

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

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 you 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). The questions refer to your center, meaning services provided at a specific address or site.

How is the survey organized?

The survey is divided into ten sections, labeled A through L. 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. Please 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.

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.

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.

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.

This survey was prepared by Mathematica Policy Research with support from the Administration for Children and Families, Office of Planning, Research and Evaluation.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0970-0355 . 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. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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 a single 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]
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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 staff members. Individuals that are consultants or contractors can be recorded 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 out the actual job titles for each person. Then select the code that most closely corresponds to that job title using the drop down menu in the table. (Do not use the code for this tab.)
- Please enter the initials of each staff person or the number of full-time equivalents (FTEs) for the position in your program (do not include staff at another location, only those at the purposes of this survey, 1 FTE equals a staff member who is paid for 2,080 hours per year (40 hours per week x 52 weeks).
- Please enter the annual **full-time** salary for the position.
- If you are entering information for an individual staff member, please enter the average number of hours worked per week.
- If you are entering information about an individual staff member, please enter the number of weeks the person was employed and paid during the reporting period.
- Please enter the amount of payroll taxes and fringe benefits for each employee as a percentage of salary or as a total dollar amount. If your center only has a total amount for all employees, enter this amount in the workbook under explanatory notes.

Title/position & title code (see above)		Staff member initials OR number of full-time equivalents	Annual full- time equivalent salary	If reporting information for individual staff members:		Payroll taxes and fringe benefits (enter as a percentage of salary or as a total dollar amount)		
				Average number of hours worked per week	Number of weeks paid during the reporting period	Value as a percentage of salary	or	Total amount paid in dollars
Classroom teacher	(2) Teacher	J.D.	29,000	40	52	32%	or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
	[Select]						or	
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[Select]							or	
[Select]							or	
[Select]							or	
[Select]							or	
[Select]							or	
[Select]							or	

B2. 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 [Specify here]	[Click to select]

B3. Did your center incur any costs for overtime in the past year? If so, enter the total cost below.

[Enter dollar amount here.]

B4. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

gular, paid employees. Payments to

Definitions for each code are at the bottom of
or in other programs at your location). For

amount paid for all employees please record

SECTION C: STAFF TRAINING AND EDUCATION

This section asks questions about expenditures on any training and education provided to staff. Please scroll down to answer questions.

C1.

What were your center's expenditures on staff training and education during the reporting period (the more rows you add to the table below, please indicate the training item/expense, the expenditure amount, a description of the item/expense). Do not include subsidies for staff education that is taken for credit (asked later in tab). Examples of training expenses include:

- Fees paid for training workshops
- Fees paid to training consultants/providers
- Fees for professional training provided by state or local agencies
- Purchases of training curricula and other materials
- Staff travel allowances for attending trainings off-site

Item/Expense	Expenditure amount (\$)	Description
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	
	[Enter expenditure amount]	

C2. 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]

C3. IF YOU ANSWERED YES TO QUESTION C3: What were the center's total expenditures during the reporting period for example, college or university courses?

[Enter total expenditures here]

C4. Please use the space below to describe the sources of information for this section and provide other examples of training and education provided to staff.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

most recently completed fiscal year)? Using
pense, and who received the training. Please
nditures include:

	Who received training

iversity courses?

ing period for staff education taken for credit, for

planatory notes, as needed.



SECTION D: CONTRACTED SERVICES

This section asks questions about services purchased from organizations and/or people who operate independently. Services purchased from contractors may include administrative services, financial or legal services, specialized services for children and families, substitute teaching, technology support, and so on. Please scroll down to answer questions.

D1. Did your center contract with a company, organization, consultant, or other professional during the reporting period (the most recently completed fiscal year)? (Do not include contracts that were reported under Tab C: Staff Training and Education.)

[Click and select]

D2. If you answered YES to D1, please list 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, the type of service purchased, and a description of the services provided, including the length of time it was provided. Select the type of service from the drop down list in the table below. Please do not include contracted services that were reported under Tab C: Staff Training and Education.

Name of contractor	Expenditure amount (\$)	Type of service purchased (please select a category from the drop-down list)		Des
<i>Example:</i> Substitute teacher Jane S.	1,000.00	(3) Substitute teaching	<i>[If other, specify here]</i>	Fees paid to subs
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	
	[Enter expenditure amount]	[Click and select]	<i>[If other, specify here]</i>	

	[Enter expenditure amount]	[Click and select]	[If other, specify here]	
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D3. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

Description or additional notes
stitute teaching contractor.



SECTION E: 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

E1. Did the center have any volunteers during the reporting year?

[Click here and select from list]

E2. If yes, approximately how many people volunteered at the center during the year?

[Enter number of people]

E3. Please use the table below to list any volunteers and the services they provided. Please indicate: (1) the type of volunteer (parent, non-parent, or both), (2) the number of volunteers that perform each type of work, (3) the number of volunteers that perform each type of work, (4) the total number of volunteer hours donated per month and (5) the estimated hourly rate if she or he were paid for their work. If you only have information for all volunteers (and not for individuals or groups of volunteers), you can list this information for all volunteers.

*1 - Volunteer type(select type)	*2 - Work at center (select)		Number of volunteers for this type of work	Total volunteer hours/month
Non-parent	Work as a teacher aide in one of the	[If other, specify here]	5	20
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]
[Click and select]	[Click here and select from list]	[If other, specify here]	[Enter number]	[Enter hours]

E4. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

scroll down to answer all questions.

oth), (2) the type of work performed,
y wage that a volunteer would receive
on as a single row in the table below.

Months/year	Estimated hourly wage for this type of work (\$)
9	12.00
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]
[Enter number]	[Enter amount]

SECTION F: FACILITIES

This section asks questions about facilities-related costs, including (1) rent or mortgage, (2) utilities, and (3) repairs and maintenance used by your center during the reporting year (the most recently completed fiscal year). Please scroll down to answer all questions.

F1. 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]	[Enter percentage]

F2. 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.)

F3. 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?

F3a. IF YOU ANSWERED YES TO QUESTION F3: 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.]

F4. What was the total amount the center paid for utilities (for example, gas and electric, water) in this facility during the reporting period? (If the utilities are provided at no cost to the center, please enter 0.)

[Enter dollar amount here.]

F5. Was the amount paid for utilities by the center subsidized? In other words, did the center pay less than market rate for utilities?

[Click to select]

F5a. IF YOU ANSWERED YES TO QUESTION E5: Please describe the source of the subsidy (for example, "The center paid a flat amount for utilities to the organization that owns the building.")

[Click here and start typing.]

F6. Did the center have expenditures for improvements or repairs during the reporting year (including depreciation for improvements made in prior years)?

[Click to select]

F6a. IF YOU ANSWERED YES TO QUESTION F6: Please indicate the amount of the each expenditure and the purpose in the table below. Please do not include any amounts reported under Contracted Services.

Expenditure amount (\$)	Description of facilities-related expenditure
[Enter expenditure amount]	
[Enter expenditure amount]	
[Enter expenditure amount]	
[Enter expenditure amount]	
[Enter expenditure amount]	
[Enter expenditure amount]	
[Enter expenditure amount]	

[Enter expenditure amount]	
[Enter expenditure amount]	

F7. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[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.

G1. 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]

G2. 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.]

G3. Were any food or food services donated to the center during the last fiscal year?

[Click to select]

G4. IF YOU ANSWERED YES TO QUESTION G3: 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)
<i>Example: canned fruit</i>	10 cases	20.00 per case
[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]

G5. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

H2a. Did your program receive any donated supplies or materials in the last reporting period? Please use the drop-down list to select YES or NO.

[Click here and select from list]

H2b. IF YOU ANSWERED YES TO QUESTION H2A: please list the donated items in the table below. Please also estimate how much you would have paid for

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]
[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]

H3. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION I: Equipment

This section asks questions about equipment costs during the reporting year (the most recently completed fiscal year). questions. For the purposes of this survey, durable equipment includes items with an expected useful life of more than o \$1,000.

I1a. Did your program calculate a total depreciation cost for durable equipment for the reporting period? select YES or NO.

[Click here and select from list]

I1b. IF YOU ANSWERED YES TO QUESTION I1A: Please enter the total depreciation cost in the space bel

Total depreciation cost during the reporting period:

[Enter dollar amount here.]

I1c. IF YOU ANSWERED YES TO QUESTION I1A: Please describe the durable equipment or assets includ reported.

[Click here and start typing.]

I2. IF YOU ANSWERED NO TO QUESTION I1A: Please use the table below to itemize durable equipment program during the past year. For the purposes of this survey, durable equipment and capital assets are more than one year and a cost of more than \$1,000. Examples include computer systems and computer so and classroom furniture, playground equipment, etc. It is fine to enter a general category of equipment (suc each item separately is not possible. Please indicate:

- Type of equipment/asset and quantity
- Year purchased (if information is available)
- Original purchase price (dollars)
- Expected useful life (number of years)

Type of equipment or asset and quantity	Year Purchased	Original Purchase Price
<i>Example:</i> Desktop computers (x 5)	2015	1200.00 each
		[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]
		[Enter amount]

I3a. Was any equipment leased or rented during the last year? Please use the drop-down list to select YES

[Click to select]

13b. IF YOU ANSWERED YES TO QUESTION 13A: Please use the table below to enter the type of equipment 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]

14a. Did the center receive any donated equipment during the last year? Please use the drop-down list to select.

[Click to select]

14b. IF YOU ANSWERED YES TO QUESTION 14a: Please use the table below to enter the type of equipment cost if the equipment had been purchased.

Donated Equipment	Condition	Quantity
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]
[Click here and start typing]	[Click to select condition]	[Enter quantity]

15. Please use the space below to describe the sources of information for this section and provide other information.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

nt leased or rented and the total

elect YES or NO.

nt donated and the approximate

Approximate cost if purchased (if quantity is more than one, enter cost per item)
[Enter dollar amount]
[Enter dollar amount]
[Enter dollar amount]
[Enter dollar amount]
[Enter dollar amount]
[Enter dollar amount]
[Enter dollar amount]

r explanatory notes, as needed.

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SECTION J: 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.

J1. Please use the table below to list the annual cost of insurance purchased last 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.*

If you are unable to itemize by type of insurance, please provide the total annual cost of insurance and provide a description of the types of insurance this cost includes.

Type of Insurance	Cost (Dollars)	Additional information/description
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]	
	[Enter amount]	
OR, if unable to itemize by type of insurance, please enter a total amount below:		
Total annual cost	[Enter amount]	[Enter description]

J2. Using the table below, please enter the cost or estimated value of miscellaneous purchases and expenditures by the program during the reporting period that are not reported elsewhere in the survey. *Examples of miscellaneous items include transportation fees, child care licensing fees, taxes, dues and subscriptions, telecommunications services, marketing and advertising, interest payments and bank service charges, incentives, staff transportation/travel, etc.*

Type of Item or Service Purchased	Description	Cost (Dollars)
<i>Example: Internet access</i>	Annual internet access fees	1,800.00
	[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]
	[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]
	[Click to start typing]	[Enter amount]

J3. Using the table below, please enter the cost or estimated value of all miscellaneous items and services donated to the program during the reporting period and not reported elsewhere in the survey. 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)
	[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]
	[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]

J4. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and begin typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION K: OVERHEAD

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

Overhead costs (sometimes called "indirect costs" 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 overhead. Agencies differ in the way that they calculate and allocate overhead costs.

Only centers that operate as a part of a larger organization or network, for example a school district or a chain of child care centers, should complete this section. If you do not operate as part of a larger network, please proceed to tab L. Revenues. Otherwise, please scroll down to answer all questions.

K1a. Did the center calculate total overhead or indirect costs during the reporting period? Please use the drop-down list to select YES or NO.

[Click to select]

K1b. If your center calculated total overhead or 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]

K2. Please describe how your center calculates overhead costs. For example, "We apply an indirect cost rate of 25 percent to salaries, frindge benefits , and other direct costs."

How overhead costs are calculated:

[Click here and start typing.]

K3. Please describe below the items or services covered under overhead costs.

[Click here and start typing.]

K4. Do the overhead costs reported in item K1b include costs that you have reported in other sections of this survey?

[Click here and select from list]

K5. IF YOU ANSWERED "YES" TO QUESTION K4: Please itemize below the overhead costs that you have reported in other sections of this survey.

Item or service reported in other sections of this survey	Section reported	Additional notes
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]
[Click to start typing]		[Click to start typing]

K6. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

PLEASE SAVE AND CONTINUE TO THE NEXT SECTION.

SECTION L: REVENUES

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

- L1. Please fill out the table below about the sources of revenue for your center in the most recently completed fiscal year.** For each category please indicate:
- Does your center receive any funds (select yes or no)
 - The amount of funds (please enter)
 - If the category is one of the largest two sources of revenue (using drop-down).

Revenue Category	1. Does your center receive any funds from this revenue source?	2. Enter amount, if available	3. Of the categories you answered YES to in column 1, which of these are the two largest sources of revenue for your center?
Tuition paid by parents	[Click to select]	[Enter amount]	[Click and select]
Fees paid by parents, such as registration fees, transportation fees from parents, late pick up/late payment fees	[Click to select]	[Enter amount]	[Click and select]
Tuition paid by state government (child care subsidies, vouchers/certificates, state contracts, transportation, Pre-K funds, grants from state agencies)	[Click to select]	[Enter amount]	[Click and select]
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]	[Enter amount]	[Click and select]
Tuition paid by federal government (e.g., Head Start, Early Head Start, Title I, Child and Adult Care Food Program)	[Click to select]	[Enter amount]	[Click and select]
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]	[Enter amount]	[Click and select]
Revenues from fund raising activities, cash contributions, gifts, bequests, special events	[Click to select]	[Enter amount]	[Click and select]
Other (specify) <i>[Click and begin typing]</i>	[Click to select]	[Enter amount]	[Click and select]

L2. 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
State pre-kindergarten	[Enter number]
Head Start/Early Head Start	[Enter number]
Local Government (e.g., Pre-K funding from local school board or other local agency, grants from city or county government)	[Enter number]
Child Care subsidy programs such as CCDF or TANF (including voucher/certificates, state contracts)	[Enter number]
Title I	[Enter number]
Community organizations (e.g., United Way, local charities or other services organizations, not including anything you've mentioned earlier)	[Enter number]
Other types of government funded programs including Child and Adult Care Food Program	[Enter number]
Multiple funding sources	[Enter number]

L3. Please use the space below to describe the sources of information for this section and provide other explanatory notes, as needed.

[Click here and start typing.]

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 TAB LABELED, "TIME TO COMPLETE LOG".
PLEASE SAVE THIS FILE AND RETURN IT TO THE EMAIL ADDRESS PROVIDED.**

