

FRANK PORTER GRAHAM CHILD DEVELOPMENT CENTER  
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL  
PHDCN CHILD CARE COST STUDY  
INSTRUCTIONS TO DATA COLLECTORS

I. GENERAL INFORMATION

*In this interview instrument, instructions to the data collector are in bold italicized print.*

*Prior to the start of the interview, make sure the director has a version of the questionnaire so that she can follow along with you.*

*It is important that you make a serious effort to get an answer to each of the interview questions. In many instances, this will require that you work closely with the director to find the information desired and ask probing questions to stimulate the director's memory.*

*You will note gray shading for the answer choices of many of the questions in the interview instrument. Those questions reflect critical information that we need to collect. Please make an extra effort to get answers to those questions.*

*At the end of the interview visit, please complete the Table of Missing or Incomplete Data.*

II. COMMUNICATING WITH THE DIRECTOR

*Review the information below with the director before you start the interview.*

Study Background

The purpose of this study is to obtain information about the actual costs of child care services in both NAEYC accredited and non-accredited programs across Chicago. We will spend approximately two to four hours in each program, as required to complete the survey.

Appendix B2.

Confidentiality

We will maintain strict confidentiality in handling all data. Programs are referred to only by their code numbers, assuring that there is no way to identify any particular program. In study reports, information will be summarized so that no program or person can be identified individually.

Appendix B2.

### Thanks

We greatly appreciate your cooperation in completing the survey. We are very aware how much we may be intruding on your daily routines.

### **III. THE CONTENT OF THE INTERVIEW**

***Review the information below with the director before you start the interview.***

This interview will be divided into 5 sections. Sections I and II consist of a variety of questions about your early childhood program and staff. This information will help us understand how your program is organized and what services you provide children and families. Section III consists of questions regarding your revenue and expenses in operating your program. I will be asking you questions about your actual income and expenditures as well as the value of donated materials and services. Section IV consists of questions about fees parents pay and the reimbursements that you receive from the city and state. Section V concludes with questions about your sources of revenue and annual income.

#### Materials/Records Needed for the Interview

Obviously, in order for me to collect all of this information, you will have to refer to your program records. Before starting the structured part of the interview, I would like to make sure that you have easy access to most of the types of records you will need.

To answer questions about your program and staff in general, you will need to refer to records that show child enrollment as well as numbers of staff, hours worked, and wages paid. I will also need information about the education and training background of all staff members as well as descriptive information such as age, gender, and race.

To answer the questions about your program revenue and expenses, we will need to have access to a variety of financial records. I want to collect information about the center's expenses for the most recently completed fiscal year. In order to calculate your total income and expenses, we need to know how much you spent on each major category of expense. I will also be asking questions about the value of donated services and materials.

Are there any records that you'd like to pull before I start asking questions about your program and staff?

Do you have any questions about the study overall?

### **IV. THE FISCAL YEAR**

***Throughout this instrument we are seeking information on a fiscal year basis. Our primary goal is to collect data from the most recently completed fiscal year. A center may have changed its fiscal year***

Appendix B2.

*recently, so that the last fiscal year report is for less than 12 months. 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 the fiscal period being reported is less than 12 months, please indicate this as requested in Section C of the instrument.*

*For centers that are part of a system of centers or a larger organization, complete financial records may not be available at the center. This may be true for centers that are part of school districts, universities, chains, and churches. Some records (for instance, those for facilities, transportation, or overhead costs) may be available only at a 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 and the telephone number to contact for the remaining data. Write the name and telephone number in the space provided on the cover page. As you go through the instrument, also note the data you will have to obtain from the central office and identify this in the Table of Missing Data.*

**CLOCK TIME/MILITARY TIME**

CLOCK TIME	MILITARY TIME
12 AM	0000
1 AM	0100
2 AM	0200
3 AM	0300
4 AM	0400
5 AM	0500
6 AM	0600
7 AM	0700
8 AM	0800
9 AM	0900
10 AM	1000
11 AM	1100

CLOCK TIME	MILITARY TIME
12 PM	1200
1 PM	1300
2 PM	1400
3 PM	1500
4 PM	1600
5 PM	1700
6 PM	1800
7 PM	1900
8 PM	2000
9 PM	2100
10 PM	2200
11 PM	2300

**Example: 5:30 pm = 1730**

Program Name \_\_\_\_\_

**FULL-TIME EQUIVALENT (FTE) TABLE**

<b>Hours</b>	<b>FTE</b>		<b>Hours</b>	<b>FTE</b>		<b>Hours</b>	<b>FTE</b>
1	0.025		13	0.325		25	0.625
2	0.050		14	0.350		26	0.650
3	0.075		15	0.375		27	0.675
4	0.100		16	0.400		28	0.700
5	0.125		17	0.425		29	0.725
6	0.150		18	0.450		30	0.750
7	0.175		19	0.475		31	0.775
8	0.200		20	0.500		32	0.800
9	0.225		21	0.525		33	0.825
10	0.250		22	0.550		34	0.850
11	0.275		23	0.575		35	0.875
12	0.300		24	0.600		36+	1.000

Program Name \_\_\_\_\_

### FISCAL YEAR BEGINNING AND END DATES

***Prior to beginning Section A, confirm with the director the beginning and ending dates of the most recent fiscal year.***

Prior to beginning Section A of the interview, we need to know the fiscal year dates.

What are the beginning and ending dates of the center's most recent fiscal year completed?

Beginning date      Month \_\_\_\_\_ Year \_\_\_\_\_

Ending date        Month \_\_\_\_\_ Year \_\_\_\_\_

### STATUS OF DATA COLLECTION

***Use the table below to list interview items that you cannot complete during your data collection visit. Please indicate any and all data remaining to be collected and what needs to be done to complete data collection. If there are data that you believe are impossible to collect, please explain why.***

***Column I – State the page and item number for the data you were not able to collect.***

***Column II – Indicate steps that will be taken to complete data collection.***

***Column III – Indicate data that you do not believe can be collected and explain why.***

***Column IV – Check when you have completed collecting the missing data.***

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### TABLE OF MISSING OR INCOMPLETE DATA

I. Page and Item Numbers	II. Next Steps	III. Cannot be Collected (explain)	IV. Completed
a.			
b.			

Program Name \_\_\_\_\_

I. Page and Item Numbers	II. Next Steps	III. Cannot be Collected (explain)	IV. Completed
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			
m.			
n.			





Program Name \_\_\_\_\_

# McCORMICK TRIBUNE CHILD CARE COST STUDY

## DIRECTOR INTERVIEW

Interviewer's Name \_\_\_\_\_

Director's Name \_\_\_\_\_

Program's Name \_\_\_\_\_

Program's Address \_\_\_\_\_

Program's Phone Number \_\_\_\_\_

Contact Persons for Additional Information:

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Phone Number \_\_\_\_\_

Program Name \_\_\_\_\_

Beginning Date \_\_\_\_\_

Completion Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewer ID # \_\_\_\_\_

Program ID # \_\_\_\_\_

NAEYC Accredited	Yes	No
CAP Self-Study	Yes	No
Is this program part of a multi-site operation/agency?	Yes	No

**AUSPICE**

For Profit	Yes	No
Nonprofit Church Affiliate	Yes	No
Nonprofit Independent	Yes	No
Nonprofit Public	Yes	No

Program Name \_\_\_\_\_

### SECTION A: GENERAL PROGRAM INFORMATION

Many of the questions in this section refer to the most recent fiscal year of the program's operation. That fiscal year should also be the time period for which you will be reporting financial data.

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 your program is organized and what services you provide for children and families.

#### Program Operation

1. What is the date when this program started to operate?

***Make sure you get the program start date, not the date that the agency opened.***

a. Month

b. Year

2. Which of the following best describes the sources of public funding your program received during the fiscal year reported?

***Please circle a response for each program type listed.***

PROGRAM TYPE			
a.	Head Start	Y	N
b.	Child Care Funds (CDHS/IDHS/Other State Funds)	Y	N
c.	CPS or State Pre-K (off-site)	Y	N

Program Name \_\_\_\_\_

3. Which of the following services did you offer in the fiscal year reported?

**Please circle a response for each service listed.**

SERVICES OFFERED		
a. Full-day (41 hours or more a week)	Y	N
b. Full-time (25 - 40 hours a week)	Y	N
c. Part-week/part-day	Y	N
d. Before/after school care	Y	N

4. Please tell me about your hours of operation in the fiscal year reported.

**Use military clock hours to complete this table. If the program is closed on a particular day leave the row blank.**

DAYS OF THE WEEK	HOURS OF OPERATION	
	(1) OPEN	(2) CLOSE
a. Monday		
b. Tuesday		
c. Wednesday		
d. Thursday		
e. Friday		
f. Saturday		
g. Sunday		

Program Name \_\_\_\_\_

5. During the fiscal year reported, how many months of the year was the program open and serving children?

FY Months Open \_\_\_\_\_

**Program Capacity, Enrollment, and Staffing**

I would like to know the program's maximum capacity, actual child enrollment, and FTE teachers.

6. What was the maximum number of children allowed by law to be present at one time during the fiscal year reported?

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

7. How many groups (or classes) of children were there in this program? (Do not include school-aged groups.)

**Please enter a numerical value or "0".**

½ DAY		FULL DAY
A.M.	P.M.	
a. _____	b. _____	c. _____

8. What was your average or typical (not cumulative) program enrollment at one time during the fiscal year reported? Please provide this information by child age group. I am also interested in knowing how many FTE teachers were assigned to those groups. I realize this may be difficult to figure out. I have a worksheet that should help us get reliable numbers.

**Enter a numerical value or leave the row blank if the program did not serve the age group listed.**

AGE GROUP	(2) FTE CHILDREN	(3) FTE TEACHERS	(4) FTE ASSISTANT TEACHERS/ AIDES
a. Infants (0-14 months)			
b. Toddlers (15-23 months)			
c. Two Year Olds (24-35 months)			
d. Three – Five Year Olds			
e. School-aged children			
f. Total			

Program Name \_\_\_\_\_

**Worksheet A Instructions**

The goal is to identify the age group in each class of children and to count the number of full-time equivalent (FTE) budgeted staff positions and the number of FTE children.

Column 1: Age of Children. In the table below circle the number for the alternative which most nearly describes the age composition of the class. (In the case of mixed age groupings, circle the youngest age group.) **Circle only one number.**

- A. Infants (0-14 months)
- B. Toddlers (15-23 months)
- C. Two Year Olds (24-35 months)
- D. Three – Five Year Olds
- E. School Aged (first grade or older)

Column 2: Number of FTE teachers or group leaders in the room today who are regularly assigned to this room. Count 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 who are regularly assigned to this room. Count substitutes in the classification of the person they are replacing. Do not count floaters.

Column 4: Number of FTE slots for children enrolled.

**Use the table below to calculate the FTE staff and child FTE.**

Hours	FTE		Hours	FTE		Hours	FTE
1	0.025		13	0.325		25	0.625
2	0.050		14	0.350		26	0.650
3	0.075		15	0.375		27	0.675
4	0.100		16	0.400		28	0.700
5	0.125		17	0.425		29	0.725
6	0.150		18	0.450		30	0.750
7	0.175		19	0.475		31	0.775
8	0.200		20	0.500		32	0.800
9	0.225		21	0.525		33	0.825
10	0.250		22	0.550		34	0.850
11	0.275		23	0.575		35	0.875
12	0.300		24	0.600		36+	1.000

Program Name \_\_\_\_\_

<b>WORKSHEET A</b> <b>PAST ENROLLMENT AND STAFFING</b>
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**ONLY COMPLETE THIS WORKSHEET IF YOU NEED THIS INFORMATION TO ANSWER QUESTION 8 ABOVE.**

ROOM	AGES OF CHILDREN	# CHILDREN	# HRS/WK PER CHILD	FTE CHILDREN	FTE TEACHERS	FTE ASSISTANTS & AIDES
1.	A   B   C   D   E					
2.	A   B   C   D   E					
3.	A   B   C   D   E					
4.	A   B   C   D   E					
5.	A   B   C   D   E					
6.	A   B   C   D   E					
7.	A   B   C   D   E					
8.	A   B   C   D   E					
9.	A   B   C   D   E					
10.	A   B   C   D   E					
Total Sheet						



Program Name \_\_\_\_\_

9. Please tell me how many children in each ethnic group were/are enrolled in your program.

**Enter a numerical value or "0" if there are no children of a particular ethnic group at the program.**

ETHNIC GROUP	# CHILDREN	(1) PERCENTAGE
a. White (non Hispanic)		%
b. Hispanic/Latino		%
c. African-American/Black		%
d. Asian		%
e. Native American		%
f. Mixed Race		%
g. Other (specify)		%
h. Total number of children		100%

Program Name \_\_\_\_\_

## SECTION B: INDIVIDUAL STAFF CHARACTERISTICS

This section asks for specific information about each paid staff member who worked directly with children in your child care program during the fiscal year reported, as well as any program or site director. Only include staff members who worked with infants, toddlers, or preschool children. Please describe only those staff members who worked for 3 months or more.

***Use the table in this section to list each staff member by classroom. In Column 1 identify the classroom by age of children. Complete Columns 2 - 9 for each staff person by circling or writing the correct number in the appropriate column.***

***Columns 10 and 11 ask about hourly wage and annual salary. Please complete either column 10 or column 11. Do not complete both. Leave the other column blank.***

***Leave blank any rows that are not completed. For example if there are only three staff members in a program you would leave rows D through R blank. Do not enter "N/A" for those rows.***

Program Name \_\_\_\_\_

### Instructions for completing description of staff table

**Column 1:** Age of Children. Circle the letter for the choice that best describes the age composition of the class.

- A. Infants
- B. Toddlers
- C. Two Year Olds
- D. Three - Five Year Olds
- E. School-Aged
- F. General work with all ages
- G. No direct work with children

**Column 2:** Job Titles/Positions. Circle the single best choice that describes the person's title.

- 1. Director
- 2. Assistant Director
- 3. Teacher/Director
- 4. Teacher/Assistant Director
- 5. Teacher
- 6. Assistant Teacher/Aide
- 7. Educational Coordinator/Curriculum Specialist
- 8. Specialist (e.g., nurse, PT, developmental specialist)
- 9. Floater
- 10. Substitute
- 11. Intern/Trainee
- 12. Other (specify)

**Column 3:** Age. Write in the person's age in years.

**Column 4:** Gender. Circle the correct number.

- F Female
- M Male

Program Name \_\_\_\_\_

**Column 5:** Racial or Ethnic Origin. Circle the correct number.

1. White (non Hispanic)
2. Hispanic/Latino
3. African-American/Black
4. Asian/Pacific Islander
5. Native American
6. Mixed Race
7. Other (specify)

**Column 6:** Number of Years of School Completed. Write the total number of formal years of school **completed**.

- 12–High school graduate
- 13–One year of college
- 14–Two years of college or AA
- 15–Three years of college
- 16–Four years of college or BA
- 17–Master's coursework
- 18–Master's degree
- 19–Doctoral work
- 20–Doctoral degree (Ph.D.)

**Column 7:** Specialized Early Childhood Education. Indicate how the staff person received specialized formal training in child development, child care, or early childhood education. (Circle ALL that apply.)

1. No training
2. In-service workshops at this program
3. Workshops in the community or at professional meetings
4. Courses in high school or vocational school

Program Name \_\_\_\_\_

5. Courses in a community or four year college
6. Child Development Associate Credential (CDA)
7. Teacher Assistant Certificate
8. Type O4 Certificate
9. AA/AS
10. BA/BS
11. Graduate level course(s)
12. Graduate degree
13. Other (specify)

**Column 8:** Years Experience in ECE. Write the total number **of years and months** of experience each person has in child care.

**Column 9:** 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 per week.

**Column 10 & Column 11:** Wage or Salary. Enter the wage or salary in column 10 or column 11. If the staff person earns an hourly wage enter the hourly wage in column 10. If the staff person earns an annual salary, enter the annual salary in column 11.

Program Name \_\_\_\_\_

**1. DESCRIPTION OF STAFF, sheet 1a**

INITIALS	(1) AGE OF CHILDREN			(2) JOB TITLE/POSITION				(3) AGE	(4) GENDER		(5) RACIAL OR ETHNIC ORIGIN			(6) SCHOOLING
A. SITE/ PROGRAM DIRECTOR	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
B	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
C	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
D	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
E	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
F	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
G	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
H	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
I	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			

Program Name \_\_\_\_\_

**DESCRIPTION OF STAFF, sheet 1b**

INITIALS	(7) SPECIALIZED EDUCATION/TRAINING					(8) YRS. EXPERIENCE IN ECE	(9) HOURS WORKED PER WEEK	(10) HOURLY WAGE	(11) ANNUAL SALARY
A. SITE/ PROGRA M DIRECTO R	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
B	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
C	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
D	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
E	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
F	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
G	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
H	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$
I	1 6 11	2 7 12	3 8 13	4 9	5 10			\$	\$

Program Name \_\_\_\_\_

**DESCRIPTION OF STAFF, sheet 2a**

INITIALS	(1) AGE OF CHILDREN			(2) JOB TITLES/POSITIONS				(3) AGE	(4) GENDER		(5) RACIAL OR ETHNIC ORIGIN			(6) SCHOOLING
J	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
K	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
L	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
M	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
N	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
O	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
P	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
Q	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			
R	A	B	C	1	2	3	4		F	M	1	2	3	
	D	E	F	5	6	7	8				4	5	6	
	G			9	10	11	12				7			



Program Name \_\_\_\_\_

**DESCRIPTION OF STAFF, sheet 2b**

INITIALS	(7) SPECIALIZED EDUCATION/TRAINING					(8) EXPERIENCE IN ECE	(9) HOURS WORKED PER WEEK	(10) HOURLY WAGE	(11) ANNUAL SALARY
J	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
K	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
L	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
M	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
N	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
O	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
P	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
Q	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$
R	1 6 11	2 7 12	3 8 13	4	5 10			\$	\$

Program Name \_\_\_\_\_

### REGULARLY SCHEDULED VOLUNTEERS

*This section asks questions about the use of regularly scheduled volunteers who worked at your program **at least 4 hours per month**. Please include individuals who worked with children as well as those who provided other services. Individuals who received payment or services from the program in exchange for their work should not be included in this section. Similarly, do not include parents who visit the program regularly to spend time with their children.*

**Using the information below, complete the Description of Volunteers Table. If the program does not keep records, ask the director to rely on her memory.**

**Leave blank any rows that are not completed. For example if there are only three volunteers in a program you would leave rows D through I blank. Do not enter "N/A" for those rows.**

**Note: For programs that require parent involvement or where there is some group of volunteers with comparable characteristics (such as a group of parents or students) who perform similar work, use the Volunteer Groups Table.**

**Column 1:** Category. Circle the number that describes the volunteer.

1. Family member
2. Non-family member

8. Other (specify)

**Column 2:** Nature of volunteer work performed.

Indicate the MAJOR sort of work each person performs for the program by circling the MOST appropriate number. Circle no more than 2.

1. Works as a teacher
2. Assists teacher (in class, on trips, etc.)
3. Special professional services (e.g., nursing, social work, medical or psychological examinations)
4. Training/workshops
5. Miscellaneous non-classroom assistance
6. Accounting, legal, or other technical administrative work
7. Fundraising/grant writing

Program Name \_\_\_\_\_

**Column 3:** Average Number of Hours Volunteered per Month. Enter the average number of hours the person volunteers for your program per month.

**Column 4:** Hourly Wage for Volunteered Services. Write the hourly wage you would have to pay for the services the person has volunteered. If the volunteer performs more than one kind of work, please calculate an average hourly wage for all work performed.

Program Name \_\_\_\_\_

2. DESCRIPTION OF VOLUNTEERS

INITIAL S	(1) CATEGOR Y		(2) WORK AT PROGRAM				(3) HOURS/ MONTH	(4) HOURLY WAGE
	1	2	1	2	3	4		
a.	1	2	5	6	7	8		\$
b.	1	2	5	6	7	8		\$
c.	1	2	5	6	7	8		\$
d.	1	2	5	6	7	8		\$
e.	1	2	5	6	7	8		\$
f.	1	2	5	6	7	8		\$
g.	1	2	5	6	7	8		\$
h.	1	2	5	6	7	8		\$
i.	1	2	5	6	7	8		\$

Program Name \_\_\_\_\_

**Use the table below to record information about Volunteer Groups. This includes parents who are required to volunteer as well as other groups of volunteers with comparable characteristics who perform similar work.**

**Column 0** – Number. Write the number of volunteers in the group.

**Column 1** – Group Identity. Circle all that apply.

1. Family members of children enrolled in the program
2. Non-family members

**Columns 2** – Follow instructions for volunteer's table.

**Column 3** – Enter the total number of hours volunteered **by the entire group** in a typical month.

**Columns 4** – Follow instructions for volunteer's table.

### 3. VOLUNTEER GROUPS

	(0) NUMBER	(1) GROUP IDENTITY	(2) WORK AT PROGRAM				(3) HOURS/MONTH TOTAL	(4) HOURLY WAGE
a.		1      2	1    2    3    4 5    6    7    8				\$	
b.		1      2	1    2    3    4 5    6    7    8				\$	
c.		1      2	1    2    3    4 5    6    7    8				\$	
d.		1      2	1    2    3    4 5    6    7    8				\$	
e.		1      2	1    2    3    4 5    6    7    8				\$	

Program Name \_\_\_\_\_

**SECTION C: EXPENSES FOR THE LATEST FISCAL YEAR**

OUR GOAL IN THIS SECTION IS TO ESTIMATE TOTAL ANNUAL COST AND EXPENSES FOR EACH MAJOR COST CATEGORY FOR YOUR PROGRAM'S LAST FISCAL YEAR.

***LENGTH OF FISCAL YEAR REPORTED***

***This was previously entered before beginning Section A. Enter the information again here.***

1. What are the beginning and ending dates of the program's most recent fiscal year completed?

a. BEGINNING DATE    Month  Year

b. ENDING DATE        Month  Year

Program Name \_\_\_\_\_

2. How long was the fiscal year reported?

**Enter a numerical value.**

NUMBER OF MONTHS \_\_\_\_\_

**Use this table to calculate staff FTE for the following question.**

Hours	FTE		Hours	FTE		Hours	FTE		Hours	FTE
1	0.025		10	0.250		19	0.475		28	0.700
2	0.050		11	0.275		20	0.500		29	0.725
3	0.075		12	0.300		21	0.525		30	0.750
4	0.100		13	0.325		22	0.550		31	0.775
5	0.125		14	0.350		23	0.575		32	0.800
6	0.150		15	0.375		24	0.600		33	0.825
7	0.175		16	0.400		25	0.625		34	0.850
8	0.200		17	0.425		26	0.650		35	0.875
9	0.225		18	0.450		27	0.675		36+	1.000

Program Name \_\_\_\_\_

**Staff Wage and Benefits**

3. What is the breakdown of total annual wages by budgeted position for all staff in the fiscal year reported? I would like to know the total expenditures on wages. Please include all employees, but not subcontractors. Do not include the employer's share of nonwage benefits.

*If the position listed does not exist at the program, please leave the row blank.*

STAFF POSITION	TOTAL FTE	(1) TOTAL ANNUAL WAGES
a. Director		\$
b. Assistant Director		\$
c. Teacher/Director		\$
d. Teacher/Assistant Director		\$
e. Teachers		\$
f. Assistant Teachers/Aides		\$
g. Floaters and substitutes (if not contract labor)		\$
h. Specialized staff working with children		\$
i. Specialized staff working with staff		\$
j. Specialized staff working with parents/families		\$
k. Other administrative staff		\$
l. Food preparation staff		\$
m. Drivers		\$
n. Other noncontract employees (specify)		\$
o. Total year's wages		\$



Program Name \_\_\_\_\_

4. Please indicate whether or not your program pays for any of the benefits listed below. I would like to capture this information by staff position.

**Please circle a response for each staff position listed. If the position listed does not exist at the program, please leave the row blank.**

STAFF POSITION	(1) HEALTH INSURANCE	(2) LIFE INSURANCE	(3) PAID SICK LEAVE	(4) VACATION WITH PAY	(5) PAID HOLIDAYS
a. Director	Y N	Y N	Y N	Y N	Y N
b. Assistant Director	Y N	Y N	Y N	Y N	Y N
c. Teacher/Director	Y N	Y N	Y N	Y N	Y N
d. Teacher/Assistant Director	Y N	Y N	Y N	Y N	Y N
e. Teachers	Y N	Y N	Y N	Y N	Y N
f. Assistant Teachers/Aides	Y N	Y N	Y N	Y N	Y N
g. Floaters & substitutes (if not contract labor)	Y N	Y N	Y N	Y N	Y N
h. Specialized staff working with children	Y N	Y N	Y N	Y N	Y N
i. Specialized staff working with staff	Y N	Y N	Y N	Y N	Y N
j. Specialized staff working with parents/families	Y N	Y N	Y N	Y N	Y N
k. Other administrative staff	Y N	Y N	Y N	Y N	Y N
l. Food preparation staff	Y N	Y N	Y N	Y N	Y N
m. Drivers	Y N	Y N	Y N	Y N	Y N
n. Other noncontract employees (specify)	Y N	Y N	Y N	Y N	Y N

Program Name \_\_\_\_\_

5. In the fiscal year reported I would like to know the program's total expenditure on nonwage benefits. Include in this answer only the employer's contribution. (The employees' contributions are part of Total Year's Wages captured earlier.) Do not include costs of employee discounts for child care in this program.

**Please ask about each benefit listed on the worksheet below and include those costs in the total.**

**Enter a numerical value, "DK," or "0" if no costs were incurred.**

TOTAL NONWAGE BENEFITS \$ \_\_\_\_\_

DK

NONWAGE BENEFITS WORKSHEET	COSTS
FICA/Medicare or equivalent (only the employer's match)	\$
Unemployment insurance (total federal and state insurance costs)	\$
Worker's compensation	\$
Disability insurance	\$
Health/dental/vision insurance	\$
Life insurance for staff	\$
Employee discounts for child care in other programs	\$
Other	\$
TOTAL YEAR'S NONWAGE BENEFITS	\$

Program Name \_\_\_\_\_

**Staff Education/Training**

In the fiscal year reported, I would like to know about "outside" education or training for all teaching and administrative staff (i.e., teachers, teacher assistants/aides, and directors). Include only education/training provided by trainers not in the program's employ. (Do not include, for example, the program-provided orientation for new staff members.)

- 6. What was the total annual cost **to your program** for staff education and training? Include tuition and fees paid, the purchase of books and materials, and reimbursement for travel.

*Enter a numerical value, "DK," or "0" if no costs were incurred.*

TRAINING COSTS \$ \_\_\_\_\_

DK

**Donated Staff Education/Training Costs**

In the fiscal year reported did your program receive any donations that helped with the training of staff? I am interested in donations to the program and not ones that are awarded directly to individual staff.

- 7. What were the total donations for staff education and training including fees waived, supplies and materials donated, and substitutes provided? (Do not include substitutes here if they were included in the volunteer section).

*Enter a numerical value, "DK," or "0" if no education/training was donated.*

DONATED EDUCATION/TRAINING \$ \_\_\_\_\_

DK

Program Name \_\_\_\_\_

**Subcontractors**

Next, I would like to know about people who worked for you on a more irregular basis as subcontractors in the fiscal year reported. These are people for whom you do not pay benefits and who operate independently. Some programs will not have any people who fit in this category. Please exclude any subcontracts for food or repair and maintenance services, which are included elsewhere in this questionnaire. Do not include subcontracts for transportation.

8. What was your total expenditure on subcontract workers for the year?

**Please ask about each ITEM listed on the worksheet below and include those costs in the total.**

**Enter a numerical value, "DK," or "0" if no costs were incurred.**

TOTAL SUBCONTRACTOR COSTS \$ \_\_\_\_\_

DK

SUBCONTRACTOR WORKSHEET	COSTS
Accounting/bookkeeping/auditing/payroll	\$
Legal services	\$
Health-related services	\$
Clerical support	\$
Substitutes hired on a contract basis	\$
Work Study program	\$
Pest Control	\$
Other (specify)	\$
Other (specify)	\$
TOTAL SUBCONTRACTOR COSTS	\$

Program Name \_\_\_\_\_

Overhead/Administrative Costs

***This question applies to programs that have a sponsoring agency/organization or are part of a large system of programs.***

9. How much were you charged as overhead/administrative costs? Please tell me which of the following items were included in those costs in the fiscal year reported and their value, if known.

***Please ask about each ITEM listed on the worksheet below and include those costs in the total. Please note that values identified here should not be reported in other sections of this survey. Please do not double count.***

***Enter a numerical value, "DK," or "0" if no costs were incurred.***

TOTAL OVERHEAD/ADMINISTRATIVE COSTS \$ \_\_\_\_\_

DK

OVERHEAD/ADMINISTRATIVE COST WORKSHEET	COSTS
Rent	\$
Insurance	\$
Public Relations	\$
Bookkeeping, accounting, etc.	\$
Utilities	\$
Vehicle Use and Maintenance	\$
Other (specify)	\$
Other (specify)	\$
TOTAL OVERHEAD	\$

Program Name \_\_\_\_\_

**Facility Expenses and Donations**

The next questions are about your annual costs for space in the facility the program occupied in the fiscal year reported. I am interested in the parts you paid cash for as well as any in-kind donations toward the rent, utilities, maintenance, etc. Please exclude insurance costs, which are collected in a separate section.

10. The building in which your program operates can be described as:

***Please circle a response for each facility type listed.***

FACILITY TYPE			
a.	Community building	Y	N
b.	Government building	Y	N
c.	Business/industry	Y	N
d.	Church	Y	N
e.	Health care facility	Y	N
f.	College/university	Y	N
g.	Private school	Y	N
j.	Independent (and none of the above)	Y	N

11. The building structure can be described as:

- a. Non-modular, free-standing, single occupant
- b. Non-modular, multi-occupant/multi-use
- c. Modular/mobile, single occupant
- d. Modular/mobile, multi occupant

BUILDING STRUCTURE

Program Name \_\_\_\_\_

12. What was the total square footage of the space your program occupied?

TOTAL SQUARE FOOTAGE \_\_\_\_\_

13. Does your program rent, lease, mortgage, or own outright the building it occupies?

a.	Rent/lease	Y	N	DK
b.	Mortgage	Y	N	DK
c.	Own outright	Y	N	DK
d.	None of the above	Y	N	DK

14. What was the fair market rental value of the space your program occupied?

FAIR MARKET MONTHLY RENTAL VALUE \$ \_\_\_\_\_

Program Name \_\_\_\_\_

15. I am interested in knowing your total annual facility's costs, including rent/mortgage, utilities, repair and maintenance, property taxes, and any other related costs.

**Please ask about each ITEM listed on the worksheet below and include those costs in the total.**

**Enter a numerical value, "DK," or "0" if no costs were incurred.**

TOTAL FACILITY COSTS \$ \_\_\_\_\_

DK

FACILITY EXPENSE WORKSHEET		COSTS
<b>Rent/ Mortgage</b>		<b>\$</b>
<b>Total Utilities</b>		<b>\$</b>
• Gas	\$	
• Electric	\$	
• Water	\$	
<b>Total Repair &amp; Maintenance</b>		<b>\$</b>
• Trash	\$	
• Lawn	\$	
• Janitorial	\$	
• Snow Removal	\$	
• Carpentry	\$	
• Electrical	\$	
• Plumbing	\$	
<b>Property Taxes</b>		<b>\$</b>
<b>Total Other Costs</b>		<b>\$</b>
• Other (specify)	\$	
• Other (specify)	\$	
<b>TOTAL FACILITY COSTS</b>		<b>\$</b>



Program Name \_\_\_\_\_

16. MANY PROGRAMS OCCUPY SPACE AT NO COST OR AT A DISCOUNTED COST OF RENT/LEASE. WHICH OF THE FOLLOWING WAS TRUE OF YOUR PROGRAM IN THE FISCAL YEAR REPORTED?

- a. All of our space was donated.
- b. Part of our space was donated.
- c. None of our space was donated.
- DK Do not know

OCCUPANCY DONATION \_\_\_\_\_

17. If utilities were donated, please estimate the annual value of donated utilities.

**Enter a numerical value, "DK," or "0" if no utilities were donated.**

VALUE OF DONATED UTILITIES \$ \_\_\_\_\_

DK

18. If any repair and maintenance services were donated, please estimate the annual value of such donated services. This might include janitorial work, lawn care, snow removal, building repairs, etc.

**Include donated repair and maintenance services either here or in the volunteer section, whichever is more appropriate, but do not include in both places.**

**Please enter a numerical value, "DK," or "0" if no repairs or maintenance was donated.**

VALUE OF DONATED REPAIR AND MAINTENANCE \$ \_\_\_\_\_

DK

Program Name \_\_\_\_\_

## FOOD SERVICE

This section is about costs for serving meals and snacks to the children in the fiscal year reported. I want to know how you provided food or nutritional service and what it cost.

**Food costs other than children's meals and snacks (for example, food for events like fund raising, parent meetings, and board meetings) should be calculated and included under other Operating Costs at the end of Section C.**

### ***SUBCONTRACTED FOOD SERVICE***

19. If you subcontracted or catered food services, what was the total cost of all contracts in the fiscal year reported?

***Please enter a numerical value, "DK," or "0" if no costs were incurred.*** VALUE OF SUBCONTRACTED FOOD \$ \_\_\_\_\_

DK

### **Noncontracted Food Services**

20. Please give me the cost of food and related service and supplies not covered by subcontract or catering for the fiscal year reported. These categories of expenditures might include food and beverages for meals or snacks, paper and plastic goods, utensils or other cookware, etc. Please do not include personnel costs that were captured earlier.

***For those programs that subcontracted food services, be sure to find out if they incurred other food service related expenses for items such as paper goods, beverages, snacks, etc. Such costs should be identified here.***

***Please enter a numerical value, "DK," or "0" if no costs were incurred.***

VALUE OF NONCONTRACTED FOOD \$ \_\_\_\_\_

DK

***VALUE OF DONATED FOOD***

21. What was the total value of donated food or food service supplies for the year? (Please do not include food that parents bring to occasional parties, birthday observances, etc.)

***Please enter a numerical value, "DK," or "0" if no food was donated.***

VALUE OF DONATED FOOD \$ \_\_\_\_\_

DK

INSURANCE COSTS

I am interested in getting information about how much the program spent on non-personnel insurance in the fiscal year reported. I would like to know the total amount spent on all forms of insurance except health insurance and any other insurance programs that are part of employee benefits (which should have been included as Nonwage Benefits earlier in this section).

22. What were the non-personnel insurance costs in the fiscal year reported? Please consider any comprehensive policy as well as separate policies for facilities, personal injury/accident, vehicle, and board/staff liability.

**Please enter a numerical value, "DK," or "0" if no costs were incurred.**

INSURANCE COSTS \$ \_\_\_\_\_

DK

**Please note that if #22 is answered "0" then #23 must be either a numerical value or "DK."**

**DONATED INSURANCE**

23. Please estimate the value of insurance coverage donated to the program in the fiscal year reported.

**Please enter a numerical value, "DK," or "0" if no costs were incurred.**

DONATED INSURANCE \$ \_\_\_\_\_

DK

OTHER OPERATING COSTS

*I would like to know about any other costs your program incurred during the fiscal year reported, such as the cost of supplies, materials, and equipment, etc.*

24. Please tell me about other costs your program incurred during the fiscal year reported.

**Enter numerical value, "DK" or "0" if no costs were incurred. Do not include any costs here that have been reported previously. Please ask about each item listed below.**

OPERATING COSTS	COSTS
a. Supplies and materials <sup>1</sup>	\$
b. Equipment/Equipment Rental	\$
c. Depreciation on equipment	\$
d. Equipment repair and maintenance	\$
e. Transportation and travel <sup>2</sup>	\$
f. Telephone	\$
g. Marketing, advertising, public relations	\$
h. Licensing and fees	\$
i. Dues and subscriptions	\$
j. Gifts to families/staff/volunteers	\$
k. Functions, events, and meetings	\$
l. Other (specify)	\$
m. Other (specify)	\$
n. GRAND TOTAL	\$

<sup>1</sup> Includes children’s program supplies as well as office supplies, cleaning supplies, postage, photocopying, printing, etc.

<sup>2</sup> Please include costs related to program operations such as child field trips, staff travel to meetings, and trips to purchase supplies and materials. Costs incurred to send staff to training or education should be included in training costs, if at all possible. Do not include costs for transporting children to and from care.

**DONATED SUPPLIES AND MATERIALS**

25. What is the total value of donated supplies and materials received in the fiscal year reported?

**Please enter a numerical value, "DK," or "0" if no supplies were donated.**

DONATED SUPPLIES \$   
DK

**DONATED EQUIPMENT**

26. What is the total value of donated equipment received in the fiscal year reported?

**Please enter a numerical value, "DK," or "0" if no equipment was donated.**

DONATED EQUIPMENT \$   
DK

**SECTION D: FUNDING SOURCES, FEES, AND REIMBURSEMENTS RECEIVED**

This section asks questions about the program's sources of funding, enrollment, and income received.

1. I WOULD LIKE TO KNOW THE FTE CHILD ENROLLMENT FOR THE SOURCES OF FUNDING LISTED IN THE TABLE BELOW.

**THE TOTAL FTE CHILDREN REPORTED ON THIS TABLE SHOULD EQUAL THAT REPORTED ON PAGE 3, QUESTION 8, LINE F. IF A PARTICULAR FUNDING SOURCE WAS NOT PRESENT AT THE PROGRAM LEAVE THE ROW BLANK.**

Funding Source	FTE Children
<b>SINGLE SOURCE</b>	
A. CPS OR STATE PRE-K	
B. HEAD START ONLY	
C. CHILD CARE ONLY	
D. PRIVATE PAY ONLY	
<b>BLENDED SOURCES</b>	
E. CPS OR STATE PRE-K/HEAD START	
F. CPS OR STATE PRE-K/CHILD CARE	
G. CPS OR STATE PRE-K/PRIVATE PAY	
H. HEAD START/CHILD CARE	
I. HEAD START/PRIVATE PAY	
J. CHILD CARE/PRIVATE PAY	
<b>OTHER SOURCES</b>	
K. OTHER (SPECIFY)	
<b>TOTAL # OF CHILDREN</b>	

2. PLEASE GIVE ME THE FULL FEE PAID BY PRIVATE PAYING PARENTS—PARENTS WHO DO NOT RECEIVE ANY PUBLIC SUBSIDY—FOR EACH AGE GROUP OF CHILDREN THE PROGRAM SERVED DURING THE FISCAL YEAR REPORTED. THIS SHOULD BE THE HIGHEST MONTHLY FEE PAID, NOT INCLUDING DISCOUNTS OR SPECIAL FEES. IF YOU USUALLY DID NOT CHARGE MONTHLY FEES, I CAN CALCULATE A MONTHLY EQUIVALENT.

***If the most commonly charged fee was monthly, then record the monthly fee for each age group of children the program served. If the most commonly charged fee was not the monthly fee, then record the fee structure on the Fee Table. Use these data to convert the fees to the monthly equivalent.***

***If an age group is not present at the program leave the row blank.***

**FULL TIME FEE TABLE FOR PRIVATE PAYING PARENTS**

AGE GROUP	PER HOUR	½ DAY	PER DAY	PER WEEK	MONTHLY FEE <u>OR</u> MONTHLY EQUIVALENT
a. Infants	X 174	X 43	X 21.7	X 4.3	
b. One-year olds	X 174	X 43	X 21.7	X 4.3	
c. Two-year olds	X 174	X 43	X 21.7	X 4.3	
d. Preschoolers	X 174	X 43	X 21.7	X 4.3	
e. School Aged	X 174	X 43	X 21.7	X 4.3	



### SECTION E: TOTAL ANNUAL INCOME AND REVENUE

*In this section I would like to collect information about the total income and revenue the program received in the fiscal year reported.*

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

**Enter numerical value, "DK," or "0" if no costs were incurred.**

REVENUE SOURCES	INCOME
a. Fees paid by parents	\$
b. Fees paid by IDHS or CDHS	\$
c. <span style="float: right;"><i>U.S.D.A. CHILD CARE FOOD PROGRAM</i></span>	\$
d. CPS, Head Start, or other public contributions	\$
e. Grants or contributions from local community groups, agencies, and foundations	\$
f. Cash contributions from your corporate, church, university, or school sponsor	\$
g. Special events and fund raising efforts	\$
h. Private donations (and none of the above)	\$
i. Investment income	\$
j. Other (specify)	\$
k. Other (specify)	\$
l. Other (specify)	\$
m. TOTAL	\$