



# Staff Survey

As part of the Center Leadership Unified for Balance (CLUB) review process, CCR&R has created a survey for program staff members. This survey can be sent by CCR&R in 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 the history of your program and the perceptions of staff members.

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? i.e. equipment, supplies, etc.	<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 per week does the Director spend in your classroom when <b>not</b> 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:

How would you describe your professional relationship with your Director?	<input type="checkbox"/> excellent <input type="checkbox"/> mostly positive <input type="checkbox"/> neutral <input type="checkbox"/> needs improvement <input type="checkbox"/> no relationship
Do you feel like your Director is someone you can trust?	<input type="checkbox"/> yes <input type="checkbox"/> no If no, please explain:
Does the Director have the best interest of the staff when addressing the Board of Directors?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Do you feel like your Director shares all appropriate information with you and your team?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Are you in an environment where employees at all levels feel comfortable voicing their opinion directly to leadership?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Does your center handle concerns in an ethical way?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Can you count on your co-workers when you need help?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you and your co-workers collaborate well together?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Do you have someone at work that you consider as a friend?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you think that your co-workers welcome opinions that are different from their own?	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your center have a grievance policy and is it followed?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Are you familiar with i-PoWeR Professional Workforce Registry and your own account details?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Do you think the Board and Director adopts the appropriate policies and procedures needed to do your job?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:

Do you believe that all staff, children and families are treated fairly and equally?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:
Do you feel like the Board understands what you do for your job?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
How would you rate the orientation you received when starting at this program?	<input type="checkbox"/> 1 none <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 excellent
How would you describe your professional relationship with parents?	<input type="checkbox"/> excellent <input type="checkbox"/> mostly positive <input type="checkbox"/> neutral <input type="checkbox"/> needs improvement <input type="checkbox"/> no relationship
What do you do when parents are having communication issues? How do you communicate with parents?	Please check all that apply <input type="checkbox"/> written (notes, incident reports, daily sheets, etc.) <input type="checkbox"/> drop-off and pick-up conversation <input type="checkbox"/> phone <input type="checkbox"/> email/text <input type="checkbox"/> through a center app system <input type="checkbox"/> social media <input type="checkbox"/> bulletin board <input type="checkbox"/> newsletter <input type="checkbox"/> other: _____ <input type="checkbox"/> do not communicate with parents <input type="checkbox"/> unknown
Do you believe the program has a favorable reputation in the community?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown If no, please explain:

**Notes**

Do you have any additional information to share regarding your program?