

OMB No.: 0970-0143

Expiration Date: 8/31/2000



CENTER DIRECTOR QUESTIONNAIRE

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MPR ID: |_|_|_|_|_|_|_|_|_|_|

PROVIDER ID: |_|_|_|_|_|_|_|_|_|_|

DATA COLLECTOR ID: |_|_|_|_|_|_|_|

DATE: |_|_|_|_|-|_|_|_|_|-19|_|_|_|_|
Month Day Year

START TIME: |_|_|_|_|:|_|_|_|_| AM/PM

END TIME: |_|_|_|_|:|_|_|_|_| AM/PM

MODE: TELEPHONE 01
 IN-PERSON 02

ROUND OF DATA COLLECTION:

14 MO. 01
 24 MO. 02
 36 MO. 03

Conducted for:

Mathematica Policy Research, Inc.
 P.O. Box 2393
 Princeton, NJ 08543-2393
and
 Administration on Children, Youth, and Families
 U.S. Department of Health and Human Services

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Items various, starting at B1. ITERS/ECERS. Harms, Thelma, Debra Cryer, and Richard Clifford. *Infant/Toddler Environment Rating Scale*. New York: Teachers College Press, 1990. Harms, T., R.M. Clifford, and D. Cryer. *Early Childhood Environment Rating Scale: Revised Edition*. New York: Teachers College Press, 1998.

CENTER QUESTIONNAIRE

DIRECTOR

INTRODUCTION:

(CHILD) and (PARENT INTERVIEW RESPONDENT) are part of a survey of parents of young children for the U.S. Department of Health and Human Services. When we interviewed this family, your center was named as the main child care provider for (CHILD). (PARENT INTERVIEW RESPONDENT) gave us permission to contact you and invite you to be part of the study.

We sent you a letter explaining that we would like to visit your center for two hours during the time when (CHILD) is there and observe how (he/she) spends (his/her) time. We would schedule this visit at your convenience during a time when the children in (CHILD)'s room or group are likely to be active. Included with this letter was a copy of a consent form signed by (PARENT INTERVIEW RESPONDENT).

We will not disrupt the regular routine of the classroom.

We would also like to conduct a brief interview with you about the center. This interview will take about 10 minutes. Finally, we also have about a half hour of questions we would like to ask (CHILD)'s primary caregiver after our visit and we have a brief questionnaire for other providers in (his/her) classroom to fill out.

The answers you give will be held confidential and will not be shared with any parents or other people in your community. Your participation in the study is voluntary and you may refuse to answer any questions you are not comfortable answering. We would like to give your center \$20 in appreciation for participating in this study.

Do you have any questions about the interview or the center visit?


ANSWER QUESTIONS, THEN ASK:

1. We would like to visit your center during a time when (CHILD) is likely to be awake and active. When would be a good day and time for us to visit your center?

DAY: _____ DATE: |_|_|/|_|_| TIME: |_|_|:|_|_| AM/PM

2. When can we do the telephone interview with you? (I would like to complete this before the visit.)

DO IT NOW 01

DO IT LATER 02


DAY: _____ DATE: |_|_|/|_|_| TIME: |_|_|:|_|_| AM/PM

A. ABOUT THE CENTER AND CHILD'S CLASSROOM

In order to plan for our visit to your center, we need to know who (CHILD)'s regular caregivers are who work 10 hours or more per week with (his/her) group or room. Please answer these next questions about the group or classroom that (CHILD) is in.

A1. When did (CHILD) first start at (CENTER)?

|__|__| 19 |__|__|
MONTH YEAR

A2. How many different classrooms has (CHILD) been in since (DATE IN A1)?

|__|__| CLASSROOMS

A3. How many paid child care staff and volunteers regularly provide care to this child's group or in (his/her) room? Please exclude purely administrative staff, cooks, and janitors who do not provide direct child care.

|__|__| PAID CHILD CARE STAFF/VOLUNTEERS

A. Altogether, how many different adults does (CHILD) interact with in the classroom in a typical week?

|__|__| ADULTS

A4. A. What is the maximum number of caregivers working with this group or class when (CHILD) is here?

|__|__| CAREGIVERS

B. What is the minimum number of caregivers working with this group or class when (CHILD) is here?

|__|__| CAREGIVERS

A5. How many staff members have stopped working in (CHILD)'s classroom since (he/she) started there?

|_|_| STAFF LEFT

A6. And how many new staff members have started working there?

|_|_| NEW STAFF

A7. What are the names and positions of the staff and regular volunteers who provide care in (CHILD)'s room?

OFFICE ONLY

STAFF ID FROM WORKSHEET	NAME	Lead Teacher/ Head Teacher	Assistant Teacher	Aide/ Caregiver	Volunteer	Other (SPECIFY)
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _
_ _	_____	01	02	03	04	05 _ _

OFFICE ONLY

_ _ / _ _ / 19 _ _
Month Day Year

DATE OF INTERVIEW

OFFICE ONLY

CLASSROOM

A8. Which person would you say spends the most time taking care of (CHILD)?

|__|__| PERSON NUMBER → NAME:_____ → **GO TO A9**

ALL THE SAME -6

DON'T KNOW -1

A. Then would (LEAD/HEAD TEACHER) be the best person for me to talk with after I observe the classroom?

YES 01 → **GO TO A9**

NO 00

B. Which person would you suggest?

|__|__| PERSON NUMBER → NAME:_____

A9. How long has (PERSON) been a child care provider for (CHILD)?

|__|__| YEARS AND/OR |__|__| MONTHS AND/OR |__|__| WEEKS

A10. How many children are assigned to the same group or classroom as (CHILD)?

|__|__| NUMBER OF CHILDREN

A11. On a typical day, how many of these children are present?

|__|__| PRESENT CHILDREN

A12. How many children are usually present when (CHILD) is here?

|__|__| PRESENT WITH CHILD

A13. How many of these (NUMBER IN A10) children attend . . .

Full-time (30 hours a week
or more)? |__|__|

Part-time (less than 30 hours
per week)? |__|__|

A14. How many of the (NUMBER IN A10) children in this group or classroom are:

STOP WHEN NUMBER IN A10 IS REACHED

NUMBER

A. Less than 12 months old? |__|__|

B. 12-18 months old? |__|__|

C. 19-24 months old? |__|__|

D. 2 years old? |__|__|

E. 3 years old? |__|__|

F. 4 years old? |__|__|

G. 5 years old? |__|__|

H. 6 years old or older? |__|__|

A15. How many of the children in this group or classroom have special needs?
Include children who have been designated as handicapped, chronically ill, or
with chronic medical problems, are emotionally or behaviorally disturbed, or
learning disabled.

|__|__| SPECIAL NEEDS

A16. A. What language or languages do the children in this classroom speak at school?

CIRCLE ALL THAT APPLY

- ENGLISH 01
- SPANISH 02
- CREOLE 03
- MANDARIN 04
- CANTONESE 05
- JAPANESE 06
- VIETNAMESE 07
- OTHER (SPECIFY) 08

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B. What languages do the children and their families speak at home?

CIRCLE ALL THAT APPLY

- ENGLISH 01
- SPANISH 02
- CREOLE 03
- MANDARIN 04
- CANTONESE 05
- JAPANESE 06
- VIETNAMESE 07
- OTHER (SPECIFY) 08

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A17. Are there any children in this classroom who speak a language at home that no adult in this classroom can speak or understand?

- YES 01
- NO 00

B. RECORDS AND STAFF ACTIVITIES

The next questions are about some of your center's policies and procedures.

B1. ITEMS DELETED FROM THIS VERSION TO PROTECT
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ITERS
12

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B5.

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ITERS
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ECERS
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B6.

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B7.

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ITERS
30

ECERS
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ITERS
30

ECERS
39

B9.

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ITERS
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B10. Does (CENTER) provide any of the following services to children and their families at no cost to them?

	<u>YES</u>	<u>NO</u>
A. Full physical examinations (done by medical provider on site)	01	00
B. Full dental examinations (arranged with a dental provider on or off site)	01	00
C. Hearing, speech, or vision testing (on or off site)	01	00
D. <u>Referrals</u> for health care or health screenings	01	00
E. Psychological testing (as needed on or off site)	01	00
F. Testing for cognitive development (on site)	01	00
G. Testing for social development (on site)	01	00
H. Information about parenting	01	00
I. Referrals for help with parenting	01	00

ITERS
35

ECERS
38

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B11. Does your center provide and serve

	<u>YES</u>	<u>NO</u>
A. Breakfast?	01	00
B. Lunch?	01	00
C. Dinner?	01	00
D. Snacks?	01	00

B12. Does (CENTER) participate in the Child and Adult Care Food Program, a program that helps pay for food provided to children in childcare?

- YES 01
- NO 00

CODE WITHOUT ASKING IF KNOWN:

B13. Does your center currently provide care to any children who have been referred to you by Early Head Start?

- YES 01
- NO 00 → **GO TO B14**

A. Did Early Head Start require your center to make any changes to the center or the care you provide as a condition for making these referrals?

- YES 01
- NO 00

B. Are you receiving a different reimbursement rate for EHS children?

- YES 01
- NO 00 → **GO TO B14**

C. Is the reimbursement higher or lower than you usually charge?

- HIGHER THAN OTHER CHILDREN .. 01
- HIGHER THAN OTHER SUBSIDIZED CHILDREN 02
- LOWER THAN OTHER SUBSIDIZED CHILDREN 03
- LOWER THAN OTHER CHILDREN .. 04
- OTHER (SPECIFY) 05

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B14. Are you getting any fee reimbursement for children through any state or federal subsidy program?

YES 01

NO 00 → **GO TO ENDING**

A. Which programs are state?

STATE-1

_____ |__|__|

_____ |__|__|

_____ |__|__|

Which programs are federal?

FEDERAL-2

_____ |__|__|

_____ |__|__|

_____ |__|__|

B15. INTERVIEW CONDUCTED IN:

ENGLISH 01

SPANISH 02

OTHER (SPECIFY) 03

_____ |__|__|

ENDING

Thank you. These are all the questions I have for you.

Please let the classroom staff know that I will visit your center on _____ at _____ o'clock. After I observe the classroom, I will need to spend about a half hour talking with (MAIN PROVIDER FROM A8).