



# Child-Development Supplement

## **PRESCHOOL/DAYCARE ADMINISTRATOR QUESTIONNAIRE**

for

**THE CHILD DEVELOPMENT SUPPLEMENT  
TO  
THE FAMILY ECONOMICS STUDY**

**Please read each question carefully and follow any statements that appear in bold or parentheses. Circle the best answer or fill in the requested information. If you come to any question you do not want to answer, go on to the next question. Thank you for your participation in this project!**

A1. In what type of place is your program located?**(Please circle one number)**

1. Religious building
2. Public school
3. Private school
4. University or college
5. Work place
6. Community center or municipal building
7. Independent structure
8. Don't know
97. Other (**Specify**): \_\_\_\_\_

A2. How many years or months has your program been operating at its present location?

\_\_\_\_\_ **Years**      **OR**      \_\_\_\_\_ **Months**

A3. The following statements describe some of the goals of early childhood programs. Please circle the goals that best describe the objectives of your program(**Circle all that apply**)

1. To provide a warm and loving environment for children.
2. To provide care for children so parents can work.
3. To prepare children for school.
4. To provide compensatory education for disadvantaged children.
5. To promote children's development.
6. To teach children appreciation for their culture.
7. To provide religious instruction.

A4. Altogether, how many weeks or months during the year do you provide child care or early education services?

\_\_\_\_\_ **Weeks**      **OR**      \_\_\_\_\_ **Months**

A5. Please indicate what days you are open or closed (Circle one number for each day)

		<b>Open</b> ▼	<b>Closed</b> ▼
a.	Monday.....	1	2
b.	Tuesday.....	1	2
c.	Wednesday.....	1	2
d.	Thursday.....	1	2
e.	Friday.....	1	2
f.	Saturday.....	1	2
g.	Sunday.....	1	2

A6. What is the earliest time that parents can drop off their children?

\_\_\_\_\_ : \_\_\_\_\_  
**AM**                      **OR**                      \_\_\_\_\_ : \_\_\_\_\_  
**PM**

A7. How late can parents pick up their children?

\_\_\_\_\_ : \_\_\_\_\_  
**AM**                      **OR**                      \_\_\_\_\_ : \_\_\_\_\_  
**PM**

A8. Early childhood programs sometimes offer before- and after-school programs for school-age children who attend local schools. Do you have a before-school program?

- 1. Yes
- 5. No

A9. Do you have an after-school program?

- 1. Yes
- 5. No

A10. How many children are you licensed to care for?

\_\_\_\_\_ (Number of children)

A11. How many groups of children do you have? Please include all of the programs or sessions that you offer for preschool children.

\_\_\_\_\_ (Number of groups)

A12. How many children are currently enrolled in your program? Include all sessions your program provides for preschool children and before school and after school programs.

\_\_\_\_\_ (Number of children)

A13. Approximately how many of these children were absent yesterday?

\_\_\_\_\_ (Number of children)

A14. Is this rate of absence typical?

- 1. Yes
- 5. No

A15. How many or what percentage of the children enrolled in your program can be categorized in the following ways? If you don't know, place an "X" in the "Don't Know" column.

	Number of Children ▼	or	Percent of Children ▼	Don't Know ▼
a. Younger than 1 year old?.....	_____		_____	_____
b. 1 year old?.....	_____		_____	_____
c. 2 years old?.....	_____		_____	_____
d. 3 years old?.....	_____		_____	_____
e. 4 years old, but not yet in kindergarten?.....	_____		_____	_____
f. 5 years old, but not yet in kindergarten?.....	_____		_____	_____
g. Kindergarten or school age?.....	_____		_____	_____

A16. Approximately what number **or** percentage of the children enrolled in your program are categorized in the following way? If you don't know, place an **X** in the "Don't Know" column.

	<b>Number of Children</b> ▼	<b>or</b>	<b>Percent of Children</b> ▼	<b>Don't Know</b> ▼
a. White, non-Hispanic.....	_____		_____	_____
b. Black, non-Hispanic.....	_____		_____	_____
c. Hispanic.....	_____		_____	_____
d. Asian or Pacific Islander.....	_____		_____	_____
e. American Indian or Alaskan Native....	_____		_____	_____
f. Other ( <b>Specify</b> ): _____	_____		_____	_____

A17. How many **or** what percentage of the children you serve are handicapped?

\_\_\_\_\_ (**Number of children**) **OR** \_\_\_\_\_ (**Percent of children**)

A18. Approximately what percent of the children who attend your program have a parent who receives AFDC **or** other public assistance such as food stamps, SSI, or WIC benefits?

\_\_\_\_\_ (**Number of children**) **OR** \_\_\_\_\_ (**Percent of children**)

A19. Is your program non-profit **or** for-profit?

1. Non-profit
2. For-profit

A20. Is your program independent **or** is it sponsored by another organization?

1. Independent \_\_\_\_\_ → **Go to item A20a**
2. Sponsored \_\_\_\_\_ → **Go to item A20b**

A20a. Is your program part of a local chain, a national chain, or is it independently owned and operated? **(Please circle one number)**

- 1. Local chain
  - 2. National chain
  - 3. Independent
- } → **Go to item A21**

A20b. What organization sponsors your program? **(Circle all that apply)**

- 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
- 9. Non-Government Community Organization
- 10. State or Local Government
- 97. Other **(Specify):** \_\_\_\_\_

A21. Do parents pay for their child to attend this program?

- 1. Yes
- 5. No → **Go to item A22**

A21a. What is the average fee parents pay?

\$\_\_\_\_\_ **(Average amount in dollars)**

A21b. Is that...

- 1. Per hour
  - 2. Per day
  - 3. Per week
  - 4. Every two weeks
  - 5. Monthly
  - 6. Yearly
  - 7. Other **(Specify):**
- \_\_\_\_\_

A21c. Are fees based upon family income?

- 1. Yes
- 5. No

A21d. Are need-based scholarships available?

1. Yes
5. No

A22. Does a federal, state or local agency such as a human services agency, an education department, welfare, or an employment or training program pay for any of the children you care for?

1. Yes
5. No  **Go to item A24**

A22a. How many children are paid for by a federal, state or local agency?

\_\_\_\_\_ (Number of children)

A22b. Do the agencies pay you directly for slots, pay you for vouchers or certificates received from parents or pay the parents in cash? **(Circle all that apply)**

1. Agency pays program for slot(s)
2. Agency pays provider for voucher(s)
3. Agency pays parent(s) in cash
7. Other **(Specify):** \_\_\_\_\_

A23. For how many of the children in your program do you receive payment or partial payment by means of vouchers?

\_\_\_\_\_ (Number of children)

A24. Do you regularly prepare and serve meals or snacks to the children who attend your program?

- 1. Yes
- 5. No  $\longrightarrow$  **Go to item A25**

A24a. Which meals do you serve? **(Circle all that apply)**

- 1. Snacks
- 2. Breakfast
- 3. Lunch
- 4. Dinner
- 7. Other **(Specify):** \_\_\_\_\_

A25. Does your program participate in the Child Care Food Program?

- 1. Yes
- 5. No

A26. What number or percent of children receive subsidized meals?

\_\_\_\_\_ **(Number of children)** OR \_\_\_\_\_ **(Percent of children)**

A27. How many teachers/caregivers do you employ?

\_\_\_\_\_ **(Number of teachers/caregivers)**

A28. How many of these teachers/caregivers work full-time (35 hours per week or more)?

\_\_\_\_\_ **(Number of teachers/caregivers)**

A29. How many assistants and aides do you employ?

\_\_\_\_\_ **(Number of assistants and aides)**

A30. How many of these assistants and aides work full-time (35 hours per week or more)?

\_\_\_\_\_ **(Number of assistants and aides)**



A31. How many student teachers do you employ?

\_\_\_\_\_ (Number of student teachers)

A32. What is the teacher-to-student ratio in your program?

\_\_\_\_\_ **TO** \_\_\_\_\_  
 (Number of teachers) (Number of students)

A33. How many **or** what percentage of the paid classroom staff currently employed in this program can be categorized in the following ways? If you don't know, please place an **X** in the "Don't Know" column.

	Number ▼	or	Percent ▼	Don't Know ▼
a. White, non-Hispanic.....	_____		_____	_____
b. Black, non-Hispanic.....	_____		_____	_____
c. Hispanic.....	_____		_____	_____
d. Asian or Pacific Islander.....	_____		_____	_____
e. American Indian or Alaskan Native.....	_____		_____	_____
f. Other ( <b>Specify</b> ): _____	_____		_____	_____

A34. Thinking of the highest education level completed, how many **or** what percentage of your teachers or caregivers (both full-time and part-time) have the following degrees? If you don't know, place an **X** in the "Don't Know" column.

	Number ▼	or	Percent ▼	Don't Know ▼
a. High school diploma or GED.....	_____		_____	_____
b. Some college, but no degree.....	_____		_____	_____
c. Child Development Associate credential (CDA).....	_____		_____	_____
d. Associate of Arts degree (A.A.).....	_____		_____	_____
e. Bachelor's degree (B.A. or B.S.).....	_____		_____	_____
f. Master's degree (M.A., M.S.).....	_____		_____	_____
g. Doctorate degree (Ph.D., Ed.D., etc.)...	_____		_____	_____
h. Other ( <b>Specify</b> ): _____	_____		_____	_____

A35. In the last year, how many teachers or caregivers received ten hours or more of additional education-related training from one of the following? Please indicate the number of teachers or caregivers on the line next to each category.

**Enter Number of  
Teachers/Caregivers**

- a. A local college or junior college..... \_\_\_\_\_
- b. A government agency or program..... \_\_\_\_\_
- c. Other (**Specify**): \_\_\_\_\_ .....

A36. During the past 12 months, how many new teachers or caregivers have been hired? (Include both full-time and part-time teachers and both regular and special-subject teachers.)

\_\_\_\_\_ (**Number of new teachers or caregivers**)

A37. During the past 12 months, how many teachers or caregivers left your school? (Include both full-time and part-time teachers and both regular and special-subject teachers.)

\_\_\_\_\_ (**Number of new teachers or caregivers**)

A38. What is the salary of a beginning teacher or caregiver?

\$\_\_\_\_\_ (**Salary in dollars per year**)

A39. What is the average salary of all teachers or caregivers?

\$\_\_\_\_\_ (**Salary in dollars per year**)

A40. What is your per pupil expenditure?

\$\_\_\_\_\_ (**Number of dollars spent per student**)

A41. Has your program established formal or informal arrangements with other programs (or public schools) to coordinate curriculums, conduct testing, or coordinate the care of children?

- 1. Yes
- 5. No

A42. Is your program accredited by the National Academy of Early Childhood Programs?

1. Yes
5. No

A43. Do classroom teachers have paid time regularly scheduled during the day for planning activities for children in their classes? Do not count time when teachers are also supervising children.  
**(Please circle one number)**

1. Yes
2. Sometimes
5. No

A44. Do teachers follow a written curriculum when planning activities for the children in their group?

1. Yes
5. No

A45. What percentage of your total budget is spent on salaries and fringe benefits? (Your best estimate is fine.)

\_\_\_\_\_ **(Percent spent on salaries and fringe benefits)**

A46. During your last fiscal year, did your program lose money, break even, or make a profit?

1. Lost money
2. Broke even
3. Made a profit

A47. During the last fiscal year, approximately what percentage of your program’s budget was met with funds from the following sources? If you don’t know, place an **X** in the “Don’t Know” column.

	<b>Percent</b> ▼	<b>Don’t Know</b> ▼
a. Parent fees.....	_____	_____
b. Federal government agencies.....	_____	_____
c. State government agencies.....	_____	_____
d. Local government agencies.....	_____	_____
e. Community organizations such as the United Way, local charities, or other service organizations.....	_____	_____
f. Religious organizations.....	_____	_____
g. Cash donations or fund raising.....	_____	_____
h. Other ( <b>Specify</b> ): _____	_____	_____

**If there are any other comments you would like to make, please use the space below.**

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**Thank you for completing this questionnaire. Your help is greatly appreciated.**

**Please place this questionnaire in the self-stamped addressed envelope provided for you and mail to the address on the envelope.**

**If you are interested in seeing the results of this study, please fill out the postcard that was enclosed with this questionnaire. Thank you again for your assistance in this important project!**

What is your title? \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

\_\_\_\_\_

School Phone #: \_\_\_\_\_



**CHECK HERE IF YOU HAVE FILLED OUT AND RETURNED A QUESTIONNAIRE  
FOR THIS STUDY FOR ANOTHER CHILD IN YOUR SCHOOL.**

**O**

**Sample Label**

Please return in the self-addressed, stamped envelope to:

The University of Michigan  
Institute for Social Research/Survey Research Center  
P.167 (457563, 1997)  
426 Thompson Street  
Ann Arbor, MI 48106-1248  
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