Early Childhood Longitudinal Study

Birth Cohort: The Preschool Year

Preschool Round
Center/Program Director
Self-Administered Questionnaire
Dear Administrator,

RTI International, a research organization in North Carolina, is conducting the Early Childhood Longitudinal Study – Birth cohort (ECLS-B). This study is being carried out in early care and education settings across the country to find out about children’s preschool experiences. The National Center for Education Statistics (NCES) of the U.S. Department of Education is sponsoring this study.

The questions ask about your program. We do not think there are risks to you being in the study, although some people might become uneasy by some of the questions. You do not have to answer any questions that make you feel uncomfortable. There are no direct benefits to you from answering our questions. However, your participation will help us learn more about early care and education programs across the country.

Your participation is voluntary, and your responses will be kept completely confidential. The project staff will keep facts about you completely private. We will not identify any children, caregivers/teachers, or programs by name. The only exception to our keeping your information private is when the law requires the researcher to report situations where there may be danger of harm to you, your students, or others.

If you have any questions or comments, please call Ina Wallace, RTI Project Director; toll free at 1-800-334-8571 X 6967. If you have any questions about your rights as a research participant, please call RTI’s Office of Research and Ethics toll free at 1-866-214-2043.

The questionnaire will take about 10 minutes to complete. Please record your answers directly on the questionnaire by writing your response in the space provided using a ball-point pen.

Thank you for taking the time to complete this questionnaire.

RTI International (RTI)*
Center for Research in Education
ECLS-B
3040 Cornwallis Road
Research Triangle Park, NC 27709
As part of this study, the director of each center-based care/preschool program is asked to complete a brief telephone interview. Are you the same person who completed the center director portion of the interview?

☐ Yes

☐ No → Please explain: ___________________________________________________________

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Children and Teacher Information

A1. How many children are currently enrolled in your center or school?

☐ ☐ ☐ ☐ ☐ Children

A2. How many of the children enrolled in your center or school are...

Please enter "0" if there are no children of that age

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>☐ ☐ ☐ ☐ ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Birth through 2 years old?......</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>b. 3 years old?.........................</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>c. 4 years old?.........................</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>d. 5 years old?.........................</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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<tr>
<td>e. 6 years and older?...............</td>
<td>☐ ☐ ☐ ☐ ☐</td>
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</tbody>
</table>

A3. Has your center or school ever enrolled a child with special needs? This includes those children with a diagnosed disability, a chronic illness or medical problem, or severe social/emotional problem.

☐ Yes  (Please answer Question A4)

☐ No  (Skip to Question A5)

A4. How many of the children you currently care for have special needs?

☐ ☐ ☐ ☐ ☐ Number
A5. How many of the children enrolled in your center or school belong to the following racial-ethnic groups?

*Please enter "0" if there are no children of that racial-ethnic group.*

- 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

A6. What number of children speak a primary language other than English at your center or school?

[ ] [ ] [ ]

A7. How do you communicate with children who speak a language other than English at your center or school?

*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) ____________________________________________
For questions A8-A10, please include only teachers, assistant teachers, directors, and others who work directly with the children.

A8. How many teachers are currently employed in your center or school?

[ ] TEACHERS

A9. How many of the teachers in your center or school belong to the following racial-ethnic groups?

Enter "0" if there are no teachers of that racial-ethnic group.

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 (This should match the total recorded in Question A8)
A10. **Indicate the number of teachers in your center or school who have attained the following education levels.**

*Enter "0" if there are no teachers of that education level.*

<table>
<thead>
<tr>
<th>Education Level</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Less than high school / no GED</td>
<td></td>
</tr>
<tr>
<td>b. A high school diploma or GED</td>
<td></td>
</tr>
<tr>
<td>c. Some college, but no degree</td>
<td></td>
</tr>
<tr>
<td>d. An associate of arts (A.A.) degree</td>
<td></td>
</tr>
<tr>
<td>e. A bachelor's degree (B.A. or B.S.)</td>
<td></td>
</tr>
<tr>
<td>f. At least one year of work towards graduate degree (M.A., Ph.D., or Ed.D.)</td>
<td></td>
</tr>
<tr>
<td>g. A graduate degree (M.A., or M.S.)</td>
<td></td>
</tr>
<tr>
<td>h. A graduate degree beyond a master's (Ph.D. or Ed.D.)</td>
<td></td>
</tr>
<tr>
<td>i. <strong>TOTAL (This should match the total recorded in Question A8)</strong></td>
<td></td>
</tr>
</tbody>
</table>
A11. Indicate the number of teachers in your center or school who have the following certifications, licenses, or credentials.

If a teacher holds multiple certificates, licenses, or credentials, please record all of them.

Enter "0" if your center has no teachers with that certificate or license.

<table>
<thead>
<tr>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A Child Development Associate (CDA) credential</td>
</tr>
<tr>
<td>b. A state certificate in early childhood education</td>
</tr>
<tr>
<td>c. A state certificate in elementary education</td>
</tr>
<tr>
<td>d. A state certificate in secondary education</td>
</tr>
<tr>
<td>e. A state certificate in special education</td>
</tr>
<tr>
<td>f. Another state education certificate</td>
</tr>
<tr>
<td>g. A license as a registered nurse (RN)</td>
</tr>
<tr>
<td>h. A license as a licensed practical nurse (LPN)</td>
</tr>
<tr>
<td>i. A license as a social worker</td>
</tr>
<tr>
<td>j. A license as a psychologist</td>
</tr>
<tr>
<td>k. A licence as a speech pathologist (CCC/SP)</td>
</tr>
<tr>
<td>l. Children's center permit (California only)</td>
</tr>
<tr>
<td>m. Other license, certificate, or credential (please specify)</td>
</tr>
</tbody>
</table>

A12. Do you employ any of the following specialists?

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Social workers</td>
<td></td>
</tr>
<tr>
<td>b. Family outreach workers</td>
<td></td>
</tr>
<tr>
<td>c. Nurses</td>
<td></td>
</tr>
<tr>
<td>d. Psychologists</td>
<td></td>
</tr>
<tr>
<td>e. Parent education specialists</td>
<td></td>
</tr>
<tr>
<td>f. Parent involvement specialists</td>
<td></td>
</tr>
<tr>
<td>g. Speech therapists</td>
<td></td>
</tr>
</tbody>
</table>
B. Program Structure

B1. Is your center a Head Start Center?
   □ Yes  (Please answer Question B2)
   □ No  (Skip to Question B4)

B2. Are you receiving a different reimbursement rate for Head Start/Early Head Start children?
   □ Yes  (Please answer Question B3, then skip to B5)
   □ No  (Go to Question B5)

B3. Is the reimbursement higher or lower than you usually charge for...
   
<table>
<thead>
<tr>
<th>HIGHER</th>
<th>LOWER</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Other subsidized children?</td>
<td>☐</td>
</tr>
<tr>
<td>b. Non-subsidized children?</td>
<td>☐</td>
</tr>
</tbody>
</table>

B4. How would you describe your center or school?
   Please select only one

   □ Public school pre-kindergarten program (operated by the public school system)
   □ Private school pre-kindergarten program (for example, Friends School)
   □ Child care center (privately owned and operated center in the community)
   □ Other (Please specify) ________________________________

B5. Do you provide care or education to any children who have been referred to you by ...
   YES  NO  DON'T KNOW

   a. Head Start? ____________________________ ☐ ☐ ☐
   b. Early Head Start? _______________________ ☐ ☐ ☐

B6. Do you refer children to...
   YES  NO

   a. Head Start? ____________________________ ☐ ☐
   b. Early Head Start? _______________________ ☐ ☐
B7. Have you ever been contacted to try and recruit eligible children from your center by...

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>a. Head Start?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Early Head Start?</td>
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</tbody>
</table>

B8. Do you collaborate with any agencies in your community who administer programs under the Individuals with Disabilities Education Act (IDEA)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>
| a. Part C: infants and toddlers with disabilities  
(Note: this program may have another name, such as Smart Start, Early Start, etc) | |
| b. Part B: special education for 3-21 year olds  
(Note: primarily administered through the public schools) | |

B9. The last time you had a vacancy, how long did it take you to find another child to enroll in your center or school (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
C. Parental Involvement

C1. Do teachers schedule meetings with the parents of each child to discuss their child’s care and activities?

☐ Yes (Please answer Question C2)
☐ No (Skip to Question C3)

C2. How many times are meetings typically scheduled with parents?

Please specify units: □ per year
□ per month
□ per week

OR

Some other schedule (please specify):

C3. What percent of children in your center or school have parents who participate in any of the following ways?

<table>
<thead>
<tr>
<th></th>
<th>0%</th>
<th>1%-25%</th>
<th>26%-50%</th>
<th>51%-75%</th>
<th>76%-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. As classroom volunteers</td>
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<tr>
<td>b. As members of a parent council or other governing bodies</td>
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<tr>
<td>c. By doing maintenance, chores, or shopping for the center</td>
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<tr>
<td>d. By helping at special events or activities</td>
<td></td>
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<tr>
<td>e. By attending special events or activities, such as a children's performance, holiday party, etc.</td>
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</tbody>
</table>
C4. Not including lesson plans that are given to parents in advance of activities, how often do parents receive written letters describing the play and learning activities that took place in the child’s classroom?

For example, information specific to the child and/or classroom such as the following: description of specific concepts presented (e.g., themes or unit of study), description of activities involving fine motor skills (e.g., writing, cutting, sewing) or large motor skills (e.g., jumping rope, skipping, balancing), and/or description of art, dramatic play, science, or music experiences.

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
D1. **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 associate 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 master's (Ph.D. or Ed.D.)

D2. **Have you completed a Child Development Associate (CDA) credential?**

- [ ] Yes
- [ ] No

D3. **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

D4. **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.*

<table>
<thead>
<tr>
<th>Area</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6+</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Early childhood education…………………...</td>
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<td>b. Elementary education………………………</td>
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<tr>
<td>c. Special education…………………………</td>
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<td>d. Curriculum development……………………</td>
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<td>e. English as a second language (ESL)………..</td>
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<td>f. Child development……………………….…</td>
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<td>g. Teaching methods…………………………….</td>
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<tr>
<td>h. Program administration/management………..</td>
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</tbody>
</table>
D5. Do you have a degree in early childhood education or a related field other than a Child Development Associate (CDA) credential?

☐ Yes
☐ No

D6. 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  →  (Please answer Question D7)
☐ No  →  (Skip to Question D8)

D7. 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 license as a social worker
☐ A license as a psychologist
☐ A license as a speech pathologist (CCC/SP)
☐ Children's center permit (California only)
☐ Other license, certificate, or credential *(Please specify)* ____________________________

D8. How many years of experience do you have working with children under 6 years of age in child care or education setting?

*Include years as child care provider, teacher, director, etc., but do not include years spent raising your own children*

[YEARS] [MONTHS]
D9. 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

D10. 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 90,000

D11. Date questionnaire completed:

☐ ☐ ☐ / ☐ ☐ / ☐ ☐

MONTH DAY YEAR

Thank you again for taking the time to complete this questionnaire.