OMB No.: 0970-0355 Expiration Date: 01/30/2015



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, qualityrelated 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.

When filling out this questionnaire, please remember that there are no right or wrong answers. Please fill it using a pen. If you make an error, please cross it out and write your intended answer next to it. Please fill in 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.	A. CHILDREN SERVED		
using a pen. If you make an error, please cross it out and write your intended answer next to it. Please fill in 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.			
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afternoon, or full-day sessions.		nose in all sessions y	our center
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 NUMBER DON'T KNOW a. Younger than 1 year		all children in any mo	orning,
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 DON'T NUMBER NUMBER TO 2 years old	, NUMBER		
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 NUMBER NOW b. 1 or 2 years old	d Don't know		
afternoon, or full-day sessions. SELECT ONE RESPONSE PER ROW DON'T NUMBER NUMBER b. 1 or 2 years old	Approximately how many children enrolled in your program belong t	to the following age (groups?
a. Younger than 1 year		all children in any mo	orning,
a. Younger than 1 year b. 1 or 2 years old c. 3, 4, or 5 years old d. 6 years or older			ONSE PER
b. 1 or 2 years old		NUMBER	
c. 3, 4, or 5 years old	Younger than 1 year		d \square
d. 6 years or older	1 or 2 years old		d \square
d. 6 years or older	3, 4, or 5 years old		d 🔲
	6 years or older		d \square
		filling out this questionnaire, please remember that there are no right a pen. If you make an error, please cross it out and write your intendes, using a leading zero for numerical answers, if necessary. How many children are currently enrolled in your center, including the offers? If you do not know exactly, please provide your best guess. Include afternoon, or full-day sessions.	filling out this questionnaire, please remember that there are no right or wrong answers. P a pen. If you make an error, please cross it out and write your intended answer next to it. P s, using a leading zero for numerical answers, if necessary. How many children are currently enrolled in your center, including those in all sessions yoffers? If you do not know exactly, please provide your best guess. Include all children in any maternoon, or full-day sessions.

АЗ.		Approximately what percentage of the children enracial-ethnic groups?	colled in your program belong to	the following	
		Please write the percentage on each line. Enter "0" group.	' if your center has no children of	that racial-ethnic	
			SELECT ONE RESPONSE F	PER ROW	
			PERCENT	DON'T KNOW	
	a.	American Indian or Alaska Native	%	d \square	
	b.	Asian	%	d 🗆	
	c.	Black or African American	%	d 🗌	
	d.	Hispanic or Latino	%	d 🗆	
	e.	Native Hawaiian or other Pacific Islander	%	d 🗆	
	f.	White	%	d 🗆	
		TOTAL		%	
A 4	.	Does your center serve any children or families wh	o speak a language other than Er	nglish at home?	
٢		- 1 Yes			
		∘ □ No ——————————————————————————————————			
d □ Don't know]		d □ Don't know □ → GO TO A6			
		Approximately what number OR percentage of children speak a language other than English at your center?			
		eed to report both.			
		NUMBER OR PERCENT			
		d Don't know			

A6. Does your center currently provide care to any children funded by Head Start? Please mark one.
A7. Do you currently receive reimbursement from the United States Department of Agriculture (USDA) is meals or snacks served to children in your center/program? Please mark one. 1
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A8. What percentage of children in your center/program receive child care subsidies?
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A8. What percentage of children in your center/program receive child care subsidies?
A9. Does your program serve any children with special needs? This category includes those children was a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem. 1
A9. Does your program serve any children with special needs? This category includes those children was diagnosed disability, chronic illness or medical problem, or severe social/emotional problem. 1 Yes 1 No 2 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 problems severe social/emotional problem. Please write number OR percentage. You do not need to report be
A9. Does your program serve any children with special needs? This category includes those children was a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem. 1 Yes 1 No ONO ONO ONO ONO ONO ONO ONO
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severe social/emotional problem. Please write number OR percentage. You do not need to report be
_ _ 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?
DE.	MARK ONE ONLY
	₀ None
	1 One
	₂ Two
	3 Three or more
	d Don't know
В3.	Are there currently any unfilled vacancies for lead teachers?
	MARK ONE ONLY
	o None
	1 One
	2 Two
	3 L 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
	2 LIWO 3 Three or more
	d Don't know
B5.	How many assistant teachers or paid teacher aides are currently employed in this center?
Б3.	
	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
	o 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
	o 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
l	
B9.	Do you have any teachers or assistant teachers who are bilingual?
	MARK ONE ONLY
	− ı □ Yes
	0 □ N0 →GO TO C1
	d Don't know
↓ B10.	Approximately what percentage of your teachers and assistant teachers are bilingual?
D10 .	
	PERCENT BILINGUAL TEACHERS
	d Don't know

	C. STAFF EDUCATION AND	TRAINING		
C1.	Does your center have any efforts in place to help teache Development Associate (CDA) credential? MARK ONE ONLY 1 Yes 0 No	rs and assista	nt teachers ge	t their Child
C2.	 d □ Don't know Does your center have any efforts in place to help center bachelor's (B.A.) degrees? 	staff get their	associate's (A.	.A.) or
	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 O	NE RESPONSE	PER ROW DON'T
		YES	NO	KNOW
a.	Providing tuition assistance	1 🔲	0 🗆	d \square
b.	Giving staff release time	1 🔲	0 🔲	d \square
C.	Providing assistance for course books	1 🔲	0 🗆	d \square
d.	Providing A.A. or B.A. courses on site	1 🔲	o 🗆	d \square
e.	Anything else? (SPECIFY)		0	d \square
C3f.	Who is eligible for assistance to get their A.A. or B.A. deg MARK ONE ONLY 1			

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
	з П 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
	ı □ Yes
	o □ No
	d Don't know
C7.	Does your center have mentor teachers or coaches to work with teachers in classrooms?
	MARK ONE ONLY
	ı □ Yes
	0 □ N0 → GO TO D1
	d □ Don't know □ → GO TO D1

	Are yo	our mentor teachers and coaches in your center			
			SELECT O	NE RESPONSE	PER ROW
			YES	NO	DON'T KNOW
ε	a. More exp	perienced teachers?	1 🗆	0	d \square
t	. Supervis	sor/education coordinators?	1 🗆	о	d \square
C	c. Consulta	ants hired by your center?	1	0	d 🗌
C9.		erage, how often do mentor teachers and coaches f	rom your cente	er work with c	lassrooms?
	1	Once a week or less			
	2 🔲	Once every two weeks			
	3	Once a month			
	4 📙	Less than once a month			
	d L	Don't know			
C10	. What t	opics have the mentor teachers or coaches focused	d on in the last	vear?	
0_0		ALL THAT APPLY		you	
	1 🗌	Overall classroom quality			
	2	Overall QRIS ratings			
	з 🗌	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	3		
	7	How to assess children and/or use the information fro	m assessments		
	8 🗌	Other (Specify			
)			
		,			

	D. CURRICULUM AND ASSESSMENT
D1.	What curriculum/curricula do you use?
5 1.	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
	$_{9}$ \square 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
	- ı □ Yes
	0 □ N0 → GO TO E1
	d Don't know
♥ 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)
	Brigance Preschool Screen For Three- And Four- Year-Old Children
	9 Assessment designed for this center
	10 U Other (specify)
	d Don't know

Attachment A-1

D4	What weather do do you was fauthers assessments?
D4.	What methods do you use for these assessments?
	MARK ALL THAT APPLY
	\square Ratings based on observation or work
	² Testing with standardized tests or assessment or screening instruments
	$_{3}$ \square Both observation-based ratings and direct assessments
	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
	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 $\stackrel{\longrightarrow}{}$ 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 Uoc/Tech program after high school but not Voc/Tech diploma GO TO E7
	6 Uoc/Tech diploma after high school GO TO E7
	√ Some college but no degree → GO TO E7 — O TO E7
	8 Associate's degree
	9 Lachelor's degree
	□ Graduate or professional school but no degree
	11 Master's degree (M.A./M.S.)
	12 Doctorate degree (Ph.D., Ed.D.)
	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

Attachment A-1

E6.	In what field did you obtain your highest degree?
	MARK ONE ONLY
	$_{\scriptscriptstyle 1}$ Child development or developmental psychology
	$_2$ \square Early childhood education
	$_3$ \square Elementary education
	$_4$ \square 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
	ı □ Yes
	o □ No
	d Don't know
E8.	Do you have a Child Development Associate (CDA) credential?
	MARK ONE ONLY
	ı □ Yes
	o 🗆 No
	d Don't know
E9.	Do you have a state-awarded preschool certificate?
	MARK ONE ONLY
	ı □ Yes
	o 🗆 No
	d Don't know
E10.	Do you have a state-awarded teaching certificate or license?
	MARK ONE ONLY
	ı □ Yes
	o 🗆 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
	ı □ Yes
	o □ No
	d Don't know

Attachment A-1

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?
	ı □ 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
	No, not of Hispanic, Latino/a, or Spanish Origin
	Yes, Mexican, Mexican American, Chicaon/a
	 Yes, Puerto Rican Yes, Cuban
	yes, Another Hispanic, Latino/a or Spanish Origin

E16.	What is your race?
	MARK ALL THAT APPLY
	ı ☐ White
	2 🔲 Black or African American
	3 🗆 American Indian or Alaska Native
	4 🗌 Asian Indian
	5 Chinese
	6 Filipino
	7 ☐ Japanese
	8 Korean
	9 Uietnamese
	10 Other Asian
	11 Native Hawaiian
	12 Guamanian or Chamorro
	13 Samoan
	14 Other Pacific Islander
	d Don't know

	F. CONCLUSION
In the future	e, Mathematica may be conducting a large intervention study intended to improv
classroom q portion of t assessments	uality in preschool centers. The study will include staff training and mentoring for the centers participating. It will also include classroom observations and chile. So that we may plan for such a future study, we would like to know the conditions the ce your interest in participating.
Please tell us the future:	s what you would consider to be benefits for your center to participate in such a study i
Please tell us the future:	s what you would consider to be barriers to your center participating in such a study i
	Thank you for your participation in the Q-DOT Pilot Study