Assessing the Implementation and Cost of High Quality Care and Education
Comparative Multi-Case Study Cost Survey

Introduction and Instructions

Please scroll down to read all instructions.

The Assessing the Implementation and Cost of High Quality Early Care and Education (ECE-ICHQ) project will produce measures of implementation and costs that help us better understand the program resources, capacities, and activities that can make a difference for children's early childhood experiences and outcomes. This workbook collects information on the cost of operating your early care and education program. The time required to complete this information collection is estimated to average 6.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

What is this survey about?

This survey is for programs included in the ECE-ICHQ study. It asks questions about the costs of running an early care and education program and the revenue your receive. The survey is designed to gather information on all resources used by the program, including those that the program does not pay for directly and that may not be reflected in expenditure records (such as the value of volunteer time or donated space).

How is the survey organized?

The survey is divided into ten sections, labeled A through J. Each section asks questions about a specific type of cost and appears as a separate tab in this Excel workbook. You can access each section by clicking on the tabs at the bottom of this page. You should complete the questions in all sections. Please save this file after completing each section.

What time period is covered?

Please report costs for the most recently completed fiscal year. The survey refers to the 12-month time frame you select as the "reporting period". Please specify your reporting period (the most recently completed fiscal year) on the next sheet.

What information or records will I need to complete the survey?

You will need information about center expenditures and use of resources, such as facilities and equipment, as well as center revenues. Please use actual expenditure records rather than budgets when gathering information to answer survey questions. Information from budgets does not always represent actual expenditures.

It may be helpful to review the entire survey before starting it to identify the kinds of information that are required. (To print the entire survey, click *Print* and select the *Entire workbook* option under *Print What*.)

Who should complete the survey?

A person who is familiar with program expenditures and accounting records, such as a financial manager, should have primary responsibility for completing the survey. This person may need to consult with other people to gather information required to address some questions. Questions refer to your center, meaning services provided at a specific address or site.

How do I move through the survey?

Each section of the survey appears on a separate tab in this workbook. Click on the tabs below to view and complete each section of the survey. In each section, enter information or select answers in fields with the labels "Click here and start typing" or "Click here and select from list". You can use the tab key or mouse button to move between answer fields. (Areas outside the answer fields are locked to prevent changes.) Please save your work frequently to ensure your answers are recorded.

What should we do when we have completed the survey?

Please complete the survey at least two days prior to the scheduled onsite visit. When you have completed the survey, please save the file, encrypt it according to the instructions provided, and email it to the address provided. Please record the time you spent to complete this workbook in the space provided in tab 2 (Time to complete log).

How will survey data be used?

Information gathered through this survey will be used to help estimate the costs of activities related to program quality. All data will be treated in a private manner. Only members of the research team will have access to survey responses. The study team will only report estimates of the overall costs and the costs of different program activities and components at an aggregate level. Estimates for individual programs will not be reported.

Thank you for your participation in this important study. If you have questions, please contact your project liaison at [PHONE] or eceichq@mathematica-mpr.com

TIME TO COMPLETE LOG

Please record the amount of time you spent to complete this workbook in the space provided below.
This information will be helpful for planning our future data collection efforts.
We have provided multiple rows in case you complete the workbook over multiple occasions:

DATE	START TIME	END TIME
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]
[Enter date]	[Enter start time]	[Enter end time]

SECTION A: YOUR CENTER

This section requests basic information about your center and the time period for cost information you provide. We use the term "center" to describe all of the early care and education services for children 0-5 offered by your organization at the address [address]. Please review the pre-populated information and complete all blank entries.

A1.   What is the official name of your center?

[Click here and start typing]

A2.   Please provide contact information for the person primarily responsible for completing this survey.

Name	[Click here and start typing]
Position/Title	[Click here and start typing]
Email	[Click here and start typing]
Telephone	[Click here and start typing]
Address	[Click here and start typing]

A3.   What is the period for which you are reporting costs (the "reporting period")? This period should be the 12 months of your center's most recently completed fiscal year.

[Enter month]	[Enter Year]	TO	[Enter Month]	[Enter Year]

A4.   If any unusual circumstances affected costs during the reporting period you indicated (for example, unusually high staff turnover or major changes in center operations), please use the space below to describe them.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION B: SALARIES AND FRINGE BENEFITS

This section asks questions about salary and fringe benefit expenses for staff during the reporting period (the most recently completed fiscal year). This section asks about regular, paid employees. We ask about individuals that are consultants or contractors in Tab C. Please scroll down to answer all questions.

B1. **The table below should include all regular, paid staff at the center during the reporting period.**
For each staff member:
■ Please enter the first name and last initial of each staff person in your program (do not include staff at another location, or in other programs at your location).
■ Please enter out the actual job titles for each person. Then select the code number below that most closely corresponds to that job title using the drop down menu in the table below.
1) Head or Lead Teacher refers to persons in charge of a group or classroom of children, often with staff supervisory responsibilities.
2) Teacher refers to persons who may take responsibility for the classroom at times of the day; collaborates with other teachers.
3) Assistant Teacher refers to persons working under the supervision of a teacher. May or may not lead certain activities (art projects, storytime) but does not have sole responsibility for the classroom and does not have staff supervisory responsibilities.
4) Teacher-Director refers to a person with both teaching and administrative duties on a regular basis (not just filling in for absent teachers).
5) Director refers to a person who does not have regular teaching duties, and who serves as the director of the child care program, with staff supervisory responsibilities.
6) Educational /Curriculum Director/Coordinator refers to a person responsible for the curriculum of the program, may supervise teachers
7) Executive Director refers to a person who does not have regular teaching duties, and who does not directly supervise classroom teachers. Only use this job title if there is a separate staff member who directly supervises teachers (such as an Educational Director or Curriculum Director).
8) Floater refers to a regular paid staff person who is not regularly assigned to a particular room, but fills in different positions as necessary.
9) Aide or Teaching Assistant refers to persons working under the supervision of a teacher, but who are not included in meeting licensing requirements for teacher/child ratios.
10) Paid work-study students, other paid students who are not included in meeting licensing requirements.
11) Administrative Personnel refers to persons who hold administrative positions in the program (administrative assistant, finance, etc.), but who do not have classroom responsibilities on a regular basis.
12) Other professional (e.g., social worker, speech therapist)
13) Other staff (e.g., cook, maintenance personnel)
■ Enter the salary or wage for each person. This would be the salary or wage that is documented on your payroll records.
■ Is this their pay by the hour, the week, every two weeks, the month, or the year?
■ For how many hours per week is each person is paid, not including any unpaid extra hours? Please record the average paid hours per week for all activities, including breaks, paid holidays, sick time. Do not include unpaid overtime.
■ How many paid weeks is each person employed per year, including all activities and including paid vacation? Record the number of paid weeks employed per year.
■ Which of these people, if any, is eligible for fringe benefits, such as health insurance benefits, pension/retirement, life or disability insurance, or other similar fringe benefits? Select "yes" if they are eligible for any benefits; select "no" if paid vacation or paid sick time are the only benefits they receive.
■ Please enter whether each person received an annual bonus. If they did, please enter the amount.
■ Select the highest level of education each person has completed from the drop down in the table below.   Use the following code:

1) Less than high school diploma or GED	4) Child Development Associate (CDA) certificate	7) MA, MS
2) High school diploma or GED	5) AA degree	8) Ph.D., JD, MD
3) Some college, no degree	6) BA, BS	9) Other (specify)

- Record how long each person has worked at this program.   If he or she has been at the program longer than 1 year, you do not have to enter the number of months; that is, round to the nearest year and write ___ yrs 0 mos.   If the person has been at the program for less than 1 year, enter in 0 yrs and the appropriate number of months.
- Indicate whether each person works with infants and toddlers, preschoolers, or both infants/toddlers and preschoolers.

First name, last initial	Title/position & title code (see above)		Salary/ wage on payroll	Is this the salary/ wage paid for:	Total paid hours/ week	Total paid weeks/ year	Any fringe benefits	Annual Bonus		Highest level of education completed	Years at center	Works with infants and toddlers or preschoolers
Example: Jane D.	Literacy specialist	Other professional	20,000	one year	20	52	NO	Received annual bonus	500	MA, MS	2	Preschoolers
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]
		[Select]		[Select]			[Select]	[Select]		[Select]		[Select]

B2. **If there were staff transitions or turnover during the cost reporting period, please describe these in the box below, stating the positions where transitions occurred.**

[Click here and start typing.]

B3. **Please indicate which payroll taxes and benefits are included in the figures reported in B1.** Indicate YES or NO for each type of tax or benefit.

Social Security (FICA)	[Click to select]
Unemployment insurance	[Click to select]
Health insurance	[Click to select]
Life insurance	[Click to select]
Retirement savings/pension	[Click to select]
Workers compensation	[Click to select]
Disability	[Click to select]
Other benefits (please specify) [Specify here]	[Click to select]

B4. **Did your center incur any costs for overtime in the past year?** If so, enter the total cost below.

[Enter dollar amount here.]

B5. **Does the center pay for or subsidize staff education that is taken for credit, for example, college or university courses?**

[Click here and select from list]

B6. IF YOU ANSWERED YES TO QUESTION B5**: What were the center's total expenditures during the reporting period for staff education taken for credit, for example, college or university courses?**

[Enter total expenditures here]

B7. **Please use the space below to enter any explanatory notes for the information provided in this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION C: CONTRACTED SERVICES

This section asks questions about services purchased from organizations and/or people who worked for the center on an irregular basis and who operate independently, such as sub-contractors. Please scroll down to answer questions.

C1.   Did your center contract with a company, organization, consultant, or other professional during the reporting period (the most recently completed fiscal year)?

[Click and select]

C2.   What were your center's expenditures on contracted services during the reporting period (the most recently completed fiscal year)? Using the table below, please indicate the name of the contractor, the expenditure amount, and the type of service purchased. *Select the type of service from the drop down list in the table below.*

Name of contractor	Expenditure amount ($)	Type of service purchased (please use codes from drop down list)
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*
	[Enter expenditure amount]	*[If other, specify here]*

C3.   What was your center's total expenditure on contracted services for the reporting year (the most recently completed fiscal year)?

[Enter total expenditures here]

C4.   If you entered an amount in C3, please indicate the percent of total expenditures for each type of contracted service listed below. Use blank spaces to list other categories not included. If you do not know the exact percentage, your best estimate is fine.

Contracted Service Area	Percent of Total Contract Work Expenditure
Staff training and professional development	[Enter percentage]
Accounting and clerical	[Enter percentage]
Legal	[Enter percentage]
Substitute teachers	[Enter percentage]

Janitorial and maintenance	[Enter percentage]
Technology support and repairs	[Enter percentage]
	[Enter percentage]
	[Enter percentage]

C5. **Please use the space below to provide information on calculations and data sources or other explanatory notes for this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION D: DONATED LABOR

This section asks questions about volunteers working at your center and other donated labor during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

_____

D1.   **Please use the table below to list any volunteers (1 row per volunteer) and the services they provided by using the dropdown lists. Please also include an estimate of the hourly wage that each volunteer would receive if they were paid for their work.**

*1 - Volunteer (select type)	*2 - Work at Center (select)		Hours/month	Months/year	Hourly Wage If Paid ($)
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter hours]	[Enter number]	[Enter amount]

   PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION E: OCCUPANCY

This section asks questions about cost of facilities used by your center during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

_____

E1.   Please describe the facilities your center used during the reporting period, including classroom space, office space, and outdoor space. Please include all space the center used. Please indicate:
- Building address or name
- Type of building or facility (office building, church, school, etc.)
- Approximate size of classroom space used by the center (in square feet) at this facility
- Approximate size of office/administrative space used by the center at this facility
- Approximate size of outdoor space used by the center at this facility
- Number of months the space is used by the center during the reporting period
- Percentage of the building or facility used by the center.

Building Address or Name	Type of Building or Facility	Approximate Size of Classroom Space Used by Center (square feet)	Approximate Size of Office/ Administrative Space Used by Center (square feet)	Approximate Size of Outdoor Space Used by the Center (square feet)	Number of Months the Building or Facility Was Used During the Reporting Year	Approximate percentage of the building or facility used by the center
[Click and start typing]	[Click and start typing]	[Enter number of square feet]	[Enter number of square feet]	[Enter number of square feet]	[Enter number of months]	[Click to select]

E2.   **What was the total amount the center paid (in mortgage, rent, or lease payments) to use this facility during the reporting period? (If the space was used at no cost to the center, please enter 0.)**

[Enter dollar amount here.]

E3.   **Was the amount paid by the center subsidized? In other words, did the center pay less than market rate for the facility or not pay for the facility at all?**

[Click to select]

E3a.   **IF YOU ANSWERED YES TO QUESTION E3: Please describe the source of the subsidy (for example, "The center rented space from a community organization at a reduced rate.")**

[Click here and start typing.]

E4. **Please use the space below to provide information on calculations and data sources or other explanatory notes for this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION G: FOOD SERVICES

This section asks questions about the cost of food services during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

F1.   **Do you provide food such as meals or snacks to children in your center? Do not include food or formula parents send for individual children.**

[Click and select]

F2.   **Please provide the cost of food services for the reporting period (the most recently completed fiscal year).** Please include food and nondurable kitchen equipment such as disposable plates, cups, and utensils. Do not include the cost of any personnel or contracted services reported in Tab B or Tab C.

[Enter dollar amount here.]

F3.   **Were any food or food services donated to the center during the last fiscal year?**

[Click to select]

F4.   IF YOU ANSWERED YES TO QUESTION F3: **What foods and food services were donated to the center during the reporting period? How much would the donated food or food services have cost if you purchased it yourself? Please provide your best estimate.**

Donated food item or service	Quantity	Approximate cost if purchased (if quantity is more than one, enter cost per item)
Example: canned fruit	10 cases	20.00
[Click here and start typing.]	[Enter quantity]	[Enter amount]
[Click here and start typing.]	[Enter quantity]	[Enter amount]
[Click here and start typing.]	[Enter quantity]	[Enter amount]
[Click here and start typing.]	[Enter quantity]	[Enter amount]

F5.   **Please use the space below for any explanatory notes on the information provided in this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION G: SUPPLIES AND EQUIPMENT

This section asks questions about other operating costs such as supplies and materials during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

_____

G1. Please use the table below to list any supplies and materials purchased by the program during the reporting period (the most recently completed fiscal year). For the purposes of this survey, consumable supplies and materials are items used and replenished regularly, not durable equipment such as computers. Please provide the amount spent on each type of material or supply in the table below, and use blank rows to specify materials or supplies not listed. Do not include any food and food service items listed in Tab F, Food Services.

Type of material or supply	Amount ($)
Office supplies	[Enter amount]
Children's toys	[Enter amount]
Classroom supplies and consumables, such as paint, crayons, paper, etc.)	[Enter amount]
Facilities maintenance supplies	[Enter amount]
Postage	[Enter amount]
Photocopying and printing	[Enter amount]
Dues and subscriptions	[Enter amount]
Books for children	[Enter amount]
Books for adults	[Enter amount]
Child assessment materials/packages	[Enter amount]
Staff training materials/packages	[Enter amount]
Curriculum materials/packages	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]

G2. **Please use the table below to itemize any durable equipment or capital asset used by the program during the past year.** For the purposes of this survey, durable equipment and capital assets are items with an expected useful life of more than one year. Examples include computer systems and computer software, automobiles or vans, office and classroom furniture, playground equipment, etc. It is fine to enter a general category of equipment (such as "classroom furniture") if listing each item separately is not possible. Please indicate:
- Type of equipment/asset
- Year purchased (if information is available)
- Original purchase price (dollars)
- Expected useful life (number of years)

Type of equipment or asset	Year Purchased	Original Purchase Price ($)	Expected Useful Life (Number of Years)
Example: Desktop computer		500.00	5.00
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	
		[Enter amount]	

G3a. **Was any equipment <u>leased or rented</u> during the last year?** *Please use the drop-down list to select YES or NO.*

[Click to select]

G3b. IF YOU ANSWERED YES TO QUESTION G3A: **Please use the table below to enter the type of equipment leased or rented and the total amount paid during the most recently completed fiscal year.**

Type of equipment leased or rented	Amount Paid During the Reporting Period (Dollars)
	[Enter amount]

	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]
	[Enter amount]

G4a. **Did your program calculate a total depreciation cost for durable equipment for the reporting period?** *Please use the drop-down list to select YES or NO.*

[Click here and select from list]

G4b. IF YOU ANSWERED YES TO QUESTION G4A: **Please enter the total depreciation cost in the space below.**

Total depreciation cost during the reporting period:

[Enter dollar amount here.]

G4c. IF YOU ANSWERED YES TO QUESTION G4A: **Please describe the durable equipment or assets included in the depreciation cost you reported.**

[Click here and start typing.]

G5. **In the last fiscal year did the center receive any donated equipment?** *If so, please list the donated items in the table below. Please also provide the condition and approximate cost of each item if purchased (your best estimate is fine).*

Donated Equipment	Condition	Quantity	Approximate cost if purchased (if quantity is more than one, enter cost per item)
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Click to select condition]	[Enter quantity]	[Enter dollar amount]

G6. **In the last fiscal year did the center receive any donated <u>classroom</u> materials and supplies?** *If so, please list the donated items in the table below. Please also estimate how much you would have paid for the item if purchased.*

Donated Supplies and Materials	Quantity	Approximate cost if purchased (if quantity is more than one, enter cost per item)
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]

G7. **In the last fiscal year did the center receive any donated <u>administrative</u> materials and supplies?** *If so, please list the donated items in the table below. Please also estimate how much you would have paid for the item if purchased.*

Donated Supplies and Materials	Quantity	Approximate cost if purchased (if quantity is more than one, enter cost per item)
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]
[Click here and start typing]	[Enter quantity]	[Enter dollar amount]

G8. **Please use the space below for any explanatory notes on the information provided in this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION H: OTHER COSTS/MISCELLANEOUS

This section is for recording any costs not reported already in other tabs. You should list items or services used by your center not included in previous worksheets during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

H1. **What was your annual cost of insurance last fiscal year?** *Include all forms of insurance: for the facilities which might include liability, fire, theft, flood, earthquake; vehicle; accident for children, staff, or others; child abuse, etc. Do not include health insurance or any insurance programs which are part of employee benefits. Use the blank rows to specify types of insurance not listed.*

Type of Insurance	Cost (Dollars)
Liability	[Enter amount]
Automobile	[Enter amount]
Fire	[Enter amount]
Theft	[Enter amount]
Flood	[Enter amount]
Wind	[Enter amount]
Earthquake	[Enter amount]
	[Enter amount]
	[Enter amount]

H2. **Using the table below, please enter the cost or estimated value of all miscellaneous <u>purchases and expenditures </u>by the program during the reporting period and <u>not reported elsewhere in the survey</u>. Use the blank rows to specify items and services not listed.** *Examples of miscellaneous items include fees paid to curriculum and assessment developers, interest payments and bank service charges, marketing, advertising, public relations, incentives, building utilities, etc.*

Type of Item or Service Purchased	Description	Cost (Dollars)
Child transportation (do not include cost of purchasing vehicles)	[Click to start typing]	[Enter amount]
Staff transportation and travel (include business mileage)	[Click to start typing]	[Enter amount]
State and local child care licensing fees	[Click to start typing]	[Enter amount]
Federal, state and local income taxes	[Click to start typing]	[Enter amount]
Property taxes	[Click to start typing]	[Enter amount]
Business taxes	[Click to start typing]	[Enter amount]
Utilities (for example, gas and electric, water)	[Click to start typing]	[Enter amount]
Telecommunications services (phone and internet)	[Click to start typing]	[Enter amount]
Marketing (e.g., advertisements in local publications)	[Click to start typing]	[Enter amount]

	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]

H3. **Using the table below, please enter the cost or estimated value of all miscellaneous items and services <u>donated</u> to the program during the reporting period and <u>not reported elsewhere in the survey</u>. If your agency received any miscellaneous items free of charge, estimate what your agency would have paid to purchase them. Use the blank rows to specify items and services not listed.**

Type of Item or Service Donated	Description	Estimated Value (Dollars)
Child transportation (do not include cost of purchasing vehicles)	[Click to start typing]	[Enter amount]
Staff transportation and travel (include business mileage)	[Click to start typing]	[Enter amount]
State and local child care licensing fees	[Click to start typing]	[Enter amount]
Utilities (for example, gas and electric, water)	[Click to start typing]	[Enter amount]
Telecommunications services (phone and internet)	[Click to start typing]	[Enter amount]
Marketing (e.g., advertisements in local publications)	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]
	[Click to start typing]	[Enter amount]

H4. **Please use the space below to provide details on calculations and data sources or other explanatory notes for this section.**

[Click here and begin typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION I: INDIRECT COSTS

This section asks questions about indirect costs during the during the reporting year (the most recently completed fiscal year).

Indirect costs (sometimes called "overhead," or "administrative support allocations") are costs for shared functions in a center or agency, such as accounting, human resources, and marketing. These functions may benefit several programs or departments. Costs for these shared functions are often allocated through an indirect cost rate or a total charge for indirect expenses. Agencies differ in the way that they calculate and allocate indirect costs. Please scroll down to answer all questions.

I1a.   **Does your agency or center calculate indirect costs for the child care program by using an established indirect cost rate (for example, a federally negotiated indirect cost rate)?**

[Click to select]

I1b.   IF YOU ANSWERED YES TO QUESTION I1a: **Does this indirect cost rate apply to this center only, or does it also apply to a parent organization?**

[Click to select]

I2a.   IF YOU ANSWERED YES TO QUESTION I1a: **Please enter the established indirect cost rate used during the reporting period.**

Indirect cost rate (percentage):

[Enter percentage]

I2b.   IF YOU ANSWERED YES TO QUESTION I1a: **To what expenses is the established indirect cost rate applied? Please use the drop-down list to select an answer.**

[Click here and select from list]

I3a.   **Do you calculate indirect costs <u>without</u> using an established indirect cost rate?** *Please use the drop-down list to select YES or NO.*

[Click to select]

I3b.   IF YOU ANSWERED YES TO QUESTION I3a: **If you calculate indirect costs but do <u>not</u> use an established indirect cost rate, please describe the method you use below. Please also provide an estimated total for indirect costs for this center during the reporting period.**

Method for calculating indirect costs:

[Click here and start typing.]

I4.   IF YOU ANSWERED YES TO QUESTION I3a: **If you calculated total indirect costs during the reporting period, please enter that amount below.**

Total calculated indirect costs during the reporting period (dollar amount):

[Enter dollar amount here]

I5.   IF YOU ANSWERED YES TO QUESTION I1a OR I3a**: Do any of these indirect costs cover costs that you have reported in other sections of this survey?**

[Click here and select from list]

I6.   IF YOU ANSWERED YES TO QUESTION I1a OR I3a**: Please itemize below the items or services covered under indirect costs , including any items or services reported in other sections of the survey.**

Item or service covered under indirect costs	Already reported in another section?	Additional notes
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]
[Click to start typing]	[Click to select]	[Click to start typing]

I7.   IF YOU ANSWERED YES TO QUESTION I1a OR I3a**: Please use the space below to enter any explanatory notes on the information provided in this section.**

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION J: REVENUES

This section asks questions about your center's sources of revenue during the reporting period (the most recently completed fiscal year).

J1. **This next series of questions is about sources of revenue for your center in the most recently completed fiscal year:**

	Revenue Category	1. Does your center receive any funds from this revenue source?	2. Of the categories you answered YES to in column 1, which of these are the two largest sources of revenue for your center?	3. Enter amount, if available
J1.a	Tuition paid by parents	[Click to select]	[Click and select]	[Enter amount]
J1.b	Fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees	[Click to select]	[Click and select]	[Enter amount]
J1.c	Tuition paid by state government (child care subsidies, vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	[Click to select]	[Click and select]	[Enter amount]
J1.d	Tuition paid by local government (e.g., Pre-K paid by local school board or other local agency, grants from county government)	[Click to select]	[Click and select]	[Enter amount]
J1.e	Tuition paid by federal government (e.g., Head Start, Early Head Start, Title I, Child and Adult Care Food Program)	[Click to select]	[Click and select]	[Enter amount]
J1.f	Revenues from community organizations or other grants (e.g., United Way, local charities, or other service organizations, not including anything you've mentioned earlier)	[Click to select]	[Click and select]	[Enter amount]
J1.g	Revenues from fund raising activities, cash contributions, gifts, bequests, special events	[Click to select]	[Click and select]	[Enter amount]
J1.h	Other (specify) _[Click and begin typing]_	[Click to select]	[Click and select]	[Enter amount]

J2. **How many children (ages 0-5) in your center are funded by dollars from the following programs or sources?** Children who receive multiple types of funding may be counted more than once. Please indicate the number of children supported with multiple funding sources under item h.

	Revenue Category	Number of children
J2.a	State pre-kindergarten	[Enter number]
J2.b	Head Start/Early Head Start	[Enter number]
J2.c	Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)	[Enter number]
J2.d	Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)	[Enter number]
J2.e	Title I	[Enter number]
J2.f	Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)	[Enter number]
J2.g	Other types of government funded programs including Child and Adult Care Food Program	[Enter number]
J2.h	Multiple funding sources	[Enter number]

THIS IS THE END OF SURVEY. THANK YOU VERY MUCH FOR YOUR PARTICIPATION.

PLEASE RECORD THE TIME YOU SPENT TO COMPLETE THIS WORKBOOK IN THE SPACE PROVIDED IN TAB 2.

PLEASE SAVE THIS FILE AND RETURN IT TO THE EMAIL ADDRESS PROVIDED.