

As part of the Center Leadership Unified for Balance (CLUB) review process, CCR&R has created a survey for program staff members. CCR&R can send this survey via the SurveyMonkey platform, or you can utilize this paper copy. The information in this survey will be kept confidential and anonymous.

Purpose: To gather information on your program's history and staff members' perceptions.

Survey Questions	Responses
What age group do you currently work with? Check all that apply.	<input type="checkbox"/> 0-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> preschool <input type="checkbox"/> school-age
Are you a full time or part time employee?	<input type="checkbox"/> full time <input type="checkbox"/> part time
About how many hours per week do you work?	_____ hours
How many years have you worked in the early childhood field?	_____ years
How long have you worked in this program?	_____ months or years
Do you consistently work with the same co-workers in the same classroom?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Are you familiar with who is on the Board and what their roles are?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you feel comfortable having open communication with the Director?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Do you have planning time with your co-teachers?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you and your co-teachers jointly decide the duties assigned in the classroom?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is your work supervised and how is this done?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please describe:
Are you given feedback about your performance?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, please share how and how often:
Are you part of any kind of self-evaluation?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

Is training provided to staff members?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you have regular staff meetings?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you have enough resources on site to effectively do your job?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you have access to online resources for planning?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Are you familiar with the Staff Handbook?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
How often is the Staff Handbook reviewed with staff?	<input type="checkbox"/> annually <input type="checkbox"/> monthly <input type="checkbox"/> During staff meetings <input type="checkbox"/> as needed <input type="checkbox"/> unknown <input type="checkbox"/> never
How likely are you to recommend your program as a good place to work?	<input type="checkbox"/> 1 not likely <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 likely
Do you have access to the things you need to do your job properly, such as equipment and supplies?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Are you happy with the frequency at which you receive feedback from your Director/On-Site Supervisor?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you feel your organization celebrates its accomplishments and achievements?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you feel like recognition is meaningful when you receive it?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you feel like you can share your honest thoughts with your Director/On-Site Supervisor?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Do you feel like your Director/On-Site Supervisor/Board members care about your feedback?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Do you feel like your organization encourages you to give your opinion?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Does staff have the opportunity to provide input in creating or adjusting policy and procedures?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown

Do you have the flexibility to take time off when you need to?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Do you feel like your work contributes to the success of the children you care for?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Do you feel like a valued member of the team?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Are you satisfied with the current patterns of scheduling? i.e. including but not limited to when you get your schedule, how consistent your hours are, what room you are in, etc.	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
How many days a week is the program adequately staffed?	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
When you need help, is there someone available to come and help you?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
What is the percentage of time in a week you believe your Director is in ratio?	<input type="checkbox"/> 0% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
How much time does the Director spend per week in your classroom when not in ratio?	_____ hours
Do you think that your responsibilities are clear?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Do you have the opportunity to grow within your organization?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Do you feel like you have the opportunity to improve your skills?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain: