
Room 3	1 2 3 4 5 6						
Room 4	1 2 3 4 5 6						
Room 5	1 2 3 4 5 6						
Room 6	1 2 3 4 5 6						
Room 7	1 2 3 4 5 6						
Room 8	1 2 3 4 5 6						
Room 9	1 2 3 4 5 6						
Room 10	1 2 3 4 5 6						
Room 11	1 2 3 4 5 6						
Room 12	1 2 3 4 5 6						
TOTAL							

**(INTERVIEWER: ADD UP THE TOTAL FTE CHILDREN ENROLLED TODAY, RECORD IN COLUMN 6 IN THE ROW MARKED TOTAL, AND ASK THE DIRECTOR IF THAT NUMBER IS ABOUT RIGHT.)**

**\*\*A17.** What was your FTE enrollment by age of children for these months in the past two years? **(COMPLETE THE FOLLOWING TABLE. IF DATA ON THESE MONTHS ARE NOT AVAILABLE, USE DATA FOR THE CLOSEST EARLIER OR LATER MONTH.)**

**APPENDIX B1.**

Age group	September, 1991 (if available)	March, 1992	September, 1992
Infants			
Toddlers			
Pre-school			
School-aged			

*(INTERVIEWER: IF THE DIRECTOR CANNOT GIVE A FAIRLY ACCURATE ANSWER ABOUT PAST ENROLLMENT FIGURES, ASK A18 AS AN ALTERNATIVE QUESTION. OTHERWISE GO TO A19.)*

**\*\*A18.** Have you had a significant change in FTE enrollment in the last year? If so, please give me an estimate of the percentage increase or decrease in enrollment.

Percentage increase or decrease [use (-) for decrease] \_\_\_\_\_

**A19.** How many hours of floating caregivers are you using this week? A floating caregiver is any paid employee who works with children as a teacher or assistant teacher/aide, but is not regularly assigned to a room, or one who may have regular room assignments, but does not spend many hours per day in any one room. *(IF NONE, WRITE 0).*

Total # hours worked by floaters this week \_\_\_\_\_

**A20.** Please indicate whether your center provides each of the services listed below. This is a large list of services and not all centers would be expected to provide all of them. *(WRITE A 1 IN THE BRACKET TO THE RIGHT FOR EACH ALTERNATIVE THAT APPLIES.*

CENTER PROVIDED SERVICE

1. Vision screening [ ]
2. Hearing screening [ ]
3. Dental screening [ ]
4. Measurement of height and weight annually [ ]
5. Speech screening [ ]
6. Speech services [ ]
7. Developmental assessments [ ]
8. Counseling services for children and parents  
(other than routine parent conferences) [ ]
9. Social Services to parents such as obtaining food  
stamps, financial aid, housing, or medical care [ ]
10. Transportation services from home to center [ ]
11. Transportation services from school to center [ ]
12. Meals for children provided by the center [ ]

**APPENDIX B1.**

**A21.** How many special needs children are enrolled at present? By special needs we mean children with either a physical disability (including hearing or sight problems) or a mental disability.

Number (head count) of special needs children enrolled [     ] ]

**A22.** Does your center regularly arrange educational activities, such as workshops or lectures on child development for parents? If you do arrange such activities, about what percent of parents attended the most recent event of this type? **(WRITE THE NUMBER OF THE CORRECT ALTERNATIVE IN THE BRACKET TO THE RIGHT.)**

[     ] ]

1. Yes, less than 1/4th of the parents attended the last event.
2. Yes, 1/4 to 1/2 of the parents attended the last event.
3. Yes, over 1/2 of the parents attended the last event.
4. No, we rarely arrange such activities.

**A23.** How else does your program involve parents? For the following, tell me your policy about involving parents: (1) required, (2) encouraged, (3) not required or encouraged. **(WRITE IN THE APPROPRIATE NUMBER (1, 2, OR 3) IN EACH BRACKET TO THE RIGHT.)**

1. Some time spent in the center each week, in addition to drop off and pick up.....[     ] ]
2. Assistance in fund raising.....[     ] ]
3. Help in maintaining the physical setting.....[     ] ]
4. Participation in parent advisory groups.....[     ] ]
5. Participation in excursions or field trips.....[     ] ]
6. Participation in celebrations, holidays, festivals.....[     ] ]
7. Assistance with repair or renovation of facilities.....[     ] ]
8. Assistance gathering resources and supplies.....[     ] ]

**A24.** Approximately what percentage of children enrolled in your program come from the following ethnic or racial groups? **(WRITE IN PERCENTAGES.)**

1. White, non Hispanic.....[     ] ]

**APPENDIX B1.**

- 2. White, Hispanic/Latino.....[ ]
- 3. African-American/Black, non Hispanic.....[ ]
- 4. African-American/Black, Hispanic.....[ ]
- 5. Asian/Pacific Islander.....[ ]
- 6. Native American.....[ ]
- 7. Other.....[ ]

**APPENDIX B1.**

SECTION B: STAFFING POLICY, TRAINING AND TURNOVER

This section asks general questions about your staffing policy. A later section will ask questions about individual staff members.

DEFINITIONS: The questions in this section use these job titles and definitions:

Teacher refers to persons in charge of a group or classroom of children, often with staff supervisory responsibilities. This category includes head or lead teachers.

Assistant Teacher/Aide refers to persons working under the supervision of a teacher. In this study we are not distinguishing between what may be two different job classifications in some centers.

Teacher-Director refers to a person with both teaching and administrative duties on a regular basis (not just filling in for absent teachers.)

Administrative Director refers to persons who primarily have administrative responsibilities only.

Do you use different titles for the staff positions in your center?

**(INTERVIEWER: IF THIS CENTER USES SOMEWHAT DIFFERENT TITLES, ASK THE DIRECTOR TO MATCH THE TITLES USED IN THE CENTER TO EACH OF OUR JOB TITLES. WRITE THEM DOWN IN THE SPACE PROVIDED BELOW. IF NO COMPARABLE POSITION EXISTS, WRITE N/A FOR THAT CATEGORY. OUR PURPOSE IN ASKING THIS QUESTION IS TO CREATE INTERNAL CONSISTENCY IN ANSWERS IN THIS SECTION. IT SHOULD BE EASIER FOR THE DIRECTOR TO ANSWER THE FOLLOWING QUESTIONS CORRECTLY IF THE TWO OF YOU CAN TRANSLATE FROM THE CENTER'S JOB TITLES TO THOSE USED IN THE INTERVIEW. IN SOME CENTERS THERE MAY BE NO FORMAL JOB TITLES. IF THIS IS THE CASE, GET THE DIRECTOR TO IDENTIFY PEOPLE'S JOBS IN TERMS OF THEIR RESPONSIBILITIES OR TRAINING. IN ANY EVENT, IT IS IMPORTANT TO FIND A WAY TO FIT THE CENTER JOB TITLES INTO OURS.)**

_____	Teacher
_____	Assistant Teacher/Aide
_____	Teacher-Director
_____	Administrative Director

Are there any other regular staff who work directly with children (e.g., music teacher, swim instructor, van drivers, nurse?) If yes, please indicate their titles. **(INCLUDE THESE TITLES TOGETHER AS 'OTHER' IN THE FOLLOWING QUESTIONS.)**

\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX B1.**

**B1.** For the following categories of staff, do you provide any in-service training or require continuing education (other than staff meetings), either at or away from the center, beyond what is required by licensing regulations?

**(WRITE 1 IN THE BRACKET TO THE RIGHT OF EACH TYPE OF STAFF FOR WHICH THE CENTER PROVIDES IN-SERVICE TRAINING OR REQUIRES CONTINUING EDUCATION.)**

- |                             |     |
|-----------------------------|-----|
| 1. Teachers                 | [ ] |
| 2. Assistant Teachers/Aides | [ ] |
| 3. Teacher-Directors        | [ ] |
| 4. Administrative Directors | [ ] |
| 5. Other                    | [ ] |

**B2.** How many of your staff members received 15 classroom hours or more of in-service training sponsored by your center during the last 12 months at the center or outside the center? Include attendance at conferences.

**(ENTER THE NUMBER OF STAFF FOR EACH GROUP.)**

- |                           | at the center | outside the center |
|---------------------------|---------------|--------------------|
| 1. Teacher                | [ ]           | [ ]                |
| 2. Assistant Teacher/Aide | [ ]           | [ ]                |
| 3. Teacher-Director       | [ ]           | [ ]                |
| 4. Administrator/Director | [ ]           | [ ]                |
| 5. Other                  | [ ]           | [ ]                |

**B3.** Do you schedule regular staff meetings? If you do, how frequently do you schedule staff meetings?

**(ENTER THE NUMBER OF THE CORRECT ANSWER IN THE BRACKET TO THE RIGHT.)**

- |   |     |
|---|-----|
| 1. Weekly                                     | [ ] |
| 2. At least twice a month                     |     |
| 3. Monthly                                    |     |
| 4. At least 4 times/year                      |     |
| 5. Twice a year                               |     |
| 6. No, we do not have regular staff meetings. |     |

**B4.** Do you provide released time to staff members to pursue college coursework for credit or degrees?

**(ENTER THE NUMBER OF THE CORRECT ANSWER IN THE BRACKET TO THE RIGHT.)**

- |  |     |
|--|-----|
| 1. Yes, through released time with pay from work | [ ] |
| 2. Yes, through released unpaid time from work   |     |
| 3. No  |     |

**APPENDIX B1.**

- B5.** Do you pay tuition for staff members enrolled in college courses? [ ]  
*(ENTER THE NUMBER OF THE CORRECT ANSWER IN THE BRACKET TO THE RIGHT.)*
1. Yes, partial payment of tuition
  2. Yes, full payment of tuition
  3. No, we do not pay tuition

- \*\*B6.** How many of the center's regular (whether full-time or part-time) staff members have left the center in the last 12 months? By regular, we mean any person working with children holding one of the following types of positions. (Write # in the space provided).
1. Number of Teachers \_\_\_\_\_
  2. Number of Aides and Assistant Teachers \_\_\_\_\_
  3. Number of Teacher Directors \_\_\_\_\_
  4. Number of Administrative Directors \_\_\_\_\_
  5. Number of Other staff working with children \_\_\_\_\_

- B7.** Of those who have left within the last 12 months, how many fall into each of the following categories? *(GIVE THE NUMBER OF PEOPLE IN EACH CATEGORY, LEAVE BLANK IF NONE.)*
- |   | T     | AT    | TD    | D     |
|---|-------|-------|-------|-------|
| 1. Left voluntarily (employee chose to leave)     | _____ | _____ | _____ | _____ |
| 2. Laid off because of low enrollment             | _____ | _____ | _____ | _____ |
| 3. Laid off for reasons other than low enrollment | _____ | _____ | _____ | _____ |
| 4. Dismissed for inadequate performance           | _____ | _____ | _____ | _____ |
| 5. Don't know                                     | _____ | _____ | _____ | _____ |

- B8.** Thinking about the last time you tried to fill a vacancy, how long was it from the time the staff member left and a replacement was hired?  
*(ENTER THE NUMBER CORRESPONDING TO THE CORRECT ALTERNATIVE FOR EACH CATEGORY OF STAFF.)*
- 1) Less than 1 week
  - 2) 1 or 2 weeks
  - 3) 3 or 4 weeks
  - 4) More than a month

1. Teacher.....[ ]
2. Assistant Teacher/Aide.....[ ]

**APPENDIX B1.**

- 3. Teacher-Director.....[ ]
- 4. Administrative Director.....[ ]
- 5. Other.....[ ]

**APPENDIX B1.**

**B9.** In those cases where it took you three or more weeks to fill the vacancy, which of the following are the primary reasons? **WRITE 1 IN THE BRACKET TO THE RIGHT OF ALL ANSWERS THAT APPLY.**

- 1. The pay was too low.....[ ]
- 2. Not enough adequately trained people applied.....[ ]
- 3. Low responses to advertisements.....[ ]
- 4. Offered positions, but candidates accepted jobs elsewhere.....[ ]
- 5. Wanted to save money, so used a substitute or floater.....[ ]
- 6. Because of normal administrative procedures or problems.....[ ]
- 7. Hours offered not a good fit with applicants' needs.....[ ]
- 8. Problem with where the center is located.....[ ]
- 9. Inadequate benefits.....[ ]
- 10. Other.....[ ]

**B10.** In your most recent hiring, have you offered higher wages than that earned by your present staff who have comparable experience, training, and responsibilities?

YES [ 1 ] NO [ 0 ]

**B11.** On average how much did you raise wages and salaries last year? **WRITE IN THE NUMBER FOR THE CORRECT ALTERNATIVE IN THE BRACKET.**

[ ]

- 1. no raise
- 2. 1-3%
- 3. 3.1-6%
- 4. over 6%

**B11.** How many full time equivalent (FTE) staff positions have you added or eliminated in the last year? **(ENTER THE NUMBER FOR EACH CATEGORY OF STAFF PERSON.**

**IF THE ANSWER IS NONE, ENTER 0). IF FTE'S WERE SWITCHED FROM ONE CATEGORY TO ANOTHER, ADD THE FTE FOR THE APPROPRIATE TYPE AND SUBTRACT FROM THE OTHER. E.G., IF 1 FTE WAS SWITCHED FROM TEACHER TO AIDE, WRITE 1 FOR # FTE ADDED TO AIDE, WRITE 1 FOR # FTE ELIMINATED FOR TEACHER. INCLUDE PARTIAL FTE'S, E.G., .5 FTE FOR AN ADDITIONAL HALF-TIME STAFF PERSON.**

	# FTE Added	# FTE Eliminated
1. Teacher	_____	
_____		
2. Assistant Teacher/Aide	_____	
_____		
3. Teacher-Director	_____	
_____		
4. Administrator/Director	_____	

**APPENDIX B1.**

\_\_\_\_\_

5 . Other \_\_\_\_\_

TOTAL FTE \_\_\_\_\_

\_\_\_\_\_

**B12.** Do teachers and/or assistant teachers/aides in your center work under a collective bargaining agreement negotiated by a union?  
 YES [ 1 ] NO [ 0 ]

**B13.** Working Conditions and Non wage Benefits. Which of the following do you provide for your paid full-time teachers and assistant teachers or aides, and to your part-time employees? **(ENTER 1 FOR THOSE BENEFITS WHICH ARE PROVIDED. IN THE FOLLOWING LIST, "PAID" MEANS PAID BY THE CENTER.)**

Full-time	Teachers	Asst Teach	Part time
1. at least partially paid retirement plan.....	[ ]	[ ]	[ ]
2. life insurance (whether paid or unpaid)	[ ]	[ ]	[ ]
3. paid maternity/paternity leave .....	[ ]	[ ]	[ ]
4. unpaid maternity/paternity leave.....	[ ]	[ ]	[ ]
5. fully paid health insurance .....	[ ]	[ ]	[ ]
6. partially paid health insurance.....	[ ]	[ ]	[ ]
7. paid health insurance for dependents .....	[ ]	[ ]	[ ]
8. at least partially paid dental insurance .....	[ ]	[ ]	[ ]
9. paid sick leave or personal leave.....	[ ]	[ ]	[ ]
10. paid vacations .....	[ ]	[ ]	[ ]
11. paid to attend staff meetings and training.....	[ ]	[ ]	[ ]
12. compensation for overtime.....	[ ]	[ ]	[ ]
13. flexible hours .....	[ ]	[ ]	[ ]
14. written job description .....	[ ]	[ ]	[ ]
15. written contract .....	[ ]	[ ]	[ ]
16. written salary schedule .....	[ ]	[ ]	[ ]
17. ability to bring child(ren) to work.....	[ ]	[ ]	[ ]
18. reduced child care fees.....	[ ]	[ ]	[ ]
19. service awards or bonuses.....	[ ]	[ ]	[ ]
20. Paid meals.....	[ ]	[ ]	[ ]

APPENDIX B1.

\*\*SECTION C: INDIVIDUAL STAFF CHARACTERISTICS

INTERVIEWER: NOTE THAT THIS WHOLE SECTION REPRESENTS CRITICAL INFORMATION.

THIS SECTION ASKS FOR SPECIFIC INFORMATION ABOUT EACH PAID STAFF MEMBER WORKING DIRECTLY WITH CHILDREN, INCLUDING THE DIRECTOR AND/OR ANY TEACHER DIRECTORS. USE THE SAME FOUR OR FIVE CATEGORIES OF STAFF AS USED IN SECTION B. IT WILL BE IMPORTANT TO CONSULT THE CENTER'S PERSONNEL RECORDS. IF THERE ARE NONE, ASK THE DIRECTOR TO RELY ON HER/HIS BEST IMPRESSIONS, BUT TRY TO GET THE MOST ACCURATE INFORMATION POSSIBLE. ALL OF THIS INFORMATION WILL, OF COURSE, BE KEPT CONFIDENTIAL.

USE THE TABLE IN THIS SECTION TO LIST THE STAFF MEMBERS BY ROOM. IN THE INITIALS COLUMN FURTHEST TO THE LEFT, IDENTIFY EACH PERSON BY THE INITIALS OF THEIR FIRST AND LAST NAME. IN COLUMN (1) IDENTIFY THE ROOM BY AGE OF CHILDREN. ANSWER QUESTIONS C2 THROUGH C12 FOR EACH STAFF PERSON BY CIRCLING OR WRITING THE CORRECT NUMBER IN THE APPROPRIATE COLUMN. IT MIGHT BE BEST TO FILL OUT THE TABLES SIDE-BY-SIDE WITH THE DIRECTOR. MAKE SURE YOU INCLUDE THE DIRECTOR AND ANY OTHER ASSISTANT DIRECTORS WHO WORK WITH CHILDREN.

IF THERE ARE A LARGE NUMBER OF INTERNS, WORK STUDY STUDENTS, TRAINEES, OR SOME OTHER GROUP OF STAFF WITH SIMILAR CHARACTERISTICS WHO ARE WORKING FOR PAY, DO NOT COLLECT SEPARATE DATA ON EACH PERSON. INSTEAD, AS THE LAST ITEM ON THE TABLE, RECORD INFORMATION ON A TYPICAL PERSON IN THE GROUP. IN COLUMN 10 WRITE THE TOTAL # HOURS WORKED BY THE WHOLE GROUP FOR AN AVERAGE WEEK. IN COLUMN 11 OR 12, WRITE IN THEIR AVERAGE HOURLY PAY. INCLUDE ONLY THE WAGE OR SALARY PAID BY THE CENTER.

C1. Age of Children. Circle each age which applies.

1. < 1 years old
2. 2 years old
3. 3 years old
4. 4 years old
5. 5 years old
6. 6 years old or more

C2. Job Titles/Positions. Circle the number describing the person's title:

1. Teacher
2. Assistant Teacher/Aide
3. Teacher-Director
4. Administrative Director
5. Educational Coordinator
6. Specialist employee (e.g., nurse)

C3. Age. Write in the person's age.

C4. Gender. Circle the correct number.

1. female
2. male

C5. Racial or Ethnic Origin. Circle the correct number.

1. White, non Hispanic
2. White, Hispanic/Latino
3. African-American/Black, non Hispanic

**APPENDIX B1.**

4. African-American/Black, Hispanic/Latino
  5. Asian/Pacific Islander
  6. Native American
  7. Other
- C6.** Number of Years of School Completed. Write the total number of formal years of school completed, e.g., high school graduate = 12; AA degree = 14; AB/BS = 16; MA = 18; PhD = 20. By formal years of school we mean elementary, high school, and college, not specialized schooling or courses which do not lead to a degree. If the staff member is currently in school, give the number of years completed to the most recent whole year.
- C7.** Specialized Early Childhood Education. Indicate how the staff person received their specialized formal training in child development, child care, early childhood education. (This does not include on-the-job training.) (FOR EACH STAFF PERSON CIRCLE ALL THAT APPLY.)
1. no training
  2. in-service workshops at this center
  3. workshops in the community or at professional meetings
  4. courses in high school or vocational school
  5. CDA training
  6. courses in a community college or a four year college
  7. AA in early childhood education or child development
  8. R. N.
  9. BA/BS in ECE, child development, nursing, education, etc.
  10. graduate level course(s)
  11. graduate degree in ECE, child development, etc.
- C8.** Experience at This Center. Write the total number of months of experience each person has in this center's program.
- C9.** Prior Experience in ECE. Write the total number of years experience the staff person has had in child care or some other child-related work prior to joining your staff that is directly relevant to his/her current position. By experience we mean either paid or supervised volunteer work in a group setting, or experience that your state licensing agency considers applicable for purposes of meeting state regulations.
- C10.** Hours Worked Per Week. Enter the normal number of hours the individual is scheduled and paid to work each week. For salaried staff, include the average number of hours worked/week.
- C11, C12.** Wage or Salary. Enter the wage or salary in columns 11 or 12. If the staff person earns an hourly wage enter the hourly wage in column 11. If the staff person earns an annual salary (this is usually the case for administrators or managers, possibly teachers), enter the annual salary in column 12. For director-owners with a scheduled salary, include this salary even if it was not all taken.

**APPENDIX B1.**

**STAFF INFORMATION**

Initials	(C1) Children's Ages	(C2) Job Title	(C3) Age	(C4) Gender 1=fem 2=male	(C5) Race	(C6) Years of school	(C7) Specialized ECCE edu- cation
1	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
2	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
3	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
4	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
5	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
6	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
7	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
8	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
9	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
10	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
11	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
12	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
13	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
14	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
15	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
16	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11

**APPENDIX B1.**

STAFF INFORMATION (continued)

Initials	(C8) Months at center	(C9) Prior Experience	(C10) Hours worked per week	(C11) Wage per hour	(C12) Salary per year
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

**APPENDIX B1.**  
STAFF INFORMATION

Initi als	(C1) Children's Ages	(C2) Job Title	(C3) Age	(C4) Gender	(C5) Race	(C6) Years of school	(C7) Specialized ECCE ed.
18	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
19	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
20	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
21	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
22	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
23	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
24	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
25	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
26	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
27	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
28	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
29	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
30	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
31	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
32	1 2 3 4 5	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11
33	1 2 3 4 5 6	1 2 3 4 5 6		1 2	1 2 3 4 5 6		1 2 3 4 5 6 7 8 9 10 11

**APPENDIX B1.**

STAFF INFORMATION (continued)

Initials	(C8) Months at center	(C9) Prior Experience	(C10) Hours worked per week	(C11) Wage per hr	(C12) Salary per year
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					

**APPENDIX B1.**

SECTION D: EXPENSES FOR THE LATEST FISCAL YEAR

Now I want to collect information about the center's expenses for your most recent full FISCAL YEAR. We need to know how much you spent on each major category of expenses in order to calculate your total costs. If you have records of last fiscal year's expenses we can get this information from these reports. This information would be on any kind of annual report summarizing costs such as a cash flow statement, audit, profit and loss statement, purchase or expenditure record, operating cost record, or your current annual budget if it shows expenses for the last fiscal year.

This section also includes questions about expenses covered through in-kind donations. Do you have all the records we need to start?

What is the beginning and ending date of the center's last fiscal year?

Month \_\_\_\_\_, Year \_\_\_\_\_.

***(IF THE CENTER HAS JUST CHANGED ITS FISCAL YEAR SO THAT THE LAST FISCAL YEAR REPORT IS FOR LESS THAN A YEAR, YOU MAY STILL USE THIS INFORMATION IF IT IS FOR 6 MONTHS OR MORE. OTHERWISE, TRY TO COLLECT DATA FOR THE LAST CALENDAR year. If this problem occurs, it will be necessary to identify on the cover sheet this abnormality under the check list of critical data.***

***OUR OBJECTIVE IN THIS SECTION IS TO ESTIMATE ANNUAL TOTAL COST AND EXPENSES FOR EACH MAJOR COST CATEGORY FOR THE LAST FISCAL YEAR OF CENTER OPERATIONS. IF THE CENTER HAS THE ANNUAL DATA WE NEED, WRITE THE DATA IN THE APPROPRIATE PLACES ON THIS FORM. FOR CENTERS WHICH DO NOT HAVE ANNUAL FIGURES FOR THEIR LATEST FISCAL YEAR, WE WILL HAVE TO COLLECT MONTHLY DATA, OR HELP THE DIRECTOR ESTIMATE MONTHLY EXPENSES IN EACH CATEGORY. THEREFORE, WE HAVE SUPPLIED WORKSHEETS ON WHICH TO RECORD DATA AND MAKE THE NECESSARY ESTIMATES.***

***FOR CENTERS WHICH ARE PART OF A SYSTEM OF CENTERS, OR ARE PART OF A LARGER ORGANIZATION, COMPLETE FINANCIAL RECORDS MAY NOT BE AVAILABLE AT THE CENTER. THIS MAY BE TRUE FOR CENTERS WHICH ARE PART OF SCHOOL DISTRICTS, UNIVERSITIES, CHAINS, CHURCHES. SOME RECORDS, FOR INSTANCE OF FACILITIES OR OVERHEAD, MAY ONLY BE AVAILABLE AT THE CENTRAL OFFICE. IF THIS CENTER IS SUCH A CASE, AND THE DIRECTOR IS NOT ABLE TO ANSWER ALL YOUR QUESTIONS, ASK HER/HIM FOR THE PERSON OR OFFICE TO CONTACT AND THE TELEPHONE NUMBER TO GET THE REMAINING DATA. WRITE THE NAME AND TELEPHONE NUMBER IN THE SPACE PROVIDED ON THE COVER PAGE. ALSO, NOTE, AS YOU GO THROUGH THIS SECTION, THE DATA YOU WILL HAVE TO OBTAIN FROM THE CENTRAL OFFICE AND IDENTIFY THIS IN THE CHECK LIST AT THE FRONT OF THIS QUESTIONNAIRE.***

**APPENDIX B1.**

**PERSONNEL**

**\*\*D1. WAGES AND SALARIES.** In the *last fiscal year*, what was the total expenditure on wages and salaries for the year, for all staff, including office and kitchen staff, but excluding the employer's share of nonwage benefits (which are included in D3 below), and excluding any people you used as subcontractors. We want to know total wages and salaries for all staff before deduction of taxes. Please include all staff who work with children, administrative staff, and any other categories of employees.

**\*\* TOTAL YEAR'S WAGES.....** \_\_\_\_\_

*(INTERVIEWER: IF THE DIRECTOR CANNOT GIVE YOU THIS ANNUAL TOTAL, USE WORKSHEET D1 ON PAGES WKS2 AND WKS3 TO RECORD THE INFORMATION NECESSARY TO CALCULATE THIS TOTAL.)*

**D2.** Do you have a breakdown of total annual wages by types of staff? For instance: *(READ OFF THE LIST BELOW AND COLLECT ANNUAL FIGURES IF THEY ARE AVAILABLE.)*

- Teachers \_\_\_\_\_
- Assistant Teachers/Aides \_\_\_\_\_
- Teacher Directors \_\_\_\_\_
- Floater and Substitutes (if not contract labor) \_\_\_\_\_
- Specialized Staff Working with Children \_\_\_\_\_
- Administrative Directors \_\_\_\_\_
- Other Administrative Staff \_\_\_\_\_
- Food Preparation Staff \_\_\_\_\_
- Other Noncontract Employees \_\_\_\_\_

**\*\*D3. NONWAGE BENEFITS** What was the center's total expenditure on nonwage employee benefits for the year, for all staff, including office and kitchen staff? Include in this answer only the employer's contribution. You should have included the employees' contributions in the answer to D1. You may have these listed as employee benefits and payroll taxes which is fine. This category includes the types of expenses listed below:

1. FICA or equivalent (only the employer's matching amount)
2. Unemployment insurance (total federal and state insurance costs)
3. Worker's Compensation
4. Disability Insurance
5. Health/Dental/Vision Insurance
6. Life Insurance for Staff

**\*\* TOTAL YEAR'S NONWAGE BENEFITS.....** \_\_\_\_\_

*(INTERVIEWER, IF THE YEARLY TOTAL IS NOT AVAILABLE, USE WORKSHEET D3 ON PAGE WKS4 TO COLLECT ANNUAL OR MONTHLY DATA ON EACH SPECIFIC ITEM. CALCULATE THE YEARLY TOTAL AFTER THE INTERVIEW AND RECORD ABOVE.)*

**APPENDIX B1.**

**\*\*D4. STAFF EDUCATION/TRAINING COSTS** What was the total expenditure for the year for all teaching staff for their education or training? Include the following items:

1. Fees for workshops or non college courses  
Conferences
2. In-service on site
3. Off site fees at college or university
4. State professional or public training
5. Travel allowances (for training only).

*(TRY TO GET THE DIRECTOR TO ESTIMATE TRAINING TRAVEL EXPENSES. IF YOU SUCCEED, MAKE SURE THEY ARE NOT DOUBLE COUNTED IN TRAVEL EXPENSES UNDER OPERATING EXPENSES IN D16 BELOW).*

**\*\* TOTAL YEAR'S STAFF EDUCATION/TRAINING COSTS.....**\_\_\_\_\_

*(INTERVIEWER: IF THE YEARLY TOTAL COSTS FOR EDUCATION COSTS ARE NOT AVAILABLE, USE WORKSHEET D4 ON PAGE WKS5 TO COLLECT EITHER THE ANNUAL SUBCATEGORIES OR MONTHLY DATA ON EACH ITEM. CALCULATE THE YEARLY TOTAL AFTER THE INTERVIEW AND RECORD ABOVE.)*

**\*\*D5.** If you have staff members whose children are enrolled in the center, please estimate the loss in fee revenue from staff discounts.

**\*\*LOST FEES FROM STAFF DISCOUNTS FOR THEIR CHILDREN.....**\_\_\_\_\_

**\*\*D6. SUB-CONTRACTORS.** Next, I have some questions about people who work for you on a more irregular basis as sub-contractors. These are the people for whom you do not pay benefits and who operate more independently. Some centers will not have any people who fit in this category. What was your total expenditure on contract workers for the year? You may have contracted out work in the following areas: accounting, legal services, clerical support, substitutes.

**\*\* TOTAL SUB-CONTRACTOR COSTS.....**\$\_\_\_\_\_

*(INTERVIEWERS: IF SUBCONTRACTORS WERE USED, BUT THE ANNUAL TOTAL IS NOT AVAILABLE, USE WORKSHEET D6 ON PAGE WKS6 TO RECORD THE AVAILABLE DATA TO CALCULATE THE TOTAL FOR THE YEAR. DO NOT RECORD COST OF FOOD PREPARATION HERE. IT IS TO BE RECORDED IN D13 BELOW.)*

**APPENDIX B1.  
FACILITIES**

The next questions deal with your annual costs for space and the facility the center occupies. We are interested in the parts you pay cash for as well as any in-kind donations related to rent, utilities, maintenance, etc.

*(INTERVIEWER: RECORD ONLY THE ANNUAL EXPENSES BELOW. IF DATA ARE ONLY AVAILABLE ON A MONTHLY BASIS, THEN USE WORKSHEET D7 ON PAGE WKS7 TO RECORD MONTHLY DATA AND TO CALCULATE THE YEARLY TOTAL. IF THE CENTER IS PART OF A LARGER SYSTEM, OCCUPANCY COSTS MAY NOT BE INCLUDED IN THE CENTER RECORDS, BUT WILL HAVE TO BE COLLECTED FROM THE CENTRAL OFFICE.)*

**\*\*D7. BUILDING CASH COSTS.** What were your total annual facilities costs, including the following. *(INTERVIEWER: IF THE SUBCATEGORIES LISTED BELOW ARE AVAILABLE, RECORD THEM IN THE SPACE PROVIDED AS WELL AS THE TOTAL.)*

1. Rent or Mortgage \_\_\_\_\_
2. Utilities (gas & electric, water, trash removal) \_\_\_\_\_
3. Repair and maintenance ( such as snow removal, lawn service, janitorial service, etc.) \_\_\_\_\_
4. Other \_\_\_\_\_

**\*\* TOTAL YEAR'S OCCUPANCY CASH COSTS.....Total \$ \_\_\_\_\_**

**\*\*D8. OCCUPANCY DONATIONS.** Do you use donated space or do you receive any kind of financial help on rent which reduces facility costs below what they would be if you had to pay the market rate?

YES [ 1 ] NO [ 0 ]

**\*\*D9. (IF THE ANSWER TO D8 IS YES)** Which of the following is true?

1. All our space is donated.....YES [ 1 ] NO [ 0 ]
2. Part of our space is donated.....YES [ 1 ] NO [ 0 ]
3. We receive a discount on the rent of: square foot/year \$ \_\_\_\_\_

**D10. (IF THE SPACE IS DONATED)** Do you know the annual rental value per square feet of the space? *(IF THE INTERVIEWEE DOES NOT KNOW, DON'T ASK FOR A GUESS. WE WILL GET AN INDEPENDENT ESTIMATE.)*

# Square Feet Donated \_\_\_\_\_

Estimated Rent per square foot \_\_\_\_\_

**\*\*D11.** If utilities are donated, please estimate the annual value of donated utilities. *(WRITE 0 IF THERE IS NO DONATION.)*

Value \_\_\_\_\_

**APPENDIX B1.**

**\*\*D12.** If any services are donated, estimate the total annual value. For instance: janitorial, lawn care, snow removal, repairs. *(INTERVIEWER: IF YOU HAVE TO HELP THE DIRECTOR MAKE THIS ESTIMATE, USE WORKSHEET D12 ON PAGE WKS8.*

**\*\* TOTAL ANNUAL VALUE OF DONATED SERVICES.....**\_\_\_\_\_

**FOOD SERVICE**

This section is about costs for serving meals and snacks to the children. *(INTERVIEWER: OTHER FOOD COSTS INCLUDING THE COST OF FOOD FOR EVENTS LIKE FUND RAISING CARNIVALS AND BOARD MEETINGS SHOULD BE CALCULATED AND INCLUDED UNDER OPERATING COSTS IN D16.)*

**\*\*D13.** Please give me the cost of food services, excluding personnel costs (which are included in D2 above) for the last fiscal year.

*(INTERVIEWER: CENTERS WILL EITHER HAVE FULL FOOD SERVICE PREPARATION ON SITE, OR THEY WILL HIRE A CATERING SERVICE. IF TOTAL ANNUAL COST IS NOT AVAILABLE, USE WORKSHEETS D13A ON PAGE WKS9 TO RECORD MONTHLY DATA AND CALCULATE ANNUAL COST.)*

**\*\* TOTAL FOOD SERVICE COSTS (excluding cook's wages).....**\_\_\_\_\_

**\*\*D14. VALUE OF DONATED FOOD.** Was any food donated to the center during the last fiscal year? If so, what was the total value of donated food for the year?..... \_\_\_\_\_

*(INTERVIEWER: IF NECESSARY, USE WORKSHEET D13B ON WKS10 TO COLLECT MONTHLY DATA ON FOOD DONATIONS.)*

**\*\*D15. INSURANCE.** What was your total annual cost of insurance last fiscal year? Include all forms of insurance: for the facilities which might include liability, fire, theft, flood, earthquake; vehicle; accident for children, staff or others; child abuse, etc. Do not include health insurance or any insurance programs which are part of employee benefits.

**\*\* TOTAL ANNUAL INSURANCE COSTS.....**\_\_\_\_\_

**APPENDIX B1.**

**OTHER OPERATING COSTS**

Finally, we want to collect data on other operating costs such as the cost of supplies, materials and equipment. For our purposes we will use the following definitions:

Supplies are consumables that are used up right away.

Materials are replaced within a year.

Equipment is something that is repaired, lasts more than 1 year and costs over \$100.00.

**INTERVIEWER: IN THIS QUESTION WE WANT TO COLLECT THE BALANCE OF COST ITEMS. THE LIST BELOW IS A LIST OF TYPICAL OPERATING COSTS, BUT EACH CENTER KEEPS ITS RECORDS SOMEWHAT DIFFERENTLY. READ THE LIST TO THE DIRECTOR TO INDICATE THE COSTS WE STILL NEED TO COLLECT. USE WORKSHEET D16A TO COLLECT MONTHLY DATA IF THAT IS ALL THAT IS AVAILABLE. MAKE ADDITIONS TO THE LIST BELOW IF NECESSARY. ADD UP THE TOTAL AND RECORD BELOW.**

**AS PART OF OPERATING COSTS WE WANT TO ESTIMATE THE COST OF EQUIPMENT USED DURING THE YEAR. THE BEST ESTIMATE IS THE TOTAL DEPRECIATION COSTS CHARGED OFF FOR THE FISCAL YEAR. IF THE CENTER CHARGES DEPRECIATION ON EQUIPMENT, WRITE THE AMOUNT IN #6 BELOW. IF THE CENTER DOES NOT CHARGE DEPRECIATION, OR IF IT PURCHASED SMALL PIECES OF EQUIPMENT WHICH IT DOES NOT DEPRECIATE, USE WORKSHEET D16B TO ESTIMATE THE TOTAL VALUE OF THIS EQUIPMENT PURCHASED DURING THE FISCAL YEAR. RECORD THE TOTAL IN #5 BELOW.**

**DEPRECIATION IS A DOLLAR AMOUNT REPRESENTING A PERCENTAGE OF THE ORIGINAL PURCHASE PRICE WHICH THE CENTER COUNTS AS THE COST OF USING THE PIECE OF EQUIPMENT FOR A YEAR. FOR INSTANCE, IF THE CENTER BOUGHT A COMPUTER FOR \$2500 WHICH WILL LAST 5 YEARS, IT SHOULD DEPRECIATE 1/5 OF THE \$2500 OR \$500 PER YEAR FOR THE FIRST FIVE YEARS. THIS \$500 IS PART OF THE COST OF PRODUCTION, REPRESENTING WHAT IT COSTS TO USE THE COMPUTER IN THE BUSINESS.**

**\*\*D16. Operating expenses includes the following kinds of items.  
(READ OF THE LIST AND RECORD AMOUNTS IF SOME OR ALL ARE ITEMIZED, LIST AND RECORD OTHER ITEMS AND CALCULATE THE TOTAL.**

- 1. Office Supplies \_\_\_\_\_
- 2. Children's Program Supplies \_\_\_\_\_
- 3. Maintenance Supplies \_\_\_\_\_
- 4. Equipment Rental and Maintenance \_\_\_\_\_
- 5. Non depreciated equipment \_\_\_\_\_
- 6. Depreciation on equipment \_\_\_\_\_
- 7. Transportation and Travel \_\_\_\_\_
- 8. Telephone \_\_\_\_\_
- 9. Postage \_\_\_\_\_
- 10. Marketing, Advertising, Public Relations \_\_\_\_\_
- 11. Photocopying, Printing, Publications \_\_\_\_\_
- 12. Licensing and fees \_\_\_\_\_
- 13. Dues and Subscriptions \_\_\_\_\_
- 14. Interest Payments and Bank Service Charges \_\_\_\_\_
- 15. Miscellaneous \_\_\_\_\_

**\*\*TOTAL ANNUAL OTHER OPERATING COSTS..... \_\_\_\_\_**

**APPENDIX B1.**

**D17. DONATED EQUIPMENT** In the last fiscal year did the center receive any donated equipment? If you did receive such donations, please give me a list of the donated items. For each item, I'd like to know it's condition and it's replacement value.

*(INTERVIEWER: USE WORKSHEET D17 ON PAGE WKS12 TO COLLECT THESE DATA. ASK THE DIRECTOR TO SEE THE ITEMS TO MAKE YOUR OWN JUDGEMENT ABOUT THE CONDITION OF THE ITEM, OR ASK THE DIRECTOR TO EVALUATE IT USING THE PROCEDURE DESCRIBED IN THE WORKSHEET. AFTER THE INTERVIEW USE WORKSHEET D17 TO ESTIMATE THE MARKET VALUE OF DONATED EQUIPMENT. ENTER THE TOTAL BELOW. NOTE: WE NEED THE BEST ESTIMATE OF DONATIONS WE CAN GET. DO THE BEST YOU CAN, BUT DO NOT END THE INTERVIEW BECAUSE YOU THINK THE ESTIMATE IS QUESTIONABLE. JUST KEEP TRACK OF YOUR THOUGHTS BY RECORDING IN THE CHECKLIST AT THE BEGINNING OF THE INTERVIEW QUESTIONNAIRE.)*

**\*\* TOTAL VALUE OF DONATED EQUIPMENT.....**\_\_\_\_\_

**\*\*D18. DONATED SUPPLIES AND MATERIALS.** In the last fiscal year did your center receive any donated supplies and materials? If so please list each item. For each, give me an estimate of the market value.

*(INTERVIEWER: USE WORKSHEET D18 ON PAGE WKS12 TO COLLECT THESE DATA. ENTER ANNUAL TOTAL BELOW. AGAIN, DO THE BEST YOU CAN IN ESTIMATING THE VALUE OF DONATED MATERIALS.)*

**\*\* TOTAL VALUE OF DONATED SUPPLIES AND MATERIALS.....**\_\_\_\_\_

**\*\*D19. TOTAL ANNUAL OVERHEAD COSTS.**

*INTERVIEWER: THIS QUESTION IS RELEVANT ONLY FOR CENTERS WHICH ARE PART OF A LARGE SYSTEM OF CENTERS, OR ARE PART OF A LARGER SPONSORING AGENCY WHICH PROVIDES SERVICES TO THE CENTER.*

How much are you charged as overhead costs, as a contribution for the costs of operating your larger system of centers?

**\*\* TOTAL ANNUAL OVERHEAD COSTS.....**\_\_\_\_\_

APPENDIX B1.

\*\*SECTION E: REGULAR VOLUNTEERS

**(INTERVIEWERS: NOTE THAT THIS WHOLE SECTION REPRESENTS CRITICAL INFORMATION.**

This section asks questions about the use of regular volunteers, both parent and nonparent volunteers at your center who work regularly at least 4 hours per month. If you do not use volunteers in any capacity, skip to Section F.

**INTERVIEWER: COMPLETE THE TABLE TO ANSWER THESE QUESTIONS ABOUT EACH REGULAR VOLUNTEER. IN THE LEFT HAND COLUMN ENTER EACH VOLUNTEER'S INITIALS. IF THE CENTER DOES NOT KEEP RECORDS, ASK THE DIRECTOR TO RELY ON HER/HIS MEMORY.**

**NOTE: IF THERE IS SOME GROUP OF VOLUNTEERS WITH COMPARABLE CHARACTERISTICS (SUCH AS A GROUP OF VOLUNTEER STUDENTS) WHO WORK SIMILAR AMOUNTS PER MONTH, RECORD INFORMATION FOR A TYPICAL PERSON IN THE GROUP. IN COLUMN E4 RECORD THE TOTAL NUMBER OF HOURS WORKED BY THE GROUP FOR A TYPICAL MONTH. IN COLUMN E5 RECORD THE HOURLY WAGE.**

- E1.** Parent or Nonparent. Enter the number which describes the volunteer.
1. Parent of a child enrolled in the center.
  2. Nonparent
- E2.** The volunteer's regular occupation. Circle the number describing the person's work status or occupation:
1. housewife or househusband
  2. a student or intern.
  3. manager or professional
  4. technicians, sales and administrative support
  5. services
  6. skilled crafts, repair and production worker
  7. unskilled operator, fabricator, or laborer
  8. farmer, forestry or fishing
  9. retired
  10. don't know
- E3.** Nature of Volunteer work performed. Indicate the MAJOR sort of work each person performs for the center by circling the MOST appropriate number.
1. accounting, legal or other technical administrative work.
  2. special teaching, e.g., music, art, etc.
  3. special professional services, e.g., nursing, social work, medical or psychological examinations
  4. works as a teacher in one of the rooms
  5. works as a teacher aide in one of the rooms
  6. accompanies children on field trips
  7. helps raise funds for the center
  8. serves on the governing board
  9. performs maintenance work such as gardening, cleaning, etc.
  10. secretarial or support work
  11. works with children with special needs
  12. other
- E4.** Average # Hours volunteered per month. Enter the average amount of hours the person volunteers for your center per month.

**APPENDIX B1.**

**E5.** Hourly Wage for Volunteered Services. Write the hourly wage you would have to pay for the services the person has volunteered.

**DESCRIPTION OF VOLUNTEERS**

Initials	(E1) Parent/ Non-parent	(E2) Regular Occupation	(E3) Work at Center	(E4) Hours/ Month	(E5) Hourly Wage
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		

APPENDIX B1.

DESCRIPTION OF VOLUNTEERS CONT'D

Initials	(E1) Parent/ Non-parent	(E2) Regular Occupation	(E3) Work at Center	(E4) Hours/ Month	(E5) Hourly Wage
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		

APPENDIX B1.

DESCRIPTION OF VOLUNTEERS CONT'D

Initials	(E1) Parent/ Non-parent	(E2) Regular Occupation	(E3) Work at Center	(E4) Hours/ Month	(E5) Hourly Wage
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		
	1 2	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10 11 12		

**APPENDIX B1.**

\*\*SECTION F PRICES OF MATERIALS

In this section we need to collect some information on the prices you pay for several commonly used items in your center. It will be great if you know or have records of the prices you paid the last time you bought each item. If not, maybe there is someone else at the center who would know. Otherwise, give me your best guess.

Please give me the following information about these 12 items which you purchase. What price did you pay the last time you made the purchase. If you do not use the item, just say so.

**F1.** Where Purchased. Which of the following best describes the kind of place where the center buys this item or from whom it is supplied if you do not purchase it yourself? **(RECORD THE NUMBER IN COLUMN F1.)**

1. local retail store
2. local wholesale store
3. regional or national distributor
4. supplied by our sponsoring agency, or purchasing agent.
5. donated
6. don't use

**F2.** Price. What price did you pay for the item?

**F3.** Unit. What is the unit size of this purchase price? By the gallon, case (if case, how many of what size per case), dozen, ream, etc.

Item	(F1) Where purchased	(F2) Price	(F3) Unit or package size	(Please leave blank)
milk	1 2 3 4 5 6			
saltines	1 2 3 4 5 6			
paper towels	1 2 3 4 5 6			
napkins	1 2 3 4 5 6			
water color markers	1 2 3 4 5 6			
9 x 12 construction paper	1 2 3 4 5 6			
table-top interlocking plastic blocks	1 2 3 4 5 6			
gasoline	1 2 3 4 5 6			
dishwashing detergent	1 2 3 4 5 6			
photocopying per page	1 2 3 4 5 6			
copy paper	1 2 3 4 5 6			
disposable diapers	1 2 3 4 5 6			

APPENDIX B1.

SECTION G: FEES AND SOURCES OF INCOME OR REVENUE

This section asks questions about your fees for services, and the extent to which you offer discounts or serve children who get financial aid from state child care programs. We also ask a few questions about the sources of financial support and your fund raising efforts. If you have any published fee schedule, it may help me. **(IF THE DIRECTOR HAS A PUBLISHED FEE SCHEDULE ASK FOR A COPY.)**

First, we are interested in learning about fees paid by your clients - parents, and state or county agencies which help pay for child care for low income children. That is, we are interested in the cost to parents or other consumers.

How do you charge tuition to families: hourly, daily, weekly, monthly? **(CIRCLE THE NUMBER OF EACH RATE USED.)** Which rate is the rate you use most commonly? **(CIRCLE THE CORRECT WHOLE ANSWER IN THE LIST.)**

- 1. Hourly
- 2. 1/2 day
- 3. Daily
- 4. Weekly
- 5. Monthly

**(INTERVIEWER: WE WILL USE MONTHLY FEES TO COMPARE FEES BETWEEN CENTERS. THERE IS A PROBLEM IN PROPERLY REPRESENTING THE CENTER'S FEES USING MONTHLY RATES IF THIS IS NOT THEIR MOST COMMON RATE, AND THIS MOST COMMON RATE CONVERTS INTO A HIGHER OR LOWER MONTHLY RATE THAN THE MONTHLY FEE. FOR INSTANCE, IF THE MONTHLY FEE IS \$400/MONTH, AND THE MOST COMMON FEE CHARGED IS A WEEKLY FEE OF \$100/WEEK, THE MONTHLY EQUIVALENT OF \$100/WEEK = \$100 x 4.3 = \$430, NOT \$400/MONTH.)**

**IF THE MOST COMMONLY CHARGED FEE IS NOT THE MONTHLY FEE, THEN RECORD THE FEE STRUCTURE ON WORKSHEET G1 ON PAGE WKS13. AFTER THE INTERVIEW YOU SHOULD USE THE WORKSHEET TO CONVERT THE FEES TO THE CORRECT MONTHLY RATE AND RECORD THESE FIGURES IN G1 BELOW. IF THE MOST COMMONLY CHARGED FEE IS MONTHLY, THEN RECORD THE STRUCTURE REPORTED BY THE DIRECTOR BELOW FOR EACH AGE GROUP OF CHILDREN FOR WHICH THE CENTER HAS A PROGRAM.**

**G1.** Please give me the full fee (that is, the highest normal monthly fee paid by parents, not including discounts or special fees) for each age group of children the center serves.

- 1. Infants Monthly Fee \$ \_\_\_\_\_
- 2. Toddlers Monthly Fee \$ \_\_\_\_\_
- 3. Older Toddlers Monthly Fee \$ \_\_\_\_\_
- 4. Pre School Monthly Fee \$ \_\_\_\_\_
- 5. School Age Monthly Fee \$ \_\_\_\_\_

**G2.** Approximately what percent of families pay additional fees above the normal rate? **(GET A BALLPARK FIGURE HERE, IF NECESSARY.)**

**APPENDIX B1.**

- 1. Percent of families paying lunch fees % \_\_\_\_\_
- 2. Percent of families paying breakfast fees % \_\_\_\_\_
- 3. Percent of families paying diaper or special infant fees  
(this should be % of families with infants enrolled) % \_\_\_\_\_
- 4. Percent of families paying special fees for lessons, etc. % \_\_\_\_\_

**G3.** Do you charge higher rates per hour for children enrolled part-time?  
YES [ 1 ] NO [ 0 ]

**G4.** If fees are higher for part-time children, approximately what per cent of your FTE (full time equivalent, not, number of children) do they represent? **(AGAIN, A BALLPARK ESTIMATE IS OKAY HERE. REFER TO DEFINITION OF FTE CHILDREN IN QUESTION A16 ABOVE.)**

% of FTE made up of part-time children \_\_\_\_\_

**G5.** As part of your fee policy, do you provide discounts for certain groups of customers? **(THESE ARE DISCOUNTS TO ATTRACT CERTAIN GROUPS OF CUSTOMERS OR TO PROVIDE A BENEFIT FOR CENTER EMPLOYEES. WRITE 1 TO THE RIGHT OF THE BRACKET FOR ALL THAT APPLY.)**

- 1. Discounts to 2nd, multiple children enrolled from the same family [ ]
- 2. Discounts to employees of certain businesses [ ]
- 3. Discounts to children of your staff [ ]
- 4. Other (DESCRIBE) \_\_\_\_\_ [ ]

**G6.** If you enroll children receiving county or state Department of Social or Human Services subsidies, what is the maximum monthly fee per child allowed by the county or state? **(IF THE STATE PAYS BY A DAILY RATE, MULTIPLY BY 21.7 TO GET THE MONTHLY RATE.)**

Infant Monthly Fee per Child..... \_\_\_\_\_  
Toddler Monthly Fee per Child..... \_\_\_\_\_  
Preschool Monthly Fee per Child..... \_\_\_\_\_  
School Aged Monthly Fee per Child..... \_\_\_\_\_

**G7.** Do you charge fees based on a sliding fee scale (based on family income) for low-income children not subsidized by the county or state?  
YES [1] NO [0]

**G8.** Do you offer some other kind of special help to low-income children?  
YES [1] NO [0]

**(IF THE DIRECTOR ANSWERED "YES" TO G7 OR G8, ASK THE QUESTION BELOW.)**

**APPENDIX B1.**

**G9.** How do you finance these subsidies? *(WRITE 1 IN THE BRACKET TO THE RIGHT OF ALL THAT APPLY.)*

- 1. from center profits or from fee revenue from other children..[ ]
- 2. funds from our sponsoring agency (church, university, corporation, etc.).....[ ]
- 3. outside funding from local foundations, businesses, etc.....[ ]

**\*\*G10.** How many FTE children are there in your entire program who have tuition paid fully or in part by a government or other agency. We are interested in the total number of FTE slots taken up in your center by children served by agencies such as the State or County Department of Social or Human Services, Head Start, a Public Schools based program, United Way, your sponsoring agency, etc. Do not include children whose parents receive a regular discount.

**\*\* TOTAL NUMBER FTE SUBSIDIZED CHILDREN FROM ALL SOURCES** \_\_\_\_\_  
(except regular discounts on fees)

**G11.** Identify any of the following activities you use routinely to help finance the center? *(WRITE 1 IN THE BRACKETS THAT APPLY.)*

- 1. Membership campaign.....[ ]
- 2. Center Board sponsored fund raising events.....[ ]
- 3. Parent sponsored fund raising events.....[ ]
- 4. Grant requests from local philanthropic groups.....[ ]
- 5. Small events like bake sales, garage sales, etc.....[ ]
- 6. Outreach to local community groups and businesses.....[ ]
- 7. Grant requests to local, state, federal Governmental agencies.....[ ]
- 8. Parent volunteering.....[ ]
- 9. Participation in local United Way or Community Fund Drive.....[ ]
- 10. Private donations.....[ ]

**G12.** Please estimate the total number of hours devoted, on average, annually by you and your staff to fund raising activities. *(RECORD HOURS FOR EACH TYPE OF STAFF TO HELP GET A BETTER ESTIMATE OF THE TOTAL.)*

# Hours per Year

The director..... \_\_\_\_\_  
Other administrative..... \_\_\_\_\_  
Teaching staff..... \_\_\_\_\_

**TOTAL # HOURS PER YEAR DEVOTED TO FUND RAISING.....** \_\_\_\_\_



**APPENDIX B1.**

SECTION H: TOTAL ANNUAL INCOME AND REVENUE

In this section I will ask for the information necessary to understand the total income and revenue the center received in its last fiscal year.

**H1.** In the last fiscal year, how much cash did you earn or take in from the following sources?

REVENUE SOURCES	AMOUNT OF INCOME
1. Program service fees paid by parents.....	_____
2. Program service fees paid by the State or County Department of Social or Human Service.....	_____
<b>**3.</b> U.S.D.A. Child Care Food Program.....	_____
4. Subsidies or contributions from local community groups such as the United Way, Kiwanis, etc.....	_____
5. Cash contributions from your corporate, church university, school sponsor, or membership.....	_____
6. Municipal, State, or Federal Government contributions other than shown in (2) above .....	_____
7. Special events and fund raising efforts.....	_____
8. Cash contributions from parents' employers.....	_____
9. Private donations.....	_____
10. Investment income.....	_____
11. Other (2) _____ .....	_____
12. Other (3) _____ .....	_____
<b>TOTAL</b> .....	_____

**H2. (FOR PROPRIETORS ONLY)** How do you receive personal income from this business **(WRITE 1 IN ALL THAT APPLY)**

- 1. By taking a salary [ ]
- 2. By taking a draw from the business [ ]
- 3. By getting a rate of return on the business [ ]
- 4. By receiving rent for the facilities [ ]
- 5. Other [ ]

APPENDIX B1.

SECTION I: PHYSICAL SPACE

This is the final section of the interview. I have a couple questions about the physical square footage of the center. If you do not know these measurements, with your permission, I would like to be able to take a few minutes to make the measurements,

- \*\*I1. On which floors is the center located?  
If the center occupies a **basement**, write **0**.  
If the center occupies the **1st floor**, write **1**.  
If the center occupies **1st and 2nd floors** write **12**.  
If the center occupies a **basement and the 1st floor** write **01**  
\_\_\_\_\_
  
- \*\*I2. What is the total inside square footage occupied by the center?  
(Including the kitchen, mechanical equipment room, reception area, administration space, etc.) **(NEEDS TO BE MEASURED IF NECESSARY.)**  
\_\_\_\_\_
  
- \*\*I3. What is the total square footage of rooms used by children?  
(Includes areas used exclusively for child care activities. Does not include areas for built-in furniture, infant cribs, store closets and toilet facilities.) **(NEEDS TO BE MEASURED IF NECESSARY.)**  
\_\_\_\_\_
  
- \*\*I4. What percentage of the child activity space is a basement space?  
(e.g. write 20 for 20 percent).  
\_\_\_\_\_
  
- \*\*I5. What is the total square footage of outdoor play areas used by children? **(NEEDS TO BE MEASURED IF NECESSARY.)**  
\_\_\_\_\_

**INTERVIEWER: THE REMAINING QUESTIONS IN THIS SECTION ARE QUESTIONS FOR YOU TO ANSWER FROM YOUR OWN OBSERVATIONS OF THE CENTER. IF YOU HAVE TO MAKE MEASUREMENTS OF THE CENTER YOU CAN WATCH FOR THESE ITEMS. YOU SHOULD ASK THE DIRECTOR IF YOU CAN LOOK AROUND THE FACILITY TO CHECK ON A FEW QUESTIONS ABOUT FACILITIES. IF NECESSARY YOU CAN SUMMARIZE WHAT YOU WILL BE LOOKING FOR.**

- I6. What is the total square footage of the weather-proof section of the outdoor play area? (This is the area protected from sun and rain).  
\_\_\_\_\_
  
- I7. Are the wall treatments of the child activity rooms and toilet facilities soil resistant and easily cleaned (such as ceramic, vinyl or formica wall coverings)?  
YES [1] NO [0]
  
- I8. Does every room (other than the bathrooms) normally occupied by children have at least one outside window or door for emergency rescue or venting?  
YES [1] NO [0]

**APPENDIX B1.**

- I9.** Do the child activity areas use a mixture of natural and fluorescent or incandescent lighting? YES [1] NO [0]
- I10.** Are the electrical receptacles in child activity spaces child safe - either at least 4 ft 6 inches above the finish floor or capped? YES [1] NO [0]
- I11.** Do the rooms have automatic fire and smoke alarms? YES [1] NO [0]
- I12.** Do the mechanical equipment rooms open directly to the exterior for access by maintenance personnel with no access into any interior or exterior child activity spaces? YES [1] NO [0]
- I13.** Do diaper changing areas, toilet facilities and kitchen have proper ventilation? YES [1] NO [0]
- I14.** Is the temperature in indoor child activity areas around 68° F. (winter) and 78° F. (summer)? YES [1] NO [0]
- I15.** Which one of the below best describes the entrance and the reception area o
1. Freshly painted, very organized, and as spotless and shiny as a doctor's office.
  2. Freshly painted, clean, but not extremely shiny or organized.
  3. Cluttered, but not dirty.
  4. Messy and dirty.
- I16.** Do you notice any undesirable odors (possibly from the kitchen or diaper change area)? YES [1] NO [0]
- I17.** On a scale from 1 (poor) to 5 (very good) how do you rate the teachers' appearance (grooming) and presentation? [ ]
- I18.** On a scale from 1 (poor) to 5 (very good) how do you rate the directors' articulateness?

APPENDIX B1.

[ ]

I19. Do you see amenities pertaining to parents (such as a library or free coffee and cookies)? YES [1] NO [0]

J. FOR INTERVIEWER'S USE ONLY, AFTER COMPLETION OF THE INTERVIEW

J1. ASSESSMENT OF THE QUALITY OF FINANCIAL DATA COLLECTED. Please evaluate the quality of the cost and income data you have just collected. Which of the following assessments best describes the quality?

- 1. Very good. The center maintains complete records and most data was collected from these records.....[ ]
2. Reasonably good. For instance, year-end cost summaries were not available, but I collected monthly data from well maintained records and I am reasonably confident about estimates we had to construct from recollection.....[ ]
3. Poor. The center does not have complete records for the whole fiscal year. In many cases we had to make year end estimates from incomplete monthly estimates and recollection, about which I am not very confident.....[ ]

J2. If you answered (3) to the above questions, check the subcategories of data which are most problematic. If all were, check them all.

- 1. Wages and hours of staff.....[ ]
2. Personnel costs.....[ ]
3. Occupancy costs.....[ ]
4. Food Service costs.....[ ]
5. Operating Costs.....[ ]
6. In-kind Donations.....[ ]
7. Income data.....[ ]
8. Other (Please Specify) \_\_\_\_\_