Early Head Start Questionnaire for Child Care Providers in Centers

Self Administered

Please complete this brief questionnaire right away and give it to the observer before she leaves today. Thank you for your help.

Public reporting burden for this collection of information is estimated to average 10 minutes per response for the telephone interview and two hours for the observation, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to ACF Reports Clearance Officer, Paperwork Reduction Project (OMB# 0970-0143), Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, DC 20447. 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. The OMB number for this project is 0970-0143.

PROVIDER NAME: __________________________

DATE: ______-____-____-19 ______

Month Day Year

MPR ID #: _________________

PROVIDER ID #: _______________________

STAFF ID #: _____

DATA COLLECTOR: _________________

Conducted for:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393

and

Administration on Children, Youth, and Families

U.S. Department of Health and Human Services

Child Care Providers in Centers
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We’d like to know a bit about you and the training you have.

1. **What is your position?**
   - 1  ☐  Lead/Head Teacher
   - 2  ☐  Assistant Teacher
   - 3  ☐  Aide/Caregiver
   - 4  ☐  Volunteer
   - 5  ☐  Other - *(What is that? _____________________________)*

2. **Have you taken any child development or early childhood education courses at a college or university?**
   - 1  ☐  YES
   - 0  ☐  NO
3. Have you had any (other) special child care training?

   1 □ YES
   0 □ NO

   A. What was this training?

   MARK ALL THAT APPLY

   1 □ CHILD DEVELOPMENT ASSOCIATE (CDA) TRAINING
   2 □ CHILD CARE TEACHER TRAINING
   3 □ NURSE’S TRAINING OR HEALTH COURSES
   4 □ TRAINING BY REFERRAL OR GOVERNMENT AGENCY
   5 □ CHILD CARE COURSES OR WORKSHOPS
   6 □ CHILD DEVELOPMENT OR PSYCHOLOGY COURSES IN COLLEGE
   7 □ OTHER TRAINING FOCUSED ON EDUCATION (SUCH AS
       ELEMENTARY EDUCATION)
   8 □ OTHER TRAINING FOCUSED ON SOCIAL SERVICES (SUCH AS
       SOCIAL WORK)
   9 □ OTHER (WHAT? ________________________ )

4. What is the highest level of school you have completed?

   IF YOU ARE STILL IN SCHOOL OR NO LONGER IN SCHOOL: Please tell us about the
   last year of schooling you finished.

   MARK ONE

   1 □ Some high school
   2 □ High school graduate or GED
   3 □ Some college courses, but no degree
   4 □ Two year college degree
   5 □ Four year college degree
   6 □ Some graduate school
   7 □ Graduate degree

   A. In what month and year did you complete this schooling?

   _____________ 19 _____________

   Month    Year
5. How many years of professional experience do you have working in a child care setting with children younger than kindergarten?

|___|___| YEAR  |___|___| MONTHS |

6. How long have you worked in this program?

|___|___| YEARS  |___|___| MONTHS |

7. Below are some statements child care providers have made about how they feel about what they are doing. For each statement, please tell me if you strongly disagree, mildly disagree, mildly agree, or strongly agree.

**MARK ONE BOX FOR EACH STATEMENT**

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Not Sure</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. You intend to leave child care in the next 12 months . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>b. You put a lot of effort into your work . . . . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>c. You frequently feel like quitting . . . . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>d. You intend to be a child care provider at least two more years . . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>e. You feel committed to providing child care . . . . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>f. You feel stuck in child care due to few other employment opportunities . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>
8. Please tell us which of the reasons below was a reason for you becoming a child care provider. Put “1” next to your main reason. If more than one of these was a reason for you, please number your other reasons in order (2, 3, 4). Only put numbers next to statements that were reasons for you.

___ a. I want to work with children
___ b. I want to help mothers who must work outside the home
___ c. It is the only job that I feel qualified to do
___ d. I received an invitation to join a training program
___ e. Some other reason - What? ____________________________

9. Which statement best describes how you view your job as a child care provider? You see child care as . . .

1 □ Your chosen occupation,
2 □ A stepping-stone to work in another field related to child care
3 □ Temporary employment (until a better job is available), or
4 □ Something else? (Specify) ____________________________
    ____________________________
    ____________________________
    ____________________________
10. Next we’d like to know about how you feel about training. For each statement, please check one box.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Mildly Disagree</th>
<th>Mildly Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Improving my skills as a child care provider is a priority for me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Training sessions typically cover information I already know and are not a good use of my time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I am pretty confident in my ability as a child care provider and see additional training as a low priority</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. I wish there were more child care training opportunities available to me</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. I still have a lot to learn about children and teaching before I consider myself a skilled professional</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Seeking in-service training in one’s profession is a basic part of being a true “professional”</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. I don’t like to attend training workshops because they are all alike and have little impact on what I do</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>h. Most training for child care providers lacks relevance to their day-to-day responsibilities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>i. Training is a waste when the instructor lacks experience as a child care provider</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
11. In the last year, how many workshops and conferences did you attend related to your child care program?

| NUMBER OF WORKSHOPS/CONFERENCES |
| 00 □ NONE |

12. Based on the content and format of the workshops, conferences or staff training meetings you have attended in the last six months, how likely are you to change what you do in your work? Are you . . .

1 □ Not likely to change,
2 □ Somewhat likely to change, or
3 □ Very likely to change?

13. What language or languages do you speak?

MARK ALL THAT APPLY

1 □ ENGLISH
2 □ SPANISH
3 □ CREOLE
4 □ MANDARIN
5 □ CANTONESE
6 □ JAPANESE
7 □ VIETNAMESE
8 □ OTHER (SPECIFY: __________________________) □
9 □ OTHER (SPECIFY: __________________________) □
14. How many of your own children are cared for in the same child care center as you work?

|___|___| OWN CHILDREN

00 □ NONE

A. In total how much do you pay for child care for your own children each week?

$ |___|___|.___.

15. What is your hourly salary in this child care center?

$ |___|___|.___.

16. How many hours per week do you work?

|___|___| HOURS

17. As part of your employment in this center do you have . . .

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Educational stipends to cover workshops? . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>B. Retirement/pension plan? . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>C. Life insurance? . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>D. Paid maternity/paternity leave? . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>E. Paid health insurance? . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>F. Dental insurance? . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>G. Paid sick leave? . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>H. Paid holidays? . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
<tr>
<td>I. Paid vacations? . . . . . . . . . . . . . . . .</td>
<td>1 □</td>
<td>2 □</td>
</tr>
</tbody>
</table>
18. Are you:
   1 ☐ Male
   2 ☐ Female

19. How do you identify your racial and ethnic background?

MARK ONE
   1 ☐ WHITE

   2 ☐ BLACK/AFRICAN AMERICAN (NON HISPANIC)

   3 ☐ HISPANIC/LATINA → ANSWER A

   4 ☐ NATIVE AMERICAN OR ALASKAN NATIVE

   5 ☐ ASIAN/PACIFIC ISLANDER → ANSWER B

   6 ☐ OTHER BACKGROUND? (WHAT?
     _______________________________________________________________________
     _______________________________________________________________________

   A. IF LATINA/HISPANIC: Are you . . .

   MARK ALL THAT APPLY
   1 ☐ Central American,
   2 ☐ Cuban,
   3 ☐ Puerto Rican,
   4 ☐ Mexican,
   5 ☐ South American,
   6 ☐ Other heritage? (What?
     _______________________________________________________________________
     __________________________

   B. IF ASIAN/PACIFIC ISLANDER: Are you . . .

   MARK ALL THAT APPLY
   1 ☐ Chinese,
   2 ☐ Hmong,
   3 ☐ Indian,
   4 ☐ Japanese,
   5 ☐ Korean,
   6 ☐ Pacific Islander,
   7 ☐ Vietnamese,
   8 ☐ Other heritage? (What?
     _______________________________________________________________________
     __________________________

   6 ☐ OTHER BACKGROUND? (WHAT?

     _______________________________________________________________________
     _______________________________________________________________________

A. IF LATINA/HISPANIC: Are you . . .

   MARK ALL THAT APPLY
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     _______________________________________________________________________
     __________________________

   B. IF ASIAN/PACIFIC ISLANDER: Are you . . .

   MARK ALL THAT APPLY
   1 ☐ Chinese,
   2 ☐ Hmong,
   3 ☐ Indian,
   4 ☐ Japanese,
   5 ☐ Korean,
   6 ☐ Pacific Islander,
   7 ☐ Vietnamese,
   8 ☐ Other heritage? (What?
     _______________________________________________________________________
     __________________________
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21. INTERVIEW CONDUCTED IN:

ENGLISH ...................... 01
SPANISH ...................... 02
OTHER (SPECIFY) .............. 03

Thank you.