

Directors/Administrators in Center-based Care: Your Program

Prepared for the U.S. Department of Education
National Center for Education Statistics by:

Westat

1600 Research Boulevard
Rockville, Maryland 20850-3129

LABEL

Use a black or blue ball point pen or #2 pencil to complete this questionnaire.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0750. Approval expires 03/31/2012. The time required to complete this information collection is estimated to average 18 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information requested. If you have any comments concerning the accuracy of the time estimate or suggestions for improving the survey instrument, please write to: U.S. Department of Education, Washington, D.C. 20202-4700. If you have comments or concerns regarding the status of your individual response to this survey, write directly to: National Center for Education Statistics, 1990 K Street, N.W., Room 9086, Washington, D.C. 20006-5650.

The collection of information in this survey is authorized by Public Law 107-279 Education Sciences Reform Act of 2002, Title I, Part C, Sec. 151(b) and Sec. 153(a). Participation is voluntary. You may skip questions you do not wish to answer; however, we hope that you will answer as many questions as you can. Your responses are protected from disclosure by federal statute (PL 107-279, Title I, Part C, Sec. 183). All responses that relate to or describe identifiable characteristics of individuals may be used only for statistical purposes and may not be disclosed, or used, in identifiable form for any other purpose, unless otherwise compelled by law. Data will be combined to produce statistical reports. No individual data that links your name, address, telephone number, or identification number with your responses will be included in the statistical reports.

Dear Director/Administrator,

This questionnaire is part of an important long-term study of children's early education starting with kindergarten and going through to the fifth grade. We have sent it to you because one or more of the children in your program are in this study.

The Early Childhood Longitudinal Study, Kindergarten Class of 2010-11 (ECLS-K:2011), is getting information from before- and after-school child care providers and teachers of children who are in the study to understand how what children do early in life relates to how they grow and learn later.

This questionnaire takes about 18 minutes to finish. The information that you give us is being gathered for research purposes only and will be protected from disclosure to the fullest extent allowable by law. We will not tell parents any information you give us or report information about individual caregivers, teachers, children, or programs. What you tell us will be put together with information from other questionnaires for research and statistical reports. Taking part in the study is completely voluntary. You may stop at any time or choose not to answer a question you do not want to answer.

Please put your answers directly on the questionnaire by marking the boxes or writing your answers in the spaces given. Your best guesses are okay as answers.

THANK YOU VERY MUCH FOR YOUR HELP.

MARKING DIRECTIONS

PLEASE READ CAREFULLY AND USE A BLACK OR BLUE BALL POINT PEN OR A SOFT LEAD (#2) PENCIL TO WRITE ON THIS QUESTIONNAIRE. DO NOT USE A FELT-TIP PEN.

MARKING BOXES

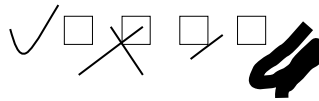
It is important that you mark an “X” in the box next to your answers and print clearly. Shown below is the correct way to mark your answers, along with examples of incorrect ways.

Correct Mark:



Incorrect Marks:

Light and thin, outside the box, thick or scrawled.



How to Change an Answer:

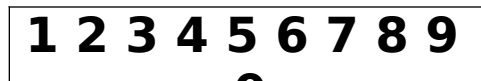
Completely black out the box of the incorrect answer and mark an “X” in the box next to the correct answer.



PRINTING ANSWERS IN BOXES:

Print entire answer in box. Answers should be printed clearly and should not touch or cross any of the box lines. Do not cross zeroes or sevens. That is, do not write a zero with a line through it like this – 0, and do not write a seven with a line through it like this – 7.

Write numbers like this:



Write words like this:



DIRECTOR/ADMINISTRATOR (PROGRAM LEVEL), ECLS-K:2011

1. In years and months, how long have you been the director or administrator at this program

or care setting? PLEASE ANSWER FOR BOTH YEARS AND MONTHS.

NOTE: If it is less than one month, please write "1" for months.

Source: ST005

Number
of years

AND

Number of
months

2. In what type of place is your program located? MARK ONLY ONE.

- The child/children's home **(SKIP TO END)**
- Your home
- Another private home
- A church, synagogue, or other place of worship
- A public elementary, junior high, or high school
- A private elementary, junior high, or high school
- A college or university
- A community center
- A public library
- Its own building
- Office building
- More than one place
- Some other place (Please specify)

3. Is this program run by a church, synagogue, or other religious group?

NOTE: We are asking if a church, synagogue or other religious group runs, manages, or helps govern your program. Having a board for the school that is made up of some members of a particular religious organization and helps decide on school policies, hiring, or funding also counts as a “yes.”

Yes

No

4. Is the organization that administers your program a public organization or a private organization?

NOTE: A public organization is a government organization such as a public school or a government social services agency. We are asking if a public or private organization administers, runs, manages, or helps govern your program.

Public organization

Private organization **(SKIP TO 6)**

5. Is the public organization that administers your program a public elementary, middle, or junior high school or a public school district?

Yes

No

6. What type of organization sponsors your center or program? MARK ALL THAT APPLY.

NOTE: By “sponsors,” we mean “pays for.”

- Head Start
 - Social service organization or agency
 - Church or religious group
 - Public school/board of education
 - Private school, religious
 - Private school, non-religious
 - College or university
 - Private company or individual
 - Non-government community organization
 - State or local government
 - Some other type of sponsoring agency (Please specify)
-

7. Is your center or program accredited by a national, state, or local organization?

- Yes
- No
- No, exempt

8. Is your center or program licensed by a national, state, or local organization?

- Yes
- No (**SKIP TO 12**)

9. How many 0- to 3-year-old children are you licensed to care for or teach at one time?

NOTE: If none, write “0.”

Source: CI043

 Number of 0- to 3-year-old children

13. Does your center or program receive any local, state, or federal funding from the government?

Yes

No (SKIP TO 15)

14. Indicate whether you receive funding from the following sources. MARK YES OR NO ON EACH ROW.			If Yes: How many children are fully or partially funded by this source?
	Yes	No	
a. Title I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Title XX	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Local or state funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. No Child Left Behind supplemental services funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Other grant funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

15. Do you help parents link to subsidies or give parents information about payment assistance for before- or after-school care that they may qualify for?

NOTE: By “subsidies,” we mean money to help pay for child care. This money is usually from the government.

Yes

No

16. How many total staff members, who work directly with children, are employed at the center or program? Include full- and part-time staff but do not include bus drivers, cooks, or other staff who do not work directly with children.

NOTE: Please include only caregivers/teachers, assistant caregivers/teachers, and aides, caregiver/teacher-directors, administrative directors and other staff who work directly with children. If you do not have this information, please give us your best guess.

Number of staff who work directly with children

17. How many of the center or program’s staff members who work directly with children have you hired in the last 12 months? Include full- and part-time staff who work here, but do not include bus drivers, cooks, or other staff who do not work directly with children.

NOTE: Please include only caregivers/teachers, assistant caregivers/teachers, and aides, caregiver/teacher-directors, administrative directors and other staff who work directly with children. If you do not have this information, please give us your best guess.

	Number of staff hired in the last 12 months
--	---

18. How many of the center or program’s staff who work directly with children have left the program in the last 12 months? Include full- and part-time staff who work here, but do not include bus drivers, cooks, or other staff who do not work directly with children.

NOTE: Please include only caregivers/teachers, assistant caregivers/teachers, and aides, caregiver/teacher-directors, administrative directors and other staff who work directly with children. If you do not have this information, please give us your best guess.

	Number of staff who left in the last 12 months
--	--

19. Does your center or program provide any of the following services to children or their families? Please only include services offered during your before- or after- school care/program. **MARK YES OR NO ON EACH ROW.**

NOTE: This service can be provided by making referrals, or bringing in other agencies to give the services at your location or another place.

	<u>Yes</u>	<u>No</u>
a. Dental screenings or examinations	<input type="checkbox"/>	<input type="checkbox"/>
b. Hearing screenings or examinations	<input type="checkbox"/>	<input type="checkbox"/>
c. Vision screenings or examinations	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical screenings or examinations other than dental, hearing, or vision screenings	<input type="checkbox"/>	<input type="checkbox"/>
e. Speech/language screenings or evaluations	<input type="checkbox"/>	<input type="checkbox"/>
f. Developmental assessments	<input type="checkbox"/>	<input type="checkbox"/>
g. Assessments of social skills or behavior problems	<input type="checkbox"/>	<input type="checkbox"/>
h. Formal guidance or psychological counseling or therapy	<input type="checkbox"/>	<input type="checkbox"/>
i. Sick child care on an as-needed basis	<input type="checkbox"/>	<input type="checkbox"/>

20. Do you serve meals or snacks to children during your before- or after-school care/program?

Yes

No (SKIP TO 23)

21. Do you receive commodities or cash reimbursements from the Child and Adult Care Food Program (CACFP) or the Child Care Food Program for the meals and snacks you serve?

NOTE: The U.S. Department of Agriculture's Child and Adult Care Food Program reimburses or pays back the cost of meals for centers and day care homes that take part in the program. Also, food (commodities) or cash is sometimes given. Providers must sign an agreement with a sponsoring organization to take part in the program. The sponsoring organization organizes training, checks on the program, and helps with planning menus and filling out reimbursement forms.

Yes

No

22. Do you receive any money or food for children from the School Breakfast or Lunch programs?

Yes

No

23. Does your program collaborate with a Head Start or Early Head Start program to offer extended care or other services?

NOTE: By "collaborate" we are asking if you work with Head Start or Early Head Start to give services to children. Head Start is paid for by the federal government and is a child development program made to help with the school readiness of disadvantaged children (i.e., children from low-income families). Most children who take part in Head Start are 3 to 5 years-old. Early Head Start is also paid for by the federal government and serves low-income pregnant women and families with infants and toddlers. Child development services are given to both children and families.

Yes

No

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

NOTE: By referrals, we mean asking for services from Head Start or Early Head Start for a particular child.

- Yes
 No

BEFORE- OR AFTER –SCHOOL CARE/PROGRAM SETTING

The next questions are about your wrap-around care program or setting. By wrap-around care we mean regularly scheduled care for by someone other than the children’s parents for at least 5 hours per week, during the hours before and/or after school.

25. What type of before- and/or after-school program do you have? **MARK ONLY ONE.**

- Public program that is open ONLY before- and/or after-school
- Public program that is open before- and/or after-school AND at other times of the day or night.
- Private program that is open ONLY before- and/or after-school
- Private program that is open before- and/or after-school AND at other times of the day or night.
- Some other type of program (Please specify)

IF YOU PROVIDE BEFORE-SCHOOL CARE, CONTINUE WITH 26.

OTHERWISE, SKIP TO THE BOX BEFORE 28.

26. What time does your before-school program begin?

PLEASE WRITE THE TIME.

<input type="text"/>	:	<input type="text"/>	AM
----------------------	---	----------------------	----

27. What time does your before-school program end?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM
			<input type="checkbox"/> PM

IF YOU PROVIDE AFTER-SCHOOL CARE, CONTINUE WITH 28.

OTHERWISE, SKIP TO 30.

28. What time does your after-school program begin?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM
			<input type="checkbox"/> PM

29. And what time does your after-school program end?

PLEASE WRITE THE TIME AND MARK "AM" OR "PM."

<input type="text"/>	:	<input type="text"/>	<input type="checkbox"/> AM
			<input type="checkbox"/> PM

30. Do kindergarten children in your before- and/or after-school program come during the same hours as older children?

Yes

No

Program or child care setting does not have older children

31. Are there any pre-kindergarten children cared for along with the older children in your before- and/or after-school program?

NOTE: By "pre-kindergarten" we mean children ages 3 to 5 not yet enrolled in kindergarten.

Yes

No

32. The following statements describe some of the purposes of school-age child care programs. Was your program designed for any of the following reasons?

MARK YES OR NO ON EACH ROW. IN THE THIRD COLUMN, PLACE ONE CHECK TO SHOW THE MOST IMPORTANT PURPOSE.

	Yes	No	Which of these purposes is your most important purpose?
a. To provide adult supervision and a safe environment for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To provide recreational activities for children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To improve academic skills of all children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. To provide cultural and/or enrichment opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. To provide remedial help to children who are having difficulty in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. To provide a flexible, relaxed, home-like environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. School-age child care programs or settings sometimes serve specific groups of children. Indicate whether or not most of the children you care for have the following characteristics.

MARK YES OR NO FOR EACH ROW.

	Yes	No
a. Both parents or the child's only parent works	<input type="checkbox"/>	<input type="checkbox"/>
b. From low-income families	<input type="checkbox"/>	<input type="checkbox"/>
c. From a certain religious group	<input type="checkbox"/>	<input type="checkbox"/>
d. Special needs	<input type="checkbox"/>	<input type="checkbox"/>
e. From migrant families	<input type="checkbox"/>	<input type="checkbox"/>
f. Non-English-speaking	<input type="checkbox"/>	<input type="checkbox"/>
g. Homeless	<input type="checkbox"/>	<input type="checkbox"/>

34. Do you offer care... (MARK YES OR NO FOR EACH ROW.)

Source: NEW

	<u>Yes</u>	<u>No</u>
After 8 PM?	<input type="checkbox"/>	<input type="checkbox"/>
Overnight?	<input type="checkbox"/>	<input type="checkbox"/>
On the weekends?	<input type="checkbox"/>	<input type="checkbox"/>

35. Does your program coordinate services for children with schools or other organizations?

NOTE: Coordinating services may mean communicating regularly with other organizations about children's care, making referrals, or arranging services to be given to children.

Yes
 No

36. Is your before- and/or after- school program part of a multi-site program?

NOTE: A multi-site program is a program that is administered by a central organization and operated in more than one location.

Yes
 No

37. Do caregivers/teachers follow a written curriculum when planning before- and/or after-school activities for the children in this child's group?

Yes
 No (SKIP TO 38)

38. Do caregivers/teachers receive training on the use of these curricula?

Yes
 No

39. Does your program plan individualized activities for specific children?

Yes

No

40. Now we'd like to ask you about professional development opportunities that may be available for the staff at this program. Are any of the following available to the staff?

MARK YES OR NO FOR EACH QUESTION.

	<u>Yes</u>	<u>No</u>	
a. Orientation for new staff that includes emergency, safety, and health procedures	<input type="checkbox"/>	<input type="checkbox"/>	
b. Orientation for new staff that includes information about interactions with children and parents, discipline methods, and appropriate activities	<input type="checkbox"/>	<input type="checkbox"/>	
c. In-service training that is provided regularly by program	<input type="checkbox"/>	<input type="checkbox"/>	
d. Some other type of in-service training	<input type="checkbox"/>	<input type="checkbox"/>	
e. Monthly staff meetings that include staff development activities	<input type="checkbox"/>	<input type="checkbox"/>	
e. Some staff meetings to handle administrative concerns	<input type="checkbox"/>	<input type="checkbox"/>	
f. A professional library containing current materials on a variety of early childhood subjects that is available on premises	<input type="checkbox"/>	<input type="checkbox"/>	
g. Some other professional resource materials on a variety of early childhood subjects that are available on premises	<input type="checkbox"/>	<input type="checkbox"/>	
h. Support for staff with less than an associate's degree/2-year degree from an accredited college or university in early childhood to continue their formal education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A (All staff required to have greater than an Associate's/2 yr degree)
i. Support for staff to attend other courses, conferences or workshops that are not provided by the program	<input type="checkbox"/>	<input type="checkbox"/>	

END

Date questionnaire completed:

MONTH

DAY

YEAR

THANK YOU FOR YOUR COOPERATION.