Smart START

Child Care Center Director Interview and Instructions

Evaluation Product
Smart Start Evaluation Team

Child Care Director Interview

Smart Start Evaluation

This page will be removed and an ID number used to keep information confidential.

County: _____

Name of Early Childhood Program: _____

Director's name: _____

Date: _____

Interviewer's name: _____

Instructions for the Director's Interview
2002 Smart Start Child Care Study

- **Read these instructions carefully before doing an interview.**

- **Check in with director at beginning of visit to find out availability.**

- **Be sensitive to director's time. BE PREPARED. BE EFFICIENT.**

General guidelines:
This instrument is designed to be an interview – NOT a survey completed by the director. Complete each question on the interview – do not leave any questions blank or with a "?" written beside. Remember that someone else will be entering the data into a database. You need to be clear and neat. Do not be concerned that the "lettering" of the responses for some items is out of order. These letters correspond to data items on previous versions of this interview.
A DIRECTOR MAY REFUSE TO ANSWER ANY QUESTION SHE CHOOSES.
If you cannot categorize a director's answer to a question, write notes on a separate piece of paper and email or call one of the project directors as soon as you can. If the director answers "don't know" to any question or answers too vaguely to code, you should probe to try to get an answer. Get the phone number of a contact who can provide the answer and follow-up with this contact to get the answer. As the very last resort, code as "DK" and write an explanation as to why the director could not answer (e.g., the center doesn't keep records about number of teachers leaving and the director is new, so cannot estimate). Do not raise concerns you have about any answers directors give you that you consider "illegal," such as reports of salaries below minimum wage or no unpaid maternity leave. Just gently probe if you want to be sure you and she both understand the question and the answer, record answers from the director, and write your concerns as notes to the project directors. Put pre-printed FPG ID label on the first page of interview – in upper right corner. Record your initials as data collector and month, day and year of the interview.

- Record answers in **PENCIL**

- At home, check and clean up interview.

1. When did this center first begin operating? Record the last 2 numbers of the year (e.g., 97 or 98). DISREGARD CHANGES IN OWNERSHIP. Record when center opened and began operating at this location(e.g., the center opened in 1985 and was bought by someone else in 1990 – record "85")

2. How many months of the year is the center open? Indicate the number of months per year the center is open (e.g., 10 months out of the year).

3. What days are you open? Circle all that apply.

4. What time do you open? Indicate the time the center opens using both blanks (hours and minutes) and circling AM or PM. For example, if a center opens at 6 AM, write "6" in the first blank before the colon, write "00" in the second blank after the colon, and circle "AM". If the opening time is not the same everyday, record the time the center *most frequently* opens (e.g., if a center opens at 6 AM M-F but opens at 7 AM on Saturday, record 6 AM). *Most frequently* refers to the majority of the time (e.g., 3 out of 5 days or 4 out of 7 days).

5. What time do you close? Indicate the time the center closes using both blanks (hours and minutes) and circling AM or PM. For example, if a center closes at 5:30 PM, write "5" in the first blank before the colon, write "30" in the second blank after the colon, and circle "PM". If the closing time is not the same everyday, record the time the center *most frequently* closes (e.g., if a center closes at 5:30 PM M-Th. but closes at 6 PM on Friday, record 5:30 PM). *Most frequently* refers to the majority of the time (e.g., 3 out of 5 days or 4 out of 7 days).

6. What type of center/large home is this? (Check only one.)

      Head Start Only: a comprehensive child and family development program targeting low income children; usually operates a preschool program for 3- and 4-year-olds but may serve infants and toddlers. (These infant-toddler Head Start programs may be referred to as Parent Child Centers or Early Head Start Centers.) Code Head Start centers that include wrap-around services as "Head Start Only." If the center is in Burke Co. and the name "Blue Ridge Community Action" is given in the name (as part of address at bottom of contact sheet), then code as "Head Start."

      Developmental Day: a specialized center-based program that provides individualized services to infants and preschoolers who have diagnosed disabilities, or who are at risk for developing disabilities, and their families. (NOTE: THERE SHOULD NOT BE ANY DEVELOPMENTAL DAY CENTERS IN THIS STUDY.)

      Public Preschool:

      a) a preschool program sponsored by the public schools for children who have not entered kindergarten (may be called Chapter 1 preschool programs); usually serves 4-year-olds but may include some younger children; usually targets at-risk children but sometimes enrolls other children from the community who are not at-risk.

      b) a preschool program sponsored by the public schools for children with special needs who have not entered kindergarten (may be called Preschool Program of IDEA); primarily designed to serve children with special needs but may also serve some typically developing children. Children with special needs are those who have a diagnosed disability under Part B (preschool) or Part C (infants-toddlers) of IDEA (Individuals with Disabilities Education Act) and who have an IEP (Individualized Education Plan) or an IFSP (Individualized Family Service Plan).

      Church-sponsored program: a center with a religious sponsor (e.g., church or synagogue); CAN BE EXEMPT FROM SOME LICENSING REGULATIONS

      Franchise: a center that is owned by a local, regional, or national chain (e.g., Kindercare). Very obvious "franchises", such as La Petite Academy, etc. can be easy to classify but keep in mind that there are local franchises as well with less commonly known names. Don't assume that if someone tells you their center is a franchise, and the name isn't a popular one, that

it doesn't qualify as a franchise. Probing should clear this up. If the center is in Region A and the name "Southwest Child Development Center (SWCDC)" is given in the name, then code as "franchise".

     Independent: a child care center that is independently owned/operated by one individual. For centers listing themselves as type = "independent", we are adding into the definition that they are typically owned by one person OR ENTITY (such as YMCA.)

     Combination: If the center fits into more than one of the listed categories (e.g., Head Start classes and non Head Start classes in a Church-sponsored program) check this and specify the combination.

     Other: If the center does not fit any of the definitions for the categories listed, check this and specify the type of center (e.g., employee sponsored, university affiliated). Use this category only if the program does not fit into any other category. Many centers now are corporate-sponsored and we want to be sure to use this word "corporate" in the specification space for the "other" category if it applies.

7. Is the center for profit or not for profit? Check one .

     For Profit: A child care center that is operated by an individual, group or company which has the potential to earn profits from providing the services; may include a local, regional, or national chain, an independently owned/operated center, an on-site center operated by a business for its employees, or a church sponsored programs.

     Not for Profit: A child care center that does not earn profits from providing child care services; may include parent cooperatives, government-sponsored programs, church sponsored programs, centers sponsored by universities, colleges, public schools, or community action agencies, or independently owned centers. A non-profit center will typically have a legal document confirming its non-profit status (e.g., a 501(c)3 approved form).

8. What type of license does the center have? The North Carolina Division of Child Development issues licenses to child care centers. Ask the director for the current license type. Effective September 1, 2000, the NC Division of Child Development issued star rated licenses to child care centers and family child care homes. The star rated license is based upon the child care facility's program standards, staff education levels, and compliance history with child care regulations. The license is required to be publicly posted in the center.

     Star Rated License: Star rated licenses can be either 1, 2, 3, 4 or 5.

     GS110-Exempt: a GS110 center has chosen to exempt itself from licensure and is allowed to do so because of its religious sponsorship. Only some church-sponsored centers are GS110 Exempt. Many church-sponsored programs have chosen to become regularly licensed. Therefore, do not assume that all church-sponsored programs are "GS110-exempt." Verify the license type with the director and record it in the appropriate category.

     Provisional: a provisional license may be issued for any period of time up to 12 months for any of the following reasons: to correct health and safety violations, to fully comply with all licensing requirements, or to allow the applicant to open a facility even though the license has not been issued.

Temporary: a temporary license may be issued to a previously licensed facility when a change in ownership or location occurs, provided the operator applied for a license prior to the change in status.

Not licensed: a center that has not obtained any type of license from the Division of Child Development (DCD). Some public preschool and Head Start programs are included in this category because they do not have to be licensed by the DCD (e.g., Head Start centers are regulated at the federal level).

Other: A & AA were used prior to the star rated licenses. If a center still has one of these licenses, write it in under **Other.**

9. Is this center NAEYC accredited? Accreditation is separate from licensure. Centers can voluntarily become NAEYC (National Association for the Education of Young Children) accredited which means they meet a specific set of requirements. Check "yes" if the center is accredited. Check "in process" if the center has begun the accreditation process (i.e., has received the self-study materials from NAEYC.) If the director reports that materials have been mailed to NAEYC, check "NO."

10. Please indicate whether each of the services listed below is available at your center. Check either "yes" or "no" for each item listed. *Check "yes" only when the service is provided directly at the program site.* When checking "yes" for services listed in the right column, also ask if that service was Smart Start supported. Check "yes", "no" or "DK" for each of these items. **Be careful not to skip items!**

Part-time care: care that is provided on a regular basis for less than 75% of the total hours the center is open per week (e.g., a child attends the program Monday, Tuesdays and Fridays from 8:00 AM to 12:00 PM). If the center is open 40 or more hours per week part time care is considered to be less than 30 hours per week.

Before and/or after school care for school-aged children: care that is provided for school-age children in the mornings before school begins and / or in the afternoons and evenings after school is dismissed.

Night/Evening care: care that is provided after 7:00 PM.

Weekend care: care that is provided on Saturdays and/or Sundays.

24-hour care: care that is provided on a twenty-four hour basis.

Drop-in care: care that is provided on an intermittent, short term basis (e.g., a child is brought to the center while the parent goes shopping or to an appointment.) Children do not have to be enrolled in the program and their attendance is not planned or expected.

Sick child care: care that is provided for ill children. Check this only if the center has received special permission from the Division of Child Development to provide sick child care. Special permission is granted when a center has developed a plan of operation which includes sufficient medical and nursing coverage with due regard to communicable disease control.

Meals for children: record if meals are provided. Don't record if only snacks are served.

Transportation services from home to center; Transportation services from from school to center: check if transportation is provided from home to the center and/or from school to the center for at least some of the children.

      Screenings and assessments: check these if screenings or assessments occur on-site – check "NO" if off-site referrals for screenings or assessments are made.

      Nurse consultant services: check if a nurse consultant is available on-site – check "NO" if nurse consultant is off-site.

11. In the past year, how many of your staff have participated in a salary supplement program? Write in the number of staff who have participated in TEACH. Write in the number of staff who have participated in the WAGE$ Early Childhood Project**.** Write in the number of staff who have participated in any other salary supplement program.

      TEACH Early Childhood Project: T.E.A.C.H. (Teacher Education and Compensation Helps) is a statewide program that provides a variety of scholarship opportunities to improve the education of people working in child care centers and family day care homes while increasing their compensation. There are similar programs offered in some counties, but check "yes" only if the director or teachers have participated in the TEACH program.

      WAGE$ Early Childhood Project: The Child Care WAGE$® Project provides education-based salary supplements to low paid teachers, directors and family child care providers. The project is designed to provide preschool children more stable relationships with better educated teachers by rewarding teacher education and continuity of care. There are similar programs offered in some counties, but check "yes" only if the director or teachers have participated in the WAGE$ program.

12. How many lead teachers have left your center within the past 12 months? Count only those lead teachers (full-time and part-time) who have left the center within the past 12 months. Do not include teachers temporarily not at work due to maternity leave or sickness if they are assumed to be returning to work. Record" 0" if none have left. Do not count students and/or interns who work only for a defined period of time (e.g., one semester).

      Lead teacher: a person who is responsible for planning and implementing the daily program for a group/classroom of children.

13. How many assistant teachers have left your center within the past 12 months? Count only those assistant teachers (full-time and part-time) who have left the center within the past 12 months and who have not returned to work at the center. Do not count assistant teachers who are temporarily not at work due to maternity leave or sickness if they are assumed to be returning to work. Record" 0" if none have left. Do not count students and/or interns who work only for a defined period of time (e.g., one semester). Write "N/A" if the center does not hire assistant teachers.

      Assistant teacher: a person who works under the supervision of a teacher; does not include unpaid volunteers, or substitute teachers.

14. How many TOTAL lead teachers and assistant teachers are there in your center?
Double check – the total number of teachers and assistant teachers in your center (#14) should be the number of 15, 16, 17, 18 added together – do not count the number with the NC credential.

15. How many lead teachers and assistant teachers have a BA degree or higher? Ask this question in 2 parts so that you ask about teachers and assistant teachers separately. If the center doesn't have assistant teachers code "N/A." Write the correct number on the space provided.

16. How many lead teachers and assistant teachers have a AA degree?
AA indicates a 2 year college-level Associates degree.

17. How many lead teachers and assistant teachers have one year of college?
.   **One Year of College:** completed at least 30 semester hours or the equivalent of one year of college or more, but has NOT completed a higher degree. If the teacher is attending a community college which operates on the quarter system, count 3 quarters as equal to two semesters or 45 quarter hours to equal 30 semester hours.

18. How many lead teachers and assistant teachers have only HS or GED?
Note: Some directors may refer to the NC child care credential – this does not count for one year of college.   If it is the only college credit the teacher has taken record HS.

19. How many lead teachers and assistant teachers have the NC Child Care Credential?
5 – 6 college credits (2 courses – usually EDU 111 and EDU 112 at a community college) in early childhood offered through NC community colleges.

20. What is the range of gross salaries for full-time lead teachers? How many hours per week does a lead teacher with this salary usually work? And how many months per year does this teacher usually work?
Salaries can be reported at an hourly, weekly, monthly, or yearly rate depending on what is used by the center or what is easiest for the director to report. Record the dollar and cents amount of the lowest and highest salaries that a full-time lead teacher earns and circle the time frame on which it is based (e.g., hour/ week/ month/ year). Also record the usual hours per week (e.g., 40 hours or 32 hours) and months per year (e.g., 12 months or 10 months) on which the salaries are based.

    Full-time lead teacher: a person who is responsible for the planning and implementation of the daily program for a group/classroom of children and who works in the classroom 30 hours or more per week. If the director is the lead teacher and there is no additional lead teacher, record the director's salary here and note that the salary is for a director/teacher. *Exception: if **all** teachers are part-time, record the salary for the part-time lead teachers and make a note.*
        Gross salary: salary before federal and state taxes have been taken out
        Lowest salary: lowest salary currently being paid to a full-time lead teacher
        Highest salary: highest salary currently being paid to a full-time lead teacher

This question is an example of a question that on-site directors at Head Start centers, for example, may not be able to answer. This information is often kept by a central county Head Start office, is not kept at the center level, and is not available to the on-site director. In this case,

you will need to find out whether the director knows this information and, if not, get a name and phone number of someone in the central county Head Start office who can give you salary figures.

FYI: Minimum wage in the US is currently (12/04/01):

	$5.15	per hour
	$206.00	per 40-hour week
Approximately	$824.00	per month (40-hours per week)
	$10,712.00	per year (40-hours per week, 52 weeks per year)

21. What is the typical gross salary for a full-time lead teacher? How many hours per week do most full-time lead teachers work? How many months per year do most full-time lead teachers work? Record the dollar and cents amount of the typical salary in the space provided and circle the time frame on which it is based (e.g., hour/week/month/year). Also record the usual hours per week (e.g., 40 hours or 32 hours) and months per year (e.g., 12 months or 10 months) on which the typical salary is based. See item #15 above for definitions and possible problems with getting information from an on-site director.

Typical salary: the <u>most common</u> salary paid to full-time lead teachers in the center – NOT THE AVERAGE SALARY. For example, if three lead teachers make approximately $5.00 an hour and one makes $7.50; $5.00 an hour would be the typical salary. If there are only two teachers or if all teachers make a different salary, try to determine who is the most "typical" of the teachers – usually NOT the teacher who has worked at the center for 20 years or NOT the beginning teacher. We want to know what salary is the most "representative" of all salaries at the center.

22. Which of the following benefits do you provide for <u>any</u> of your lead teachers and assistant teachers? Answer "Yes" or "No" for each item listed for teachers and assistant teachers. For example, if no one has written contracts, check "No" for teachers and assistant teachers. ANSWER "YES" IF THE CENTER PROVIDES A BENEFIT FOR EVEN ONE OF ITS LEAD TEACHERS OR ASSISTANT TEACHERS. If the center does not hire assistant teachers, please mark through the questions for assistant teachers and write "N/A" beside the column. There should be no blanks left in this question.

Paid preparation/planning time: can be provided during nap time.

23. Does your center pay for any of the following benefits for <u>any</u> lead teachers and assistant teachers? Answer all the items by checking either "Yes" or "No" for lead teachers and assistant teachers. For example, if neither teachers nor assistant teachers receive paid health insurance, then check "No" under the "teachers" and the "assistant teachers" column. ANSWER "YES" IF THE CENTER PROVIDES A BENEFIT FOR EVEN ONE OF ITS LEAD TEACHERS OR ASSISTANT TEACHERS. If the center does not hire assistant teachers, please mark through the questions for the assistant teachers and write "N/A" beside the column. There

should be no blanks left in this question. 23E.,disability insurance, does not refer to Workman's Compensation but rather to other additional insurance. If there is some other type of benefit, such as a "cafeteria plan," please probe as to whether that plan offers any of the benefits listed in the question, such as life insurance, disability, etc. If so, check "yes" for those items offered. If "yes" is checked for any benefit, also ask if that benefit was Smart Start supported. Check "yes", "no" or "DK" for each of these items.

24. Do you have a waiting list of children?
Check "Yes" or " No". If the director indicates that there is a waiting list, then ask the director to estimate the number of children on the waiting list on the day of the interview. Record "0" if there are no children on the waiting list.

       This question is an example of a question that on-site directors at Head Start centers, for example, may not be able to answer. This information is often kept by a central county Head Start office, is not kept at the center level, and is not available to the on-site director. In this case, you will need to find out whether the director knows this information and, if not, get a name and phone number of someone in the central county Head Start office who can give you county waiting list figures.

25. Other than parent fees, what sources of income or support are available to your program? Place a check for each item that is applicable. If the category "other" is selected, be sure to indicate specific examples. If a director mentions "Smart Start funds," include these in "Other" and specify.

26. How many children receive government child care subsidies? Record the total number of children who receive government child care subsidies. Record "0" if there are no children who receive government subsidies.

       Government child care subsidies: includes federal, state and local government subsidies (e.g., Smart Start, Family Support Act, and Purchase of Care subsidies). These subsidies are often administered through the Department of Social Services but may be administered through other agencies, such as Child Care Services Association or Child Care Resources, Inc. Because the Head Start program is federally funded, all the children attending a "straight"(100%) Head Start center receive a subsidy, so record the total number of children enrolled at the center. If the Head Start center also serves non Head Start children, ask if any of the non-Head Start children are receiving a subsidy. If so, add the number of Head Start children to the number that receive a subsidy and record the total. Do NOT include scholarships or sliding fees that the center provides through fundraisers or community groups.

27. Do any of the children receive an extra subsidy because they have a disability (special needs)? Check "Yes" or "No". Children who have a disability are eligible to receive up to 75% more than the "regular" subsidy. If "Yes," record the number of children who receive these extra subsidies.
       Disability: children who have a diagnosed disability under Part C or Part B of IDEA (Individual with Disabilities Education Act) and who have an IFSP (Individualized Family Service Plan) or an IEP (Individualized Education Plan). These are children who might have a

language delay, Downs syndrome, cerebral palsy, spina bifida, a vision or hearing impairment, a developmental delay, or another condition requiring special services.

28. **What resources are available to help you and your staff serve young children with disabilities?** Check all that apply. If the "Other" category is checked, please be sure to include specific examples. This question should be answered even if the center has no children with disabilities at this time.

28a. Which of the above are supported with Smart Start funds? (list letters) List letters from above question as they apply.

29. What is the highest fee charged for 4 year olds at your center? Record the full fee charged for 4 year olds. Record the amount to the nearest dollar and circle "week" or "month" to indicate whether this is a weekly or monthly rate. For example, if the highest fee is $75 per week per child, then write "75" and circle "week. Write "0" if no fees are charged.
      Because Head Start programs do not charge fees for Head Start children, write $0. However, some Head Start centers may serve non Head Start children and may charge fees for these children. In these cases, enter the highest fee charged for non Head Start children.
      Full fee: the designated weekly or monthly charge for full-time services (e.g., over 30 hours per week). This amount should represent the total amount <u>charged</u> for care, not necessarily the amount parents paid for care. For example, the charge for full-time preschool care may be $200 a month. However, a family receiving subsidized child care may pay only $75 a month. In this case the full fee is $200, not $75, and "200" should be the recorded fee.

30. Which of the following best describes your position? Please check the one category that best describes the position of the person interviewed.
<u>**On-site director**</u>: director who doesn't teach and who spends most of her time at the child care center
<u>**On-site teacher/director**</u>: director who also has teaching responsibilities and who spends most of her time at the child care center
<u>**On-site assistant director**</u>: assistant director who spends most of her time at the child care center
<u>**On-site other**</u>: any other person who spends most of her time at the child care center (<u>**specify**</u> the person's title on the line provided)
<u>**Off-site director/coordinator**</u>: director or coordinator who does <u>not</u> spend most of her time at the child care center (e.g., she has an office in an administrative building)
<u>**Off-site other**</u>: any other person who does <u>not</u> spend most of her time at the child care center (<u>**specify**</u> the person's title on the line provided.)

<u>**Director:**</u> an administrator or administrator/teacher who is oversees the daily operation of the center.
<u>**Assistant director:**</u> a person who helps the director in overseeing the daily operation of   the center.

Questions 31 and 32 apply to the director. If the Assistant Director completes the interview, she should give information about the director or the director should be called later to get the information.

31. How long have you worked as a director (include years worked as a director in this and in other centers)? Write the number of years and months that the director has worked as a director of a center at anytime – at this center and at other centers. Do not include time worked as an assistant director.

32. What is the highest educational level you have completed? Check the answer that best describes the highest educational experience the director has **completed** (not just enrolled or in process). See definitions for education levels in questions 15-18.

Note: Some directors may refer to the NC child care credential – this does not count for one year of college. If it is the only college credit the director has taken record HS for this person.

33. Please provide the following information for each class in this center. For information about adults, record the number of adults who are typically in the class at 11 AM. Complete the chart for each class in the center. Circle "**V**" in column 1 for the observed classroom. Do not include school-age classrooms (e.g., after school classrooms), kindergarten classrooms or part-day classrooms (classrooms open for 4 hours or less each day). Do not include classrooms in other locations – just include classrooms in the building in which the ECERS was done. NOTE that it may be helpful to organize this information by ages of children in classroom – e.g., start by listing infant classes, then toddler classes, then 3-year-old classes, etc. Complete this information based on the class characteristics at 11 AM on a typical day with no absences.

 Age of most children: record the age in years or months of the majority (more than half) of children in the class and circle "**Y**" if years or "**M**" if months for each. Record years to the nearest ½ year and months to the nearest month**.**
 Age of youngest child: record the age of the youngest child in the classroom by checking the box by the age range in which the youngest child's age would fall.
 Number of paid adults: record the total number of paid adults who are permanently assigned to the classroom (do not count therapists or staff who "float" in and out of the classroom).
 Total # children enrolled: total number of children in each classroom enrolled at the center this week; includes children who attend the center part-time or full-time.

34. Has your center or staff benefited from any of the following Smart Start activities during the past year? Please check all that apply. Include Smart Start activities that the center and / or staff participated in during the past year only – not activities in previous years. If "Other" category is checked, indicate all specific examples. If the center has not participated in any Smart Start activities, check "No Smart Start activities". If director indicates that she is unsure whether an activity was sponsored by Smart Start or not, check it and make a note next to item.

Increased child care subsidies because center meets higher standards: Some Smart Start partnerships are paying higher subsidies to centers that meet higher standards (e.g., AA centers receive more money than A centers).

Equipment includes permanent, higher cost items, such as playground equipment or furniture for the classroom.

Materials include consumables, such as books, paper, crayons and Kleenex.

Teacher substitute pool: Some Smart Start partnerships have created a pool of substitute child care providers to work in centers. These substitutes, for example, can care for children while teachers attend training.

Enrichment programs for children can be provided on-site or off-site. The programs should not be one-time experiences, but rather on-going activities. The programs may occur weekly or monthly or every two months. Examples include a story teller who comes to the center once a month, a person who provides art sessions in classrooms for children on a weekly basis, or a designated story–time with librarians provided in the library.

35. Which of the Smart Start services you received has been the most helpful? (list letter from above) Ask this question **ONLY** if director indicated that the center had benefited from any Smart Start activity in the previous question. Then list the letter of the most helpful service.

36. Is there anything else you would like to tell me about your center or being a director? This question is included because it is a nice way to end an interview. Do not press the director for an answer. If she responds, write a brief summary of her response. Thank her for the interview.

(revised 1/11/02)
Director's Interview

FPG ID _____ / <u>D</u> /

2002 Child Care Study

DATA COLLECTOR INITIALS _____

DATE OF INTERVIEW ___ ___ / ___ ___ / ___ ___
   month   day   year

1. When did this center first begin operating?   ____ ____   year

2. How many months of the year is the center open?   ____ ____   months

3. What days are you open? *(please circle all that apply)*: M   T   W   TH   F   SA   SU

4. What time do you <u>open</u>?   ____:____   AM
                    (circle AM or PM)   PM

5. What time do you <u>close</u>?   ____:____   AM
                    (circle AM or PM) PM

6. What type of center is this? *(please check only <u>one</u> -- **Verify from information provided on the contact sheet))**

   __ **H**ead Start   __ **C**hurch-sponsored program   __ **C**ombination *(specify)* _____
   __ **D**evelopmental Day   __ **F**ranchise   __ **O**ther*(specify)* _____
   __ **P**ublic Preschool   __ **I**ndependent
                                              _____

7. Is the center for profit or not for profit?   __ **F**or profit   __ **N**ot for profit

8. What type of license does the center have? *(please check only <u>one</u>)*
   ___ 1 Star   ___ 2 Star   ___ 3 Star   ___ 4 Star   ___ 5 Star
   ___**GS**110–Exempt   ___ **P**rovisional   ___**T**emporary   ___ **N**ot licensed   ___ **O**ther

9. Is this center NAEYC accredited?
   __ **Y**es   __ **N**o   __ **I**n process

10. Please indicate whether each of the services listed below is available <u>at your center</u>. *(check YES or NO for each)*

    This is a large list of services and not all services would be expected to be available in all centers.

	Yes	No			Yes	No		If yes, Smart Start Supported?		
								Yes	No	DK
A	__	__	part-time care	I	__	__	transportation services from *school* to *center*	__	__	__
B	__	__	before and/or after school care for	H	__	__	transportation services from *home* to *center*	__	__	__
			school-aged children	L	__	__	vision screening	__	__	__
C	__	__	night/evening care	M	__	__	hearing screening	__	__	__
D	__	__	weekend care	N	__	__	dental screening	__	__	__
E	__	__	24-hour care	O	__	__	speech/language screening	__	__	__
F	__	__	drop-in care	P	__	__	developmental screening/assessment	__	__	__
G	__	__	sick child care	Q	__	__	nurse consultant services	__	__	__
J	__	__	meals for children (not just snacks)							

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TEACHER CHARACTERISTICS

11. In the past year, how many of your staff have participated in a salary supplement program?

_____# in TEACH®   _____ # in WAGE$ _____# in other salary supplement program

12. How many lead teachers have left your center within the past 12 months? _____ lead teachers

13. How many assistant teachers have left your center within the past 12 months? _____ assistant teachers

TEACHER EDUCATION	Lead Teachers	Assistant Teachers
14. How many TOTAL lead teachers and assistant teachers are there in your center?	_____	_____
15. How many lead teachers and assistant teachers have a BA degree or higher?	_____	_____
16. How many lead teachers and assistant teachers have an AA degree?	_____	_____
17. How many lead teachers and assistant teachers have one year of college credit?	_____	_____
18. How many lead teachers and assistant teachers have only a HS diploma or GED?	_____	_____

Double check – the total number of lead teachers and assistant teachers (#14) should total 15, 16, 17, 18 added together

	Lead Teachers	Assistant Teachers
19. How many lead teachers and assistant teachers have the NC Child Care Credential?	_____	_____

SALARY AND BENEFIT INFORMATION

20. What is the range of gross salaries for <u>full-time lead teachers</u>?

Lowest salary $ __ __ __ __ __ . __ __ per hour / week / month / year *(circle hour, week, month or year)*

How many hours per week does a lead teacher with this salary usually work?   _____ hours per week

And how many months per year does this teacher usually work?   _____ months per year

Highest salary $ __ __ __ __ __ . __ __ per hour / week / month / year *(circle hour, week, month or year)*

How many hours per week does a lead teacher with this salary usually work?   _____ hours per week

And how many months per year does this teacher usually work?   _____ months per year

21. What is the <u>typical</u> gross salary for a <u>full-time lead teacher</u>?

Typical salary $ __ __ __ __ __ . __ __ per hour / week / month / year *(circle hour, week, month or year)*

How many hours per week do most <u>full-time lead teachers</u> work?   _____ hours per week

How many months per year do most <u>full-time lead teachers</u> work?   _____ months per year

22. Which of the following do you provide for <u>any</u> of your lead teachers and assistant teachers? *(check YES or NO for each)*

	Lead Teachers Yes No	Asst. Teachers Yes No			Lead Teachers Yes No	Asst. Teachers Yes No	
A	__ __	__ __	paid maternity leave	I	__ __	__ __	extra pay, time off, or
B	__ __	__ __	unpaid maternity leave				comp. time for **training**
C	__ __	__ __	paid sick leave or personal leave	J	__ __	__ __	full/partial cost of training
D	__ __	__ __	paid vacations	K	__ __	__ __	yearly cost-of-living raise
E	__ __	__ __	reduced child care fees	L	__ __	__ __	occasional cost-of-living raise
F	__ __	__ __	free meals	M	__ __	__ __	occasional merit raise
G	__ __	__ __	paid preparation/planning time	N	__ __	__ __	service awards or bonuses
H	__ __	__ __	extra pay or comp. time to attend				

meetings outside work hours (e.g., staff meetings, parent conferences)

23. Does your center pay for any of the following benefits for <u>any</u> lead teachers and assistant teachers? *(check YES or NO for each)*

	Lead Teachers	Asst. Teachers		If yes, Smart Start Supported?
	Yes No	Yes No		Yes No DK
A	__ __	__ __	retirement plan	__ __ __
B	__ __	__ __	life insurance	__ __ __
C	__ __	__ __	dental insurance	__ __ __
D	__ __	__ __	health insurance	__ __ __
E	__ __	__ __	disability insurance	__ __ __

CHILD CHARACTERISTICS

24. Do you have a waiting list of children?   __ Yes   __ No
    If yes, how many children are on the list today? _____

25. Other than parent fees, what sources of income or support are available to your program? *(check all that apply)*
    A __   Child and Adult Care Food Program
    B __   Government child care subsidies from Department of Social Services or local child care resource agency
    C __   Funds from local community groups like the United Way, Kiwanis, businesses, etc.
    D __   In-kind contributions (including free space, utilities, custodian, etc.)
    E __   Americorps members or VISTA volunteers to help with staffing
    F __   Grants through government or foundation programs
    M __   Smart Start funds
    K __   Other *(please specify)* _____
    L __   None—center has only parent fees

26. How many children in your center receive government child care subsidies? _____

27. Do any of the children receive an extra subsidy because they have a disability? __ Yes __ No   If 'yes', how many? _____

28. What resources are available to help you and your staff serve young children with disabilities? *(check all that apply)*
    A __   Training for child care providers focusing on children with disabilities and their families
    B __   On-site consultation from specialists and therapists
    C __   Resource materials (books, videos, curricula)
    D __   Financial incentives (e.g., special subsidies from DSS which entitle children with disabilities to receive up to
           75% more than nondisabled children if they are eligible for Title 20 funds)
    E __   Other *(please specify_____)*
    F __   Don't know
    G __   None

28 a. Which of the above are supported with Smart Start funds?*(list letters)*   __   __   __   __   __

29. What is the highest fee charged for 4-year-olds at your center? $__ __ __ per week / month *(circle -list "0" if no fees charged)*

DIRECTOR CHARACTERISTICS

30. Which of the following best describes your position?
    A __ ON-site director   D __ ON-site other *(specify)* _____
    B __ ON-site teacher/director   E __ OFF-site director/coordinator
    C __ ON-site assistant director   F __ OFF-site other *(specify)* _____

31. How long have you worked as a director in this and in other centers? ___ ___ years   ___ ___ months

32. What is the highest educational level you have completed?
        BC __ GED or High School Diploma   J __ BA/BS Degree

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CLASSROOM CHARACTERISTICS

33. Please provide the following information for each class in this center. For information about adults, record the number of paid adults who are <u>typically</u> in the class at **11 AM.**

CIRCLE **V** if visited	A Age of most children *(Circle Y=years or M=months)*	B Age of **youngest** child in class	C Number of paid adults	D Total # children enrolled
1. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
2. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
3. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
4. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
5. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
6. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
7. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
8. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
9. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
10. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
11. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
12. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
13. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
14. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		
15. V	Y M	❑ < 12 months ❑ 12 – 35 months ❑ 36 - 47 months ❑ ≥ 48 months		

34. Has your center or staff benefited from any of the following Smart Start activities **during the past year**?
    (check all that apply – if an item is checked then complete all blanks for the item – use DK for Don't Know)

    AB __   Training workshops sponsored or funded by Smart Start. If yes,
                ____ # of workshops for credit: DCD,CEUs   ____ # of workshops not for credit
                ____ # of staff who attended for credit   ____ # of staff who attended not for credit

    C __   On-site consulting/technical assistance from a Smart Start-funded consultant
                ____ # of classrooms in the center that received TA
                ____ Average # of visits to each classroom
                ____ Average # of hours of each visit
                ____ Yes, worked on learning activities in the outdoor environment

    E __   Funds to pay higher child care subsidy rates per child because your center meets higher standards
                $_____ paid per child
                ____ # of higher rates paid or $_____ total amount paid
                What higher standard was met?_____

    R __   Funds for teachers to attend college courses for credit
                ____ # of teachers who received funds
                $_____ average amount of funds received per teacher
                What expenses did the funds cover other than tuition? (Circle: child care, books, substitutes, travel)

    G __   Funds to improve quality by purchasing new educational materials for the classroom
                Who selects materials? (circle: consultant, site staff, both)
                ____ # of classrooms that received materials in your center
                $_____ average amount received by each classroom
                $_____ total amount of funds received by your center

    F __   Funds to improve quality by purchasing new equipment and or renovating the facility (capital improvements)
                $_____ total amount of funds received by your center
                Funds were spent to:_____

    H __   Funds to help your center achieve a higher level of licensing (higher stars)
                $_____ amount of funds received
                Was higher license received? (circle: yes or no)
                Funds were spent to:_____

    I __   Funds to help center achieve NAEYC accreditation
                $_____ amount of funds received
                Funds were spent to:_____

    J __   Funds to improve services for children with disabilities
                $_____ amount of funds received
                Purpose of funds: (circle: assistive technology, support services, other_____)

    M __   Lending library (e.g. toys, games, books, videos, parent materials)

    K __   Teacher substitute pool

    Q __   Enrichment programs for children (such as storyteller or art teacher)
                ____ # of times per month the programs were provided
                ____ Yes, enrichment provider trained center staff as well as provided a program for children

    O __   Other *(please specify)* _____

    P __   No Smart Start activities or funds were provided for this center in the past year.

35.   Which of the Smart Start services you received has been the most helpful? _____ *(list letter from above)*
    optional comment:

36. Is there anything else you would like to tell us about your center or about being a director?
    optional comment: