

SURVEY INSTRUCTIONS

Please type or print your answers

IF YOU HAVE MORE THAN ONE LICENSE OR REGISTRATION PLEASE COMPLETE A SEPARATE SURVEY FOR EACH PROGRAM.

NOTE: Your survey should have a prepasted label with information that includes name and address, facility # and county #. We still need you to fill in phone # and the name of a contact person. If your survey does not have a preprinted label or the label is incorrect, please complete all of the information requested at the top of the survey.

Facility # - Fill in the number listed on your license or registration to operate.

County # - Fill in the name of the county in which your program is located.

Contact Person - List the individual whom we should call if we have questions.

1. Type of program - Check the box next to the type of program your license or registration authorizes you to operate.

If you are a fully funded Head Start program, please check the appropriate box in number 1. You will not need to complete the remainder of the survey.

If you are a Head Start program that does charge a rate to at least some of your parents, please complete the entire survey.

2. Number of children enrolled - Enter the number of children currently enrolled in each age group. For the purposes of this survey, enrolled means the number of children (in each age group) for whom you are currently providing care.

3. Rates - For each of the categories listed, indicate the amount you charge parents. Do not report the amount it costs you to provide care. If any of the age groups do not apply to your program, put NA in that box.

If you have both a contracted rate for Department of Social Services and a private rate, report your private rate. If you provide services only for DSS children, report your contracted rate.

If you do not charge rates based on the time period requested in the survey (weekly, hourly), indicate what you would charge if you did charge on that basis.

If you charge on a sliding scale based on income, indicate the rate you would charge if everyone paid the same rate.

PLEASE RETURN THE SURVEY IN THE ENVELOPE PROVIDED. IF THE ENVELOPE HAS BEEN MISPLACED, PLEASE MAIL THE SURVEY TO THE ADDRESS LISTED ON THE SURVEY FORM. THANK YOU VERY MUCH FOR YOUR COOPERATION!