



National Institute for Early Education Research
 Albany Plaza • 120 Albany Street • Suite 500
 New Brunswick • New Jersey • 08901

2001-2002 Cost Survey
Section 1: General Center Information

Interview Date _____ Interviewer's initials _____ Center ID # _____

Center Director's Name: _____

Center/ Program Name: _____

Address 1 _____

Address 2 _____

City _____, NJ Zip _____

Telephone: _____

SECTION 1 : GENERAL CENTER INFORMATION

We would like to know about the services you provide for children and families. The questions in this section ask about the general structure and history of your program.

1. What is the date this center first started to operate?

_____/_____
 month year

2. When did this center first begin its preschool program for 3 and 4-year-olds (if different from above) ?

_____/_____
 month year

3. What types of programs does your center offer? (Check all that apply)

- Full-day program (a full day program is defined as more than 30 hours per week and at least 5 days per week)
- Part-day program or part-week program, such as 2 or 3 hours in the morning and/or afternoon
- Extended-hours care offered before, during, or after the regular preschool program.
- Head Start sponsored program
- Public schools sponsored program
- Before and after school care for school aged children
- Summer camp program for school aged children
- Evening care
- Weekend care
- Sick care
- 24-hour care
- Bilingual program
- Other (please specify) _____

4. How many days of the week is your center regularly open?

Our center is open _____ days per week

5. What are the hours of the day your center is open? Please indicate on the table below.

Day	Center opens at:	Center closes at:
Monday	am/pm	am/pm
Tuesday	am/pm	am/pm
Wednesday	am/pm	am/pm
Thursday	am/pm	am/pm
Friday	am/pm	am/pm
Saturday	am/pm	am/pm
Sunday	am/pm	am/pm

6. How many months of the year is your center CLOSED? (Write "0" if your center is open 12 months a year).

Our center is CLOSED _____ months a year.

7. Do you use a specific curriculum approach based on a particular philosophy, such as Montessori, High/Scope, a particular religious affiliation, etc.? (Check all that apply)

- No specific curriculum approach
- Yes, Montessori
- Yes, High/Scope
- Yes, Waldorf
- Yes, Piaget
- Yes, a particular religious orientation
- Yes, Other (please specify): _____

Section 2. Center Auspice

We are interested in knowing the status of your center, in terms of whether it is a "for-profit" or a "non-profit" program. Please check the most appropriate boxes to help us determine the status of your center:

1. Choose from section A or B or C to find the definition that most closely matches the person or organization that runs your center**A. Our center is "for-profit": the person or organization who runs it is:**

- an independent owner/operator
- a local or regional chain of two or more centers
- a national chain that franchises to a local operator
- a national chain that operates the center directly
- an on-site center operated by a business for its employees
- Other _____

(This question is continued on the next page . . .)

B. Our center is “not-for-profit”: the person or organization who runs it is:

- a parent cooperative
- a private grade-school, high-school, or college
- a church
- affiliated with, but not operated by, a church
- an independent nonprofit center but not one of the above
- a nongovernmental community agency
- Other _____

C. Our center is “nonprofit”: it is organized through one of the following types of public agencies:

- public college or university
- public elementary or high school
- state or local government agency
- federal agency, but not Head Start
- Head Start
- Other _____

2. Is your center or its sponsor certified as a “nonprofit corporation” by federal government? That is, is it exempt from paying federal taxes on its income? For instance, has your center (or its sponsor) received from the IRS a determination that it is “tax-exempt” under section 501(c)(3) or some other section of the IRS code?

- Yes
- No
- Don’t know

3. Sometimes a center is owned (or sponsored) by one organization/person and operated by a different organization/person. Is your center owned and operated by the same organization/person?

- Yes
- No
- Don’t know

4. If you answered “no” to the preceding question, choose one of the following types of organizations that owns or sponsors your center, but does not operate it:**Our center is owned or sponsored by:**

- a private for-profit organization
- a private not-for profit organization
- a public agency
- don’t know

5. Is your program accredited by the National Association for the Education of Young Children (NAEYC) ?

- Yes
- No
- No, but we are currently in the process of receiving NAEYC accreditation
- Don’t know

6. If you answered yes to the preceding question please provide the expiration date of your NAEYC accreditation

- NAEYC accreditation expires _____ / _____
month year
- don't know the NAEYC accreditation expiration date.

7. Does your program have an umbrella organization which provides your program with any administrative or other services, such as payroll, accounting or technology support?

- Yes
 No
 Don't know

8. If you answered yes to the above question, who would provide these services to you if you did not receive them from the umbrella organization?

- Would hire additional staff
 Would contract out for these services
 Would use current staff
 Would do without services

9. Did your program use any regular volunteers during 2001-2002 (parents or non-parent) who worked at your program at least 4 hours per week?

- Yes
 No

10. If you could not have any volunteers, who would perform these services for your program?

- Would hire additional staff
 Would contract out for these services
 Would use current staff
 Would do without these services

SECTION 3: ENROLLMENT

We would like to collect information describing the make up of your individual classes. How many classes do you have at this center? (This question refers to the number of classes, or groups of children taught in a classroom, it does not refer to the physical rooms).

1. How many classes do you have?

We have _____ classes.

2. We would like to compare changes in enrollment by age of children for your center. What is your enrollment by age of children for this fall and for the past 2 years? (complete the following table) . The age categories are taken from the NJ DFYS child care manual, but if yours are different, please use the blank rows below each to fill our your own age categories.

Age Group	NUMBER OF CHILDREN ENROLLED		
	September 2002	September 2001	September 2000
0-18 months (infant)			
18 months – 2.1/2 years (toddlers)			
2.1/2 – 4 years (preschoolers)			
5 years (kindergarteners)			
6 and over (School age)			

2a. What is the maximum capacity of children your center is allowed to hold? _____

3. How many hours per day is the typical full-time infant-toddler present at your center? (if there are no infant-toddlers at your center, leave blank)

_____ hours per day

4. How many hours per day is the typical full-time preschool child present at your center?

_____ hours per day

5. How many hours per day is the typical full-time kindergartener present at your center? (if there are no kindergarteners at your center, leave blank).

_____ hours per day

6. How many hours per day are school aged children (first grade and up) typically at your center? (if there are no school-age children at your center, leave blank).

_____ hours per day.

7. On average, how many hours per week do children in each of the following age groups attend the program?

Infants attend _____ hours per week

Toddlers attend _____ hours per week

Preschoolers attend _____ hours per week

School aged children attend _____ hours per week

8. How many 3 and 4 year olds are currently on your waiting list?

_____ 3-and-4-year-olds on waiting list.

9. Please indicate any of the following that describe your enrollment procedure:

- first come, first served
- priority given to children using childcare subsidies
- priority given to Abbott preschool children
- children must be toilet trained
- children must pass a readiness test
- income eligibility requirement
- lottery
- other (please specify): _____

10. Are there pre-school aged children in your program who do not live in the school district where the program is located?

- No
- Yes
If yes, how many? _____
- Don't know

11. Please indicate whether your center provides each of the services listed below. Note: This is a large list of services and not all centers would be expected to provide all of them.

- Vision screening
- Hearing screening
- Dental screening
- Measurement of height and weight annually
- Speech screening
- Speech services
- Developmental assessments
- Counseling services for children and parents (other than routine parent conferences)
- Social services to parents, such as obtaining food, financial aid, housing, medical care)
- Transportation services from home to the center
- Transportation services from school to the center (ex: from one part day program to another)
- Meals for children are provided by the center (not just snacks)

12. How many of the center's regular (full time or part time) staff members have left the center in the past 12 months? By regular, we mean any person working with children holding one of the types of positions listed below. For our purposes, a Head Teacher is defined as a teacher who supervises other teachers, while a Teacher or Lead Teacher is the main teacher in a classroom. Write the total number of staff in the space provided:

1. number of Head Teachers who have left your center in the past 12 months _____
2. number of Teachers who have left your center in the past 12 months _____

3. number of assistant teachers and/or aides who have left past 12 months. _____
4. number of administrative directors who have left in the past 12 months _____
5. number of other staff who work with children who have left in the past 12 months _____

13. Of those staff listed above who left the center within the past 12 months, how many fall into each of the categories listed in the table below? (please give the number of staff in each category)

	# head teachers	# teachers	# assistant teachers/aides	# administrative directors	# Other staff (specify)
Left voluntarily (employee chose to leave)					
laid off for reasons other than low enrollment					
dismissed for inadequate performance					
Don't know					

14. Thinking about the last time you tried to fill a job vacancy, how much time passed from the time the staff member left and a replacement was hired?

	less than 1 week	1 or 2 weeks	3 or 4 weeks	more than a month
Head Teacher				
Teacher				
Assistant teacher/aide				
Administrative director				
Other position (please specify _____)				

15. In those cases where it took you 3 to 4 weeks or more to fill the vacancy, which of the following are the most accurate reasons (check all that apply):

- the pay was too low
- not enough adequately trained people applied
- low responses to advertisements
- offered positions to candidates, but they accepted jobs elsewhere
- wanted to save money, so used a substitute, temp, or floater
- because of normal administrative procedures or problems
- hours offered not a good fit with applicants' needs
- problem with location of center
- inadequate benefits
- other

16. In your most recent hiring, have you offered higher wages than that earned by your present staff that have comparable experience, training and responsibilities?

- Yes
 No
 Don't know

17. On average, how much did you raise wages and salaries last year?

- No raise
 1-3% raise
 3.1-6% raise
 over 6% raise

18. Over the last 12 months, do your new hires have more education or qualifications than staff at the same level?

- Yes
 No
 Don't Know

19. How many staff positions have you added or eliminated in the last year?

	Number Added		Number Eliminated		Don't Know
	Full-time	Part-time	Full-time	Part-time	-
Head Teacher					
Teacher					
Assistant teacher/aide					
Administrator					
Center Director					
Other					

20. Do teachers and/or assistant teachers/aides in your center work under a collective bargaining agreement negotiated by a union?

- Yes
 No
 Don't Know

21. Working Conditions and Non-wage Benefits:

Which of the following do you provide for your paid, full-time teachers, your teachers' assistants /aides, and your part-time employees. Please check all that apply. *Note: "Paid" means paid by the center.*

	Full time		Part-time	Other:
	Teachers	Teachers' assistants/aids	Staff	
At least partially paid retirement plan				
Life insurance (whether paid or unpaid)				
Paid maternity/paternity leave				
Unpaid maternity/paternity leave				
Fully paid health insurance				
Partially paid health insurance				
Paid health insurance for dependents				
At least partially paid dental insurance				
Paid sick leave or personal leave				
Paid vacations				
Paid to attend staff meetings and training				
Compensation for overtime				
Flexible hours				
Written job description				
Written contract				
Written salary schedule				
Ability to bring children to work				
Reduced child care fees				
Service awards or bonuses				
Paid meals				
Other (specify):				

SECTION 4: 2001-2002 EXPENSES

Now we would like to collect information about the center’s expenses. We need to know how much you spend on each major category of expenses in order to calculate your total costs. If you have any records of 2001-2002 expenses, we can get this information from these reports. This can be any kind of annual report summarizing costs, such as a cash flow statement, audit, profit and loss statement, purchase or expenditure record, operating cost record, or your current annual budget if it shows expenses for the last fiscal year. You may attach a copy of this report to the survey, if it is more convenient.

Our objective in this section is to estimate the annual total costs and expenses in each major cost category for 2001-2002. If annual figures are unavailable for your center, we may use monthly figures to make estimates. Please note on the form next to your answer if you are using monthly figures.

For centers that are part of a system of centers, or are part of larger organizations, complete expense records may not be available. This may be true for centers that are part of school districts, universities, chains, etc. Some records, for instance, facilities or overhead may only be available through the central office. If your center is such a case, and you are not able to answer all of these questions, please provide us with the person or office to contact and the telephone number to obtain the remaining data. Write the name and number in the space provided.

Contact Person for financial information:

Name: _____

Company/Organization: _____

Address: _____

Phone Number: _____

What is the beginning and ending date of the center’s last fiscal year? _____ / _____
Month Year

Cost Category A. Personnel

Wages and Salaries:

1. Do you have a breakdown of total annual wages by types of staff for 2001-2002? This figure does not include the employer’s share of non-wage benefits (employer’s share of non-wage benefits are included in a later question). We want to know total wages and salaries for all staff before deduction of taxes. Please include all staff that work with children, administrative staff, and any other type of employees the center employs. Do not include subcontracted workers. If you do not have a breakdown, please fill out the “total” line at the bottom of the table.

	Total annual wages
Head Teachers	
Teacher Assistants/Aides	
Teachers	
Substitutes or Floaters (if they are not contracted labor)	
Specialized staff working with children	
Administrative Directors	
Other Administrative Staff	
Food Preparation Staff	
Other noncontracted employees	
TOTAL ANNUAL WAGES PAID BY CENTER	

Non-Wage Benefits:

2. What was the center’s total expenditure on non-wage employee benefits for 2001-2002, for all staff, including office and kitchen staff? **Include only the employer’s contribution** (you will be asked for the employee’s contribution in a later question). Your records may have the employer’s contribution listed as employee benefits and payroll taxes. Below is a list of the types of expenses typically in this category.

Non-Wage Benefits:	Employer’s contribution (in dollars)
1) FICA or equivalent (note: only the employer’s matching amount)	
2) Unemployment insurance	
3) worker’s compensation	
4) disability insurance	
5) health/dental/vision insurance	
6) life insurance for staff	
TOTAL YEAR’S NON-WAGE BENEFITS	

Staff Education/Training Costs

3. What was the total expenditure 2001-2002 for the year for all teaching staff for their professional development, education or training? This would include the following:

- a. Fees for workshops or non-college courses
- b. Conferences
- c. Off site fees at college or university
- d. State professional or public training
- e. Travel allowances (for trainings only)
- f. Other types of staff training/professional development

Total year’s staff education/training costs: \$ _____

4. Do you have staff members whose children are enrolled at the center?

- Yes
- No
- Don’t Know

5. Do you provide a discount in tuition for staff whose children are enrolled?

- Yes
- No
- Other (please explain) _____

6. If you provide a discount in tuition for staff whose children are enrolled, please give us an estimate of how much the center would receive in dollars, if the staff were paying full tuition. In other words, if there were no staff discount, how many more tuition dollars would the center receive? Your estimate can be monthly or annually, whichever is easier for you.

The staff discount on tuition is equivalent to \$ _____ **monthly / annually**
 Circle one

SUBCONTRACTORS AND/OR CONSULTANTS (not including substitute teachers):

Next, we would like to know about people who work for your center on a more irregular basis as subcontractors/consultants. These are the people for whom you do not pay benefits and who operate more independently than the center's regular staff. Some centers will not have any people who fit in this category. (Some examples of work that is typically contracted are accounting, legal services, clerical support). Please do not include contracted substitute teachers or any food preparation expenditures in this category, you will be asked for information about contracted substitute teachers and food costs later in the survey.

7. Do you have workers who work for the center as subcontractors/consultants (do not include substitute teachers)?

- Yes
 No
 Don't Know

8. Please list the types of work that you hired the subcontractor/consultant to perform for 2001-2002 and the amount paid for each:

Subcontract/consulting Service	Annual Amount paid for service
(Example) Payroll Service	\$ 10,000
1.	
2.	
3.	
4.	
Total Cost for Subcontracted/consulting Services	

9. Does your center use substitute teachers who are paid as subcontractors?

- Yes
 No
 Don't Know

10. If you do not use substitute teachers, how does your center cover when a regular teacher is absent?

- Another teacher covers
 The center director covers
 An assistant teacher/aid covers
 Other (please specify) _____

11. If you used substitute teachers paid as subcontractors last year, please enter the total annual expenditure for this expense for 2001-2002.

Total annual expenditures on subcontracted substitute teachers \$ _____

12. If you hired substitute teachers as subcontractors, what were they paid on average per diem?

Substitute teachers were paid an average of \$ _____ per diem.

13. Please provide the number of days that subcontracted substitute teachers were used in 2001-2002 (note: the per diem amount multiplied by the number of days hired should approximate the total annual expenditure on substitute teachers)

Substitute teachers were used _____ days last year.

SECTION 5 : FACILITIES

The next questions deal with your annual costs for space and the facility your center occupies. We are interested in your facilities costs as well as any donations you might receive that are related to your facilities.

Building Costs: We would like to know that value of the building your center occupies. If you rent, your monthly or yearly rent is fine. If you own your facility, the market value of your facility is the best estimate. If you have had an appraisal of your facility, please indicate this value for question 3. If you own and do not know the value of your building, we ask that you provide us with some information to help us estimate your facility's value.

1. Do you rent or own the facility your center is in?

- Rent
 Own
 Don't Know
 Other (please specify): _____

2. Please provide the dollar amount of your monthly rent or mortgage for the past three fiscal years as indicated on the table below:

Fiscal Year	Rent or Mortgage (circle one)	Amount of Monthly Rent/Mortgage
2001-2002	Rent Mortgage	\$
2000-2001	Rent Mortgage	\$
1999-2000	Rent Mortgage	\$

3. If you rent, are any of your utilities included in the rent, such as heat, electric, trash removal, hot water, etc.?

- No utilities are included in the rent
 Yes, the following utilities are included in the rent:
 - Heat
 - Hot water
 - Electric
 - Trash removal
 - Other (please specify) _____.

4. If you own your facility, we would like to get an estimate of its market value. If you know the approximate current market value of your facility (for example, through an appraisal), please indicate the value below and move on to question 9. If you do not know the current market value of your facility, please continue with question 5.

The current market value of our facility is approximately \$ _____.

5. (Answer only if you did NOT answer question 4) On which floor is your center located?

- Basement
 First floor
 First and second floor
 Basement and first floor
 Other _____

6. (Answer only if you did NOT answer question 4) If you own your facility, please give the year your facility was purchased:

Our facility was purchased _____
Year

7. (Answer only if you did NOT answer question 4) If you own your facility, please provide its purchase price. Note: You may provide this figure in dollars per square foot in the space indicated if you know the number of square feet purchased:

The purchase price of our facility was \$ _____.

The purchase price of our facility was \$ _____ per square foot for _____ sq. ft.

8. (Answer only if you did not answer question 4). *This section asks about the physical square footage of the center. If you do not know the measurements, you may take them yourself or one of our assistants will be happy to come to your center and take the measurements. Or, You may attach a copy of your center's floor plans instead (the owner or landlord may have floor plans, make sure they are labeled according to the space designations listed below).*

Please provide the square footage of your center—

Classroom space: _____ sq. ft.

Administrative space: _____ sq. ft.

Indoor play space: _____ sq. ft.

Outdoor play space: _____ sq. ft.

Other space (please specify if not on list):

Kitchen space: _____ sq. ft.

Bathroom space _____ sq. ft.

9. If you own your building, we would like to know the annual finance value of any capital costs for fiscal year 2001-2002. **Capital Cost** is defined as a one-time or non-recurring expenditure (usually financed over a certain period of time) for physical improvements to your facility such as acquisition of existing buildings or land, construction of new buildings/structures including additions or major alterations, acquisition of fixed equipment (permanent equipment such as desks, shelves, lighting, kitchen) and similar expenditures.

Capital Costs for fiscal year 2001-2002

Item	Annual Cost for 2001-2002
<i>Ex: Modular Classroom Unit</i>	<i>\$2000 (financed at \$2000/yr for 10 years)</i>
<i>Ex: New electrical wiring</i>	<i>\$10,000 (paid all at once)</i>
<i>Ex: Playground Playscape</i>	<i>\$500 (\$500/yr for 6 years)</i>

10. Is any of the building/space donated to you? (please check the most accurate statement)

- Yes, all our space is donated
- Yes, part of our space is donated
- No, none of our space is donated
- Don't know
- Other (please specify) _____

11. Do you receive any kind of financial help on your rent/mortgage which reduces your annual rent/mortgage below what it would be normally be if you had to pay the market rate?

- Yes
- No
- Don't know
- Other (please specify) _____

12. If you answered yes to the preceding question, please choose the most accurate statement regarding the amount of financial help you receive annually:

- We receive a rent or mortgage discount/financial help in the amount of \$ _____ per year.
- We receive a rent or mortgage discount/financial help in the amount of \$ _____ per square foot per year.
- We receive a rent or mortgage discount but I don't know the amount.
- Other (please specify) _____.

12a. If you receive a rent/mortgage discount or use donated space, and it were discontinued, what would you do?

- _____ we would plan to look for a smaller facility
- _____ we would plan to pay to stay in the same size facility
- _____ we would plan to look for cheaper facility, the same size
- _____ don't know

12b. If you receive a rent/mortgage discount or use donated space, and there any unused rooms or classrooms at your center please estimate the square footage of unused space. (By unused, we mean rooms that remain completely empty for the entire year).

We have about _____ square feet of empty space and there are _____ empty rooms.

13. Are any of your utilities donated? (such as gas, water, electric, trash removal, telephone service)

- No utilities are donated
- Yes (please mark any donated utilities from the following list):
- Gas
 - Water
 - Electric
 - Trash Removal
 - Telephone Service
 - Other (please specify) : _____
- Don't know

14. If you have any donated utilities, please provide your most accurate estimate of their annual value.

The total value of our donated utilities is \$ _____ per year

**15. Are any services donated to your center, such as janitorial, lawn care, snow removal, repairs, etc.?
(This does not include center volunteers such as parents or other community-members).**

Total annual value of donated services \$ _____

Please specify the services donated _____.

16. If you use donated services, what would you do if the services were not donated?

- Do without the service
- Pay for the service
- Ask a center volunteer to do the service
- Other (please specify): _____

17. Is your center air-conditioned?

- Yes
- No
- Don't know

FOOD SERVICE

This section asks for information about the costs for serving meals and snacks to the children. (this does not include the cost of serving food at fundraisers or board meetings)

1. Please provide the cost of food services (excluding personnel/staff costs; these should be included in the "staff information" section) for the last fiscal year. Most centers have food service preparation on-site, or they hire some type of food service.

Total annual food service costs (excluding staff wages) \$ _____

2. Was any food donated to the center during the last fiscal year?

- Yes
- No
- Don't know

3. If food was donated, what was the total value of donated food for the year?

Total value of donated food \$ _____

INSURANCE

1. What was your total annual cost of insurance for 2001-2002? Include all forms of insurance such as: insurance for the facilities, liability, fire, theft, flood, vehicle, accident for children, staff or others, child abuse, etc. DO NOT include health insurance or any insurance programs which are part of employee benefits.

TOTAL ANNUAL INSURANCE COSTS \$ _____

SECTION 6: OTHER OPERATING COSTS

Now, we would like to collect information on other operating costs, such as the cost of supplies, materials, and equipment.

For our purposes we will use the following definition for equipment:

Equipment: something that lasts more than 1 year and costs over \$100. such as copy machine, dishwasher, computers, certain types of toys and furniture.

As part of operating costs, we want to estimate the cost of the equipment your center used during 2001-2002 for equipment owned by the center:

- *If the center charges depreciation on equipment it has purchased, write in the amount on the table next to “depreciation on equipment”.*
- *If the center does not charge depreciation, or if it purchased small pieces of equipment which it does not depreciate, please estimate the total value of this equipment and record this amount on the table below where indicated.*
- **If you are having difficulty determining the value of your equipment, please fill out Table 2 on PAGE 20.**
- *For equipment rented by the center: fill in the total annual costs associated with rental equipment in the space provided (this includes any maintenance/service costs associated with the rental equipment).*

This information may be available on a financial report, budget, tax statement, audit or other type of document, you may attach a copy of any such documents to this survey.

1. Table 1. 2001-2002 Other Operating costs:

Cost type:	Annual Cost/Value of:
Office Supplies	
Children's Program Supplies	
Maintenance/Janitorial Supplies	
Rental Equipment and maintenance on rental equipment	
Non-depreciated equipment purchased during the last year.	
Depreciation on all purchased equipment (if available)	
Transportation and travel	
Telephone	
<i>Utilities:</i>	
Gas/Electric	
Water	
Other:	
Property Taxes	
Medical Supplies	
Postage	
Marketing, advertising, public relations	
Photocopying, printing, publications	
Copy paper	
Licensing and fees	
Dues and subscriptions	
Interest payments and bank service charges	
Parking Spaces	
Miscellaneous	
Other, please specify:	
Other, please specify:	
Other, please specify:	
Internet access	
TOTAL ANNUAL "OTHER" OPERATING COSTS	

DONATED EQUIPMENT:

3. In 2001-2002, did the center receive any donated equipment? If you received donated equipment, please give us a list of the donated items in the table below. For each item, we would like to know its condition and approximate replacement value.

Donated Equipment	How Old is it?	Condition (circle one)			Replacement Value
(Example) Copy machine		Good	Fair	Poor	\$ 150
		Good	Fair	Poor	
		Good	Fair	Poor	
		Good	Fair	Poor	
		Good	Fair	Poor	
		Good	Fair	Poor	
		Good	Fair	Poor	
		Good	Fair	Poor	
Total Value of Donated Equipment					

DONATED SUPPLIES AND MATERIALS:

4. In 2001-2002, did your center receive any donated supplies and materials? If so, please list each item. For each, please estimate the market value of the items.

Donated Supplies and Materials	Market Value of Donated Supplies and Materials
(example) 100 boxes crayons	\$300
TOTAL VALUE OF DONATED SUPPLIES AND MATERIALS	

SECTION 7: TOTAL ANNUAL OVERHEAD COSTS.

If you are a center that is part of a large system of centers, or part of a large sponsoring agency which provides services to your center, please answer the following question:

1. How much are you charged for overhead costs, as a contribution for the costs of operating your larger system of centers?

TOTAL ANNUAL OVERHEAD COSTS: \$ _____

SECTION 8: TRANSPORTATION

1. Does your center provide transportation to the children?

- Yes
- No
- Other (please explain) _____

2. If you answered “yes” to the preceding question, does your center own or rent the cars/buses used to transport the children?

- Own
- Rent
- Other (please explain) _____

3. How many vehicles used for transporting children are owned and how many are rented?

_____ vehicle(s) owned

_____ vehicle(s) rented

4. If you rent, how much did your center spend last year on renting transportation vehicles?

Annual cost of renting transportation vehicle(s): \$ _____

5. If you own the vehicle(s), please fill out the table below:

Owned Vehicle	Year of vehicle	Purchase price	Condition (circle)	Approximate Current market value (if known)
1			Good fair poor	
2				
3				
4				

6. How much was spent on gas last year for all the vehicles used to transport children?

Cost of gas for transporting children last fiscal year \$ _____

7. How much was spent in 2001-2002 on insurance associated with transportation for your center?

Cost of transportation insurance last fiscal year: \$ _____

SECTION 10: TOTAL OPERATING BUDGET**1. Please provide your total operating budget and line item expenditures for the following categories for fiscal year 2001-2002:**

- a. Total annual operating budget \$ _____
- b. Total annual expenditure on materials and supplies used for classroom only \$ _____
- c. Total annual expenditure on classroom equipment \$ _____
- d. Total annual expenditure on playground equipment \$ _____

SECTION 11: FEES AND REVENUE**1. Please provide the amount of your regular monthly parent fees per child for the following age groups for fiscal year 2001-2002. You may add age groups in the blank rows if you have more than those listed.**

Age Group	Parent Fee Per Child
infants	\$
toddlers	\$
Pre-k	\$
School age children	\$

2. Do you charge a sliding scale fee (based on family income) for children from low-income families who are not subsidized by the county or state?

- Yes
- No
- Don't know

3. If yes, how do you finance the sliding scale fees?

- From other fee revenue or program profits
- From funds from our sponsoring agency
- From outside funding
- Other (please specify): _____.

This section asks for information to help us estimate the total income and revenue from your program for the fiscal year 2001-2002. If the fiscal year is not yet over, please project for the remaining months.

4. In the fiscal year 2001-2002 how much cash did you earn or take in from the following sources:

- Program fees paid by parents\$ _____
- Program fees paid by the state or county\$ _____
- Child care vouchers\$ _____
- USDA Child Care Food Program\$ _____
- Subsidies or contributions from local community groups
(such as United Way)\$ _____
- Cash contributions from a church, corporation, university,
School, or other sponsor.....\$ _____
- Other municipal, state or federal contributions\$ _____
- Special events and fundraising efforts.....\$ _____
- Cash contributions from parents' employers.....\$ _____
- Private donations\$ _____
- Investment income\$ _____
- Other\$ _____

5. 2001-2002 Subsidies: Please fill out the table below describing the subsidies you received for fiscal year 2001-2002. Please give your best estimate for average monthly totals. This may mean multiplying by 4 if you report information weekly, dividing by 4 if you report information quarterly, multiplying by 2 if you report your information twice a month, etc. You may attach a copy of any paperwork that provides this information, if it is more convenient.

Type of Subsidy	Average <u>Monthly</u> Number of slots	Number of months per year covered by subsidy	Average Monthly Number of slots by age (if you do not have this information, leave blank)	Total value of subsidy for all slots of this type (monthly average)	Total value of parent co-pays for all slots of this type (monthly average).
Center Based Care Contract with Division of Family Development (DFD)			# Infant slots _____ #Toddler slots _____ #Preschool slots _____ #School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
New Jersey Cares for Kids contract with Division of Family Development (DFD) voucher			#Infant slots _____ #Toddler slots _____ #Preschool slots _____ #School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
Work First New Jersey contract with Division of Family Development (DFD) voucher			#Infant slots _____ #Toddler slots _____ #Preschool slots _____ #School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
Voucher from Unified Child Care Agency (UCCA)			#Infant slots _____ #Toddler slots _____ #Preschool slots _____ School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
Abbott Subsidy through contract with Division of Family Development (DFD)			# Preschool slots _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
Abbott subsidy through contract with Board of Education			#Preschool slots _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know Not applicable
Voucher payment from individual county government			Infant slots _____ Toddler slots _____ Preschool slots _____ School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know Not applicable
Individual parent federal or state government subsidies			Infant slots _____ Toddler slots _____ Preschool slots _____ School Age _____	\$ _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable	\$ _____ <input type="checkbox"/> Don't know Not applicable
Other:					

6. Is your program currently contracting with the local Board of Education to provide preschool services to 3 and 4 year olds under Abbott?

- Yes
- No
- Don't know

If you answered yes to the preceding question, please answer the remaining questions. If you answered no, you may skip to the end of the questionnaire.

7. How many 3 and 4-year-olds are funded under the district contract?

_____ 3-year-old are funded

_____ 4-year-olds are funded

- Don't know how many 3 and 4 year olds are funded under the district contract
- Not applicable
- Other (please specify): _____

8. If your center is receiving Abbott subsidies to provide preschool services, how does your center fund wrap around care hours (hours that extend before and after the regular school-day to accommodate working parents) Check all that apply.

- Through a contract with Division of Family Development (DFD)
- Through a contract with the local school district
- Other please specify: _____
- Not applicable

9. How many daily hours of wraparound services are being subsidized by the above organization/s?

The above organization/s funds _____ daily wraparound hours

- Don't know how many hours
- Not applicable
- Other (please specify): _____

10. Please provide a monthly estimate of the value of these wraparound services:

Monthly value of wraparound services is about \$ _____

11. Is the value indicated above included on the "subsidies table" on the previous page?

- Yes
- No. If not, how many children use the wraparound hours? _____ # of children.
- Other _____

12. Under Abbott, if you are reimbursed for less than 12 months and your center is open 12 months, how are the remaining months financed? Please explain in the space below:

13. Is transportation provided by the district?

- Yes
- No
- Don't know

14. If you receive Abbot funds, how are these funds being used? Check all that apply.

- Increased salaries
- Hiring additional staff
- Criminal background checks
- Materials and supplies
- Equipment
- Other (specify): _____

15. What requirements, if any, has the district imposed that you must pay for with these funds?

- Hiring additional teachers or assistant teacher/aids
- Hire family workers
- Increase salaries
- Criminal background checks
- Materials/supplies
- Equipment
- Other (specify): _____

You are finished with this part of the survey. There are two other sections. Thank you for your time!

SECTION 2: INDIVIDUAL CLASS INFORMATION

We would like to collect information describing the composition of your individual classes. Please refer to the following definitions when filling out the table below.

TEACHER refers to persons in charge of the group or class of children. **ASSISTANT TEACHER/AIDS** refers to persons working in a class under the supervision of a teacher. **CLASS MEETING TIME** refers to the times that each class begins and ends in a typical day. This time period includes nap, snack, recess and educational components.

Class	Class meeting time:	Meeting Days (check the day/s that apply)	Teacher's Initials:	Number of Assistants/Aids in classroom	Number of children enrolled in each age group in class
1	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
2	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
3	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
4	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
5	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
6	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):
7	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		____ 0 to 18 months ____ 18 months to 2 ½ years ____ 2 ½ years to 3 years ____ 3 years to 4 years ____ 4 years to 5 years ____ 5 year-olds ____ other (please specify):

Class	Class meeting time:	Meeting Days (check day/s that apply)	Teacher's Initials:	Number of Assistants/Aids in classroom	Number of children enrolled in each age group in class
8	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
9	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
10	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
11	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
12	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
13	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ _____ 2. _____ _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
14	From: _____ am/pm To: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____	1. _____ _____ 2. _____ _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):

Class	Class meeting time:	Meeting Days (check day/s that apply)	Teacher's Initials:	Number of Assistants/Aids in classroom	Number of children enrolled in each age group in class
15	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
16	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
17	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
18	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
19	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
20	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			
21	From: _____ am/pm	Monday _____ Tuesday _____ Wednesday _____	1. _____ 2. _____		_____ 0 to 18 months _____ 18 months to 2 ½ years _____ 2 ½ years to 3 years _____ 3 years to 4 years _____ 4 years to 5 years _____ 5 year-olds _____ other (please specify):
	To: _____ am/pm	Thursday _____ Friday _____ Saturday _____ Sunday _____			

SECTION 3 : INDIVIDUAL STAFF CHARACTERISTICS

This section asks for specific information about staff members, including the center director and volunteers. Answer questions 2 through 7 by writing or circling the correct number in the appropriate column. It might be best if you detach this sheet for easy reference when completing the table. Start by entering a staff member's initials in the INITIALS column furthest to the left and circle the "V" if the person is a volunteer. The number at the top of each column corresponds to the question numbers on this sheet. NOTE: ECE stands for Early Childhood Education.

- (1) **HOURS WORKED PER WEEK**.....Enter the normal number of hours that each staff member is scheduled to work each week.
- (2) **EXPERIENCE AT THIS CENTER**.....Write the total number of months or years that each staff member has in this center's program.
- (3) **PRIOR EXPERIENCE IN ECE**.....Write the total number of years of experience that each staff member has had in childcare or a related field prior to joining your staff.
- (4) **JOB TITLES/POSITIONS**.....Circle the number that best describes the staff member's title or job description(You may circle more than one if you have more than one position):
- | | |
|--|---|
| 1. Center Director | 8. Bus Driver |
| 2. Assistant Center Director | 9. Nurse |
| 3. Head Teacher (a supervising teacher) | 10. Payroll/Accounting |
| 4. Teacher (main teacher in a classroom) | 11. Food Service |
| 5. Assistant Teacher/Teacher's Aid | 12. Family Worker/Social Worker |
| 6. Program Supervisor | 13. Janitor/Maintenance/Custodial |
| 7. Administrative Assistant/Secretary | 14. Other (please specify in the line provided) |
- (5) **SALARY OR WAGE**.....Enter each staff member's gross yearly salary or hourly wage in Column 5. If the staff person earns an annual salary, enter the figure and circle PER YEAR. If the staff person earns an hourly wage, write the amount and circle PER HOUR. It might be best to complete this category with the director, accountant or person that has access to this information.
- (6) **EDUCATION LEVEL**.....Circle the number that describes the employee's HIGHEST level of formal education using the options below. If a staff member is currently in school, circle the number that shows the employee's highest completed level of education.
- | | |
|---|--|
| 1. Less than a High School Diploma | 5. Bachelor's degree (4-year) |
| 2. High School diploma or GED | 6. Master's degree |
| 3. Some college credits (did not complete a degree) | 7. Ph.D./ Ed.D. |
| 4. Associate's degree (2-year) | 8. Other (please specify in the line provided) |
- (7) **PROFFESIONAL DEVELOPMENT**.....Indicate how the staff member received his/her specialized training in child development, childcare, early childhood education, etc. by circling the correct number. Circle ALL that apply for each staff person.
- | | |
|---|--|
| 1. No training or experience in early childhood education, child development, childcare or related field | 8. New Jersey Department of Ed. Certification: Teacher of the Handicapped |
| 2. Some courses in ECE, child development, or related field in High School or Vocational School | 9. New Jersey Department of Ed. Certification: Nursery School |
| 3. Some courses in ECE, child development or related field at a community college, 2-year college or 4-year college | 10. Montessori |
| 4. Certified Child Care Professional (CCP) | 11. High Scope or other specialized curriculum |
| 5. Child Development Associate Certification (CDA) | 12. BA or Associate's degree in ECE, child development, or related field |
| 6. New Jersey Department of Ed. Certification: Elementary Education | 13. Registered Nurse (R.N.) |
| 7. New Jersey Department of Ed. Certification: Preschool-3 Teaching | 14. Some graduate level courses in ECE, child development, or related field |
| | 15. Graduate degree (MA, PhD, EdD, etc.) in ECE, child development, or related field |
| | 16. NRPA (National Recreation Parks Association Recreation Professional |
| | 17. Other: please specify on line provided. |

FOR OFFICE USE:
2001-2002 Center ID # _____

Initials	(1) Hours Worked Per Week	(2) Experience At This Center	(3) Prior Experience in ECE	(4) Job Titles/Positions	(5) Salary or Wage Gross (before taxes)	(6) Education Level (circle highest degree)	(7) Professional Development (circle all that apply)
1 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
2 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
3 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
4 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
5 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
6 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
7 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
8 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
9 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
10 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
11 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
12 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
13 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
14 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
15 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
16 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
17 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
18 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
19 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
20 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

STAFF INFORMATION Page 2

FOR OFFICE USE:
2001-2002 Center ID # _____

Initials	(1) Hours Worked Per Week	(2) Experience At This Center	(3) Prior Experience in ECE	(4) Job Titles/Positions	(5) Salary or Wage Gross (before taxes)	(6) Education Level (circle highest degree)	(7) Professional Development (circle all that apply)
21 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
22 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
23 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
24 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
25 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
26 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
27 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
28 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
29 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
30 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
31 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
32 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
33 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
34 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
35 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
36 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
37 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
38 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
39 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
40 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

STAFF INFORMATION Page 3

FOR OFFICE USE:
2001-2002 Center ID # _____

Initials	(1) Hours Worked Per Week	(2) Experience At This Center	(3) Prior Experience in ECE	(4) Job Titles/Positions	(5) Salary or Wage Gross (before taxes)	(6) Education Level (circle highest degree)	(7) Professional Development (circle all that apply)
41 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
42 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
43 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
44 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
45 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
46 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
47 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
48 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
49 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
50 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
51 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
52 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
53 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
54 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
55 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
56 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
57 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
58 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
59 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
60 V		yrs/mos		1 2 3 4 5 6 7 8 9 10 11 12 13 14	\$ _____ per yr./ hr.	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

