

CHILD ID _____

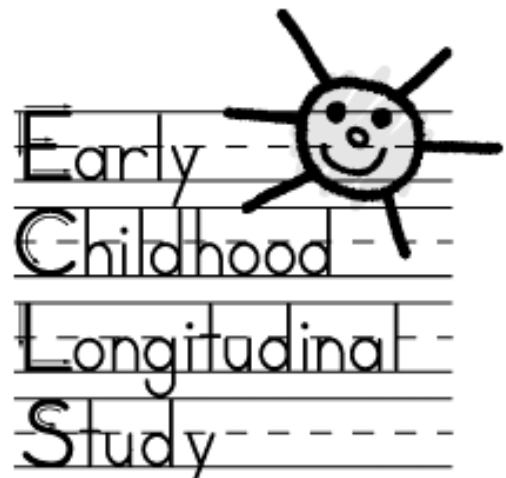
Early Childhood Longitudinal Study

Birth Cohort

24-MONTH

CENTER DIRECTOR

SELF-ADMINISTERED QUESTIONNAIRE



As part of this study, the director of each child care center is asked to complete a brief telephone interview. Are you the same person who completed the center-director portion of the telephone interview?

- ☐ Yes
- ☐ No → Why? _____

A. Program Operations

A1. Does your center currently provide care to any children who have been referred to you by...

- | | <u>YES</u> | <u>NO</u> | <u>DON'T
KNOW</u> |
|----------------------------|--------------------------|--------------------------|--------------------------|
| a. Head Start? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early Head Start? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "NO" to both of these, → skip to Question A4.

A2. Are you receiving a different reimbursement rate for Head Start/Early Head Start children?

- ☐ Yes
- ☐ No → (Go to Question A4)

A3. Is the reimbursement higher or lower than you usually charge for...

- | | <u>HIGHER</u> | <u>LOWER</u> |
|--------------------------------------|--------------------------|--------------------------|
| a. other subsidized children ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. non-subsidized children ? | <input type="checkbox"/> | <input type="checkbox"/> |

A4. Does your center refer children to ...

- | | <u>YES</u> | <u>NO</u> |
|-------------------------------------|--------------------------|--------------------------|
| a. Head Start programs? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early Head Start programs? | <input type="checkbox"/> | <input type="checkbox"/> |

A5. Has Head Start ever contacted you to try to recruit eligible children from your center?

☐ Yes

☐ No

A6. Has Early Head Start ever contacted you to try to recruit eligible children from your center?

☐ Yes

☐ No

A7. Do you collaborate with Part C or Part B agencies in your community?

Part C agencies coordinate services for infants and toddlers with disabilities or any child under 3 years of age (birth to age 3). Part B agencies coordinate services for all children with disabilities ages 3 to 21.

☐ Yes

☐ No

A8. The last time you had a vacancy, how long did it take you to find another child to care for (i.e., how long did it take to fill your last vacancy)?

Please select only one.

☐ Wait list, vacancy filled immediately,

☐ Less than one week,

☐ One to less than two weeks,

☐ Two weeks to one month, or

☐ More than one month.

Children Served

- A9. How many children are currently enrolled in your program, including all sessions your program offers?**

If you do not know exactly, please give your best guess. Include all children in morning, afternoon, or full-day sessions.

|_|_|_|_|
CHILDREN

- A10. How many of the children enrolled in your program are...**

NUMBER

- a. Younger than 1 year? _____
- b. 1 or 2 years old? _____
- c. 3, 4, or 5 years old? _____
- d. 6 years or older? _____

- A11. Approximately what number OR percentage of the children enrolled in your program belong to the following racial-ethnic groups?**

*Please write number OR percentage on each line. You do not need to report both. Enter "0" if your center has no children of that racial-ethnic group. The number column should sum to total center enrollment. **This total should match the total recorded in Question A9.** The total of the percentage column should add to 100%.*

NUMBER PERCENT

- a. White, non-Hispanic..... _____
- b. Black, non-Hispanic _____
- c. Hispanic, regardless of race _____
- d. American Indian or Alaskan Native _____
- e. Asian _____
- f. Native Hawaiian or other Pacific Islander..... _____
- g. Other (Please specify) _____
- h. TOTAL..... _____ 100%

- A12. Approximately what number or percentage of children speak a language other than English at your center?**

Please write number OR percentage. You do not need to report both.

|_|_|_|_| OR |_|_|_|_|_|
NUMBER PERCENT

A13. How do you communicate with children who speak a language other than English at your center?

Please select all that apply.

- ☐ Staff speaks children's languages
- ☐ Use adult interpreter
- ☐ Other children interpret
- ☐ Learn phrases from parents
- ☐ Use physical cues/hand gestures with child
- ☐ Speak to child in English
- ☐ Not applicable, English is the primary language of all children enrolled
- ☐ Other (*Please specify*) _____

A14. Has your program ever enrolled a child with special needs? This includes those children with a diagnosed disability, a chronic illness or medical problem, or a severe social/emotional problem.

- ☐ Yes
- ☐ No → (*Go to Question A16*)

A15. How many of the children you currently care for have special needs?

*This includes those children with a diagnosed disability, a chronic illness or medical problem, or a severe social/emotional problem. Please write number **OR** percentage. You do not need to report both.*

|_|_|_| OR |_|_|_|
NUMBER PERCENT

Staff

A16. How many caregivers are on your payroll?

Please include both full-time and part-time staff. Also please include only caregivers, assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with the children. Do not include bus drivers, cooks or other staff who do not work directly with the children.

If you do not know exactly, please give your best guess.

|_|_|_|
STAFF

A17. Indicate the number OR percentage of caregivers in your program who belong to the following racial-ethnic groups.

Please include only caregivers, assistant caregivers and aides, caregiver-directors, administrative directors and other staff who work directly with the children. Do not include bus drivers, cooks or other staff who do not work directly with the children.

*Please write number OR percentage on each line. You do not need to report both. Enter "0" if your center has no caregivers of that racial-ethnic group. The number column should sum to total number of caregivers. **This total should match the total recorded in Question A16.** The total of the percentage column should add to 100%.*

	<u>NUMBER</u>	<u>PERCENT</u>
a. White, non-Hispanic.....	_____	_____
b. Black, non-Hispanic	_____	_____
c. Hispanic, regardless of race	_____	_____
d. American Indian or Alaskan Native	_____	_____
e. Asian	_____	_____
f. Native Hawaiian or other Pacific Islander.....	_____	_____
g. Other (Please specify) _____	_____	_____
h. TOTAL.....	_____	100%

A18. Do you employ any of the following specialists?

Please select "YES" or "NO" for each specialist listed.

	<u>YES</u>	<u>NO</u>
a. Social workers	<input type="checkbox"/>	<input type="checkbox"/>
b. Family outreach workers.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurses	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychologists.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Parent education specialists	<input type="checkbox"/>	<input type="checkbox"/>
f. Parent involvement specialists.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Speech therapists.....	<input type="checkbox"/>	<input type="checkbox"/>

B. Parental Involvement

- B1. During each year, how many regularly scheduled conferences do you offer or schedule with a parent or guardian of each 2-year-old child in the center to discuss that child's care and development?**

Please select only one.

- ☐ No conferences
- ☐ One conference
- ☐ Two conferences
- ☐ Three or more conferences

- B2. What percent of children in your center have parents who participate in any of the following ways?**

	NONE	1 to 25%	26 to 50%	51 to 75%	75% or more	N/A
a. As classroom volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--
b. As members of a parent council or other governing bodies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. By doing maintenance, chores, or shopping for the center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--
d. By helping at special events or activities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--
e. By attending special events or activities (such as children's performance, holiday party, children's art show, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	--

- B3. Not including lesson plans that are given to parents in advance of activities, how often do parents receive written letters describing the play/learning activities that took place in the child's classroom?**

Include written logs that include information specific to the child and/or classroom such as the following: description of specific concepts presented (e.g., red, happy, counting), description of activities involving fine motor skills (e.g., shape sorting, drawing, puzzles) or large motor skills (playing with balls, jumping), description of art projects, and description of music experiences. Do not include daily logs of routine care activities (e.g., diapering/toileting, eating, and sleeping).

Please select only one.

- ☐ Daily
- ☐ A few times a week
- ☐ Once a week
- ☐ Less than once a week
- ☐ About once a month
- ☐ Less than once a month
- ☐ Never

C. Center Director Background

C1. What is the highest level of education you have completed?

- ☐ Less than high school / no GED
- ☐ A high school diploma or GED
- ☐ Some college, but no degree
- ☐ An associates of arts (A.A.) degree
- ☐ A bachelor's degree (B.A. or B.S.)
- ☐ At least one year of work towards graduate degree (M.A., Ph.D., or Ed.D.)
- ☐ A graduate degree (M.A., or M.S.)
- ☐ A graduate degree beyond a masters (Ph.D., or Ed.D.)

C2. Have you completed a Child Development Associate (CDA) credential?

- ☐ Yes
- ☐ No

C3. Have you had any special child care or early education training, beyond any experience you have in caring for your own children? This includes teacher training, nurse's training or health courses, training by referral or government agencies, or child care courses or workshops.

- ☐ Yes
- ☐ No

C4. How many college courses have you completed in the following areas?

Please circle the number. Include relevant classes taken to earn a degree or CDA.

- a. Early childhood education..... 0 1 2 3 4 5 6+
- b. Elementary education..... 0 1 2 3 4 5 6+
- c. Special education 0 1 2 3 4 5 6+
- d. Curriculum development..... 0 1 2 3 4 5 6+
- e. English as a second language (ESL)..... 0 1 2 3 4 5 6+
- f. Child development..... 0 1 2 3 4 5 6+
- g. Teaching methods..... 0 1 2 3 4 5 6+
- h. Program administration/management..... 0 1 2 3 4 5 6+

C5. Do you have a degree in early childhood education or a related field other than a Child Development Associate (CDA) credential?

- ☐ Yes
☐ No

C6. Do you have any state awarded certificates or credentials pertaining to early childhood education or a related field such as nursing, social work, psychology or special education?

- ☐ Yes (Go to Question C7)
☐ No (Go to Question C8)

C7. Which ones do you have?

Please select all that apply.

- ☐ A state certificate in early childhood education
☐ A state certificate in elementary education
☐ A state certificate in secondary education
☐ A state certificate in special education
☐ Another state education certificate
☐ A license as a registered nurse (RN)
☐ A license as a licensed practical nurse (LPN)
☐ A certification or license as a social worker
☐ A certification or license as a psychologist
☐ A certificate of clinical competence/speech pathologist (CCC/SP)
☐ Children's center permit (California only)
☐ Other license, certificate or credential (*Please specify*) _____

C8. How many years of experience do you have working with children under 6 years of age in a child care or education setting (Include years as child care provider, teacher, director, etc., but do not include years spent raising your own children)?

Your best estimate is fine.

|_|_| AND |_|_|
YEARS MONTHS

C9. Do you belong to any professional child care or early childhood organizations, such as the National Association for the Education of Young Children?

☐ Yes

☐ No

C10. What is your approximate yearly salary?

☐ Less than \$10,000

☐ 10,000 – 15,000

☐ 15,001 – 20,000

☐ 20,001 – 30,000

☐ 30,001 – 40,000

☐ 40,001 – 50,000

☐ 50,001 – 60,000

☐ 60,001 – 70,000

☐ 70,001 – 80,000

☐ 80,001 – 90,000

☐ more than 90,001

C11. Date questionnaire completed:

____ / ____ / ____

MONTH DAY YEAR

Thank you for your cooperation.

If you were unable to complete this questionnaire, while we were visiting your center,
please return your completed questionnaire in the provided envelope to:

National Center for Education Statistics
c/o Westat – Study 702056 (ECLS-B-Child Care)
G9 - Room 250F
9274 Gaither Road
Gaithersburg, MD 20877-1420