

**NSCCSD Design Phase Feasibility Test**  
**In-Person Provider Questionnaire – REVISED 12/17/08**

*This protocol will be used for qualitative interviews with various staff members within selected providers. Individuals will be asked to report for their job areas, so that teachers may talk only of their classrooms or themselves, while a school financial staff person will answer only the administrative questions. Interviewers will probe as needed.*

**General Characteristics and Market Definition**

M3a. Is your program for profit, not for profit, or is it run by a government agency?

1. for profit (ask M4)
2. not for profit
3. run by a government agency
- 4 OTHER (SPECIFY: \_\_\_\_\_)

M3b. Is your program independent or is it sponsored by another organization?

- 1 Independent (SKIP TO M5)
- 2 Sponsored (ask M3c)
- 3 DK/Ref (SKIP TO M5)

M3c. What organization sponsors your program? CIRCLE ALL THAT APPLY, READ CATEGORIES ONLY TO PROBE CORRECTLY.

- 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 employer
- 9 non-government community organization
- 10 state government
- 11 local government, not including school district
- 12 Federal government or military
- 13 other (specify \_\_\_\_\_)

SKIP TO M5.

M4. Is your program part of a local chain, a national chain, or is it independently owned and operated?

- 1 Local chain
- 2 National chain
- 3 Independent

M5. What age groups of children participate in your program at this site? (1) IF R GIVES AGE GROUP NAME (E.G., TODDLER), ASK FOR APPROXIMATE AGES IN MONTHS. (2) IF R PROVIDES BROAD RANGE (E.G., UNDER AGE 12), ASK IF PROGRAM CLASSIFIES CHILDREN IN FINER AGE GROUPINGS. (3) IF R MENTIONS SCHOOL-AGE CHILDREN AGE 13 OR OLDER, SAY, "This study

focuses on children under age 13, so I am going to ask you to separate that age group from any children age 13 or older whom you may also serve.

Age group (e.g., 18-35 months, 36-59 months, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

M7. About how far do most of the children in your program travel to come to your program? IF NEEDED: ABOUT HOW LONG DOES IT TAKE TO GET FROM THE CHILDREN'S HOME TO YOUR LOCATION?

\_\_\_\_\_ miles  
\_\_\_\_\_ minutes of travel time

M8a. Please tell me the names of up to three programs or providers in your area that you consider to be similar to your own:

Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Name: \_\_\_\_\_ Location: \_\_\_\_\_

M10. Think about the last time you changed the standard prices you charge parents for your program. How important were each of the following in your decision, very important, somewhat important, not very important, not at all important?

	VImp	SWIm	NVImp	NotImp
1 Covering increasing costs	1	2	3	4
2 Increasing profitability	1	2	3	4
3 Being affordable to parents	1	2	3	4
4 Matching the competition	1	2	3	4
5 Changes in gov't reimbursement rates	1	2	3	4
6 Other (_____)	1	2	3	4

### Schedule

S3. What is your program's policy for parents who pick up children after your official closing time?

\_\_\_\_\_

S4. (If no policy or no penalties in S3, skip to S5) In the last 3 months, when parents were late to pick up their children, how often have you enforced this policy?

- 1 all of the time
- 2 most of the time
- 3 some of the time
- 4 almost never





- e. American Indian or Alaska Native \_\_\_\_\_ Number of children
- f. IF VOLUNTEERED: MIXED RACE \_\_\_\_\_ Number of children
- g. OTHER: \_\_\_\_\_ Number of children

E9. Do you have any children that you usually care for...

- a. 4 hours or less each week? Y N
- b. 5 to 20 hours each week? Y N
- c. 21 to 39 hours each week? Y N
- d. 40 hours or more each week? Y N

E9e. How many hours per week do you consider full-time enrollment in your program?

\_\_\_\_\_ Number of hours

E10. How many of your children do not speak English at home? IF NEEDED: What percent of your children do not speak English at home?

\_\_\_\_\_ Number of children  
OR \_\_\_\_\_% of children

E10a. Do you have any parents who have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: For example, are their parents who need the help of an interpreter or a child to speak with their child's teacher?

- 1 Yes (ask E10b)
- 2 No (skip to E11)

E10b. How many of your families have difficulty communicating with their child's teacher because of a language barrier? IF NEEDED: Please tell me the percentages of families who need the help of an interpreter or a child to speak with their child's teacher.

\_\_\_\_\_ Number of families  
\_\_\_\_\_ % of children

E10c. What languages do these families speak?

\_\_\_\_\_

E11. What languages are spoken by your program staff when working directly with children? CODE ALL THAT APPLY.

- 1 English
- 2 Spanish
- 3 Other (specify: \_\_\_\_\_)

IF ENGLISH AND ANOTHER LANGUAGE SELECTED, ASK E11A.

E11a. What percentage of the time is English spoken? \_\_\_\_\_ %

E12. Does a federal, state or local agency such as a human services agency, an education department, welfare or an employment or training program pay part or all of the cost for any of the children you care for?

- 1 Yes
- 2 No (go to E15)

E12a. How many children are paid for partially or fully by a government agency?  
\_\_\_\_\_ Number of children

E12b. Do the agencies pay you....

- 1. directly for slots                    Y        N
- 2. pay you for vouchers or certificate received from parents Y        N
- 3. pay the parents in cash        Y        N
- 4. some other way (\_\_\_\_\_)

E12c. For how many of the children in your program do you receive payment or partial payment through a voucher? IF NEEDED: Vouchers are certificates that parents may receive from a social service or educational agency to give to a program so that the program can receive payment for care from the agency. The program may also provide attendance records or other information in order to receive payment. IF NEEDED: Your best estimate is fine.

\_\_\_\_\_ Number of children.

E12d. Some agencies contract directly with providers to provide subsidized care or 'slots' to needy families. Do you have a contract with a federal, state or local agency to provide a certain number of slots for subsidized care for low-income families?

- 1 Yes
- 2 No (go to E13)

E12e. How many children are partially or fully paid for through contracts with governmental agencies?

\_\_\_\_\_ Number of children

E12f. What agencies do you have contracts with? RECORD NAME & CODE.

- \_\_\_\_\_
- 1 Federal
  - 2 State
  - 3 Local, other than public school districts
  - 4 Local public school district

**Admissions/Marketing**

A1. During January through March of this year, how many children did you stop caring for? IF NEEDED: Include children whose parents withdrew their children from care as well as children you didn't want to care for anymore.

\_\_\_\_\_

A2. During January through March of this year, how many new children did you start taking care of?

\_\_\_\_\_

A6. The last time you had an opening, how long did it take you to find another child to care for?

- \_\_\_\_\_ Number of 1 Days (skip to A7)
- 2 Weeks (skip to A7)
- 3 Months (skip to A7)
- 4 STILL HAVE OPENING (ask A6a)
- 5 CHILD TAKEN FROM WAITING LIST (skip to A7)

A6a. How long have you had this opening so far?

- \_\_\_\_\_ Number of 1 Days
- 2 Weeks
- 3 Months

A7. In the past year, have you turned away children who wanted to enroll because you did not have an empty slot?

- 1 yes
- 2 no
- 3 CHILDREN ARE PLACED ON A WAITING LIST

A7\_. In the past three months, have you told a parent that you won't care for a child anymore because of...

- |                                             |     |    |
|---------------------------------------------|-----|----|
| a. problems with the child's behavior       | Yes | No |
| b. problems getting paid                    | Yes | No |
| c. other issues with the parent             | Yes | No |
| d. you wanted to reduce your program's size | Yes | No |

A8a. How often in the last three months have you or someone else on your staff raised any of the following with a parent ...

- |                                    |       |         |        |       |
|------------------------------------|-------|---------|--------|-------|
| 1. parenting issues?               | Never | Monthly | Weekly | Daily |
| 2. payment of program fees?        | Never | Monthly | Weekly | Daily |
| 3. coming late to pick up a child? | Never | Monthly | Weekly | Daily |

A8b. In the last three months, how often has a parent talked with you or someone else on your staff about any of the following...

- |                                                                             |       |         |        |       |
|-----------------------------------------------------------------------------|-------|---------|--------|-------|
| 1. Something the child's teacher/caregiver is doing with the child or group | Never | Monthly | Weekly | Daily |
| 2. The child's behavior                                                     | Never | Monthly | Weekly | Daily |
| 3. The child's development                                                  | Never | Monthly | Weekly | Daily |
| 4. The child's health                                                       | Never | Monthly | Weekly | Daily |
| 5. How parents can support children's learning at home                      | Never | Monthly | Weekly | Daily |
| 6. How parents can discipline the child at home                             | Never | Monthly | Weekly | Daily |
| 7. Recent family activities or events                                       |       |         |        |       |

Never Monthly Weekly Daily

A9. How important is it to you that your lead teachers:

a. Value their relationships with parents?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

b. Understand what parents' schedules are like?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

c. Are flexible in working with parents' schedules?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

d. Pay attention to suggestions parents make about caring for their children?

- 1 Very Important
- 2 Somewhat Important
- 3 Not very Important
- 4 Not at all Important

A10. The care that a child receives can vary for many reasons. The environment they're in, the money and other resources available to the person providing care, the how the parent works with the care provider, etc.

IF R CARES FOR CHILDREN UNDER AGE 3, ASK:

A10a. If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate the care **you provide to children under age 3.**

In terms of:

- a. having a safe environment \_\_\_\_\_ N/A
- b. being warm and nurturing \_\_\_\_\_ N/A
- c. helping them learn so they can do well in school \_\_\_\_\_ N/A
- d. helping them learn how to get along with others \_\_\_\_\_ N/A
- e. helping them with their physical skills \_\_\_\_\_ N/A
- f. teaching them your program's values \_\_\_\_\_ N/A

IF R CARES FOR CHILDREN AGE 3 TO 5, ASK:

A10b. [If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate/How about] the care **you provide to children aged 3 to 5.** In terms of:

- a. having a safe environment \_\_\_\_\_ N/A
- b. being warm and nurturing \_\_\_\_\_ N/A
- c. helping them learn so they can do well in school \_\_\_\_\_ N/A



- d. helping them learn how to get along with others \_\_\_\_\_ N/A
- e. helping them with their physical skills \_\_\_\_\_ N/A
- f. teaching them your program's values \_\_\_\_\_ N/A

IF R CARES FOR SCHOOL-AGE CHILDREN, ASK:

A10c. . If 1 means 'the best possible care there is' and 5 means 'not as good as I'd like it to be,' please tell me how you would rate the care **you provide to school-age children.**

In terms of:

- a. having a safe environment \_\_\_\_\_ N/A
- b. being warm and nurturing \_\_\_\_\_ N/A
- c. helping them learn so they can do well in school \_\_\_\_\_ N/A
- d. helping them learn how to get along with others \_\_\_\_\_ N/A
- e. helping them with their physical skills \_\_\_\_\_ N/A
- f. teaching them your program's values \_\_\_\_\_ N/A

A11. The following questions are about various services that children and their families might require outside of the child-care setting.

- a. Are any of the following available to children on-site at your program? Health screening: medical, dental, vision, hearing, or speech?  
 1 Yes → Does your program pay for this service? 1 Yes 2 No  
 2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- b. Are development assessments available to children on-site at your program?  
 1 Yes → Does your program pay for this service? 1 Yes 2 No  
 2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- c. Are therapeutic services such as speech therapy, occupational therapy, or services for children with special needs available to children on-site at your program?  
 1 Yes → Does your program pay for this service? 1 Yes 2 No  
 2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- d. Are counseling services for children or parents available on-site at your program?  
 1 Yes → Does your program pay for this service? 1 Yes 2 No  
 2 No -> Does your program provide referrals to this service? 1 Yes 2 No
- e. Are any of the following available to children on-site at your program? Social services to parents such as housing assistance, food stamps, financial aid, or medical care.  
 1 Yes → Does your program pay for this service? 1 Yes 2 No  
 2 No -> Does your program provide referrals to this service? 1 Yes 2 No

A11e. [if yes to A11e1 or A11e2] In the last year, how many parents have you provided with social services assistance, including referrals?

\_\_\_\_\_ Number of parents

A12. In the past 3 months, have you provided financial aid or reduced the fees that you charge a family because of a *change* in their personal circumstances?

- 1 Yes (ask A12a)
- 2 No (skip to A13)

A12a. About how many families have you done this for?

\_\_\_\_\_ Number of families



7. \_\_\_\_\_ 8. \_\_\_\_\_

2. \_\_\_\_\_ number of groups

a1. what are the names of these groups?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_

3. \_\_\_\_\_ number of groups

a1. what are the names of these groups?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ number of groups

a1. what are the names of these groups?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_

[RANDOMLY SELECT TWO GROUPS. DO NOT LET R SELECT GROUP.]

C3. I'm going to ask you some detailed questions about two of your groups. This helps reduce the number of questions I need to ask you, but still gives us a sense overall of the range of offerings that providers have. Please do not worry if the groups I select are not typical of your program.

[First,] let's talk about [FIRST/SECOND SELECTED GROUP]. ASK C3A THROUGH C7 FOR FIRST GROUP, THEN ASK ENTIRE SET FOR GROUP FROM NEXT AGE CATEGORY UNTIL ALL AGE CATEGORIES ARE COMPLETE.

INFANT-TODDLER

C3a. How old is the youngest child in []?  
\_\_\_\_\_ Years and \_\_\_\_\_ Months

C3b. How old is the oldest child in []?  
\_\_\_\_\_ Years and \_\_\_\_\_ Months

C3c. How many children are currently enrolled in []? \_\_\_\_\_ Number of children

C3d. How many more children would you be able and willing to accept in this group?  
\_\_\_\_\_ Number of additional children

C3e. How many hours per day are most of the children in this group at your program?  
\_\_\_\_\_ Hours per day

C3f. During a typical activity period, how many assistant teachers or aides help with this group?  
\_\_\_\_\_ Number of assistants/aides

C3g. During a typical activity period, how many lead teachers and other teachers are with this group?

\_\_\_\_\_ Number of teachers

C3h. During a typical activity period, how many volunteers help with this group?

\_\_\_\_\_ Number of volunteers

C4. Please tell me the names or initials of the lead teachers, other teachers, assistants or aides who work with this group.

C4a. Is [NAME] a lead teacher, other teacher, assistant teacher or aide?

C4b. Is [] male or female?

C4c. How old is []? IF NEEDED: your best guess is fine.

C4d. Approximately how many hours per week does [] usually work?

C4e. Is [] of Hispanic or Latino origin?

C4f. Which of the following is []...READ CATEGORIES?

C4g1. [Does []/Do you] have a CDA?

1 Yes

2 No

C4g2. [Does []/Do you] have a 2 year college degree?

1 Yes

2 No

C4g3. [Does []/Do you] have a 4-year college degree?

1 Yes

2 No

C4g4. [if c4g2=1 or c4g3=1] [Does []/Do you] have a college degree in...

a. child development or early care and education?

1 Yes

2 No

b. special education?

1 Yes

2 No

c. elementary education?

1 Yes

2 No

C4g5. [Does []/Do you] have some form of certification to teach young children?

1 Yes

2 No

C4g6. [Does []/Do you] have some form of certification as a special education teacher or elementary school teacher?

1 yes

2 No

C4h. Does [] have any training *outside of higher education* in child development or early care and education?

C4i. As far as you know, has [] received any professional development or other training on working with young children in the past 12 months?

C4j. How long has [] worked in your program?

C4k. How many years of experience does [] have working with children under age 13? Please do not count any experience raising (his/her) own children.

C4l. How much is [] paid? RECORD AMOUNT AND TIME UNIT. PROBE FOR BEST ESTIMATE IF NEEDED.

C4m. Please tell me if [] receives any of the following benefits: READ ALL CATEGORIES

1 reduced tuition at your program 2 funds for (him/her) to receive training  
3 retirement/IRA/SEP/Keogh 4 life or disability insurance  
5 health insurance 6 paid parental leave  
7 other paid time off

C4 Please tell me the names or initials of the lead teachers, other teachers, assistants or aides who work with this group.

Name/initials	1	2	3	4	5	6	7
C4a. Role	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other	1 Lead 2 Teacher 3 Asst 4 Aide 5 Other
C4b. Gender	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female	1 Male 2 Female
C4c. Age							
C4d. Hours per week							
C4e. Hispanic/Latino	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No	1 Yes 2 No
C4f. Race	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER	1 White 2 Black 3 Asian 4 NHOPI 5 AI/AN 6 OTHER
C4g. College Degree	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4h. Education or Child Dev Training	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4i. Prof Dev past 12 months	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK	1 Yes 2 No 3 DK
C4j. Yrs w/pgm							
C4k. Years in field							
C4l. Wage rate	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other	\$ _____ per 1 hour 2 day 3 week 4 month 5 year 6 other
C4m. Benefits received	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave	1 reduced tuition 2 training funds 3 rtrmt 4 life insurance 5 health insurance 6 paid parental leave

	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off	7 paid time off
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ASK 4A-M FOR NEXT STAFF PERSON UNTIL ALL STAFF PERSONS ASKED ABOUT FOR THIS GROUP.

C5. [IF group is younger than school-age] Thinking about a typical day for children in this group, what percentage of time do children spend doing such things as physical activities, creative activities, instructional activities, other group activities and free choice activities. IF NEEDED: Just tell me the typical amount of time on this activity.

- a. Physical activities led by an adult. \_\_\_\_\_ % or minutes
- b. Creative activities led by an adult, such as music, block building, arts and crafts, or dramatic play. \_\_\_\_\_ % or minutes
- c. Teacher-directed instruction such as [learning animals or colors/numbers or letters/reading or mathematics] \_\_\_\_\_ % or minutes
- d. Other teacher-directed group activities, such as reading aloud or [storytelling/discussion] \_\_\_\_\_ % or minutes
- e. Activities chosen by the child. \_\_\_\_\_ % or minutes

C5a. [IF GROUP IS SCHOOL-AGE] Next, I'll ask you about how children in this group spend a typical day. I'll ask about academic activities, arts or cultural enrichment, recreational activities, social activities, community service, technology, or supervised free time. What percentage of time do children spend on...? IF NEEDED: Just tell me the typical amount of time on this activity.

Activity	Time	% /minutes
Academic activities (tutoring, homework help, college prep, etc.)		
Arts/Cultural enrichment (arts, music, cooking, going to museums, multicultural awareness, etc.)		
Physical or Athletic activities (sports, free swimming, active play, etc.)		
Social or Recreational activities (focused on behavioral and interpersonal skills)		
Community service/civic engagement		
Technology (computer programming/web site design)		
Supervised free time		

C5b. [IF GROUP IS SCHOOL-AGED] 1. Indicate the extent to which the management and staff of this Center consider each of the following to be an objective or goal of their program. Indicate whether each is (1) a major objective, (2) a minor objective, or (3) not an objective of this Center:

- A \_\_\_ Provide a safe environment for kids after school
- B \_\_\_ Help kids to improve academic performance (e.g., grades, test scores)
- C \_\_\_ Help kids to develop socially
- D \_\_\_ Provide cultural opportunities for kids
- E \_\_\_ Provide physical or recreational activities for kids
- F \_\_\_ Prevent risky behavior
- G \_\_\_ Other (describe)

C6. How often do children in this group watch **educational** programs on television or DVDs?

- 1 every day
- 2 2-3 times per week

- 3 2-4 times per month
- 4 very rarely
- 5 never

C6. How often do children in this group watch other programming?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

C7. How often do children in this group use computers?

- 1 every day
- 2 2-3 times per week
- 3 2-4 times per month
- 4 very rarely
- 5 never

END REPRESENTATIVE GROUP QUESTIONS.

C11. Would you say that you and your staff feel overwhelmed by the concerns parents share with you...?

- 1 Often
- 2 Occasionally
- 3 Rarely
- 4 Never?

**Finances**

F1. Now I will be asking you some questions about your program's finances for the last completed financial reporting year.

What would be the starting and ending dates of that financial reporting year?

Start Date \_\_\_\_\_  
 End Date \_\_\_\_\_ (END DATE MUST PRECEDE INTERVIEW DATE)

IF NO FORMAL FINANCIAL REPORTING YEAR. Please answer the following questions about the calendar year 2008.

F2. For that year, approximately what were the total revenues of your at this site? Your best guess will be fine. INTERVIEWER: IF R IS ABLE, PLEASE COLLECT NUMBERS FOR PROGRAMS FOR CHILDREN UNDER AGE 13 ONLY. ELSE, COLLECT NUMBERS FOR ENTIRE PROGRAM AND INDICATE INCLUSION OF CHILDREN OVER AGE 13 IN ITEM F2A.

\$ \_\_\_\_\_





F5. Altogether, did your program's revenues exceed expenses, expenses exceed revenues, or did you break even during the last financial reporting year

- 1 REVENUES EXCEEDED EXPENSES
- 2 EXPENSES EXCEEDED REVENUES
- 3 BROKE EVEN

F6. First, I will ask you about labor costs, then about other costs. Then I will ask you about in-kind donations your program may receive.

<b>Labor Costs</b> Please include all people who work in this child care program at this site, either full or part time.	Amount last year
a. Salaries and wages for all staff (not just teachers). (Put taxes in b.)	
b. Fringe benefits and payroll taxes (incl. FICA, unemployment, health insurance benefits)	
c. Total Labor Costs (sum of a. and b.)	

F7. What proportion of your total direct costs is made up of labor costs, including wages and fringe benefits? By total direct costs I mean labor costs, other direct costs, excluding facility costs & the value of donated time & other items. \_\_\_\_\_ %

F8. Other than labor, what would you say are your three largest expenses? Please provide the amount of these expenses for your last financial reporting year if you have that information available. CODE BASED ON VERBATIM RESPONSE, READ CATEGORIES ONLY TO PROBE INTO CORRECT CATEGORY.

- 0. Facility costs, including utilities and insurance for the facility
  - 1. Costs of food and related goods for meals & snacks served to children (not cook's wages)
  - 2. Educational materials & expenditures, program supplies (e.g. books, supplies, field trips), program equipment including program equipment depreciation.
  - 3. Office supplies and office equipment, postage, office equipment depreciation
  - 4. Telephone, printing, copying, duplicating, advertising, recruiting
  - 5. Liability insurance
  - 6. Other insurance (DO NOT INCLUDE HEALTH INSURANCE FOR EMPLOYEES OR FACILITY-RELATED INSURANCE)
  - 7. Transportation of children: vehicle expenses, gas and drivers if not listed with labor costs above.
  - 8. Subcontractors (fees for professional services, e.g. accountants, consultants, attorneys, auditing, payroll services; other services paid via contract, e.g. janitorial services, etc.)
  - 9. Training / Professional development expenses (e.g., trainer coming to program, fees for staff to attend courses, conferences)
  - 10. Staff mileage or travel
  - 11. Supplemental services for children (e.g., health screenings, speech therapy)
  - 12. Administrative Allocation, Overhead, Indirect Costs (paid to sponsoring agency or parent organization). (This is only relevant for programs that have a parent/sponsoring agency, or are part of a larger organization, not a single stand-alone business.)
  - 13. Miscellaneous/other

	Category of Expense	Dollar Cost in 2008/Last Year
F8a. LARGEST NON-LABOR EXPENSE:		
F8b. 2 <sup>nd</sup> LARGEST NON-LABOR EXPENSE		
F8c. 3 <sup>RD</sup> LARGEST NON-LABOR EXPENSE		

F9. These next questions are about in-kind services or goods your program may have received last year. First, please tell me if your program received any of the following **services** free or at reduced cost [that year/during 2008]? [IF R IS PART OF A NETWORK OR SPONSORING ORGANIZATION, READ: You might have received some of these services from your network or sponsoring organization.]

a. Volunteers working with the children in the classroom, on field trips, or in the playground	1 Yes 2 No
b. Accounting/bookkeeping	1 Yes 2 No
c. Legal services	1 Yes 2 No
d. Special learning activities provided: music, art, sports, etc.	1 Yes 2 No
e. Repairs/maintenance (labor and parts)	1 Yes 2 No
f. Clerical	1 Yes 2 No
g. Grant writer	1 Yes 2 No
h. Administrative, professional, contractual & support services provided	1 Yes 2 No
i. Professional development provided (e.g., trainer provides services at no cost or reduced cost to your program)	1 Yes 2 No
j. Supplemental services provided (speech & language therapist, physical therapist, health services)	1 Yes 2 No
k. "Other" in-kind services donated free or at a reduced rate	1 Yes 2 No

F10. During the last financial year, did you receive any in-kind donations?

1 Yes (ask F10a)

2 No (F11)

F10a. What was the most important donation you received, and what would you estimate as its market value?

a. Reduced or no rent/no fee for classroom(s), administrative space, outdoor space
b. Utilities free or at reduced rate
c. Donated food for children.
d. Educational expenditures provided (e.g. books, supplies, equipment, field trips)
e. Financial aid, scholarships for children provided by a group or individual other than your program.
f. Office supplies and office equipment provided
g. Telephone, printing, copying, advertising
h. Liability and/or other insurance provided
i. Professional development provided (e.g., fees for staff to attend courses)
j. Transportation for children provided
k. "Other" in-kind goods donated free or at a reduced rate

Most important donation received:

Category \_\_\_\_\_

Estimated market value: \_\_\_\_\_

F12. And may I record your title? \_\_\_\_\_

Those are all of the questions I have for you today. We appreciate your taking the time to talk with us about your program.