

## Supplemental Appendix C

# Georgia's Early Care and Education Economic Impact Survey Instruments

### Child Care Matters: Together We Can Tell Your Story

Currently, is this child care center...

- Open and caring for children → Continue
- Closed temporarily → Continue
- Recently licensed but not yet caring for children → Thank you for your time. Please return the survey in the envelope provided.
- Closed permanently → Thank you for your time. Please return the survey in the envelope provided.

#### Section A: About Your Child Care Center

We begin by asking a few questions about the operation of this center. If your center is closed temporarily, please answer the questions based on your usual operating status.

**Q1 How many months during the year is this child care center open to care for children?**

- 12 months a year
- 9 months a year (during the school year only)
- 3 months a year (during the summer only)
- Other, please specify: \_\_\_\_\_

**Q2 When does this center open and close for children?** (If the center is not open during one of the periods listed, fill in the "Not Open" circle. If it is open, fill in the "Open" circle followed by the opening and closing times for each, and mark am or pm.)

	<u>Not Open</u>	<u>Open</u>	<u>Time Opened</u>	<u>Time Closed</u>																
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<b>Evenings</b> .....	<input type="radio"/>	<input type="radio"/>	<table border="0"> <tr> <td>□□</td> <td>:</td> <td>□□</td> <td><input type="checkbox"/> a.m.</td> </tr> <tr> <td>□□</td> <td>:</td> <td>□□</td> <td><input type="checkbox"/> p.m.</td> </tr> </table>	□□	:	□□	<input type="checkbox"/> a.m.	□□	:	□□	<input type="checkbox"/> p.m.	<table border="0"> <tr> <td>□□</td> <td>:</td> <td>□□</td> <td><input type="checkbox"/> am</td> </tr> <tr> <td>□□</td> <td>:</td> <td>□□</td> <td><input type="checkbox"/> pm</td> </tr> </table>	□□	:	□□	<input type="checkbox"/> am	□□	:	□□	<input type="checkbox"/> pm
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**Q3 Is this child care center considered for-profit or not-for-profit?**

- For-profit
- Not-for-profit

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**Section B: Child Care Center Enrollment**

Now we'd like to get a better understanding of the children served at this child care center.

**Q4 What is this center's total licensed capacity?**

\_\_\_\_\_ Number of children

**Q5 What is the total current enrollment?**

\_\_\_\_\_ Number of children currently enrolled [**Note:** If you are temporarily closed, write 0 and skip to Section D, page 8.]

**Q6 What was your summer 2014 enrollment, on average?**

\_\_\_\_\_ Number of children enrolled [**Note:** If you were closed last summer, please write 0.]

**Q7 Currently, how many children in this center... (Select "None" if no children fall into a given category)**

	<u>None</u>	<u>Number of Children</u>
Receive free or reduced-price lunch at school.....	<input type="radio"/>	..... _____
Receive CACFP free or reduced-price lunch .....	<input type="radio"/>	..... _____
Receive CAPS child care subsidies .....	<input type="radio"/>	..... _____
Have a diagnosed physical or developmental disability .....	<input type="radio"/>	..... _____
Receive services from the Babies Can't Wait Program .....	<input type="radio"/>	..... _____
Do not speak English as their first language .....	<input type="radio"/>	..... _____
Are Non-Hispanic White .....	<input type="radio"/>	..... _____
Are Non-Hispanic Black .....	<input type="radio"/>	..... _____
Are Non-Hispanic Asian .....	<input type="radio"/>	..... _____
Are Spanish, Latino, or Hispanic .....	<input type="radio"/>	..... _____
Are multi-racial .....	<input type="radio"/>	..... _____
Are other race(s)/ethnicity(ies) not listed .....	<input type="radio"/>	..... _____

**Q8 Does this child care center provide the following types of child care?** (If so, please enter the number of children enrolled in each type of care)

	<u>Does Not</u>	<u>Does</u>	<u>Number of Children Enrolled</u>
Full-time .....	<input type="radio"/>	<input type="radio"/>	_____
Part-time (not including those enrolled in after-school care).....	<input type="radio"/>	<input type="radio"/>	_____
Before school only .....	<input type="radio"/>	<input type="radio"/>	_____
After school only .....	<input type="radio"/>	<input type="radio"/>	_____
Before and after school.....	<input type="radio"/>	<input type="radio"/>	_____
Formal sick care.....	<input type="radio"/>	<input type="radio"/>	_____
Weekend care .....	<input type="radio"/>	<input type="radio"/>	_____
Evening care .....	<input type="radio"/>	<input type="radio"/>	_____
Overnight care.....	<input type="radio"/>	<input type="radio"/>	_____

**Q9 Currently, how many children are on a waiting list for this child care facility, not including Georgia Pre-K?** (Select N/A if you do not keep a waiting list. If you normally keep a waiting list, but currently have no children on the list, please write 0.)

\_\_\_\_\_ Number of children on a waiting list

N/A

**Q10 Does this child care center provide any type of daily transportation for children (for example, to and from home or school)?**

Yes

No

**Section C: Child Care Center Employees**

**If you are closed temporarily, skip this section and go to Section D on page 8.**

The next questions revolve around child care center employees—their benefits, pay, demographics, and education. We’re asking these questions to gain a better understanding of what the child care workforce in Georgia looks like. We understand that some of the questions may be sensitive, but we reassure you that we will not share your individual answers with DECAL or any other person or organization. All responses will only be grouped and reported together.

**Q11 Do you offer the following benefits for full-time or part-time staff, or are the benefits not offered at all? (Note: Georgia Pre-K/Head Start staff and all other child care staff are listed separately in the chart below)**

Fill in all that apply

	<u>GA Pre-K/Head Start</u>			<u>All Other Child Care</u>		
	<u>Staff</u>			<u>Staff</u>		
	<u>Full-time</u>	<u>Part-time</u>	<u>Not at All</u>	<u>Full-time</u>	<u>Part-time</u>	<u>Not at All</u>
Free or reduced rate of care for staff members' children/family .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holidays .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time for training and education.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment for training, tuition, registration fees.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time if center is closed due to bad weather .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave (sick, vacation, or personal, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overtime pay .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>Employer Contributes a Portion of:</u></b>						
Health insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental and/or vision insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement plan (401K, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q12 For the following questions, we divide employees into categories based on job title.**

*If there are no employees in a given category, mark the "None" circle and move to the next category. If a person falls into more than one category, answer according to the category in which s/he spends the most time. For instance, if an individual is a lead teacher every day but occasionally does clerical work, place that person in the Lead Teacher category.*

<u>Job Title</u>	None ▼	# of Permanent Full-time Employees ▼	# of Permanent Part-time Employees ▼	# of Permanent Employees Who Left This Child Care Center during the Past Year ▼	# of Seasonal or Temporary Employees ▼	Average Wage per Hour ▼	Average # of Hours Worked per Week by an Individual in This Category ▼
Administrators/Directors .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Assistant Directors .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Lead Teachers, not GA Pre-K/Head Start .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
GA Pre-K/Head Start Lead Teachers .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Assistant Teachers not GA Pre-K/Head Start .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Assistant Teachers GA Pre-K/Head Start .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Other Teaching Staff .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Specialists (Curriculum, Family Services, etc.) .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Clerical Staff .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____
Other Staff .....	<input type="radio"/>	_____	_____	_____	_____	□□.□□	_____

Questions 13, 14 and 15 apply to this center's **TEACHERS, ADMINISTRATORS** and **SPECIALISTS ONLY**. The numbers of Early Head Start and Head Start teachers should be reported with the age group they serve (not with Georgia's Pre-K teachers in these questions).

**Q13 Enter the number of TEACHERS, ADMINISTRATORS and/or SPECIALISTS described by each category below.** (We divide teachers into six categories. Each question should be answered individually for each category of teachers. If you do not employ any teachers in a category, write 0 for number of teachers and move to the next category.) **PLEASE DO NOT LEAVE ANYTHING BLANK.**

<u>Total Number in Each Category</u>	Lead Infant/ Toddler/ 2-Yr Old	Lead 3-Yr Old	Lead 4-Yr Old (Not GA Pre-K)	Lead GA Pre-K	Lead 5+ Yr Old	Other Teaching Staff	Admins, Directors, Specialists
Teachers, administrators, directors and specialists .....	_____	_____	_____	_____	_____	_____	_____
Non-Hispanic White .....	_____	_____	_____	_____	_____	_____	_____
Non-Hispanic Black .....	_____	_____	_____	_____	_____	_____	_____
Non-Hispanic Asian .....	_____	_____	_____	_____	_____	_____	_____
Spanish, Latino or Hispanic .....	_____	_____	_____	_____	_____	_____	_____
Multi-racial .....	_____	_____	_____	_____	_____	_____	_____
Other race(s) or ethnicity(ies), not mentioned .....	_____	_____	_____	_____	_____	_____	_____
Teaching in students' home languages, if other than English .....	_____	_____	_____	_____	_____	_____	_____
Female .....	_____	_____	_____	_____	_____	_____	_____
Male .....	_____	_____	_____	_____	_____	_____	_____
Enrolled in technical college or college programs.....	_____	_____	_____	_____	_____	_____	_____
↳ Number of these enrolled in early childhood education (ECE) .....	_____	_____	_____	_____	_____	_____	_____

**Q14 Enter the number of teachers, administrators and/or specialists who have completed the following as their highest level of education.** (If you have no teachers or administrators in a given educational level, write a 0 for each and move to the next category.) **PLEASE DO NOT LEAVE ANYTHING BLANK.**

<b>Total Number in Each Category</b>	<b>Lead Infant/Toddler/2-Yr Old</b>	<b>Lead 3-Yr Old</b>	<b>Lead 4-Yr Old (Not GA Pre-K)</b>	<b>Lead GA Pre-K</b>	<b>Lead 5+ Yr Old</b>	<b>Other Teaching Staff</b>	<b>Admins, Directors, Specialists</b>
Some high school .....	_____	_____	_____	_____	_____	_____	_____
High school diploma or GED .....	_____	_____	_____	_____	_____	_____	_____
Some college, but no CDA credential or degree .....	_____	_____	_____	_____	_____	_____	_____
Child Development Associate (CDA).....	_____	_____	_____	_____	_____	_____	_____
Technical Certificate of Credit (TCC) ...	_____	_____	_____	_____	_____	_____	_____
Technical College Diploma (TCD) .....	_____	_____	_____	_____	_____	_____	_____
Associate of Arts or Science Degree (AA or AS) .....	_____	_____	_____	_____	_____	_____	_____
Bachelor of Arts or Science Degree (BA or BS) .....	_____	_____	_____	_____	_____	_____	_____
Master of Arts, Science, Education, Business or other degree (MA, MS, MEd, MBA, etc.) .....	_____	_____	_____	_____	_____	_____	_____
Specialist (EdS) .....	_____	_____	_____	_____	_____	_____	_____
Doctor of Philosophy or Education (PhD or EdD) or other terminal degree (MD, JD, etc.) .....	_____	_____	_____	_____	_____	_____	_____

**Reminder:** Make sure you filled in all the information about your teachers, administrators and specialists. Do not leave any spaces blank. If you do not have staff in a given category, write 0.

**Q15 Enter the number of teachers, administrators and/or specialists who hold the following credentials.** (If you have no teachers/administrators/specialists in a given educational level, write a 0 for each and move to the next category.) **PLEASE DO NOT LEAVE ANYTHING BLANK.**

<u>Total Number in Each Category</u>	Lead Infant/Toddler/2-Yr Old	Lead 3-Yr Old	Lead 4-Yr Old (Not GA Pre-K)	Lead GA Pre-K	Lead 5+ Yr Old	Other Teaching Staff	Admins, Directors, Specialists
State of GA teaching certificate .....	_____	_____	_____	_____	_____	_____	_____
Teaching certificate from a state other than GA .....	_____	_____	_____	_____	_____	_____	_____
Specific curriculum training (Montessori, High/Scope, Creative Curriculum, etc.) .....	_____	_____	_____	_____	_____	_____	_____

**Section D: Child Care Center Finances**

Now we ask about the revenues and expenditures of your child care center. If you have more than one child care center, we prefer that you report the revenue separately for each center.

**Q16 Write the number of children you currently care for in each age group. Then, indicate the weekly tuition rate for a child in that age group.** (If you do not provide care for children in a given age group, select N/A. If you provide care for a given age group but do not currently have any such children enrolled, write 0 for the number of children and then fill in your weekly tuition rate.)

	N/A	# of Children (Not GA Pre-K or Head Start)	Weekly Tuition Rate per Child	# of Children in GA Pre-K or Head Start
Under 6 months .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
6 months but less than 12 months .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
12 months but less than 18 months .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
18 months but less than 24 months .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
2 years but less than 3 years .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
3 years but less than 4 years .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
4 years but less than 5 years .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
5 years but less than 6 years .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____
6 years to 13 years .....	<input type="radio"/>	_____	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	_____



**Note:** Child care programs operate on various fiscal year calendars. Please provide the annual amount received during the most recently completed fiscal/tax year. Do not double count revenues or expenditures in the line items below.

**Q17 Does this child care center get funding from any of the sources listed below? (If so, list the amount of money received PER YEAR from that source. Do not double count revenue.)**

<u>Source of Funding</u>	Does Not ↓	Does ↓	<u>Annual Amount Received</u>
Parent fees and tuition .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
CAPS subsidies .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
GA lottery/Pre-K .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Quality Rated mini-grant package or staff bonuses .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Child and Adult Care Food Program (CACFP) or USDA National School Lunch Program .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Summer Food Service Program (SFSP) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Early Head Start .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Head Start .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Other federal funds .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Charitable contributions (private donations, gifts from non-profits including United Way, community foundations, Early Education Roundtable, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Other, please specify: _____ _____ _____	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

**Q18 What were the ANNUAL revenues (income) from all sources for this child care center in 2013 or your most recently completed fiscal or tax year?**

\$  ,  ,  .

**Q19 Does this child care center have any of the costs listed below?** (If so, list the cost PER YEAR for each category. If you pay monthly for the items in a category, multiply that amount by 12 to get the annual cost. Do not double count expenditures.)

<u>Category</u>	Does Not ▼	Does ▼	<u>Annual Cost</u>
Rent/mortgage .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Utilities (gas, electricity, water, trash removal, telephone, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Repair and maintenance (lawn care, janitorial services, pest control, building repairs, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Food and food service .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Insurance (property, liability) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Taxes, excluding payroll taxes (property, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Wages for center staff .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Fringe benefits for center staff (health insurance, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Payroll taxes (SSI, FICA, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Training for center staff .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Transportation (gas, maintenance, insurance, vehicle, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Fees/permits .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Other operating costs (supplies and equipment like toys, advertising, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>

**Q20 What were the ANNUAL operating costs (expenses) for this child care center in 2013 or your most recently completed fiscal or tax year?**

\$  ,  ,  .

**Section E: Director's/Owner's Perceptions**

Because you are a vital part of the child care industry in Georgia, your opinions on issues related to early childhood education are important. The following questions will give us insight into how program administrators think about staffing issues, partnerships, program needs, state resources, and incentives.

**Q21 How satisfied are you with the quality of your center's staff (knowledge, skills, experience, etc.)?**

- Completely satisfied
- Very satisfied
- Somewhat satisfied
- Not at all satisfied

**Q22 How much do families know about "Quality Rated"?**

- A great deal
- A lot
- A moderate amount
- A little
- Nothing at all

**Q23 How willing are your clients to pay more for Quality Rated child care?**

- Very willing
- Somewhat willing
- Not at all willing

**Q24 Why do you think some programs choose not to participate in Quality Rated? Would you say that some programs: (Select all that apply)**

- Are not ready, i.e. don't yet meet the requirements to participate
- Don't have enough time
- Don't know about it
- Don't see the benefits of participating
- Other, please specify: \_\_\_\_\_
- Don't know

**Q25 Are there more than enough, just enough, or not enough of each resource listed below?**

	More Than Enough ▼	Just Enough ▼	Not Enough ▼
State resources to help develop your workforce (training opportunities, professional resources, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources in your community for your center (donations, volunteer time, free supplies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State resources to improve quality in your programs (technical assistance, quality improvement grants, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial incentives to help support your business (tax credits, tax exemptions, grants, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q26 How connected is your center to the local school(s) that provide services for children with special needs, after-school care, transition-to-school issues?**

- Very connected
- Loosely connected
- Not at all connected

**Q27 Is your child care center associated with a business that provides referrals, subsidies or incentives to employees who enroll their children with you? (For example, some companies and government agencies provide access to child care as a benefit.)**

- Yes
- No

**Q28 What portion of the children at your child care center have some of their fees or tuition paid by their family's employer (either to you directly or to the family)? (An employer other than the owner of this center)**

- All (90% - 100%)
- Most (50% - 89%)
- Some (1% - 49%)
- None

**Q29 How, if at all, did the recent economic downturn affect your center? (Select all that apply)**

- Decreased enrollment
- Problems with staff morale
- Increased hours you were open during your standard week
- Amount of needed food increased (Children ate more, parents left children longer)
- Often waived late fees
- Offered more discounts to families
- Cut rates
- Less staff turnover
- Put off improvements to building, playgrounds or driveway
- Put off some maintenance and repairs
- Put off replacing toys, equipment and/or materials
- Put off training
- Other, please specify: \_\_\_\_\_
- Didn't affect your center → Go to Q31

**Q30 In which way(s) has your center recovered from the recent economic downturn? (Select all that apply)**

- Enrollment has returned to its pre-downturn level
- Enrollment has returned somewhat
- Staff morale has improved
- Returned to pre-downturn schedule
- Amount of needed food has returned to pre-downturn levels
- Seldom waive late fees
- Offer fewer discounts to families
- Raised rates to pre-downturn levels
- Staff turnover has increased
- Started making or have made improvements to building, playgrounds or driveway
- Better able to maintain and repair facilities and equipment
- Able to replace toys, equipment and/or materials
- Increased training
- Other, please specify: \_\_\_\_\_

**Q31 What are the three biggest challenges or obstacles to your business?**

- Finding qualified staff
- Retaining employees
- Paying for employee benefits
- Learning and keeping up with new regulations
- Maintaining building, playgrounds and equipment
- Technology
- Buying adequate materials and equipment
- Affording liability insurance
- Competitive pricing
- Earning enough income
- Maintaining adequate enrollment
- Other, please specify: \_\_\_\_\_

**Section F: Your Opinions about Quality Rated**

**Q32 How has participating in Quality Rated (QR) benefitted your center, or how do you expect it to benefit your center? (Select all that apply)**

- Tiered reimbursement helps us serve families
- Center is more profitable
- Staff feel more professional
- Helps recruit families
- Helps in replacing materials/equipment
- Improves teaching practices
- Improves family engagement
- Other, please specify: \_\_\_\_\_
- No benefits

**Q33 What have been the two largest costs to your center as a result of participating in QR, or what do you expect the two largest costs will be?**

- Materials/equipment
- Professional development
- Increased number of staff
- Hired more staff with higher qualifications, therefore, salaries are higher
- Renovations
- Increased management oversight
- Other, please specify: \_\_\_\_\_

**Q34 How has participating in QR affected the classrooms in your center? (Select all that apply)**

- Classroom climates are calmer with fewer discipline issues
- Classrooms have more materials, books, displays, etc. for children
- Classroom space and furnishings are better arranged and organized to meet children's needs
- Classroom structure helps children spend more time engaged in purposeful activities
- Children seem healthier; fewer absences due to illness
- There is an increase in teacher-child interactions
- There are more planned activities to engage families
- Children interact with one another more than they did before
- Other, please specify: \_\_\_\_\_
- No effect

**Q35 How has participating in QR affected your center's staff? (Select all that apply)**

- Pride in their accomplishments
- Improved teaching practices
- Improved teacher-child interactions
- Improved relationships with families
- Improved classroom environment
- Improved health and/or safety practices
- Staff feel more stress
- Increased enrollment in higher education and/or other professional development programs
- Other, please specify: \_\_\_\_\_
- No effect

**Q36 Bottom line: How do the benefits and costs of Quality Rated (QR) compare?**

- Benefits exceed costs
- Costs exceed benefits
- Benefits and costs are approximately equal
- Too early in the program to say

**Q37** Thank you for taking the time to complete this survey. We welcome any thoughts or ideas you would like to share with us in the space below. After you finish, please enclose your completed survey in the postage-paid return envelope provided and drop it in the mail.

The responses of everyone who completes this survey will be compiled and analyzed, and a final report will be made available online in 2015.

The University of Georgia, Carl Vinson Institute of Government, Survey Research and Evaluation Unit  
201 N. Milledge Avenue, Athens, GA 30602-5482

**4176066572**

Page 16 of 16.



# Child Care Matters: Help Us Tell Your Story



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**Currently, is your family day care home...**

- Open and caring for children → Continue
- Closed temporarily → Continue
- Recently registered but not yet caring for children → Thank you for your time. Please return the survey in the envelope provided.
- Closed permanently → Thank you for your time. Please return the survey in the envelope provided.

**Section A: About Your Family Day Care Home**

We begin by asking a few questions about the operation of your family day care home. If your family day care home is closed temporarily, please answer the questions based on your usual operating status.

**Q1 How many months during the year is your family day care home open to care for children?**

- 12 months a year
- 9 months a year (during the school year only)
- 3 months a year (during the summer only)
- Other, please specify: \_\_\_\_\_

**Q2 When does your family day care home open and close for children? (If your family day care home is not open during one of the periods listed, fill in the "Not Open" circle. If it is open, fill in the "Open" circle followed by the opening and closing times for each, and mark am or pm)**

	<u>Not Open</u>	<u>Open</u>	<u>Time Opened</u>	<u>Time Closed</u>																								
<b>Monday–Friday</b> .....	<input type="radio"/>	<input type="radio"/>	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">am</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">pm</td> </tr> </table>			:			am			:			pm	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">am</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">pm</td> </tr> </table>			:			am			:			pm
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<b>Evenings</b> .....	<input type="radio"/>	<input type="radio"/>	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">am</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">pm</td> </tr> </table>			:			am			:			pm	<table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">am</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">:</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="padding: 0 5px;">pm</td> </tr> </table>			:			am			:			pm
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**Section B: Your Plans and Opinions**

Because you are a vital part of the child care industry in Georgia, your opinions on issues related to early care and learning are important. The following questions will give us insight into what family day care home providers think about staffing issues, program needs, state resources, and incentives.

**Q3 How much do families know about “Quality Rated”?**

- A great deal
- A lot
- A moderate amount
- A little
- Nothing at all

**Q4 How willing are your families to pay more for higher quality child care?**

- Very willing
- Somewhat willing
- Not at all willing

**Q5 Why do you think some programs choose not to participate in Quality Rated?**

**Would you say that some programs:** (Select all that apply)

- Are not ready, i.e. don't yet meet the requirements to participate
- Don't have enough time
- Don't know about it
- Don't see the benefits of participating
- Other, please specify: \_\_\_\_\_
- Don't know

**Q6 Are there more than enough, just enough, or not enough of each resource listed below?**

	More Than Enough ▼	Just Enough ▼	Not Enough ▼
State resources for you and your assistant/substitute (training opportunities, professional resources, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources in your community for your family day care home (donations, volunteer time, free supplies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State resources to help improve quality in your family day care home (technical assistance, quality improvement grants, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial incentives to help support your family day care business (tax credits, tax exemptions, grants, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q7 How connected is your family day care home to the local school(s) that provide services for children with special needs, after-school care, transition-to-school issues, etc.?**

- Very connected
- Loosely connected
- Not at all connected

**Q8 What portion of the children at your family day care home have some of their fees or tuition paid by their family's employer (either to you directly or to the family)?**  
*(An employer other than the owner of your home)*

- All (90% - 100%)
- Most (50% - 89%)
- Some (1% - 49%)
- None

**Section C: Family Day Care Home Enrollment**

Now we'd like to get a better understanding of the children served at your family day care home.

**Q9 What is the total current enrollment?** *(Please do not include your own or other family members' children for whom you do not receive fees)* **Note:** *If you are temporarily closed, write 0 and skip to Section D, page 5.*

\_\_\_\_\_ Number of children currently enrolled

**Q10 What was your summer 2014 enrollment, on average?** *(Do not include your own or other family members' children for whom you do not receive fees)* **Note:** *If you were closed last summer, write 0.*

\_\_\_\_\_ Number of children enrolled

**Q11 Currently, how many children in your family day care home...** (Select "None" if no children fall into a given category)

	<u>None</u>	<u>Number of Children</u>
Have families who receive CAPS subsidies .....	<input type="radio"/>	..... _____
Participate in the Child and Adult Care Food Program (CACFP) .....	<input type="radio"/>	..... _____
Have a diagnosed physical or developmental disability .....	<input type="radio"/>	..... _____
Receive services from the Babies Can't Wait Program .....	<input type="radio"/>	..... _____
Do not speak English as their first language .....	<input type="radio"/>	..... _____
Are Non-Hispanic White .....	<input type="radio"/>	..... _____
Are Non-Hispanic Black .....	<input type="radio"/>	..... _____
Are Non-Hispanic Asian .....	<input type="radio"/>	..... _____
Are Spanish, Latino, or Hispanic .....	<input type="radio"/>	..... _____
Are multi-racial .....	<input type="radio"/>	..... _____
Are other race(s)/ethnicity(ies) not listed .....	<input type="radio"/>	..... _____

**Q12 Does your family day care home provide the following types of child care?** (If so, enter the number of children enrolled in each type of care)

	<b>Does Not</b> ▼	<b>Does</b> ▼	<u>Number of Children Enrolled</u>
Full-time .....	<input type="radio"/>	<input type="radio"/>	..... _____
Part-time (not including those enrolled in after-school care) .....	<input type="radio"/>	<input type="radio"/>	..... _____
Before school only .....	<input type="radio"/>	<input type="radio"/>	..... _____
After school only .....	<input type="radio"/>	<input type="radio"/>	..... _____
Before and after school.....	<input type="radio"/>	<input type="radio"/>	..... _____
Formal sick care.....	<input type="radio"/>	<input type="radio"/>	..... _____
Weekend care .....	<input type="radio"/>	<input type="radio"/>	..... _____
Evening care .....	<input type="radio"/>	<input type="radio"/>	..... _____
Overnight care.....	<input type="radio"/>	<input type="radio"/>	..... _____

**Q13 Currently, how many children are on a waiting list for your family day care home?**  
 (Select N/A if you do not keep a waiting list. If you normally keep a waiting list, but currently have no children on the list, please write 0.)

\_\_\_\_\_ Number of children on a waiting list  
 N/A

**Q14 Does your family day care home provide any type of daily transportation for children (for example, to and from home or school)?**

Yes  
 No

**Section D: Family Day Care Home Finances**

Now we ask about the revenues and expenditures of your family day care home. Your responses are confidential. None of this information will be linked to an individual person or family day care home, and none of your information will be shared with other groups. No individual provider will be identified or reported to any state or federal agency or other group.

**Q15 Write the number of children you currently care for in each age group. Then, indicate the weekly tuition rate for a child in that age group.** (If you do not provide care for children in a given age group, select N/A. If you provide care for a given age group, but do not currently have any such children enrolled, write 0 for the number of children and then fill in your weekly tuition rate.)

	N/A ▼	# of Children ▼	Weekly Tuition Rate per Child ▼
Under 6 months .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6 months but less than 12 months .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
12 months but less than 18 months .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
18 months but less than 24 months .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2 years but less than 3 years .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3 years but less than 4 years .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
4 years but less than 5 years .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5 years but less than 6 years .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
6 years to 13 years .....	<input type="radio"/>	_____	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**Q16 Does your family day care home get funding from any of the sources listed below? (If so, list the amount of money received PER YEAR from that source. Do not double count revenue.)**

<u>Source of Funding</u>	<u>Does Not</u> ▼	<u>Does</u> ▼	<u>Annual Amount Received</u>
Parent fees and tuition .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
CAPS subsidies .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Quality Rated financial mini-grant package or bonus .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Child and Adult Care Food Program (CACFP) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Charitable contributions, private donations, gifts from non-profits including United Way, community foundations, Early Education Roundtable, etc. ....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Other, please specify: _____ _____ _____	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

**Note:** Family day care homes operate on various fiscal year calendars. Provide the annual amount received during the most recently completed fiscal/tax year. Do not double count revenues or expenditures in the line items below.

**Q17 What were the GROSS ANNUAL earnings (income BEFORE taxes and expenses) for your family day care home in 2013 or your most recently completed fiscal or tax year? (If you use IRS form Schedule C, it's on Line 1. Please do not double count revenue.)**

\$  ,   ,   .

**Q18 What were the NET ANNUAL earnings (income AFTER taxes and expenses) for your family day care home in 2013 or your most recently completed fiscal or tax year? (If you use IRS form Schedule C, it's on Line 31. Do not double count revenue.)**

\$  ,   ,   .

**Q19 Does your family day care home have any of the costs listed below? (If so, list the cost PER YEAR for each category. If you pay monthly for the items in a category, multiply that amount by 12 to get the annual cost. Do not double count expenditures.)**

<u>Category</u>	<u>Does Not</u> ▼	<u>Does</u> ▼	<u>Annual Cost</u>
Portion of rent/mortgage for FDCH (Lines 16a and 20 on Schedule C) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Utilities (gas, electricity, water, trash removal, telephone, etc.) ..	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Repair and maintenance (lawn care, janitorial services, pest control, repairs to home, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Food and food service .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Insurance (property, liability, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Taxes, excluding payroll taxes (property, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Wages for paid assistant/substitute .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Fringe benefits for paid assistant/substitute (health insurance, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Payroll taxes (SSI, FICA, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Training for paid assistant/substitute .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Transportation (gas, maintenance, insurance, vehicle, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Fees/permits .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>
Other operating costs (supplies and equipment, like toys, training, advertising, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> . <input type="text"/>



**Q20 How, if at all, did the recent economic downturn affect your family day care home?**

(Select all that apply)

- Decreased enrollment
- Increased hours you were open during your standard week
- Added weekend care
- Amount of needed food increased (Children ate more, parents left children longer)
- Often waived late fees
- Offered more discounts to families
- Cut rates
- Put off improvements to home, playground or driveway
- Put off some maintenance and repairs
- Put off replacing toys, equipment and/or materials
- Put off training you had planned to take
- Other, please specify: \_\_\_\_\_
- Didn't affect your family day care home → Go to Q22

**Q21 In which way(s) has your family day care home recovered from the recent economic downturn?** (Select all that apply)

- Enrollment has returned to its pre-downturn level
- Enrollment has returned somewhat
- Returned to pre-downturn schedule
- Amount of needed food has returned to pre-downturn levels
- Seldom waive late fees
- Offer fewer discounts to families
- Raised rates to pre-downturn levels
- Started making or have made improvements to home, playground or driveway
- Better able to maintain and repair facilities and equipment
- Able to replace toys, equipment and/or materials
- Increased training
- Other, please specify: \_\_\_\_\_

**Q22 What are the three biggest challenges or obstacles to your business?**

- Ability to attend as much training as I would like
- Affording benefits (health insurance, retirement)
- Affording leave (vacation, sick leave and personal time, etc.)
- Maintaining home, playground and equipment
- Technology
- Buying adequate materials and equipment
- Affording liability insurance
- Learning and keeping up with new regulations
- Language barriers
- Competitive pricing
- Earning enough income
- Filling vacant spaces for children
- Other, please specify: \_\_\_\_\_

**Q23 What are your biggest personal challenges in staying in the business? (Select all that apply)**

- Ability to afford health insurance
- Need for retirement savings
- Meeting the physical demands of the job
- Meeting the social/emotional demands of the job
- Other, please specify: \_\_\_\_\_

**Section E: Family Day Care Home Employees and Yourself**

The next questions revolve around you and any paid assistant(s) or substitute(s) you may have in your family day care home. We're asking these questions to gain a better understanding of what the child care workforce in Georgia looks like. We understand that some of the questions may be sensitive, but we reassure you that we will not share your individual answers with DECAL or any other person or organization. All responses will only be grouped and reported together.

**Q24 In your family day care home, what is/are the...**

Total number of paid assistants/substitutes ..... \_\_\_\_\_ If Q24=0 → Q25

Number of paid assistants/substitutes who left your family day care home during the past year (*excluding temporary or seasonal staff*) ..... \_\_\_\_\_

Average wage per hour for paid assistants/substitutes .....\$   .

Number of hours a paid assistant/substitute worked in the past 12 months ..... \_\_\_\_\_

**Q25 Please describe yourself and your paid assistants/substitutes, if any. (Indicate the number of employees who fall into each category; if none does, write 0.) Select all that apply**

	You ▼	How Many Paid Assistants/ Substitutes Are: ▼
Non-Hispanic White .....	<input type="radio"/>	..... _____
Non-Hispanic Black .....	<input type="radio"/>	..... _____
Non-Hispanic Asian .....	<input type="radio"/>	..... _____
Spanish, Latino or Hispanic .....	<input type="radio"/>	..... _____
Multi-racial .....	<input type="radio"/>	..... _____
Other race(s) or ethnicity(ies) not listed .....	<input type="radio"/>	..... _____
Can help in students' home languages, if other than English .....	<input type="radio"/>	..... _____
Female .....	<input type="radio"/>	..... _____
Male .....	<input type="radio"/>	..... _____
Enrolled in technical or college programs .....	<input type="radio"/>	..... _____

**Q26** Indicate the highest level of education you have completed and enter the number of paid assistant caregivers/substitutes who have completed the following as their highest level of education.

	Highest Level Completed	
	You	Number of Assistants/Substitutes
	▼	▼
Some high school .....	<input type="radio"/>	.....
High school diploma or GED .....	<input type="radio"/>	.....
Some college, but no CDA credential or degree .....	<input type="radio"/>	.....
Child Development Associate (CDA) .....	<input type="radio"/>	.....
Technical Certificate of Credit (TCC) .....	<input type="radio"/>	.....
Technical College Diploma (TCD) .....	<input type="radio"/>	.....
Associate of Arts or Science degree (AA or AS) .....	<input type="radio"/>	.....
Bachelor of Arts or Science degree (BA or BS) .....	<input type="radio"/>	.....
Master of Arts, Science, Education, Business or other (MA, MS, MEd, MBA, etc.) .....	<input type="radio"/>	.....
Specialist (EdS) .....	<input type="radio"/>	.....
Doctor of Philosophy or Education (PhD or EdD) or other terminal degree (MD, JD, etc.) .....	<input type="radio"/>	.....

**Q27** Enter the number of paid assistants/substitutes who hold the following credentials and whether you hold any of the credentials. (Select all that apply)

	You	Number of Assistant(s)/Substitute(s)
	▼	▼
State of GA teaching certificate .....	<input type="radio"/>	.....
Teaching certificate from a state other than GA .....	<input type="radio"/>	.....
Specific curriculum training (Montessori, High/Scope, Creative Curriculum, etc.) .....	<input type="radio"/>	.....

**Q28 Do you offer the following benefits for full-time or part-time assistants or substitutes, or are the benefits not offered at all?** (Fill in all that apply) (If you have **NO** employees, skip to Q30)

	Full- time ▼	Part- time ▼	Not at All ▼
Free or reduced rate of care for staff members' children/family .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holidays .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time for training and education.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment for training, tuition, registration fees.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time if day care home is closed due to bad weather .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave (sick, vacation or personal, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overtime pay .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b><u>You Contribute a Portion of:</u></b>			
Health insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental and/or vision insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement plan (401K, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
_____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q29 How satisfied are you with the quality of your paid assistant(s)/substitute(s) (knowledge, skills, experience, etc.)?**

- Completely satisfied
- Very satisfied
- Somewhat satisfied
- Not at all satisfied

**Section F: A Bit More About Yourself**

Finally, we'd like to ask you a few additional questions about yourself. Your responses will give us a better picture of family day care home providers in Georgia and allow us to see how alike or different family day care home providers are from individuals in other industries across the state. As with all the questions in this survey, your answers are confidential. We respect your privacy and will not share individual information with anyone else.

**Q30 Are you currently enrolled in an early childhood education (ECE) program in a technical college or college?**

- Yes
- No

**Q31 Do you have health insurance?**

- Yes
- No → Go to Q33

**Q32 If yes, do you get health insurance through your...**

- Family day care home
- Spouse's or partner's employer
- Other

**Q33 Do you have retirement savings in addition to Social Security?**

- Yes
- No → Go to Q35

**Q34 If yes, do you save for retirement through your...**

- Family day care home
- Spouse's or partner's employer
- Other

**Q35 What do you usually do when you are too sick to work?**

- Hire a substitute
- Close
- A friend, family member or neighbor helps out
- Rarely get sick
- Other, please specify: \_\_\_\_\_

**Q36 In what year were you born?**

\_\_\_\_\_ YEAR

**Section G: Your Opinions about Quality Rated**

**Q37 How has participating in Quality Rated (QR) benefitted your family day care home, or how do you expect it to benefit your family day care home? (Select all that apply)**

- Tiered reimbursement helps you serve families
- It's more profitable
- You and/or your assistant(s)/substitute(s) feel more professional
- Helps recruit families
- Helps in replacing materials/equipment
- Improves teaching practices
- Improves family engagement
- Other, please specify: \_\_\_\_\_
- No benefits

**Q38 What have been the two largest costs to your family day care home as a result of participating in QR, or what do you expect the two largest costs will be?**

- Materials/equipment
- Professional development
- Increased number of staff or increased hours of assistant/substitute
- Hired more assistants/substitutes with higher qualifications, therefore, wages are higher
- Renovations
- Increased management oversight
- Other, please specify: \_\_\_\_\_

**Q39 How has participating in QR affected your family day care home? (Select all that apply)**

- The climate is calmer with fewer discipline issues
- We have more materials, books, displays, etc. for children
- Space and furnishings are better arranged and organized to meet children's needs
- The day's structure helps children spend more time engaged in purposeful activities
- Children seem healthier; fewer absences due to illnesses
- There is an increase in teacher-child interactions
- There are more planned activities to engage families
- Children interact with one another more than they did before
- Other, please specify: \_\_\_\_\_
- No effect

**Q40 How has participating in QR affected you and/or your assistant(s)/substitute(s)?**

(Select all that apply)

- Pride in your and/or their accomplishments
- Improved teaching practices
- Improved teacher-child interactions
- Improved relationships with families
- Improved family day care home environment
- Improved health and/or safety practices
- You and/or your assistant(s)/substitute(s) feel more stress
- Increased enrollment in higher education and/or other professional development programs
- Other, please specify: \_\_\_\_\_
- Not applicable

**Q41 Bottom line: How do the benefits and costs of Quality Rated (QR) compare?**

- Benefits exceed costs
- Costs exceed benefits
- Benefits and costs are approximately equal
- Too early in the program to say

**Q42** Thank you for taking the time to complete this survey. We welcome any thoughts or ideas you would like to share with us in the space below. After you finish, please enclose your completed survey in the postage-paid return envelope provided and drop it in the mail.

The responses of everyone who completes this survey will be compiled and analyzed, and a final report will be made available online in 2015.

The University of Georgia, Carl Vinson Institute of Government, Survey Research and Evaluation Unit  
201 N. Milledge Avenue, Athens, GA 30602-5482

**0197482135**

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# Early Education Matters: Together We Can Show Your Impact



**Section A: Enrollment**

Thank you for participating in this survey. Your feedback will help us better understand the early education industry in Georgia. All responses are confidential. If you have any questions about the survey, please contact a technical assistance specialist at (844) 535-0596 (toll-free) or (706) 542-0498 locally in the Athens area.

The majority of the survey is focused on expenses and revenue related to the Georgia Pre-K program. At the end of the survey, we will ask about other early learning programs that your school district may administer.

To begin, we would like to know about the children attending the Georgia Pre-K program in this school district.

**Q1 What is the total current enrollment in this school district's Georgia Pre-K program?** *(Please indicate the total number of children currently enrolled, not the number of slots available.)*

\_\_\_\_\_ Number of children currently enrolled

**Q2 Currently, how many children in this school district's Georgia Pre-K program...** *(Select "None" if no children fall into a given category)*

	<u>None</u>	<u>Number of Children</u>
Receive free or reduced-price lunch at school.....	<input type="radio"/>	_____
Have a diagnosed physical or developmental disability.....	<input type="radio"/>	_____
Do not speak English as their first language .....	<input type="radio"/>	_____
Are non-Hispanic White .....	<input type="radio"/>	_____
Are non-Hispanic Black or African American .....	<input type="radio"/>	_____
Are non-Hispanic Asian .....	<input type="radio"/>	_____
Are non-Hispanic Native Hawaiian or other Pacific Islander .....	<input type="radio"/>	_____
Are non-Hispanic American Indian or Alaska Native .....	<input type="radio"/>	_____
Are non-Hispanic children of two or more races .....	<input type="radio"/>	_____
Are Spanish, Latino, or Hispanic .....	<input type="radio"/>	_____
Are other race(s)/ethnicity(ies) not listed .....	<input type="radio"/>	_____

**Q3 Does this school district's Georgia Pre-K program provide any type of daily transportation for children (for example, to and from home or school)?**

- Yes
- No

**Q4 Did you participate in the Georgia Pre-K Summer Transition Program in 2014?**

- Yes
- No

**Q5 If so, what was your 2014 Summer Transition Program enrollment?**

\_\_\_\_\_ Number of children enrolled

**Section B: Georgia Pre-K Employees**

The next questions revolve around this school district's Georgia Pre-K employees—their benefits, pay, demographics and education. We're asking these questions to gain a better understanding of what the early education workforce in Georgia looks like. We understand that some of the questions may be sensitive, but we reassure you that we will not share your individual answers with DECAL or any other person or organization. All responses will only be grouped and reported together.

**Q6 Do you offer the following benefits for Georgia Pre-K staff (fully or partially funded through Georgia Pre-K), or are the benefits not offered at all?**

	Full-time ▼	Part-time ▼	Not at All ▼
Paid holidays .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time for training and education.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Payment for training, tuition, registration fees.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time if program is closed due to bad weather .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid leave (sick, vacation, or personal, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overtime pay .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental and/or vision insurance .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Retirement plan (401K, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other, please specify: _____ _____ .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Q7 For the following questions, we divide employees into categories based on job title. If there are no Georgia Pre-K employees in a given category, mark the “None” circle and move to the next category. If a person falls into more than one category, answer according to the category in which s/he spends the most time. For instance, if an individual is a lead teacher every day but occasionally does clerical work, place that person in the Lead Teacher category. “Fully funded” means that the staff person is 100% funded through Georgia Pre-K; “partially funded” means that a portion of the staff person’s time is fully or partially funded through Georgia Pre-K.**


<b>Job Title</b>	<b>None</b>	<b># of Full-time Employees Fully Funded through GA Pre-K</b>	<b># of Part-time Employees Fully Funded through GA Pre-K</b>	<b># of Full-time or Part-time Employees Partially Funded through GA Pre-K</b>	<b># of Permanent Employees Who Left during the Past Year</b>	<b>Average Wage (list as hourly wage or annual salary)</b>
Directors/Administrators	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
Principals .....	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
GA Pre-K Lead Teachers	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
GA Pre-K Assistant Teachers .....	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
Other Teaching Staff* .....	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
Specialists (Curriculum, Family Services, etc.)** ..	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
Clerical Staff .....	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]
Other Staff .....	<input type="radio"/>	_____	_____	_____	_____	[ ][ ][ ] , [ ][ ][ ] . [ ][ ]

For Q7-Q10 \*Other teaching staff includes only those working with children up to the kindergarten year. \*\*Specialists include individuals who support the delivery of services for children and their families before their kindergarten year. Specialists also include any individuals who work with Pre-K, early intervention and may ALSO help with elementary grades (e.g., curriculum specialists, counselors, librarians). Many of these staff work with a number of teachers/families.

Questions 8, 9 and 10 apply to this school district's **Georgia Pre-K TEACHERS, ADMINISTRATORS and SPECIALISTS ONLY.**

**Q8 Enter the number of Georgia Pre-K TEACHERS, ADMINISTRATORS and/or SPECIALISTS described by each category below.**

(Teachers are divided into six categories. Each question should be answered individually for each category of teachers. If you do not employ any teachers in a category, write 0 for number of teachers and move to the next category.)

<u>Total Number in Each Category</u>	# of Directors/ Admins	# of Principals	# of Lead GA Pre-K Teachers	# of Assistant GA Pre-K Teachers	# of Other Teaching Staff*	# of Specialists**	# of Clerical Staff
Non-Hispanic White .....	_____	_____	_____	_____	_____	_____	_____
Non-Hispanic Black or African American .....	_____	_____	_____	_____	_____	_____	_____
Non-Hispanic Asian .....	_____	_____	_____	_____	_____	_____	_____
Are non-Hispanic Native Hawaiian or other Pacific Islander .....	_____	_____	_____	_____	_____	_____	_____
Are non-Hispanic American Indian or Alaska Native .....	_____	_____	_____	_____	_____	_____	_____
Are non-Hispanic of two or more races .....	_____	_____	_____	_____	_____	_____	_____
Spanish, Latino or Hispanic .....	_____	_____	_____	_____	_____	_____	_____
Other race(s)/ethnicity(ies), not mentioned ....	_____	_____	_____	_____	_____	_____	_____
Teaching in students' home languages, if other than English .....	_____	_____	_____	_____	_____	_____	_____
Female .....	_____	_____	_____	_____	_____	_____	_____
Male .....	_____	_____	_____	_____	_____	_____	_____
Enrolled in technical college or college programs.....	_____	_____	_____	_____	_____	_____	_____
 Number of these enrolled in early childhood education (ECE) program ....	_____	_____	_____	_____	_____	_____	_____

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**Q9 Enter the number of teachers, administrators and/or specialists involved with this school district's Georgia Pre-K program who have completed the following as their highest level of education. (If you have no teachers, administrators, or specialists in a given educational level, write a 0 for each and move to the next category.)**

<b><u>Total Number in Each Category</u></b>	<b>Lead GA Pre-K Teacher</b> ▼	<b>Assistant GA Pre-K Teacher</b> ▼	<b>Other Teaching Staff*</b> ▼	<b>Directors, Admins, Specialists**</b> ▼
Some high school .....	_____	_____	_____	_____
High school diploma or GED .....	_____	_____	_____	_____
Some college, but no CDA credential or degree .....	_____	_____	_____	_____
Child Development Associate (CDA).....	_____	_____	_____	_____
Technical Certificate of Credit (TCC) .....	_____	_____	_____	_____
Technical College Diploma (TCD) .....	_____	_____	_____	_____
Associate of Arts or Science Degree (AA or AS) .....	_____	_____	_____	_____
Bachelor of Arts or Science Degree (BA or BS) .....	_____	_____	_____	_____
Master of Arts, Science, Education, Business or other degree (MA, MS, MEd, MBA, etc.) .....	_____	_____	_____	_____
Specialist (EdS) .....	_____	_____	_____	_____
Doctor of Philosophy or Education (PhD or EdD) or other terminal degree (MD, JD, etc.) .....	_____	_____	_____	_____

**Q10 Enter the number of teachers, administrators and/or specialists involved with this district's Georgia Pre-K program who hold the following credentials. (If you have no teachers/administrators/specialists in a given educational level, write a 0 for each and move to the next category.)**

<b><u>Total Number in Each Category</u></b>	<b>Lead GA Pre-K Teacher</b> ▼	<b>Assistant GA Pre-K Teacher</b> ▼	<b>Other Teaching Staff</b> ▼	<b>Directors, Admins, Specialists</b> ▼
State of GA teaching certificate .....	_____	_____	_____	_____
Teaching certificate from a state other than GA .....	_____	_____	_____	_____

**Section C: Georgia Pre-K Finances**

The following questions ask about the revenues and expenditures of your school-based Georgia Pre-K programs in the aggregate.

**Q11 How many elementary schools in this school system house Georgia Pre-K programs?**

\_\_\_\_\_ Number of schools with Georgia Pre-K programs

**Q12 How many "stand-alone" early childhood sites are housed in this school system?**

\_\_\_\_\_ Number of "stand-alone" early childhood sites

**Q13 How many total classes of Georgia Pre-K operate within the school system?**

\_\_\_\_\_ Total number of Georgia Pre-K classes

**Note re: Q14-Q17:** Public school systems offering Georgia Pre-K programs may operate on various fiscal year calendars. Please provide the annual amount received during the most recently completed fiscal/tax year. Do not double count revenues or expenditures in the line items below.

**Q14 Does this school district's Georgia Pre-K program get funding from any of the sources listed below? (If so, list the amount of money received PER YEAR from that source. Do not double count revenue.)**

<u>Source of Funding</u>	<b>Does Not</b> ▼	<b>Does</b> ▼	<u>Annual Amount Received</u>
USDA National School Lunch Program .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Summer Food Service Program (SFSP) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other federal funds .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Charitable contributions (private donations, gifts from non-profits including United Way, community foundations, Early Education Roundtable, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

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**Q14 Cont. Does this school district's Georgia Pre-K program get funding from any of the sources listed below? (If so, list the amount of money received PER YEAR from that source. Do not double count revenue.)**

<u>Source of Funding</u>	Does Not ▼	Does ▼	<u>Annual Amount Received</u>
Budget from the school system to operate GA Pre-K, apart from GA Lottery and other GA Pre-K funding .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Local funds .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other, please specify: _____ _____ _____	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

**Q15 What were the ANNUAL revenues (income) from all sources for this school district's Georgia Pre-K programs in 2013 or for its most recently completed fiscal or tax year?**

\$    ,    ,

**Q16 Does this school district's Georgia Pre-K program have any of the costs listed below? (If so, list the cost PER YEAR for each category. If you pay monthly for the items in a category, multiply that amount by 12 to get the annual cost. Do not double count expenditures.)**

<u>Category</u>	Does Not ▼	Does ▼	<u>Annual Cost</u>
Rent/mortgage .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Utilities (gas, electricity, water, trash removal, telephone, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Repair and maintenance (lawn care, janitorial services, pest control, building repairs, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Food and food service .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Insurance (property, liability) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>



**Q16 Cont. Does this school district's Georgia Pre-K program have any of the costs listed below?** (If so, list the cost PER YEAR for each category. If you pay monthly for the items in a category, multiply that amount by 12 to get the annual cost. Do not double count expenditures.)

<u>Category</u>	Does Not ▼	Does ▼	<u>Annual Cost</u>
Taxes, excluding payroll taxes (property, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Salaries for GA Pre-K and related staff .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Fringe benefits for GA Pre-K and related staff (health insurance, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Payroll taxes (SSI, FICA, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Training for GA Pre-K and related staff .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Transportation (gas, maintenance, insurance, vehicle, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Fees/permits .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Substitutes .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other operating costs (supplies and equipment like manipulatives, advertising, etc.) .....	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

**Q17 What were the ANNUAL operating costs (expenses) for this school district's GA Pre-K program in 2013 or for its most recently completed fiscal or tax year?**

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**Section D: Georgia Pre-K Program Director's Perceptions**

Because you are a vital part of early learning in Georgia, your opinions on issues related to early childhood education are important. The following questions will provide insight into program administrators' opinions regarding staffing issues, partnerships, program needs, state resources, and incentives.

**Q18 How satisfied are you with the quality of your school district's Georgia Pre-K staff (knowledge, skills, experience, etc.)?**

- Completely satisfied
- Very satisfied
- Somewhat satisfied
- Not at all satisfied

**Q19 Are there more than enough, just enough, or not enough of each resource (funds) listed below?**

	More Than Enough ▼	Just Enough ▼	Not Enough ▼
DECAL resources to help develop your workforce (training opportunities, professional resources, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resources in your community for your school district's GA Pre-K program (donations, volunteer time, free supplies, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DECAL resources to improve quality in your school district's GA Pre-K program (technical assistance, quality improvement grants, etc.) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q20 How connected is your Georgia Pre-K program to your school district's services for children with disabilities, after-school care, transition-to-school issues?**

- Very connected
- Somewhat connected
- Not at all connected

**Section E: Other Early Learning Programs**

**Q21 Are any of the following early learning programs administered by your school district?**

	Yes ▼	No ▼	# of Classes ▼	# of Children Served ▼	# of Staff Fully Funded by Program ▼	# of Staff Partially Funded by Program ▼
Head Start .....	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
Early Head Start .....	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
School system funded infant/toddler program .....	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
School system funded pre-K (Non-GA Pre-K) .....	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____
Other .....	<input type="radio"/>	<input type="radio"/>	_____	_____	_____	_____

**Q22 What are the total revenues associated with each of the early learning programs administered by your school district?**

	Total Amount of Revenue ▼
Head Start .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Early Head Start .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
School system funded infant/toddler program .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
School system funded pre-K (Non-GA Pre-K) .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Special Education Preschool (IDEA 619).....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

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**Q23 What are the total expenses associated with each of the early learning programs administered by your school district?**

	Total Amount of Expense ▼
Head Start .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Early Head Start .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
School system funded infant/toddler program .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
School system funded pre-K (Non-GA Pre-K) .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Special Education Preschool (IDEA 619).....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>
Other .....	\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>

Thank you for taking the time to complete this survey. We welcome any thoughts or ideas you would like to share with us in the space below. After you finish, please return your completed survey in the postage-paid return envelope provided.

The responses of everyone who completes this survey will be compiled and analyzed, and a final report will be made available online in 2015.

The University of Georgia, Carl Vinson Institute of Government, Survey Research and Evaluation Unit,  
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