

Appendix D: Quality Measures Follow-Up Interview: Center Directors

Public reporting burden for this collection of information is estimated to average 111 minutes per response, including the time for reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information collection is voluntary. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Reports Clearance Officer (Attn: OMB/PRA 0970-XXXX), Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

INSTRUCTIONS FOR DATA COLLECTORS

Please read all instructions before beginning data collection. Conduct data collection in the order indicated.

- 1) *PLEASE ANSWER QUESTIONS 1-4 OF THE CENTER DEMOGRAPHIC SHEET*
 - o **Center Demographic Sheet** – *see below*

- 2) *COMPLETE NON-INTERVIEW PORTIONS OF THE PAS AND HEALTH AND SAFETY CHECKLIST*
 - o **Program Administration Scale (PAS)**
The PAS consists of a mix of interviews with a program administrator, observation and document review.
 - o **Child Care Health and Safety Checklist**
The PAS consists of a mix of interviews with a program administrator, observation and document review.

- 3) *COMPLETE INTERVIEW PORTIONS OF THE PAS AND HEALTH AND SAFETY CHECKLIST, THE TECHNICAL ASSISTANCE AND TRAINING INTERVIEW WITH HEAD START DIRECTORS, AND THE CENTER DIRECTOR QUESTIONNAIRE*
The level at which certain questions are asked will depend upon the management structure of the organization and responsibilities of particular management staff.
 - o **Technical Assistance and Training Interview with Head Start Directors**
 - o **Center Director Questionnaire** – *see below*

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Center Demographic Sheet

Introduction: Thank you for your willingness to participate in the research study titled the *Evaluation of the Head Start Designation Renewal System*. The study is being conducted for the Office of Planning, Research and Evaluation (OPRE) in the U.S. Department of Health and Human Services by researchers at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill and the Urban Institute. The purpose of the evaluation is to understand if the Head Start Designation Renewal System is working as intended, as a valid, reliable, and transparent method for identifying high-quality programs that can receive continuing five-year grants without competition, and as a system that encourages overall quality improvements over time. I am going to ask you some questions now, do some observations, and then follow-up with a few more questions for you at a time that is convenient for you. Do you have any questions about the study? Ok, let's get started.

1. What is the Full Name of the Center?

2. What is the Name of the Director?

3. Type of Program: circle one:

Head Start [3-5 year olds]

Both Head Start and Early Head Start

4. What is the Address of your Head Start Center?

Street Number: _____

Prefix Direction (if any): circle one: North South East West N/A

Street Name: _____

Street Type Abbreviation: _____ (e.g., ST, RD, AVE, BLVD)

Suffix Direction (if any): circle one: N S E W NW SW NE SE

City: _____

State: _____

Zip Code: _____

Phone Number: (____) _____

Email Address for Director: _____

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Center Director Questionnaire

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Children, Teacher, and Program Information

Number of children: (Total) _ _ _

- _ _ _ Birth through 2 years old
- _ _ _ 3 years old
- _ _ _ 4 years old
- _ _ _ 5 years old or older

Number of children in your center that are Hispanic or Latino: _ _ _

Number of children in your center that belong to the following racial groups:
(place each child in one or more categories that best matches their racial identity)

- _ _ _ American Indian or Alaska Native
- _ _ _ Asian
- _ _ _ Black or African American
- _ _ _ Native Hawaiian or Other Pacific Islander
- _ _ _ White

Number of children with special needs: _ _ _

Number of children who speak a language other than English: _ _ _

Number of teachers: _ _ _

Number of teachers in your center that are Hispanic or Latino: _ _ _

Number of teachers in your center that belong to the following racial groups:
(place each teacher in one or more categories that best matches their racial identity)

- _ _ _ American Indian or Alaska Native
- _ _ _ Asian
- _ _ _ Black or African American
- _ _ _ Native Hawaiian or Other Pacific Islander
- _ _ _ White

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Percent of teachers in your center that have attained the following education levels:

- Advanced degree in ECE (Advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children)
- Baccalaureate degree in ECE (Baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)
- Associate degree in ECE (Associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)
- Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements
- The percent who do not have the qualifications listed in above
 - What percent have the following:
 - Some college, no degree
 - High school or GED
 - Less than high school/no GED
 - 100% (Total)

Percent of teachers with the following certifications, licenses or credentials:

- Child Development Associate credential (CDA)
- State certificate in ECE
- State certificate in special education
- License as social worker
- License as speech pathologist

Indicate or list the curriculum used in your center:

- Creative Curriculum
- High/Scope
- Tools of the Mind
- Curiosity Corner
- Bank Stress Development Interaction Approach
- Opening the World of Learning
- Other (Specify)

Center Director Background

How many years have you been a director at this center?

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How many years of experience do you have working with children under 6 years of age in any child care setting? __

Indicate any certifications, license, or credential you have:

- Child Development Associate credential (CDA)
- State certificate in ECE
- State certificate in special education
- License as social worker
- License as speech pathologist

What is your highest level of education?

- Advanced degree in ECE (Advanced degree in any field and coursework equivalent to a major relating to early childhood education, with experience teaching preschool-age children)
- Baccalaureate degree in ECE (Baccalaureate degree in any field and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)
- Associate degree in ECE (Associate degree in a field related to early childhood education and coursework equivalent to a major relating to early childhood education with experience teaching preschool-age children)
- Child Development Associate (CDA) credential or state-awarded preschool, infant/toddler, family child care or home-based certification, credential, or licensure that meets or exceeds CDA requirements
- Some college, no degree
- High school or GED
- Less than high school/no GED

What is your major in your highest degree program?

- Early Childhood Education
- Psychology
- Education
- Special Education
- Other (specify)

Please indicate if you are Hispanic or Latino (yes or no): __

Please indicate your race: (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White