

Attachment G

Director Survey

In the following pages, we will ask questions about your early education and child care program. We will also ask about the physical environment, the parents and families of children enrolled in your program, and the providers you employ.

1. **How many children ages 0-5 are currently enrolled in your program?** *[IF YOUR PROGRAM HAS MORE THAN ONE PROGRAM ONLY REPORT ABOUT THE PROGRAM YOU ARE DIRECTLY RESPONSIBLE FOR. DO NOT INCLUDE CHILDREN THAT ARE ENROLLED IN A KINDERGARTEN PROGRAM.]*

_____children

2. **What are the ages of children you will accept into your program?**

[CHECK ALL THAT APPLY]

- Less than 6 months.....
- 6 months-less than 1 year.....
- 1year-less than 2 years.....
- 2 years-less than 3 years.....
- 3 years-less than 4 years.....
- 4 years-less than 5 years.....
- 5 years or more.....

3. **Approximately how many of the children in your program belong to each of the following racial/ethnic groups?**

[THE COLUMNS SHOULD ADD TO THE TOTAL ENROLLMENT IN YOUR PROGRAM.]

- a. White, not Hispanic or Latino.....
- b. Black or African American, not Hispanic or Latino.....
- c. Hispanic/Latino of any race.....
- d. Two or more races, not Hispanic or Latino.....
- e. Asian, not Hispanic or Latino.....
- f. Native Hawaiian or Other Pacific Islander, not Hispanic or Latino.....
- g. American Indian or Alaska Native, not Hispanic or Latino.....

Total enrollment (sum of a through g).....

4. How many aides or teaching assistants are employed in the program?

_____ aides or teaching assistants

5. How many childcare providers or teachers are employed in the program?

_____ providers or teachers

6. How many family service workers are employed in the program?

_____ family service workers

7. Which of the following methods are used to communicate with families?

[CHECK ONE BOX IN EACH ROW.]

	Yes	No
a. Website.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Newsletter.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Calendar.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Bulletin Boards.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Email.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Text message.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Telephone.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Parent-teacher conferences.....	<input type="checkbox"/>	<input type="checkbox"/>
i. In-person discussions.....	<input type="checkbox"/>	<input type="checkbox"/>

8. Since September has your program given any family information about the following:
[CHECK ONE BOX IN EACH ROW.]

	Yes	No
a. Employment or job training?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Food pantries?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Women, Infants, and Children (WIC)?	<input type="checkbox"/>	<input type="checkbox"/>
d. Child care subsidies or vouchers?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Temporary Assistance for Needy Families (TANF)?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Adult education, GED classes, ESL classes, or continuing education?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Housing assistance?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Energy or fuel assistance?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Immigration or legal services?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Domestic violence programs?.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Substance abuse programs?.....	<input type="checkbox"/>	<input type="checkbox"/>
l. Health insurance?	<input type="checkbox"/>	<input type="checkbox"/>

9. Since September has your program provided referrals for the following services:
[CHECK ONE BOX IN EACH ROW.]

	Yes	No
a. Health screening (medical, dental, vision, hearing, or speech)?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Developmental assessments?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychological counseling services for children?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychological counseling services for parents?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Social services such as housing assistance, food stamps, financial aid, or medical care?.....	<input type="checkbox"/>	<input type="checkbox"/>

10. Since September has your program offered the following to any family:
[CHECK ONE BOX IN EACH ROW.]

	Yes	No
a. Sick care?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Extended hours?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Flexibility to drop off early or pick up late as needed?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Flexibility to pay for child care services after the payment due date?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Help getting transportation to and/or from the care setting?.....	<input type="checkbox"/>	<input type="checkbox"/>

11. Since September, has your program received funding from any of the following?

[CHECK ALL THAT APPLY.]

- State pre-kindergarten.....
- Head Start.....
- Child Care and Development Fund (CCDF).....
- Title 1.....
- Local or community organizations (e.g. United Way)..
- Other.....

12. Do you ask parents to provide you feedback about your program?

[CHECK ONLY ONE BOX.]

- Yes.....
- No..... **GO TO QUESTION 15**

13. How often do you use the feedback you receive from parents to make changes to your program?

[CHECK ONLY ONE BOX.]

- Never.....
- Rarely.....
- Often.....
- Very often.....

Listed below are some questions about the physical environment of your child care program.

[CHECK ONE BOX IN EACH ROW.]

At your program:		Yes	No
14.	Parents can visit the care setting anytime during care hours.....	<input type="checkbox"/>	<input type="checkbox"/>
15.	There are a variety of opportunities for parent involvement, including:		
	a. Volunteering in program/care activities.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Bringing in materials such as arts and crafts.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Parent committee.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Observing their own children in the care setting.....	<input type="checkbox"/>	<input type="checkbox"/>
16.	Parents are invited to shape the planning of the program.....	<input type="checkbox"/>	<input type="checkbox"/>
17.	The program has suggestion boxes or surveys for family members to give feedback about the program.....	<input type="checkbox"/>	<input type="checkbox"/>
18.	The program offers special activities <i>just</i> for fathers or other male members of the family.....	<input type="checkbox"/>	<input type="checkbox"/>
19.	Written information and materials provided to families are in all languages spoken by families.....	<input type="checkbox"/>	<input type="checkbox"/>
20.	Written information and materials provided to families are at the appropriate literacy level.....	<input type="checkbox"/>	<input type="checkbox"/>
21.	The program provides opportunities for family events.....	<input type="checkbox"/>	<input type="checkbox"/>
22.	There are opportunities for parents to get together.....	<input type="checkbox"/>	<input type="checkbox"/>
23.	The program provides parenting information through:.....		
	a. Parenting workshops/classes.....	<input type="checkbox"/>	<input type="checkbox"/>
	b. Bulletin boards.....	<input type="checkbox"/>	<input type="checkbox"/>
	c. Newsletters.....	<input type="checkbox"/>	<input type="checkbox"/>
	d. Resource library with books and/or videos.....	<input type="checkbox"/>	<input type="checkbox"/>
	e. Pamphlets.....	<input type="checkbox"/>	<input type="checkbox"/>

END: THANK YOU FOR PARTICIPATING IN THIS SURVEY