

OMB No.: 0970-0143

Expiration Date: 10/31/01

# 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.

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PROVIDER NAME: \_\_\_\_\_

DATE: |\_\_|\_|-|\_\_|\_|-19 |\_\_|\_|  
Month Day Year

MPR ID #: |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

PROVIDER ID #: |\_\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

STAFF ID #: |\_\_|\_|\_|

DATA COLLECTOR: |\_\_|\_|\_|\_|\_|\_|

**ROUND OF DATA COLLECTION:**

- 14 MO. .... 01
- 24 MO. .... 02
- 36 MO. .... 03

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

## COPYRIGHT INFORMATION

Items 20 A-J. PMS. *Parental Modernity Scale*. Schaefer, Earl and Marianna Edgerton. "Parental and Child Correlates of Parental Modernity." In I. E. Sigel, Ed., *Parental Belief Systems: The Psychological Consequences for Children*. Hillsdale, NJ: Lawrence Erlbaum Associates, Inc., 1985.

**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?

|\_|\_| YEARS |\_|\_| 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**

	<b>Strongly Disagree</b>	<b>Mildly Disagree</b>	<b>Not Sure</b>	<b>Mildly Agree</b>	<b>Strongly Agree</b>
a. You intend to leave child care in the next 12 months .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. You put a lot of effort into your work .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. You frequently feel like quitting .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. You intend to be a child care provider at least two more years .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. You feel committed to providing child care .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. You feel stuck in child care due to few other employment opportunities .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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.**

MARK ONE BOX FOR EACH STATEMENT

	Strongly Disagree	Mildly Disagree	Mildly Agree	Strongly Agree
a. Improving my skills as a child care provider is a priority for me . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Training sessions typically cover information I already know and are not a good use of my time . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I am pretty confident in my ability as a child care provider and see additional training as a low priority .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. I wish there were more child care training opportunities available to me . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I still have a lot to learn about children and teaching before I consider myself a skilled professional . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Seeking in-service training in one's profession is a basic part of being a true "professional" . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I don't like to attend training workshops because they are all alike and have little impact on what I do . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Most training for child care providers lacks relevance to their day-to-day responsibilities . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Training is a waste when the instructor lacks experience as a child care provider . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

<sup>00</sup>  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 . . .**

	<u>YES</u>	<u>NO</u>
A. Educational stipends to cover workshops? . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
B. Retirement/pension plan? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
C. Life insurance? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D. Paid maternity/paternity leave? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
E. Paid health insurance? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
F. Dental insurance? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
G. Paid sick leave? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
H. Paid holidays? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>
I. Paid vacations? . . . . .	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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?*)

\_\_\_\_\_ )  
|\_|\_|

20.

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PMS

**21. INTERVIEW CONDUCTED IN:**

ENGLISH ..... 01

SPANISH ..... 02

OTHER (SPECIFY) ..... 03

\_\_\_\_\_

|\_|\_|

**Thank you.**