

OMB #: 1850-0756

Expiration Date: 08/31/2007

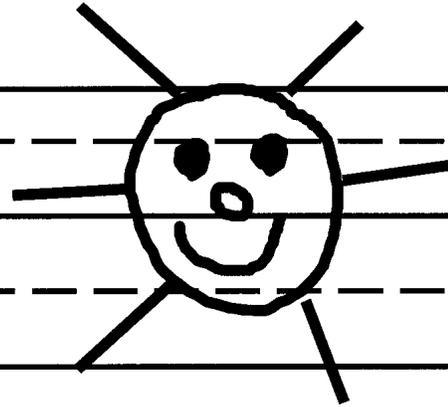
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Early

Childhood

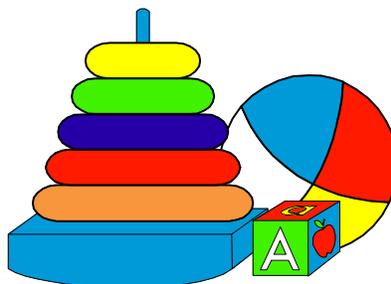
Longitudinal

Study



***Birth Cohort:
The Preschool Year***

***Preschool Round
Center/Program Director
Self-Administered Questionnaire***



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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**

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Preschool Center/Program Director Self-Administered Questionnaire

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: _____

Children and Teacher Information

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

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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

NUMBER

a. Birth through 2 years old?.....			
b. 3 years old?.....			
c. 4 years old?.....			
d. 5 years old?.....			
e. 6 years and older?.....			

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?

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NUMBER

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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.

	NUMBER		
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?

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NUMBER

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)_____

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Staff

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?

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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.

	NUMBER		
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 (<i>Please specify</i>) _____			
h. TOTAL (This should match the total recorded in Question A8)			

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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.

	NUMBER		
a. Less than high school / no GED.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. A high school diploma or GED.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Some college, but no degree.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. An associate of arts (A.A.) degree.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. A bachelor's degree (B.A. or B.S.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. At least one year of work towards graduate degree (M.A., Ph.D., or Ed.D.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. A graduate degree (M.A., or M.S.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. A graduate degree beyond a master's (Ph.D. or Ed.D.).....	<input type="text"/>	<input type="text"/>	<input type="text"/>
i. TOTAL (<i>This should match the total recorded in Question A8</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>				
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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.

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

A12. Do you employ any of the following specialists?

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

	YES	NO
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"/>

<input type="text"/>				
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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...

- | | HIGHER | LOWER |
|------------------------------------|--------------------------|--------------------------|
| a. Other subsidized children?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Non-subsidized children?..... | <input type="checkbox"/> | <input type="checkbox"/> |

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?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Early Head Start?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B6. Do you refer children to...

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

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B7. Have you ever been contacted to try and recruit eligible children from your center by...

	YES	NO	DON'T KNOW
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"/>

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

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

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

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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?

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NUMBER OF TIMES

- 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?

	0%	1%- 25%	26%- 50%	51%- 75%	76%- 100%
a. As classroom volunteers.....	<input type="checkbox"/>				
b. As members of a parent council or other governing bodies.....	<input type="checkbox"/>				
c. By doing maintenance, chores, or shopping for the center.....	<input type="checkbox"/>				
d. By helping at special events or activities.....	<input type="checkbox"/>				
e. By attending special events or activities, such as a children's performance, holiday party, etc.....	<input type="checkbox"/>				

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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

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D. Center Director Background

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.

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

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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.

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