

**ECE-ICHQ Project**  
Initial Data Collection Interview

*May 2016*

## INTRODUCTION

I really appreciate your time and expect this call will take about 45-60 minutes. During the first part of the call, I will ask questions to learn more about the structure and characteristics of your center. The answers you provide are very important, so please take your time to answer each question as best you can. Some questions may not apply to your center and there are no right or wrong answers. If you have written information that could help answer any of these questions, let me know as we go and I will keep a list of documents that you can send me after the call.

During the second part of the call, I want to give you an overview of the data collection activities for the study and ask some questions to help us plan the logistics and schedule for a site visit.

Do you have any questions before we begin?

## A. CENTER CHARACTERISTICS

**A1. Is your center for-profit, not-for-profit, or is it run by a government agency?**

**MARK ONE ONLY**

- 1  For-profit
- 2  Not-for-profit (Go to B1)
- 3  Run by a government agency (GO TO B1)
- 4  Other (*specify*)
- d  Don't know

**A2. Is your center independently owned and operated, a franchise, or part of a chain?**

**MARK ONE ONLY**

- 1  Independently owned & operated (GO TO B1)
- 2  Franchise
- 3  Chain
- d  Don't know (GO TO B1)

**A2a. About how many centers are in the franchise or chain that you are a part of?**

**MARK ONE ONLY**

- 1  Fewer than 10
- 2  10 to 39
- 3  40 or more
- d  Don't know

## B. CHILD ENROLLMENT

- B1. About how many children ages 0-5 with special needs does your center serve? This category includes those children with a diagnosed disability, chronic illness or medical problem, or severe social/emotional problem.**

APPROXIMATE NUMBER OR PERCENTAGE OF CHILDREN:

d  Don't know

- B2. About how many of the children ages 0-5 have an IEP/IFSP? An IEP is an Individualized Education Plan for children with disabilities who receive special education services in school. An IFSP is an individualized Family Services Plan for children with disabilities and their families who receive early intervention services.**

APPROXIMATE NUMBER OR PERCENTAGE OF CHILDREN:

d  Don't know

- B3. Approximately what percentage of the children ages 0-5 currently enrolled in your center speak a language other than English at home?**

- 1  Less than 25 percent  
2  25 to 50 percent  
3  More than 50 percent  
d  Don't know

## C. SCHEDULE

**C1. Does your center close for more than two consecutive weeks during any part of the year?**

1  Yes

0  No → **GO TO C3**

**C2. What are the periods during which your center is closed for more than two consecutive weeks?**

1.

2.

3.

4.

**C3. What schedule options do you offer in terms of start and end times? [For example: 730 am – 530 pm, 9 am – 12 pm]**

**C4. What schedule options do you offer in terms of days of the week? [For example: 5 days/wk, 3 days/wk]**

**C4a. Are all the start and end time options you mentioned available for any of these day offerings? [For example, are some only available for children attending 5 days per week]**

**C5. What schedule options do you offer in terms of months of the year? [For example: 12-month schedule, school year schedule]**

## D. ACCREDITATION

**D1. Is your center accredited by the National Association for the Education of Young Children (NAEYC)?**

**MARK ONE ONLY**

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

**D2. Is your center accredited by another accrediting body?**

**MARK ONE ONLY**

- 1  Yes, please specify:
- 0  No
- d  Don't know

## E. CARE PROVIDED

**E1/E2.** When we first talked, you mentioned that your center has **[insert number]** classrooms serving children ages 0-5. I'd like to gather information about each classroom, specifically a name or room number for each classroom, the age range of the children served in each classroom, the number of children currently enrolled in each classroom, licensed capacity, and the number of paid teaching staff (including teachers, assistant teachers, and aides) and children. **[Interviewer: complete the grid for each classroom in the center.]**

Classroom names	E1a. What is the age range of the children typically enrolled in this classroom?				E1b. How many children are currently enrolled in this classroom? Of those, how many are full-day?		E1c. What is the legal licensed capacity for this classroom?	E1d. At this time, how many more children would you be willing and able to accept in this classroom?	E1e. What is the adult-child ratio in each classroom?		E2b. Does this classroom include children who are enrolled in Head Start or pre-kindergarten? [check box for each that is yes]	
	YOUNGEST		OLDEST		TOTAL CHILDREN	FULL DAY	NUMBER OF CHILDREN	NUMBER OF CHILDREN	ADULT	CHILD	Head Start or Early Head Start	PreK
	YEARS	MONTHS	YEARS	MONTHS								
a. Example: Chickadees or Room 1		1.5 (6 weeks)		3	6	6	6	0	1	2	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.											1 <input type="checkbox"/>	0 <input type="checkbox"/>

Classroom names	E1a. What is the age range of the children typically enrolled in this classroom?				E1b. How many children are currently enrolled in this classroom? Of those, how many are full-day?		E1c. What is the legal licensed capacity for this classroom?	E1d. At this time, how many more children would you be willing and able to accept in this classroom?	E1e. What is the adult-child ratio in each classroom?		E2b. Does this classroom include children who are enrolled in Head Start or pre-kindergarten? [check box for each that is yes]	
	YOUNGEST		OLDEST		TOTAL CHILDREN	FULL DAY	NUMBER OF CHILDREN	NUMBER OF CHILDREN	ADULT	CHILD	Head Start or Early Head Start	PreK
	YEARS	MONTHS	YEARS	MONTHS								
j.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
k.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
l.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
m.											1 <input type="checkbox"/>	0 <input type="checkbox"/>
n.											1 <input type="checkbox"/>	0 <input type="checkbox"/>



**F. INFORMATION SYSTEMS AND USE OF TECHNOLOGY**

These next questions are about the type of information systems and technology that are used in your center/site.

	F1a. How many computers or electronic devices such as tablets are available for use by these staff?	F1b. How many of these computers or devices have Internet access?
	ENTER NUMBER	ENTER NUMBER
a. Administrators.....		
b. Education specialists.....		
c. Staff who work directly with children ages 0-5.....		

**F2. Do staff have their own email accounts for work purposes?**

- 1  Yes
- 0  No

**F3. Do you use any software programs or other tools to support financial management?**

- 1  Yes (Go to F3a)
- 0  No (END)

**F3a. Name of software or other tool:**

**F3b. How long has it been in place?**

ENTER NUMBER:

SELECT TIME PERIOD

- 1  Days
- 2  Months
- 3  Years

**F4. Does your center make use of a professional development registry to identify, track, or report on professional development and training for teaching staff?**

- 1  Yes
- 0  No

Thank you for answering these questions that provide helpful information about your center. (Go to scheduling script)