

Program/Facility Characteristics

This instrument is designed to collect data on child care programs rather than individuals. It will enable you to assess whether your initiative serves the types of child care programs for which it was intended. For example, your training program may be designed to address the specific needs of new child care centers, but most of the participating programs may be centers in existence for five years.

The instrument provides information on the number of children enrolled, the number and qualifications of the staff, the child care schedules, and other aspects of the program. This example is intended to be adapted for your initiative and the participant population. For example, if your initiative is designed to serve school-age child care programs, you may want to modify the staff characteristics item (#10).

To collect additional data on individual teacher characteristics, for example education level, duration of employment, use the Participant Characteristics form.

This sample is based on the National Data Set for Early Learning and School Age Programs developed by the National Association of Child Care Resource and Referral Agencies for child care resource and referral agencies which use the Data Set to collect data on child care facilities and providers. In addition, some questions were drawn from the Smart Start Child Care Director Interview.

Program/Facility Characteristics

1. Facility name, address and contact information

Facility Name: _____

Facility Address: _____

City, State: _____

Zip: _____

Phone: _____

Fax: _____

2. Owner and director

Owner's name: _____

Director's name: _____

3. When did this program first begin operating?

Year _____

4. What type of facility is this? (Please check one)

- Family Child Care (**If yes, skip to 4a**)
- Child Care Center (**If yes, skip to 4b**)

4a. What kind of family child care home is this? (Please check one)

- Family child care
 - Group family child care (Large family child care home)
- (Go to question 5)**

4b. What kind of center is this?

- Franchise center
- Independent center
- Faith-based program
- Head Start
- Public pre-kindergarten program
- Out of school-time program
- Other: _____

4c. Is the center for-profit or not-for-profit? (Please check one)

- For-profit
- Not-for-profit

5. What is the regulation status of your facility? (Please check one)

- Regulated/licensed**
Facility is licensed/certified/registered by state licensing agency
- Registered**

Facility is registered with an agency such as the child care resource and referral agency, county or state government

Exempt from licensing

Facility is exempt from licensing according to state's law

6a. Is your facility accredited? (Please check one)

- Yes
 No (**Skip to question 7**)

6b. What kind of accreditation does your facility have?

- National Association of Family Child Care Providers (NAFCC) accredited
 National Association for the Education of Young Children (NAEYC) accredited
 Other: _____

7. What is the schedule of your facility?

- Full-time (varies from state to state, but at a minimum 25 hours or more per week)
 Part-time (varies from state to state, but no more than 34 hours per week)

8. Is your facility open for the full year or part of the year? (Please check one)
(If facility hosts multiple programs, use the highest number of months of care)

- Full year (12 months minus scheduled vacations)
 School year only (9 months)
 Summer only (3 months or less)

9. Does your facility offer any of the following services? (Check all that apply)

- Night/evening care
 Weekend care
 24-hour care
 Drop-in care
 Sick child care
 Other: _____

10. Staff Characteristics

10a. How many of the following staff people work in your facility? Please include what percentage are full-time and what percentage are part-time?

Number of Staff	% Full-time	% Part-time
_____ Director	%Full-time _____	%Part-time _____
_____ Teacher/Director	%Full-time _____	%Part-time _____
_____ Lead teacher	%Full-time _____	%Part-time _____
_____ Assistant teacher	%Full-time _____	%Part-time _____
_____ Other: _____	%Full-time _____	%Part-time _____

10b. What is the typical gross salary for

Director \$ _____
Teacher/Director \$ _____

Lead teacher \$ _____

Assistant teacher \$ _____

10c. Does your facility pay for any of the following benefits? (Check all that apply)

- Retirement plan
- Life insurance
- Dental insurance
- Health insurance
- Disability

10d. Which of the following benefits do you offer your staff? (Check all that apply)

- Paid maternity leave (not through vacation or sick leave)
- Unpaid maternity leave
- Paid sick leave or personal leave
- Paid vacations
- Reduced child care fees
- Free meals
- Paid preparation/planning time
- Extra pay or comp time to attend meetings outside work hours (e.g. staff meetings, parent conferences)
- Extra pay, time off, or comp time for training
- Full/partial cost of training
- Yearly cost-of-living raise
- Occasional cost-of-living raise
- Occasional merit raise
- Service awards or bonuses

10e. What languages are spoken by the teaching staff in your program? (Check all that apply)

- English
- Spanish
- French/French Creole
- Cantonese
- Mandarin
- Other: _____

10f. Please describe the ethnic identity of your staff: (Check all that apply)

- | | Number of staff |
|---|-----------------|
| <input type="checkbox"/> Caucasian/European American | _____ |
| <input type="checkbox"/> African American | _____ |
| <input type="checkbox"/> American Indian or Alaska Native | _____ |
| <input type="checkbox"/> Asian/Asian American | _____ |
| <input type="checkbox"/> Asian Indian | _____ |
| <input type="checkbox"/> Chinese | _____ |
| <input type="checkbox"/> Filipino | _____ |
| <input type="checkbox"/> Japanese | _____ |
| <input type="checkbox"/> Korean | _____ |
| <input type="checkbox"/> Vietnamese | _____ |
| <input type="checkbox"/> Other Asian _____ | _____ |

- | | |
|---|-----------------|
| | Number of staff |
| <input type="checkbox"/> Pacific Islander/Pacific Islander American | _____ |
| <input type="checkbox"/> Native Hawaiian | _____ |
| <input type="checkbox"/> Guamanian or Chamorro | _____ |
| <input type="checkbox"/> Samoan | _____ |
| <input type="checkbox"/> Other Pacific Islander _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Spanish/Hispanic/Latino?

- | | |
|---|-------|
| <input type="checkbox"/> Yes | |
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Mexican, Mexican American, Chicano | _____ |
| <input type="checkbox"/> Puerto Rican | _____ |
| <input type="checkbox"/> Cuban | _____ |
| <input type="checkbox"/> Other Spanish/Hispanic/Latino | _____ |
| _____ | _____ |

11. What is the age range of children in your facility?

Age _____ to Age _____

12. What is your facility's licensed capacity?

- | | |
|--|-------|
| <input type="checkbox"/> Family Child Care | |
| Total capacity _____ | |
| <input type="checkbox"/> Child Care Center | |
| Capacity for infants (under 12 months) | _____ |
| Capacity for toddlers (12 to 36 months) | _____ |
| Capacity for pre-school (36 to five years) | _____ |
| Capacity for school age (Six to 13 years) | _____ |

13. How many children are enrolled in your facility? (Check all that apply)

- | | |
|--|-------|
| <input type="checkbox"/> Infants (under 12 months) | _____ |
| <input type="checkbox"/> Toddlers (12 to 36 months) | _____ |
| <input type="checkbox"/> Pre-school (36 to five years) | _____ |
| <input type="checkbox"/> School age (Six to 13 years) | _____ |

14. How many children enrolled in your facility have disabilities? (Check all that apply)

- | | |
|--|-------|
| <input type="checkbox"/> Infants (under 12 months) | _____ |
| <input type="checkbox"/> Toddlers (12 to 36 months) | _____ |
| <input type="checkbox"/> Pre-school (36 to five years) | _____ |
| <input type="checkbox"/> School age (Six to 13 years) | _____ |

15. What primary languages do the children in your program speak? (Check all that apply)

- | |
|---|
| <input type="checkbox"/> English |
| <input type="checkbox"/> Spanish |
| <input type="checkbox"/> French/French Creole |
| <input type="checkbox"/> Cantonese |

- Mandarin
- Other: _____

16. Please describe the ethnic identity of the children enrolled: (Check all that apply)

- | | Number |
|---|--------|
| <input type="checkbox"/> Caucasian/European American | _____ |
| <input type="checkbox"/> African American | _____ |
| <input type="checkbox"/> American Indian or Alaska Native | _____ |
| <input type="checkbox"/> Asian/Asian American | _____ |
| <input type="checkbox"/> Asian Indian | _____ |
| <input type="checkbox"/> Chinese | _____ |
| <input type="checkbox"/> Filipino | _____ |
| <input type="checkbox"/> Japanese | _____ |
| <input type="checkbox"/> Korean | _____ |
| <input type="checkbox"/> Vietnamese | _____ |
| <input type="checkbox"/> Other Asian _____ | _____ |
| <input type="checkbox"/> Pacific Islander/Pacific Islander American | _____ |
| <input type="checkbox"/> Native Hawaiian | _____ |
| <input type="checkbox"/> Guamanian or Chamorro | _____ |
| <input type="checkbox"/> Samoan | _____ |
| <input type="checkbox"/> Other Pacific Islander _____ | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Spanish/Hispanic/Latino?

- Yes
- No
 - Mexican, Mexican American, Chicano _____
 - Puerto Rican _____
 - Cuban _____

Other Spanish/Hispanic/Latino _____

17a. Do you charge fees?

- Yes
- No

17b. Are your fees (Please check one)

- Hourly
- Daily
- Weekly
- Monthly
- Yearly

17c. What is the range of your charges for (Check all that apply)

- Infants \$ _____
- Toddlers \$ _____
- Preschool \$ _____
- School age \$ _____

17d. Excluding parent fees, what are the income sources for your program?

(Check all that apply)

- Child and Adult Food Program
- Funds from local community groups, e.g. the United Way
- In-kind contributions
- Americorps members or VISTA volunteers to help with staffing
- Grant through government or foundation programs
- Other: _____
- None

18a. Do you accept subsidies/vouchers?

- Yes
- No

18b. What kind of subsidies/vouchers do you accept? What percentage of children receive each kind of subsidy?

- Government subsidies from Department of Social Services
% of children _____
- TANF subsidies
% of children _____

19. Do any of the children receive an extra subsidy because they have a disability?

- Yes. Number of children _____
- No