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MATHEMATICA
Policy Research

AFFIX LABEL HERE

Q-DOT Pilot Study
Center Director
Self-Administered Questionnaire
Spring 2014

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 0970-0355. The time required to complete this information collection is estimated to average 15 minutes per respondent, including the time to review instructions, gather the data needed, and complete and review the information collected.

INTRODUCTION

We appreciate your and your center's participation in the Q-DOT Pilot Study. The purpose of this study is to learn more about the associations among Quality Rating and Improvement System (QRIS) ratings, quality-related features, and measures of observed quality for early care and education settings.

Information from this study will be used to help guide the U.S. Department of Health and Human Services, Administration for Children and Families, as they support quality improvement initiatives and practices while informing policy decisions at the state and national levels.

Your participation in the study is voluntary and you may skip any questions you do not want to answer. Your responses are private to the extent permitted by law and will be reported only as aggregate numbers. The answers you provide are very important, so please make your answers as complete as possible and take your time to answer each question as best you can. If you don't know the answer, please answer "don't know." This questionnaire will take about 15 minutes to complete.

A. CHILDREN SERVED

When filling out this questionnaire, please remember that there are no right or wrong answers. Please fill it out using a pen. If you make an error, please cross it out and write your intended answer next to it. Please fill in all boxes, using a leading zero for numerical answers, if necessary.

A1. How many children are currently enrolled in your center, including those in all sessions your center offers?

If you do not know exactly, please provide your best guess. Include all children in any morning, afternoon, or full-day sessions.

|_| , |_|_|_| NUMBER

d Don't know

A2. Approximately how many children enrolled in your program belong to the following age groups?

If you do not know exactly, please provide your best guess. Include all children in any morning, afternoon, or full-day sessions.

SELECT ONE RESPONSE PER ROW

	NUMBER	DON'T KNOW
a. Younger than 1 year.....	_ _ _	d <input type="checkbox"/>
b. 1 or 2 years old.....	_ _ _	d <input type="checkbox"/>
c. 3, 4, or 5 years old.....	_ _ _	d <input type="checkbox"/>
d. 6 years or older.....	_ _ _	d <input type="checkbox"/>

A3. Approximately what percentage of the children enrolled in your program belong to the following racial-ethnic groups?

Please write the percentage on each line. Enter "0" if your center has no children of that racial-ethnic group.

SELECT ONE RESPONSE PER ROW

	PERCENT	DON'T KNOW
a. American Indian or Alaska Native.....	_ _ %	<input type="checkbox"/>
b. Asian.....	_ _ %	<input type="checkbox"/>
c. Black or African American.....	_ _ %	<input type="checkbox"/>
d. Hispanic or Latino.....	_ _ %	<input type="checkbox"/>
e. Native Hawaiian or other Pacific Islander	_ _ %	<input type="checkbox"/>
f. White.....	_ _ %	<input type="checkbox"/>
TOTAL	_ _ _ %	

A4. Does your center serve any children or families who speak a language other than English at home?

MARK ONE ONLY

- Yes
 - No
 - Don't know
- GO TO A6

A5. Approximately what number OR percentage of children speak a language other than English at your center?

Please write number OR percentage. You do not need to report both.

|_|_| NUMBER OR |_|_| PERCENT

- Don't know

A6. Does your center currently provide care to any children funded by Head Start? Please mark one.

- 1 Yes
 - 0 No
 - d Don't know
- GO TO A8

A7. Do you currently receive reimbursement from the United States Department of Agriculture (USDA) for meals or snacks served to children in your center/program? Please mark one.

- 1 Yes
 - 0 No
 - d Don't know
- GO TO A10

A8. What percentage of children in your center/program receive child care subsidies?

|_|_|_| PERCENT
d Don't know

A9. Does your program serve any children with special needs? This category includes those children with a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem.

- 1 Yes
 - 0 No
 - d Don't know
- GO TO B1

A10. How many of the children you currently care for have special needs?

This category includes those children with a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem. Please write number OR percentage. You do not need to report both.

|_|_|_| NUMBER OR |_|_|_| PERCENT

B. STAFFING AND RECRUITMENT

B1. How many lead teachers are currently employed in this center?

|_|_|_| LEAD TEACHERS

d Don't know

B2. How many of these lead teachers are new to the center this fall?

MARK ONE ONLY

0 None

1 One

2 Two

3 Three or more

d Don't know

B3. Are there currently any unfilled vacancies for lead teachers?

MARK ONE ONLY

0 None

1 One

2 Two

3 Three or more

d Don't know

B4. During the last year, how many lead teachers left and had to be replaced?

MARK ONE ONLY

0 None

1 One

2 Two

3 Three or more

d Don't know

B5. How many assistant teachers or paid teacher aides are currently employed in this center?

|_|_|_| NUMBER OF ASSISTANT/PAID TEACHER AIDES EMPLOYED

d Don't know

B6. How many of these assistant teachers (or teacher aides) are new to the center this year?

MARK ONE ONLY

- 0 None
- 1 One
- 2 Two
- 3 Three or more
- d Don't know

B7. Are there currently any unfilled vacancies for assistant teachers (or teacher aides)?

MARK ONE ONLY

- 0 None
- 1 One
- 2 Two
- 3 Three or more
- d Don't know

B8. During the last year, how many assistant teachers (or teacher aides) left and had to be replaced?

MARK ONE ONLY

- 0 None
- 1 One
- 2 Two
- 3 Three or more
- d Don't know

B9. Do you have any teachers or assistant teachers who are bilingual?

MARK ONE ONLY

- 1 Yes
 - 0 No
 - d Don't know
- GO TO C1

B10. Approximately what percentage of your teachers and assistant teachers are bilingual?

|_|_| PERCENT BILINGUAL TEACHERS

- d Don't know

C. STAFF EDUCATION AND TRAINING

C1. Does your center have any efforts in place to help teachers and assistant teachers get their Child Development Associate (CDA) credential?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

C2. Does your center have any efforts in place to help center staff get their associate's (A.A.) or bachelor's (B.A.) degrees?

MARK ONE ONLY

- 1 Yes
 - 0 No
 - d Don't know
- GO TO C4

C3. What is the center doing to help staff get their A.A. or B.A. degrees?

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. Providing tuition assistance.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Giving staff release time.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Providing assistance for course books.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Providing A.A. or B.A. courses on site.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. Anything else? (SPECIFY)..... _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C3f. Who is eligible for assistance to get their A.A. or B.A. degrees?

MARK ONE ONLY

- 1 Teachers
- 2 Assistant Teachers
- 3 Other (*specify*) _____
- d Don't know

C4. How often do the teachers and assistant teachers participate in training and technical assistance activities?

MARK ONE ONLY

- 1 Weekly
- 2 Two or three times per month
- 3 Monthly
- 4 Once every few months
- 5 Once a year or less
- d Don't know

C5. Who conducts the training?

MARK ALL THAT APPLY

- 1 Center Staff
- 2 Other Community Resources
- 3 Local Consultants
- 4 QRIS mentors
- 5 State or national conferences
- 6 Private companies or organizations
- 7 Other (*specify*) _____
- 0 Do not have trainings
- d Don't know

C6. Has your center consulted with QRIS Mentors, technical assistance (TA) content specialists, or other TA providers?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

C7. Does your center have mentor teachers or coaches to work with teachers in classrooms?

MARK ONE ONLY

- 1 Yes
 - 0 No
 - d Don't know
- GO TO D1

C8. Are your mentor teachers and coaches in your center . . .

SELECT ONE RESPONSE PER ROW

	YES	NO	DON'T KNOW
a. More experienced teachers?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Supervisor/education coordinators?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Consultants hired by your center?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

C9. On average, how often do mentor teachers and coaches from your center work with classrooms?

MARK ONE ONLY

- 1 Once a week or less
- 2 Once every two weeks
- 3 Once a month
- 4 Less than once a month
- d Don't know

C10. What topics have the mentor teachers or coaches focused on in the last year?

MARK ALL THAT APPLY

- 1 Overall classroom quality
- 2 Overall QRIS ratings
- 3 A particular aspect of quality (specify _____)
- 4 Using a particular curriculum (specify in what area _____)
- 5 Working with children who have special needs
- 6 Working with children who are dual language learners
- 7 How to assess children and/or use the information from assessments
- 8 Other (Specify _____
_____)

D. CURRICULUM AND ASSESSMENT

D1. What curriculum/curricula do you use?

MARK ALL THAT APPLY

- 1 Creative Curriculum
- 2 HighScope
- 3 HighReach Learning
- 4 Let's Begin With The Letter People
- 5 Montessori
- 6 Bank Street
- 7 Creating Child-Centered Classrooms – Step By Step
- 8 Scholastic Curriculum
- 9 Locally designed curriculum
- 10 Curiosity Corner – John Hopkins
- 11 Other (*specify*) _____
- d Don't know

D2. Does your center use any child assessment tools?

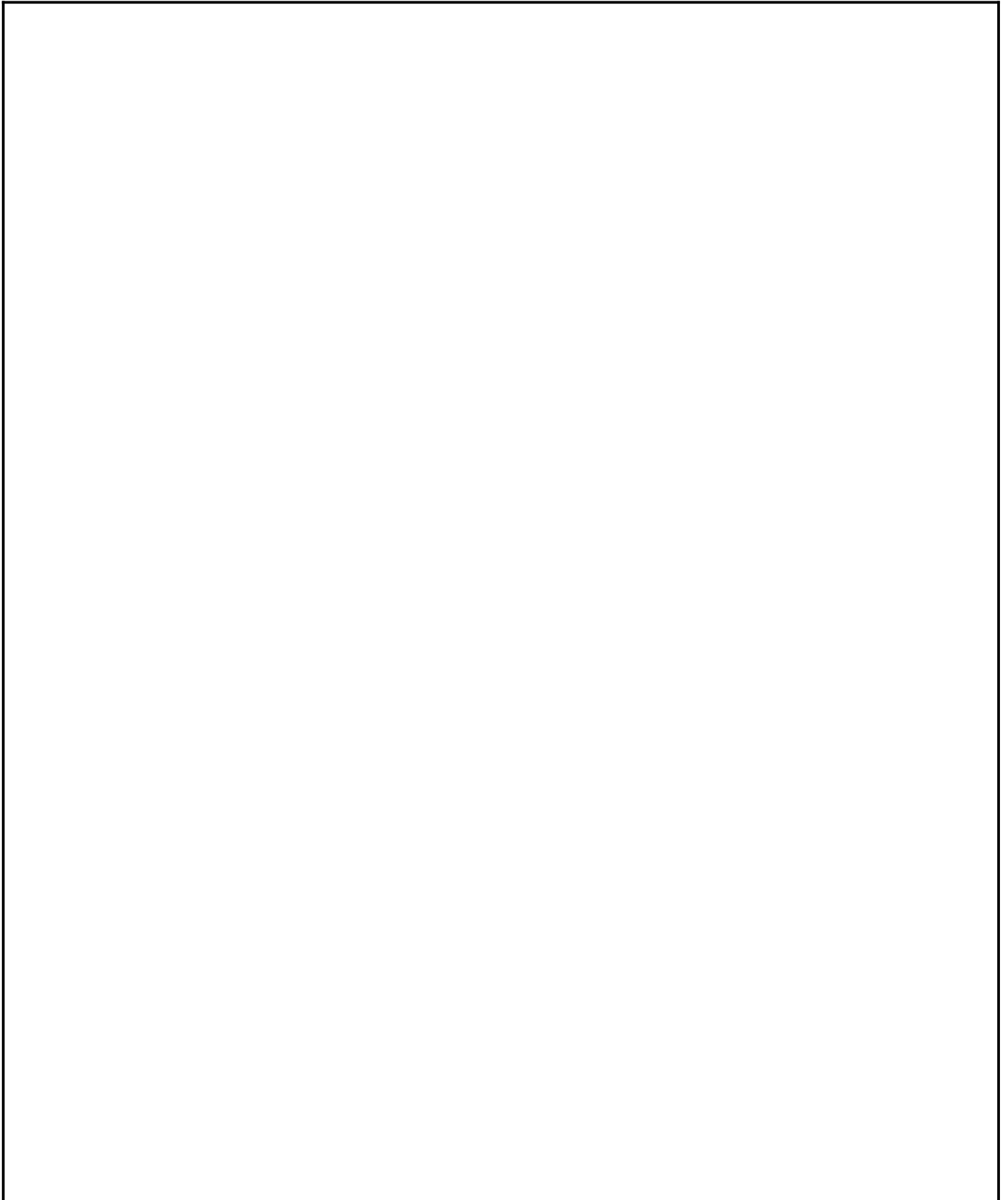
MARK ONE ONLY

- 1 Yes
 - 0 No
 - d Don't know
- GO TO E1

D3. What child assessment tools do you use?

MARK ALL THAT APPLY

- 1 The Creative Curriculum Developmental Continuum Assessment Toolkit For Ages 3–5
- 2 HighScope Child Observation Record (COR)
- 3 Galileo
- 4 Ages and Stages Questionnaires: A Parent Completed Child Monitoring System
- 5 Desired Results Developmental Profile (DRDP)
- 6 Learning Accomplishment Profile Screening (LAP, including E-LAP, LAP-R, and LAP-D)
- 7 Hawaii Early Learning Profile (HELP)
- 8 Brigance Preschool Screen For Three- And Four- Year-Old Children
- 9 Assessment designed for this center
- 10 Other (*specify*) _____
- d Don't know



D4. What methods do you use for these assessments?

MARK ALL THAT APPLY

- 1 Ratings based on observation or work
- 2 Testing with standardized tests or assessment or screening instruments
- 3 Both observation-based ratings and direct assessments
- 4 Something else (*specify*) _____
- d Don't know

E. EMPLOYMENT, EDUCATIONAL, AND DEMOGRAPHIC BACKGROUND

E1. In what month and year did you start working as the director for this center?

|_|_| MONTH |_|_|_|_| YEAR

d Don't know

E2. In total, how many years have you worked with any child care center, Head Start program, or preschool?

ROUND RESPONSE TO NEAREST NUMBER OF YEARS.

|_|_| YEARS

d Don't know

E3. How many hours per week are you paid to work?

|_|_| HOURS

d Don't know

E4. How many months per year are you paid to work?

|_|_| MONTHS PER YEAR

d Don't know

E5. What is the highest grade or year of school that you have completed?

MARK ONE ONLY

1 Up to 8th grade → **GO TO E8**

2 9th to 11th grade → **GO TO E8**

3 12th grade but no diploma → **GO TO E8**

4 High school diploma/equivalent → **GO TO E8**

5 Voc/Tech program after high school but not Voc/Tech diploma → **GO TO E7**

6 Voc/Tech diploma after high school → **GO TO E7**

7 Some college but no degree → **GO TO E7**

8 Associate's degree

9 Bachelor's degree

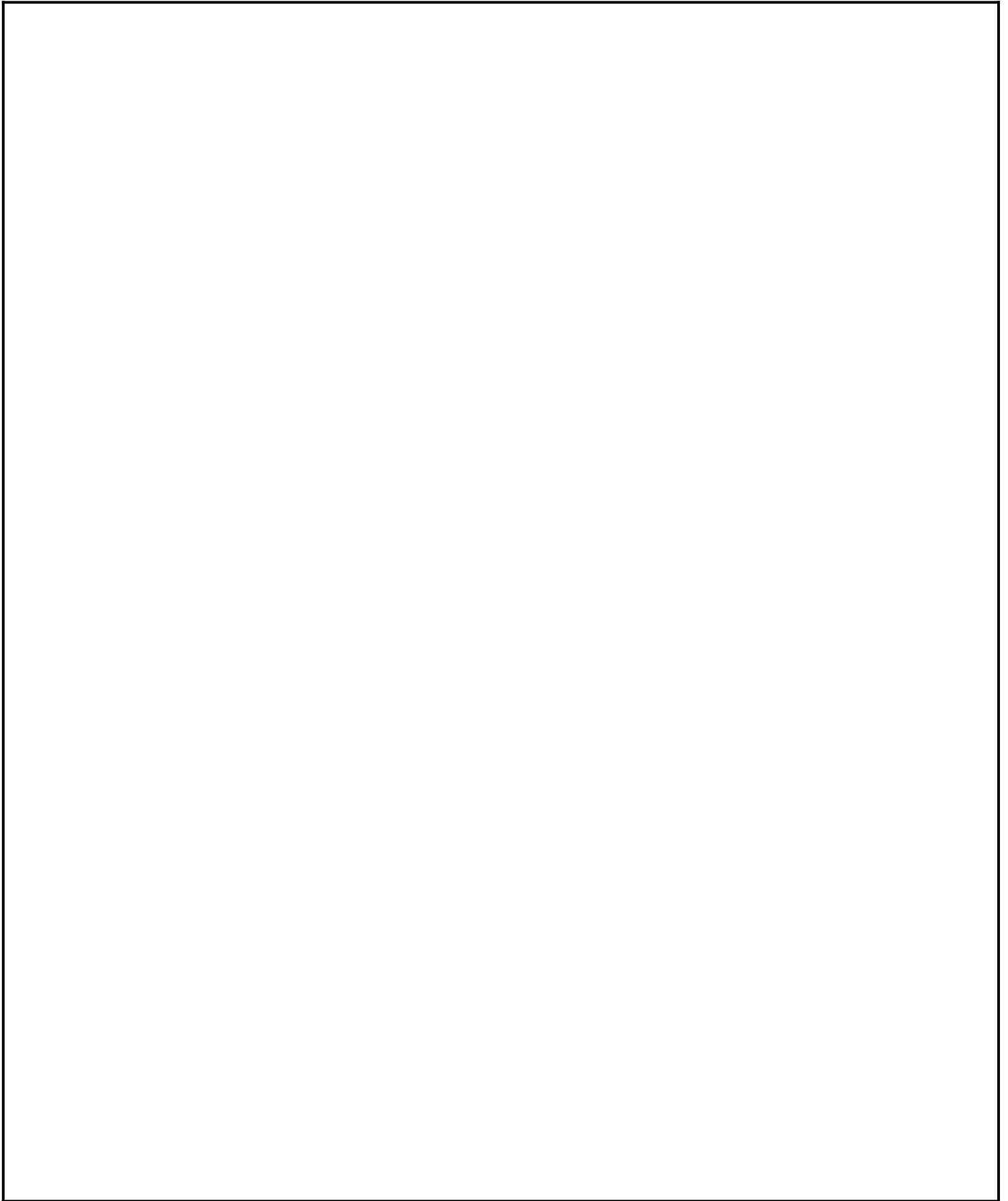
10 Graduate or professional school but no degree

11 Master's degree (M.A./M.S.)

12 Doctorate degree (Ph.D., Ed.D.)

13 Professional degree after bachelor (Medicine/M.D., Dentistry/D.D.S., Law/J.D./L.L.B., etc.)

d Don't know → **GO TO E8**



E6. In what field did you obtain your highest degree?

MARK ONE ONLY

- 1 Child development or developmental psychology
- 2 Early childhood education
- 3 Elementary education
- 4 Special education
- 5 Other field (*specify*) _____
- d Don't know

E7. Have you completed six or more college courses in early childhood education or child development?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

E8. Do you have a Child Development Associate (CDA) credential?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

E9. Do you have a state-awarded preschool certificate?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

E10. Do you have a state-awarded teaching certificate or license?

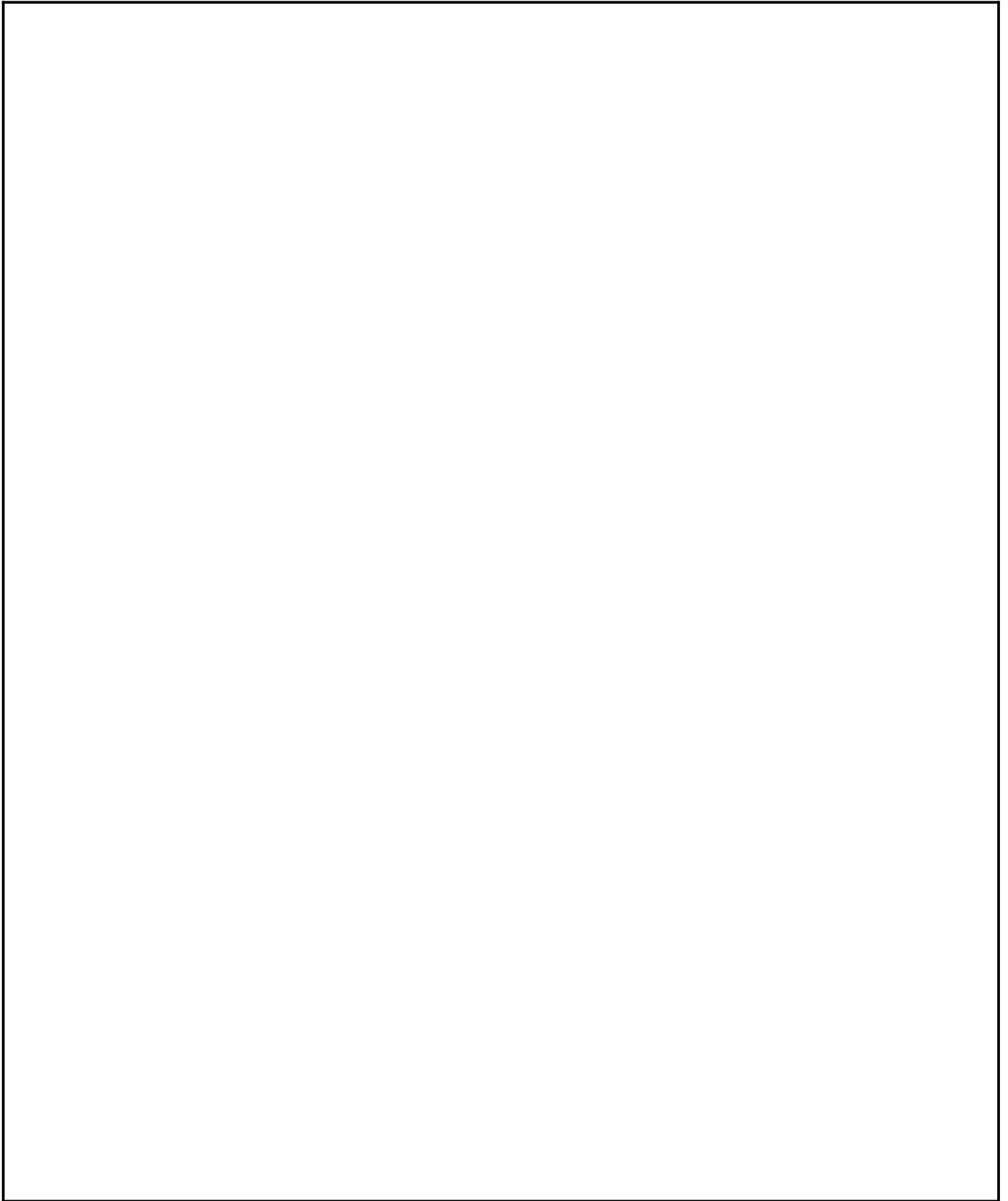
MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know

E11. Are you currently a member of a professional association for early childhood education (e.g., NAEYC, NHSA, NEA)?

MARK ONE ONLY

- 1 Yes
- 0 No
- d Don't know



E12. What is your total annual salary (before taxes) for the current year as a center director?

\$ |__|__|__| , |__|__|__| PER YEAR

d Don't know

E13. What is your gender?

1 Male

2 Female

E14. In what year were you born?

|__|__|__|__| YEAR

d Don't know

E15. Are you Hispanic, Latino/a, or Spanish origin?

MARK ALL THAT APPLY

1 No, not of Hispanic, Latino/a, or Spanish Origin

2 Yes, Mexican, Mexican American, Chicaon/a

3 Yes, Puerto Rican

4 Yes, Cuban

5 Yes, Another Hispanic, Latino/a or Spanish Origin

E16. What is your race?

MARK ALL THAT APPLY

- 1 White
- 2 Black or African American
- 3 American Indian or Alaska Native
- 4 Asian Indian
- 5 Chinese
- 6 Filipino
- 7 Japanese
- 8 Korean
- 9 Vietnamese
- 10 Other Asian
- 11 Native Hawaiian
- 12 Guamanian or Chamorro
- 13 Samoan
- 14 Other Pacific Islander
- d Don't know

F. CONCLUSION

F1. In the future, Mathematica may be conducting a large intervention study intended to improve classroom quality in preschool centers. The study will include staff training and mentoring for a portion of the centers participating. It will also include classroom observations and child assessments. So that we may plan for such a future study, we would like to know the conditions that might influence your interest in participating.

Please tell us what you would consider to be benefits for your center to participate in such a study in the future:

Please tell us what you would consider to be barriers to your center participating in such a study in the future:

Thank you for your participation in the Q-DOT Pilot Study