

Program ID# _____	Classroom ID# _____	Caregiver ID# _____
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Rafael Valdivieso, U.S. Department of Education, 555 New Jersey Avenue, NW, Room 506E, Washington, D.C. 20208.

Responses to this data collection will be used only for statistical purposes. The reports prepared for this study will summarize findings across the sample and will not associate responses with a specific program or individual. We will not provide information that identifies you or your program to anyone outside the study team, except as required by law.

Your cooperation in completing this survey is needed to make the results of this study comprehensive, reliable, and timely.

3. Center Director Questionnaire

1. How important would you say each of the following goals is for your center, not at all important, a little important, or very important? *Circle the number for not at all=1, a little=2, and very important=3.*

	Not at all	A little	Very important
a. To provide religious instruction	1	2	3
b. To provide care for children so parents can work	1	2	3
c. To prepare children for school with a strong academic curriculum	1	2	3
d. To provide compensatory education for disadvantaged children	1	2	3
e. To promote children’s overall development (social, language, etc.)	1	2	3
f. To teach children appreciation for their own or other cultures	1	2	3
g. To provide a warm and loving environment for all children	1	2	3

2. Please tell us about the age groupings in the classrooms for children younger than 36 months of age.

<u>Classroom</u>	<u>Age of youngest child in the</u>	<u>Age of oldest child in the</u>
<u>m</u>	<u>class</u>	<u>class</u>
1	_____ months	_____ months
2	_____ months	_____ months

3	_____ months	_____ months
4	_____ months	_____ months
5	_____ months	_____ months
6	_____ months	_____ months
7	_____ months	_____ months
8	_____ months	_____ months
9	_____ months	_____ months
10	_____ months	_____ months

3. Does your center provide any of the following services to children or their families?

	<u>No</u>	<u>Yes</u>
a. Physical screenings or examinations?	•	•
b. Dental screenings or examinations?	•	•
c. Hearing screenings or evaluations?	•	•
d. Vision screenings or examinations?	•	•
e. Speech/language screenings or evaluations?	•	•
f. Developmental assessments?	•	•
g. Assessments of social skills or behavior problems?	•	•
h. Sick child care on an as-needed basis?	•	•
i. Full-day care (children can attend at least 6 hours per day)	•	•
j. Part-day care (children can attend less than 6 hours per day)	•	•
k. After-school care	•	•
l. Before-school care	•	•

- m. Night care (after 7 pm) • •
.....
- n. Weekend care • •
.....
- o. Parent programs • •
.....
- p. Social services • •
.....
- q. Special services for children with special needs • •
.....
- r. In-service training for staff • •
.....

4. Approximately what number of the children enrolled in your center belong to the following racial-ethnic groups?

Enter "0" if your center has no children of that racial-ethnic group. The number column should sum to total enrollment of the center.

	<u>NUMBE</u>
	<u>R</u>
a. American Indian or Alaska Native	_____
b. Asian	_____
....	
c. Black or African American	_____
d. Hispanic or Latino	_____
e. Native Hawaiian or Other Pacific Islander	_____
f. White	_____
....	
g. TOTAL	_____
..	

5. How many of the children you currently care for at your center have special needs?

This includes those children with a diagnosed disability, a chronic illness or medical problem, or a severe social/emotional problem.

_____ children

6. How many of the center's paid classroom staff have left the center in the last 12 months?

Please include only teachers, assistant teachers and aides, and any others who work directly with children and are paid.

_____ paid staff

If no paid staff left in the past 12 months please enter "0" above and skip to question 10.

7. Did all of these staff who left, leave either voluntarily or because of low enrollment?

Please mark one response.

- Voluntarily
- Low enrollment
- Voluntarily because of low enrollment
- Neither

8. If these staff did not leave voluntarily or because of low enrollment, for what reason(s) did you let them go? *Mark all that apply.*

- Poor treatment of the children
- Inadequate training or preparation
- Personality or attitude problems; inadequate functioning in the classroom
- Other (please specify) _____
- Not Applicable, all staff left voluntarily or because of low enrollment

9. During the last 12 months, how many new paid classroom staff have you hired?

_____ staff

10. How many unfilled positions for classroom staff do you currently have?

_____ unfilled positions

11. What do you charge for full-time care of infants and toddlers?

Full-time is 30 or more hours per week.

Record rates for infants and toddlers separately if rates vary.

Infants (ages ___ to ___ months)

- a. \$ _____ per hour
- b. \$ _____ per day
- c. \$ _____ per week
- d. \$ _____ per month
- e. • Not Applicable, center does not provide full-time care to infants

Toddlers (ages ___ to ___ months)

- f. \$ _____ per hour
- g. \$ _____ per day
- h. \$ _____ per week
- i. \$ _____ per month
- j. • Not Applicable, center does not provide full-time care to toddlers

12. What do you charge for part-time care?

Part-time is less than 30 hours per week.

Record rates for infants and toddlers separately if rates vary.

Infants (ages ___ to ___ months)

- a. \$ _____ per hour
- b. \$ _____ per day
- c. \$ _____ per week
- d. \$ _____ per month
- e. • Not Applicable, center does not provide part-time care to infants

Toddlers (ages ___ to ___ months)

- f. \$ _____ per hour
- g. \$ _____ per day
- h. \$ _____ per week
- i. \$ _____ per month
- j. • Not Applicable, center does not provide part-time care to toddlers

Thank you for taking the time to complete this questionnaire.