



Child-Development Supplement

PRESCHOOL/DAYCARE ADMINISTRATOR QUESTIONNAIRE

for

THE CHILD DEVELOPMENT SUPPLEMENT
TO
THE FAMILY ECONOMICS STUDY

Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!

A1. In what type of place is your program located?**(Please circle one number)**

1. Religious building
2. Public school
3. Private school
4. University or college
5. Work place
6. Community center or municipal building
7. Independent structure
8. Don't know
97. Other (**Specify**): _____

A2. How many years or months has your program been operating at its present location?

_____ **Years** **OR** _____ **Months**

A3. The following statements describe some of the goals of early childhood programs. Please circle the goals that best describe the objectives of your program(**Circle all that apply**)

1. To provide a warm and loving environment for children.
2. To provide care for children so parents can work.
3. To prepare children for school.
4. To provide compensatory education for disadvantaged children.
5. To promote children's development.
6. To teach children appreciation for their culture.
7. To provide religious instruction.

A4. Altogether, how many weeks or months during the year do you provide child care or early education services?

_____ **Weeks** **OR** _____ **Months**

A5. Please indicate what days you are open or closed (Circle one number for each day)

| | | Open ▼ | Closed ▼ |
|----|----------------|-----------|-------------|
| a. | Monday..... | 1 | 2 |
| b. | Tuesday..... | 1 | 2 |
| c. | Wednesday..... | 1 | 2 |
| d. | Thursday..... | 1 | 2 |
| e. | Friday..... | 1 | 2 |
| f. | Saturday..... | 1 | 2 |
| g. | Sunday..... | 1 | 2 |

A6. What is the earliest time that parents can drop off their children?

____:____
AM **OR** ____:____
PM

A7. How late can parents pick up their children?

____:____
AM **OR** ____:____
PM

A8. Early childhood programs sometimes offer before- and after-school programs for school-age children who attend local schools. Do you have a before-school program?

- 1. Yes
- 5. No

A9. Do you have an after-school program?

- 1. Yes
- 5. No

A10. How many children are you licensed to care for?

____ (Number of children)

A11. How many groups of children do you have? Please include all of the programs or sessions that you offer for preschool children.

_____ (Number of groups)

A12. How many children are currently enrolled in your program? Include all sessions your program provides for preschool children and before school and after school programs.

_____ (Number of children)

A13. Approximately how many of these children were absent yesterday?

_____ (Number of children)

A14. Is this rate of absence typical?

1. Yes
5. No

A15. How many **or** what percentage of the children enrolled in your program can be categorized in the following ways? If you don't know, place an **X** in the "Don't Know" column.

| | Number of Children ▼ | or | Percent of Children ▼ | Don't Know ▼ |
|---|----------------------------|----|-----------------------------|-----------------|
| a. Younger than 1 year old?..... | _____ | | _____ | _____ |
| b. 1 year old?..... | _____ | | _____ | _____ |
| c. 2 years old?..... | _____ | | _____ | _____ |
| d. 3 years old?..... | _____ | | _____ | _____ |
| e. 4 years old, but not yet in kindergarten.? | _____ | | _____ | _____ |
| f. 5 years old, but not yet in kindergarten.? | _____ | | _____ | _____ |
| g. Kindergarten or school age?..... | _____ | | _____ | _____ |

A16. Approximately what number **or** percentage of the children enrolled in your program are categorized in the following way? If you don't know, place an **X** in the "Don't Know" column.

| | Number of Children ▼ | or | Percent of Children ▼ | Don't Know ▼ |
|--|----------------------------|----|-----------------------------|--------------------|
| a. White, non-Hispanic..... | _____ | | _____ | _____ |
| b. Black, non-Hispanic..... | _____ | | _____ | _____ |
| c. Hispanic..... | _____ | | _____ | _____ |
| d. Asian or Pacific Islander..... | _____ | | _____ | _____ |
| e. American Indian or Alaskan Native.... | _____ | | _____ | _____ |
| f. Other (Specify): _____ | _____ | | _____ | _____ |

A17. How many **or** what percentage of the children you serve are handicapped?

_____ (Number of children) **OR** _____ (Percent of children)

A18. Approximately what percent of the children who attend your program have a parent who receives AFDC **or** other public assistance such as food stamps, SSI, or WIC benefits?

_____ (Number of children) **OR** _____ (Percent of children)

A19. Is your program non-profit **or** for-profit?

1. Non-profit
2. For-profit

A20. Is your program independent **or** is it sponsored by another organization?

1. Independent _____ → **Go to item A20a**
2. Sponsored _____ → **Go to item A20b**

A20a. Is your program part of a local chain, a national chain, or is it independently owned and operated? **(Please circle one number)**

- 1. Local chain
 - 2. National chain
 - 3. Independent
- **Go to item A21**

A20b. What organization sponsors your program? **(Circle all that apply)**

- 1. Head Start
- 2. Social Service Organization or Agency
- 3. Church or Religious Group
- 4. Public School/Board of Education
- 5. Private School, Religious
- 6. Private School, Nonreligious
- 7. College or University
- 8. Private Company or Individual
- 9. Non-Government Community Organization
- 10. State or Local Government
- 97. Other **(Specify)**: _____

A21. Do parents pay for their child to attend this program?

- 1. Yes
- 5. No → **Go to item A22**

A21a. What is the average fee parents pay?

\$_____ **(Average amount in dollars)**

A21b. Is that...

- 1. Per hour
- 2. Per day
- 3. Per week
- 4. Every two weeks
- 5. Monthly
- 6. Yearly
- 7. Other **(Specify)**:

A21c. Are fees based upon family income?

- 1. Yes
- 5. No

A21d. Are need-based scholarships available?

- 1. Yes
- 5. No

A22. Does a federal, state or local agency such as a human services agency, an education department, welfare, or an employment or training program pay for any of the children you care for?

- 1. Yes
- 5. No —————→ **Go to item A24**

A22a. How many children are paid for by a federal, state or local agency?

_____ (**Number of children**)

A22b. Do the agencies pay you directly for slots, pay you for ~~v~~ouchers or certificates received from parents or pay the parents in cash? (**Circle all that apply**)

- 1. Agency pays program for slot(s)
- 2. Agency pays provider for voucher(s)
- 3. Agency pays parent(s) in cash
- 7. Other (**Specify**): _____

A23. For how many of the children in your program do you receive payment or partial payment by means of vouchers?

_____ (**Number of children**)

A24. Do you regularly prepare and serve meals or snacks to the children who attend your program?

1. Yes

5. No —————→ **Go to item A25**

A24a. Which meals do you serve? **(Circle all that apply)**

1. Snacks

2. Breakfast

3. Lunch

4. Dinner

7. Other **(Specify)**: _____

A25. Does your program participate in the Child Care Food Program?

1. Yes

5. No

A26. What number or percent of children receive subsidized meals?

_____ **(Number of children)** OR _____ **(Percent of children)**

A27. How many teachers/caregivers do you employ?

_____ **(Number of teachers/caregivers)**

A28. How many of these teachers/caregivers work full-time (35 hours per week or more)?

_____ **(Number of teachers/caregivers)**

A29. How many assistants and aides do you employ?

_____ **(Number of assistants and aides)**

A30. How many of these assistants and aides work full-time (35 hours per week or more)?

_____ **(Number of assistants and aides)**

A31. How many student teachers do you employ?

_____ (Number of student teachers)

A32. What is the teacher-to-student ratio in your program?

_____ TO _____
(Number of teachers) (Number of students)

A33. How many **or** what percentage of the paid classroom staff currently employed in this program can be categorized in the following ways? If you don't know, please place an **X** in the "Don't Know" column.

| | Number ▼ | or | Percent ▼ | Don't Know ▼ |
|---|-------------|----|--------------|-----------------|
| a. White, non-Hispanic..... | _____ | | _____ | _____ |
| b. Black, non-Hispanic..... | _____ | | _____ | _____ |
| c. Hispanic..... | _____ | | _____ | _____ |
| d. Asian or Pacific Islander..... | _____ | | _____ | _____ |
| e. American Indian or Alaskan Native..... | _____ | | _____ | _____ |
| f. Other (Specify): _____ | _____ | | _____ | _____ |

A34. Thinking of the highest education level completed, how many **or** what percentage of your teachers or caregivers (both full-time and part-time) have the following degrees? If you don't know, place an **X** in the "Don't Know" column.

| | Number ▼ | or | Percent ▼ | Don't Know ▼ |
|--|-------------|----|--------------|-----------------|
| a. High school diploma or GED..... | _____ | | _____ | _____ |
| b. Some college, but no degree..... | _____ | | _____ | _____ |
| c. Child Development Associate credential (CDA)..... | _____ | | _____ | _____ |
| d. Associate of Arts degree (A.A.)..... | _____ | | _____ | _____ |
| e. Bachelor's degree (B.A. or B.S.)..... | _____ | | _____ | _____ |
| f. Master's degree (M.A., M.S.)..... | _____ | | _____ | _____ |
| g. Doctorate degree (Ph.D., Ed.D., etc.)... | _____ | | _____ | _____ |
| h. Other (Specify): _____ | _____ | | _____ | _____ |

- A35. In the last year, how many teachers or caregivers received ten hours or more of additional education-related training from one of the following? Please indicate the number of teachers or caregivers on the line next to each category.

**Enter Number of
Teachers/Caregivers**

- a. A local college or junior college..... _____
b. A government agency or program..... _____
c. Other (**Specify**): _____

- A36. During the past 12 months, how many new teachers or caregivers have been hired? (Include both full-time and part-time teachers and both regular and special-subject teachers.)

_____ (**Number of new teachers or caregivers**)

- A37. During the past 12 months, how many teachers or caregivers left your school? (Include both full-time and part-time teachers and both regular and special-subject teachers.)

_____ (**Number of new teachers or caregivers**)

- A38. What is the salary of a beginning teacher or caregiver?

\$_____ (**Salary in dollars per year**)

- A39. What is the average salary of all teachers or caregivers?

\$_____ (**Salary in dollars per year**)

- A40. What is your per pupil expenditure?

\$_____ (**Number of dollars spent per student**)

- A41. Has your program established formal or informal arrangements with other programs (or public schools) to coordinate curriculums, conduct testing, or coordinate the care of children?

1. Yes
5. No

A42. Is your program accredited by the National Academy of Early Childhood Programs?

- 1. Yes
- 5. No

A43. Do classroom teachers have paid time regularly scheduled during the day for planning activities for children in their classes? Do not count time when teachers are also supervising children.
(Please circle one number)

- 1. Yes
- 2. Sometimes
- 5. No

A44. Do teachers follow a written curriculum when planning activities for the children in their group?

- 1. Yes
- 5. No

A45. What percentage of your total budget is spent on salaries and fringe benefits? (Your best estimate is fine.)

_____ **(Percent spent on salaries and fringe benefits)**

A46. During your last fiscal year, did your program lose money, break even, or make a profit?

- 1. Lost money
- 2. Broke even
- 3. Made a profit

A47. During the last fiscal year, approximately what percentage of your program's budget was met with funds from the following sources? If you don't know, place an **X** in the "Don't Know" column.

| | Percent ▼ | Don't Know ▼ |
|---|--------------|-----------------|
| a. Parent fees..... | _____ | _____ |
| b. Federal government agencies..... | _____ | _____ |
| c. State government agencies..... | _____ | _____ |
| d. Local government agencies..... | _____ | _____ |
| e. Community organizations such as the United Way, local charities, or other service organizations..... | _____ | _____ |
| f. Religious organizations..... | _____ | _____ |
| g. Cash donations or fund raising..... | _____ | _____ |
| h. Other (Specify): _____ | _____ | _____ |

If there are any other comments you would like to make, please use the space below.

Thank you for completing this questionnaire. Your help is greatly appreciated.

**Please place this questionnaire in the self-stamped addressed envelope provided
for you and mail to the address on the envelope.**

**If you are interested in seeing the results of this study, please fill out the postcard
that was enclosed with this questionnaire. Thank you again for your assistance
in this important project!**

What is your title? _____

School Name: _____

School Address: _____

School Phone #: _____

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**CHECK HERE IF YOU HAVE FILLED OUT AND RETURNED A QUESTIONNAIRE
FOR THIS STUDY FOR ANOTHER CHILD IN YOUR SCHOOL.**

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Sample Label

Please return in the self-addressed, stamped envelope to:

The University of Michigan
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